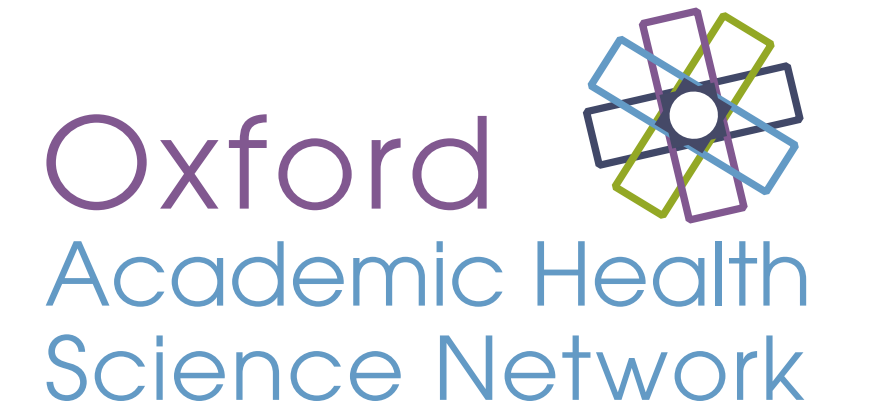Oxford
Academic Health
Science Network

NHS

The **AHSN** Network

Q2 Report

For the quarter ending 30 September 2022

Contents

Q2 Report: For the quarter ending 30 September 2022

Oxford
Academic Health
Science Network

Chief Executive's summary

More than 50 years ago Julian Tudor Hart described the Inverse Care Law where those who most need medical care are least likely to receive it[1]. Reducing such healthcare inequalities is a key aim for the NHS but has only recently become core to the strategy and delivery plans of the NHS. The NHS England Core20PLUS5 approach provides a clear framework to inform action to reduce healthcare inequalities, identifying five clinical areas that are the biggest drivers of healthcare inequalities[2]. During the quarter we supported the Integrated Care Systems (ICSs) of Bedfordshire, Luton and Milton Keynes (BLMK), Buckinghamshire, Oxfordshire and Berkshire West (BOB) and Frimley to develop their proposals for the Accelerated Access Collaborative Innovation for Healthcare Inequalities Programme (InHIP) to support their local priorities to reduce inequalities in lipid management, severe asthma, and severe respiratory disease delivered by ICSs with AHSN support.

Cardiovascular disease (CVD) is one of the key drivers of health care inequalities and a core area of our work due to its major impact on premature death and disability and the availability of many innovative diagnostics and therapies that can improve outcomes. Our two case studies this quarter illustrate our work in diabetes. First is an evaluation of Caristo Diagnostics AI technology in the diabetes care pathway where earlier identification of at-risk patients could lead to earlier optimisation of therapy. In the second case study, the three South East AHSNs collaborated to support adoption of a home testing diagnostic to identify people with diabetes who are at risk of chronic kidney disease. I am the lead AHSN Chief Officer for our national cardiovascular work. The Clinical Leaders Group I chair has developed and published a lipid management acute pathway which will improve utilisation of lipid lowering therapies in the acute coronary syndrome and ischaemic stroke pathways[3].

We bid farewell to Dr Guy Rooney, our Medical Director, who retires after providing exemplary clinical leadership to our work for the last three years. One example of his impact is the Thrombectomy Innovation and Transformation Network (TITAN) he chaired which has supported the spread and adoption of AI brain imaging for acute stroke and clinical pathway development to increase and speed up access of acute stroke patients to thrombectomy[4]. I was delighted to see in 2020/21 the Oxford thrombectomy team, which it has been my privilege to be part of, achieve the highest thrombectomy treatment rate of any of the 25 English thrombectomy services for patients presenting directly to a comprehensive stroke centre.

Chief Executive's summary

The recent economic crisis will inevitably have a major impact on the NHS despite the increase in funding announced in the budget. As AHSN Network Chair I have been focussed on discussions with our commissioners and other key stakeholders on how AHSNs can increase their impact and support in the next licence period. AHSNs occupy a unique space spanning the NHS, industry and academia, with a national structure that supports the development and spread and adoption of high value innovation. Recent economic analysis using the Treasury methodology of the investment secured, and jobs created, though the Office for Life Sciences (OLS) £13M annual commission to AHSNs has demonstrated a very high rate of return and impact on economic growth from this commission. We have submitted our documentation for the relicensing process in September and await the outcome of this process. There has never been a time more than now when the NHS needs to realise the value of innovation and new service models to address the health challenges in our population. Yet short term financial pressures are likely to reduce funding for AHSNs and other structures that support transformation of NHS services, and we anticipate a reduction in our Innovation, Research and Life Sciences (IRLS) commission for 2023/24.

Professor Gary A Ford, CBE, FMedSci,

Chief Executive Officer, Oxford Academic Health Science Network and Chair of The AHSN Network

[1]https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(71)92410-X/fulltext

[2]https://www.england.nhs.uk/blog/help-us-to-shape-core20plus5-nhs-england-and-nhs-improvements-approach-to-tackling-health-inequalities/

[3]https://www.ahsnnetwork.com/about-academic-health-science-networks/national-programmes-priorities/lipid-management-and-fh/lipid-management-pathways

[4]https://www.oxfordahsn.org/our-work/covid-19/covid-19-case-studies/ai-technology-speeds-up-stroke-care-and-reduces-costs/

Case Study 1

Theme / Patient pathway / Programme: Digital / Long-term conditions / Strategic and Industry Partnerships

Evaluating AI-enhanced technology to identify patients at risk of developing diabetes

Caristo Diagnostics intends to analyse 20,000 CT scans to train its artificial intelligence (AI) algorithm and develop rapid and reliable AI analysis to support early risk prediction for developing diabetes. Earlier identification of people at risk of diabetes enables primary care teams to provide better support, reduces the risk of complications and disease progression and eases the disease burden on the NHS. Caristo's FatHealth detects fat tissue inflammation, which is a reliable indicator of diabetes-related cardiometabolic risk, using new AI techniques applied to CT scans completed as part of care for other health concerns.

The Oxford AHSN carried out a feasibility study to evaluate the technology's utility in the diabetes care patient pathway. This included feedback from real world clinical evidence generation. More clinical studies are needed prior to widespread adoption.

Case Study 1

Theme/Patient pathway: Digital / Mental Health (Clinical Innovation Adoption)

Oxford
Academic Health
Science Network

What is the challenge?

Diabetes can be a chronic and lifelong condition, affecting quality of life for patients and significantly impacting NHS resources. More than 4.9 million people in the UK have diabetes and an estimated 13.6 million people are now at an increased risk of type 2 diabetes. Diabetes is associated with reduced life expectancy owing to a greater risk of heart disease, stroke, peripheral neuropathy, renal disease, blindness and amputation. Obesity, diabetes and cardiometabolic disease are global health economic burdens.

