



# Q1 Report

For the quarter ending 30 June 2023



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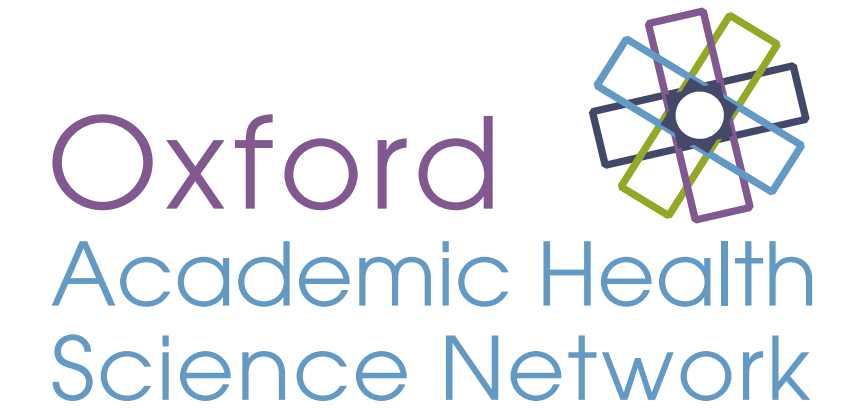
AHSN assesses innovation which could improve cannulation in newborn babies

Risk Register

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# Chief Executive's summary



In May 2023 Ministers and NHS England as part of an announcement of **support for life sciences** confirmed their intention to relicense England's Academic Health Science Networks under the revised name of 'Health Innovation Networks', to reflect their key role in supporting development and spread of innovation across health services.

Matt Whitty, Director of Innovation, Research and Life Sciences for NHS England, said: "The Academic Health Science Networks play a key role in driving the uptake of health innovation and economic growth, enabling patients to benefit from earlier diagnosis, more effective treatments, and faster recovery. The renamed network will have a critical role to play in supporting the new Integrated Care Systems to adopt innovations and will be aligned to NHS priorities such as tackling health inequalities and fulfilling the Life Sciences Vision to deliver improved public services and grow the economy."

The new licence will come into effect from 1 October 2023. The Oxford AHSN Board has agreed that from 1 October we will be called Health Innovation Oxford and Thames Valley. The AHSN Network will be called the Health Innovation Network.

The case studies in this report show the range of approaches we use to support our partners improve patient outcomes. The programme to improve outcomes for preterm babies shows the need to implement multiple solutions and improvement approaches to deliver significant benefit. The PRO-MAPP engagement tool illustrates how digital approaches can improve the pre-operative clinical pathway and provide real world data to support national spread and adoption. The final project of an innovation to improve the experience of cannulation in newborn babies demonstrates how low cost solutions developed by health care professionals makes important contributions to improving care.

I will be stepping down as chair of the AHSN Network at the end of September to align with the commencement of the new licence period. I will continue to co-chair one of the four workstreams of the NHS Innovation Ecosystem review led by Roland Sinker (CEO of Cambridge University Hospitals). This wide-ranging review which includes a review of AHSN capabilities and structure, will report in May 2024 and will hopefully lead to changes that will improve the uptake of research and innovation by the NHS. The significant increase in the research budget of NIHR and investment in the Life Science Missions is to be welcomed in current challenging funding environment, but that investment will be of little value unless this is accompanied by increased support and protected funding to health systems to implement the outcomes of that research and adopt innovation of high value.

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:

Maternity & Neonatal/Patient Safety & Clinical Improvement

## Collaborative approach improves outcomes for preterm babies

The Oxford AHSN Patient Safety Collaborative has taken up the challenge of the 'Better Births' national maternity review enabling sustained improvements for mothers and babies through region-wide collaboration. Significant progress has been made in relation to preterm births in particular, giving babies born too soon the best possible start in life and reducing health inequalities. Since 2015 the AHSN has worked with all maternity units in the region on a coordinated approach which has improved outcomes for preterm babies and saved NHS and related resources. These include ensuring more preterm babies are born in the right place, increasing uptake of magnesium sulphate to reduce risk of cerebral palsy and establishing an evidence-based clinical pathway for every pregnancy where preterm labour is suspected.





# Case Study 1

Theme/Patient pathway:

Maternity & Neonatal/Patient Safety & Clinical Improvement

Pregnancy and childbirth are critical times determining the future health and wellbeing of both mother and baby. The **National Maternity and Neonatal Safety Improvement Programme** (MatNeoSIP) led by NHS England is delivered by AHSNs through their Patient Safety Collaboratives (PSCs). The programme aims to reduce the rate of preterm births (before 37 weeks) from 8% to 6% and halve the rate of stillbirths, neonatal death and brain injuries occurring during or soon after birth by 2025. This will be achieved through collaborative working, introducing, and spreading innovation and reducing unwarranted variation.

Securing the best possible outcomes for preterm babies is a key national priority. Prematurity is the biggest cause of mortality in children before the age of five and is associated with significant morbidity in surviving children. More than two thirds (69%) of babies who die before their first birthday are born prematurely (National Child Mortality Database 2019/20). Prematurity has a significant impact on parents, their wider families and society as a whole. Women from minority ethnic backgrounds and lower socio-economic groups are at greater risk of preterm birth – so focusing on this issue helps to address health inequalities.

The focus of the safer care theme outlined in the **National Maternity Review 'Better Births: Improving outcomes of maternity services in England'** is on culture, learning, reviewing data and open communication. The review highlights multi-professional working and shared learning within and across organisational boundaries as fundamental to the delivery of safe, personalised care to women and families. In response the Oxford AHSN PSC began hosting regular **multidisciplinary shared learning events** in 2016 with support from all maternity units within the region and beyond. Staff value the opportunity to share challenges and successes in a safe, supportive and non-judgemental environment. The network is now embedded within local integrated care systems, contributing to improvements in safety and quality of care for mothers and babies. After a hiatus due to the pandemic the **face-to-face events returned in March 2023** with more planned. The programme reflected our close working relationships with parent advisory groups.



# Case Study 1

Theme/Patient pathway:

Maternity & Neonatal/Patient Safety & Clinical Improvement

## What have we done?

### 1 Place of birth

The first region-wide project with a specific preterm focus looked at **place of birth**. Mortality is halved if birth of an extremely premature baby takes place in a high volume, neonatal intensive care setting (known as a level 3 unit). These are also associated with reductions in conditions which can affect the gut and brain. Revised pathways, guidelines and audits were introduced in the Oxford AHSN region from 2015. As a result, the proportion of preterm babies born in the right place rose from 50% to over 80% in 2019. **An independent study conducted by the Office of Health Economics and RAND Europe** found that four additional babies' lives were being saved per year. This initial success has been sustained.

### 2 Magnesium sulphate

England's 15 AHSNs worked together from 2018-20 to increase uptake of magnesium sulphate in preterm labour. Timely administration of magnesium sulphate (MgSO<sub>4</sub>) reduces cerebral palsy in preterm labour by 30% and results in one fewer baby with cerebral palsy for every 37 women treated. The national target for this programme known as PReCePT was 85%. The **magnesium sulphate rate was exceeded from the outset in the Oxford AHSN region** and was sustained at 93% in 2022/23. Nationally, 16,000 babies have benefited with almost 300 cases of cerebral palsy prevented. Potential savings of up to £367 million were recorded.



