

Q3 Report

For the quarter ending 31 December 2022



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Oxford AHSN Case Studies Published in Quarterly Reports (2018 – 2023)



Chief Executive's summary

Since my last quarterly report our commissioners have decided to not proceed with issuing a five-year licence to AHSNs from April 2023. Instead, our existing licence has been extended by a further year whilst a review of the future function and form of AHSNs is undertaken, chaired by Dr Tim Ferris, NHS England Director of Transformation. I will join the review group as Chair of the AHSN Network. The intention is the review will report in April/May and define future commission arrangements for AHSNs from April 2024 onwards.

As a consequence of the financial challenges facing NHS England our Innovation, Research and Life Sciences (IRLS) core funding commission has been reduced by 23% next year. We are pleased that the Office for Life Sciences has confirmed our funding for 2023/24 will be maintained, with additional funding to support the life science missions. AHSN Patient Safety Collaboratives will continue programmes of work in maternity safety, mental health and reducing harm from deterioration, although the funding amount has yet to be confirmed. For the year ahead the AHSN Network has agreed three priority areas our national work will focus on: cardiovascular disease, health inequalities and building our innovation pipeline.

Our cardiovascular work is progressing well. To support improved lipid lowering management to make an impact on the current excess cardiovascular mortality, the clinical leaders group I chair has developed a Lipid Optimisation Pathway following an acute cardiovascular event endorsed by four professional societies, and when implemented, will reduce the risk of recurrent myocardial infarction and stroke. We are seeing increasing uptake of Inclisiran, a novel injectable low density lipoprotein cholesterol drug which has a valuable role to play in patients at high cardiovascular risk who are intolerant of or uncontrolled by statins, the first line lipid lowering therapy.

This quarter we report two case studies. The first is a feasibility study of a non-invasive diagnostic developed by a University of Oxford spin-out company Perspectum, to aid diagnosis and monitoring of patients with rare chronic liver disease. Second, a practical framework to strengthen service resilience and staff support produced in collaboration with local NHS mental health trust partners.



Chief Executive's summary

We were very saddened by the death of Helen Norman, a young member of our team. Helen provided analytical support to the team for seven years, and before that had worked for our host Oxford University Hospitals NHS Foundation Trust from 2001. We remember her fondly and extend our condolences to her family and friends.

At a time when the NHS needs to develop and adopt new approaches to care and best evidence more than ever, and the engagement and support from our NHS partners is increasing it is disappointing that NHS England funding to support the spread and adoption of high value innovation and service models is being reduced. Nevertheless, the review is an opportunity to improve the future commissioning arrangements for the AHSN Network and build on the skills developed within the network during the last nine years. For now, we continue to keep our focus on delivering support and impact to our partners and the people they serve through our programmes of work.

**Professor Gary A Ford, CBE, FMedSci,
Chief Executive Officer, Oxford Academic Health Science Network and Chair of The AHSN Network**





Case Study 1

Theme/Patient pathway/Programme: Diagnostics / liver disease / Strategic and Industry Partnerships

Evaluation highlights potential of new tool to transform diagnosis and monitoring of patients with rare chronic liver disease

Primary sclerosing cholangitis (PSC) is a rare disease with a high risk of complications, and a leading cause of liver transplant. It is difficult to differentiate PSC from other biliary diseases. Accurate diagnosis is critical to ensure patients receive the right care and avoid invasive and expensive alternative investigations. Perspectum's MRCP+ software uses AI technology to calculate quantitative 3D biliary system models, providing a non-invasive, objective, and reproducible means of assessing biliary health. A feasibility study carried out by the Oxford AHSN showed that MRCP+ had strong potential to improve the diagnostic pathway of PSC in the NHS in England.





Case Study 1

Theme/Patient pathway/Programme: Diagnostics / liver disease / Strategic and Industry Partnerships

What is the challenge?

PSC is a disease with a highly variable and unpredictable natural history. People with PSC currently have no effective curative treatment aside from a liver transplant. The treatment of patients is highly variable and individualised and the mean time between diagnosis to liver transplant or death is thought to be 10-22 years. Current magnetic resonance cholangiopancreatography (MRCP) used in the standard pathway does not provide an objective assessment of the biliary tree (a system of bile ducts from the liver, gallbladder and pancreas) and as a result there are often differences of opinion when interpreting the images. Accurate assessment of the status of a patient's biliary system is essential in diagnosis and monitoring of hepatobiliary diseases such as PSC. It is also integral in preparing for liver transplant and post-transplant monitoring. MRCP+ is an innovation that produces a 3D MRCP image of the biliary tree and pancreatic duct and a quantitative report including the whole tree's metrics and single duct metrics enabling more precise and objective identification of biliary irregularities.

What did we do?

The Oxford AHSN conducted a feasibility study to review the current landscape, care pathway and unmet needs in the clinical pathway for patients with PSC. The study involved gaining perspectives from clinicians, where the potential utility and value of MRCP+ may lie in the PSC pathway as well as other indications in the NHS in England. Secondary research was conducted to understand the clinical pathway and the current diagnostic and treatment paradigms used to manage and monitor patients with PSC. Key stakeholders were interviewed to evaluate the acceptability, clinical utility, potential value and barriers to adoption surrounding MRCP+.



Case Study 1

Theme/Patient pathway/Programme: Diagnostics / liver disease / Strategic and Industry Partnerships

What has been achieved?

The Oxford AHSN feasibility study evaluated the technology's utility in the current care pathway. Stakeholders who were interviewed agreed that the MRCP+ technology has strong potential to improve diagnosis of PSC. Additionally, the study highlighted that the technology could be used in other pathways, including post-surgical liver transplant monitoring, planning endoscopic treatments and other biliary tree indications. The Oxford AHSN study indicated that implementing MRCP+ technology may lead to significant cost savings in diagnosing and managing PSC.