The NHS currently spends at least £10 billion a year on diabetes, which is around 10% of its entire annual budget, and almost 80% of the diabetes spending is on treating complications. Earlier identification of a patient with increased risk of diabetes picked up during a 'routine' CT scan could result in earlier intervention, including medication and lifestyle changes, and prevent progression of the disease or, in the case of pre-diabetes, could help to reverse the condition entirely. This could reduce the economic burden of diabetes-related morbidity and complications such as stroke and heart attacks.

What did we do?

The Oxford AHSN conducted a feasibility study to investigate the potential clinical utility of Caristo Diagnostics' FatHealth as a biomarker to identify individuals with diabetes or pre-diabetes (impaired glucose regulation) and identify individuals at risk of future diabetes and its cardiovascular complications (stroke, heart attacks). An initial literature review was performed to explore the evidence base surrounding the management of cardiometabolic risk using the current care pathway in the NHS, and schematic diagrams of the current and proposed pathways were developed. Stakeholders were identified through both literature review and local recommendations. They were interviewed in primary and secondary care settings. The study aimed to identify where the technology would be best placed in the clinical pathway for maximum potential benefit to both patients and the NHS, its clinical utility and the possible barriers to adoption.

Case Study 1

Theme/Patient pathway: Digital / Mental Health (Clinical Innovation Adoption)

Oxford Academic Health Science Network

What has been achieved?

The Oxford AHSN feasibility study evaluated the technology's utility in the diabetes care pathway. Stakeholders who were interviewed agreed that earlier identification of at-risk patients could lead to earlier intervention or management of the disease, therefore potentially improving patient outcomes and reducing the cost burden to the NHS.

The partnership between the Oxford AHSN and Caristo Diagnostics has helped the company to develop their offering to more easily identify patients at risk of developing diabetes. The company has used the feedback from the semi-structured interviews with clinicians to better align with clinical needs and FatHealth's potential place in the clinical care pathway. The study has also helped with data collection for real world clinical evidence generation. This feedback is crucial for the technology to be developed in a way that would increase the likelihood of future NHS adoption and take-up.

What people said

"The Oxford AHSN has been working closely with Caristo Diagnostics on our AI Award projects and is helping us in our NHS adoption strategy. They have recently completed a feasibility study for our product and have highlighted how our product is perceived. They have also directed us about the expectations from the product, helping us plan the implementation effectively"

Yogesh Sohan, Project Manager, Caristo Diagnostics

What next?

Further clinical studies are required to allow the product to gain regulatory approvals, and to generate the evidence required for adoption by the NHS. Many stakeholders interviewed were interested in the technology and were keen in principle to implement it.

Contact

Mamta Bajre, Lead Health Economist & Methodologist

mamta.bajre@oxfordahsn.org

Case Study 2

Theme / Patient pathway / Programme: Digital / Long-term conditions / Strategic and Industry Partnerships

South East AHSNs collaborate to support adoption of home testing to identify diabetic patients at risk of chronic kidney disease

An initiative harnessing smartphone technology to enable early identification of people with diabetes at risk of developing chronic kidney disease has been rolled out successfully across South East England thanks to a collaboration led by AHSNs. Initiated in the north of England, take up of the self-management innovation is spreading across England thanks to AHSNs working with health systems within their regions. The diagnostic developed by Healthy.io is producing better outcomes, relieving NHS cost and resource pressures and supporting environmental sustainability. Instead of an appointment at their GP surgery, patients carry out a simple urine test at home and share the results securely with their GP using an app on their own phone.

What is the challenge?

People with diabetes are at greater risk of complications including chronic kidney disease (CKD). NICE Guidelines (CG182) recommend that they should monitor their kidney health with an annual test of their albumin to creatine ratio (ACR). This test indicates previously unknown CKD in around one in four cases. Unfortunately, only about half of the people who should take the annual test do so – and this proportion fell further through the pandemic. This increases the risk of CKD being missed until it becomes symptomatic and much more serious resulting in dialysis, transplant or even death. Missed ACR tests could affect tens of thousands of people in the Oxford AHSN region alone.

An independent evaluation commissioned by the Yorkshire & Humber AHSN showed the NHS could save £209m in care costs over five years through national adoption of a home test model for people living with diabetes. Extending the test to other at-risk groups, like people with hypertension, could significantly increase these savings.

What did we do?

"Minuteful Kidney" developed by Healthy.io is enabled through a smartphone app which reads the ACR urine test then securely shares the results with the relevant clinician, allowing a shift of this pathway from primary care to the patient's home. It is a novel pathway change as part of the Covid recovery programme. Uptake is supported by an NHS AI in Health and Care Award, which pays for the cost of the product for the first 12 months of adoption.

NHS Priorities and Operational Planning Guidance for 2022/23 includes a focus on reducing backlogs, reducing GP workload and remotely managing patients with new pathways. The Minuteful Kidney test has the potential to support all these initiatives. The three AHSNs in the South East (Oxford, Wessex and Kent Surrey Sussex) agreed a coordinated course of action, supporting wider adoption of Minuteful Kidney, following initial success through Yorkshire & Humber AHSN. The Oxford AHSN enabled discussions between NHS commissioners in Berkshire and Healthy.io which led to full coverage across the South East.

What has been achieved?

Data published by Healthy.io following adoption of the Minuteful Kidney test in the South East shows:

- An increase in compliance with an annual ACR test within the CKD "at risk" group from 54% to 79%
- 85% of patients agree to take the test when contacted by the Healthy.io patient support team
- Previously unknown CKD is indicated in 25% of cases where elevated protein is detected, meaning more patients can start to receive appropriate interventions sooner
- 96% of patients report that the Minuteful Kidney test is "easy" or "very easy" to use.

As the test is sent to the patient to use in their own home and the results transferred securely to their GP electronically, use of the Minuteful Kidney test is also expected to save tens of thousands of patient journeys for appointments with their GP, thereby also reducing the environmental impact of healthcare delivery and contributing towards the NHS Net Zero ambition.

What people said

"Using their network of contacts, the Oxford AHSN was able to successfully open crucial discussions with stakeholders at Berkshire West and support the importance of the ACR project. Their involvement has led us to be introduced to engaged key stakeholders, opening up the opportunity for remote ACR testing in this area"

Ashley Le Cudennec, Regional Commercial Manager Healthy.io (UK)

What next?

Planning for the adoption of Minuteful Kidney is still in progress in parts of the Oxford AHSN region. The true impact will become clear in 2023.

Guy Checketts, Head of Transformation, Oxford AHSN
guy.checketts@oxfordahsn.org

Operational Review

The Oxford AHSN has continued to support BOB ICS with its Virtual Ward programme. During the quarter we supported BLMK, BOB and Frimley to develop proposals for InHIP. These are for improvement in lipid management, severe asthma and chronic respiratory disease. Funding of £100K will be available per ICS.

