

2021/22 Annual Report

Incorporating quarterly report for Year 9 Q4
(January-March 2022)



The **AHSN** Network

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Chief Executive's Review

This has been the most intense year for the AHSN network since we started – reflecting the continuing pressures on the NHS for rapid transformation and recovery following the pandemic. We have made good progress in engaging and developing collaborative work with the Integrated Care Systems we support. The portfolio of national programmes we have supported in cardiovascular disease prevention, severe asthma and mental health is delivering well and will have a significant impact on health care inequalities. At a national level we have made significant progress in developing the AHSN Networks links to other key national bodies such as NICE and the NIHR Applied Research Collaboratives (ARCs) with jointly agreed collaborative work programmes.

2021/22 has been a key year leading up to decisions on relicensing the AHSNs for a third five year period. The final decision on relicensing is being made in June to which we are expecting a positive outcome. To inform defining the future role of AHSNs in the next licence, Matt Whitty, Chief Executive, Accelerated Access Collaborative (AAC) and Director of Innovation, Research and Life Sciences Group, NHS England and NHS Improvement, is visiting all 15 AHSNs. Matt visited Oxford AHSN virtually in December where we were supported by many of our stakeholders, board members, innovators, and industry partners. A highlight was a virtual visit to the Slough COVID-19 vaccination centre where patients are offered health checks to identify undiagnosed cardiovascular risk factors. This innovative model of care contributed to our guidance on targeted atrial fibrillation detection in COVID-19 vaccination clinics. In October we hosted a visit from Lord Kamall, Minister for Technology, Innovation and Life Sciences. We showcased Brainomix, Sleepio and PIGF, a diagnostic for pre-eclampsia - three of our successful region wide programmes of innovation and service transformation. During the year we have published 9 case studies in the Quarterly Reports. Our case studies play a vital role in sharing best practice and high value innovation and service change to help the NHS meet the challenges of using innovation to deliver high quality care more effectively and efficiently.

We continue to strengthen our work with the ICSs in our region. With Eastern AHSN we ran a joint rapid insights workshop on innovation for the Bedfordshire Luton and Milton Keynes (BLMK) ICS Partnership Board and their key stakeholders. With Buckinghamshire Oxfordshire and Berkshire West (BOB) ICS we initiated a Children and Adolescent Mental Health Service review of digital services available across the NHS. All three ICSs we support have collaborated in the development of health inequality dashboards for cardiovascular disease, respiratory and maternity/neonatal outcomes.

As Chair of the AHSN Network, during the past year I have focused my efforts as Chair on delivery of the first AHSN Network strategy, establishment of new governance arrangements and a business plan for the national work of the AHSN Network for 2022-23. I am delighted to see the collaborative work of the AHSN Network and the NIHR ARCs has been significantly expanded and strengthened through establishment of the NHS Insights Prioritisation Programme commissioned by the AAC and NIHR with £4.2M funding the AHSNs and ARCs to jointly evaluate innovations developed during the pandemic with the potential for wider deployment across the NHS. With Oxford Thames Valley NIHR ARC we are evaluating virtual TIA clinic models of care introduced during the pandemic.

Finally I would like to thank my team for their dedication and hard work throughout the last year during continuing challenging times for the NHS, and Nigel Keen, Chair and the Board for their continuing support and sage advice throughout the past year.

Professor Gary Ford, CBE FMedSci, CEO, Oxford AHSN

Case Studies

Start-up companies get expert support from Oxford AHSN Accelerator programme and leverage over £2 million

The Oxford AHSN Accelerator programme was launched in 2019 to offer a unique launchpad for innovators and early-stage companies in the Thames Valley and help get their ideas translated into clinical practice in the NHS. The programme was originally held in person but moved online during the pandemic.

The Accelerator programme has helped over 120 start-up companies build and test robust value propositions and create viable business models, as well as identifying their key stakeholders within the healthcare and life sciences environments.

Delivery partners BioCity/We Are Pioneer Group awarded more than £200,000 of in-kind investment and 12 months of business support to all the winners. Programme participants have also gone on to apply their learning to secure around £2 million in additional funding and create new jobs.

Since the conclusion of the 2021 programme, an Oxford AHSN Accelerator alumni group has been established, providing an ongoing online support community for around 40 innovators who have been through the programme.

How is the AHSN involved?

The Oxford AHSN Accelerator programme was delivered in partnership with BioCity in 2019/20 and We Are Pioneer Group in 2021. The programme provided support from industry mentors, utilising leading tools to assist with customer discovery, local and global market access and stakeholder engagement specifically tailored to the healthcare and life sciences industry. The Accelerator programme has three elements: commercialisation workshops, a pre-accelerator, and the final eight-week intensive programme.

The participants are selected through a competitive process and assigned a dedicated coach to support them on the journey to test their key assumptions on the Strategyzer canvases as part of their customer discovery, which involved talking to key stakeholders and customers and obtaining feedback.

What is the impact of AHSN involvement to date?

BioCity/We Are Pioneer Group awarded more than £200,000 of in-kind investment and 12 months of business support to all the winners of the Oxford AHSN Accelerator programme.

Programme participants have also gone on to apply their learning to secure around £2 million in additional funding and create new jobs. Some successes are listed below:

- **Mendelian** - 2019 participant, now working with 45 NHS sites, leveraged more than £500,000 in grant funding.
- **University of Reading** (2019 participant AMR) - secured an NIHR grant of £1 million to develop their antibiotic susceptibility test for urinary tract infections.
- **Polymaths-ai** - 2019 participant, won an Innovate UK grant for £491,000.
- **MetaGuideX** - 2020 winner, raised over £300,000 capital and created three new jobs.
- **Sapien Health** - 2020 participant, raised £500,000 venture funding, shortlisted for SBRI grant funding.
- **Neobe Therapeutics** - 2021 participant, initiated fundraising and submitted a grant application to Innovate UK Biomedical Catalyst.

- **RCube Health** - 2021 participant, received funding of £85,000 from Bayer G4A to move forward with regulatory approvals (CE marking) and generating evidence.

Feedback

“At the beginning of the programme I had pre-conceived ideas and after a number of interviews I found out I was speaking to the incorrect people. The process in the last eight weeks has been really helpful.” James Larkin, CEO and Co-founder of Oxomics, 2021 winner.

“We were confident that MetaGuideX had a diagnostic product that could improve the lives of women with breast cancer, but we were not sure of the best way to place it into the healthcare system. The Oxford AHSN Accelerator took us on an exciting and challenging journey to explore the current healthcare landscape. Thanks to the Accelerator programme, we now have a better set of tools and a clear strategy on how best to position our diagnostic to maximise the benefit to both patients and their clinicians.” Ryan Pink, CEO of MetaGuideX, 2020 winner.

“The Oxford AHSN Accelerator gave us a good structure in thinking about customer discovery and product-market fit. We've built our thinking around that structure and advanced our thinking massively through it by identifying new customers and markets - we are targeting new markets and customers and innovating our technology accordingly.” Farooq Khan, CEO of Polymaths-ai, 2019 participant.

“We were thrilled to support the Oxford AHSN Accelerator programme and the fantastic work they are doing to help start-up companies to produce a viable business venture.” Gerard Harkin, Head of Innovation UK & Ireland, Roche Diagnostics Ltd.

“At its inception in 2019, the Oxford AHSN Accelerator programme aimed to support the development of health and life sciences innovations in the Thames Valley for the benefit of the NHS and the wider economy. The calibre of participants over the three years has been exceptional and the participants have shown exceptional commitment and engagement despite these challenging times. The online delivery model in 2020 and 2021 opened up the programme to companies from further afield. What we have created over the last three years is a co-designed ecosystem for innovation growth centred around Oxford AHSN and its broad network of stakeholders.” Matthew Lawrence, Head of Industry and Innovation, Oxford AHSN

Next steps

Since the conclusion of the 2021 programme, the Oxford AHSN has set up an alumni group available to all innovators who have been through the Accelerator programme as they continue to develop their businesses and innovations. The companies that sign up to this online community will receive ongoing support from Oxford AHSN and its partners and access networking opportunities with business mentors. So far around 40 companies have joined this support network.

To run the Accelerator programme again we are seeking funding and corporate sponsors. We are also looking to expand our network of experts who can mentor both the alumni and participants of future programmes. Find out more in our 'Oxford AHSN Accelerator: from ideas to impact' brochure¹.

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¹ 'Oxford AHSN Accelerator: from ideas to impact' brochure <https://indd.adobe.com/view/691e293a-e13b-41e4-b040-78bcbd863792>

Case Studies – Annual Summary

During the year, the Oxford AHSN published 9 case studies in Quarterly Reports, which can be accessed on our website². These play a vital role in sharing best practice and high impact innovation to help the NHS meet the challenges of 21st century health and care. Summaries of these case studies are included below.

Collaboration develops environmentally friendly product addressing urinary incontinence

The Oxford AHSN is working with Binding Sciences and Buckinghamshire Healthcare NHS Trust to develop an environmentally friendly alternative to continence pads. This initiative is funded by a £230,000 Innovate UK Sustainable Innovation Fund grant. The Oxford AHSN conducted qualitative research with health and social care professionals and developed a health economics model. An environmental impact assessment found that widespread use of the product could significantly reduce the carbon footprint associated with urinary incontinence and make a significant contribution towards the NHS Net Zero ambition.

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Oxford AHSN reaches first key milestone in major European partnership to improve outcomes for sepsis patients

Sepsis patients do not all face the same risks. By evaluating the immune status of sepsis patients while they are in intensive care (ICU) those at high risk of deterioration could benefit from improved care and personalised treatment. The Oxford AHSN reached its first key milestone in the project at the end of December 2021 having carried out qualitative interviews and online surveys obtaining feedback from more than 100 healthcare professionals working in ICU and 50 payers from the UK, France, and Sweden. The Oxford AHSN will develop the value proposition and economic model to support future adoption.

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Cardiovascular disease – update on workstreams and opportunities

The Oxford AHSN is delivering a cardiovascular disease (CVD) programme, aligned to the NHS Long Term Plan ambition to reduce cardiovascular events. This update sets out the current workstreams and opportunities for engagement for integrated care systems (ICSs), clinical commissioning groups (CCGs), primary care networks (PCNs) and GP practices within the Oxford AHSN region.

These include:

- Lipid management and familial hypercholesterolaemia (FH)
- Blood pressure optimisation
- Atrial fibrillation
- Heart failure

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² <https://www.oxfordahsn.org/about-us/documents/quarterly-reports/>

Health checks at vaccination clinics reduce risks linked to cardiovascular disease

Offering a simple health check alongside a Covid-19 jab is helping to reduce risks associated with cardiovascular disease (CVD) following disruption to prevention services caused by the pandemic. Targeted heart rhythm checks have been offered at some vaccination centres as a way of reaching vulnerable people at a time when other options for health checks have not been available. The Oxford AHSN, in collaboration with the clinical leads for stroke at the Getting It Right First Time (GIRFT) programme, also developed [guidance on delivering checks in vaccination centres](#), to share the learning across the country. This is the latest in a series of practical resources produced by the two organisations, along with other partners, to share best practice.

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Pulse oximeters distributed to vulnerable communities through unique partnership

A collaboration between community leaders, GPs, NHS commissioners, researchers and the Oxford AHSN supported groups at greater risk from Covid-19. Pulse oximeters were made freely available at a foodbank, mosque and a homeless shelter linked to a GP practice. This initiative supports equity of access and complements wider research into the remote monitoring of patients with coronavirus symptoms. Engaging with trusted figures, tapping into existing community support systems and utilising word-of-mouth spread could all help to empower vulnerable communities. The lessons learned from this initiative are being applied to disseminating health education through other community networks.

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Delivering IV antibiotic treatment in patients' homes eases pressure on hospital beds

Alternative ways are being actively sought to treat patients safely and appropriately outside hospital. Elastomeric devices are small pumps used to administer medication such as intravenous (IV) antibiotics or chemotherapy. They can be used in patients' homes and, consequently, could help relieve pressure on hospital beds by reducing admissions and facilitating earlier discharge of patients whose sole reason for remaining in hospital would be to receive IV antibiotics. Sophie McGlen, Ambulatory Care Lead Pharmacist at Oxford University Hospitals, initiated a new pathway introducing elastomeric devices into clinical practice using her learning from the Oxford AHSN [Adopting Innovation and Managing Change in Healthcare Settings Masters-level programme](#). It has already benefited 100 patients and saved more than 1,000 bed days.

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Widely adopted pre-eclampsia test has additional environmental benefits

Routine use of a blood test to rule out pre-eclampsia which is keeping thousands of pregnant women safe and out of hospital, as well as reducing NHS costs, has carbon reduction benefits too. A [report from the Oxford AHSN and Sustainable Healthcare Coalition](#) assessed the additional environmental impact of all England's maternity units adopting the placental growth factor (PIGF) test. The consequent cut in patient journeys and overnight hospital stays could potentially save the equivalent of three million miles of car travel each year.

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Support from the Oxford AHSN helps digital innovators develop and roll out automated patient calls

The Oxford AHSN is supporting Ufonia Health develop Dora – an autonomous telemedicine assistant – for use in routine clinical conversations. It potentially increases clinical capacity, reduces provider costs, improves patient convenience, and eases demand on healthcare staff. Dora is focused on operational bottlenecks, particularly high volume, low complexity care that makes up the bulk of the current backlog in clinical activity. It is a like-for-like replacement for a follow-up call from a doctor or nurse, providing a reliable, consistent check. The initial focus has been on the most common operation in the NHS, particularly post-operative calls to patients.

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Operational Review

Introduction

In line with the rest of the NHS, this has been a very busy year for the Oxford AHSN and the AHSN Network. We have a large programme of work accountable to national, regional and local stakeholders in the NHS and industry. It's very different to the start of the AHSN movement in 2013 where there was much more freedom to select priorities and projects. The AHSN Network has developed a great deal, especially in the last 12 months which has strengthened the whole AHSN project. Each AHSN delivers against tight national Office for Life Sciences (OLS) specifications to support industry innovators – this support has been harmonised across all AHSNs. The Patient Safety Collaboratives also have very tightly specified and full programmes of work. Our commissions from NHS England include major national programmes such as Early Intervention Eating Disorders (EIED), ADHD and national innovation products. We have also initiated three new national programmes – home blood pressure monitoring, transforming wound care and polypharmacy. We have led the roll-out of asthma biologics nationally, putting in considerable resource to get this right and provide added value support to the whole AHSN Network. About half of our NHS England commission goes towards national programmes.

Over the last year we have made significant progress in supporting the three integrated care systems which we support.

Collaboration between the three South East AHSNs continues to be very strong with cooperation on medicines optimisation, respiratory, mental health and lipid management. With Kent Surrey Sussex (KSS) AHSN we have appointed an environmental sustainability (ES) lead to support the systems cross both AHSNs.

Over the last 12 months Oxford has collaborated with the Yorkshire & Humber, North East North Cumbria and KSS AHSNs in particular to drive a programme to support achievement of the NHS net zero carbon target. We supported three high quality shared learning events which attracted over 1,000 delegates. I am pleased to report that the AHSN Network has agreed to appoint a national coordinator for ES which is now 'business as usual' for the AHSNs. We will measure the impact on reduction of greenhouse gas emissions in our national programmes, eg wound care. I have been supporting Kathy Scott, Deputy CEO of Yorkshire and Humber AHSN, to lead the ES community of interest and new ES advisory group to shape the strategic direction of the programme.

Q4 has seen continued progress against most national programme priorities and innovation products, with good engagement and uptake throughout the region, which we look forward to continuing, and building upon in 2022/23. Our patient safety team has achieved excellent results on engagement and sustained improvement, especially in MatNeo and COPD/respiratory. FeNO uptake and asthma biologics, which Oxford leads nationally, are performing well - FeNO trajectories for the year have been exceeded. Oxford and Wessex, which leads nationally on FeNO, have a very successful collaboration on the asthma pathways to support these national innovation products. Progress has been made to resolve issues with ADHD and EIED and we are seeing more patients referred to the new services. Inclisiran has proved challenging nationally as the programme started when we were heading into the Omicron spike of the pandemic and the vaccination booster programme. Lipid management had low priority in the service too. Primary care engagement is improving and there are plans to drive uptake through secondary care.

During the year we have supported 265 innovators – these organisations and businesses from the UK and overseas approach the Oxford AHSN for direct support, signposting and guidance in developing their value proposition and how to access the NHS.

Strategy and clinical themes

The Oxford AHSN has completed its strategy for the next five years. This is framed by the national AHSN Network Strategy, Core20Plus5 and local NHS priorities, increased regional collaboration and the significant academic and industrial life science capability in the Thames Valley.

We are focussed on four health and care priorities where we have developed a critical mass of knowledge and engagement, and which align with the priorities in the Thames Valley and across South East England. These are:

- Cardiovascular disease
- Mental health – children and young people and workforce
- Maternity and neonatal
- Respiratory

In addition, the Oxford AHSN is a leader in AI, diagnostics and patient and public involvement.

The AHSN Network Business Plan has been published, providing the structure and governance direction for 2022/23. In tandem with the national plan, the Oxford AHSN Business Plan for 2022/23 has been developed, which includes the new programmes: wound care and polypharmacy.

Integrated care systems and merging CCGs

I am delighted that our three ICSs are collaborating with us on the development of dashboards to identify health inequalities in major clinical priority areas identified in Core20Plus5, eg MatNeo and Respiratory. Oxford and Eastern AHSNs are collaborating well to support the Bedfordshire, Luton and Milton Keynes (BLMK) ICS system, where engagement is better than it has ever been. We have agreed to fund a joint post to support the ICS in developing a culture of innovation, develop an innovation strategy for the ICS and support uptake of innovation.

For Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS we undertook a strategically important horizon scan of digital solutions for Child and Adolescent Mental Health Services (CAMHS). The report will be published soon and will be the subject of a national webinar to share the results. We are supporting BOB ICS in the development of its strategy and rollout of virtual wards. We have supported the local providers on their green plans too.

Sian Rees, Director of Community Involvement and Workforce Innovation, is leading work on an equalities health impact assessment.

The AHSN's COO and the BOB ICS Director of Strategy continue to meet monthly to improve alignment between the two organisations and to work together to develop links with industry healthcare innovators. We are also strengthening our links with Frimley Health and Care ICS.

The AHSN's Strategic and Industry Partnerships (SIP) team meets with BOB ICS every two weeks. SIP is supporting community diagnostic hubs and led a successful collaborative bid for NHSX funding to support innovation in the perioperative care pathway and elective recovery.

Developing the organisation

Our monthly whole team get togethers have reverted to in-person meetings and continue to provide important networking opportunities, allowing teams to join up and collaborate, sharing knowledge and best practice.

We continue with our programme of online team meetings. Every Monday the whole Oxford AHSN meets for a general update. On Wednesdays we have a 'show and tell' session for teams and invited external contributors to share insights. The senior team meets twice a week. All these regular meetings take place online and there are no immediate plans to alter these arrangements.

Amelia James has been appointed in a joint role across KSS and Oxford AHSN as Lead for Environmental Sustainability across the two regions.

Collaboration with the NIHR ARC Oxford and Thames Valley is strong. We received approval for our new NHS Insights Prioritisation Programme (NIPP) project to evaluate virtual and face-to-face, transient ischaemic attack (TIA) clinics in the South East. This project will be jointly delivered (Nov 2021 to March 2023).

The AHSN's COO meets regularly with the COO of Oxford Academic Health Partners to improve alignment.

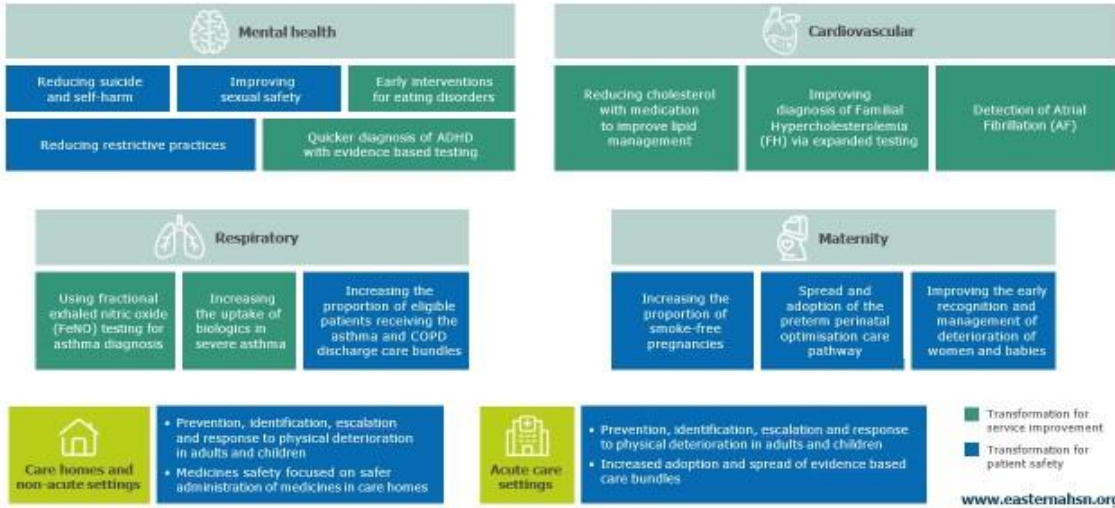
National, regional and local programmes

The national programmes and main local programmes are set out below.

