

Oxford Academic Health Science Network

Business Plan

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A Business Plan

The Oxford Academic Health Science Network's vision is to deliver best care through a sustainable population-centred system that ensures excellence in healthcare and equity of access for our patients using continuous learning and research to lead to new opportunities to create wealth by healthcare innovation.

Uniquely, the Oxford AHSN has chosen its' Clinical Networks as the means to deliver its vision, using the powerful lever of peer comparison to raise the quality and value of care delivered and collaborative working to enhance innovation.

Introduction

The Oxford AHSN covers a population of 3.3 million people and is a collaborative and partnership network that includes all ten NHS acute and mental health trusts, and community services providers, private healthcare providers, all 12 Clinical Commissioning Groups, nine universities, county and district councils, the local National Institute for Health Research (NIHR) research infrastructure, other NHS bodies including commissioners, third sector bodies and charities and a significant and increasing number of partners from the Network's life science¹ business ecosystem.

The Oxford Academic Health Science Network was formally designated in May 2013 and is expected to be licensed in September 2013. The Chairman, Mr Nigel Keen took up his appointment in February 2013 and the Chief Executive and Chief Operating Officer have also been appointed. The CEO, Professor Gary Ford, will take up his post on 28 October 2013 and the COO, Dr Paul Durrands, started on

¹ Life sciences includes all pharma companies, medical devices companies, the bioscience industries and health care associated industries

27 August 2013. Further recruitment is now underway for the core team and to support the delivery of this vision as outlined in the plan.

The Oxford AHSN is part of a wider context which includes the Academic Health Science Centres (AHSC), NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC), and NIHR Local Clinical Research Network (CRN). Oxford Health NHS FT, one of the founding partners of the AHSN, is now hosting the CLAHRC and was also successful in achieving designation as one of five NIHR-funded Diagnostic Evidence Co-operatives (DEC) which will bring together a wide range of experts and specialists from across the NHS and industry, including clinicians and other healthcare professionals, patients, NHS commissioners and researchers and investigate a number of different clinical areas. It is expected that the Oxford AHSN will develop relationships and collaborations with other AHSCs and NIHR outside the Region and across the UK.

Oxford University Hospitals has been successful in its application to host the new NIHR CRN for Thames Valley the South Midlands which will cover the same geography as the Oxford AHSN and hence will be an important partner for the Network.

The accreditation process for designating AHSCs from 1 April 2014 was launched in April 2013 by the Department of Health through NIHR. The Oxford Academic Health Science Centre (OxAHSC) proposal was shortlisted in May and the final application will be submitted at the end of September 2013.

Strategy and Vision

The strategy for the Oxford AHSN will be to achieve the following four objectives as set out in the Licence between Oxford AHSN and NHS England, supported by goals developed by the OAHSN itself, reflecting local conditions, existing initiatives and strengths.

- A. **Focus on the needs of patients and local populations:** support and work in partnership with commissioners and public health bodies to identify and address unmet health and social care needs, whilst promoting health equality and best practice.
- deliver best care in a population-centred healthcare system
 - identify and address unwarranted variation by disseminating evidence-based best practice, making the patient and the population at the centre of care
 - tackle local priorities: which include long-term conditions, mental health conditions and the development of new approaches in medicine

- B. **Speed up adoption of innovation into practice** to improve clinical outcomes and patient experience - support the identification and more rapid uptake and spread of research evidence and innovation at pace and scale to improve patient care and local population health.
- complete the translational research process and accelerate the diffusion of innovation into mainstream practice
 - align and integrate clinical services and the translational research infrastructures to bring rapid benefits to patients and deliver NIHR priorities
- C. **Build a culture of partnership and collaboration:** promote inclusivity, partnership and collaboration to consider and address local, regional and national priorities.
- develop an effective continuous learning network
 - create a genuine partnership that develops a culture of learning, sharing and common purpose, which breaks down organisational boundaries to deliver transformational change
- D. **Create wealth** through co-development, testing, evaluation and early adoption and spread of new products and services.
- facilitate sustainable economic development and wealth creation in alignment with best care
 - grow local life sciences clusters by promoting innovation, adoption and dissemination, entrepreneurship and by strengthening relationships with industry and business