# Case Study 1

Theme/Patient pathway:

Maternity & Neonatal/Patient Safety & Clinical Improvement

## 3 Preterm perinatal optimisation pathway

The preterm perinatal optimisation pathway is an evidence-based clinical pathway which should be followed whenever preterm labour is suspected. It is aligned with the Saving Babies' Lives Care Bundle, and supported by the National Neonatal Audit Programme and the British Association of Perinatal Medicine. It is a comprehensive care plan including seven interventions that should be implemented. This pathway follows the woman through birth up to and including the initial part of the baby's admission to the neonatal unit. The pathway has been adopted in the Oxford AHSN region and improvements have been achieved in a number of elements including:

- Deferred cord clamping

Newborn babies benefit from a delay before clamping the cord, allowing time for extra blood to flow from the placenta into the baby – even more so in preterm babies. The proportion of babies in the Oxford AHSN region born before 34 weeks who had their cord clamped at or after one minute rose from 25% in 2019 to 70% in 2022.

- Antenatal corticosteroids

Mothers who give birth before 34 weeks receive a complete course of antenatal corticosteroids ideally within one week prior to birth. Timely and appropriate administration of antenatal corticosteroids leads to one more baby surviving for every 8-10 women treated. Download the antenatal corticosteroids guidelines.

- Receiving mother's breast milk

The benefits of breast milk are well known but preterm babies often miss out. The proportion of babies born before 34 weeks in the Oxford AHSN region who receive their own mother's milk in the first two days of life rose from zero in 2019 to 72% in 2022.



# Case Study 1

Theme/Patient pathway:  
Maternity & Neonatal/Patient Safety & Clinical Improvement

## Introducing innovation

The Oxford AHSN Patient Safety Collaborative Maternity/Neonatal programme facilitated a simulation workshop for perinatal multiprofessional teams at Frimley Health enabling shared learning to improve outcomes for preterm babies.

The perinatal regional clinical network has proved to be a catalyst for innovation supporting the translation of evidence into clinical practice. Examples include training videos, simulation-based education and training and a series of podcasts focused on each element of the optimisation pathway, created by Michelle East, Buckinghamshire Healthcare Lead Midwife for Governance & Quality. Current focus areas include further increasing the proportion of preterm babies born in the right place and improving experience for parents and families. A summary report of the parent and staff surveys undertaken across the South East will be shared with key stakeholders.

This report has informed the development of a number of improvement initiatives including a multi-professional 'Train the trainer' programme to support education teams in each trust to deliver simulation-based education to optimise outcomes for preterm babies whether they are born in hospital or in the community. A pilot study is underway to gather feedback on a structured handover tool designed to support improved communication and documentation between trusts related to transfers where preterm labour and birth are suspected and/or confirmed.







# Case Study 1

Theme/Patient pathway:

Maternity & Neonatal/Patient Safety & Clinical Improvement



## What people said

“Working with the Oxford AHSN Patient Safety Collaborative on quality improvement projects across our maternity and neonatal services enables us to drive continuous improvement, particularly around the Maternal and Neonatal Safety Improvement Programme. Together we have improved standards of care, embracing innovation and best practice that will progress the delivery of safe care across our services and ultimately improve outcomes.”

Michelle East, Buckinghamshire Healthcare Lead Midwife for Governance & Quality



“I have been working closely with the Oxford AHSN now for over five years and find the work we do together so rewarding. They have really facilitated more network-based collaborations which serve to enhance the care we provide to women and their families.”

Dr Meena Bhatia, Consultant Obstetrician and Lead for Maternity Quality Improvement and Postnatal Care, Oxford University Hospitals NHS Foundation Trust

## Feedback from shared learning event, March 2023

“Great engagement and some of the work presented was stellar!” – Tony Kelly, National Clinical Advisor for Maternity and Neonatal Safety Improvement Programme and Leadership and Culture Programme

“Really positive to hear how working together is helping the region improve outcomes”

“ Definitely one of the best events I have been to in some time”

## Contact

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Eileen Dudley, Senior Programme Lead, Oxford AHSN



# Case Study 2

Theme/Patient pathway:

Digital / Orthopaedics / Elective recovery / Strategic and Industry Partnerships

## Personalised approach improves patient experience before surgery and supports elective recovery

An engagement tool called PRO-MAPP is providing intelligent decision support to optimise the preoperative assessment (POA) process in the pre-assessment clinic triage (PACT) pathway for high volume, low complexity (HVLC) orthopaedic cases. This digital transformation allowed a more personalised approach to the individual needs of patients on the hip and knee surgical waiting list. Patients are triaged for either a face-to-face or telephone assessment. Previously all patients had a face-to-face appointment prior to surgery. Now more than 70% can be assessed effectively on the phone instead. In-person outpatient appointments remain available to those who still need them, with PRO-MAPP identifying medically complex patients or those needing specialist investigation. As a result, fewer pre-op assessment appointments have been cancelled or missed (down from 8% in 2021 to fewer than 1% in 2022). With potential issues identified and dealt with at an early stage, the number of operations cancelled further down the line is also reduced.





# Case Study 2

Theme/Patient pathway:

Digital / Orthopaedics / Elective recovery / Strategic and Industry Partnerships

With more patients assessed remotely instead of in person, the NHS saves money and can reallocate resources and facilities to other services.

This new approach is being used prior to planned hip and knee replacement surgery at the Nuffield Orthopaedic Centre (NOC), part of Oxford University Hospitals. The potential to apply this model in other specialties is being explored.

The Oxford AHSN carried out a real world evaluation of PRO-MAPP at the NOC, working with key stakeholders to determine the potential impact of the technology and suitability for spread and adoption. The evaluation found that PRO-MAPP reduced cancellation rates for surgery and preoperative appointments, leading to better use of resources. An independent health economic analysis found significant potential cost savings and further analysis identified positive environmental impacts too.

## What is the challenge?

After the onset of Covid-19 pandemic many non-urgent elective activities were postponed to free up inpatient and critical care capacity. The NOC faced a challenge in increasing its elective capacity and reducing the backlog which built up during the pandemic. In addition, insufficient patients were 'fit for surgery'. Without the option of a personalized pre-op assessment service, many patients needed multiple face-to-face appointments to prepare them for surgery. Another limitation was the lack of differentiation between high and low complexity cases. All POA appointments were conducted face-to-face approximately 4-6 weeks before anticipated surgery.

The NOC's health professionals and management team identified an unmet need for digital collection of health screening data completed by patients when listed for surgery. They also identified the need for early identification of patients requiring investigation or treatment before surgery to prevent subsequent surgery postponement.



# Case Study 2

Theme/Patient pathway:

Digital / Orthopaedics / Elective recovery / Strategic and Industry Partnerships

## What did we do?

The NHS Transformation Directorate Adoption Fund supports elective recovery through innovations that help people stay well or get well at home. The Oxford AHSN led a successful bid for funding with the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) receiving £424,000 for four projects including PRO-MAPP.

The Oxford AHSN contributed supported development of a business case for implementing PRO-MAPP. It also conducted a service evaluation to gather real world evidence relating to initial implementation of the technology at Oxford University Hospitals. And the AHSN worked with key stakeholders to help design the new clinical pathway, gathering feedback on the innovation from patients and healthcare professionals. In addition, the AHSN worked with York Health Economics Consortium (YHEC) to create a health economics model for further potential adoption, and the AHSN's Environmental Sustainability Lead established the carbon footprint reduction related to this innovation. The Oxford AHSN also gathered feedback from staff on using PRO-MAPP which was captured in a report.

## What has been achieved?

The evaluation found that PRO-MAPP reduced surgery cancellation rates and preoperative appointment cancellations, leading to better resource utilisation and cost savings. All patients surveyed during the evaluation were either satisfied or very satisfied with their visit, indicating that there are few barriers to adoption from a patient perspective.