What people said



"MRCP+ provides a non-invasive, objective, quantitative and reproducible means of assessing biliary health. Accurate diagnosis is critical to ensure patients with rare disease such as PSC receive the right care and avoid invasive and expensive alternative investigations. The Oxford AHSN was instrumental in providing us with feedback from clinicians and stakeholders within the NHS. As a result, we now know that MRCP+ has strong potential to improve the diagnostic pathway of PSC in the NHS in England."

Sarah Finnegan, Senior Clinical Research Scientist and Product Specialist,
Perspectum

What next?

The Oxford AHSN is working with Perspectum on an economic impact report with real world data on use of MRCP+ in the PSC pathway.

Contact

Mamta Bajre, Lead Health Economist & Methodologist
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Case Study 2

Theme/Patient pathway/Programme: Workforce support / Mental health / Patient Safety and Clinical Improvement

New framework supports staff wellbeing in NHS talking therapies services

The Oxford AHSN and NHS mental health partners have published a practical framework to strengthen service resilience and staff support. Produced by talking therapies services in the Oxford AHSN region (also known as IAPT services), it has received significant national support. The strategy¹, funded and supported by NHS England, aims to improve workplace wellbeing. It has been designed by and for talking therapies staff, drawing on many workplace conversations and can be adapted for other services. It aims to reduce workplace stress and burnout, enable staff to thrive and help to address recruitment and retention challenges. The strategy provides a framework and ideas for implementation and supports the development of workplaces which create, promote and maintain good staff wellbeing.

¹ The Model IAPT Staff Wellbeing Strategy can be downloaded here: <https://bit.ly/IAPTwellbeing>





Case Study 2

Theme/Patient pathway/Programme: Workforce support / Mental health / Patient Safety and Clinical Improvement

What is the challenge?

Staff working in talking therapies adapted to deliver services remotely during the pandemic, treating just as many patients as before the onset of Covid-19 and continued to achieve excellent outcomes. However, those working in mental health services have sometimes been harmed by their working conditions including work overload, poor supervision, lack of support and moral distress. A need was identified to reduce or prevent unnecessary workplace stress and burnout. It was recognised that high quality, continually improving and compassionate care can only be delivered by staff who are themselves treated in the same way.

What did we do?

The four talking therapies services within the Oxford AHSN's regional Anxiety and Depression Network (Berkshire, Oxfordshire, Buckinghamshire and Milton Keynes) came together in autumn 2021 to develop a practical staff wellbeing strategy to strengthen service resilience and staff support in line with the NHS People Promise. They explored the organisational factors which drive good staff wellbeing, reviewed the literature on workforce wellbeing, consulted widely and reflected. The strategy is built on evidence and good practice and provides guidance for evidence-based primary interventions to develop a strategic approach to staff wellbeing, helping to avoid staff burnout and support the long-term sustainability of talking therapies services.

What has been achieved?

The model staff wellbeing strategy for talking therapies services was published in November 2022. It was supported by a national NHS mental health webinar attended by 270 people.

The wellbeing strategy was endorsed by Professor David Clark, NHS England's Clinical and Informatics Advisor for IAPT, Professor Michael West, Senior Visiting Fellow at the King's Fund, and Claire Murdoch, National Mental Health Director at NHS England. The strategy provides a framework and ideas for implementation and supports the development of workplaces which create, promote, and maintain good staff wellbeing.




Case Study 2

Theme/Patient pathway/Programme: Workforce support / Mental health / Patient Safety and Clinical Improvement


It identifies seven key lessons for growing good staff wellbeing:

1. Service leaders must give attention to and understand the wellbeing of their staff
2. Staff wellbeing is not one person's job
3. Staff wellbeing interventions must be informed by local staff and service needs
4. There's no 'plug and play' option
5. Staff wellbeing in all things
6. A small number of key interventions may have widespread impact
7. Staff wellbeing work is ongoing

What people said

 "Our IAPT colleagues provide such a skilled and important service, and it is vital that we understand, share and implement best practice, in supporting them to stay healthy, well and effective."

Claire Murdoch, CEO of Central and North West London NHS Foundation Trust and national Mental Health Director, NHS England

 "The pandemic not only highlighted the importance of IAPT services but also the need to proactively support the wellbeing of staff working in such services. It is essential that we do this if we are to have services that are resilient and sustainable."

Dr Nick Broughton, CEO of Oxford Health NHS Foundation Trust and Board member, Oxford AHSN

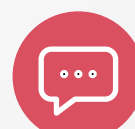
Contact

Ineke Wolsey, Anxiety and Depression Network
Manager, Oxford AHSN

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 "Our staff are our most important asset and supporting them to be healthy and well at work is of upmost importance to us."

Julian Emms, CEO of Berkshire Healthcare NHS Foundation Trust

 "Any initiatives which support the wellbeing of IAPT professionals should be welcomed and encouraged, given the invaluable support they, in turn, provide to thousands of patients each year battling with their own anxieties and issues."

Member of Oxford AHSN Anxiety and Depression Network patient forum



Operational Review

Oxford AHSN submitted its relicensing documentation for a new five-year Master Licence Agreement. Along with the other 14 AHSNs, Oxford AHSN passed. However, since the autumn mini-budget, NHS England cut back on programme budgets and AHSNs have instead been given a one-year extension to the current licence and will see a cut in core funding next year. Oxford AHSN has plans in place to mitigate the funding cut through some cost reduction and seeking more non-recurrent income outside our three national commissions. We were delighted to hear that the Office for Life Sciences is committing to a further three years funding – the OLS recognises the significant return on investment that AHSNs have to the UK economy in supporting life sciences innovators. The National Patient Safety team complimented Katherine Edwards and her patient safety team for their achievements in delivering the patient safety programme. During Q4 the IRLS team will conduct a review of the role, capabilities and future of AHSNs with the innovation landscape. This is due to report at the end of April 2023.