Progress to date

The OAHSN has continued to be active in the period to designation covering the following areas:

- Location meetings: two 'locality' meetings were held hosted in Milton Keynes and High Wycombe for partners in Milton Keynes and Bedfordshire, and Buckinghamshire respectively. Both meetings demonstrated strong local engagement and commitment to the concept of the AHSN and new partnerships were forged across the NHS, local business and enterprise and academia.
- The University of Reading has hosted two meetings: the first on R & D which covered the whole network and again showed strong engagement in research and a wish to extend research activities across all NHS providers and to engage with both NIHR

and commercially funded research. The academic partners (nine universities) all have strong research bases covering all healthcare professions and the life sciences in addition to related areas of research in information, material sciences and social and health policy. The second meeting, organised by Berkshire Healthcare NHS FT, focused on the integration of mental and physical health - an area of focus in the Best Care Programme - and attracted over 100 attendees from GPs, CCGs and the mental health services.

- The Healthcare Innovation & Wealth Creation programme has been active with a workshop in January and presentations at locality meetings. In particular the Oxford AHSN was engaged at both BioTrinity 2013 and VentureFest Oxford 2013; both provided opportunities to meet with life sciences companies, networks and trade organisation and to publicise the Network's activities. A number of meetings have already been held and others are planned with individual companies including GSK, Astra Zeneca, Sanofi, Abbott, BD, and GE Healthcare. A number of small, medium and large local organisations are also partnering with the Oxford AHSN including Oracle, Cerner, Owen Mumford, and Nuffield Healthcare.
- The Oxford AHSN is developing its links with the Local Enterprise Partnerships, particularly as a means to take the innovation and wealth creation agenda forward.
- The Patient and Public Involvement, Engagement and Experience Theme held two meetings involving a large number of stakeholders. The first focused on service improvement and the second on R & D.
- The Oxford AHSN has engaged with the planning of both the CLAHRC and the CRN and will continue to work collaboratively with these two organisations over the coming months to avoid duplication.

Programmes and Themes

The OAHSN's prospectus outlined four programmes and six cross-cutting themes. The programmes are intended to deliver the objectives of the Network supported by the cross cutting themes. Uniquely, the Oxford AHSN has chosen its' Clinical Networks as the means to deliver its vision, using the powerful lever of peer comparison to raise the quality and value of care delivered and collaborative working to enhance innovation.

- Best Care (Clinical Networks) incorporating 'Population healthcare' and 'Integration and sustainability' Themes
- Continuous Learning

- Research and Development
- Healthcare Innovation and Wealth Creation

The Clinical Networks, working through the Best Care programme and building on the existing strength of clinical networks across the Network, will provide the critical mass and scale for the expertise of the cross-cutting themes that intersect them. The continual exploration for and the application of innovative ways of delivering healthcare through these themes will be a defining characteristic of the Network, and builds on the existing strong clinical engagement. The focus is now on the four themes below (Knowledge Management has been absorbed into the Continuous Learning programme and the Genomic Medicine theme is the subject of further discussions on funding sources and is also a key area for the OxAHSC).

The cross-cutting themes are:

- Population Healthcare
- Patient and Public Involvement, Engagement and Experience
- Integration and Sustainability
- Informatics and Medical Technologies

Further information on the programmes and themes is presented in Section B.

Oxford AHSN Governance Arrangements

The principle adopted by the Oxford AHSN is for a collaborative partnership rather than a formal structure involving a legal framework. The Oxford AHSN does not intend to move towards incorporation as a company limited by guarantee. However, it is expected that a memorandum of understanding may be developed amongst the partners.