The new pathway also reduced outpatient attendances and unnecessary travel to OUH. A sustainability and social value review found that implementing PRO-MAPP could lead to a significant decrease in carbon emissions due to reduced patient travel with 70% of patients assessed as being suitable for a telephone consultation after their first outpatient clinic visit.



# Case Study 2

Theme/Patient pathway:

Digital / Orthopaedics / Elective recovery / Strategic and Industry Partnerships

During the real world evaluation, PRO-MAPP saved 51,382km (more than 32,000 miles) of travel. In the UK, average CO2 emissions per car equate to 171 grams per km, according to the latest data from the Department of Transport. Therefore, this distance equates to 8.8 tonnes of CO2 saved. For comparison, one tonne of CO2 is the equivalent of a return flight from Paris to New York, meaning that during the evaluation period (April 2022-January 2023) use of PRO-MAPP saved almost nine return flights from Paris to New York.

This approach proved particularly useful for tertiary and quaternary referrals, allowing patients from outside the region to easily access specialised services.

The results of the YHEC health economics analysis indicated that implementing PRO-MAPP into the clinical pathway for those on the hip and knee surgical waiting list brought significant cost savings. The health economics model saved £152 per patient, rising to £769 per patient when length of stay was considered.

Length of stay can be influenced by a multitude of factors, and it was thought that the introduction of PRO-MAPP might not directly influence this, even though a reduced length of stay was noted in the evaluation.

The utilisation of PRO-MAPP has been recognised as a national exemplar of best practice in the NHS and has been included in the NHS Digital Playbook for Perioperative Care<sup>1</sup>. A case study has also been included on NHS England's website as a guide for providers and integrated care boards on earlier screening, risk assessment and health optimisation in perioperative pathways<sup>2</sup>.

The Oxford AHSN is creating an implementation support pack to help roll out this innovation across the NHS<sup>3</sup>.

<sup>1</sup> [https://www.oxfordahsn.org/our-work/our-programmes/strategic-and-industry-partnerships-2/economic-growth-case-studies/personalised-approach-improves-patient-experience-before-surgery-and-supports-elective-recovery/#\\_ftn1](https://www.oxfordahsn.org/our-work/our-programmes/strategic-and-industry-partnerships-2/economic-growth-case-studies/personalised-approach-improves-patient-experience-before-surgery-and-supports-elective-recovery/#_ftn1)

<sup>2</sup> NHS England » Earlier screening, risk assessment and health optimisation in perioperative pathways: guide for providers and integrated care boards

<sup>3</sup> <https://transform.england.nhs.uk/key-tools-and-info/digital-playbooks/perioperative-digital-playbook/digital-preoperative-assessment-triage/>



# Case Study 2

Theme/Patient pathway:

Digital / Orthopaedics / Elective recovery / Strategic and Industry Partnerships

## What people said



“Thank you for inviting us to see the innovative work you are doing for your patients, providing person-centred pre-operative care with digital technology”

Rachel Brown, NHS England Transformation Directorate



“Our new clinical pathway has enabled us to increase preoperative assessment capacity and commence patient optimisation as soon as individuals are listed for surgery. It has also allowed us to digitise the pathway, reduce hospital visits, and improve carbon footprint.”

Antony Palmer, Consultant Orthopaedic Surgeon Clinical Lead for NOC Preoperative Assessment



“This project has transformed the way we provide pre-assessment care for patients. It’s a fantastic example of digital enhancement of a clinical pathway improving patient experience.”

Professor Andrew Price, Trauma and Orthopaedic Surgery Clinical Director



“Triaging patients earlier in their surgical pathway has improved the optimisation and management of their complex long-term conditions. This allows follow up of patients to be arranged in a timely manner and to reduce unnecessary visits to the hospital.”

Natasha Brand, Specialist Nurse Practitioner at the pre-assessment clinic



“The benefit of PACT is to work in a different and effective way to enable us to have a pool of patients fit for surgery, so if we do have any last-minute cancellations we have patients to fill the gaps rather than wasting precious theatre time”

Lucy Barrett, Deputy Matron for Orthopaedics

## What next?

Following the encouraging results from the real world evaluation, OUH is developing a business case for implementing PRO-MAPP throughout the orthopaedics department as well as in other specialties. The independent health economic analysis is supporting this work.

## Contact

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# Case Study 3

Theme/Patient pathway:

Maternity and Neonatal/Strategic and Industry Partnerships

## AHSN assesses innovation which could improve cannulation in newborn babies

Staff on the neonatal intensive care unit (NICU) at Oxford University Hospitals NHS Foundation Trust (OUH) have developed an innovation to improve the care of infants who need cannulation. The low-cost intervention uses a sterile sponge to provide a softer surface which helps increase comfort, improve positioning and potentially reduces movement which can increase the risk of infection and other complications in cannulation. The Oxford AHSN carried out a barrier to adoption study, speaking to key stakeholders to explore the potential utility of the proposed new method of neonatal cannulation in NICUs. As a result of this work the Trust is gathering real world evidence ahead of potential spread and adoption.





# Case Study 3

Theme/Patient pathway:

Maternity and Neonatal/Strategic and Industry Partnerships

## What is the challenge?

Intravenous (IV) therapy remains the most common method to administer medicine to preterm infants in NICU. Current methods of neonatal cannulation often rely on inserting a peripheral intravenous cannula (PIVC) which can be painful and require several attempts before successful insertion, due to the small veins in infants' hands.

Multiple attempts at cannulation are not only painful and distressing for the infant and their parents, but also opens the infant up to an increased risk of infection, due to the holes and skin damage left by these attempts. The team at OUH are looking to reduce these effects by using a sponge over the usual cold light which is used to assist cannulation.

## What did we do?

The Oxford AHSN performed a barrier to adoption study to get the views of neonatal clinicians on the innovation. This innovation involves the use of a sterile sponge to be used as a sleeve over the light to provide a softer surface during neonatal cannulation to help make it more comfortable for the infant and prevent the limb being stretched into awkward or painful positions.

A literature review was performed to understand the need for improvement in the current methods for neonatal cannulation. We also formulated a semi-quantitative questionnaire, to allow the clinicians to share their views in an open but structured way. We also used several validated tools to measure the perceived usefulness of the innovation. The responses given in these interviews will allow the NICU team at OUH to work around any potential new barriers to adoption.







# Case Study 3

Theme/Patient pathway:

Maternity and Neonatal/Strategic and Industry Partnerships

## What has been achieved?

The Oxford AHSN secured valuable insights from clinicians. The report highlighted a need to improve neonatal cannulation, particularly for junior doctors needing to make repeated attempts to complete it successfully. Over 70% of stakeholders said that this new technique could reduce the time needed for successful cannulation, leading to reduced stress for both baby and parent. There was broad agreement among the clinicians interviewed that this tool could also lead to cost savings relating to more efficient use of clinicians' time and increased baby comfort, improved baby positioning during the procedure and could potentially help with a small subset of babies where cannulation requires numerous attempts for successful cannulation. Based on this feedback the trust is going to carry out an evaluation on the NICU.

## What people said



"I would like to thank Oxford AHSN and the team for all their hard work on the barriers to adoption report that she prepared for the neonatal cannulation project. This has been very useful, and directly fed into the design of the project currently underway to get some real-world evidence on the utility of the method to support further adoption and spread."

Dr Andrew Brent, Deputy Chief Medical Officer, Oxford University Hospitals

## What next?

The new cannulation technique is currently being evaluated in the NICU at the OUH for real world evidence to be obtained. This real world evidence will then support adoption and spread going forwards.

## Contact

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# Operational Review

## Governance

The Oxford AHSN Business Plan was approved by NHS England SE regional team and submitted to IRLS/OLS.