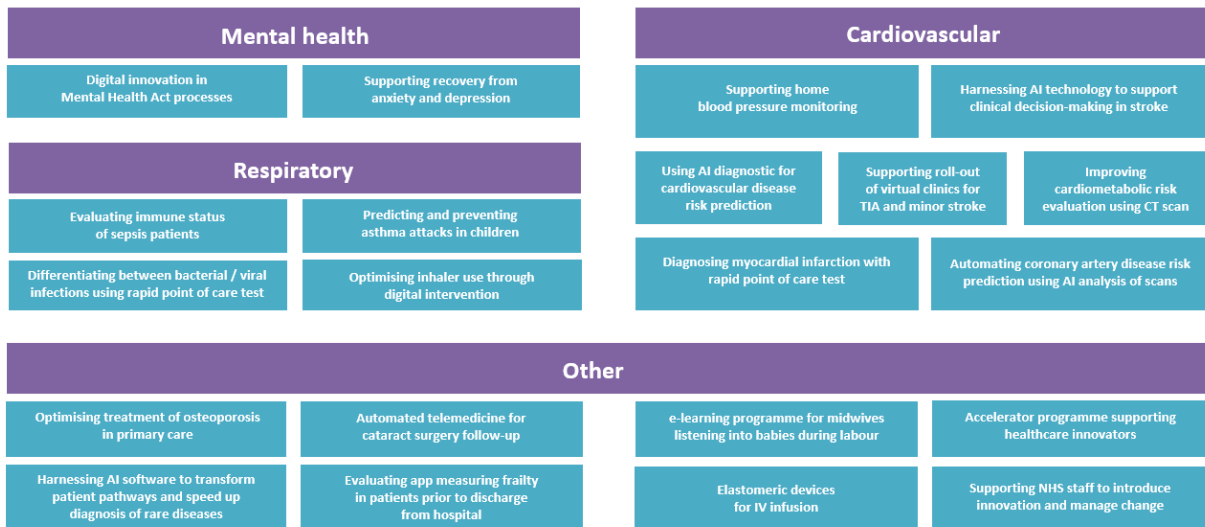
The AHSN Network has agreed with commissioners to start two new national programmes – Wound Care and Polypharmacy. The initiation is staged with AHSNs starting just one of these programmes with the aim to share learning before all AHSNs commence both programmes next April, subject to certain conditions being met. The Oxford AHSN will start with Wound Care in Q4 2021/22, followed by Polypharmacy in Q4 22/23. All AHSNs commenced the roll-out of Inclisiran.

We have regular alignment meetings with KSS and Wessex AHSNs and the regional team about follow-on programmes to spread across the South East.

Nationally commissioned work 2021/22: key areas of impact



Locally commissioned work 2021/22: clinical focus areas



Progress of national programmes and innovation products

Programme/product RAG	Comments
Eating Disorders	Early Intervention Eating Disorders (EIED) remains behind plan, despite engagement across the region, recruitment and contractual delays continue to impact delivery. Berkshire Healthcare are continuing to make progress with 18 assessments undertaken and 16 patients joining the FREED pathway this quarter. Buckinghamshire have recruited a new FREED Champion in March and further recruitment to the team is anticipated over the coming month. Oxford Eating Disorders Service (OHFT) are considering adopting the FREED model and this conversation is continuing with a view to establishing a FREED service in the coming year.
ADHD	Long running contractual issues have been resolved, so training commenced across the region and clinics started in April 2022. This should drive a sharp increase patient numbers, and allow this programme to return to green RAG status next quarter.
Lipid management	Activity and performance in Q4 was as expected. We anticipate an increase in engagement in Q1 2022/23 due to a refocus on long term conditions and CVD as part of the new financial year/PCN DES. Targets for HIST and ezetimibe have been achieved for year to date.
Fractional Exhaled Nitric Oxide breath analyser (FeNO)	Now RAG rated green, as targets have been met and PCNs have embedded FeNO into their Asthma diagnosis and management pathways.
Asthma biologics	PCN recruitment successful and clinicians started on-boarding to begin their work. 28 practices across BOB ICS signed up to SPECTRA tool. This has driven an increase in patients receiving asthma biologics treatment.
Heartflow	Buckinghamshire Healthcare are now at Stage 4 implementation (IT contract). Royal Berkshire NHS Foundation Trust have expressed an interest to adopt however are still unable to engage at present (Covid pressures).
Securacath	In Q4 Oxford AHSN continue to support the manufacturer and CCG with adoption conversations. BLMK remain at level 4 – implementation stage, as progress on non-Covid innovation projects has ceased until they are able to return to "business as usual".
Gammacore	Successful discussions have been held with stakeholders at Royal Berkshire NHS Foundation Trust (RBFT), who are now in active discussion with the manufacturer on adoption. RBFT is the only trust in the Oxford AHSN region yet to have adopted.
Inclisiran	In line with the national position the number of patients benefiting from Inclisiran is significantly behind the agreed trajectory. The reasons for this are multifactorial and in addition to the usual challenges of innovation adoption include: misalignment of priorities (national versus front-line); a lack of contractual levers; negative feedback from BMA/RCGP and a lack of tools to support shared decision making in primary care. We continue to work with our ICSs to ensure that clinicians are aware of and are confident to manage patients across the full lipid pathway. In Q1 2022/23 we will seek to improve our secondary care engagement, particularly around patients being discharged from stroke and cardiac pathways.

Report by clinical priority area (not exhaustive – see programme reports for all projects in our pipeline)

Cardiovascular

- **CVD/lipid management** The Accelerated Access Collaborative Rapid Uptake Products (RUP) trajectories were met for high intensity statins and ezetimibe. PCSK9i prescriptions fell slightly short of trajectory, a trend that has been seen nationally and is likely to be due to the need for optimisation earlier in the pathway before patients can be considered for PCSK9i. In line with the national trend the Inclisiran programme remains challenging. Oxford AHSN is working with the other South East AHSNs (Kent Surrey Sussex – KSS – and Wessex) to ensure a joined-up approach across the region, including improving lipid management on discharge from stroke and cardiac pathways. Engagement with blood pressure optimisation has been positive, with early adopter sites identified in Bedfordshire, Luton and Milton Keynes (BLMK) ICS. Also in Q4 Dr Raj Thakkar was appointed as clinical lead to support the delivery of the CVD programme within our region.
- Funded by an NIHR Artificial Intelligence (AI) award, an evaluation of **FatHealth by Caristo Diagnostics**, has been undertaken – looking at utility of the technology in clinical practice. FatHealth aims to transform the healthcare impact of screening, diagnosis, and stratification of cardiometabolic risk for earlier identification and management of Type 2 diabetes and Type 2 diabetic conditions. Further clinical data and awareness of the AI technology will be key to the success in integration and adoption into the diabetes care pathway. The clinical trial ends in March 2024.
- **AI evaluative work on Brainomix** - progress during the first year of working on evaluating the Brainomix product has gone well. Given the workforce challenges faced by clinicians, engagement has still been good and has enabled us to work with all except three of the sites that signed up to participate. Clinicians have a specific interest in understanding more about the accuracy of the software and have already facilitated Brainomix with suggested improvements to the product's clinical usefulness. Interesting findings include the possible impact on the increase in thrombolysis levels, and speed of transfer of appropriate patients for mechanical thrombectomy at a comprehensive stroke centre. Work will continue in 2022/23 - phase 2 (for year 2) will focus on understanding usage, considering the context in which the technology is optimised, and collecting data to ascertain value and benefits.
- **Atrial Fibrillation (AF)** – limited progress during Q3 due to Covid booster pressures, however in Q4 the project was reinvigorated with the BOB Integrated Stroke Delivery Network (ISDN) AF inequalities project relaunched. Target practice list identified and signed off with ICS. Communication and delivery strategy agreed, and implementation resources finalised for Omron-CardioSignal project. Work will continue in 2022/23.

Maternity/Neonatal

- **Place of birth** - Cumulative data on **preterm births born in the right place** for 2021/22 including Q4, evidenced sustained improvement in the Thames Valley & Wessex Neonatal Network (TV & W ODN) achieving 87% of babies < 27 weeks' gestation born in a centre with a Level 3 neonatal intensive care unit. Outcomes are better for babies who receive evidence-based interventions in a timely manner.
- **Deferred cord clamping** – data for the TV region (excluding Wessex) trusts in the BOB Local Maternity and Neonatal Systems (LMNS) improving: baseline in 2020 showed on average 45% of eligible infants received optimal cord management. This rose to 61% in 2021 and 66% in Q4.
- **Steroids** – numbers of optimally treated patients continue to rise, with 95% of mothers giving birth at 23-33 weeks' gestation receive at least one dose of steroids and 48% receive two doses. The continued focus is to improve uptake of two doses.
- **PIGF** – continued engagement to understand the ongoing maintenance of use of the pre-eclampsia test and facilitation, signposting and issue resolution via the Accelerated Access Collaborative (AAC).

- **Maternity Voices Partnership and Parent Advisory Group** engagement work with Patient Safety Collaborative (PSC): running two workshops involving 13 of the 19 groups in the South East region.

Mental Health

- **ADHD** - Buckinghamshire CAMHS has now implemented QbTest at two sites (Aylesbury and Wycombe) and Milton Keynes CAMHS undertook training in March 2022 and are now using QbTest to enhance and streamline their ADHD assessments. Because of delays in contracting and implementation we are behind the trajectory that we predicted for numbers of test undertaken during 2022/23 in these new sites, however numbers for March and April show that the QbTest is becoming established.
- **FREED** Oxfordshire Eating Disorders Service's team has been re-engaged following the departure of the team's Consultant Clinical Psychologist and monthly meetings have been established with the Senior Manager and the Head of CAMHS and Eating Disorders Transformation to discuss a pathway to adoption. Buckinghamshire's new Champion (to cover the previous postholder's maternity leave) took up their post in February and, as a result, patients are now being assessed again for the FREED pathway. Further recruitment is ongoing in Buckinghamshire, with a Band 4 Assistant Psychologist also joining the team. Berkshire Eating Disorders Service continues to engage 16-25 year-olds across the county. Berkshire's Operational Agreement still requires signing and South London and Maudsley NHS Foundation Trust are now engaged following further queries from Berkshire Healthcare Foundation Trust's Information Governance lead and legal team.
- **Sleepio** – Free of charge access to Sleepio was withdrawn on 31 December 2021 and the project has ended. Support and input have been given to Unity Insights and colleagues from KSS who have prepared a Workforce High Level Impact Analysis paper. This is due to be published shortly.
- **Student mental health** - We continue to work with NHSE/I South East Clinical Networks and KSS exploring issues around student mental health, looking at where the AHSN may be able to add value - and linking in with NHS Long Term Plan priorities. In Q3 we completed interviews with stakeholders from across our footprint, including representatives from universities, NHS and voluntary sector organisations, looking for examples of good practice, what is working well, concerns, challenges and variations. A thematic scoping report has been sent out for comments by participants with a view to distribute the final version in Q1 of 2022/23.
- **Anxiety and Depression (IAPT) Network - Paddle phase 2 pilot** – Q4 has been very exciting as **Paddle app** phase 2 pilot was implemented late 2021 and has started to show very positive results in Q4. Importantly, it has been established that the technology works, linking Paddle app and the Electronic Patient Record systems up securely, and the patient safety protocol has also been shown to be fit for purpose. Phase 2 data gathering will run until August 2022.
- **CAMHS digital review** – Following the first report being shared with colleagues at BOB, amendments were made to the structure and criteria were added so that the audit tool could be used to support decision-making. These changes resulted in more detailed discussions with digital solution suppliers which has helped our understanding and formed industry relationships. We decided to create a resource based on this audit that we can share with other AHSNs, ICSs, trusts and services that are interested in digital interventions for CAMHS and children & young people, which is still in progress.
- **Restrictive practice** - Good levels of direct engagement with wards working on reducing restrictive practice in mental healthcare settings.

Respiratory

- **Asthma biologics** – The formal consultation for the AAC Consensus Pathway for uncontrolled and severe asthma was launched, alongside a series of educational webinars attended by more than 1,000 healthcare professionals. These resources were shared with all AHSNs at our national deployment briefing sessions. Uptake is progressing well.
- Fractional Exhaled Nitric Oxide (**FeNO**) for the diagnosis and management of asthma project – we continue to work with our PCNs which are now in the process of embedding FeNO into their asthma diagnosis and management pathways. Patients are receiving FeNO monitoring as part of their care. Trajectory targets for monitors and mouthpieces have been exceeded.
- **COPD and asthma discharge care bundles** – all regional acute care trusts continue to use both care bundles embedded within practice. Success criteria is measured through the National Asthma and COPD Audit Programme (NACAP). We have made significant progress over the course of the programme and sustained quarterly improvements. By the end of Q4, 59% of discharged COPD patients in our area received **all** elements of the bundle (the ‘Appropriate Care Score’). This is more than double the national average (25%).
- **BreatheOX – ‘Albus Home’** is a contactless paediatric asthma home monitoring device, which uses motion and acoustic sensors to automatically monitor physiological and environmental metrics passively. Feasibility study findings were published in Q4. The Oxford AHSN will facilitate a virtual workshop to bring together commissioners to discuss integration and adoption of the device further. The clinical trial ends in March 2024.
- **Covid virtual wards and Covid Oximetry @home** – stakeholders are being engaged to gauge the potential for further development in this area, to include virtual ward programmes for other respiratory infections and frailty. We held a first community of practice event in collaboration with the South East region in April 2022.

Diagnostics

- The Oxford AHSN Strategic and Industry Partnerships (SIP) team set up a structured programme for **in vitro diagnostics (IVD)** in 2016 and one of the major successes of the programme was the roll-out of pre-eclampsia testing. The value of diagnostics has been realised during the COVID-19 pandemic. In continued support of the diagnostics industry, a portfolio of case studies has been developed highlighting evaluations of point of care (POC) diagnostic tests which have had a real impact on local health and care systems.

Other clinical areas

- **Recognition and response to physical deterioration in non-acute (hospital) settings** – we continue to support local partners to **roll out the ReSPECT2 programme in care homes and other care settings** as well as **Personalised Care Support Plans (PCSPs) in relation to deterioration**. All our partner systems are implementing **ReSPECT**, complementing existing documentation, creating consistency across service user pathways, focusing on digital solutions. We held our first shared learning event for **RESTORE2** in March 2022, drawing in operational support services, training providers and commissioners. This supported the roll-out of training in Oxfordshire. It also helped to identify common barriers and opportunities and will help to inform the formation of our network plan of improvement for the coming year. The PSC is actively supporting an evaluation project being undertaken by an University of Oxford team which will continue to run during 2022/23.
- **Med Tech Funding Mandate (MTFM) products: Heartflow, GammaCore, PIGF and SecurAcath** are performing well against trajectories.

- **Bone Health** - work was paused due to the COVID-19 pandemic. However, engagement was made with nine GP practices and the project was successfully launched in Q3. Refinements to the tool and reporting template have been made, and there was a webinar with practices in Q4 to discuss results and further refinement. Work will continue into 2022/23.
- **Elastomeric devices** - This was initially a local project within the Oxford AHSN region but, as a result of funding, will be rolled out across the South East region. The project will work closely with Oxford University Hospitals (OUH) which has introduced elastomeric devices into clinical practice. Work with NHS Supply Chain and OUH resulted in the publication of a case study in early Q4. This case study, which forms part of NHS Supply Chain's Value Based Procurement programme, highlights the work undertaken by OUH. A clinical lead has now been recruited to the project, which will continue into 2022/23.
- **Ufonia** – the SIP team has been supporting Ufonia for more than five years, focusing on developing their autonomous telemedicine assistant, Dora. The team has provided extensive support including as a partner in successful funding applications to Innovate UK and the NHSX/NIHR AI Award. Dora is now being used to conduct pre-operative assessment conversations for waiting list validation within the sinus pathway and was deployed at Buckinghamshire Healthcare Trust in March 2022. Anticipated benefits include a reduction of on-the-day cancellations, keeping patients better informed about their upcoming sinus surgery and the project continues into 2022/23.
- **Polypharmacy** – Polypharmacy action learnings sets for cohort 13 were delivered for GPs and prescribing pharmacists across Wessex, the South West, West of England and Oxford AHSN during Q4, and an AI and opioid use article submitted to BMJ Innovations for potential publication. From April 2022, Polypharmacy: Getting the Balance Right has been adopted as a national programme to be delivered by the AHSN Network. The Oxford AHSN is in phase 1 of implementation. The local programme has been adapted to incorporate the national programme activity.
- **Benign Prostatic Enlargement (BPE) patient information videos** - The Oxford AHSN Clinical Innovation Adoption (CIA) team is working with two consultant urological surgeons at OUH to develop a suite of 11 short patient information videos to support the BPE patient pathway. The videos will cover topics including anatomy, symptoms, lifestyle changes, medication and surgical treatment options. This work was funded by NHS England in 2020, but has been delayed due to the pandemic. Work recommenced during 2021 and is very timely as it will be used as a resource for the MTFM policy.
- **Nelli®** is device to record audio and visual information, and software that processes the recorded information to detect, quantify and classify seizure and peri-ictal events in adults and children. As part of the Digital Health Partnership Award for supporting people at home, BOB ICS was awarded grant funding by NHSx In December 2021 to conduct a service evaluation for Nelli with the support of the Oxford AHSN. The Oxford AHSN and BOB ICS are working with partner organisations The Royal Wolverhampton NHS Foundation Trust and OUH to recruit a total of 36 patients across the two trusts to evaluate clinical and cost effectiveness.

Workforce

- **Eight training and development events** were held between April 2021-March 2022, in collaboration with The Working Together Partnership.
- **Medicines Safety Champions** - We have enrolled six senior carers from three homes and the first session of our Medicine Safety Champions project was held in Q4 2021/s2. Group aims and objectives were agreed, along with ground rules and the topics to be covered in further sessions. The project will run for six monthly sessions before being evaluated.

- Oxford AHSN continues to be a member of both the national AHSN **workforce steering group** and operational groups. Both groups are supporting the development of workforce metrics in national and local programmes.

Environmental sustainability

- The Oxford AHSN took a leading role in organising and delivering three Sharing Innovation and Best Practice to Deliver a Net Zero NHS events this year. These were delivered nationally through the AHSNs' environmental sustainability community of interest.
- Our environmental impact assessment, compiled with the Sustainable Healthcare Coalition, found that adoption of the placental growth factor (PIGF) test by all England's maternity units could lead to 12,500 fewer admissions. This would potentially save 1,149 tonnes of CO₂e, equivalent to 3 million car miles. The consequent cut in patient journeys and overnight hospital stays would lead to savings of up to £650 for each pregnant woman tested – collectively adding up to a potential £4 million saving nationwide.
- Heartfelt thanks go to Carl Lynch who as Interim Environmental Sustainability Lead has developed an exceptional programme and will be transitioning the work to Amelia James who joins in Q1 2022/23 as the permanent Environmental Sustainability Lead, co-funded with Kent Surrey Sussex AHSN.

Economic growth and company support

- The Oxford AHSN continued to chair the HealthTech Connect innovator portal - a secure, online database of devices, diagnostics and digital health technologies intended for use in the NHS or wider UK health and care system. This will be replaced by the NHS Innovation Service in 2022/23. Closed beta testing of the new platform with AHSNs and other contributing organisations continued until the end of December 2021.
- The number of companies supported under Core Function 2 was 265 in 2021/22.
- In the last year, the programme offered commercialisation workshops for 27 participants, a pre-accelerator for 28 participants and, from October to December 2021, an invitation-only final eight-week programme with six start-up companies.
- The Community Involvement and Workforce Innovation team provided an interactive workshop on engaging patients and the public in early-stage innovation for health and life sciences to the six finalist companies on the programme.

Communications and stakeholder engagement

- Our relationships over the year have strengthened and deepened through the pandemic with record numbers attending events that Oxford AHSN have run, co-hosted or been a major contributor to in 2021/22. The total attendance across more than 30 events was a little short of 3,000. The vast majority of these took place online. Recordings made available afterwards have boosted these numbers still further.
- Our social media accounts continued to grow. For the second year running the @OxfordAHSN Twitter account achieved more than 500,000 impressions. It also had more than 30,000 profile visits and passed 6,000 followers in September. The monthly Twitter engagement rate was 1.61% which is considered a high figure.
- Our recent 'Inclusion for all? Mental health webinar series' has attracted record numbers of registrations and attendees. Across the four webinars that took place before 31 March 2022, we received over 500 registrations and had over 240 attendees. Two further webinars were added in Q1 2022/23.
- The five webinar recordings are now on our YouTube channel and have already gained around 500 views. The recordings are a useful resource which we intend to utilise going forward.

Finance

Outturn revenue of £5.1m is close to plan. Costs at £5.1m are near to plan. Additional expenditure on development of the Oxford AHSN Pipeline has offset pay underspends across the AHSN due to vacancies and delayed recruitment to posts.

	Opening Plan	Outturn
INCOME		
Commissioning Income - NHS England Master Licence	2,723,651	2,723,650
Commissioning Income - Office for Life Sciences	823,900	823,900
Commissioning Income NHSI - PSC	577,901	502,908
Other Income - NHS Insights Priority Programme	0	94,954
Other Income - Partner Contributions	330,000	342,500
Other Income - Grant Funding from Accelerare Ltd	211,981	3,915
Other Income - Management Charges	25,000	27,902
Other Income - Clinical Innovation Adoption	298,000	385,174
Other income - Strategic & Industry Partnerships	319,917	189,515
Other Income - CIWI	28,320	10,974
Total income	5,338,669	5,105,391
AHSN FUNDING OF ACTIVITIES		
Patient Safety	577,901	508,971
Clinical Improvement	215,407	211,568
Clinical Innovation Adoption	1,445,115	1,394,606
Strategic & Industry Partnerships	1,150,217	1,077,506
Community Involvement & Workforce Innovation	433,613	408,015
Communications, events and sponsorship	134,980	120,076
Contribution to AHSN Network	168,000	183,022
Pipeline Costs	55,872	20,000
Programmes and themes	4,181,106	3,923,764
CORPORATE		
Pay costs	701,710	725,863
Non-pay costs	438,858	455,764
Total Corporate Costs	1,140,568	1,181,627
Total expenditure	5,321,674	5,105,391

Risks and issues

In line with the national position, the number of patients benefiting from Inclisiran is significantly behind the agreed trajectory, so remains a risk. EIED remains behind plan, with the desired trajectory of patients being assessed and treated on the FREED pathway not met in year; engagement across the region is very positive but recruitment and contractual delays slowed delivery.

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

Patient Safety and Clinical Improvement (PS&CI)

Over the last year the Patient Safety and Clinical Improvement team have continued to successfully deliver against the requirements of the national commission while developing a portfolio of local projects to support our stakeholders.