1. The Oxford AHSN will have a Network Partnership Council (drawn from but not limited to the partner organisations), chaired by Nigel Keen, consisting of a representative from each AHSN partner. The Chief Executive of the Oxford AHSN will be in attendance. The Network Partnership Council is an open forum and exposes the OAHSN to public scrutiny.

2. The Chairman also chairs the Management Board - Members volunteered to join the Board following an open process inviting Members from key stakeholder organisations.
3. The Partnership Council will meet at least twice a year including the AGM to receive the Annual Report and the Annual Accounts.
4. The Management Board will monitor the principle risks to the delivery of the vision and strategic goals through the Executive Team and a Risk Register, which has been based on the Integrated Performance Framework. This piece of work is in evolution and will develop in detail during the first year. The current risks are outlined in **Section D**. The Management Board will regularly review the interdependences of the Programmes and Themes.
5. The membership of the Management Board was agreed in consultation with partners and through nominations from the groupings shown below.
6. The Clinical Networks will work within the agreed operating framework that has been developed with them.
7. Day to day delivery of each Programme and Theme will be the responsibility of a Lead. There will be a Programme/Theme Board Meeting each month, focused on progress which will be chaired by the Chief Operating Officer. Each Programme and Theme will be overseen by an Oversight Group which will be chaired by a member of the Management Board. The Oversight Groups will meet quarterly to set strategic direction and provide challenge to the Programmes/Themes.
8. Due to their tight interdependence, the Best Care Programme, Population Healthcare Theme and the Sustainability and Integration Theme will fall under one Oversight Group and Programme Board structure. There will be 6 Oversight Groups and 6 Programme Boards. The Establishment of the Core Team and Infrastructure is the responsibility of the CEO, supported by the COO and led on a day to day basis by the Assistant Director, Special Projects.
9. We will ensure that programme strategy is communicated and reflected in the business planning of the Oxford AHSN partners.
10. The Oxford AHSN has recruited its Chief Executive, Professor Gary Ford (w.e.f. 28 October 2013), its Chief Operating Officer, Dr Paul Durrands who started on 27 August 2013. Work has started on recruiting the core team and ensuring that the programmes are supported. Work has commenced on ensuring the Oxford AHSN has robust financial controls and processes in place that fulfil the needs of the host Trust OUH and the Management Board.
11. Terms of reference will be formalised for the Management Board, Oversight Groups and Programme/Theme Boards.

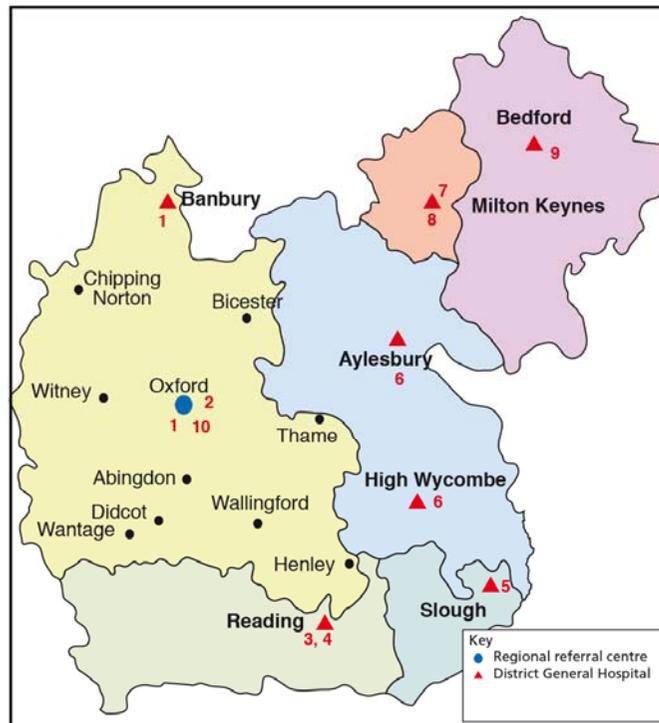
Finance and Risk

12. The Oxford AHSN has been notified of its allocation of £3,078,950 payable in two tranches: August 2013 and October 2013. The funds are managed through the Oxford University Hospitals NHS Trust which is the host organisation for the Oxford Academic Health Science Network.
13. Plans are being put in place for the robust monitoring and management of these funds in line with the requirements of the OUH and Oxford AHSN Management Board. **The financial plan is shown in Section C.**