The Oxford AHSN has continued to support Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) with its **Virtual Ward** programme, with a new ICS Lead now in post and the programme settling down well. Sustainability and health inequalities plans have been drafted and a virtual ward baselining survey completed and sent out to Place leads. There was positive engagement through Virtual Wards Service Development and Evaluation Workshops with clinical and operational leads at Berkshire West and Buckinghamshire and a report produced detailing future opportunities for BOB ICS service development support.

The **Abbott i-STAT** tool, which was evaluated during a pilot with South Central Ambulance Service (SCAS) paramedic first responders through our innovator support offer in 2018, is now to be adopted as a national model. This tool has a significant benefit of keeping patients out of hospital, and has proved useful in Virtual Wards.

Cardiovascular disease (CVD) - the Blood Pressure Optimisation programme continues to make good progress. The Frimley System Transformation Fund (STF) bid was successful with £192k secured for statin intensification and novel therapy initiation. The project will begin in January 2023 and complete in March 2024.

Scoping has commenced for a QI approach to BP optimisation across Bedfordshire, Luton and Milton Keynes (BLMK) and evaluation of the BOB ICB Heart Failure diagnosis/optimisation project has commenced. Early insights suggest a significant increase in the number of people with a coded heart failure diagnosis.



Operational Review

Maternity and Neonatal Safety – Oxford AHSN is collaborating with clinicians and scientists from the University of Oxford on a project funded by the National Institute for Health and Care Research (NIHR) where the overarching goal is to improve clinical decision-making around labour management and CTG monitoring by providing timely, data-driven and individualised assessment of fetal wellbeing, so that fetal damage due to oxygen deprivation intrapartum can be avoided. A feasibility study has been completed for the OxSys product, with an accompanying health economics study being developed by another partner. Next steps in this project are to produce an NHS adoption report which will advise on spread and adoption feasibility in the NHS. It is likely that this will be a foundation for a real world evaluation.

Mental health - 100% of the ADHD trajectory has been delivered in Q3, now that vacancies have been filled, and pathway issues resolved. We expect to be able to exceed the full year trajectory for use of the Qb test.

In Q3 a pilot has been launched, based on the Recovery College model, by **Oxfordshire Discovery College**. The pilot courses are aimed at children and young people within Oxfordshire. It aims to promote emotional literacy and improve understanding - for young people and their parents - around the mental health issues that affect them (or may affect them).

By the end of March Oxfordshire is expected to be starting to operate **First episode and Rapid Early Intervention for Eating Disorders (FREED)**. This will mean that all counties will be providing the FREED model to patients. Recruitment has been challenging, and, in common with some other demanding frontline mental health services, the frontline teams are small which means that service continuity can be vulnerable to sickness absence or annual leave. This impacts the number of patients that can be treated.

Respiratory - Nationally, the **Asthma Biologics** programme has launched the Asthma Structured Medication Review template video demonstration with 200 primary care clinicians completing module 1 between July and December, and 107 primary care clinicians completing module 2 between September and December. We continue to raise awareness about the impact of the Asthma Biologics programme and available resources for HCPs. The SPECTRA tool was a finalist in the inaugural AHSN Network / NHS Confederation Innovate Awards in the Outstanding Collaboration with Industry category.

Building on the national work, in a new local initiative, the first 40 patients from pilot sites were recruited to use the myAsthmaBiologics home care monitoring app.

Patient safety - Deterioration Network met in October with a focus on urgent community response and Hospital @Home.



Operational Review

The **Medicines Safety Improvement Programme** (MedSIP) continues to support the Frimley Medicines Safety Optimisation Pharmacists with further data analysis and look to collaborate on any appropriate opioid reduction projects. We have established a good rapport with the Frimley ICB Pain Collaborative Board who have commissioned a review of their Pain Pathway.

Polypharmacy has been well received, with BOB, Frimley and BLMK ICSs all engaged in delivering the programme. The first Polypharmacy Community of Practice for Frimley ICS was convened in October with guest speaker Dr Adrian Hayter, local GP and National Clinical Director for Older People and Integrated Person Centred Care. 23 people attended and the session received good feedback. We look forward to further Community of Practice engagement.

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

The **Elastomeric devices** team has published practical implementation guide aimed at provider organisations offering a complete overview of the device, the benefits to patients and the health economy, how to introduce, and how to monitor impact. They are supported by a series of videos. All these resources are available on the Oxford AHSN website: <https://www.oxfordahsn.org/our-work/adopting-innovation/local-programmes/elastomeric-devices/implementation-support/>

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. Following a visit by the NHS Transformation Directorate to see this initiative in action in September a case study for the NHS England Perioperative Digital playbook on the PRO-MAPP element was developed and published. This resource has been developed to support clinical teams to reimagine and redesign care pathways by showcasing tried and tested technologies to solve real-world problems. We published a news story highlighting this achievement: <https://www.oxfordahsn.org/news-and-events/news/new-digital-platform-which-personalises-pre-op-patient-assessment-highlighted-as-example-of-best-practice/>

Engagement - The main Oxford AHSN and patient safety websites had almost 30,000 page views between them during Q3. The most popular pages related to new resources linked to the national asthma biologics programme, which we lead on behalf of all AHSNs (see above), and the publication of a model staff wellbeing strategy for NHS talking therapies services which secured national backing (see case study on page 8).

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



Operational Review

Risks (Amber or Red risks only)

For full risk register, see Appendix A

Amber – Inclisiran

Progress on Inclisiran uptake was steady over the quarter. Rated amber as orders are significantly below the planned trajectory, in line with the national picture.