We continue our commitment to collaboration with our local system partners, specifically our ICBs. The first round of quarterly meetings with BOB and Frimley have taken place. These are used to review programme progress against aims and deliverables as well as changing priorities and opportunities. Through regular conversations the portfolio will evolve and further align with ICB priorities.

## Q1 highlights

Respiratory projects are progressing well. The network-wide **Asthma Biologics** programme concluded with the “Future of Severe Asthma Care” national event which attracted over 100 attendees from across primary, secondary, tertiary care and specialised commissioning. Nationally, the programme has achieved 105% target, with more than 4,600 new patients prescribed asthma biologics including 255 in our region. The programme leaves a lasting legacy, with a suite of resources available to sustain this work.

In the 2023/24 Business Plan we detailed opportunities to add Cancer diagnosis innovations to our portfolio. **Cancer** diagnostics discussions have been held with the Thames Valley Cancer Alliance and Cancer Lead from Frimley. A new project is being scoped to evaluate a digital symptom tracking product for prostate cancer. The team is also leading on the patient and public involvement (PPI) package with a breast cancer point of care testing provider, ensuring that lived experience and public views are included in governance, design of the protocol and related materials, and in dissemination plans.

A paper on the **GRASP-osteoporosis** (formerly Bone Health) project, detailing findings from the first phase of the pilot, was accepted by the Royal Osteoporosis Society.





# Operational Review

**AI** is a particular focus for evaluations in Q1 including Brainomix, Dora and Functional MRI of the Brain Library. Significant work is being undertaken to develop logic models, ethics assessments and evaluations, as well as workforce and patient involvement in assessing the technologies, and the pathway transformations related to integrating these new tools.

During Q1 we have had several successful events and presentations, including the first **Mat/Neo** face-to-face network event since the pandemic, with more than 100 attendees from across the Thames Valley, and a presentation on “Improving outcomes for preterm infants across UK” at the British Association of Perinatal Medicine conference.

The **patient safety** team facilitated a SE-wide **Patient Safety Incident Response Framework (PSIRF)** workshop. We had met our delivery ambition that by March 2023 85% of Trusts will have completed adoption activities up to Phase 3 (5 out of 6 Trusts). PSIRF has proven to be a catalyst towards participation and engagement with the network; all stakeholders are open to adopting an integrated approach in sharing learning from incidents and managing cross-system incidents.

**Transforming Wound Care** is being more widely spread after successful pilots - Frimley rollout has now been agreed. Julie Hewish appointed as national AHSN Network clinical lead for tissue viability.

Significant progress was made in the **Lipid Management** programme as we move to the system handover of the programme in Q2 with a Familial Hypercholesterolaemia business case submitted for BOB ICB, CVD champion resources developed for BOB ICB and shared with PCN based pharmacists, and an educational webinar programme developed for ICBs.

**Inclisiran** remains an amber risk. In Q1 the collaborative lipid fund project was launched, which includes the three acute trusts in BOB and aims to embed improved lipid management into stroke and cardiology pathways, as well as delivering Inclisiran administration clinics in secondary care (for patients initiated in secondary care) for 12 months.





# Operational Review

Due to the changing financial landscape within the ICB between bid submission and funding award, a greater level of assurance on post project affordability/sustainability has been required. To meet these requirements a paper was developed to model the numbers of patients likely to be initiated on Inclisiran and the potential sustainability cost to the system of this. The AHSN CEO also escalated this issue to the ICB CEO, Trust CEOs and the AHSN Board. This work is nearing completion but has delayed the project start. Engagement with secondary care has been positive with all trusts recognising the potential patient benefit of the project. Planning continues in Q2 with clinical delivery planned for Q3.

The AHSN **Economic Growth** survey responses have now been released, with Oxford AHSN ranking 4th out of 15 in the network, with £31m funding secured; 19 jobs created; 20 jobs secured; 37 of 76 surveys returned.

MTFM products Greenlight XPS, PLASMA+, Rezum, Urolift and Xpress multi sinus dilation system are well adopted across the region. The team is supporting adoption and spread where necessary and working with system stakeholders to develop business cases to adopt Spectra Optia and Thopaz+, where these products are not currently in use.





# Operational Review

## Communications and Stakeholder Engagement

The first quarter of 2023/24 included the tenth anniversary of AHSNs. This provided opportunities to showcase some of the ways we have helped the NHS to identify, adopt and spread promising innovations which have led to improved health outcomes and economic growth. The 2022/23 AHSN Network impact report highlighted key collective achievements of AHSNs in their second five-year licence period: 2018-23. AHSNs have delivered a return on investment of almost £3 for every commissioners' pound, saving the NHS an estimated £165 million and securing more than 6,600 jobs. Other impacts can be found in this graphic.

More than **530,000** patients have benefitted from our national programmes and initiatives



Almost **£428 million** of investment leveraged by companies supported by AHSNs

More than **1,512** innovations in our national pipeline of innovation



# Operational Review

AHSNs collectively delivered ten national spread and adoption programmes. The Oxford AHSN led the asthma biologics programme, see above. Asthma biologics are new treatments which can have life-changing effects on people with severe asthma. On World Asthma Day (2 May) we celebrated the achievements of the programme. Also related to asthma, on Clean Air Day (15 June) we launched a toolkit (with the two other South East AHSNs) to help healthcare professionals working in the respiratory field benefit patients and reduce the environmental impact of asthma treatments. '**Better asthma outcomes for patients and planet**' contains helpful information on reducing the carbon footprint of inhalers, optimising effective inhaler prescribing, identifying severe asthma and more.

In patient safety we highlighted how many care homes are now better prepared to get the right care to their elderly residents when they take a turn for the worse thanks to a training programme run by the Oxford AHSN. RESTORE2 helps care home staff spot early signs of deterioration and take prompt action. More than 500 care home staff from across Oxfordshire, Berkshire, Buckinghamshire and Milton Keynes completed the practical training.





# Operational Review

## Risks (Amber or Red risks only)

For full risk register, see Appendix A

### Amber – Inclisiran

The number of doses of Inclisiran ordered remain low, though aligned to national uptake.

In Q1 the collaborative lipid fund project was launched. This includes the three acute Trusts in BOB and aims to embed improved lipid management into stroke and cardiology pathways, as well as delivering Inclisiran administration clinics in secondary care (for patients initiated in secondary care) for 12 months. Due to the changing financial landscape within the ICB between bid submission and funding award, a greater level of assurance on post project affordability/sustainability has been required. A paper was developed to model the numbers of patients likely to be initiated on Inclisiran and the potential sustainability cost to the system of this. The AHSN CEO also escalated this issue to the ICB CEO, Trust CEOs and the AHSN board. This work is nearing completion but has delayed the project start. Engagement with secondary care has been positive with all trusts recognising the potential patient benefit of the project. Planning continues in Q2 with clinical delivery planned for Q3.

The BLMK community lipid management clinic started being able to prescribe Inclisiran in Q1. This is likely to support Inclisiran uptake across the ICB.

An education plan is being developed with lipidologists to support primary care prescribing of Inclisiran. This will include sharing up to date safety data as well as the experience of local prescribers.

Oxford AHSN's CEO, Professor Gary Ford, as AHSN Network CVD lead is on the national oversight group supporting better implementation of lipid lowering therapies and new pathways to attain the highest value from novel lipid lowering therapy Inclisiran.