The Management Board

Member	Information
Chairman	Mr Nigel Keen, Chairman Syncona, Wellcome Trust, Isis Innovation and Oxford Instruments Plc
Vice Chairman	Sir Jonathan Michael, Chief Executive, Oxford University Hospitals NHS Trust (host organisation)
OAHSN Chief Executive Designate	Professor Gary Ford CBE (w.e.f. 28 October 2013)
OAHSN Chief Operating Officer	Dr Paul Durrands
Grouping	
Clinical Commissioner member	Dr Stephen Richards, Oxfordshire CCG Chief Clinical Officer
Primary Care member	Dr Rod Smith, Chairman, West Berkshire Consortium for Clinical Commissioning Groups
Thames Valley LAT	Mr Matthew Tait, Director of the Thames Valley Local Area Team (LAT) of NHS England
Acute services member	Mr Joe Harrison, Chief Executive, Milton Keynes NHS FT
Community services member	Dr Justin Wilson, Medical Director, Berkshire Health NHS FT
Mental Health member	Mr Stuart Bell CBE, Chief Executive, Oxford Health NHS FT
Higher Education Institute members	Professor Alastair Buchan, Head of Medical Sciences Division and Dean of the Medical School, University of Oxford Mrs June Girvin, Pro Vice Chancellor and Dean of the Faculty of Health and Life Sciences, Oxford Brookes University Professor Richard Ellis, Dean of the Faculty of Life Sciences, University of Reading
HE TV member	Mrs Sandra Hatton, Managing Director, Health Education Thames Valley (LETB)
Research member	Professor Andrew Farmer, Department of Primary Care Health Sciences, University of Oxford and Co-Chairman CLRN
Industry members	Dr Nicholas Edwards Mr Peter Ellingworth, Chief Executive, ABHI Dr Jon Rees, CEO OBN (UK) Ltd
PPIEE member	tba
Informatics and IG	tba

NHS Trusts within the Network



- 1 Oxford University Hospitals NHS Trust
- 2 Oxford Health NHS Foundation Trust
- 3 Royal Berkshire NHS Foundation Trust
- 4 Berkshire Healthcare NHS Foundation Trust
- 5 Heatherwood and Wexham Park NHS Foundation Trust
- 6 Buckinghamshire Healthcare NHS Trust
- 7 Milton Keynes Hospital NHS Foundation Trust
- 8 Milton Keynes Community Services
- 9 Bedford Hospital NHS Trust
- 10 Southern Health NHS Foundation Trust (wef 1 November 2012)

Universities within the Network



- 1 Buckinghamshire New University
- 2 The Open University
- 3 Oxford Brookes University
- 4 University of Bedfordshire
- 5 University of Buckingham
- 6 University of Oxford
- 7 University of Reading
- 8 University of West London (Reading campus)
- 9 Cranfield University

Summary of Key Milestones²

Programme/Theme	Milestone	Year 1 Q1	Year 1 Q 2	Year 1 Q3	Year 1 Q4	Year 2	Years 3-5
Establishment of core team and infrastructure	Designation in May 2013	◆					
	Licence in place with NHS England		◆				
	Finalisation of funding contributions from NHS organisations			◆			
	Establishment of Stakeholder Review Panel			◆			
	The first Partnership Council Meeting			◆			
	Delivery of the Annual Report					◆	
	Presentation of communications strategy and plan to first Partnership Council Meeting			◆			
Best Care	Stepwise establishment of a family of Clinical Networks with 5 Clinical Networks			◆			

² This is not an exhaustive list but highlights key milestones - further details as in Section B