The BLMK Halcyon project was signed off at the end of Q3. This project will bolster the capacity of the community lipid service, enabling a further 3500 high risk patients to be reviewed. Work continues with Frimley ICB, looking at the broader lipid management pathway and also structures to support Inclisiran prescribing. Conversations continue with BOB ICB to explore potential mechanisms to support the ongoing administration of Inclisiran.

Work progressed with OUH to explore implementation of the newly published pathway for lipid management post stroke/TIA/MI. This work will include identification of a mechanism for administration of Inclisiran in secondary care.

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 slow, with only 12 homes trained (increasing from 4 in Q2). 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

AHSNs have had the current Master Licence Agreement extended for a further year. A reduction in funding will be filled through some cost reduction and seeking more no-recurrent income from grants and local commissions.



Financial Summary

Q3, 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	-2,042,738	-2,042,738	0
Commissioning Income - Office for Life Sciences	-824,600	- 824,600	0	-617,925	-618,450	525
Commissioning Income - PSC	-496,216	- 433,095	- 63,121	-365,764	-359,188	-6,576
Other Income	-1,835,139	- 1,743,790	- 91,349	-1,338,021	-1,162,213	-175,808
Total income	-5,879,605	- 5,725,135	- 154,470	4,364,448	-4,182,589	-181,859
AHSN funding of activities						
Patient Safety	586,216	444,845	141,371	433,264	328,816	104,448
Clinical Improvement	383,803	375,007	8,796	276,589	237,797	38,792
Clinical Innovation Adoption	1,750,266	1,590,842	159,424	1,265,857	1,160,756	105,102
Strategic & Industry Partnerships	1,011,469	1,115,770	-104,301	783,448	853,749	-70,301
Community Involvement & Workforce Innovation	465,195	406,393	58,802	350,097	296,714	53,383
Communications, events, and sponsorship	111,576	108,978	2,598	83,682	82,483	1,199
Contribution to AHSN Network	214,512	214,512	0	160,884	160,884	0
ICS Costs	46,444	33,773	12,671	28,570	19,043	9,527
Grant Payable	0	70,887	-70,887	0	0	0
Programmes and themes	4,569,481	4,361,006	208,475	3,382,392	3,140,242	242,149
Corporate						
Pay costs	818,340	828,626	-10,286	613,755	633,692	-19,937
Non-pay costs	491,784	535,503	-43,719	368,301	408,655	-40,354
Total Corporate Costs	1,310,124	1,364,129	-54,005	982,056	1,042,347	-60,291
Total expenditure	5,879,605	5,725,135	154,470	4,364,448	4,182,589	181,858
Net Income/Expenditure	0	0	0	-1	0	-1



Nationally Commissioned work 22/23

Clinical Focus Areas



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: 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 Q2. Nationwide programme, locally defined and focussed].



National Projects: Q3 Highlights

Highlight report by Clinical Focus Areas



Cardiovascular

The **Blood Pressure Optimisation** programme continues to make good progress. The team has continued to provide support at PCN level for hypertension case finding and optimisation in Frimley and BLMK. A hypertension quality improvement programme has been developed with BLMK ICB, focusing on delivering targeted interventions to practices and PCNs in areas of high deprivation. In Q3 a deprivation/performance matrix has been developed to target practices for additional support, alongside best practice case studies for sharing across BOB ICB.

The **lipid management** programme has also progressed well in Q3 and saw the development of a successful system transformation fund bid for Frimley ICB, securing £192k of funding. The project will run from January 2023 to March 2024. The project has two parts:

1. a centrally delivering approach to population level statin intensification (statin switching)
2. targeted support for lipid optimisation for PCNs in areas of high deprivation and those with poorer CVD outcomes

The Phase 1 Evaluation of the BLMK Community Lipid Service was completed in conjunction with BLMK colleagues, and the evaluation report was submitted to the Accelerated Access Collaborative (AAC). The service will continue with a full evaluation to be carried out in Q3 23/24.

Working with BOB ICB, we have submitted a funding application to develop an enhanced patient support offer for secondary CVD prevention to the British Heart Foundation - we await the outcome in Q4. We have also produced an educational webinar series, first webinar in the series is scheduled for 26th January. Alongside this work, we have developed a **Familial Hypercholesterolaemia** business case.

To support our lipid management programme an animation on lipids adherence has been produced in Q3 and will be published and shared in Q4.

A full view of the Oxford AHSN portfolio for Q3 is available on our website.





National Projects: Q3 Highlights

Highlight report by Clinical Focus Areas



Work continues to support local systems with adopting **Inclisiran** including identification of barriers to adoption and potential solutions to mitigate these. The Oxford AHSN has been part of the national task and finish group tasked with developing and deploying the workforce support solution, this work includes developing the application process and materials as well as reviewing primacy care network (PCN) applications. Four PCNs within the Oxford AHSN region were supported to successfully apply for workforce support through this process.

The BLMK Halcyon project was signed off at the end of Q3. This project will bolster the capacity of the community lipid service, enabling a further 3,500 high risk patients to be reviewed. Work continues with Frimley ICS, looking at the broader lipid management pathway and structures to support Inclisiran prescribing, and conversations continue with BOB ICB to explore potential mechanisms to support the ongoing administration of Inclisiran.

In Q3 work started with the OUH to look at improved lipid management post stroke and MI, including adoption of the newly released secondary care lipid management pathway. This work includes identification of a mechanism for administration of Inclisiran in secondary care.

To date, 246 orders for Inclisiran have been placed across the Oxford AHSN region.

A full view of the Oxford AHSN portfolio for Q3 is available on our website.





National Projects: Q3 Highlights

Highlight report by Clinical Focus Areas



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 was successfully completed in Q2. The Phase 2 pilot, which had been expected to start in Q3, has been pushed to Q4, dependent on national activity.