# Financial Summary

Q1, for financial year ending 30 June 2023

Income	Opening Plan	YTD Plan	YTD Actuals	YTD Variance
Commissioning Income - NHS England Master Licence	-2,090,000	-522,504	-522,500	-4
Commissioning Income - Office for Life Sciences	-824,601	-206,150	-206,150	-0
Commissioning Income - PSC	-381,371	-95,343	-95,343	0
Other Income	-2,116,060	-522,826	-546,464	23,638
<b>Total income</b>	<b>-5,412,032</b>	<b>-1,346,823</b>	<b>-1,370,457</b>	<b>23,635</b>
<b>AHSN funding of activities</b>				
Patient Safety	466,008	116,503	114,093	2,410
Clinical Improvement	328,097	82,025	77,489	4,536
Clinical Innovation Adoption	1,465,072	360,080	349,502	10,578
Strategic & Industry Partnerships	1,143,390	285,847	254,168	31,680
Community Involvement & Workforce Innovation	438,570	109,642	117,842	-8,200
Communications, events and sponsorship	116,424	29,106	35,267	-6,161
Contribution to AHSN Network	107,472	26,868	33,932	-7,064
Other Direct Programme Costs	49,673	12,418	9,436	2,982
<b>Programmes and themes</b>	<b>4,114,706</b>	<b>1,022,490</b>	<b>991,730</b>	<b>30,761</b>
<b>Corporate</b>				
Pay costs	801,847	200,462	254,727	-54,266
Non-pay costs	495,478	123,870	124,000	-130
<b>Total Corporate Costs</b>	<b>1,297,325</b>	<b>324,332</b>	<b>378,727</b>	<b>-54,395</b>
<b>Total expenditure</b>	<b>5,412,031</b>	<b>1,346,822</b>	<b>1,370,457</b>	<b>-23,634</b>

Dr Paul Durrands ACA CMILT,  
Chief Operating Officer, Oxford Academic Health Science Network





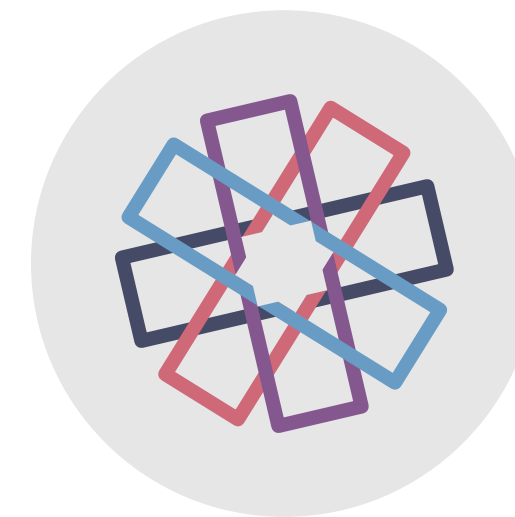
# Clinical Focus Areas 2023/24

## Local/Regional



### Health and care priorities

Cardiovascular  
Mental Health  
Maternity & Neonatal  
Respiratory  
Medicines Optimisation  
Cancer



### Building strong and effective systems

Elective Recovery  
AI Evaluation and Integration  
Urgent and Emergency Care  
Tech Enabled Community Care

Reducing Health  
Inequalities

Environmental  
Sustainability

Partient and Public  
Involvement

Workforce



# Clinical Focus Areas 2023/24

## Network Wide

Cardiovascular

National wound  
care strategy

Polypharmacy

Accelerated  
Access  
Collaborative

Innovation  
for healthcare  
inequalities

Patient safety

Innovation  
adoption and real  
world evaluation

## 2023-24 NHS priorities and operational planning guidance - recovering our core services and productivity

Maintain quality and  
safety in our services,  
particularly in maternity  
services

Improve staff retention  
and attendance through  
a systematic focus on  
all elements of the NHS  
People Promise

Make it easier for people  
to access primary care  
services, particularly  
general practice

Reduce elective long waits  
and cancer backlogs, and  
improve performance  
against the core  
diagnostic standard

Narrow health inequalities  
in access, outcomes, and  
experience, including  
across services for children  
and young people

Improve ambulance  
response and A&E  
waiting times



# Q1 Programme and Project Updates

Clinical Area	Programme Details	BOB	Frimley	BLMK
Cardiovascular/Stroke	<b>AffeX-CT (Discover) ^</b> In this quarter, there was discussion going on the no cost NIHR extension for real world data collection. Afferent has drafted the proposal for extension and will submit in next quarter.			
Cardiovascular/Stroke	<b>Aisentia (Develop) New Project</b> The technology developed by Aisentia provides a digital contrast alternative to help enhance the image of CT scans as opposed to the use of physical contrast CT providing a quantitative report showing the abdominal aortic aneurysm (AAA) diameter. The technology may help with reduction in the use of physical contrast CT can enhance care for patients who are allergic to physical contrast CT and reduce the environmental impact generated from the use of physical contrast, helping the NHS achieve its net zero ambition. The role of Oxford AHSN is to conduct a barrier to adoption study to explore the perceived usefulness and barrier to adoption of using physical contrast CT. Stakeholder interviews were conducted and analysed. A report is being prepared to report on the usefulness, acceptability, and barrier to adoption of digital contrast as alternative to physical contrast for CT scan.			
Cardiovascular/Stroke	<b>Blood pressure optimisation programme (Deploy)</b> Attended national communities of practice and contributed to joint SE AHSN webinar. CVD Champion resources developed for BOB ICB and shared with PCN based pharmacists. 31 PCNs have at least one practice engaged in BPO optimisation work aligned to a proactive framework model.	●	●	●
Cardiovascular/Stroke	<b>Brainomix AI Stroke Imaging Technology Evaluation (Develop)</b> Developed and circulated surveys for specific job roles within the stroke imaging pathway, specifically radiologists. Results to be analysed and incorporated in the final evaluation report. Defined the data standardisation methodology to apply to our final data presentations. Communications plan has been approved and a visual case study developed. ISDN reports have been refreshed ready for circulation in Q2.	●		
Cardiovascular/Stroke	<b>Cardiosignal (Develop)</b> Patient facing activities commenced. 400 patients were offered CardioSignal, 65 active users, 4 possible AF and 1 confirmed AF.	●	●	
Cardiovascular/Stroke	<b>Chronic Kidney Disease (Discover)</b> Initiation - initial meetings held with local clinician to discuss need for project within this area and potential project ideas. Meeting scheduled in Q2 with pharma to discuss possibility of collaborative working.			
Cardiovascular/Stroke	<b>EchoGo Pro (Develop)</b> Discussion on the data availability for the real-world health economics analysis. Extension has been granted, with the Health Economics now due in Q3.			

^ NIHR funded projects   \* ARC collaborations   ● Colour indicates RAG status



# Q1 Programme and Project Updates

Clinical Area	Programme Details	BOB	Frimley	BLMK
Cardiovascular/Stroke	<b>Evaluating the role of virtual transient ischaemic attack (TIA) outpatients clinics (NIPP Programme) (Develop)</b> Rapid Insights guide completed and to be shared via AHSN Network alongside an in-depth report completed and to be used to develop framework to support TIA service in the South East (initially) to optimise their service. Abstract accepted for poster at UK Stroke Forum in Dec '23			
Cardiovascular/Stroke	<b>Innovation for Healthcare Inequalities Programme (InHIP) - BLMK (Deploy)</b> The MOU sent out to participating Practices and the team is liaising with any Practices where MOU acceptance is outstanding. Preliminary engagement with practices where MOU is in place to socialise the delivery model. Additional practices have been added to the pool of practices for this project. Searches to identify patient cohorts have been reviewed and shared with practices and alerting is now implemented by Ardens.			
Cardiovascular/Stroke	<b>Lenus OPERA project roll out (Develop) New Project</b> Engaged with Lenus, and discussions with the SE Regional Cardiovascular team to ensure that the project would not interfere with any of their ongoing projects. Also started conversations with the Oxford Community Diagnostic Centre (CDC) to gauge interest and practicalities.			
Cardiovascular/Stroke	<b>Lipid Management (Deploy)</b> Familial hypercholesterolemia business case was submitted for BOB ICB. CVD champion resources developed for BOB ICB and shared with PCN based pharmacists and an educational webinar programme developed for ICBs. All practices across all ICBs are engaged to some extent with the lipid management programme work.			
Cardiovascular/Stroke	<b>Stroke Rehabilitation (Develop)</b> No updates for Q1 – ad hoc support is given to ISDN rehab programmes as required/requested			
Maternity	<b>Intelligent Intermittent Auscultation (Deploy)</b> Q1 focus was to agree a business-as-usual approach with our stakeholders – this has been successful. This project has been closed in Q1.			