Programme/Theme	Milestone	Year 1 Q1	Year 1 Q 2	Year 1 Q3	Year 1 Q4	Year 2	Years 3-5
	Open publication of Annual Report for each Clinical Network					◆	
	Adherence to all relevant NICE TAs and High Impact Innovations					◆	◆
	Establishment of a Clinical Innovation Collaborative				◆		
Continuous Learning	Agreement of Memorandum of Understanding between Oxford AHSN and HE Thames Valley		◆				
	Appointment of programme leader and agreed infrastructure				◆		
	Agreed plan for programmes to be in place			◆			
Research & Development	Establishment of the CRN with AHSN support					◆	
	Publication of Annual Report (or section within AHSN Annual Report) on agreed research metrics					◆	
	Single sign off and 70-day benchmark for clinical trials					◆	
	10% increase in patients recruited to clinical trials					◆	
	Establishment of baseline from NHS partners for commercial research activity				◆		

Programme/Theme	Milestone	Year 1 Q1	Year 1 Q 2	Year 1 Q3	Year 1 Q4	Year 2	Years 3-5
	Strategy for the development of commercial research agreed					◆	
Healthcare Innovation & Wealth Creation	Establishment of Programme Oversight Committee				◆		
	Work across the NHS on High Impact Innovations and CQUINs to include appropriate adoption of NICE approved drugs, devices and other medical interventions. Identify five Innovations that will have agreed implementation plans				◆		
	Establish pipeline of innovations for commercialisation and/or uptake					◆	◆
	Creation of an innovation dashboard (including uptake)					◆	
	Established relationship with Local Enterprise Partnerships and strategic plan for engagement in place					◆	
	Clarify for industry the “go to” partners in the Oxford AHSN for different stages of the product cycle (e.g. a RACI chart)				◆		
PPIEE	Established network of clinicians, managers, researchers and patients across partner organisations interested in local leadership for PPIEE				◆		
	PPI/PPE plans for each clinical network in place			◆			

Programme/Theme	Milestone	Year 1 Q1	Year 1 Q 2	Year 1 Q3	Year 1 Q4	Year 2	Years 3-5
	PPI/PPE reported on in each network annual report and reviewed by patient/public panel					◆	
	Common metrics for PPI agreed in use in local research					◆	
	Establishment of baseline for PPIEE across the geography					◆	
	Framework for supporting organisational and system-based patient centred care developed and implemented across all partner organisations					◆	
	Patient story programme -2 year programme, starting by 31/3/13, to embed the patient story as a routine part of health care development and training				◆		
Informatics & Medical Technologies	Baseline survey of information systems and databases in use completed				◆		
	Informatics strategy agreed Framework for information governance in place					◆ ◆	
	A Clinical Network database system that provides access to common health records and facilitates communication across databases in a secure fashion						◆
	Network platforms for patient monitoring, patient diaries and patient reported outcomes					◆	

Programme/Theme	Milestone	Year 1 Q1	Year 1 Q 2	Year 1 Q3	Year 1 Q4	Year 2	Years 3-5
Integration & Sustainability	One high visibility demonstration project showcasing radical sustainability redesign of healthcare service delivery					◆	

B Programmes and Themes

Establishment of AHSN core team and infrastructure	Objectives A/B/C/D	5 Domains ³
<p>This 'programme' sets out key activities to establish and facilitate the Oxford AHSN and will support delivery of all four objectives and particularly 'to focus on the needs of patients and local populations and to build a culture of partnership and collaboration':</p>	All	All
<ul style="list-style-type: none"> enable and facilitate the establishment of the Network, engaging with current and potential new partners from all sectors through a series of meetings/road shows and other events. 	C	
<ul style="list-style-type: none"> support AHSN activities including establishment of AHSN groups within individual partner organisations, the support and sponsorship of partner conferences, and a series of engagement meetings across each locality. 	C	4
<ul style="list-style-type: none"> finalise the governance arrangements for the AHSN, and put in place robust management and assurance systems, to include robust financial and performance monitoring systems (in line with the SFIs/SOs of the Host organisation, Oxford University Hospitals NHS Trust), and to support delivery of Annual Report and Annual Business Plan (to include establishment of Management Board and Partnership Council) 	A	
<ul style="list-style-type: none"> oversee the development, finalisation and agreement of the Business Plan for the AHSN for the 5 year licence period, through the AHSN's agreed governance arrangements, securing the engagement of all partners. 	All inc. A	
<ul style="list-style-type: none"> establish Stakeholder Review Panel for scrutiny and to evaluation and to support determination of priorities, alignment and decision-making evaluation of proposals for AHSN support going forward - Panel to include representatives of patients and the 		