Highlights include

- Significant increases in Care Homes using RESTORE2 to identify soft signs of deterioration
- Sustained improvements in preterm optimisation and new increases in targeted areas including optimal cord clamping across the region
- Higher than national average implementation of elements of the COPD Care bundle
- Good levels of direct engagement with wards working on reducing restrictive practice in mental healthcare settings
- Paddle app phase 2 pilot was implemented and showing good results
- QbTest (computerised ADHD diagnosis) implemented in two new sites in Buckinghamshire, and another in Milton Keynes

We look forward to the new financial year with a refocussed patient safety commission and an expansion of the team to develop our local and regional mental health improvement and innovation work further

Managing Deterioration Safety Improvement Programme (ManDetSIP) – National Programme

Aim - reducing deterioration-associated harm by improving the prevention, identification, escalation, and response to physical deterioration. This is achieved through better system co-ordination, and as part of safe and reliable pathways of care in three core areas.

1. Covid Virtual Wards and Covid Oximetry @home

Designed to increase capacity to help service providers manage sustained impact due to Covid. Covid Oximetry Virtual Wards are now sustained practice with all our regional acute Trusts continuing to run a service. We are now engaging to stakeholders to gauge the potential for further development in this area, to include virtual ward programmes for other respiratory infections and frailty. We held a first Community of Practice event in collaboration with the South East Region in April 22.

2. Recognition and response to physical deterioration in non-acute (hospital) settings

We continue to support local partners to **roll out RESTORE2 in care homes and other care settings** as well as **Personalised Care Support Plans (PCSPs) in relation to deterioration**. All our partner systems are implementing **ReSPECT**, complementing existing documentation, creating consistency across service user pathways, focusing on digital solutions.

Progress with RESTORE2/NEWS2 in Oxfordshire had previously been limited to acute areas; funding was identified in Q2 to initiate training to Care Homes. Following project development in Q3, an initial pilot started in Q4, in collaboration with Oxford Health Care Home Support Service, covering 10 homes. It is intended to expand an existing local evaluation project to examine the impact of this pilot, which will in turn be used to support a bid for sustained training funding. Bucks Health and Social Care Academy was unsuccessful in a bid for additional funding to support the sustained provision of RESTORE2 training in the county. Although this presented a significant risk to expanding training and support across the county, provision is being continued by the current delivery (a commercial telemedicine provider), now as part of their core services to all Bucks care homes.

Training in Berks West is delivered by Care Home Support Service and in Frimley ICS by an independent commercial provider (online). We held our first shared learning event for RESTORE2 in Mar 22, drawing in operational support services, training providers and commissioners. This supported the rollout of training in Oxfordshire. It also helped to identify common barriers and opportunities and will help to inform the formation of our Network Plan of improvement for the coming year. The PSC is actively supporting an evaluation project being undertaken by an Oxford University team which will continue to run over the coming year. This will include qualitative interviews (with Care Home managers) and a survey to provide additional background data.

Our quarterly **regional Deterioration and Sepsis Stakeholders Patient Safety Network** meeting was held in Mar22. This focussed on planning for an upcoming learning event relating to Advanced Care Planning (scheduled for Jun 22), and a new deterioration CQUIN.

3. Paediatric Early Warning Score (PEWS)

We continue to collaborate with the Thames Valley and Wessex Paediatric Critical Care Operational Delivery Network, NHS SE Children and Young People programme, as well as Kent Surrey Sussex and Wessex Patient Safety Collaboratives (PSCs) supporting seven Trusts across the South East to test the national PEWS tool. This is part of the System-wide Paediatric Observations Tracking (SPOT) Programme. Teams remain engaged and feedback on the charts has been incorporated. This has led to delays as the started in Q4.

Maternity and Neonatal Safety Improvement Programme (MatNeo SIP) – National Programme

Aim - the Maternal and Neonatal Safety Improvement Programme (MatNeo SIP) was established to support the national ambition to reduce rates of maternal and neonatal deaths, stillbirths, and brain injuries by 50% by 2025. The overall ambition of this workstream is to Improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and supporting a high-quality healthcare experience for all women, babies, and families across maternity care settings in England.

The Oxford PSC is fortunate to have a mature patient safety network (PSN) which supports our ambition to facilitate a perinatal and co-produced (where possible) approach to this work. Quarterly PSN meetings have been very well attended and support systemwide safety and improvement work.

Shared Learning Events are an important means of disseminating research evidence and learning to support quality improvement and improved outcomes. A highlight for March 2022 was our Inaugural Shared Learning Event³, 'Optimisation of the Preterm Infant' hosted by the Oxford and Wessex Patient Safety Collaboratives with over 100 attendees from organisations across the South East attending.



The event was chaired by Eleri Adams, Consultant Neonatologist, Oxford University Hospitals & GIRFT Neonatal Clinical Lead (on the left) and Emma Johnston, Neonatal Parent & Families Engagement Lead, Thames Valley, Neonatal Network (TV & W ODN) on the right.



³ Shared learning event recording - <https://youtu.be/TNDHAIv7xg>

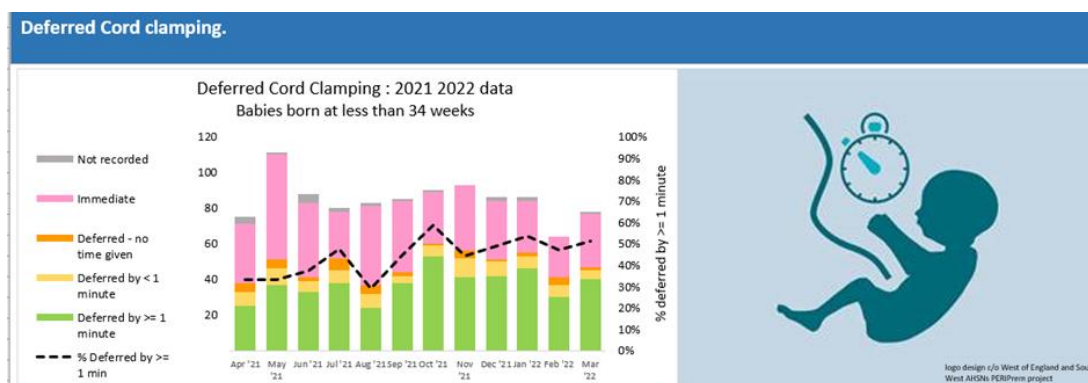
In the spirit of co-design, we were delighted that the Emma presented a parent’s perspective on setting up the Thames Valley & Wessex Parent Advisory Group (PAG). The purpose of the PAG is to enable the voice of parents and services users to influence improvement and service transformation. This collaboration cements our closer working relationships with neighbouring PSC’s and parent advisory groups and demonstrates our ambition for systemwide improvement and transformation.

Optimisation & Stabilisation pathway for the preterm infant

Cumulative data on **preterm births born in the right place** for 2021/22 including Q4, evidenced sustained improvement with trusts in the Thames Valley & Wessex Neonatal Network (TV & W ODN) achieving 87 % of babies less than 27 weeks' gestation born in a centre with a Level 3 neonatal intensive care unit. Outcomes are better for these babies who receive evidence-based interventions in a timely manner.

Data on the timely administration of **Magnesium Sulphate** (PRCePT) shows sustainability of our improvement work and is currently at 94% for trusts in the Thames Valley Neonatal Network, one of the highest rates in the country.

In preterm infants, **Optimal Cord Management** (OCM) (aiming to have a minimum of 60 seconds before the umbilical cord is clamped and cut) reduces death by nearly 30%, reduces the need for blood transfusion and may reduce the incidence of intraventricular bleeding (IVH) and late onset infection (sepsis). The MatNeoSIP OCM regional quality improvement project aims to support an increase in the proportion of eligible preterm babies, less than 34 weeks' gestation, who receive delayed cord clamping at the time of birth to 95% or greater by 2025. Our perinatal QI teams are making excellent progress towards achieving that national ambition.



This image illustrates the data reported via BadgerNet for the trusts in the TV & W Neonatal Network for 2021/ 22. While there is some variation, we are pleased to see incremental improvements across all trusts.

Viewing the data for the TV region (excluding Wessex) trusts in the BOB LMNS are demonstrating considerable improvement; baseline data from 2020 showing that on average 45% of eligible infants receiving optimal cord management; improving to 61% in 2021 and for Q4 is 66%.

% deferred by >= 1 min by quarter

	2020 full year	2021 full year	Jan - Mar 2021	Apr - Jun 2021	Jul - Sep 2021	Oct - Dec 2021	Jan - Mar 2022
Berks, Oxford, Bucks	45%	61%	59%	60%	59%	65%	66%

Frimley Health LMNS and Milton Keynes University Hospital perinatal teams are also achieving incremental improvements.

The ambition of the MatNeo SIP is to support an increase in the proportion of eligible women who receive a **full course of corticosteroids** within 7 days prior to preterm birth, less than 34 weeks gestation, to 90% by 2023. Antenatal administration of steroids to support development of the lungs of preterm infants is one of the most important obstetric interventions in the perinatal optimisation QI bundle. However, the benefit is largely limited to where they are given within 7 days prior to preterm birth.

In November 2021 we began a regional quality improvement project in collaboration with the trusts in the Oxford PSC PSN. We wanted to understand how we could improve the timing of steroids to ensure greater benefit for the preterm infant. The project team designed a proforma and data was collated from 83 births less than 34 weeks' gestation over a 4-month period. Initial results were presented at our PSN meeting in Feb 2022. It showed that 95% of women received steroids, but only 73% a complete course and only 48% of all had steroids within 7 days of preterm birth. Reasons for not administering a full course included rapid progression of labour or birth occurring prior to admission to a maternity unit, and we identified inconsistencies in the criteria for steroid administration, type of steroid used and route of administration. We will be consulting with our PSN on a draft proposal for regional guidance to support improvement in the timing and administration of antenatal corticosteroids and understanding attitudes and willingness to adopt the QUIPP APP (a decision tool which assesses the risk of preterm birth within 7 days).

Engagement with external stakeholders such as Health Education England (HEE) has provided expertise and funding to support some **future innovative work within the optimisation of the preterm infant workstream**. It has also supported closer relationships with the Simulation-Technology (SIM-TEL) networks in Kent, Surrey & Sussex (KSS) and the Oxford Simulation Teaching and Research Centre (OxSTaR). We also have excellent working relationship with members of the maternity investigation team at the Healthcare Safety Investigation Branch (HSIB). Collaboration with such influential organisations is important enabling Oxford PSC to be agile and responsive to local and regional safety concerns. We can provide meaningful support for our stakeholders as we work together to respond to safety challenges within maternity services highlighted in recent national reports.

Medicines Safety Improvement Programme (Med SIP) – National Programme

Aim - to reduce medication-related harm in health and social care, focusing on high-risk drugs, situations, and vulnerable patients. It will contribute to the 2017 WHO Challenge target to reduce severe, avoidable medication related harm globally by 50% over five years.

The PSCs have been commissioned to work on two main workstreams:

1. Improving the safety of administration of medicines in care homes
2. Reducing inappropriate high-dose opiate prescribing for non-cancer pain

Care Homes

The highly challenging situation being experienced by Care Homes during Q3 2021/2 caused by legacy impact of previous Covid waves, the current impact of Omicron infections and severe staffing issues showed no signs of abating during Q4 and sadly, despite multiple offers of support, the remaining two homes we were working with in the QI element of the programme indicated that they no longer had capacity to continue with their projects at this time.

Medicines Safety Champions

We have now enrolled 6 senior carers from 3 homes and the first session of our Medicine Safety Champions project was held in Q4 2021/2. Group aims and objectives were agreed, along with ground rules and the topics to be covered in further sessions. The project will run for 6 monthly sessions and then be evaluated accordingly.

Care Homes Patient Safety Network

Our Care Homes Patient Safety Network continues to be well attended by senior stakeholders across the region, with all sectors of the community contributing to the sharing and learning focus of meetings. We also contributed to the bi-monthly System Care Home meeting recently established by BOB SRO for Care Homes.

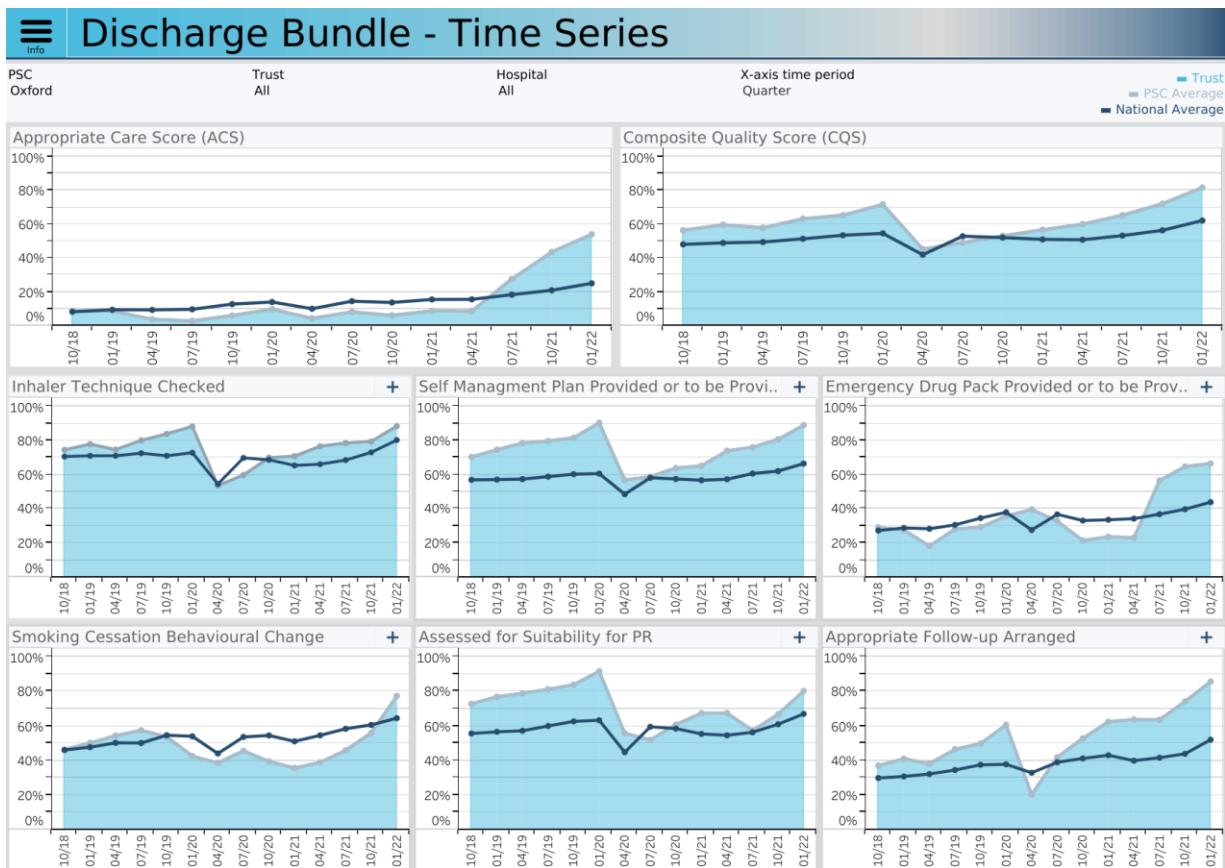
Deprescribing Opioids

Following the development in Q3 by the national team of the whole system approach to achieving the programme objectives, we have begun working with pharmacy colleagues both from within the AHSN and outside to begin mapping ongoing opioid work within the region and to build relationships with relevant stakeholders. We are seeking to promote the use of the whole system approach and offering support as appropriate.

Adoption and Spread Safety Improvement Programme (A&S SIP) – National Programme

COPD and Asthma Discharge Care Bundles

All regional acute care trusts continue to use both care bundles embedded within practice. Success criteria is measured through the National Asthma and COPD Audit Programme (NACAP). We have made significant progress over the course of the programme and sustained quarterly improvements. By the end of Q4, 59% of discharged COPD patients in our area received all elements of the bundle (the ‘Appropriate Care Score’ below). This is over double the national average (25%). The average across all elements received by patients has also risen (the ‘Composite Quality Score’ below; discharged COPD patients are now receiving an average of 82% of the bundle. This is significantly higher than the national average of 62%. We have also demonstrated a higher rate of improvement in the AHSN region compared to the national average. For the first time at the end of Q4, we exceeded the national average in all six components of the COPD care bundle (previously only in 5 of 6), showing improvements for each component over both Q4 and over the course of the programme.



Mental Health Programme

Oxford AHSN maintains a significant focus on mental health. The Programme comprises national, regional, and local programmes. The first two meetings of the AHSN's mental health steering group, chaired by Minoo Irani, Medical Director of Berkshire Healthcare, were held in Q3 and Q4. Useful discussions took place and new contacts were made, across our geography. The steering group continues to help us review current work and develop future work that is relevant and useful to our locality, and the third meeting will take place in June 2022.

Mental Health Patient Safety Improvement Programme (MH SIP) – National Programme

The emphasis of the MH SIP throughout Q4 was Reducing Restrictive Practice (RRP) and local engagement and discussion regarding improving sexual safety. Wards continued to experience the challenges of Q3; pressures on Trusts from Covid, staffing vacancies/use of bank staff and staff turnover. Covid pressures started to ease in March. The number of wards involved in RRP did not increase from Q3 to Q4 and remained at 6 including Q4 confirmation of a request from OH that we support a third ward.

BHFT 2 wards (no change)

CNWL MK 1 ward (no change)

OH 3 wards (no change)

However, Q4 saw substantial progress regarding ward level engagement compared to the entire period of Q1 to Q3.

We now have weekly virtual meetings with CNWL MK and occasional on-site visits. They have facilitated our access to data via Life QI and are improving their data recording via that system.

Oxford Health's two Buckinghamshire acute wards re-launched their projects from January 2022 with support from Oxford AHSN and internal QI colleagues. Support now consists of practical assistance, including producing driver diagrams, and weekly on-site visits to engage with ward staff in a dedicated project meeting. In addition, we have monthly meetings with senior OH staff, one meeting specifically regarding the RRP projects and two meetings supporting their "QI Hubs". We have access to their Life QI system. Engagement with their third RRP ward, in Oxfordshire, will begin in April. We anticipate adding a further two Oxfordshire wards with engagement from May.

We have facilitated local meetings regarding improving inpatient sexual safety and will continue to liaise with our Trusts as the issue is important to them and OH are proposing a major initiative that has attracted attention from other Trusts. The AHSN's Mental Health Steering Group has been established with a clinical Chair and met for the second time in March.

The South of England Mental Health Collaborative (MHC) continues to be a useful collaboration for us, which we will continue to support in 2022.

Anxiety and Depression (IAPT) Network – Local Programme

This network of NHS delivered psychological talking therapies strives to continuously improve patient outcomes and service delivery through new, innovative, and evidence-based approaches, working very closely with its active Patient Forum.

Q4 has been very exciting as **Paddle app** phase 2 pilot was implemented late 2021 and has started to show very positive results in Q4. Paddle is aimed at supporting patients:

- *During treatment* (phase 1, already piloted successfully) as a secure, personal storage device ensuring patients will have all they learned during their course of psychological therapy in one, easily accessible place
- *And post treatment* (phase 2 pilot currently well underway) for the initial post-treatment period. Patients are given the opportunity to submit their clinical scores monthly for a period of 6 months after discharge, so that they can monitor their progress and take action to stay well if needed, in a timely fashion. The pilot project will also collect data on durability of clinical gains to explore if services can identify patients at higher risk of relapse and what support they may need to stay well following treatment.

Importantly, it has been established that the technology works, linking Paddle app and the Electronic Patient Record systems up securely, and the patient safety protocol has also been shown to be fit for purpose. Phase 2 data gathering will run until August 2022.

Latent Profile 7 patient group: The network is continuing to work on exploring ways of supporting a specific group of patients who do not respond well enough to treatment (LP7 group, generally with high phobia and depression scores, often unemployed and on benefits). Early indicators from our pilots are that additional support, in the form of employment advice and support, appears to result in higher recovery rates. The network now has a viable data set across 3 of the services with all services showing positive results. The network is undertaking a final deep dive into the data to ensure patient groups are comparable and, following this, will look closely at the data and report results to DH and DWP, with a view to agreeing national recommendations for treatment offered to these patients (if supported by the final data set).

Workforce: All Improving Access to Psychological Therapies (IAPT) services are experiencing acute staffing shortages and are facing increasing waiting lists. Treatment is offered on 2 levels: low intensity and high intensity, based on diagnosis and severity. Staff are trained separately, but quite a number of staff are dual trained and familiar with both low and high intensity treatment protocols. The network members have made good progress in Q4 and have now started pilots in all services with a number of dual trained staff to trial a 'blended' way of working with patients who may not quite achieve recovery with low intensity treatment only, but who do not need a whole course of high intensity treatment. If our pilots show we can successfully combine the 2 levels of treatment for this patient group whilst maintaining fidelity to the treatment models, it will mean, from a patient's point of view, that they will not need to go on a waiting list for high intensity treatment and start all over again with a different therapist and, from the service provider point of view, it would mean a reduction in overall sessions and staff time which would free up therapy time for others waiting to be seen.

Focus ADHD – Introduction of computerised test into ADHD assessment – National Programme

Focus ADHD aims to improve ADHD assessment for school age children. The core of the programme is implementation of a computerised test such as QbTest. This test was already in place in Berkshire and Oxfordshire CAMHS ADHD Services before the start of the programme in 2019. Buckinghamshire CAMHS has now implemented QbTest at two sites (Aylesbury and Wycombe) and Milton Keynes CAMHS undertook their training in March 2022 and are now using QbTest to enhance and streamline their ADHD assessments. Because of delays in contracting and implementation we are behind the trajectory that we predicted for numbers of test undertaken during 2022/23 in these new sites, however numbers for March and April show that the QbTest is now becoming well established in these services.

The South East Community of Practice, set up by the three South East AHNs for clinicians and services managers working in children's ADHD assessment services, continues to hold successful meetings providing a platform for general learning and updates, and for sharing good practices between services across this geography.

Student mental health - Regional and Local Programme

We continue to work with NHSE/I SE Clinical Networks and Kent Surrey Sussex AHSN exploring issues around student mental health, looking at where the AHSN may be able to add value - and linking in with Long Term Plan priorities. In Q3 we completed interviews with stakeholders from across our footprint, including representatives from universities, NHS, and voluntary sector organisations, looking for examples of good practice, what is working well, concerns and challenges, and variations.