CVD - the Blood Pressure Optimisation programme continues to make good progress, with a presentation at a national community of practice focussed on the approach to support primary care networks. The BLMK community lipid service formally launched in Q2, feedback to date on the service has been very positive. Work continues to support local systems with adopting Inclisiran including identifying barriers to adoption and potential solutions to mitigate these. Inclisiran uptake is a challenge nationally. The regional stroke rehabilitation project made progress with BOB and Frimley/Surrey Heartlands Integrated Stroke Delivery Networks (ISDNs).

Maternity and Neonatal Safety - the first phase of pilot testing for the new national Maternity Early Warning Score tool designed to focus on early identification, escalation and response to deterioration in pregnant women has been successfully completed. The Maternity and Neonatal Safety Preterm Optimisation project had good response rates across the South East from the preterm birth staff surveys across the range of units in our area. A risk stratification tool for labour management project is at the discovery phase. This University of Oxford project provides an innovative, data-driven system for individualised CTG analysis to enhance clinical decision-making and avoid fetal damage during labour.

Mental health - 96% of the ADHD trajectory has been delivered and Qb has been adopted by all services in the region. FREED continues to be delivered to eligible patients in Berkshire and in Buckinghamshire Eating Disorders services. In Q2 81% of trajectory was met, improving on Q1. Buckinghamshire is promoting FREED more widely and engaging with primary care to seek greater numbers of relevant referrals. Conversations with Oxfordshire Eating Disorders Service continue. NHS South East clinical networks initiated a regional piece of work on student mental health earlier in the year, along with Kent Surrey Sussex (KSS) AHSN. Digital innovation companies were interviewed in Q1 for a scoping exercise on digital support for Children and Young People (CYP) in collaboration with BOB ICS. In Q2 a report of findings from this audit was completed and will be published in Q3. The Mental Health Safety Improvement Programme (MH SIP) Reducing Restrictive Practice programme progressed across the region.

Operational Review

Respiratory - nationally, the Asthma Biologics programme successfully launched two e-learning modules, delivered with our partner organisation Cogora. Module 1 was launched in July, and to date, 129 primary care clinicians have completed it. Module 2 was launched in September, with 22 primary care clinicians completing it in the first month. Work continues locally to support systems with the delivery of the Pathway Transformation Fund ISAC project across BOB ICS. All three ICSs are engaged with the FeNO programme and implementing monitors: BOB – 10, Frimley – 8, MK – 7. We have purchased additional FeNO devices, supporting uptake of the test by widening access.

Patient safety - A face-to-face implementation workshop with representatives from local NHS trusts (mainly patient safety leads from BOB and MK), BOB ICS patient safety leads, NHS England South East Patient Safety Incident Response Framework (PSIRF) leads and the Oxford Patient Safety Collaborative (PSC).

Polypharmacy has been well received, with BOB, Frimley and BLMK ICSs all engaged in delivering the programme.

Frimley ICB has been confirmed as the Test and Evaluation Site (TES) for phase 1 of the new national Transforming Wound Care programme. This programme will be supported by a new member of the team, Julie Hewish, a specialist in wound care.

Uptake of the MedTech Funding Mandate products is good across the region.

The elastomeric devices team is collaborating with KSS and Wessex AHSNs to send out a baseline survey across the South East and develop supporting materials.

The Oxford AHSN with BOB ICS led a successful collaborative bid for an NHSX Perioperative Adoption Fund grant to support innovation in the perioperative care pathway to assist elective recovery.

The publication of a consensus pathway as part of our work leading the AHSNs' national asthma biologics programme boosted traffic to the Oxford AHSN website. This peaked at the launch in June 2022 but continued at an enhanced level with 5,000+ monthly page views throughout Q2.

On our social media channels the most popular posts in Q2 related to a fact-finding visit by the NHS England Transformation Directorate to see the impact of our peri-operative collaboration, the launch of an asthma e-learning package and the publication on BMJ Open of an economic evaluation of LiverMultiScan as an alternative to liver biopsy to monitor autoimmune hepatitis. We also ran a successful campaign highlighting some of our key work priorities in 2022/23.

Details of all programmes follow.

National Programme Risks (Amber or Red risks only)

For full risk register, see Appendix A

Amber – Inclisiran

Orders for Inclisiran are significantly below the planned trajectory. This is in line with the national picture and is being addressed at a national level. Work continues to support local systems with adopting Inclisiran, including identification of barriers to adoption, and potential solutions to mitigate these. This quarter we have worked with BLMK ICS to develop a service specification for a locally commissioned service for Inclisiran administration. This is currently subject to internal approval but if approved would address the capacity barrier that is preventing full adoption of Inclisiran in BLMK. The AHSN has supported BLMK to develop a bid for funding under the Novartis 'Halcyon' programme - this would bolster the capacity of the existing community lipid service and enable a further 3500 high risk patients with existing CVD to receive a specialist assessment.

Work continues with BOB ICS and Frimley to explore how the barriers to Inclisiran adoption could be addressed. This includes education and looking at ways of addressing capacity issues. For Frimley ICS the solutions may include a third-party supplier or the pathway transformation fund.

On a national level, Oxford AHSN is part of the national task and finish group tasked with developing and deploying the workforce support solution and associated application process for PCNs nationally. This work will continue into Q3.

Amber – Deteriorating Patient Safety Improvement Programme

Oxford University RESTORE2 Evaluation continues to progress, however there have been significant delays in training progress caused by limited resources and continued Covid outbreaks in participating homes, which has prevented delivery of face-to-face training. Progress in Oxfordshire remains unchanged at only 4 homes trained. Training has also been 'gapped' in Frimley since a successful initial rollout; it is expected to recommence in Q4, with PSC virtual training helping to plug the current gap. RESTORE2 training has been limited in Berkshire West due to a seconded post. Although virtually delivered training is expected to accelerate roll-out in subsequent quarters, adoption is likely to remain below initial projection.

Amber – AHSN Relicensing and ongoing funding

Although we have not had final confirmation from IRLS team we have been told to expect a 30% cut in core IRLS funding, equating to 800K. Plans are in place to address this gap through seeking new sources of income, and cost reductions.

Financial Summary

Q2, for financial year ending 31 March 2023

Forecast costs are lower than plan. IRLS/OLS spend is forecasted to exceed 2022/23 plan; more investment is going into network-wide programmes such as FREED, Polypharmacy and Asthma Biologics. Locally we are putting more funding into identifying health inequalities and engaging services for knowledge building. The Oxford AHSN is also improving accurate asthma diagnosis by funding more FeNO devices to improve access in our region. There are additional costs within the Strategic and Industry Partnerships programme due to staffing changes.

The Patient Safety and Clinical Improvement programme includes external funding that can be deferred to 2023/24.

We are developing our Salesforce system to manage our project pipeline and we are incurring support costs. Corporate cost pressures include Inflation on the office lease.