³ Domains in NHS Outcomes Framework - 1 - preventing people from dying prematurely; 2 - enhancing quality of life for people with long-term conditions; 3 - helping people recover from episodes of ill health or following injury; 4 - ensuring that people have a positive experience of care; 5 - treating and caring for people in a safe environment and protecting them from avoidable harm

Establishment of AHSN core team and infrastructure	Objectives A/B/C/D	5 Domains ³
<p>public</p> <ul style="list-style-type: none"> engage with the Network of Networks through attendance at meetings, contributions from members/partners and contributions to the developing Network - drawing benefit from others' knowledge, experiences, activities, programmes and plans. appoint staff members for the core team to include programme leadership, project management and administrative support, and core team administrative and secretarial support develop programme management arrangements <p>Clear and frequent communication is at the heart of making the Network effective and we need to stimulate a change in culture whereby staff automatically seek ideas from outside their own organisations. We will:</p> <ul style="list-style-type: none"> develop a communication strategy, to (i) encompass promotion and marketing of the Oxford AHSN and to (ii) adopt cost effective IT solutions to enable fast and efficient communication amongst the partners (e.g. the use of social media, interactive website and possibly video-conferencing) develop an IT strategy to enable the sharing of programme documentation across the members (e.g. SharePoint) 	<p>C</p> <p>All</p> <p>All and esp. C and B</p>	<p>4</p>
<p>Milestones</p>		
<ul style="list-style-type: none"> Designation in May 2013 Licence in place with NHS England in September 2013 Finalisation of funding contributions from NHS organisations by 31/12/13 Establishment of Stakeholder Review Panel by 31/10/13 		

Establishment of AHSN core team and infrastructure	Objectives A/B/C/D	5 Domains ³
<ul style="list-style-type: none"> • The first Partnership Council Meeting before 31/12/13 • Delivery of the Annual Report by 30/06/14 • Presentation of communications strategy and plan to first Partnership Council Meeting by 31/12/13 		
Measures		
<ul style="list-style-type: none"> • At least 90% of key partner meetings with CEO/COO held before 31/12/13 • Continued engagement and contribution at meetings of the Network of Networks, building on previous engagement (since November 2012) and the sharing of information across the Oxford AHSN. • Increased number of partners from life sciences, the third sector and local authorities • Assessment of website performance/articles in media/communications between partners • Assessment of attendance at meetings, events and AHSN sponsored meetings 		

Best Care Programme	Objectives A/B/C/D	5 Domains
<p>This programme will focus on the needs of patients and local populations</p>	A	ALL
<p>The Best Care Programme is composed of the Clinical Networks, the unique delivery mechanism of Oxford AHSN. They will:</p> <ol style="list-style-type: none"> 1) Focus on the needs of patients and of the local population to address unmet need and promote best practice, addressing local, regional and national priorities 2) Facilitate transformational change by embedding a culture of partnership, collaboration and continuous learning 3) Accelerate the diffusion of innovation and its adoption into clinical practice 4) Create wealth by co-development and early adoption of products and services that increase value of care <p>Their goal is to “improve patient and population health outcomes by translating research into practice and developing and implementing integrated healthcare systems”</p> <p>They will discharge two primary roles:</p> <ol style="list-style-type: none"> 1) Reduction of unwarranted variation to deliver a uniform level of care across the geography 2) Continuous improvement of quality and value of care through innovation <p>They will be integrated across all care settings and work within the agreed operating framework for Clinical Networks.</p>	<p>All and particularly A, C and D</p>	<p>All 1-5</p>
<p>Each Clinical Network will engage the support of relevant Oxford AHSN cross-cutting Themes and of the supporting Programmes of Research & Development, Continuous Learning and Wealth Creation & Healthcare Innovation to deliver Oxford AHSN’ s vision and goals and NHS England’s objectives.</p> <p>The Clinical Networks will be the basis for understanding clinical priorities, and for aligning care to the NHS Outcomes Framework and High Quality Care for All pyramid.</p>	<p>A, B, C and D</p>	<p>All 1-5</p>