A thematic scoping report has been sent out for comments by participants with a view to distribute the final version in Q1 of 2022/23. The main findings of this work were presented at a South East regional event held on 15 February 2021 which interview participants and key individuals attended. The findings of the scoping report were well received by participants and stakeholders and have subsequently been used to inform the approach for working with students in a local Improving Access to Psychological Therapies (IAPT) service. We plan to hold a workshop in Q1 of 2022/23 with a wider range of stakeholders alongside circulation of the report, to present the findings of the scoping work and consider how this can be used to inform practice and the ongoing work around community mental health transformation. Additionally, the workshop will provide a space where next steps can be discussed and how existing good practice can be shared.

Community Mental Health Transformation – Local Programme

From Q2 we have attended workshop meetings for the Buckinghamshire community mental health transformation programme to identify opportunities where the Oxford AHSN can support with a quality improvement approach. In Q3 we facilitated a process mapping session focusing on the new pathway for individuals referred into secondary mental health care and the introduction of a single point of access. The session generated good discussion around variation in teams and previously unidentified referral routes that need to be considered. A second session with a wider stakeholder group is planned for Q1 of 2022/23 to review the current map and look at the next steps in the pathway. We will continue to attend the workshop meetings through 2022/23 and to support the programme managers by sharing resources, webinars and documents that inform this work.

Local NHS Futures Mental Health Workspace

Along with Kent Surrey and Sussex, and Wessex AHSNs, we host a Mental Health Workspace where we share recordings of events and any useful documents, as well as giving the opportunity for people working in mental health in the South East the opportunity to participate in the Discussion Forum. Anyone interested in this Workspace, please head to the NHS Futures, find the Workspace and request to join.

Clinical Innovation Adoption (CIA)

Key achievements within the *deploy* stage include:

- **Asthma Biologics** launched: AAC Consensus Pathway for uncontrolled and severe asthma consultation, the last of the two series of SPECTRA webinars and a series of three educational webinars for health care professionals. All were shared with all AHSNs at national deployment briefing sessions (jointly led with Wessex AHSN).
- **Fractional Exhaled Nitric Oxide (FeNO)** for the diagnosis and management of Asthma Project: PCNs with FeNO monitors have successfully integrated them into their asthma diagnosis and management pathways.
- **National CVD programme:** The RUP trajectories were met for high intensity statins and ezetimibe. PCSK9i prescriptions fell slightly short of trajectory, a trend that has been seen nationally and is likely to be due to the need for optimisation earlier in the pathway before patients can be considered for PCSK9i. In line with the national trend the Inclisiran programme remains challenging. Oxford AHSN is working with the other South East AHSNs (Wessex and KSS) to ensure a joined-up approach across the region, including improving lipid management on discharge from stroke and cardiac pathways. Engagement with blood pressure optimisation has been positive, with early adopter sites identified in BLMK ICS. Also in Q4 Dr Raj Thakkar was appointed as clinical lead to support the delivery of the CVD programme within our region.
- **The Adopting Innovation and Managing Change in Healthcare Setting Programme has been opened up to the South East Region.** This is a very popular course running since 2015 (**sponsored by HEE**) and has been extremely popular with clinicians and managers. We have now trained over 300 candidates, resulting in **300 innovation** or quality improvement projects for our region and now available to the South East. **Sadly, even though there has been ongoing demand, with long waiting lists, we have not been able to secure ongoing funding. With changes to HEE, it is highly likely that this programme will close during 2022.**

The develop stage is mainly managed by Alison Gowdy who continues to do an excellent job at developing key projects for regional spread.

Key achievements within the *develop* stage include:

- **Bone Health:** This project (osteoporosis management) has successfully created an affordable digital case finding tool through collaboration with a Research Consultant from University of Oxford and a supplier (PRIMIS). 10 GP practices in the Oxford region have been involved in the test, evaluate, and implement stage. During Q4, suggested improvements have been incorporated into the tool and reporting template. A further webinar was held with the participating GP practices. Once the tool is signed off, we plan to share with the South East and other AHSNs during 2022-23.
- **Elastomeric Devices:** A successful bid to HEE for funding during this quarter, will secure this project, which will be delivered across the South East region during 2022-23. It supports organisations in their elective recovery programmes and fits with the Hospital at Home agenda. A clinical lead has been recruited and project plans developed.
- **BPE patient videos:** Work continues on developing a suite of high quality information patient videos that will be shared nationwide. We anticipate completing this in Q2 (2022-2023).

- **Other local activity:** We have started working with both Frimley and Surrey Heartlands ISDN and BOB ISDN, supporting programmes of work on stroke rehab. Work with Frimley and Surrey Heartlands is focusing on rehab data. A baseline survey has been created to gather information on current the data captured across the ISDN. With BOB, a pathway mapping exercise of the rehab services has been undertaken. This will be used to develop and inform the rehab work across the ISDN.
- **AI Evaluation:** A successful year with good engagement and findings that will support regional and national optimal implementation. Emerging evidence that the AI imaging software facilitates rapid diagnosis and treatment.

Other activities

The Innovation Course commenced two additional cohorts this year. The course is being delivered remotely after the success of previous remote courses. This remote delivery greatly improves accessibility and provides flexibility to health care professionals. Health Education England Southeast funded the latest cohort, and the offer of places has now been extended to the Southeast region, with a focus on recruiting Allied Health professionals.

The CIA team and the Applied Research Collaboration (ARC) Oxford and Thames Valley received approval for our new NHS Insights Prioritisation Programme (NIPP) project to evaluate virtual and face to face, Transient Ischaemic Attack (TIA) Clinics in the Southeast Region. This project is being jointly delivered (Nov 2021 to March 2023).

A CAMHS Digital Project was initiated at the request of BOB ICS colleagues to conduct an audit of the digital offer to young people via CAMHS within the BOB geography and across the country. This work has been conducted with colleagues from within the Patient Safety Team and may lead to additional work in Q4 when a report will be submitted.

Matt Williams (CIA Manager) ran an engaging “Meet the Clinician” session at The Hill Accelerator Event discussing men’s Mental Health and digital solutions. This led to a proposal for 3 online events for additional companies to present their digital products that potentially support men’s mental health.

Publications contributed on by the team, included Opioid Dependence and withdrawal associated with some prescribed medicines: An evidence review⁴.

⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940255/PHE_PMR_report_Dec2020.pdf

Deploy

CVD Prevention – Lipid Management – National Programme

The aim of the AHSN lipid management programme is to embed the NICE/AAC lipid management pathway into clinical practice and ensure that clinicians are aware and confident to prescribe the appropriate therapy to the appropriate patient cohort. The programme also aims to increase diagnosis rates for familial hypercholesterolaemia (FH).

Progress in Q4

- Dr Raj Thakkar appointed as CVD Clinical Lead with emphasis on supporting the lipid management programme.
- BLMK Community Lipid Service is progressing and aiming to see its first patients in Q1 2022/23.
- Supporting BOB ICS to develop a business case for a FH service, covering Oxfordshire and Buckinghamshire
- Good engagement with the lipid pathway at ICS level, including discussion around planning for the PCN DES and linking this through to local prescribing schemes.
- Ongoing engagement with three ICS/CCGs on the introduction of Inclisiran into the AAC/NHSE lipid management pathway. This has included:
 - Educational materials developed for PCN pharmacists
 - Resource sharing, including webinars
 - Sharing the Imperial Inclisiran patient template and materials developed by other AHSNs
 - Signposting the new guidance on secondary care prescribing.
 - Sharing documentation and discussion around changes to secondary care pricing structure for Inclisiran
- Six of the seven formularies in Oxford AHSN region have Inclisiran rated as 'green'. The remaining formulary has Inclisiran rated as amber with a clear pathway for prescribers.
- 53 Inclisiran orders had been placed across the Oxford AHSN region by the end of Q4. Whilst significantly behind trajectory this indicates that Inclisiran is now being used within the lipid management pathway.
- Joint South East lipid management webinar planned for Q1 - good range of local and national speakers
- Trajectories achieved year to date for high intensity statins (HIST) and ezetimibe.

Plans for Q1

- Joint SE AHSN lipid management webinar, 5th May
- Hold OAHSN lipid management planning session for ICS CVD and MO leads, with the clinical lead
- Develop a secondary care focused pathway for lipid management after a CVD event.

AAC RUP PCSK9i programme is being delivered through two separate Pathway Transformation Projects which have been awarded funding from the AAC.

- **Buckinghamshire CCG**
 - Project aims to identify, work up and refer highest risk secondary CVD prevention patients
 - Model includes a pharmacist-led lipid management service in primary care in several PCNs across Buckinghamshire
 - Primary care work was again paused due to pressures caused by the pandemic and a lack of engagement

- Final evaluation report for NHSE in preparation, but project has now been extended to June 2022 due to the repeated delays caused by COVID
- **Royal Berkshire Hospital**
 - Project has created a new cardiac pharmacist role to support secondary prevention around lipids for patients discharged from cardiology services
 - Cardiac pathway developed and launched, and patients being review with expected improvements in numbers of patients optimised on lipid lowering therapy, and eventually PCSK9i therapies.
 - Pathway has been effective picking up 80 patients from cardiology in need of review and offering them at least 1 clinic appointment (with some receiving as many as 3).
 - Clinics offer lifestyle, diet and exercise advice as well as medication review. Almost 40 patients have reached range with the remainder currently under the care of the lipid service.
 - Increases noted in patients receiving bempedoic acid, and patients now being identified as eligible for Inclisiran (8 patients identified), and GPs notified.
 - Final evaluation report Jan 2022

Blood pressure optimisation programme – National programme

The AHSN blood pressure optimisation (BPO) programme supports local systems to ensure that people with hypertension are appropriately monitored and have their blood pressure and broader cardiovascular risk optimised to prevent heart attacks, strokes, and vascular dementia at scale. The objectives of the programme include:

- 1) Supporting PCNs to implement the UCL Partners Proactive Care Framework for hypertension (or analogous frameworks) to optimise clinical care and self-management in people with hypertension
- 2) Support PCNs to increase detection of people through case-finding interventions
- 3) Support ICSs to reduce health inequalities by targeting the 20% most deprived populations and other local priority groups (Core20PLUS5)

Progress in Q4

- Completed an evaluation of the digital tools available to support the hypertension self-monitoring pathway which was shared with ICSs. Support was provided to BLMK CCG to find a supplier that would best suit the needs of their population. A supplier has been identified to support two PCNs in BLMK and AHSN support for implementation and evaluation is continuing. It is anticipated that the new pathway will go live in Q1.
- Work is ongoing to support a third PCN in BLMK with implementing a BPO framework approach. An initial meeting was held in late Q4 and planning will continue in Q1.
- The CIWI team have developed a BP optimisation workforce framework to support practices with evaluating the impact of workforce changes
- Meetings were held with BOB ICS regarding AHSN support for BP optimisation. A target list of practices is being developed and a support offer will be made in Q1.
- Meetings held with Frimley ICS, AHSN CIA and CIWI teams to present to the Frimley ICS CVD prevention group in May 2022 to encourage PCN engagement.

Plans for Q1

- Progress work already under way in BLMK and share early learning

- Support implementation of UCLP proactive care frameworks in exemplar practices
- Identify workflow changes required to systematically adopt self-management of hypertension
- Support ICSs to develop high quality patient information and to increase patient and community awareness of what hypertension is and why self-monitoring is important

Atrial Fibrillation

Progress in Q4

- BOB ISDN AF inequalities project relaunched. Target practice list identified and signed off with ICS. Communication and delivery strategy agreed.
- Implementation resources finalised for Omron-CardioSignal project

Plans for Q1:

- Launch Omron-CardioSignal project
- Implement BOB ISDN AF inequalities projects

First Episode Rapid Early Intervention for Eating Disorders (FREED) – National Programme

FREED is an innovative, evidenced based, specialist care package for 16 to 25-year-olds with a first episode of an eating disorder of less than three years duration. FREED aims to overcome the barriers to early treatment and provides highly co-ordinated care, with a central focus on the reduction of an untreated disorder.

Recently the definition of what constitutes a “full” FREED service has been refined and tightened. This will prevent Buckinghamshire being a “full” service until Oxfordshire adopt the model, as all teams within a Trust need to have adopted FREED under these new definitions.

Progress in Q4:

- New FREED Champion successfully recruited and in post within Buckinghamshire.
- Berkshire assessed 18 patients, with 16 joining the FREED pathway in Q4.
- Conversations with Maria Bourbon established to explore and develop opportunities and plans to adopt FREED model for Oxfordshire.
- Regular meetings established with OHFT Community Mental Health Transition colleagues to develop community engagement with FREED in High Wycombe and Marlow.

Plans for Q1:

- Continue to meet with leadership of Oxfordshire Eating Disorders Service to explore the practicalities of implementing FREED within the service.
- Continue to collaborate with Community Mental Health Transformation colleagues within Oxford Health NHS Foundation Trust hope to establish connections with GP surgeries in High Wycombe and Marlow PCN areas, through which FREED may be offered in the community, potentially using a similar model to that deployed in Cambridge and Peterborough.
- Ensure Berkshire’s Operational Agreement is updated and signed by BHFT colleagues.

NHSX-AAC Artificial Intelligence in Health and Care Award – Evaluating Brainomix AI Stroke Imaging Technology (2021-Mar 2024) – Regional programme

Brainomix AI Evaluation: Includes 33 sites across 5 ISDNs (strong ongoing South East engagement)

The 1st year of evaluating the Brainomix product has gone well. Given workforce challenges faced by clinicians, engagement has still been positive and has enabled us to work with all except for 3 of the sites that signed up to participate. There have been constructive meetings that throughout the year that have facilitated relationship building with the clinical users, including SE Clinical Leads, Stroke GIRFT, SSNAP, Mechanical Thrombectomy meetings, and approximately 52 ISDNs meetings (except for London and Kent & Medway as they were not set up).

We have worked closely with the supplier and attended AI forums with NHSX and Royal Societies. We have applied a mixed methods approach (qualitative/quantitative) with convergent analysis. Methods used include, interviews, data analysis on the publicly available data (awaiting sign off for access to the full data set from SSNAP). Surveys have also been used when it has proven difficult to get clinical time.

Emerging convergence on clinical opinions through workshops shows that there is growing attachment to the product and appreciation of usefulness to quickly identify whether patients are appropriate for Thrombolysis or Mechanical Thrombectomy (MT). This has resulted in significant time release and a cascade of improvement in the provision of responsive urgent care. Our second workshop during Q4, showed that most interviewees said that they used the software for all stroke protocol or acute stroke calls, and that the software is meeting or exceeding their expectations particularly in relation to image transfer and speeding up MT identification and treatment.

The clinicians have a specific interest in understanding more about the accuracy of the software and have already facilitated Brainomix with suggested improvements to improve the products clinical usefulness. Interesting findings include the possible impact on the increase in thrombolysis levels, and speed of transfer of appropriate patients for Mechanical Thrombectomy at a Comprehensive Stroke Centre.

Interest remains high and feedback has enabled us to set up phase 2 (for year 2) with a focus on understanding usage, considering the context in which the technology is optimised, and collecting data to ascertain the value and benefits. We will also focus on clinical and patient experience and further explore safety (and accuracy). We are already involved in quality improvement and best practice sharing opportunities.

Our work on pathway baselining has proven to be useful for the wider quality improvement work and we have continued to support ISDNs within our region with QI work, providing them with baseline information and facilitating them with service redesign. Reports per ISDN and Trust are being shared now. The end goal is to provide comprehensive evidence and information to ISDNs across the country to optimise adoption of this AI technology.

Progress in Q4

- Patient level SSNAP Data Access Request has been refined and accepted for review by the Data Access Request group (DARG) of HQIP. The DARG meeting date for decision has been set for 27 April.
- The SQL database to store and process SSNAP data has been created and tested and Helen is supporting required analysis.

Plans for Q1:

- Begin receiving and analysing patient level SSNAP data.
- Set up personalised surveys for specific user groups such as Geriatricians, Neuroradiologists, Stroke Nurses and registrars.
- Schedule workshops every 10 weeks with specific topics including QI Framework.
- Work on the patient and carer experience and outcomes.
- Recruit an in-house evaluator.
- Appeal to NHSE for further funding to deliver accuracy and safety evaluation.
- Complete profiling work.

Risks & Issues

Insufficient funding to do the required analysis on accuracy within 2 South East Trusts that will provide the backbone for safety recommendations nationwide.

Polypharmacy – Local programme, moving to national programme

As of April 2022, Polypharmacy: Getting the Balance Right has been adopted as a national programme to be delivered by the AHSN Network. Oxford AHSN is in phase 1 of implementation. The local programme has been adapted to incorporate the national programme activity.

Medicines, we know, have saved and improved the lives of millions of people. However, as more and more people live longer with multiple long-term conditions, the number of medicines they take increases. This can have a significant burden on the person managing and trying to adhere to multiple medicines regimes and can also be harmful. Studies have shown that that over 50% of older people are prescribed a medicine with more harm than benefit leading to avoidable morbidity, hospitalisation and mortality.

Polypharmacy is a key part of the World Health Organisation Global Challenge to reduce harm from medication errors by 50%. The recently published national overprescribing review⁵ addresses some of the causes of inappropriate polypharmacy and sets out a series of practical and cultural changes that need to be made across systems.

National Programme aims to support local systems and primary care to identify patients at potential risk of harm and support better conversations about medicines by promoting shared decision making. The core principles are:

- Pillar 1: Population Health Management. Using data⁵ to understand PCN risks and identify patients for prioritisation for a Structured Medication Review
- Pillar 2: Education & Training. Running local Polypharmacy Action Learning Sets to upskill the primary care workforce and developing a community of learning.
- Pillar 3: Public Behaviour Change. Testing and evaluation of public-facing campaigns to change public perceptions e.g., Me + My Medicines

⁵ NHS BSA Polypharmacy Comparators - <https://www.youtube.com/watch?v=iqKf1Lz0eq4&feature=youtu.be>

Additional local activity includes:

- Supporting the joint ARC led real-time observational cohort study with integrated qualitative evaluation on optimising structured medication reviews (OSCAR study)
- Improving the use of opioid medication

Progress in Q4:

- System scoping for national polypharmacy programme carried out with Frimley, BOB and BLMK ICS
- Polypharmacy Action Learnings sets for cohort 13 delivered for GPs and Prescribing Pharmacists across Wessex, The South West, West of England and Thames Valley
- Local implementation plan for delivery of the polypharmacy programme for Oxford AHSN developed
- One local polypharmacy trainer identified
- OSCAR study: Prototype dashboard using data from ORCHID to feed back to practices developed
- Invited and accepted to become a regular member of the Frimley ICS Medicines Safety Group
- Artificial Intelligence and opioid use article submitted to BMJ Innovations for potential publication

Plans for Q1:

- Deliver Polypharmacy Action Learnings sets for cohort 14 and 15 for GPs and Prescribing Pharmacists across Wessex, The South West, West of England and Thames Valley
 - Appoint polypharmacy action learning set trainers and clinical champion
 - Start to plan polypharmacy community of learning
 - To support testing of the ORCHID dashboard for the OSCAR study
 - Once national opioid comparators are available (May 22) to produce a report of benchmarked data for local systems to enable planning and measurement of improvement projects

Deliver: AAC Activities – Rapid Uptake Products

Asthma Biologics – National programme

This AAC Programme is led nationally by Tracey Marriott and James Rose (Joint National Leads), Seema Gadhia (Pharmacist Lead) and Marianna Lepetyukh (Strategic and Industry Partnerships Project Manager).

Background: Biologic therapy drugs – to improve symptoms and reduce asthma attacks in people with severe asthma by helping to stop the body processes that cause lung inflammation.

The programme is aiming to improve care for severe asthma patients through earlier identification of patients with uncontrolled asthma and treatment escalation to biologics for appropriate patients. There are 11 priority areas under exploration:

Priorities/Areas of focus for delivery over the next 12 months		
Understanding the current picture and potential barriers to adoption	1)	Development of an adoption scoping report to investigate barriers in prescribing biologics
	2)	Modelling on variation in prescribing and referral practices across Trusts and regions as a tool to engage and discuss changes in practice
	3)	Attempt audit of wait times for initiating biologics
Early identification and Enhanced Roles	4)	Early identification and healthcare professional training Pharmacy enhanced roles
Pathway Improvement	5)	Development of a consensus pathway/algorithm
	6)	Grow home/self-administration
	7)	Grow home monitoring
Capturing great practice and looking at how we disseminate	8)	Partner with specialist centres, acute trusts and primary care (via AHSN) and gather best practice and utilise case studies
	9)	Develop Spread and Adoption Toolkit
Reimbursement and coding mechanisms	10)	Development of a code for severe asthma
	11)	Identify potential levers and incentives

National Delivery

Continued in to the “Delivery” stage in Q3. The team continued to provide support to the AHSN Network in the deployment of their local improvement plans through:

- Steering group meetings with some PTF sites.
- Development of a performance dashboard to allow close monitoring, and
- One-to-one meetings with individual AHSN leads to ensure ongoing active engagement with the local systems
- Raising awareness of available resources to support implementation and timely delivery of the local initiatives.



Overview of AHSN-led activity:

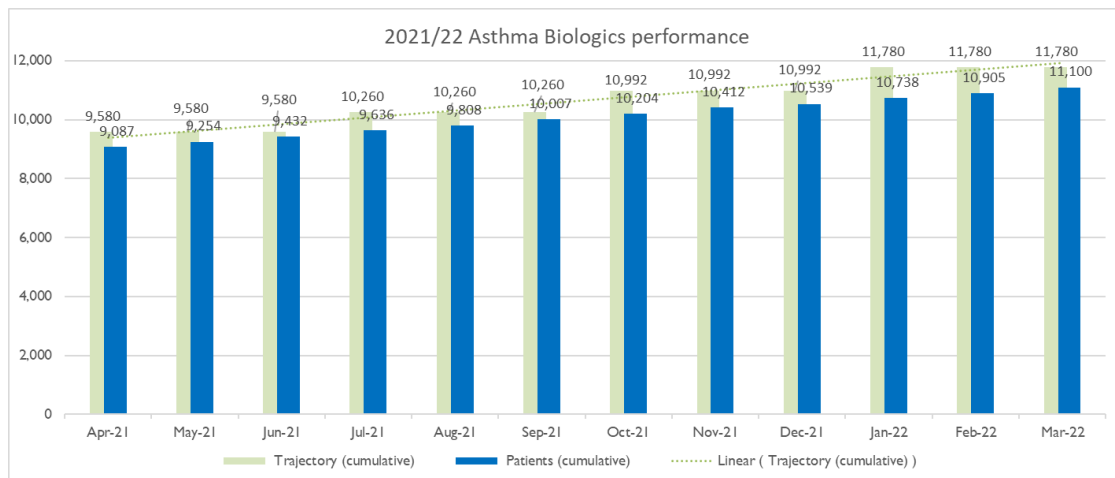
The CIA Team designed and launched a **Formal Consultation for AAC Consensus Pathway for uncontrolled and severe asthma** in January 2022. A structured communication programme was put in place to socialise the web address for the consultation and the invitations to those involved in severe asthma care.