Oxford
Academic Health
Science Network

Financial Summary

Q1, for financial year ending 31 March 2023

Income	Opening Plan	Forecast Outturn	Forecast Variance	YTD Plan	YTD Actuals	YTD Variance
Commissioning Income - NHS England Master Licence	-2,723,650	- 2,723,650	0	- 1,361,825	- 1.361.825	0
Commissioning Income - Office for Life Sciences	-824,600	- 824,600	0	- 411,950	- 412,300	350
Commissioning Income - PSC	-496,216	- 476,801	- 19.415	- 235,312	- 223,063	-12,249
Other Income	-1,835,139	- 1,720,173	- 114.966	- 859,666	- 769,291	-90,375
Total income	**-5,879,605**	**- 5,745,224**	**- 134,381**	**- 2.868.753**	**- 2,766,479**	**-102,275**
AHSN funding of activities						
Patient Safety	586,216	441,426	144,790	280,312	224,029	56.283
Clinical Improvement	383,803	374,146	**9,657**	169,375	139,422	29,953
Clinical Innovation Adoption	1,750,266	1,714,274	**35.992**	809,948	803,299	6,649
Strategic & Industry Partnerships	1,011,469	1,097,145	**-85,677**	546,390	542,514	3,876
Community Involvement & Workforce Innovation	465,195	423,177	42,018	234,999	189,602	45,397
Communications, events, and sponsorship	111,576	108,116	3.460	55,788	56,609	- 821
Contribution to AHSN Network	214,512	214,512	0	107,256	107,256	0
Pipeline Costs	25,908	69.908	-44.000	12,954	37,903	- 24.949
ICS Costs	46,444	22,227	24.217	10,696	1,650	9,046
Grant Payable	0	0	0	0	0	0
Programmes and themes	**4,535,037**	**4.464,932**	**130.457**	**2,227.719**	**2,102,284**	**125,434**
Corporate						
Pay costs	878,692	811,211	7,129	409,170	414,273	- 5,103
Non-pay costs	465,876	469,080	-3.204	231,864	249,921	- 18,057
Total Corporate Costs	**1,344,568**	**1,280,292**	**3,924**	**641,034**	**664,193**	**- 23,159**
Total expenditure	**5,879,605**	**5,745,223**	**134,381**	**2.868,753**	**2.766,478**	**102,275**
Net Income/Expenditure	**0**	**0**	**0**	**0**	**-1**	**0**

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

Nationally Commissioned work 22/23

Clinical Focus Areas

Oxford
Academic Health Science Network

Cardiovascular

New Programme

Blood Pressure optimisation to prevent heart attacks, strokes and vascular dementia in patients with hypertension.

Reducing cholesterol with medication to improve lipid management.

Respiratory

FeNO testing to help improve the diagnosis of asthma.

Increasing the uptake of biologics in severe asthma.

Mental Health

Improve the assessment process for Attention Deficit Hyperactivity Disorder.

Reducing restrictive practices.

Supporting mental health to speed up diagnosis and treatment of eating disorders in young people.

Other

New Programme

Medicines: Polypharmacy

New Programme

Patient Safety: Wound Care Strategy to improve the prevention and care of pressure ulcers, lower limb wounds and surgical wounds.

Patient Safety: NHS I national commission for Patient Safety Collaboratives. Mental health safety, Medicines safety, Deterioration and Maternity safety in care homes and opioid prescribing.

New Programme

Health Inequalities: Innovation for Healthcare Inequalities Programme (InHIP) [Added in 02. Nationwide programme, locally defined and focussed].

National Projects: Q2 Highlights
Highlight report by Clinical Focus Areas

Oxford
Academic Health
Science Network

Cardiovascular

The **Blood Pressure Optimisation** programme continues to make good progress, with a presentation at a national community of practice focussed on the approach to support primary care networks (PCNs). The team have completed a health inequalities impact assessment for the hypertension programme and are working with BLMK on a hypertension quality improvement programme.

The BLMK community **lipid service** formally launched in Q2, feedback to date on the service has been very positive. The **lipid management** programme has also progressed the development of an options appraisal, with BOB ICS, for substantive **Familial hypercholesterolaemia** services, and continued work with Frimley on a lipid management pathway mapping exercise.

Work continues to support local systems with adopting **Inclisiran** including identification of barriers to adoption and potential solutions to mitigate these. This quarter we have worked with BLMK ICS to develop a service specification for a locally commissioned service for Inclisiran administration. The AHSN has supported BLMK to develop a bid for funding under the Novartis 'Halcyon' programme - this would bolster the capacity of the existing community lipid service and enable a further 3500 high risk patients with existing CVD to receive specialist assessment.

On a national level, the Oxford AHSN is part of the national task and finish group tasked with developing and deploying the workforce support solution and associated application process for PCNs nationally. This work will continue into Q3.

Deterioration: Oxford University **RESTORE2** Evaluation survey sent out in Q1 has now closed, and responses are being reviewed. Roll out of training in Oxfordshire has been slow due to operational pressures but the PSC is providing virtual RESTORE2 training to care home staff, which will accelerate uptake. Training is being delivered in Oxfordshire in collaboration with the Oxfordshire Care Home Support Service (Oxford Health NHS FT) which will provide follow-up support; initially this is to a pilot of up to 18 Order of St John Care Trust homes with intent to upscale. The training is also being delivered to a small number of homes in the Frimley region where there is a current training gap. The Oxford PSC is employing two OUH clinical educators (on a part-time basis) to deliver approximately four sessions per month.

A full view of the Oxford AHSN portfolio for Q2 is available on our website.

National Projects: Q2 Highlights
Highlight report by Clinical Focus Areas

Oxford
Academic Health
Science Network

Maternity & Neonatal

Maternity and Neonatal Safety - the first phase of pilot testing for the new national Maternity Early Warning Score (MEWS) tool designed to focus on early identification, escalation and response to deterioration in pregnant women has been successfully completed. The Phase 2 pilot is expected to start in Q3.

The **Maternity and Neonatal Safety Preterm Optimisation project** had good response rates across the South East from the preterm birth staff surveys across the range of units in our area. The staff surveys are now closed, and we are currently analysing the data to inform the output of this project. We have engaged a group of parents to lead on and co-produce the project, their current work is focussed on engagement with neonatal parents with lived experience of preterm birth.

A face-to-face implementation workshop with representatives from local NHS trusts (mainly patient safety leads from BOB and MK), BOB ICS patient safety leads, NHS England South East **Patient Safety Incident Response Framework (PSIRF)** leads and Oxford Patient Safety Collaborative (PSC). The workshop ran at full capacity with 60 people and explored the needs, anticipated challenges, worries and opportunities arising in the forthcoming implementation of PSIRF. We are now using this intelligence to develop a programme of support for the next few months, in collaboration with BOB ICS and NHSE SE.

Although the planned Frimley opioids subgroup has yet to be formally convened, the **Medicines Safety Improvement Programme** has progressed well in Q2. The team has provided an analysis of ICB opioid prescribing data benchmarked to regional comparators from the ePACT2 dashboard and presented this at the Medicines Safety Group. We have also provided a more detailed breakdown of prescribing patterns within the ICB to identify practices where opioid reduction initiatives may be appropriate.