^ NIHR funded projects   \* ARC collaborations   Colour indicates RAG status








# Q1 Programme and Project Updates

Clinical Area	Programme Details	BOB	Frimley	BLMK
Maternity	<p><b>Maternity and Neonatal Safety - Deterioration (Deploy)</b></p> <p>The national project has moved through a robust pilot phase and the learning from that has informed the early adopter pathfinder units with the implementation phase. Again the learning from this phase (paper based units only) will inform refining if necessary. NHSE have designed an e-learning programme to support staff education and training. Oxford aiming to begin implementation phase Q2/3.</p> <p>The project team met with NHSE in June, the next step is discussion with the head of Midwifery at Oxford to assess organisational capacity in terms of 'Go Live' dates and the challenges around the planned transition to Badgernet in Q3.</p>	●	●	●
Maternity	<p><b>Maternity and Neonatal Safety - Preterm Optimisation (Develop)</b></p> <p>Aiming for the first education pilot date to take place in Q3 for in-hospital practice education &amp; simulation leads (MDT/SCAS). The project will use the train the trainer model, with potential for monthly action learning sets to support education teams.</p>	●	●	●
Maternity	<p><b>OxSys (Discover) New Project ^</b></p> <p>Discussion on the work for real-world evaluation in the future – this project is currently being scoped.</p>			
Maternity	<p><b>Threatened preterm labour (Deploy)</b></p> <p>Engagement ongoing with BOB and Frimley ICBs.</p>	●	●	
Medicines Optimisation	<p><b>AMR-UTI (Develop) ^</b></p> <p>Stakeholder interviews were transcribed, and the quantitative analysis was completed on the stakeholder's interviews. The result was shared with Reading University for them to write the report.</p>			
Medicines Optimisation	<p><b>Medicines Safety Improvement Programme (Develop and deploy)</b></p> <p>We are working closely with Frimley ICB MO colleagues to deliver the objectives described. The 2023/4 MO incentive scheme replaces the previous QOF QI incentive and provides an important driver for opioid deprescribing in Primary Care in the ICS.</p> <p>Publication of developed resources on Frimley ICS website and the team has been socialising the programme via presentations at appropriate meetings.</p>		●	●
Medicines Optimisation	<p><b>Opioid Safety Innovation and Insight Panel (Discover) New Project</b></p> <p>Innovations and stakeholders to be part of the panel have been scoped in Q1. Stakeholder list produced with 3 possible Innovations identified.</p>	●	●	●

^ NIHR funded projects   \* ARC collaborations   ● Colour indicates RAG status














# Q1 Programme and Project Updates

Clinical Area	Programme Details	BOB	Frimley	BLMK
Medicines Optimisation	<p><b>Polypharmacy (Develop and deploy)</b></p> <p>In Q1 attendees at Community of Practice (CoP) meetings totalling 243 across four meetings. Action Learning Sets (ALS) were held for the south AHSNs in May. 18 prescribers across the region attended bringing up the total attendees to date to 44, 10 of these are from the Core20 Practices. An additional two trainers are going through the accreditation process. The new public behaviour change resources have started to be introduced to the ICBs and planning for roll out has started. Final testing and changes are being made to the Polypharmacy health Inequalities dashboard, with completion planned for July/August. The programme was promoted at the BOB ICB Primary Care Conference (200+ attendees) where Oxford AHSN were invited to have a stand. The ALSs were also promoted to nurse prescribers by the Health Education England Learning Lead.</p>	●	●	●
Medicines Optimisation	<p><b>Structured medication reviews - OSCAR study (Develop)</b></p> <p>Continuing to provide advice to support evaluation.</p>			
 Mental Health	<p><b>Bracknell Forest CYP Self-Harm Workforce Project (Develop)</b></p> <p>Final report shared with Bracknell Forest colleagues and stakeholders. Webinar to share results will be held (though further work in this space falls beyond the scope of this project).</p>		●	
 Mental Health	<p><b>Frimley Trauma Informed Care Programme Evaluation (Develop)</b></p> <p>Funding has been received. Project understanding meetings completed and engagement with key stakeholders conducted to identify outcomes. A descriptive analysis report has been produced of the Year 1 training. Evaluation of the action learning sets is underway with good engagement from participants.</p>		●	
 Mental Health	<p><b>Personality Disorder Positive Outcomes Programme (PDPOP) (Develop)</b></p> <p>Final follow-up questionnaires have been received for data analysis. Theming of lived experience and clinical trainer interviews is underway to send to stakeholders for sense checking. Analysis and write up of project are underway. Interviews of practice staff are complete and final GP lead interviews are being booked in.</p>	●		
 Mental Health	<p><b>Reducing restrictive practice (Deploy)</b></p> <p>Working directly on-site with ward RRP project teams. Live all day Learning Event. Monthly coaching sessions for projects from across south of England.</p>	●	●	●
 Respiratory	<p><b>Albus Home (Discover) ^</b></p> <p>There is discussion going on the no cost NIHR extension for real world data collection. Albus Home has now drafted the proposal for extension.</p>			

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# Q1 Programme and Project Updates

Clinical Area	Programme Details	BOB	Frimley	BLMK
 Respiratory	<p><b>Asthma Biologics (Deploy)</b></p> <p>Following the success of the two-year Accelerated Access Collaborative (ACC) Rapid Uptake Product (RUP) Asthma Biologics Programme delivery, to ensure sustainability of the programme the team is delivering a series of assets to support programme closure and leave create a legacy.</p> <p>The team successfully secured £21k of industry funding and delivered the “Future of Severe Asthma Care” event. The event was a valuable opportunity to hear from respiratory experts across England on how uncontrolled and severe asthma care can be designed and delivered in the local areas.</p> <p>24 speakers and presentations from: National Clinical Director for Respiratory/NHSE; Lead for Respiratory Integrated Care/NHSE; Specialised Commissioning/NHSE and 9 PTF sites were greatly received by the audience. More than 100 attendees from across primary, secondary, tertiary care and specialised commissioning attended the event. Attendees rated the event as a valuable event (according to the feedback received). Successfully recorded 15 interviews with presenters (mostly PTF sites).</p> <p>PTF Summary Report 1st draft submitted for design and work started on drafting the Programme’s Impact Report.</p>			
 Respiratory	<p><b>Innovation for Healthcare Inequalities Programme (InHIP) - BOB (Deploy)</b></p> <p>The DPIA refresh with OUH Governance team is complete. Ongoing engagement with PCNs.</p> <p>The ISAC team are running searches to identify patients that require further review and booking clinics in GP surgeries to follow up with patients identified in the searches. Clinics are running in the GP surgeries currently onboarded, with new GPs surgeries onboarding in progress.</p>			
 Respiratory	<p><b>Innovation for Healthcare Inequalities Programme (InHIP) - Frimley (Deploy)</b></p> <p>50 of 72 practices to signed up to SLA to provide Spirometry – with more delivering.</p> <p>Respiratory health campaign is continuing. Successful outreach event headed by Dr Gareth Roberts giving a COPD update with Sally Bustin, Respiratory Clinical Nurse Specialist - COPD Lead for the AIR team. This was an in-person event with over 30 attendees from the community, on April 18th. A further outreach event is being planned in Slough. Specifically this will be a community engagement session, working with community leaders as appropriate. For COPD and asthma patients.</p>			
 Respiratory	<p><b>MyAsthmaBiologics App (Develop)</b></p> <p>The objective for Q1 was to finalise the evaluation protocol and draft the interview questions. The evaluation will take place at three Severe Asthma Clinics and comprise semi-structured interviews with both clinical teams and patients, augmented by quantitative data gathered from the app itself on patient engagement and usage rates, etc. Next steps are to seek ethics approval for interviewing patients and to schedule interview dates, starting in late summer / early autumn.</p>			
Urgent and Emergency Care	<p><b>Elastomeric Devices (Develop)</b></p> <p>During Q1, filming with the clinical team at OUH was undertaken to create a training video on how to fill the elastomeric device for 24-hour infusions.</p>			