Successful progress was made on workstream focussing on Healthcare Professional Training - **Educational Package** to support primary care and launch of series of three webinars in March 2022, with almost 1,000 health care professionals attended. The content and schedule for two e-learning modules and the second podcast agreed and planned.

Key highlights for Q4 at the national level:

- Formal 28-day consultation for AAC Consensus Pathway for uncontrolled and severe asthma was launched through January 2022.
A structured communication programme was put in place to socialise the web address for the consultation and the invitations to those involved in severe asthma care (all Website Analytics Data report showed 572 views and the top rated web-page for the period of the consultation). Responses from 51 stakeholders were received, including organisations and individuals ranging from the NHS organisations, professional organisations, and the pharmaceutical industry.
Work started on collation and review of the comments. Discussions with core clinical group and wider panel experts sub-groups took place during February and March.
Development of an interactive PDF with creative communications agency Cube Creative Ltd.
- A series of educational webinars offering practical support to help improve care for people with severe and uncontrolled asthma were launched in March 2022 and attracted a combined audience of almost 1,000 health care professionals. The three sessions covered identifying and managing uncontrolled asthma, improving adherence to asthma treatments and the soft launch of a consensus pathway for uncontrolled and severe asthma care. The series was supported by the Oxford AHSN and hosted by healthcare events agency Cogora on behalf of the AHSN Network and AAC.
- Successfully delivered the last of the two series of SPECTRA webinars in January with more than 170 health care professionals attended.
- Early identification sub-group follow up meeting and discussion about synergy between SPECTRA and Sentinel Plus with AHSN leads took place in January 2022
- NHS BSA training sessions on the new prednisolone metric and respiratory dashboard have proved to be successful with 64 people attended.
- Development of Asthma Biologics Dashboard for a wider set of metrics to monitor and communicate impact of the programme (more details in the Informatics section below)
- Submitted two conference papers for European Respiratory Society International congress: 1. Patient and Public Involvement paper assessing patient perceptions on the utility and preferences of a potential home monitoring app for asthma biologics patients; 2. Benchmarking exercise assessing the variation in pathways and practice around severe asthma care in England.
- Number of meetings held: AAC RUP National working group, joint FeNO and Asthma Biologics AHSN leads working group; Pharmacy Clinical Subgroup.
- Year 2 trajectories agreed.

Currently actuals have tracked planned trajectory. At the end of Q4 (month 12), the Asthma Biologics RUP has achieved 94.9% of YTD trajectory and is currently slightly below the track to deliver 95.4% (up from 94% from month 6, September '21, data) of the trajectory by March '22. Impact of AAC/AHSN Network activity to be realised in Q3 and Q4 2022/23.



Oxford AHSN Regional Delivery

- The Oxford AHSN team continued to work with partner organisation Oxford University Hospitals NHS FT on the delivery of the PTF Project ISAC (Integrated Severe Asthma Collaborative) across BOB ICS.
- Focus was on confirming the Information Governance (IG) papers to enable ISAC project team to begin their work at the GP practices
- 9 PCNs across BOB ICS have been recruited for the pilot
- ISAC team on-boarding with GP practices
- Recruitment into remaining position of co-ordinator and agreed start date
- Developed template for data collection to enable to evaluate the impact of pioneering approaches
- Procurement of 5 FeNO machines and agreed schedule for the training

Plans for Q1:

National Delivery

- The next quarter the AHSN Network will continue the delivery of local improvement plans (PTF and non-PTF delivery)
- Further collaborations via theme focused sub-groups to review progress and discuss educational materials
- To launch two e-learning modules and the second podcast
- Formal launch of AAC Consensus Pathway for Uncontrolled and Severe Asthma Consultation and interactive PDF
- Development of communication and implementation plans to support wider dissemination and roll out of the pathway.

Oxford AHSN Regional Delivery

- To continue on-boarding with the remaining GP practices across 9 PCNs in BOB ICS region
- ISAC project team training on FeNO machines
- To embed new ISAC pathway with pilot PCNs
- To support developing FeNO testing services with pilot PCNs Pilot model care arrangements, education and embed new ISAC pathway with pilot PCNs

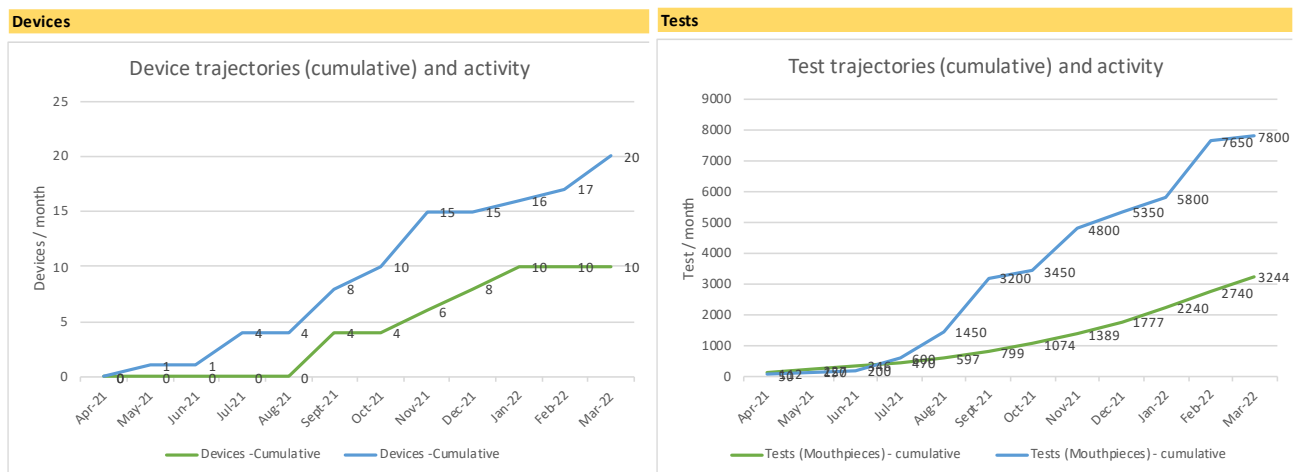
Fractional Exhaled Nitric Oxide Breath Analyser (FeNO) – National programme

Progress in Q4:

We have continued to work with our PCNs which have now embedded FeNO successfully into their asthma diagnosis and management pathways. We have achieved our annual targets for both ‘Devices’ (FeNO monitors) and ‘Tests’ (mouthpieces) and continue to build on the numbers attained.

The second National Learning Collaborative was held on March 15th.

Progress against trajectories. In Q4 our monitor total was 20, and mouthpiece total was 7800 (end of year targets are 10 and 3555 respectively).



Plan for Q1:

In 2022-23 support for the Milton Keynes area has moved back to Oxford AHSN from Eastern AHSN so the immediate priority will be to re-engage with managers and clinicians to promote uptake of FeNO. We will also work more closely with clinicians in Frimley ICS that are keen to use FeNO but missed the opportunity to bid for Pathway Transformation Funding. Will also support our existing FeNO sites to ensure that enthusiasm and momentum is maintained to keep the number of test being done as high as possible. Sites will be encouraged to attend the third National Learning Collaborative top share effective clinical practice which is planned for June 2022.

New risks/issues identified in Q4

- Risk – in 2022-23 all 15 AHSN have been given the same ‘FeNO-test’ trajectory target of 16,457. As Oxford AHSN achieved 7800 in the previous year this target will be challenging to achieve.

MedTech Funding Mandate (MTFM) 2022/23 – National programme

Benign Prostatic Enlargement (BPE): Patient Information Videos

The MFTM policy aims to accelerate the uptake of selected innovative medical devices, diagnostics and digital products to patients faster. In the 2022/23 policy, four technologies that treat Benign Prostatic Enlargement (BPE), or enlarged prostate, have been selected.

The CIA team is working with two Consultant Urological Surgeons at OUH to develop a suite of 11 short patient information videos to support the BPE patient pathway. The videos will cover topics from anatomy, symptoms, lifestyle changes, medication, through to surgical treatment options. This work was funded by NHSE in 2020, but has been delayed due to the pandemic. Work recommenced during 2021 and is very timely as it will be used as a resource for the MTFM policy.

Progress in Q4:

Progress has continued to be made with developing the patient information videos, which includes seeking patient feedback on each storyboard and incorporating suggested changes prior to creating the videos.

The second video has been created and a third one will be ready imminently. Storyboards for the fourth and fifth video have been circulated to patients for feedback.

Plans for Q1:

- Third video to be finalised, along with fourth and fifth videos once patient feedback received.
- Continue to seek patient partner feedback on storyboards prior to videos being created
- Regular meetings with Health Innovation Manchester to ensure this work is incorporated and aligned with the MTFM work.

Sleepio – Regional programme

Sleepio is a clinically evidenced CBT for insomnia delivered via online sleep improvement programme with widespread adoption across the Thames Valley and was one of the three initiatives, selected for rollout across the Southeast.

Progress in Q4:

Free of charge access to Sleepio was withdrawn on 31 December 2021 and project has ended. Support and input have been given to Unity Insights and colleagues from KSS who have prepared a “Workforce High Level Impact Analysis” paper. This is due to be published shortly.

Plans for Q1:

- Continue to seek opportunities or connections to support potential models for adoption of Sleepio.
- The Oxford AHSN is continuing to support the NICE review of Sleepio, including sharing the data from the Thames Valley project in support of this work.

Electronic Repeat Dispensing (eRD) – Regional programme

In December 2020, eRD was selected to be continued as a workforce programme for the southern AHSNs. For Oxford, this project came to an end on 31st March 2022.

Progress in Q4

- Table 1: The percentage eRD uptake rate for Oxford ASN has increased to 9.79% (Jan 22).
- Table 2: As of Dec 21, **23,084** additional patients are benefiting from eRD.

Table 1. Percentage of eRD items compared to all items by organisation (Mar 20 vs Jan 22)

Organisation	Mar 20 (%)	Jan 22 (%)
National	10.36	13.63
Oxford AHSN	6.68	9.79
Frimley CCG	8.70	13.56
Oxford CCG	8.97	13.27
Berkshire West CCG	9.41	12.20
Buckinghamshire CCG	5.28	8.05
Bedfordshire, Luton, and Milton Keynes CCG	2.90	4.22

Table 2. Local impact metrics

Impact	Metric	Comments	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22 (to Jan 22)
1	Number of staff trained	Cumulative	53	53	53	53	53
2	GP Practice time released (hrs)	Additional eRD items x 16 secs	4,545	6,554	8,443	10,253	10,873
3	Percentage of GP Practices	Cumulative	TBC	TBC	TBC	TBC	TBC
4	Patient benefit	Number of patients	13,611	21,541	22,235	23,084	TBC
5	Items prescribed	Actual monthly increase in eRD items compared to baseline.	1,048,250	1,511,606	1,947,239	2,364,584	2,507,438

*Data from NHS Business Services Authority EPACT2 to Oct 21

Develop

Bone Health – Regional programme

This project is a collaboration between the University of Oxford, PRIMIS and the Oxford AHSN. The project is working with GP practices, initially as a pilot within Oxfordshire, to improve the management of patients with osteoporosis who are at high risk of sustaining a fragility fracture. The project has developed a case-finding tool to ensure high-risk patients are identified and managed in accordance with NICE guidelines and optimised on treatment, thereby reducing the risk of further fragility fractures.

Progress in Q4:

This has been a busy year for the Bone Health project following the pause in work due to the COVID-19 pandemic. However, engagement was made with nine GP practices and the project was successfully launched in Q3.

Following the first baseline report being run by GP practices in Q3, the suggested changes to the tool and reporting template were discussed by the project team and changes implemented. The revised reporting template was circulated to practices for the second report. This was run in Q4 and a webinar held in March to discuss the results.

Further refinement to the tools has been discussed, including the splitting of results to show patients on denosumab compared to patients on other anti-osteoporosis medication. This change will be incorporated in the next iteration of the tools.

One GP practice has had to withdraw from the project due to maternity leave and the practice has been unable to provide resource for the remainder of the project.

Plans are in progress for a Quality Improvement webinar to be held in Q1.

Plans for Q1:

- Practices to run third report and webinar to be held to discuss results
- Quality improvement webinar to be held in May
- Work with PRIMIS to develop plans for wider roll out

Elastomeric Devices – Regional programme

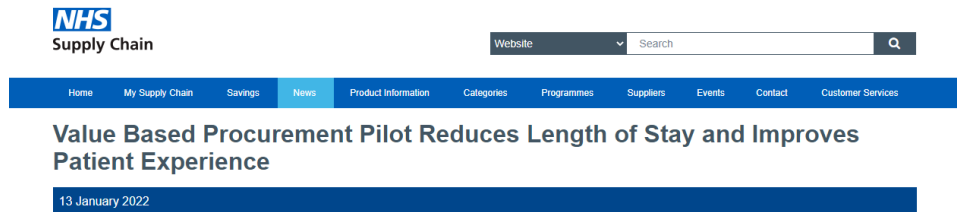
Elastomeric devices are small, single use pumps used to administer medication such as IV antibiotics or chemotherapy. They can be used in patients' homes and as such they could help relieve some of the pressure on hospital beds, by either facilitating an earlier discharge from hospital of patients who would otherwise only remain in hospital to receive IV antibiotics, or to support the prevention of admissions for such patients.

This was initially a local project within the Oxford AHSN region, but as a result of funding will be rolled out across the South East region. The project will work closely with OUH who has introduced elastomeric devices into clinical practice. The project will assess the impact of these devices and capture the lessons learned from their introduction. In turn this will be used to support other trusts wishing to introduce the devices, and will include the development of implementation support resources and webinars.

Progress in Q4:

This project was paused due to the COVID-19 pandemic, but during 2021/22 has gathered momentum.

Work with NHS Supply Chain and OUH resulted in the publication of a case study in early Q4. This case study, which forms part of NHS Supply Chain's Value Based Procurement programme, highlights the work undertaken by OUH.



A successful bid was submitted to Health Education England for funding to support the wider roll out of this project. This will enable the project to be spread across the South East and will support elective recovery programmes by supporting alternative ways of delivering care to patients in their homes and thereby releasing inpatient capacity.

A clinical lead has been recruited and project plans developed. The plans include:

- Baseline survey to understand the current use of elastomeric devices and hospital at home/OPAT service provision across the region
- Creation of implementation support tools
- Webinars
- Pre-recorded brief presentations covering topics such as: what the devices are; appropriate patient cohorts and inclusion/exclusion criteria; possible service models; governance arrangements and approval process

Plans for Q1:

Meeting with KSS and Wessex AHSNs to discuss the project and engagement with organisations across KSS and Wessex footprints

- Engagement will start across the South East region, beginning with the baseline survey
- Plans will be further refined for the webinars and pre-recorded presentations as part of the implementation support documents

Stroke Rehabilitation – Regional programme

Rehabilitation is a key component of the stroke pathway and a priority area for the Integrated Stroke Delivery Networks (ISDN). Following discussions with Frimley and Surrey Heartlands, and BOB ISDNs, it was agreed that the CIA team will provide support to their rehabilitation programmes of work.

Frimley and Surrey Heartlands ISDN has identified data as one of the priority areas within their rehab activities. The initial focus for BOB ISDN is a pathway mapping exercise to understand the landscape of rehab services across the ISDN footprint.

Progress in Q4:

Frimley and Surrey Heartlands:

- Meetings held with ISDN manager and data task and finish group to discuss project requirements
- Survey created to understand current data captured, issues with data and future data needs

BOB:

- Meetings held with ISDN manager and clinical lead for rehab to discuss pathway mapping requirements
- Baseline questionnaire developed and sent to all stroke unit and rehab services across the ISDN
- Pathway maps created for the ISDN, which was used to inform a paper for the BOB ISDN Board in April

Plans for Q1:

Frimley and Surrey Heartlands:

- Collate results from data survey
- Meeting in April with teams from across the ISDN to discuss findings

BOB:

- Meet with clinical lead for rehab to discuss actions following the ISDN Board meeting at the beginning of Q1
- Agree support requirements going forward with ISDN manager and clinical lead for rehab

Digital Children and Young People (CYP) Project (BOB ICS) – Regional programme

A CAMHS digital project was initiated at the request of BOB ICS colleagues to conduct an audit of the digital solutions available to young people via CAMHS within the BOB geography and across the country. We are focussing on the Thrive framework model and how digital solutions can support traditional service provision. The work was accelerated in Q3 on request from the BOB ICS Chair for Mental Health.

Progress in Q4

Following the first report being shared with colleagues at BOB, amendments were made to the structure and criteria were added so that the audit tool could be used to support decision making. These changes resulted in more detailed discussions with digital solution suppliers which has helped our understanding and formed industry relationships. We decided to create a resource based on this audit that we can share with other AHSNs, ICSs, trusts and services that are interested in digital interventions for CAMHS and CYP, which is still in progress.

We have subsequently provided support to identify a suitable digital solution for the Head of Integrated Services for CYP at BHFT.

Plans for Q1:

- Creating a resource (white paper) based on the audit we have undertaken to share with other AHSNs, ICSs, trusts and services that are interested in Digital interventions for CAMHS and CYP.
- To facilitate a clinical engagement workshop with senior clinicians working in Neurodiversity and CAMHS teams across BOB ICS to raise awareness of the current demands on the service and investigate which solutions may be useful and a best fit for their service needs (May 2022)
- Deliver a co-branded webinar to present our findings, experiences and work so far to the wider AHSN and health system and to seek inspiration for next steps (June 2022)
- Explore the possibility of supporting engagement with young people as part of BOB ICS's patient engagement work.

Excellence in heart failure toolkit – Local programme**Progress in Q4:**

- Toolkit and business case for spread and adoption presented at South East Regional Medicines Optimisation Committee
- Toolkit shared on Oxford AHSN website and shared with three AHSNs

Plans for Q1:

- Formally launch the toolkit, aligned to PCN DES and RUP for dapagliflozin

Heart failure inequalities workstream – Local programme

Heart failure outcomes are disproportionately worse in areas of high health inequalities. Oxford AHSN is working on two projects that aim to address this issue within the BOB ICS.

1) Intensive support for 16 practices in areas of deprivation to assist with early identification of patients with heart failure (Joint Working Agreement with Astra Zeneca).

2) An ICS wide programme to improve early diagnosis and improve management of heart failure.

Progress in Q4:

- Both programmes were paused in Q4 due to COVID pressures
- Communications to practices were sent in late Q4

Plans for Q1:

- Work with BOB ICS to support practices to implement the programme.

Other projects

Adopting Innovation and Managing Change in Healthcare Settings Programme – Local programme

Background: This program supports the upskilling of the NHS workforce to understand change management, innovation adoption and introduce new ways of improving patient care within the NHS setting.

Progress this year and Q4

This year, the program continues to be delivered despite the challenges posed by COVID-19 pandemic to the healthcare setting and its workforce. This was mitigated by delivering the program online and providing a flexible approach in completing coursework requirements. Two cohorts were impacted by the pandemic last year and these were re-instated, (Cohort 9 module 2 and Cohort 10 module 1) and a subsequent two cohorts were introduced this year. The make-up of cohorts follows the previous trend wherein students come from different health care sectors and coming from varying health groups with the exception of the latest cohort, which comprises primarily from the Allied Health Professional group.

Throughout the course, students were supported to formulate their respective change project proposals considering current climate and state of the regional healthcare setting. A number of projects directly addressed current issues such as mitigating the effects of COVID-19 pandemic in their respective settings. A total of 70 change projects were introduced this year, which has the potential to improve patient outcomes, experience and efficiency and effectiveness of services delivered.

During Q3, Health Education England South East agreed to fund cohort 12 mainly targeted towards Allied Health Professionals (AHP). As a result, the program's geographical remit was extended to the whole South East region. This was met with overwhelming positive response and uptake.

During Q4, the 12th cohort commenced consisting of students from South East region and due to the profound demand for the course, a substantial number of interested South East AHPs are on the waiting list for the next cohort.

An evaluation is in progress, which aims to explore the impact of the programme within the healthcare setting and also the impact it has had in respect to staff progression and retention. The evaluation is expected to finish in Q1 of next year.

Risk - HIGH

Funding for this high demand programme is at risk. Failing to immediately identify a funding source would result to the programme closing.

Plans for Q1

- Explore funding opportunities.
- Explore sustainability plan.
- Complete the evaluation and share the report with stakeholders.

NIHR Applied Research Collaboration, Oxford and Thames Valley working with Oxford AHSN – Local programme

Background: The Applied Research Collaboration Oxford and Thames Valley (ARC OxTV⁶) started in October 2019 and runs for five years to September 2024. There are 15 ARCs across England, funded by the NIHR. The purpose of the ARCs is to undertake and implement applied health and social care research, based around local health and social care needs, both for people and the systems the care is provided within. ARCs work in collaboration with AHSNs, universities, NHS trusts, councils, and charities.

The ARC OxTV is hosted by Oxford Health NHS Foundation Trust and based at the University of Oxford’s Nuffield Department of Primary Care Health Sciences. The Programme Director is Professor Richard Hobbs, and the Implementation Lead is Professor Gary Ford who is also Chief Executive of the Oxford AHSN. The ARC OxTV is working closely with the Oxford AHSN to implement ARC research outputs into practice across the Oxford AHSN region and, where appropriate, across the wider South East region, and nationally.