The **Maternity and Neonatal Safety Preterm Optimisation project** is being supported via bi-weekly meetings with immediate project management teams and monthly meetings with key stakeholders. Process mapping of current services in Frimley is underway, as well as workforce skills analysis, which is expected to be completed early in Q4. The Frimley Test and Evaluation Site (TES) will be established in late Q4 or early Q1 23/24.

Intelligent Intermittent Auscultation - the programme aims to improve safety for mothers and babies in low risk labour and birth by improving the knowledge, skills and confidence of midwives. Uniquely, the programme uses real fetal heart sounds as part of the interactive learning. To better understand the impact of the training we approached Unity Insights to scope support in the analysis and presentation of impact from the IIA programme in a user-friendly interface. We continue to work with Unity Insights to ensure the dashboard data is aligned with the e-LfH IIA e-learning data, quarterly dashboard data for Q3 has been updated and is available. Project write-up in progress with programme authors aiming to publish later this year.



Respiratory

Nationally, the **Asthma Biologics** programme has launched a Structured Medication Review template video demonstration. We continue to raise awareness about the impact of the Asthma Biologics programme and available resources for HCPs through various communications activities as well as reviewing and providing feedback on Pathway Transformation Fund evaluation reports, to ensure high quality evaluation is delivered. Locally, the PTF evaluation summary report and end of programme report are being drafted, and additional recruitment of more pilot sites for the home care monitoring app is ongoing.



National Projects: Q3 Highlights

Highlight report by Clinical Focus Areas



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. It is anticipated that Oxfordshire Eating Disorders Service will commence recruiting a FREED Champion in Q4. The Community of Practice that has been developed will transfer to NHSE towards the end of Q4 and a write-up of the project will be produced in conjunction with colleagues from KSS and Wessex, offering local and regional perspectives. Buckinghamshire and Berkshire FREED teams will continue their offer and work with primary care and universities respectively.

As expected, the **Focus ADHD** programme numbers of tests have increased in Q3, with 100% of trajectory achieved. Discussions are ongoing with Buckinghamshire Healthcare Trust, after initially deciding not to use QbTest. This decision is being reviewed, with the Oxford AHSN and QbTech presenting to the monthly business meeting - confirmation of a decision on whether to implement QbTest is expected shortly. With the national Focus ADHD programme scheduled to end in March 2023, the three SE England AHSNs are meeting in Q4 to discuss preparations for the end of the programme, including discussing preserving the Community of Practice.

An all day learning event for **Mental Health Safety Improvement Programme (MHSIP) Reducing Restrictive Practice (RRP) programme** ward teams is being planned for February and will be delivered with the four other AHSNs in the south of England. A decision is imminent regarding the type of projects to begin on Wenric ward (improving sexual safety only or RRP as well). The Oxford AHSN will play a supporting role in any sexual safety project. Intensive on-site support to Watling ward to try to ensure substantial PDSA cycles started in January. A case study video is being developed with the Kennet ward and will be released in January. Further meetings of the national forensic wards network have been arranged by the Oxford and West Midlands AHSNs.



National Projects: Q3 Highlights

Highlight report by Clinical Focus Areas



Other

The Innovation for Healthcare Inequalities Programme (InHIP) launched in Q2 aiming to enable accelerated access to innovations for people suffering healthcare inequalities across the four clinical areas of focus outlined in the Core20Plus5 approach. The InHIP will be delivered alongside our existing local and national project portfolio, in close collaboration with our ICB colleagues. Work is underway to refine project plans and determine impact metrics and baselines for the projects. Outreach activities and patient assessments will begin in Q4.

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. **Heartflow** implementation at Buckinghamshire Healthcare is being supported and expedited. **SecurAcath** adoption is progressing, however, due to trust-level resource availability, uptake at Milton Keynes University Hospital (the last in the region to adopt) remains delayed. **GammaCore** is now fully adopted across the region. **Thopaz+** engagement has been very positive, with clinical leads in the Oxford area agreeing evaluation/adoption plans across the area network. BPH products discussions are ongoing to plan for adoption of **PLASMA** at Royal Berkshire Hospital following a successful clinical evaluation. There has been an expression of interest in adopting **Rezum**, with feedback expected on an outcome of discussions in Q4.

Ongoing discussions are taking place around adoption of **XprESS**, with both Oxfordshire and Buckinghamshire services, however next steps are limited by the need for pathway transformation funding. We are working with the manufacturer to find a route forward. While there has been strong support for the **Spectra Optia** project, service provision and patient pathways are proving to be very complex. The Oxford AHSN is working closely with colleagues at the Eastern, Wessex and West of England AHSNs due to overlapping service geographies and patient populations. There were extensive discussions with system stakeholders during the quarter to understand current service provision and patient pathways.

A full view of the Oxford AHSN portfolio for Q3 is available on our website.





National Projects: Q3 Highlights

Highlight report by Clinical Focus Areas

Opportunities are emerging to streamline services and reduce patient inequalities, but in the context of current service complexity and multiple stakeholders careful management will be required. Stakeholder meetings have included Oxford Haemoglobinopathy Coordination Centre (HCC), regional and national NHS Blood and Transfusion Service, Milton Keynes haematology service, Luton and Bedford haematology service and Eastern region commissioners.

The **Medicines Safety Improvement Programme** (MedSIP) continues to support the Frimley MSO pharmacists with further data analysis, and look to collaborate on any appropriate opioid reduction projects. We have established a good rapport with the Frimley ICB Pain Collaborative Board which has commissioned a review of their pain pathway. We presented the MedSIP work and regional data analysis from the ePACT2 dashboard at the Board meeting in November. From that, an opioid subgroup has been set up, with two meetings held and a workplan agreed which aligns with the objectives of both the Collaborative and MedSIP. Following our data analysis, we have identified the highest prescribing GP practices for opioids in the ICB and are in discussion with the relevant PCN pharmacist about potentially undertaking targeted QI work with them.