National Projects: Q2 Highlights

Highlight report by Clinical Focus Areas

Oxford
Academic Health
Science Network

Respiratory

Nationally, the **Asthma Biologics** programme successfully launched two e-learning modules, delivered with our partner organisation Cogora. Module 1 was launched in July, and to date, 129 primary care clinicians have completed it. Module 2 was launched in September, with 22 primary care clinicians completing it in the first month. The Oxford AHSN has been working to raise awareness about the impact of the Asthma Biologics programme and publicise available resources for healthcare professionals through presentations at the European Respiratory Symposium, PCRS Respiratory Conference, Respiratory Professional Care Show and All-Party Parliamentary Group for Respiratory Health (APPG). Work continues locally to support systems with the delivery of the Pathway Transformation Fund ISAC Project across BOB ICS where 45 practices have signed up to use the SPECTRA tool, and preliminary collected data shows good outcomes, with 80% of patients referred to a severe asthma centre going on to be initiated on biologics.

All three ICSs are engaged with the **FeNO** programme and implementing monitors: BOB - 10, Frimley - 8, MK - 7. BOB ICS will receive a further ten devices as part of a push to continue to build on the success of the Asthma Biologics programme. These additional devices are going to be used in PCNs where they will have the biggest impact on reducing health inequalities.

MedTech Funding Mandate (MTFM) 2022/23: the Oxford AHSN leads nationally on **PIGF-based testing**. There is now over 85% adoption across all maternity services nationally. Funding has been agreed to implement **Heartflow** at Buckinghamshire Healthcare. **SecurAcath** adoption is progressing, however, due to trust-level resource availability Milton Keynes University Hospital (the last in the region to adopt) uptake has been delayed. **GammaCore** is now fully adopted across the region. There has been an audit of local baseline adoption status of all **2022/23 products - Urolift, GreenLight XPS, Rezum, PLASMA system (technologies to treat benign prostatic hyperplasia or enlarged prostate), Xpress (balloon sinus dilation), Spectra Optia (treatment for sickle cell disease) and Thopaz + (digital chest drain)**. Generally, the current level of adoption across the region is good. Activity is ongoing to contact strategic-level commissioners within ICS/ICB and innovation leads within trusts to identify key stakeholders to support evaluation and adoption activities.

Mental Health

First Episode Rapid Early Intervention for Eating Disorders (FREED) continues to be delivered to eligible patients in Berkshire and in Buckinghamshire Eating Disorders services. In Q2 81% of trajectory was met, improving on Q1, where 77% of trajectory was achieved. Buckinghamshire is promoting FREED more widely and engaging with primary care to seek greater numbers of relevant referrals. Conversations with Oxfordshire Eating Disorders Service continue, a business case and plan are being prepared to make the case for FREED within Oxfordshire and it is hoped that a FREED Champion may be identified by the end of Q3.

As expected, the **Focus ADHD** programme experienced a slowdown in testing in Q2, due to vacancies in Buckinghamshire, and a pathway review in Milton Keynes reduced the numbers of tests carried out at both sites. However, even with challenges, 96% of trajectory was achieved. Numbers of tests should increase again in Q3.

Mental Health Safety Improvement Programme (MH SIP) Reducing Restrictive Practice (RRP) programme has progressed in Milton Keynes where Hazel ward has moved to full adoption, their improvement is now business as usual, and they will move in Q3 to their second change idea PDSA cycle. Their project was presented at the South of England MH Collaborative face to face learning event on 12 July.

Our work with Oxford Health has been intensive to drive progress. Our weekly on-site support of two acute adult wards in Buckinghamshire continues, both wards had a problematic Q2 with the loss of both ward managers to other posts. However, progress is now under way with one ward starting their PDSA change at the start of July and the other at end of September. We are also supporting three forensic wards and attend the Oxford Health 'QI Hub'. During September we also agreed with OH to fund and produce a case study video film of successful RRP project on Kennet ward (part of the trust's 'Positive & Safe'). In Q2, in collaboration with West Midlands AHSN, a national forensic wards network was established.

A full view of the Oxford AHSN portfolio for Q2 is available on our website.

National Projects: Q2 Highlights
Highlight report by Clinical Focus Areas

Other

The **Polypharmacy** programme, new to the portfolio for 2022/23, has been well received, with BOB, Frimley and BLMK ICS all engaged in delivering the programme. Frimley ICS has included polypharmacy in its Medicines Safety Strategy and BLMK has selected polypharmacy as a key programme for support at system level. Two ALS trainers have been identified. Twelve patients were invited to the first of two patient workshops which was delivered in Q2 to inform the choice of patient-facing campaign. Me and My Medicines was selected as the campaign to pilot.

Frimley ICB has been confirmed as the 'TES' site (Test and Evaluation Site) for phase 1 of the new national **Transforming Wound Care programme**. We are now working with Frimley ICB to plan and develop wound care provision in one PCN in the south of their area. Once embedded there, that clinic will be made available more widely. This will also involve working with the community provider regarding non-ambulatory patients to ensure that provision there also meets NWCSP recommendations and model.

The five-year vision for the BOB ICS is that a fully integrated **Virtual Ward (VW) and Virtual Care (VC)** pathway will be in place across the BOB area. The Oxford AHSN supported the development of Channel 3's stakeholder engagement plan and data collection approach for virtual ward/care baselining, and service development plans are being created. High level reviews of resources and literature were conducted to provide service development support and inform the design of the evaluation of BOB virtual wards. A draft outcomes framework was developed to provide suggestions for the contextual information and evaluation data that could be collected within the relevant domains (effectiveness, experience, safety and clinical outcomes, cost benefit, access). Draft sustainability and health inequalities plans were developed to support work to be carried out by The Hill.

National Projects: Q2 Highlights

Highlight report by Clinical Focus Areas

Oxford Academic Health Science Network

The Innovation for Healthcare Inequalities Programme (InHIP) was launched in Q2 with the aim to enable accelerated access to innovations for people suffering healthcare inequalities across the four clinical areas of focus outlined in the Core20Plus5 approach. The programme made £100K per ICB available, and all three ICBs in the region have made successful bids for this. Scoping is well underway, and funding is expected in early November. The InHIP will be delivered alongside our existing local and national project portfolio, in close collaboration with our ICB colleagues. In BLMK the project will focus on optimising management of CVD, through proactive outreach into practices to identify those with known CVD and develop a service model, co-designed with the target populations, that provides additional clinical review with a suitably qualified, competent, and experienced healthcare professional.

This review would support both self-management and treatment with evidence-based therapies, including novel lipid-lowering agents such as Inclisiran and bempedoic acid for those meeting the NICE TA criteria, and dapagliflozin and empagliflozin in those with co-existent heart failure with reduced ejection fraction.