Priorities for the OxTV ARC	Six major research themes
<ul style="list-style-type: none"> • Improve patient outcomes across the Oxford AHSN region • Provide high-quality evidence of clinical and cost effectiveness • Lead evidence –based implementation nationally • Develop new services addressing key NHS and public health priorities • Improve regional and national capacity to conduct, high- quality world-class health and social care research 	<ul style="list-style-type: none"> • Disease prevention through health behaviour change (Theme 1) • Patient self-management (Theme 2) • Mental health across the life course (Theme 3) • Improving health and social care (Theme 4) • Applied digital health (Theme 5) • Novel methods to aid and evaluate implementation (Theme 6)

Progress in Q4:

- Development of joint Oxford AHSN/ ARC OxTV Collaboration Statement as part of preparation work for National ARC-AHSN Winter meeting, held in January 2022. This event focused on deepening collaboration to maximise impact. Agreement ARCs/ AHSNs need to focus on their cohesive offer and responding to the needs of the health and care system.

As part of our collaboration statement we prioritised the following actions to support our local health and care system:

- 1) Focus on the unique expertise the ARC-AHSN partnership can bring to the health and care system across the region. Examples include: implementation of evidence based research outputs, skills to complete robust real world evidence studies, use of data analytics to support the development of new care pathways and progressing developments in digital/ AI and diagnostics.
- 2) Working with Oxford Academic Health Partners and the regional research infrastructure we will integrate research activities into the ICSs. This will be through an understanding of the population needs and ICS priorities to address these, sharing the evidence base to aid

⁶ ARC OxTV - <https://www.arc-oxtv.nihr.ac.uk/>

implementation where there is alignment. This will be a key partnership as we focus on recommissioning of both the AHSNs and ARCs and our work across the health and care system.

- 3) Expand the partnership beyond the Oxford and Thames Valley region, developing our collaborations with Kent, Surrey and Sussex and Wessex ARCs and AHSNs. The NHS Insights Prioritisation Programme (NIPP) has been a driver for this. This approach will support implementation of research outputs across the South East region and identify new opportunities to work together, which are beneficial for our local health and care systems.
- Joint AHSN/ ARC NHS Insights Prioritisation Project (NIPP) on supporting good practice in transient ischaemic attack (TIA) and minor stroke clinics⁷:
 - Project set-up phase 1 and 2 completed
 - Working with 5 Integrated Stroke Delivery Networks (ISDNs) across South East. Recruited 21 trusts.
 - Initial scoping data identified most sites reverted to face to face TIA clinics, compared to using virtual clinics during the pandemic. Three emerging service models: virtual, face to face and hybrid.
 - Sample pathway mapping interviews completed and information used to develop critical pathway. To share at theory of change workshop (April 2022).

Plans for Q1:

- NIPP Project
 - Hold NIPP theory of change workshop with healthcare professionals across the South East region involved with providing TIA services. Purpose of the workshop is to define different aspects of the project, understand the context and external factors which influence the TIA pathway, create a consensus on what is 'good to know' and what is 'in scope' for the project.
 - Submit ethics application and progress work in project workstreams
- Six monthly ARC/ AHSN Implementation review meetings with ARC theme leads, to monitor implementation progress with ARC projects. This feeds into ARC Implementation Oversight group meeting, attended by the ARC Director, Deputy Director and Senior Manager.
- Joint AHSN/ ARC meeting to discuss evaluation of digital interventions (therapeutic and diagnostic) and use of the new NICE evidence standards framework for digital health technologies (due for publication May/ June 2022).

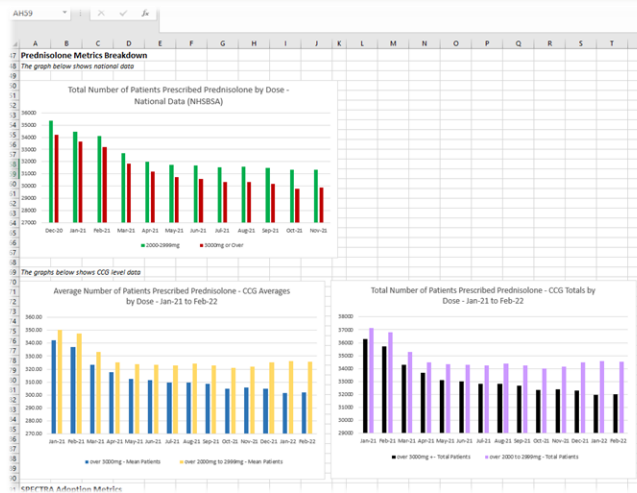
⁷ <https://www.oxfordahsn.org/our-work/adopting-innovation/national-programmes/supporting-best-practice-in-tia-and-minor-stroke-clinics/>

Informatics

OAHSN Asthma Biologics Dashboard – Local programme

The OAHSN Asthma Biologics Dashboard to allow others to monitor and communicate the impact of the AB Programme. This has been compiled using data from a variety of sources *including Blueteq, NHSBSA Prednisolone, Homecare, Spectra and HCP Training data*, enabling us to have this information combined in one place for greater and easier understanding of the data. Further development of this is ongoing.

Oxford Academic Health Science Network - PWG Reporting						
1. Asthma Biologics Prescribing Metric Breakdown						
Blueteq Data by quarter						
Quarter End Date	New Patient Initiations (cumulative)	Change (monthly)	Change (YTD)	Agreed Target Trajectory (cumulative)	Percentage of target trajectory reached	
Jun-21	9485	2%	6%	9627	99%	
Sep-21	10071	2%	12%	10306	98%	
Dec-21	10616	1%	18%	11037	96%	
Note: Data available monthly, but trajectory target only defined for last month in quarter and thus percentage reached can only be reported at quarter end						
2. Homecare Metrics Breakdown						
Percentages of asthma biologics self-administered/homecare						
Metric	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
All drugs homecare %	46.9%	50.4%	45.2%	45.4%	47.8%	52.3%
Mepolizumab and Benralizumab homecare %	63.7%	67.2%	63.8%	59.4%	65.4%	68.3%
Mepolizumab homecare %	71.7%	71.7%	71.8%	66.7%	72.5%	75.6%
Omalizumab homecare %	43.0%	45.1%	40.2%	43.1%	42.6%	47.9%
Benralizumab homecare %	49.3%	59.5%	49.3%	47.1%	51.8%	55.0%
3. Patient Journey Time Audit						
Only reported at end of the project						
4. Prednisolone Metrics Breakdown						
Numbers of patients prescribed prednisolone/oral corticosteroids						
Indicator	Metric	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Age 25+, over 3000mg + inhaler	Total Patients	33667	33176	31852	31172	30737
Age 25+, over 3000mg + inhaler	CCG Mean Number of Patients	342.52	337.15	323.51	317.80	312.52
Age 25+, over 3000mg + inhaler	Highest CCG Total	1401	1388	1318	1318	1305
Age 25+, 2000mg to 2999mg + inhaler	Total Patients	34473	34095	32713	31975	31720



SSNAP SQL Database – Local programme

The development of the SSNAP SQL database and is also undertaking preparation work for the new richer dataset we are expecting from HQIP, we have also continued to provide data/charting analysis using the publicly available SSNAP data, allowing others to gain a greater understanding of this data.

Health Inequalities Dashboards – Local programme

Health inequalities (HI) are defined as avoidable, unfair, and systematic differences in health between different groups of people and can be a result of many different factors or conditions. It is evident that numerous social factors, for example income level and ethnicity can influence the health of an individual. Not only do these inequalities have significant impacts on the individual but also to society and the health system.

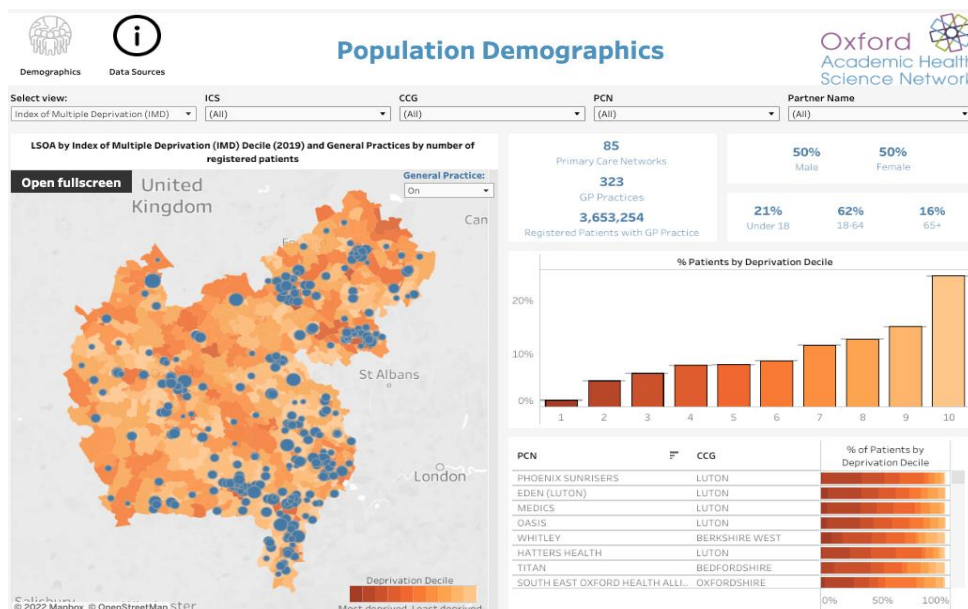
In late 2021, Oxford AHSN commissioned Unity Insights (formerly part of Kent Surrey Sussex AHSN) to scope and develop a series of Health Inequalities dashboards to further understand the demographics and needs of our population starting with a Primary Care view. The dashboards are accessed via an internet browser and use the web-based interactive data visualisation software tool “Tableau”.

We have established a Project Working Group comprising senior managers from key stakeholders that cover the geographic area supported by Oxford AHSN. Stakeholder organisations include: BLMK ICS; BOB ICS; Frimley ICS; and the Office of Health Improvement and Disparities. This group provides leadership to facilitate the development and implementation of the HI Dashboards and ensures that the products capture the necessary data to meet the needs of our strategic objectives. This work has been an excellent opportunity to build collaboration between Oxford AHSN and our stakeholders and to share information in all aspects of Health Inequalities impacting on our work in health, social care, and public health.

We have built a generic HI dashboard, with data on different forms of deprivation, including:

- Age
- Gender
- Gender identity
- Ethnicity
- Religion
- Sexual orientation
- Digital exclusion (proxy)
- Deprivation (split by domain)

Screenshot of Generic HI Dashboard



We then went on to commission a series of programme specific dashboards in the following clinical areas:

- CVD
- Smoking
- MH (CYP, CAMHS)
- Respiratory
- Maternity

Purpose of the dashboards

- Possess the necessary data to inform our projects and programmes.
- To better understand the needs of the BOB ICS, Frimley ICS and BLMK ICS patient populations.
- To track the impact of our work (e.g. change programmes, policies, QI/pathway redesigns) in patient populations and by health inequalities.
- To facilitate shared learning across the region.
- To provide a single reference tool for all stakeholders (to ensure we are looking at the same data and interpreting it consistently).
- To align the dashboards with the 'Core20PLUS5' framework.

Key features of the dashboard(s)

- Illustrative - visually map different forms of deprivation.
- Flexibility - add new or update existing datasets when required.
- Ability to overlay key health metrics (e.g. prevalence of AF) with HI data.
- Accessible/intuitive (easy to use).

Progress in Q4:

- Project Working Group Terms of Reference written.
- The dashboards are either complete or in final draft form awaiting signoff.
- Webinars to demonstrate the potential of the dashboards and to gain constructive feedback on their design and use have been held.
- First batch of Tableau licenses to staff outside Oxford AHSN has been issued.

Plans for Q1:

- Sign-off remaining dashboards.
- Distribute remaining Tableau licenses.
- Scope three more programme specific dashboards: Diabetes; Polypharmacy; Virtual Wards (respiratory and frailty).
- Explore possibility for a 'deep dive' into Wound Care in collaboration with KSS and Eastern AHSN.

Strategic and Industry Partnerships (SIP)

Julie Hart's secondment with the Department of Health and Social Care (DHSC) as part of the COVID-19 Technologies Validation Group (TVG) ended in April 2021 and Julie returned to her role as Director of Strategic and Industry Partnerships (SIP).

Innovator support

Innovators and businesses from the UK and overseas have continued to approach the Oxford AHSN for direct support, signposting, and guidance in developing their value proposition and accessing the NHS. In September 2021, Matthew Lawrence delivered a workshop on Intellectual Property Strategy planning for early-stage businesses jointly delivered with an IP attorney from a leading law firm. Julie Hart spoke on Funding Options for AI Healthcare Projects webinar in June 2021 organised by The Thames Valley AI Hub and Bayer.

Quarter	Companies Supported
Q1 (April to June)	61
Q2 (July to September)	106
Q3 (October to December)	65
Q4 (January to March)	33

Oxford AHSN continued to contribute to the Health Tech Connect group in 2021/22 to review and support innovations. Matthew Lawrence took up the chair of the Health Tech Connect AHSN group in Quarter 2 2021 from North-East North Cumbria AHSN. HealthTech Connect is a secure, online database of devices, diagnostics and digital health technologies intended for use in the NHS or wider UK health and care system. It is funded by NHS England and operated by the National Institute for Health and Care Excellence (NICE). It connects innovators and their technologies to the right people, from the right organisations, at the right time to help get technologies developed, assessed, and used as quickly and efficiently as possible. Innovators register and submit details of their technologies to the database by responding to a set of questions. The information is reviewed by Data Accessor Organisations, including the 15 AHSNs, that may be able to offer help and support in getting the technology developed, assessed, or used. NHS England and Improvement (NHSE&I) used the Health Tech Connect user group as a primary stakeholder in developing the new "Innovation Service" launching in 2022.

In Quarter 2, the Strategic and Industry Partnerships (SIP) team facilitated a meeting with the Office for Life Sciences to demonstrate the regional strengths in real world evaluation in support of a scaled-up approach to adoption and spread. Representatives from Buckinghamshire Healthcare NHS Trust, Oxford University Hospitals NHS Foundation Trust, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System, Harwell HealthTec Cluster, Oxford Academic Health Partners, National Institute for Health Research (NIHR) Applied Research Collaboration Oxford and Thames Valley together local Oxford spin-out Ufonia presented a compelling case for the region's strengths in real world evaluation.

The SIP team also initiated discussions with Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care System (ICS) and industry partners to contribute to the development of the Community Diagnostic Hubs.

The team led a successful collaborative bid for NHSX Innovation Funding to support innovation in the peri-operative care pathway contributing to elective recovery and NHSX Partnership Funding to support better diagnosis of epilepsy in the home. Grant applications were jointly made with industry partners to develop the SIP pipeline of activities for 2022/2023. Innovate Biomedical Catalyst (2), SBRI Healthcare: stroke (1), NIHR AI awards (4) and NIHR i4i PDA awards (2).

The Oxford AHSN Accelerator programme helps innovators and early-stage companies to commercialise great ideas and to address the most urgent issues facing health and social care. The aim of the 2021 programme was to address the six core clinical themes: mental health, respiratory, maternity/neo-natal, cardiovascular disease, and cancer. During 2021, the programme offered commercialisation workshops for 27 participants, a pre-accelerator for 28 participants, and from October to December 2021 six companies participated in the invitation-only final eight-week programme with six start-up companies: Bedqueue, Celera Dynamics, Gate2Brain, Oxomics Ltd, RCube Health, and Neobe Therapeutics. Roche Diagnostics, Oxford Science Enterprises, Mathys & Squire LLP, and seasoned industry figures advised and mentored those finalists looking for external assistance. Sian Rees from the Community Involvement and Workforce Innovation team provided an interactive workshop on engaging patients and the public in early-stage innovation for health and life sciences to the finalists. Oxford University spin-out Oxomics Ltd, a next-generation liquid biopsy cancer diagnostics company, mentored by Roche Diagnostics, impressed the wide panel of judges with their technology, their development through the programme, and their potential for impact and growth in the health and life sciences field and were awarded winner status.

A member of the SIP team, with pharmacy expertise, contributed to a joint project with the Clinical Innovation Adoption (CIA) team, to explore options for the Buckinghamshire, Oxfordshire, and Berkshire (BOB) Integrated Care System (ICS) and the Frimley Health ICS on the provision of aseptic services in hospitals. The project explored innovations in products and partnerships with the commercial sector and pharmaceutical providers for Ready to Administer (RTA) medicines in comparison with making up patient medications directly near the clinical units.

Asthma Biologics were selected as part of wave two of the Accelerated Access Collaborative⁸ (AAC) Rapid Uptake Products⁹ programme (RUP) in September 2020. The rationale for their selection being the low uptake at a national level. The overall aim of the Asthma Biologics RUP programme is to improve patient care and outcomes by reducing inequalities and improving access to biologics for patients with severe asthma. A member of the SIP team member has been providing an ongoing support in 2021/2022 to the Clinical Innovation Adoption team who is leading on the RUP AAC/Asthma Biologics Programme. The last part of the year was mainly focused on the delivery of the remaining priority areas and support of the AHSNs' leads in the delivery of improvement plans locally. A consultation was launched for a Consensus Pathway for uncontrolled and severe asthma which closed in January 2022. The last of the two series of SPECTRA webinars took place in January with more than 170 health care professionals attending. Ongoing active engagement with practices across BOB ICS continues and on-boarding the nine recruited Primary Care Networks.

⁸ AAC - <https://www.england.nhs.uk/aac/>

⁹ Rapid Uptake Products - <https://www.england.nhs.uk/aac/what-we-do/what-innovations-do-we-support/rapid-uptake-products/>

Communications

Communications activities were primarily focused on the promotion of the Accelerator programme in its third year. Ufonia, an autonomous telemedicine company, were featured in the monthly AHSN Network newsletter in a feature called “Meet the Innovator”. The CEO of Ufonia, Nick de Pennington, was quoted saying “Oxford AHSN have been supportive in several ways, including the core pragmatic health economics analysis, identifying pilot sites and supporting grant funding”.

The case studies published in 2021/2022 were:

- A review of the Oxford AHSN Accelerator programme run over the last three years with an update on what the participants have achieved since attending the programme which included leveraging over £2 million.
- The development of RELEAF Seated¹⁰ was funded by an Innovate UK Sustainable Innovation Grant award in 2021, the SIP team worked with Binding Sciences, to develop the value proposition for a sustainable urinary continence management device that enables those with urinary incontinence to urinate unaided and remain dry.
- IMPACCT¹¹ (IMmune profiling of ICU PAtients to address Chronic Critical illness and ensure healThy ageing) is a €4m study co-funded by EIT-Health and bioMérieux involving partners from France, Sweden and the UK. The Strategic and Industry partnerships team carried out more than 150 qualitative interviews and online surveys from healthcare professionals working in ICU and payers from the UK, France and Sweden.
- The SIP team have been working with Ufonia¹² for more than 5 years supporting the development of their autonomous telemedicine assistant, Dora. The team have provided extensive support including as a partner in successful funding applications to Innovate UK and the NHSX/NIHR AI Award.

The SIP team set up a structured programme for in vitro diagnostics (IVD) in 2016 and one of the major successes of the programme was the roll out of pre-eclampsia testing. The value of diagnostics has been realised during the COVID-19 pandemic. In continued support of the diagnostics industry, a portfolio of case studies has been developed highlighting evaluations of point of care diagnostic (POC) tests which have had a real impact on the local health and care systems¹³. An Accelerator brochure¹⁴ was also published to help build the mentor network and generate corporate sponsorship to enable Oxford AHSN to run the programme again in future years. Sadly, lack of available funding means that we have had to pause the programme. An alumni group has been set up and is available to all innovators who have been through the programme as they continue to develop their business innovations.

The companies that sign up to this online community will receive ongoing support from Oxford AHSN and its partners and access networking opportunities with business mentors. So far around 40 companies have joined this support network.

¹⁰ RELEAF Seated Case Study - <https://www.oxfordahsn.org/our-work/strategic-and-industry-partnerships/economic-growth-case-studies/collaboration-develops-environmentally-friendly-product-addressing-urinary-incontinence/>

¹¹ IMPACCT Case Study - <https://www.oxfordahsn.org/wp-content/uploads/2022/01/Q3-case-study-IMPACCT-SIP.pdf>

¹² DORA (Ufonia) Case Study - <https://www.oxfordahsn.org/our-work/strategic-and-industry-partnerships/economic-growth-case-studies/support-from-the-oxford-ahsn-helps-digital-innovators-develop-and-roll-out-automated-telemedicine/>

¹³ Case studies highlighting evaluations of point of care diagnostic (POC) tests <https://www.oxfordahsn.org/wp-content/uploads/2021/10/AHSN-point-of-care-final.pdf>

¹⁴ Accelerator brochure - <https://indd.adobe.com/view/691e293a-e13b-41e4-b040-78bcbd863792>

Social media campaigns included the promotion of SBRI healthcare funding competitions to support implementation of innovations addressing mental health inequalities in children and young people and supporting NHS recovery from COVID. Social media campaigns featured the five companies successful in grant applications for the National Institute of Health Research (NIHR) Artificial Intelligence (AI) in Health and Care Awards, supported by Oxford AHSN and totalling more than £5 million.

Twitter followers have steadily increased month on month. The twitter impressions monthly average is over ten thousand which means the tweets are being seen by this number of people each month. The website has been refreshed with a new layout making it easier to navigate.

A virtual poster on “Early-stage economic evaluation for the Fit for Labour test – a clinical decision support tool for labour management” was presented at ISPOR Europe 2021. The poster demonstrated possible cost benefits of implementing the decision support tool with the ability to prompt clinicians to consider risk factors when interpreting the CTG trace in the three hypothetical scenarios. The early exploratory analysis demonstrated the value of decision support tool, with results expressed as cost savings for patients.

A journal paper on “Results from an Early Economic Evaluation of the use of A Novel Point of Care Device for Diagnosis of Suspected Acute Coronary Syndrome Patient Within an Emergency Department in the National Health Service in England” was published in Cardiology and Cardiovascular Medicine Journal. The paper demonstrated the possible impact of using high sensitivity cardiac troponin (hs-cTn) Point of Care (POC) testing for the suspected acute myocardial infarction patients arriving with chest pain at Emergency department (ED). The early economic analysis demonstrated the value of using hs-cTn POC at ED, with results expressed as cost savings per patient.