New to the portfolio for 2022/23, the **Polypharmacy** programme has been well received. The Community of Practice (CoP) for the Polypharmacy programme established in Q3, the first meeting for Frimley ICS in October was attended by 56 people. 28 prescribers have attended the action learning sets, including four people from three Core20 plus5 Primary Care Networks. An additional two action learning set trainers have been identified and are undergoing the accreditation process. The second patient workshop in October, to shape implementation of the Me and My Medicines Campaign, was attended by 16 people. Five Primary Care Networks have expressed an interest in being part of the pilot, with two starting the onboarding process in Q3. At the request of the Lead ICB Medicines Optimisation Pharmacist at BLMK, a simplified version of the patient pack has been produced to aid patient recruitment.

A Working Stakeholder group for the **Transforming Wound Care Programme** is now established. A new Project Manager started in Frimley in January 2023 to lead the programme, with a project plan now in place, and further discussions relating to the adopt and spread model underway. Plans to establish a self-care model within care homes in East Berkshire are being developed.



National Projects: Q3 Highlights

Highlight report by Clinical Focus Areas

In Q3 the **Virtual Ward (VW) and Virtual Care (VC)** programme high-level review of technology (platforms, dashboards and devices) available for virtual wards for the Berkshire West Steering Group was completed. Virtual wards service development and evaluation workshops were held with clinical and operational leads at Berkshire West and Buckinghamshire and a report been produced detailing future opportunities for BOB ICS service development support.

The Oxford AHSN also supported BOB to develop an ICS-wide programme plan for virtual wards by:

- conducting a rapid review of diagnostic and monitoring equipment currently used across BOB VWs with recommendations for urgent procurement
- creating a draft sustainability plan, and health inequalities plan for BOB ICS's virtual wards programme
- providing interim project management support to Berkshire West to develop a project plan covering both providers (Royal Berkshire and Berkshire Healthcare) and supporting other partners with baselining, SOP analysis and technology specification activities.

Deterioration: **RESTORE2** training has now been delivered to over 150 care staff. Most of these staff are in Oxfordshire where focus has been collaborative rollout with Orders of St John Care Trust homes, with the aim of adoption in eight care homes. It is intended to extend this to the remaining ten Oxfordshire homes in this group during Q4. Training has also supported the Frimley region which aims to re-introduce its own training programme in Q4.

Initial evaluation work has been completed by the Oxford University team. This is largely qualitative in nature but provides some useful insights in describing the challenges of programme rollout. The university team is seeking to publish this evaluation with Oxford AHSN as a co-author.

A full view of the Oxford AHSN portfolio for Q3 is available on our website.





Locally Commissioned work 22/23

Clinical Focus Areas



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 project 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 blood pressure in patients with resistant 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 deterioration in paediatric asthma patients in the home



Maternity & Neonatal

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 through 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: Q3 Highlights

Highlight report by Clinical Focus Areas



Cardiovascular

The **Heart failure inequalities** project was launched in Q1, and the evaluation of the BOB ICB heart failure early diagnosis project commenced in Q3. The evaluation will be completed early in Q4 and will inform phase 2 of the roll-out.

Oxford AHSN/ARC OxTV **NHS Insights Prioritisation Programme (NIPP) project** pathway mapping sessions were completed with 14/21 trusts. The project team are now writing up maps and comparing with NICE guidance for TIA services, along with highlighting key challenges for the different service models (face-to-face, hybrid and virtual). Notification of ethics approval for Views workstream interviews was received in November 2022. To progress to interviews, each trust needs to sign a participant identification centre (PIC) contract – this process, and the time taken for ethics approval, has impacted the timeline for delivery of the interviews.

The **CardioSignal** project – app-based detection of atrial fibrillation – in Q3 the supporting resources were finalised. The developer also made final changes to the app. The plan is to beta test in Q4, before roll-out in the two pilot practices.

A full view of the Oxford AHSN portfolio for Q3 is available on our website.





Local Projects: Q3 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. Awaiting a data refresh in Q4.

MyAsthmaBiologics app is a new project initiated in Q3. Real world evaluation of the MyAsthmaBiologics app developed by My mhealth. The App has been developed as an output from the national AAC RUP Asthma Biologics project. The project team has been assembled from across the existing AAC RUP AB project (consisting of clinical leads, My mhealth and Oxford AHSN). The initial team meeting agreed the scope and objectives of the project. The main objective of this evaluation is to assess whether the app adds sufficient value to the SAS and UKSAR to justify ongoing annual funding once the AAC funded period has concluded. The project will evaluate the patient's initial acceptance and then continuing use of the app to support their AB therapy and assess the value delivered to the SAS in supporting monitoring compliance with asthma biologics therapy, annual review and ongoing monitoring requirements. A first draft of an evaluation protocol has been developed.



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 feasibility study has been completed; the study report will be available in due course.



Local Projects: Q3 Highlights

Highlight report by Clinical Focus Areas



Mental Health

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. PDPOP training was delivered in five practices and pre- and post-training questionnaires have been transcribed for data analysis. Follow-up online surveys have been circulated (4-6 weeks after initial training) to participating practices and face-to-face interviews offered to encourage greater participation and feedback. Regular monthly meetings have been held with colleagues to ensure the project is on track. Costing for the next year (and following year) for the AHSN to continue the evaluation has been submitted to help seek ongoing funding for this work.

Digital innovation companies were interviewed in Q1 for the **Digital Support for Children and Young People (CYP) Project**, in collaboration with BOB ICS. publication and promotion of the CAMHS Digital Report has prompted further conversations with some suppliers and innovators. Interest from BOB and Frimley ICSs led to presentations at various digital groups and fora where opportunities for building on this piece of research were identified. In due course this may lead to projects around roll-out and real world evaluation. These conversations will continue into Q4.