# Q1 Programme and Project Updates

Clinical Area	Programme Details	BOB	Frimley	BLMK
Urgent and Emergency Care	<p><b>Virtual Wards/Virtual Care (Develop and deploy) *</b></p> <p>Virtual Ward (VW) Evaluation Plan was finalised and approved by BOB ICS Programme Board following engagement with providers. A staff survey has been developed, alongside patient engagement strategy development. System data plan was created.</p>	●		
Development and Learning	<p><b>Adopting Innovation and Managing Change in Healthcare Settings Programme (Deploy)</b></p> <p>During Q1, our programme attracted 48 enthusiastic NHS professionals who actively engaged and participated. As a direct result, 48 change projects were introduced within the healthcare system. These projects hold immense potential to drive positive and sustainable improvements in the overall healthcare landscape. Funding for the next cohort has not been secured yet. However, we are exploring all avenues to secure this. We are fully committed to keeping the programme running successfully and determined to find a solution to the funding challenge. In the absence of full funding, the course will be offered in September 2023 with a revised funding model which would require NHS workforce employees to self-fund course participation through their organisations or Trusts. Even with this change, we are confident that the course will remain relevant, popular, and attractive to the NHS workforce. This new plan presents a promising opportunity for the program to expand its reach, making it more inclusive. As a result, NHS professionals from all across the UK will now have the chance to access this valuable programme.</p>			
Development and Learning	<p><b>Communities of Practice - Health Inequalities (Deploy)</b></p> <p>Appreciative Inquiry workshop (May) was undertaken.</p>			
Development and Learning	<p><b>Developing NHS Health and Wellbeing Leads (Develop)</b></p> <p>Theming of all four site visits to test findings from Phase One and Two of the project. Knowledge, Skills, Behaviours blueprint designed and a suggested organisational chart to support the growth and maturity of health and wellbeing within local areas. This is a national tool for adoption across England. Final report due Q2 to NHSE.</p>			
Development and Learning	<p><b>Health Inequalities - evaluation of PCN short term funded projects - BOB ICS (Discover) New Project</b></p> <p>The aim of this project is to evaluate the process of making small grants to PCNs in areas of high deprivation so that they can take steps to tackle specific areas of health inequality. Introduction workshop held, initial discussions with 10 projects being scheduled.</p>	●		

^ NIHR funded projects   \* ARC collaborations   ● Colour indicates RAG status





# Q1 Programme and Project Updates

Clinical Area	Programme Details	BOB	Frimley	BLMK
Development and Learning	<p><b>Research &amp; Development (R&amp;D)</b></p> <p>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 Gary Ford, Chief Executive of the Oxford AHSN and Chair of the AHSN Network.</p>	●	●	●
Development and Learning	<p><b>Ufonia - post cataract surgery (DORA AI) (Develop)</b></p> <p>Development of a logic model, economic evaluation plan, user testing with 10 members of the public, ethics assessment and data gathering. Analysis partly complete but paused due to opportunity for project extension which is being explored. 16 staff interviews completed.</p>	●	●	
Development and Learning	<p><b>Working Together Partnership (Discover)</b></p> <p>The project seeks to improve the effectiveness of patient and public engagement in research through collaboration to reduce duplication and increase opportunities and strategic alignment. Meeting held - 6 representatives from: NIHR, Oxford Health BRC, Oxford BRC, Clinical Research Network, Clinical Senate South East, Public Partner Representative.</p>			
Elective Recovery	<p><b>Peri-operative Innovation (Develop)</b></p> <p>York Health Economics Consortium (YHEC) have published the final Health Economic Analysis report for the whole programme. Development of the implementation support pack and evaluation report for PRO-MAPP is in progress. Oxford AHSN has completed a Sustainability and Social Value Review for PRO-MAPP.</p>	●		
Cancer	<p><b>Seroxo Breast Cancer point of care testing (Develop) New Project</b></p> <p>The team has been commissioned to lead on the patient and public involvement (PPI) package ensuring that lived experience and public views are included in governance, design of the protocol and related materials, and in dissemination plans. The project has received funding (from NHSx, AAC, NIHR) and contracts and collaboration agreements are to be finalised by end of July 2023.</p>			
Cancer	<p><b>Ibex Breast Cancer AI tool (Develop) New Project</b></p> <p>The project has received funding (from NIHR). Co-development of contracts will be started in Q2. The scope of work for Oxford AHSN is to deliver the patient and public involvement (PPI) package. To ensure the views of members of the public and of people with lived experience are included in governance and design of the study. We will codesign discussions between patients and clinicians to plan and deliver dissemination activities, and to gather insight into understanding and developing trust in AI.</p>			



# Q1 Programme and Project Updates

Clinical Area	Programme Details	BOB	Frimley	BLMK
Neurological Disorders	<b>Dementia - digital approach (Develop) ^</b> Project at initiation phase - the contract has been agreed with NIHR.			
Neurological Disorders	<b>FSL- Brain imaging (Develop) New Project ^</b> FSL-clinical, an analysis software for clinical use in the dementia care pathway. FSL-clinical is being adapted from FSL, a comprehensive library of analysis tools for neuroimaging developed by scientists. software when developed may help clinicians with analysing MRI scans by providing quantitative information of cerebral structures typically measured as part of the dementia diagnosis pathway. The role of Oxford AHSN is to conduct a barrier to adoption study to explore the perceived usefulness and barrier to adoption of using FSL clinically as part of the dementia diagnosis pathway. Ten stakeholders including neuroradiologists, Old Age Psychiatrists and cognitive neurologists working in the dementia diagnosis pathway across various Trusts in England were interviewed to gain their views on the potential benefits and level of acceptance of FSL-clinical, a software that can automatically provide quantitative data of cerebral structures volumes from MRI scan. Most stakeholders agreed that using such a software would increase their diagnosis confidence and help inform the patient treatment and care management. Access to MRI scanning was however perceived as the main barrier as patients in the dementia diagnosis pathway are more likely to receive a CT scan.			
Neurological Disorders	<b>GaitQ (Develop) New Project</b> GaitQ is developing a smart cueing system to address challenges faced by people with Parkinson's (PwP). It comprises two wearable devices, strapped on the upper calves, that deliver vibrational cues to users. The cueing pattern and pace can be varied over time and adapted to the user's individual walking style. The system can automatically activate and deactivate vibrational cues as and when needed; this decreases the likelihood of PwP becoming used to the cues and reduces the manual input required from the user. GaitQ will revolutionise the use of cueing in PwP's daily lives, helping them maintain their walking as they go about their everyday lives. In Q1 a literature search was conducted, and clinical pathway was mapped to understand the usefulness of the proposed device. Interview guide and preread was prepared for the stakeholder's interviews for the feasibility study to be conducted.			
Frailty	<b>Bone Health – now known as GRASP-Osteoporosis (Deploy)</b> Presentations to BOB and BLMK ICBs, outlining the tools developed and the outcomes from the pilot project. Initial contact has been made with Frimley ICB. Information and access links to the tool have been given to interested GP practices within the region and offer of support made to all practices with regards ongoing monitoring of impact. Meeting held with NHSE Transformation Team, during which the tool and pilot findings were presented.	●	●	●
Frailty	<b>Restore2 training (Deploy)</b> Following the pause in this programme, focus has moved to sustaining progress made over the previous year - primarily the training course piloted and developed by the PSC since Oct 22. Where stakeholders have capacity, we have supported local system partners to deliver their own training through: - Sharing existing resources including training packages, digital and printed resources, online feedback questionnaires. We will do this through direct engagement and sharing through our own website platform. Early discussions indicate that Frimley ICS region will take on responsibility for RESTORE2 training in their region by end Q2. - Coaching and support to deliver training and set up within local organisations.	●	●	