An abstract for a poster presentation for European Society of Gastrointestinal and Abdominal Radiology (ESGAR) on the topic “Feasibility study to assess the potential clinical utility and value of MRCP+ in the diagnostic, monitoring and management of patients with primary sclerosing cholangitis was accepted. This was a joint poster with Perspectum Diagnostics. The poster demonstrated the potential clinical utility and value of using MRCP+ in the diagnosis, monitoring and management of patients with primary sclerosing cholangitis (PSC); a bile duct disease with a highly variable and unpredictable natural history.

Environmental Sustainability

The Oxford AHSN took a leading role in organising and delivering three Sharing Innovation and Best Practice to Deliver a Net Zero NHS events this year. These were delivered nationally through the AHSN environmental sustainability Community of Interest.

The first event in June 2021, specifically focussed on supporting organisations to get started with their sustainability journey. Speakers included: Kathy Scott, Deputy CEO of Yorkshire & Humber AHSN, Nicky Philpott, Deputy Director at Greener NHS Team and James Dixon, Associate Director for Sustainability at Newcastle Upon Tyne Hospitals. 157 people registered, and 99 people attended. There was good representation from NHS Trusts and the AHSN network.

The second event in September 2021, focussed on reducing the carbon impact of anaesthetic gases. Speakers included: Dr Tom Pierce, Environmental Advisor to the President of the Royal College of Anaesthetists and Cardiac Anaesthetist at University Hospital Southampton, Joy Hirst, Rajit Khosla and Baillal Shahid, anaesthetists from East Lancashire Hospitals NHS Foundation Trust, James Hyde from the Greener NHS programme, Medclair (a Swedish innovator company that captures and destroys nitrous oxide) and SageTech Medical (a UK innovator company that captures anaesthetic gases). 257 people registered, and 135 people attended the live event. The event was recorded. There was good representation from NHS Trusts and the AHSN network with many anaesthetists attending. The event exceeded expectations and received very positive feedback on the day.

The third event in February 2022, specifically focussed on reducing the carbon impact of asthma inhalers. Speakers included: Sarah Ouanhnon, Senior Net Zero Delivery Lead, Greener NHS Programme, Dr Michael Crooks, Respiratory Consultant, Hull University Teaching Hospitals NHS Trust and Dr Aarti Bansal, GP and Founder of Greener Practice. 600 people registered for the sold-out event and around 200 were on the waiting list. 330 people attended on the day. Over 500 people have viewed the recording.

Our environmental impact assessment, compiled with the Sustainable Healthcare Coalition, found that adoption of the placental growth factor¹⁵ (PIGF) test by all England's maternity units could lead to 12,500 fewer admissions. This would potentially save 1,149 tonnes of CO₂e, equivalent to 3 million car miles. The consequent cut in patient journeys and overnight hospital stays would lead to savings of up to £650 for each pregnant woman tested – collectively adding up to a potential £4m saving nationwide.

ReLeaf Seated, from Binding Sciences is a product designed to aid those with urinary incontinence to urinate unaided and remain dry. ReLeaf Seated has been developed to help allow patients to remain dry, increase their independence, reduce falls, and provide more confidence for patients to improve their fluid intake, which to help lead to a reduction in dehydration induced UTIs. The team have previously conducted a feasibility study to report on the acceptability, perceived usefulness, and potential barriers to adoption for ReLeaf Seated. The team have also produced a hypothetical early-stage economic evaluation to examine its potential cost-effectiveness. The analysis results indicated that implementing the ReLeaf Seated could decrease the number of falls related to UI aids and reduce skin rashes and lesions associated with prolonged use of absorbents, and potentially results in cost savings. Additionally, this product may also help reduce the incidence of absorbents related UTIs and dehydration induced UTIs resulting in cost-saving in UI pathway. Furthermore, this can help increase patient independence, dignity and wellbeing leading to reduced carer burden. In addition, due to the biodegradable materials used in the creation of ReLeaf Seated, a sustainability report examining potential environmental benefits was also created. The reports conclude that ReLeaf Seated can potentially help reduce the reliance on absorbents and the environmental impacts of absorbents. It can be disposed of in ways that can reduce the environmental impact, such as via composting or anaerobic decomposition, which can free up land in a landfill site and reduce the impact of toxic fumes, global warming potential and the overall net environmental impact.

¹⁵ PIGF Case Study - <https://www.oxfordahsn.org/our-work/strategic-and-industry-partnerships/spread-and-adoption-of-supported-innovations/pre-eclampsia/case-study-widely-adopted-pre-eclampsia-test-has-additional-environmental-benefits/>

Heartfelt thanks go to Carl Lynch who as Interim Environmental Sustainability Lead has developed an exceptional programme and will be transitioning the work to Amelia James who joins in 2022 as the permanent Environmental Sustainability Lead co-funded by Kent, Surrey and Sussex AHSN.

Portfolio and pipeline process

In 2021/2022 the activities of the Strategic and Industry Partnerships programme and the Office for Life Sciences core functions aligned with the Project and Portfolio Management Process (PPMP) that is being developed as part of the national AHSN portfolio management initiative driven by Health Innovation Manchester. The Portfolio and Pipeline project is a business process improvement initiative to give structure and consistency in Oxford AHSN's approach to selecting and delivering projects and to facilitate the reporting process. The development of the pipeline was led by the Strategic and Industry Partnerships team until the appointment of the new Programme Manager in Quarter 2 2021. Extremely positive steps were made throughout the year towards integrating the spirit of the portfolio and pipeline approach into everyday Oxford AHSN activity (DISCOVER, DEVELOP, DEPLOY). A portfolio view was produced by each team to include within the Oxford AHSN business plans. These portfolio views have already proved to be extremely useful when discussing the activity, focus and resource deployment of the Oxford AHSN teams. The main activity during 2021/2022 has been a series of stakeholder workshops led by an external consultant, to recommend the software platform on which to base the process. This activity was completed in Quarter 3 and the recommendation was to base the process on the Salesforce software platform. The project has progressed to full business case development with project leadership being transferred out of the SIP team.

KEY PROJECTS 2021/2022

Cardiovascular disease

- **Discover**

FatHealth from Caristo Diagnostics - Local programme

Aims to transform the healthcare impact of screening, diagnosis, and stratification of cardiometabolic risk for earlier identification and management of Type 2 diabetes and Type 2 diabetic conditions. FatHealth detects fat tissue inflammation using new artificial intelligence techniques applied to routine computed tomography (CT) scans. This AI technology could bring immediate benefit because it can be easily integrated into existing clinical pathways (as an additional analysis of current routine CT scans) from any manufacturer's platform. FatHealth may help to identify prediabetic patients, prompting treatment and management at an early stage which is key in reducing later stage complications, secondary care admissions, future treatment costs and financial impact to the NHS. Earlier identification and intervention of diabetes could also assist in improved symptoms management and therefore quality of life for the patient. Funded by an NIHR AI award, Oxford AHSN have evaluated the utility of the technology in clinical practice. Results from the study concluded that stakeholders were interested in the AI technology and could see some potential in identifying those with cardiometabolic risk at a potentially earlier stage. They agreed that earlier identification could lead to earlier intervention and management and therefore potentially improve patient outcomes and reduce cost burden to the NHS. Further clinical data and awareness of the AI technology will be key to the success in integration and adoption into the diabetes care pathway. The clinical trial ends in March 2024.

Respiratory

- **Discover**

Immune Profiling Panel from bioMérieux - Local programme

The Immune Profiling of ICU Patients to address Chronic Critical illness and ensure healthy ageing (IMPACCT) project commenced in January 2020 and is funded by both the European Institute of Innovation and Technology in Health (EIT-Health) and bioMérieux SA. The project aims to evaluate the usefulness of an innovative diagnostic test, the Immune Profiling Panel (IPP), in stratifying critically ill patients who have had sepsis. More and more patients now survive sepsis due to the use of emergency bundles during the first 24 to 36 hours. While some of them recover quickly, many develop chronic critical illness (CCI), a debilitating condition that impacts outcome and long-term survival. It is thought that the underlying pathophysiology of CCI is a sepsis-induced state of persistent immunosuppression. Currently there is no test available to clinicians to identify those immune-depressed patients post sepsis. IPP is an innovative RNA-based diagnostic device that could help identify those patients with a compromised immune system and help the clinician in predicting those at increased risk of /or mortality. The project comprises a prospective observational study in centres in the UK, France, and Sweden. The Oxford AHSN has engaged with more than 100 clinicians working in Intensive Care Units and more than 50 people in commissioning roles to build an understanding of the barriers to adoption to the IPP across the UK, France, and Sweden. The project highlighted the fact that clinicians' awareness on sepsis-induced immunosuppression varied across these countries, however most clinicians agree that there is an unmet need for a test that could detect immunosuppressed patients on the ICU. They felt that although the best care is already provided to all sepsis patients on the ICU, the IPP could find its place in the clinical pathway as a companion test to be used in combination with an immunomodulatory treatment when they become available to restore the patients' immunity and improve outcome. Payers commented they would support the IPP if shown economic and patients' benefit. The clinical trial is due to complete in June 2023.

Albus Home from BreatheOx Limited (trading as 'Albus Health') - Local programme

Albus Health is a medical technology spinout company from the University of Oxford founded by researchers from the Institute of Biomedical Engineering and Department of Respiratory Medicine. Albus Home is a paediatric asthma monitoring device. This small, contactless bedside device uses motion and acoustic sensors to automatically monitor physiological and environmental metrics passively, allowing the child to not have to wear or do anything. Using motion sensors, the device captures small movements in the body when the child breathes, enabling the algorithm to estimate the respiratory rate. Machine learning algorithms use the monitoring data to provide an assessment of the child's asthma control or risk, aiding early detection of asthma deterioration or prediction of a severe attack up to a few days before it occurs. Early recognition and management of asthma deterioration can improve recovery and reduce the risk of hospitalisation and death by prompting timely and effective asthma self-management strategies at home. Long term assessment could aid clinicians with knowledge of individualised risks, leading to improved patient management such as expedited clinic review, acute treatment, or optimisation of medications. Oxford AHSN have evaluated the paediatric asthma care pathway and conducted a feasibility study to engage clinical stakeholders, assess the clinical utility and identify potential barriers to adoption of Albus Home. The results of the feasibility study concluded that all stakeholders felt positively about the usefulness of the device and were keen

to learn more about its capabilities. They also felt that it could be integrated into the asthma care pathway, allowing better management of their patients due to the more comprehensive longitudinal monitoring and optimising medications. Oxford AHSN will be facilitating a virtual workshop to bring together commissioners to discuss integration and adoption of the device further. The clinical trial ends in March 2024.

- **Develop**

Turbu+ from Astra Zeneca - Local programme

Turbu+ is a digital app and smart inhaler. It is designed to optimise inhaler use and provide asthma patients with information on their medication use via their mobile phone. Asthma UK suggests that smart inhalers could lead to better self-management among people with asthma, reducing the use of inhalers and reducing the need to access healthcare resources. This real-world evaluation is a collaboration between industry, the NHS and Oxford AHSN, with the objective of demonstrating that the addition of a digital intervention (Turbu+) for asthma and/or COPD patients using the Symbicort Turbohaler supports improvements in health outcomes. Over the last year the focus has been on patient recruitment to the live phase (recruitment ended in September 2021) and subsequent data collection. Final approval of GDPR regulations documentation is awaited from AZ to allow transfer of the remaining patient usage data from the trial for health economic assessment. Output from the evaluation will be used directly by AZ as part of a wider information package to inform their introduction to market of the Turbu+ device and App. Oxford AHSN will produce a case study and make the project report available to other AHSNs for their consideration as a local evaluation or spread and adoption project.

Digital Partnership Awards

- **Develop:**

Nelli® from Neuro Event Labs - Local programme

Neuro Event Labs is a health technology company specialising in epilepsy seizure detection and classification. Their product, Nelli®, consists of a hardware device to record audio and visual information, and software that processes the recorded information to detect, quantify, and classify seizure and peri-ictal events in adults and children. The device can be set-up within the patients' home for a period of 14 to 28 days, potentially eliminating the need for overnight stays in hospital attached to electroencephalogram (EEG) telemetry. Several conditions can cause people to experience seizure-like events aside from epilepsy, and so diagnosis can be difficult. Incorrect management of these people due to wrongful diagnosis can have detrimental effects to the individual as well as society. As part of the Digital Health Partnership Award for supporting people at home, BOB ICS were awarded grant funding by NHSx In December 2021 to conduct a service evaluation at for Nelli with the support of Oxford AHSN. The focus of the evaluation will be to detect and classify nocturnal seizure-like events to reduce NHS wait times and improve patient management. Nocturnal seizures are an independent risk factor in sudden unexpected death in epilepsy (SUDEP), accounting for up to 70% of the risk. Characterisation of nocturnal events can be challenging due to the nature of the events and the need for them to be witnessed. Differentiating these events from other sleep disorders can enhance patient management and may improve seizure burden and quality of life. The Oxford AHSN and BOB ICS are

working with partner organisations The Royal Wolverhampton NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust to recruit a total of 36 patients across the two trusts to evaluate the clinical and cost effectiveness of Nelli.

Support for elective recovery

Oxford AHSN and Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) led a successful collaborative bid for NHSx Perioperative Adoption Funding to support innovation in the peri-operative care pathway. The Oxford AHSN is working with partners in the NHS and industry across the BOB ICS to help bring down waiting times for elective operations, reduce cancellation, reduction of administrative burden on staff, as well as improving patient outcomes and access to care. Three of four digital technologies have been deployed to date within the sinus pathway and musculoskeletal pathway.

DORA, developed by Ufonia, is an automated clinical assistant that replaces routine patient healthcare interactions with an automated phone call and is pathway agnostic. DORA is being used to conduct pre-operative assessment conversations for waitlist validation within the sinus pathway and was deployed at BHT in March 2022. Anticipated benefits include a reduction of on the day cancellations keeping patients better informed about their upcoming sinus surgery.

PRO-MAPP, developed by PRO-MAPP Health, is being evaluated at Nuffield Orthopaedic Centre within the musculoskeletal pathway and was implemented in March 2022. PRO-MAPP allows a personalised pre-operative assessment and will be used for initial triage of patients listed for hip and knee surgery by collecting minimum data set to allow triage of patients through completing digitised questionnaires. The DayToDay app was launched in February 2022 at RBFT and is designed to support patients to improve their health and well-being during the preparation phase for a joint replacement surgery. Patients will be supported to be as fit as possible for their operation by identifying risk factors such as smoking and drinking and helping them address these risks. Digital consent will allow clinicians to secure digital consent remotely, increasing efficiency and saving the NHS time, plus helping tackle the challenges to waiting lists and Referral to Treatment targets. The Oxford AHSN's role within this consortium is to evaluate the implementation of each of the technologies in the lead NHS trust to support pathway redesign across the BOB ICS. We are working with York Health Economics Consortium who will be conducting the health economic evaluation.

- **Deploy**

MedTech Funding Mandate (MTFM) – National programme

The MTFM is a new adoption mechanism introduced by NHS England in April 2021 for ensuring proven medical technologies are adopted across England. The AHSN's support provision of the technologies and act as a facilitator and "honest broker" between the Trusts, CCGs, AAC and the manufacturers themselves.

HeartFlow is a non-invasive cardiac test for stable symptomatic patients with coronary heart disease and estimates fractional flow reserve from coronary CT angiography. The only Trust in the region still to adopt Heartflow is Buckinghamshire Healthcare NHS Trust which is currently in the implementation stage.

PIGF-based testing is a simple blood test intended to help clinical teams in cases of diagnostic uncertainty to rule out pre-eclampsia and to help keep women out of hospital. This project is led nationally by Oxford AHSN and saw widespread national adoption during the Innovation Technology Payment (ITP) funding period (ended in March 2021). It is now estimated that approximately 85% of all pregnancies in England benefit from the availability of a PIGF-based test.

SecurAcath is a subcutaneous, engineered stabilisation device to securely anchor peripherally inserted central-line catheters (PICC lines) without the need for sutures and with fewer complications. Milton Keynes University Hospital is the only site in the Oxford AHSN region yet to adopt SecurAcath.

gammaCore is a self-administered, hand-held, non-invasive vagus nerve stimulation device for the treatment and prevention of cluster headache pain, used as an alternative to more costly injected medication. Royal Berkshire NHS Foundation Trust is the only trust in the Oxford AHSN region not yet to have adopted gammaCore, however in Quarter 4 ongoing discussions with the clinical and procurement leads within the neurology service has led to the Trust now being in discussion with the manufacturer to adopt gammaCore into standard clinical practice.

Research & Development (R&D)

The programme aims to support the development of effective collaboration and working between the NHS and Higher Education Institutes, working with the NIHR and other research infrastructure across the Thames Valley and the AHSN's footprint. The aim is to identify potential innovation for future implementation across Oxford AHSN partners and the wider NHS, to ensure research outputs come with relevant evidence and information for NHS services to understand benefits, costs, and value prior to adoption, and to identify and facilitate collaborative research opportunities between NHS and University partners across the Thames Valley. In addition, the Group receives updates from national bodies including NIHR and the AHSN Network via Professor Ford who currently chairs the Network.

The Group, Chaired by Professor Joe Harrison, met three times in the year – July and November 2021 and again in March 2022. The meetings follow a format of an update from Professor Ford on Oxford AHSN activities. National bodies, including the AHSN Network and NIHR are also reported on.

Up to two short presentations from members are included in each meeting – the July meeting had presentations from Professor Carding of OxINMAHR¹⁶ and from Dr James Kent, Accountable Officer¹⁷ for the BOB ICS. In November 2021 updates were provided from Bucks Health Care NHS Trust from Nana Theodorou and Chris Cleaver covering the new Research and Innovation Centre and the work being done with Ufonia.

The Q4 included a meeting of the R&D Group held on 21 March 2022 which covered an update from Karen Buckwell-Nutt from Bucks New University and the Institute of Health and Social Care. Of particular interest were the following: health and well being of students within health and social care, the identification of barriers and enablers for careers in health and social care, and the imminent appointment of a new Chair to lead for the Impact Centre for Improvements in Health and Wellbeing.

The Group also had a detailed update from Kerrie Woods, Director for R&D Clinical Informatics at the OUH, on the plans for the Trusted Research Environment (TRE) across the region and to be hosted within OUH. The presentation covered several detailed areas deliverables, including governance, the operating model, cloud service delivery, and PPIE. PPIE work was being done with a wide range of partners with strong support from the AHSN lead Dr Sian Rees. Kerrie also talked about intra-operability, quality assurance, multimodal data focus (e.g., AI digital imaging and genomics), and importantly, engagement with primary care, all very important areas.

The Group would be kept up to date on progress with the bid now underway.

In addition, at each meeting attendees are given the opportunity to provide updates to the group, a section of the meeting that has provided very helpful for all in extending the potential for collaborations and working together.

Several changes in personnel and roles took place during the year 2021/2022 including the following:

- a) Professor Belinda Lennox has been succeeded as Director of the Thames Valley and South Midlands CRN by Professor Manu Vatish, Professor in Obstetrics. Belinda had succeeded Professor John Geddes as the Head of the University of Oxford Department of Psychiatry. Professor Geddes took up his new role as the WA Handley Professor of Psychiatry in October 2021.

¹⁶ <https://www.brookes.ac.uk/research/units/hls/institutes/oxinmahr/>

¹⁷ Dr Kent has now been appointed as Accountable Officer Designate for the BOB ICS/ICB

- b) The appointment of Dr Vanessa Raymond as Director of R&D at Oxford Health.
- c) Professor Keith Channon, Director of the OAHP, has been appointed Head of the Radcliffe Department of Medicine within Oxford University. He has been succeeded as Director of R&D for the OUH by Professor Adrian Banning who has been invited to join the AHSN R&D Group.
- d) Oxford Brookes had appointed a new Research Governance Manager who would be an integral member of the developing Oxford Joint Research Office¹⁸.
- e) The Group had agreed that relationships with the new ICSs due to come into being from 1 April 2022 would be important for the development of innovation and research.

The Group has planned a full series of meetings for 2022/23 commencing in July 2022.

For updates about the collaboration between the Oxford and Thames Valley ARC and Oxford AHSN see the CIA report.

¹⁸ The Oxford Joint Research Office covering four partners of the Oxford Academic Health Partners was launched in April 2022 - <https://www.ouh.nhs.uk/news/article.aspx?id=1748&returnurl=/news/default.aspx&pi=0>

Community Involvement and Workforce Innovation (CIWI)

As a cross cutting theme, we work with colleagues within Oxford AHSN, Integrated Care Systems, the South East Region and with national colleagues.

Governance

- Developing a new Oversight Group that embraces both community involvement and workforce was a key target this year. The Group is now fully functional and has met twice since November 2021.

Developing work with our internal programmes

- A detailed process for working with our internal AHSN colleagues has been developed. This will support colleagues to utilise the expertise from the CIWI Team and help ensure that patient and public involvement and workforce themes are considered in all programmes.

Community Involvement



The purpose of the Community Involvement Team is to ensure that the views and experiences of patients and public are included and acted on in our, and others', work. This will support better person-centred care and help address health inequity. Below is a short summary of some of the highlights over the year.

Health inequalities and community involvement: lipid management and hypertension – National programme

- Developed an integrated approach to understanding health inequalities and taking action on health equity within the national lipids programme.
- Co-produced an animation to address adherence to lipid medication. This was informed by two patient and clinician workshops, thematic analysis of the discussions and work with Professor Rob Horne at UCLP to embed understanding of the evidence base for medication adherence. We will be developing leaflets and other patient resources over the coming year.
- Evidence search and summary to review what is known about health inequalities for dyslipidaemia and familial hypercholesterolaemia. This informed the national EHIA, signed off by NHS E Equalities Team. Further work to support understanding seldom heard communities' views on heart health are underway with a successful engagement event with the Polish Community in Birmingham, in collaboration with EWA¹⁹, already taken place. Work planned with South Asian communities in London and communities in South Slough.
- A similar approach is being developed for the BP optimisation programme nationally: health inequalities evidence review completed which will support programme design and community involvement plans.
- We will also be embedding this approach in our local work over the coming year.