Best Care Programme	Objectives A/B/C/D	5 Domains
<p>They will use the lever of peer review underpinned by transparent data collection, storage and analysis.</p> <p>Oxford AHSN will focus first on certain priority Clinical Networks, where it has identified local interest, expertise and a capacity to lead. These are Diabetes, Dementia, Depression & Anxiety, Early Intervention in Mental Health, Mental & Physical Comorbidity, Maternity & Imaging.</p> <p>They will be the mechanism to accelerate the translation of research evidence into practice supported by the Healthcare Innovation & Wealth Creation Programme. They will align their activities with those of the Oxford CLAHRC to utilise the power of synergism.</p> <p>The creation of the Oxford AHSN family of Clinical Networks will deliver large scale change to improve health outcomes by sharing and spreading best practice across the geography and sharing with the Network of Networks.</p> <p>The Clinical Networks will play a critical role in facilitating transformational change, embedding a culture of collaboration, partnership, transparency, sharing and support, and continuous learning. They will be the route for spread of best practice and reduction of unwarranted variation. They will use the Network of Networks to share this best practice outside our geography.</p> <p>The Clinical Networks will engage with the Healthcare Innovation & Wealth Creation Programme to reduce the number of contact points to one for a particular product.</p> <p>They will engage with academia, the life sciences industry and the Healthcare Innovation & Wealth Creation Programme to encourage corporate investment in our geography by:</p> <ol style="list-style-type: none"> 1) identifying and defining unmet clinical need to identify and define unmet clinical need 2) horizon scanning for innovation 3) co-designing new products and services 4) defining for industry evidence of value that will satisfy clinicians and the regulators 5) designing and delivering field trials of innovative products 6) providing a Clinical Network-wide recommendation and, thereby, a market for satisfactorily tested innovation 	<p>A, B, C and D</p>	<p>2, 3</p> <p>All 1-5</p>

Best Care Programme	Objectives A/B/C/D	5 Domains
<p>7) establishing clinical innovation collaborations to provide clinical leadership for evidence based procurement strategies which will bring benefits for patients, for clinicians and suppliers</p> <p>They will work with the Research & Development Programme to increase performance in initiating and delivering clinical research trials.</p>		
<p>Milestones</p>		
<p>Establishment of Programme Oversight Group by 31/01/14</p> <p>Stepwise establishment of a family of Clinical Networks with 5 Clinical Networks by 31/12/13</p> <p>Open publication of Annual Report for each Clinical Network by 30/06/2015</p> <p>Adherence to all relevant NICE TAs and High Impact Innovations by 31/03/16</p> <p>Establishment of a Clinical Innovation Collaborative by 31/01/14</p>		
<p>Measurements</p>		
<p>Regular reporting of activity, costs and outcomes metrics, describing unwarranted variation across the geography</p> <p>The uptake and diffusion of innovation, including NICE TAs and High Impact Innovations, including evidence of copying from other AHSNs</p> <p>Reports outlining Oxford AHSN participation in Network of Network activities</p> <p>Regular reports on metrics across the geography (to be developed)</p> <p>Reduction of unwarranted variation within Clinical Networks by 15% by Year 5</p>		