The Funding in BOB will be used to support evidence-based management and clinical optimisation of people with uncontrolled and severe asthma living in the most deprived areas of the BOB ICS region. Individuals identified with potential severe asthma will be referred to the rapid access clinic for review and if appropriate started on biologic therapy (mepolizumab; benralizumab; reslizumab, omalizumab or dupilumab).

In Frimley, the project will extend the provision of community AIRS teams which provide excellent care to our population with chronic respiratory disease. Increasing the access and availability of this service will support more patients, in targeted cohorts, to address inequalities, and in conjunction with the anticipated increase in diagnosis rates, will be needed to deal with the increased demand. We can also focus our approach to ensure we are addressing inequalities. There are existing links between the ICB and community leaders which will be explored to encourage engagement. This InHIP will include a proactive outreach programme. To complement this, we are looking at remote management opportunities in both primary care and secondary care to support prevention of deterioration in patients with chronic respiratory disease or ensuring the best care at the earliest point of deterioration.

A full view of the Oxford AHSN portfolio for Q2 is available on our website.

Locally Commissioned work 22/23

Clinical Focus Areas

Oxford Academic Health Science Network

Cardiovascular

Using AI applied to routine CT scans to find people with fat tissue inflammation at high risk of diabetes and death due to CVD

Real world evaluation of AI-driven cardiovascular risk prediction from routine CT scans

Supporting home blood pressure monitoring Programme

• Harnessing AI technology to support clinical decision making in stroke

• NIPP proiect is evaluating virtual TIA clinics to determine optimisation of service across the Region

AI automated analysis of stress echocardiograms for patients with suspected cardiac pathology

Using vagal stimulation to reduce nlood pressure in patients with resitant hypertension.

Respiratory

Assessing the immune status of patients in ICU with sepsis to find those at highest risk of health care acquired infection

Using artificial Intelligence (AI) for early recognition and management of detenoration in paediatnc asthma patients in the home

Maternity & Neonatel

Mat Neo e-learning Programme supporting listening into babies during labour

Data-driven system for individualised CT6 analysis to enhance clinical decision-making and avoid foetal damage during labour

Mental Health

• Increasing awareness of anxiety and depression in older adults to increase referrals thorough the IAPT network

• Improving sexual safety

• Digital health tools in the depression pathway

• Digital triage for secondary mental healthcare

• Supporting recovery from anxiety and depression through Paddle app

Other

• Improving management of patients with osteoporosis at risk of fragility fractures

MendelScan to interrogate patient records for twenty rare diseases

Automated telemedicine in high volume low complexity pathways to aid elective recovery

Digital Innovation in the perioperative care pathway to assist elective recovery

• Improving seizure detection and analysis at home using artificial Intelligence

Supporting the Oxford AHSN Accelerator Programme alumni

• Community of Interest groups for environmental sustainability and diagnostics

• Point-of-care antibiotic susceptibility testing to aid urinary tract infection treatment

• Inequalities dashboards for clinical priorities of AHSN and ICSs

• Elastomeric devices for IV infusion

Practical Innovators Masters-level Programme

• = NHSE commission funded work
OLS/Other funded work unless stated

Local Projects: Q2 Highlights

Highlight report by Clinical Focus Areas

Oxford
Academic Health
Science Network

Cardiovascular

In Q1/2 a feasibility study was conducted to investigate the potential clinical utility of Affex-CT for treatment of patients with resistant and drug-intolerant hypertension in the NHS in England in Q2. Activities during this quarter included a literature review, pathway mapping, development of semi-structured questionnaire and pre-read to support discussions with stakeholders. Stakeholder interviews were conducted and thematically analysed along with the statistical analysis. A report was prepared and submitted on the clinical utility and barriers to adoption of Affex-CT. The health economics analysis study will be conducted next year.

The Heart failure inequalities project was launched in Q1. Following 'go live', the AHSN role is now supporting the evaluation. Initial data from BOB ICS shows increase in the number of heart failure diagnoses.

Oxford AHSN/ARC OxTV NHS Insights Prioritisation Programme (NIPP) project has seen good engagement from TIA (mini-stroke) services to support pathway mapping, with eight interviews completed so far and documents submitted to the University of Oxford for sponsorship support for qualitative interviews.

The Cardiosignal project – app-based detection of atrial fibrillation – restarted after being placed on hold due to supplier and primary care capacity issues. Rescoping completed and aiming for a Q3 launch.

The regional Stroke Rehabilitation project made good progress in Q2 working with BOB and Frimley/Surrey Heartlands ISDNs to support their specific rehab workstreams. The team also supported submission of two bids for SQUIRE funding, to support quality improvement projects within the rehab pathways.

A full view of the Oxford AHSN portfolio for Q2 is available on our website.

Local Projects: Q2 Highlights

Highlight report by Clinical Focus Areas

Respiratory

The Oxford AHSN Asthma Biologics Dashboard shows key data to monitor and communicate the impact of the Asthma Biologics programme. It has been compiled using data from a wide variety of sources including Blueteq, NHSBSA Prednisolone, Homecare, SPECTRA and HCP Training data. Further development is ongoing.

Maternity & Neonatal

A risk stratification tool for labour management project is at the discovery phase. This University of Oxford project provides an innovative, data-driven system for individualised CTG analysis to enhance clinical decision-making and avoid fetal damage during labour. The intelligent data analysis software (OxSys) will provide computer-based, real-time estimates of oxygen deprivation risks during labour. The Oxford AHSN is in the process of undergoing a feasibility study regarding OxSys a decision support tool to assess the potential value and level of acceptance for OxSys 3.0 into the fetal monitoring pathway. In Q2, the stakeholders (obstetricians and midwives) were contracted for the interviews.

A full view of the Oxford AHSN portfolio for Q2 is available on our website.

Oxford
Academic Health
Science Network

Mental Health

NHS SE Clinical Networks initiated a regional piece of work on student mental health earlier in the year, along with KSS AHSN. The Oxford AHSN has since begun scoping work to understand student mental health issues within our local organisations with a view to future development. In Q2 An online event, featuring speakers from several partners and universities (University of Reading, University of Liverpool, Department of Paramedics at University of London) was held on 30 September to develop the work outlined in the Student Mental Health Report which was published in May 2022.

Working with Oxford University Hospitals' 'The Hill', experts by experience, clinicians and companies, we are helping facilitate understanding of challenges, unmet needs and opportunities around seeking and accessing mental healthcare services for men. In Q2 there have been continuing discussions with Oxford Health NHS Foundation Trust colleagues about the potential use of the HopebyCAMH (Canadian organisation The Centre for Addiction and Mental Health) app. Discussions with The Delicate Mind around developing digital responses to male mental health and help-seeking commenced.

The Personality Disorder Positive Outcomes Programme (PDPOP) delivers training (in person or online) for whole teams within general practice and primary care network staff to increase confidence and skills when attending to patients with personality disorder. The programme has been delivered in several practices over the past two years and data collected. From September 2022, the Oxford AHSN is developing and delivering a Kirkpatrick Level 3 evaluation of the delivery of PDPOP to demonstrate behaviour change. A Kirkpatrick Level 4 evaluation is also being explored using expertise from the University of Oxford to interrogate the EMIS data to demonstrate results and benefits from the PDPOP training.