¹⁹ EWA - <http://www.ewacic.com/pl/>

Local AHSN Work

- BP Optimisation programme of work with CIA: developing an evaluation plan and sense-checking patient information materials
 - Perioperative Care programme with SIP: providing a patient panel to evaluate the developing pathway and programme
- Maternity Voices Partnership and Parent Advisory Group engagement work with PSC: running two workshops involving 13 of the 19 groups in the South East Region.
- Healthy Ageing project with CIA: developing a plan to recruit patients to take part in phone interviews to discuss their experiences, as well as helping guide the development of a Steering Group for the whole project.

Understanding and using patient data – Regional and ICS programme

- Continued support for the Thames Valley and Surrey Care Records Partnership and the new work on developing trusted research environments (TREs).
- The Ethics and Engagement Group continued to provide independent advice and scrutiny of work.
- Ran a series of geographically focused workshops on understanding and using patient data, across BOB and Frimley ICSs and Milton Keynes. This strengthened our relationships with local Healthwatch and allowed us to make new contacts with BLMK CCG. The workshops were focused on patients and the public who are active in health and care involvement work. We will be developing a local community of practice to continue raising awareness of the value and challenges of using patient data. Below is a summary illustration of the key messages gathered from attendees:



Our Message to Researchers and Data Managers
 CreativeConnection

Training and development – Regional and ICS programme

- Eight training and development events were held between April 2021-March 2022, in collaboration with The Working Together Partnership²⁰:
 - Seldom Heard webinar series wrap-up workshop
 - Working with patients and the public: how to get it right webinar
 - Writing for the public workshop x 2
 - Inclusion for all mental health series x 4 [fifth and final webinar taking place 27th April 22]
 - Working with people with substance misuse issues
 - Working with people with dementia
 - Mental health, children & young people
 - Working with autistic people
- Our recent ‘Inclusion for all? Mental health webinar series’ has attracted record numbers of registrations and attendees. Across the four webinars that took place before 31 March 2022, we received over 500 registrations and had over 240 attendees. The introduction of the option for people to receive a recording of the event has boosted our engagement numbers. The webinar recordings are now on our YouTube²¹ channel and have so far gained 379 views. The recordings themselves are a useful resource which we intend to utilise going forward.
- We intend to utilise this group of attendees to support further work on patients trust on Artificial Intelligence in healthcare, in conjunction with a Ufonia project.
- Below is a word cloud of the job titles of attendees from one of our webinars – this shows the diverse range of both health and care staff, and members of the public who are attending our events:



²⁰ The working together partnership - <https://www.oxfordahsn.org/our-work/community-involvement-and-workforce-innovation/community-involvement/working-together-thames-valley/>

²¹ Webinar YouTube - https://www.youtube.com/playlist?list=PLWVg00myqsFZ_77BH_2edwpr_6i7LXlu_

Priorities for the next year include:

- Successfully completing the development and launch of our 'Together for Health Equity' Community of Practice with Hexitime.
- Developing our approach to health inequalities, including an online hub [website] that hosts interactive health inequality impact assessment forms. These will be easily accessible for all OAHSN colleagues to access helping embed this into their programmes.
- Revamping our most in demand training and development events: 'Writing for all' workshop and 'Working with patients and the public; how to get it right' workshop.
- Assessing the need and scope for an in-person conference looking at patient and public involvement in digital innovation.
- Continue to develop the CIWI website pages hosted on the AHSN website.

Workforce Innovation



The workforce innovation theme within the Oxford AHSN aims to support the national ambition²² of more people working differently in a compassionate and inclusive culture through evidenced based innovation, pathway redesign, improvement and evaluation.

As a cross cutting theme, we work with colleagues within Oxford AHSN, Integrated Care Systems and South East region to design and develop a workforce aspect within programmes of work

Innovation

Sleepio

Sleepio was offered cost free up until July 2021 to support staff to improve sleep patterns. 2661 staff across the South East commenced cognitive behavioural intervention via the electronic platform. Michelle a nurse in Oxfordshire benefited from the programme sharing “I’ve been able to identify triggers for poor sleep”. Oxford AHSN collaborated with Unity Insights to prepare a workforce high-level impact analysis document based on the experiences of AHSNs working together across the South East. This has suggested potential benefits for a future rollout of Sleepio across the NHS workforce.

ERD

Electronic Repeat Dispensing reduces the workload for prescribers allowing better prioritisation of resources. The Oxford AHSN region has seen just under 9,000 hours of GP time released back to care and over 22,000 patients benefiting. Oxford AHSN collaborated with Unity Insights to prepare a workforce high-level impact analysis document based on the experiences of AHSNs working together across the South East highlighting the overall impact of this programme.

PROMAPP

PRO-MAPP is an electronic triage system that is being tested in an Oxfordshire hospital. In collaboration with Strategic Industry and Partnership, we are working with staff to understand how to re-design the pathway effectively to ensure adoption and sustainability of the model.

Pathway Redesign

BP Optimisation

Blood Pressure Optimisation is part of the national ambition to reduce stroke and heart attacks. In collaboration with Clinical Innovation and Adoption, an evaluation model has been designed to enable GP surgeries to improve blood pressure control in certain age categories through pathway redesign. Communications with a Primary Care Network in the region is in progress about introducing this.

Evaluation

Bitesize Coaching

Independent evaluation was undertaken to understand the impact of coaching staff through COVID-19 wave 1 and 2. 229 staff undertook the offer and overwhelmingly reported that it enabled them to build long term strategies, gave them permission to self-care and created space in a non-judgemental environment. One member of staff shared “it’s given me confidence in myself and headspace to decide what is the right thing to do at this time”.

²² WE ARE THE NHS: People Plan for 2020/2021 - action for us all - <https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf>

Care Homes

The South East Leadership Academy host care home leadership learning groups which are being evaluated independently. The aim is to understand the impact of learning on culture change and care within the homes. Whilst too early to note if benefits are sustained, care home managers have demonstrated more inclusivity of staff when undertaking change. This in turn fosters a more collaborative culture in the homes.

Enhanced OH&WB

The evaluation of the BOB ICS enhanced occupational health and wellbeing is ongoing with our final report being due in June this year.

Southeast HWB

We completed an evaluation of the health and wellbeing initiatives offered by the South East Region during the initial waves of Covid. Familiar themes of an overwhelm of resources were found.

Improvement/Scoping

Restrictive Practice

Understanding the barriers to improvement is paramount to adopting and sustaining change. In collaboration with the Patient Safety Collaborative work has been undertaken to find out how staff feel around restrictive practice in a regional hospital. Themes arising from these interviews highlighted that staff feel the following influences a therapeutic environment: change in acuity, lack of communication, high use of agency staff and the pressure of always feeling like you are “firefighting” to provide basic care.

HWB Leads

In collaboration with North East North Cumbria AHSN a scoping exercise is being undertaken to understand the current role of health and wellbeing (HWB) leads across England. This co-designed work will inform NHS England around the future of the role ensuring equity of pay, responsibilities and training.

AHSN Network Workforce

Oxford AHSN continues to represent on both the National AHSN workforce steering group and operational groups. Both groups are supporting the development of workforce metrics in national and local programmes.

Communications and Stakeholder Engagement

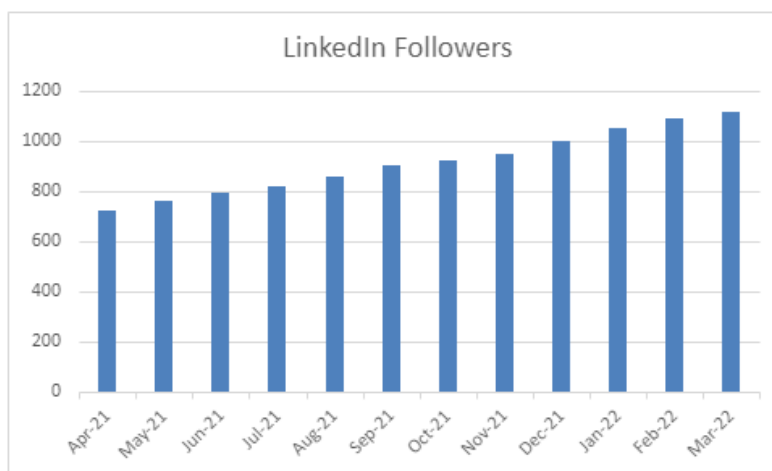
Necessity is the mother of invention ... with in-person interaction suddenly out of the question in 2020, new ways of maintaining connections with colleagues across the NHS, research and industry quickly became established. Two years on, many of these virtual adaptations are now embedded in everyday practice. Flexibility is the key - face-to-face meetings are gradually returning where they clearly demonstrate added value.

Overall, it appears that in many ways our relationships have actually strengthened and deepened through the pandemic with record numbers attending events we have run, co-hosted or been a major contributor to in 2021/22. The total attendance across more than 30 events was a little short of 3,000. The vast majority of these took place online. Recordings made available afterwards have boosted these numbers still further.

Many of these events were collaborations with our partners including NHS England/Improvement on national programmes, other AHSNs – individually and through the national AHSN Network, regional research partners, patients and the public. As well as national and regional activities, we also delivered webinars in line with the requirements of smaller sub-regional communities, for example in a series on understanding data. See the full list in the table below.

Our social media accounts continued to grow. For the second year running the @OxfordAHSN²³ Twitter account achieved more than 500,000 impressions. It also had more than 30,000 profile visits and passed 6,000 followers in September. The monthly Twitter engagement rate was 1.61% which is considered a high figure²⁴.

Our YouTube channel²⁵ passed 3,000 subscribers while our LinkedIn²⁶ account continued to grow rapidly, going beyond 1,000 followers.



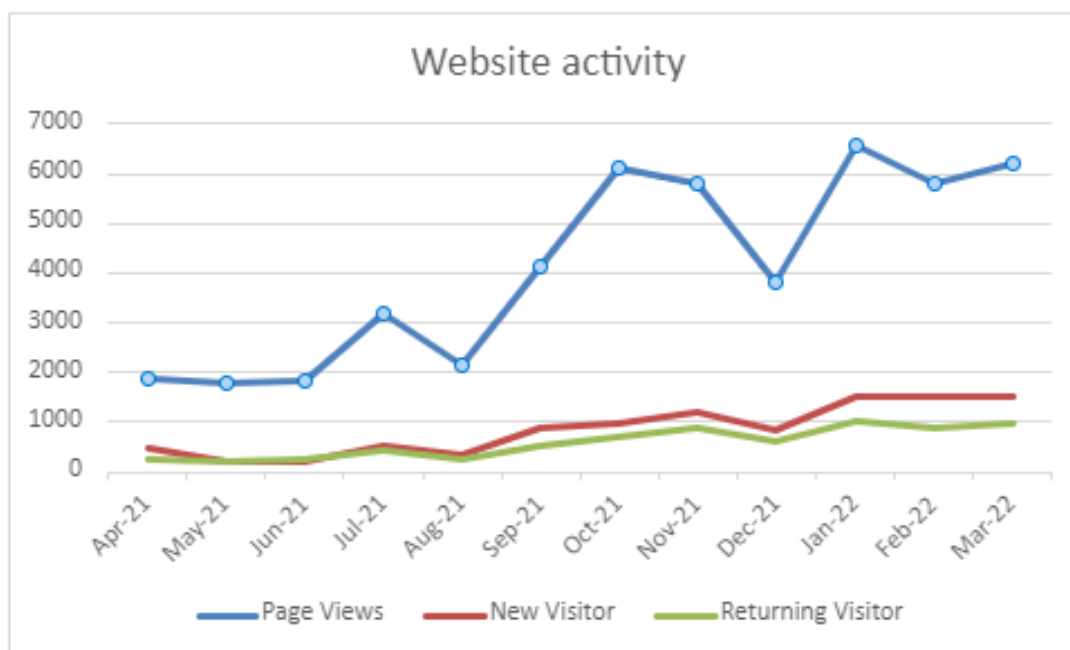
There was a jump in activity on the main Oxford AHSN website in the second half of the year, with page views consistently above 5,000 per month (see chart over).

²³ @Oxford AHSN Twitter - <https://twitter.com/OxfordAHSN>

²⁴ What is a good engagement rate on Twitter - <https://scrunch.com/blog/what-is-a-good-engagement-rate-on-twitter>

²⁵ Oxford AHSN YouTube - <https://www.youtube.com/channel/UCBn4vcudmtGXoPMjPLzYddA>

²⁶ Oxford AHSN LinkedIn - <https://www.linkedin.com/company/oxford-ahsn/>



Three major factors at the end of 2021 contributed to this upturn: we took on the national lead role for the AHSNs’ asthma biologics programme with many useful resources²⁷ added to the site, we announced the winner of our Accelerator programme²⁸ for healthcare innovators and we hosted a virtual visit from senior national and regional figures at NHS England. We also added to and updated content in many parts of our main and patient safety websites.

More details of our events and publications since April 2021 are provided in the table below.

Month	Events	Publications
April	Managing high cholesterol workshop	CVD prevention during and after the Covid-19 pandemic guidance
	Familial hypercholesterolaemia workshop	
	‘Lunch and learn’ - equality, diversity and inclusion	
	‘Seldom heard’ workshop	AHSN Network national impact report
May	Webinar: Meet the clinician – innovations in mental health (with theHill)	Targeted AF detection in Covid-19 vaccination clinics guidance
	Commercialisation workshop, part of Oxford AHSN Accelerator	Review of spread and adoption approaches by national AHSN Network
		Reflecting on the Covid-19 pandemic to inform the health and care system of the future – AHSN Network
		Oxford AHSN Q4/Annual Report
June	Commercialisation workshop, part of Oxford AHSN Accelerator	Publication of AHSN Network national impact report 2020/21
	Understanding and using patient data	Oxford AHSN Business Plan

²⁷ Asthma Biologics resources - <https://www.oxfordahsn.org/our-work/asthma-biologics-toolkit/>

²⁸ Accelerator programme winner - <https://www.oxfordahsn.org/news-and-events/news/oxomics-take-top-prize-at-end-of-our-2021-accelerator-programme/>

July	Understanding and using patient data	
	Commercialisation workshop, part of Oxford AHSN Accelerator	
	Webinar: Supporting stroke services through the pandemic – second guide – primary care	Supporting stroke services through the pandemic – second guide – primary care
August		Oxford AHSN Q1 report
September	Webinar: Delivering a net zero NHS: national AHSN Network community of interest in environmental sustainability – anaesthetic gases	
	Pre-accelerator workshop, part of Oxford AHSN Accelerator	
	Webinar 1/2: Meet the clinician - men's mental health and digital solutions (jointly with theHill)	
October	Webinar: Working with patients, carers and public: How to get it right	
	Webinar 2/2: Meet the clinician - men's mental health and digital solutions (jointly with theHill)	
	Engagement methodologies workshop	
November	Webinar: Inclusion for all? Substance misuse	Oxford AHSN Q2 report
	Engagement methodologies workshop	
	Webinar: uncontrolled asthma (SPECTRA)	
	Webinar: bone health	
December	Understanding and using patient data	
	Webinar: writing for the public	
January	Webinar: uncontrolled asthma (SPECTRA)	
	Webinar: inclusion for all? Dementia	
February	Webinar: Inclusion for all? Mental health – children and young people	Oxford AHSN Q3 report
	Webinar: Reducing the environmental impact of asthma inhalers	
March	Webinar for implementing mechanical thrombectomy for acute ischaemic stroke - launch of second edition of practical guidance	
	Online event: Patient safety shared learning on optimising care for the pre-term infant jointly with Wessex Patient Safety Collaborative	
	Webinar series: Managing patients with uncontrolled and severe asthma (3 webinars)	
	Webinar: Inclusion for all? Working with autistic people	

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	ongoing	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	GREEN
2	Oxford AHSN Corporate	Failure to sustain the AHSN	Programme activities cease	Low	High	ongoing	The AHSN Network is fully engaged with our commissioners regarding the relicensing process.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31-Jul 14	Ongoing	RED
3	Oxford AHSN Corporate	National Programmes delivery	Reputation Protect breach of contract.	Med	Med	ongoing	Robust engagement plans in place. However, COVID-19 has slowed down delivery, with FREED and ADHD currently behind target delivery against 21/22 plan.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	19-Feb 18	Ongoing	AMBER
4	Oxford AHSN Corporate	Diversity and inclusion	Perpetuate inequality either in our own team or in our work across the region	Low	Med	ongoing	Oxford AHSN has Signed up to the AHSN Network D&I pledge. Internal EDI team are revising these pledges for 22/23. Unconscious bias training for staff Ensure adhere to OUH policies on recruitment Ensure programmes consider inequalities in programme design and implementation. Staff unconscious bias training. Commissioned an inequalities dashboard to inform our work.	AHSN Chief Operating Officer	Director for Communities and Workforce Innovation	June 2020	Ongoing	GREEN
5	Oxford AHSN Corporate	Failure to align and support developing ICSs with improvement and innovation agenda	AHSN needs to engage the leadership of the ICSs, align ICS priorities and AHSN work programmes. We need to be the innovation and improvement arm of our three local ICSs.	Low	Med	Ongoing	The AHSN's COO is meeting the BOB ICS head of Strategy each month to improve alignment between the two organisations. There is shared ambition to make the BOB region more attractive to industry healthcare innovators and to support this goal the SIP team has regular meetings with BOB Head of Strategy too. Jointly funded post agreed with BLMK and Eastern AHSN. Exploring similar roles with BOB and Frimley.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	Sept 2021	Ongoing	AMBER
6	Inclisiran	Primary Care is stretched, this may impact delivery	Targets not met	Med	High	Ongoing	Working through local plans and getting support from national team to mitigate risk. Monthly meeting with Wessex and KSS AHSNs to share best practice.	AHSN Chief Operating Officer	Director of CIA	Oct 2021	Ongoing	RED

Issues Log

#	Programme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date	Status	Date Resolved
1	Oxford AHSN Corporate	Lack of awareness by local partners and national stakeholders of progress and achievements of the AHSN	Low	Engagement	<p>Overarching comms strategy. Level of engagement monitored across all programme and themes.</p> <p>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.</p> <p>Oxford AHSN organise and participation stakeholder events.</p> <p>Participation in ICS and STPs committee structures.</p> <p>Closer working with Regional NHS/I team and Wessex and KSS.</p> <p>Attendance at Regional Mental Health Board and regional medicines collaborative.</p>	AHSN Chief Operating Officer	Head of Communications	19 Jan 18	90% complete	Ongoing
2	Oxford AHSN Corporate	Staff health and wellbeing during the COVID-19 pandemic		Staff	<p>In line with government and OUH guidelines, our staff are asked to work from home unless it is not possible. Staff are subject to a personal risk assessment in accordance with OUH policy. We have made taken measures to ensure social distancing and infection control in the office for those staff who choose to work there. Staff wellbeing is monitored by our senior HR Manager and a programme of wellbeing and resilience training courses has been extended. Staff communications were stepped up when the office was closed. Regular team calls are held to report progress, undertake training and development, and hold social events online. Monthly Team Get Together online in place of an annual team Away Day. Staff have been surveyed and the consensus is that home working and using Teams works for most people – although everyone misses the social interaction of the workplace.</p>	AHSN Chief Operating Officer	AHSN Chief Operating Officer	17 March 2020	90% complete	Ongoing

Appendix B - Oxford AHSN case studies published in quarterly reports 2018-2021

All our case studies can be found on our website²⁹.

Year	Case Study Topic
2021/22	<ul style="list-style-type: none"> Start-up companies get expert support from Oxford AHSN Accelerator programme and leverage over £2 million Collaboration develops environmentally friendly product addressing urinary incontinence Oxford AHSN reaches first key milestone in major European partnership to improve outcomes for sepsis patients Cardiovascular disease – update on workstreams and opportunities Support from the Oxford AHSN helps digital innovators develop and roll out automated patient calls Health checks at vaccine clinics Pulse oximeters for vulnerable communities Elastomeric devices supporting hospital at home Environmental benefits of PIGF test Collaboration develops environmentally friendly product addressing urinary incontinence
2020/21	<ul style="list-style-type: none"> Rapid national roll-out of home-based safety net benefits thousands of patients with COVID-19 Two-thirds of maternity units in England adopt test to rule out pre-eclampsia following roll-out led by Oxford AHSN AHSNs play key role in supporting patients with Covid-19 at home Unique midwife education and training programme improves safety for mothers and babies in low-risk labour Harnessing AI technology to speed up stroke care and reduce costs Spreading digital innovation in the NHS and supporting the workforce Keeping frail elderly people out of hospital - decreasing risk of Covid-19 infection Supporting stroke services through the pandemic Supporting NHS personal protective equipment needs (PPE) Improving timely observation of vital signs of deterioration in care homes Improving detection and management of atrial fibrillation (AF)
2019/20	<ul style="list-style-type: none"> Thousands more pregnant women benefit from test to rule out pre-eclampsia following national rollout Supporting leadership and collaboration in medicines optimisation Paddle – Psychological therapy support app helps patients steer a course to recovery Adoption and spread of a quality improvement programme to prevent cerebral palsy in preterm labor (PReCePT) Preventing prescribing errors with PINCER Feasibility study for introducing a new rapid point-of-care HIV test into sexual health clinics (Owen Mumford) Healthcare tech company’s expansion and Stock Exchange listing enabled by Oxford AHSN expertise Oxford AHSN support enables AI company to leverage £700,000 of grant funding (Ufonia) The Oxford AHSN assists Fujifilm in real-world evaluation of point of care flu test
2018/19	<ul style="list-style-type: none"> Learning together through a regional patient-centered event to improve sepsis support and information Improving detection and management of atrial fibrillation Understanding the impact of a new model of urgent care within a GP practice AHSN-led collaboration brings multi-million-pound investment to Buckinghamshire and supports SMEs to meet health and social care needs Better diagnosis of pre-eclampsia improves patient safety and reduces burden on maternity services Patient forum helps improve NHS services for people with anxiety and depression Healthcare tech company’s expansion and Stock Exchange listing enabled by Oxford AHSN expertise Unique point of care blood test speeds up clinical decision-making improves quality of care and reduces costs AHSNs come together to create new sepsis identification tool Spreading best practice in dementia through webinar programme

²⁹ <https://www.oxfordahsn.org/about-us/documents/quarterly-reports/>