Discovery College (Oxfordshire) Evaluation of Pilot - based on the Recovery College model, Oxfordshire Discovery College has been developing pilot courses aimed at children and young people within Oxfordshire. It aims to promote emotional literacy and improve understanding - for young people and their parents - around the mental health issues that affect them (or may affect them). As the Discovery College approach is innovative and the work is being developed locally, we are conducting a light touch evaluation from local pilots, engaging tutors and (for those courses aimed at those aged 18+) potentially people attending the courses. This will establish whether the Discovery College approach could benefit the health system and whether the structure, ethos and specific courses could be mapped out and fixed sufficiently well to be replicable elsewhere. Initial semi-structured online interviews were conducted with college tutors who had delivered pilot courses in September. Interviews have been transcribed in readiness for thematic analysis.



Local Projects: Q3 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** has been live in two sites since Q2, and with the final few patients undergoing recording. York Health Economics Consortium has drafted the health economics model and is now awaiting real world data. PPI reports are also complete and will contribute to the implementation pack and business case.

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 high-level health economics study was delivered based on interim results. The final project meeting was held in Lyon to close out the EIT Health collaboration and Oxford AHSN project. The project formally closed this quarter.

The latest **Adopting Innovation and Managing Change in Healthcare Settings programme** started in September 2022. Health Education England South East and its allied health professionals programme has highlighted the value of developing AHPs' quality improvement, change management and innovation adoption skills as a high priority supporting professional leadership and influence. HEE South East saw the value and impact of the Oxford AHSN's Adopting Innovation and Managing Change in Healthcare Settings programme and how it aligns with their objective of upskilling the AHP workforce and has agreed to fund this initiative again. This funding enables two new cohorts of AHPs and other NHS staff across the South East to access the modules this year.

A complete cohort for this intake comprising of AHPs across the South East region has started module one. The AHP students were supported to formulate their respective change project proposals considering the current climate and state of the regional healthcare setting. Several projects directly address current issues such as mitigating the effects of the pandemic and workforce issues in their respective settings. These change projects were presented during the well-attended poster day in December 2022.



Local Projects: Q3 Highlights

Highlight report by Clinical Focus Areas



NHSX-AAC Artificial Intelligence in Health and Care Award – Evaluating Brainomix AI Stroke Imaging Technology (2021-Mar 2024) – the Brainomix AI evaluation continued to focus on the analysis of SSNAP data, creation of Power BI database that queries SSNAP, HES and technology usage data at site, ISDN and evaluation level. Analysis from this database has refined hypothesis on the impact of e-Stroke, particularly focussing on time trend pre- and post-implementation analysis. This has converged with qualitative and the findings presented in ISDN reports. The team met with academics at Oxford University to validate and refine our approach to regression analysis in support of the Value and Sustainability themes and continue our profiling work in support of the Fit for Site theme.

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. The Oxford AHSN Strategic and Industry Partnerships (SIP) team has supported seven early stage innovators with funding applications. Four of these were successfully awarded and three further awards are yet to be announced. The Oxford AHSN's very high success rate in grant applications is a huge strength and a service we intend to make more of going forward.

The team has made progress on developing approaches to **needs assessment and horizon scanning** by:

- establishing Innovation Review Panels - plans developed to deliver local innovation review panels around key themes selected by ICS partners. Panels will support the AHSN to review inbound innovation from different sources and select products and services to support and potentially take into the SIP portfolio. In addition the panel will help articulate challenges being faced so that future horizon scans and panels can be brought together
- Horizon-scanning - responding to local needs, the Oxford AHSN team has engaged in horizon-scanning in several areas, developing comprehensive reports of innovations working in particular spaces including CAMHS, asthma, opioid prescribing, point of care diagnostics for acute respiratory infection (supported by national team).

A full view of the Oxford AHSN portfolio for Q3 is available on our website.





Local Projects: Q3 Highlights

Highlight report by Clinical Focus Areas



Environmental Sustainability

Oxford AHSN continues to drive the environmental sustainability agenda. A **Clean Air Framework webinar** was well attended by 24 sustainability leads across the South East. The Clean Air Framework is a tool to assess air quality around ICSs and create clean air zones. The team is supporting the **SBRI Net Zero 22 competition** applications from Kent Surrey Sussex and Oxford AHSNs. **Panels on Net Zero** included the Brighter Together event on 12 October with Berkshire Healthcare, SEHTA panel on 13 October and SETsquared panel on 20 October.

Sustainability Forums and Boards membership and attendance: Kent & Medway Sustainability Leads; Surrey Heartlands Medicines Group; BOB ICS Sustainability Forum and Board; Community of Interest (Col) and Environmental Sustainability Advisory Group (ESAG) and NHS Insights Prioritisation Programme (NIPP) project team.



Other

The regional **Bone Health** programme is progressing, with the final updates to the case finding tool complete, based on feedback from pilot practices and results from previous reports. Pilot practices ran the final report at the end of Q3, plus a backdated report (with date prior to start of pilot project) to enable comparisons to be made. In Q4 the team will be meeting with the BOB Medicines Optimisation team.

The **Elastomeric devices** team has published practical implementation guide and other resources providing a complete overview of the device, the benefits to patients and the health economy, how to introduce and how to monitor impact. These resources are available on the Oxford AHSN website: <https://www.oxfordahsn.org/our-work/adopting-innovation/local-programmes/elastomeric-devices/implementation-support/> This is a repository of information to support trusts wishing to introduce the devices into clinical practice. The resources include an interactive supporting document, series of short videos, overview of devices in practice at other trusts and links to relevant resources. Meeting with the Buckinghamshire Healthcare OPAT team to understand the model of care used - this will be added to the online resources.