The Anxiety and Depression Network (IAPT) held a webinar with over 100 attendees on 'Older People presenting with anxiety/depression: practical tips', this was very well received.

Digital innovation companies were interviewed in Q1 for the Digital Support for Children and Young People (CYP) Project, in collaboration with BOB ICS. In Q2 the report presenting the findings from the audit of digital products has been designed and drafted in readiness for circulation. It will be published in Q3.

Local Projects: Q2 Highlights

Highlight report by Clinical Focus Areas

Innovation and Innovator Support

Several real-world evaluation projects are coming to fruition over the coming year. Those that show a sufficient level of evidence to be scaled for adoption and spread will be taken into Core Function 4 (potentially including the perioperative, NELLI, Caristo and Perspectum projects). It is important that the evidence is robust enough to support long-term adoption.

The Seizure detection device NELLI is now up and running in two sites. Patients are being recruited into the evaluation, with 18 (half of the target number) having consented and signed up. Clinicians are reviewing reports on a regular basis and collecting the data required from York Health Economics Consortium. Patient and carer workshops have been organised for first month of Q3 to investigate public acceptability of the technology.

BioMérieux SA has developed an Immune Profiling Panel (IPP), a diagnostic test based on a panel of biomarkers that can assess a patient's immune status. The test gives ICU clinicians information about the immune status of ICU patients and risks of deterioration. Using this information doctors can give personalised care, including preventative measures and specialised treatments. The Oxford AHSN is a member of EIT and a partner with BioMérieux in the early evaluation of the IPP as part of the 'IMmune Profiling of ICU patents to address Chronic Critical illness and ensure healthy ageing' (IMPACCT) project. During Q2, a user feedback study was conducted to identify the training needs and ease of use of IPP in clinical practice. The results of this study will form the basis of future training and education plans. A health economics analysis plan was written for required data collection for health economics analysis to demonstrate the potential cost benefit and impact of the IPP to identify and stratify ICU patients using the IPP for further management. The real world data by Biomerieux for prospective observational study will be provided in Q3.

The latest Adopting Innovation and Managing Change in Healthcare Settings programme started in September 2022. The 13th cohort is made up of 26 NHS professionals from the South East with particular focus on allied health professionals. Cohort 14 will commence in March 2023.

NHSX-AAC Artificial Intelligence in Health and Care Award – Evaluating Brainomix AI Stroke Imaging Technology (2021-Mar 2024) – the Brainomix AI evaluation includes 33 sites across five ISDNs (with strong ongoing South East engagement). In Q2 a mid-term survey was conducted with evaluation sites and analysis is now underway with patient-level, site-specific SSNAP data. An interim report was submitted to NHS England and conversations around accuracy continue with NICE.

Local Projects: Q2 Highlights
Highlight report by Clinical Focus Areas

Oxford
Academic Health
Science Network

The new universal support process for innovators is being followed, to deliver a consistent offer to innovators across all 15 AHSNs in the national network. Threshold assessments are being used effectively to decide whether innovators progress to the enhanced offer. A total of 29 new innovator approaches in Q2 were received and responded to for Level 1 support as part of the universal OLS offer.

To build awareness with innovators of the national NHS Innovation Service and perform first assessment of leads from the Needs Assessment Service, the team attended the HETT conference on 22 September, meeting innovators, the Accelerated Access Collaborative and IRLS key staff including Matt Whitty, CEO of AAC. The team also met three virtual ward suppliers and attended a patient and public involvement session hosted by NHS England on virtual wards and remote monitoring covering key learnings from patients from early trial sites.

The Oxford AHSN has been helping innovators and SMEs to apply for grants, reviewing their funding applications ahead of submission and providing 'second set of eyes' reviews - innovators are provided with recommendations to improve or enhance their applications. Depending on resource availability this may include enhanced bid writing support. In Q3 a grants consultant will join the team to refine this offer. In Q2 the Oxford AHSN Accelerator Slack channel invited participants to engage with the AHSN and learn about new funding opportunities. The group shares networking and advice. An interactive Intellectual Property (IP) workshop from Mathys & Squire LLP on 8 September updated innovators on current European, UK and US intellectual property strategic consideration.

A full view of the Oxford AHSN portfolio for Q2 is available on our website.

Local Projects: Q2 Highlights

Highlight report by Clinical Focus Areas

Environmental Sustainability

All Green Plans across the Oxford AHSN region have been reviewed including seven trust green plans and one ICS plan. Terms of reference for our Community of Interest were created and revised. A survey was sent to all sustainability leads across the SE to aid understanding of how AHSNs can support trusts and healthcare systems; 32 responses were received. An innovator support package is being created and innovators supported with net zero procurement and SBRI bids. A relationship was brokered between Salesforce and the Greener NHS regional team.

SENTINEL+, a programme designed to improve outcomes for adult asthma patients while reducing the environmental impact of asthma treatments by reducing the prescription and use of SABA inhalers, has been adopted into the Oxford AHSN environmental sustainability programme. The SENTINEL+ programme was developed by Hull University and AstraZeneca with the support of Yorkshire and Humber AHSN. The Oxford AHSN will raise awareness of this and signpost activities with PCNs expressing an interest in adopting SENTINEL+.

Other

Ufonia - 'Dora' (an automated clinical assistant that conducts routine conversations with patients through a telephone call). The Oxford AHSN is supporting with the patient, public and workforce workstream, to inform activities from designing research through to adoption and implementing outcomes. The team has submitted a net zero phase 2 application (head and neck cancer) to SBRI and is planning deliverables for SBRI reset and recovery (cataract phase 3). Planning is also under way for a project with NHSE SE focusing on workforce and implementation.

The **Elastomeric devices** team is collaborating with KSS and Wessex AHSNs to send out a baseline survey across the South East and developing supporting materials.

Local Projects: Q2 Highlights
Highlight report by Clinical Focus Areas

Oxford
Academic Health
Science Network

The Oxford AHSN, with BOB ICS, led a successful collaborative bid for an NHSX Perioperative Adoption Fund grant to support innovation in the **perioperative care pathway** to assist elective recovery. The programme is looking to implement four digital technologies in three hospitals in high volume low complexity (HVLC) pathways. In Q1 the team co-designed and released surveys for patients in 'DaytoDay' and staff in 'PRO-MAPP'. During Q2 it was planned that all perioperative technologies will be deployed and under evaluation. However, DayToDay was terminated. Royal Berkshire NHS FT received formal notification from Babylon, the company which owns DaytoDay, that due to the current economic context Babylon will, with immediate effect, no longer be continuing the DaytoDay pilot with the Royal Berks. The trust is aiming to provide the Oxford AHSN/YHEC with as much data as they can to enable an initial evaluation of patient outcomes and experience and hopefully some proof of concept, noting that the patient numbers will be very limited (42 patients onboarded). The PRO-MAPP workforce report and DaytoDay patients and care coaches report were completed. Data collection for the health economic evaluation for PRO-MAPP is close to completion, and YHEC is drafting the health economic evaluation report for the BOB ICS and NHSE. NHSE visited two evaluation sites on 27/28 September.