^ NIHR funded projects   \* ARC collaborations   ● Colour indicates RAG status



# Q1 Programme and Project Updates

Clinical Area	Programme Details	BOB	Frimley	BLMK
Frailty	<p><b>Transforming Wound Care (Deploy)</b>            Lower limb clinic in Yateley is up and running. The site is now reporting on all but two areas of the TWC programme metrics. Adopt and spread underway via the Yateley DN team and Surrey Heath PCN.            Non test and evaluation site fast followers are Royal Borough/Maidenhead/Windsor and Slough/ Basingstoke. Vascular services onboarding with lower limb pathway is underway, with a large care home company on board.            There has been some progression in Oxfordshire with a wound care summit in the Autumn being planned. OUH has a summit for lower limb on the 1st August and Oxford Health are in the second stages of mapping their services against the national standards.            The team is attending the working group for the vascular services led by Judy Forster, Sr. Commissioner for Planned Care and a PCN in the southwest of the county are considering a lower limb service in line with the national strategy. BOB ICB are considering a recruitment drive for a wound care nurse role to look at formulary use and education within primary care.            Berkshire West/Buckingham have local initiatives/improvement projects which will be brought under the BOB ICS wound care agenda.</p>	●	●	
	<p><b>BPE patient videos (Deploy)</b>            Progress continued during the quarter with one more video being sign off by the clinical lead. Meeting with NHSE to discuss progress and plans for translation of videos into other languages. Insights were sought from 11 South Asian and Black men regarding their ability to engage with the videos.</p>			
	<p><b>MedTech Funding Mandate (MTFM) to increase uptake of NICE approved products (Deploy)</b>            Greenlight XPS, PLASMA+, Rezum, Urolift and Xpress multi sinus dilation system is well adopted across the region. The team is supporting adoption and spread where necessary and working with system stakeholders to develop business cases to adopt Spectra Optia and Thopaz+, where these products are not currently in use.</p>	●	●	●
	<p><b>Patient Safety Incident Response Framework (PSIRF) (Deploy)</b>            PSC has continued to support the development of a shared learning network. Co-led with BOB ICB, this collaborative approach has included both BOB and Frimley ICBs, individual NHS Trusts and NHS SE regional Clinical Quality and Improvement Team. The PSC has coordinated an established programme of workshops mirroring the implementation milestones highlighted in the PSIRF framework.            It has focussed on supporting Trusts to transition through the key PSIRF preparation phases through shared understanding and development of ideas. This has also proven to be an effective approach to relay national learning, whilst also relaying regional queries and concerns to the national team.            We have met our delivery ambition that by March 2023 85% of Trusts will have completed adoption activities up to Phase 3 (5 out of 6 Trusts). PSIRF has proven to be a catalyst towards participation and engagement with the network; all stakeholders are open to adopting an integrated approach in sharing learning from incidents and managing cross-system incidents.</p>	●	●	



# 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	Med	Ongoing	IRLS funding has been reduced. PSC funding is secure. OLS funding has increased. Plans are in place to increase non-recurrent income in 23/4	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31-Jul 14	Ongoing	Green
3	Oxford AHSN Corporate	National Programmes delivery	Reputation Protect breach of contract.	Low	Med	Ongoing	Robust engagement plans and project monitoring in place. See risk 6 for Inclsiran specific risk.	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 Director of Strategy and R&I Lead and the Director of Transformation and Programme Director of Frimley ICB and the BLMK ICB Head of Innovation each month to improve alignment between the organisations. There is shared ambition to make BOB region more attractive to industry healthcare innovators. AHSN involved in ICB strategy and JFP development. We have developed the 23/24 business plan in collaboration with our 3 ICBs, we will review progress against plan quarterly, as well as reviewing strategic priorities to maintain alignment. MOU with BOB signed. Frimley happy to operate without MOU.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	Sept 2021	Ongoing	Green
6	Inclsiran	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 (2019 – 2023)

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

## 2022/23 Case Studies

- Ten years supporting spread and adoption of innovation
- Partnership with NCIMI improves patient outcomes and generates economic growth
- Evaluation assesses home monitoring device which uses AI to predict and prevent asthma attacks in children
- Evaluating artificial intelligence-augmented decision support tool to assist triage of referrals into secondary mental healthcare
- Evaluation highlights potential of new tool to transform diagnosis and monitoring of patients with rare chronic liver disease
- Evaluating AI-enhanced technology to identify patients at risk of developing diabetes
- Scoping digital support for children and young people's mental health
- New framework supports staff wellbeing in NHS talking therapies services South East
- AHSNs collaborate to support adoption of home testing to identify diabetic patients at risk of chronic kidney disease
- Transforming asthma care through system-wide collaboration and innovation

## 2021/22 Case Studies

- Start-up companies get expert support from Oxford AHSN Accelerator programme and leverage over £2 million
- Collaboration develops environmentally friendly product addressing urinary incontinence
- Oxford AHSN reaches first key milestone in major European partnership to improve outcomes for sepsis patients
- Cardiovascular disease – update on workstreams and opportunities
- Support from the Oxford AHSN helps digital innovators develop and roll out automated patient calls
- Health checks at vaccine clinics
- Pulse oximeters for vulnerable communities
- Elastomeric devices supporting hospital at home
- Environmental benefits of PIGF test
- Collaboration develops environmentally friendly product addressing urinary incontinence

## 2020/21 Case Studies

- Rapid national roll-out of home-based safety net benefits thousands of patients with COVID-19
- Two-thirds of maternity units in England adopt test to rule out pre-eclampsia following roll-out led by Oxford AHSN
- AHSNs play key role in supporting patients with Covid-19 at home
- Unique midwife education and training programme improves safety for mothers and babies in low-risk labour
- Harnessing AI technology to speed up stroke care and reduce costs
- Spreading digital innovation in the NHS and supporting the workforce
- Keeping frail elderly people out of hospital - decreasing risk of Covid-19 infection
- Supporting stroke services through the pandemic
- Supporting NHS personal protective equipment needs (PPE)
- Improving timely observation of vital signs of deterioration in care homes
- Improving detection and management of atrial fibrillation (AF)

## 2019/20 Case Studies

- 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