Local Projects: Q3 Highlights

Highlight report by Clinical Focus Areas



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. Following a visit by the NHS Transformation Directorate to see this initiative in action in September a case study for the NHS England Perioperative Digital playbook on the PRO-MAPP element was developed and published by NHS England site. This resource has been developed to support clinical teams to reimagine and redesign care pathways by showcasing tried and tested technologies to solve real-world problems. We published a news story highlighting this achievement: <https://www.oxfordahsn.org/news-and-events/news/new-digital-platform-which-personalises-pre-op-patient-assessment-highlighted-as-example-of-best-practice/> An interim health economic evaluation report has been completed by YHEC and shared with OUH colleagues and the BOB ICS. A workforce survey for PRO-MAPP was developed and sent to staff to complete. The survey will close in January and all the responses collated into a report. A project manager has been recruited to support the deployment of digital consent in ophthalmology in OUH. The project is progressing with integration and scoping of evaluation underway. The scheduled go live date is in January. The Ufonia automated telemedicine assistant Dora called patients on surgical ENT waiting list and the data collection relating to these patients is being collected.

NIHR Applied Research Collaboration (ARC) Oxford and Thames Valley working with the Oxford AHSN. The ARC held its annual showcase event in November. This was well attended by the partner organisations and provided an opportunity for networking between researchers and health and care staff. The keynote speakers included Prof Lucy Chappell (Chief Scientific Adviser to the Department of Health and Social Care and Chief Executive Officer of the NIHR) discussing the NIHR's vision for the future and Professor Gary Ford (CEO of the Oxford AHSN and ARC Implementation Lead) on ARC and AHSN partnerships and opportunities. The event also featured presentations from Dr Habib Naqvi, of the NHS Race and Health Observatory, on 'the current landscape focus on health inequalities, and Professor Mahendra Patel on building on the learning and successes of the inclusivity and equity in research work of the PRINCIPLE and PANORAMIC trials.

A full view of the Oxford AHSN portfolio for Q3 is available on our website.





Local Projects: Q3 Highlights

Highlight report by Clinical Focus Areas



Professor Patel also launched the 'Equity in Research' toolkit, hosted on the ARC OxTV website. The ARC received confirmation of a costed extension from October 2024 - March 2026, so business plans are in the early stages of development.

NHSE wishes to understand the best pathway to grow and develop **health and wellbeing (HWB) leads** in the NHS. In collaboration with the North East North Cumbria (NENC), Eastern, UCLP and Kent Surrey Sussex AHSNs, and an independent researcher, we are undertaking scoping in three phases to gather intelligence and data to inform this pathway. In Q3 trusts were engaged in pilot findings from phases 1 and 2. The team is linking with NHS Employers to feedback to health and wellbeing leads and meeting with NHSE monthly.

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, ARC Oxford and Thames Valley, Clinical Research Network, Research Design Service – plus NHS South East, Clinical Senate, South East Leadership Academy). The Partnership met twice in Q3 and delivered a training and development workshop on writing for the public on 9 November. The group redesigned and relaunched the Partnership's PPI newsletter (<https://mailchi.mp/oxfordahsn/involvement-matters-dec22>) with about 150 people resubscribing from the previous mailing list. Initial analytics showed a great open rate of 65%. The group began planning for the next training and development event, to be held in Q4, as well as recruitment of a new NHS SE member to the group.

Benign prostatic enlargement patient information videos are in development. The Oxford AHSN is working with clinical leads from the OUH and Frimley Health to create 11 patient videos covering all aspects of the condition from anatomy, through lifestyle changes, medication and surgical options. Development of storyboards and creation of videos continued throughout Q3. This included seeking patient and clinical feedback on storyboards. Meetings were held with NHSE to discuss the wider roll-out and dissemination of the videos once complete, including translation into other languages. It was agreed that focus groups will be held in Q4 to discuss the videos with key population groups.



Local Projects: Q3 Highlights

Highlight report by Clinical Focus Areas



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 the NIHR and the AHSN Network via Professor Ford who chairs the AHSN Network.

Professor Ford was the subject of one of the 'Innovation Perspectives' interviews for the Oxford Academic Health Partners website. This covered how to make innovation stick, how clinical research can be made more inclusive and the role of research in the BOB ICS. The full interview can be found at <https://www.oahp.org.uk/news/innovation-perspectives-professor-gary-ford/> Interviews with other OAHN Board members can be found at <https://www.oahp.org.uk/news/>

Information on activities across the Oxford AHSN, including those in research, innovation and development can be found in our monthly stakeholder newsletters available at <https://www.oxfordahsn.org/news-and-events/network-newsletters/>

The group, Chaired by Professor Joe Harrison, was due to meet in November but the meeting was postponed so that members could attend the excellent NIHR ARC Oxford and Thames Valley showcase event (see above). A full programme of meetings, including presentations from members on their work, is planned for 2023.



Appendix A: Risk 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. 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	We have been informed by IRLS to expect a reduction in core funding. We will seek alternative sources of income and reduce costs. We await the outcome of IRLSs review of AHSNs due to report at the end of April	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. 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	Secondary care pathways agreed. Prescribing volumes increasing in line with national figures	AHSN Chief Operating Officer	Director of CIA	Oct 2021	Ongoing	Amber



Appendix B:

Oxford AHSN Case Studies Published in Quarterly Reports (2018 – 2023)

2022/23 Case Study Topic

South East AHSNs collaborate to support adoption of home testing to identify diabetic patients at risk of chronic kidney disease
Evaluating AI-enhanced technology to identify patients at risk of developing diabetes
Scoping digital support for children and young people's mental health
Transforming asthma care through system-wide collaboration and innovation

All these case studies can be found in previous quarterly reports on our website →

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 PIGF 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