NIHR Applied Research Collaboration (ARC) Oxford and Thames Valley working with Oxford AHSN. Overall projects are progressing to agreed timelines. Work is Increasing to support projects to focus on dissemination (beyond academic settings), implementation and impact. A paper was presented, and recommendations accepted, by the ARC Strategy Board in September regarding the approach to dissemination and future approach to implementation if ARCs are recommissioned.

NHSE wishes to understand the best pathway to grow and develop **health and wellbeing (HWB) leads** in the NHS. In collaboration with North East North Cumbria (NENC) AHSN and an independent researcher, we are undertaking scoping in three phases to gather intelligence and data to inform this pathway. Phase 2 of this work is now complete. Over 500 members of staff with health and wellbeing responsibilities have engaged with us. Two workshops, network sharing events and survey have been undertaken. The Oxford AHSN has co-designed and developed (with HWB leads) how health and wellbeing may be structured in an organisation including skills required at each level.

A full view of the Oxford AHSN portfolio for Q2 is available on our website.

Local Projects: Q2 Highlights

Highlight report by Clinical Focus Areas

Oxford
Academic Health
Science Network

The Oxford AHSN have been completed an **evaluation of South East Leadership Academy care home managers training** – to understand the learning and where the course could be improved to better support managers. A report was submitted to NHS England Leadership Academy July 2022 and published to the AHSN website. Key findings from the evaluation include the very positive observation that leadership training for care home managers supports them to co-design work with clients and staff, improving outcomes for all.

The **Working Together Partnership**, convened and chaired by the Oxford AHSN Community Involvement and Workforce Innovation (CIWI) team, is a collaborative group of organisations interested in patient and public involvement and engagement (Oxford AHSN and regional NIHR bodies: Oxford Biomedical Research Centre, Oxford Health Biomedical Research Centre, Thames Valley ARC, Clinical Research Network, Research Design Service – plus NHS South East, Clinical Senate, South East Leadership Academy). The group met to cover financial planning for 2023/24 and events planning for autumn 2022 is well underway.

Benign Prostatic Enlargement patient information videos are in development. Oxford AHSN is working with clinical leads from OUH and Frimley Health to create 11 patient videos covering all aspects of the condition from anatomy, through lifestyle changes, medication and surgical options. We are working with the PPIEE team from NHSE and Health Innovation Manchester (lead for MTFM BPE products) to ensure appropriate and widespread dissemination of videos once complete.

Research & Development (R&D)

The Oxford AHSN is supporting 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. We aim 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 R&D Group receives updates from national bodies including NIHR and the AHSN Network via Professor Gary Ford who chairs this national network of all AHSNs.

Local Projects: Q2 Highlights
Highlight report by Clinical Focus Areas

Oxford Academic Health Science Network

The Group, Chaired by Professor Joe Harrison, met in July 2022 and will meet again in November. The July meeting covered the following:

- An update from Professor Ford including the planned changes in the scope and coverage of the Clinical Research Networks, now to be known as Research Delivery Networks. This would impact on the Thames Valley and South Midlands CRN particularly. It was expected that the first part of the process for change would start in September/October and it was anticipated that both OUH and Southampton would be interested in hosting.

- A presentation from Guy Rooney on the development and implementation of AI stroke products from Brainomix, an Oxford-based spin-out supporting decision- making on stroke management. TITAN had been formed from six trusts to deliver the first AI-enabled stroke network. Development work continues including on e-CTP and e-MRI uses in diagnosis.

- The approach taken with the stroke AI imaging products had been highly successful with collaboration within and across the NHS and with the company. The drive from trusts and clinicians has been particularly helpful resulting in significant support for decision-making for clinicians, particularly out of hours.

- An update on the work of the NIHR Oxford and Thames Valley ARC had also been received which highlighted the wide scope of the work and its collaborations with the NHS, academia and commercial partners. Examples of the themes included priority setting (for example in community nursing), evaluation, research and leadership. System-wide approach and collaboration was a key focus, exampled by work on use of pulse oximeters and hard-to-reach groups. Work with Oxford Brookes University was highlighting workforce issues.

- The ARC is holding a showcase event on Monday 28 November at the Said Business School in Oxford.

- The OUH and the Oxford Institute for Nursing, Midwifery and Allied Health Professions Research (OxINMAHR) had recently made four key appointments of divisional clinical academic research leaders from the NMAHP community.

- The Oxford Academic Health Partners completed its Research Development Awards aimed at the NMAHP community and awards totalling just under £70,000 were made to 26 applications. Additional financial support was received from the NIHR BRCs and the ARC. These awards have been positively received.

Appendix A: Risk Register

Oxford Academic Health Science Network

#	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. We have very established networks of clinical leaders in the system.	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. We have been informed by IRLS to expect a reduction in core funding We will seek alternative sources of income and reduce costs.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31-Jul 14	Ongoing	Amber
3	Oxford AHSN Corporate	National Programmes delivery	Reputation Protect breach of contract.	Low	Med	Ongoing	Robust engagement plans in place. Deteriorating Patient Programme is currently amber. For Inclisiran risk see #6.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	19-Feb 18	Ongoing	Green
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. Health Inequalities dashboards are live and aligned to Core20Plus5. Member of the BOB ED&I board.	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	AHSN COO meets the BOB ICS Head of Strategy and R&I Lead each month to improve alignment between the two organisations. There is shared ambition to make BOB region more attractive to industry healthcare innovators. AHSN involved in BOB strategy development. COO meets Director of Transformation and CMO of Frimley ICS regularly. We are developing local delivery plans with the 3 ICSs we support. We collaborate with Eastern to support BLMK and have a joint appointee to support alignment.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	Sept 2021	Ongoing	Green
6	Inclisiran	Primary Care is stretched, this may impact delivery	Targets not met	Med	High	Ongoing	Monthly meeting with Wessex and KSS AHSNs to share best practice – latest involved national AHSN lead, Gary Ford, and Clinical Director, Primary Care Development, Tim Carrow. 3 SE AHSNs are running regular shared learning events.	AHSN Chief Operating Officer	Director of CIA	Oct 2021	Ongoing	Amber

Appendix B:
Oxford AHSN Case Studies Published in Quarterly Reports (2018 – 2022)

Oxford
Academic Health Science Network

2022/23 Case Study Topic

Scoping digital support for children and young people's mental health

Transforming asthma care through system-wide collaboration and innovation

2021/22 Case Study Topic

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 PlGF test
Collaboration develops environmentally friendly product addressing urinary incontinence

2019/20 Case Study Topic

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

2020/21 Case Study Topic

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)

2018/19 Case Study Topic

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