Continuous Learning Programme	Objectives A/B/C/D	5 Domains
<p>This programme will build a culture of partnership and collaboration</p>	C	ALL
<p>The Continuous Learning Programme is intended to:</p> <ul style="list-style-type: none"> develop an effective continuous learning network: create a genuine partnership that develops a culture of learning, sharing and common purpose, which breaks down organisational boundaries to deliver transformational change. <p>The Oxford AHSN will appoint a Programme lead and work with HE TV, building on the Memorandum of Understanding already in place, to agree a programme of mutual benefit aimed particularly at increasing capability and capacity amongst the NHS workforce in research, service improvement and quality improvement. In addition, a key feature of plans will be the importance of innovation and the AHSN and HE TV will work together to 'hard wire innovation'. This work has already begun: the AHSN supported the University of Oxford's Medical School Special Study Module on innovation – a short course for final year medical students, and is also supporting the 2023 Challenge. An annual report covering research activity and research metrics. In addition, the NHS's and HE TV's focus on patient safety has resulted in an AHSN-supported bid for the establishment of a patient safety academy.</p> <p>Oxford AHSN activities will draw on the skills, knowledge, experience and resources available from its partners in life sciences. This will include the development of joint training and exchange programmes between the NHS, academia and industry.</p>	B, C and D	All and particularly 4 and 5
<p>Milestones</p>		
<p>Establishment of Programme Oversight Group by 31/01/14</p>		
<p>Agreement of Memorandum of Understanding between Oxford AHSN and HE Thames Valley by 30/06/13</p>		
<p>Inclusion of report on Continuous Learning activities in Oxford AHSN Annual report by 30/06/13</p>		

Continuous Learning Programme	Objectives A/B/C/D	5 Domains
Appointment of Programme leader and agreed infrastructure by 31/01/14 Agreed plan for programmes to be in place by 31/10/14		
Measures		
To be developed		

Research & Development Programme	Objectives A/B/C/D	5 Domains
<p>This Programme will speed up adoption of innovation into practice</p>	B	ALL
<p>The Research & Development Programme is intended to:</p> <ul style="list-style-type: none"> complete the translational research process and accelerate the diffusion of innovation into mainstream practice align and integrate clinical services and the translational research resources to bring rapid benefits to patients and deliver NIHR priorities <p>The OAHSN will appoint a Programme lead and a senior project manager to support the delivery of mutual benefits between the OAHSN and the NIHR CRN specifically to support delivery of the Thames Valley and South Midlands CRN to come into effect on 1/04/14. In addition, a plan will be developed with NIHR and other research partners, including the universities, CCGs, NHS Trusts, and other research funders, to support delivery of:</p> <ul style="list-style-type: none"> Collaborative working with all relevant bodies, e.g. CRN, CLAHRC, the potential OxAHSC, and linking with neighbouring AHSNs Delivery of coherent research platforms for external partners and partnerships and collaborations with industry The NIHR 70-day benchmark across the Oxford AHSN/CRN The single sign-off process for clinical trials across the Oxford AHSN/CRN Increase in number of patients taking part in research trials An annual report covering research activity and research metrics 	B, C and D	All 1-5
<p>Milestones</p>		
<p>Establishment of Programme Oversight Group by 31/01/14</p>		

Research & Development Programme	Objectives A/B/C/D	5 Domains
Establishment of the CRN with AHSN support from 01/04/14 Publication of Annual Report (or section within AHSN Annual Report) on agreed research metrics by 30/06/14 Single sign off and 70-day benchmark by 31/03/15 10% increase in patients recruited to clinical trials by 31/03/15 Establishment of baseline from NHS partners for commercial research activity by 31/03/14 Strategy for the development of commercial research agreed by 30/06/14 with agreed route map		
Measures		
Increased numbers of recruits to clinical trials Increased collaborations across all areas for research Planned reduction in days to sign-off Increased number of commercially funded trials Agreed strategy for commercial research		

Healthcare Innovation & Wealth Creation Programme	Objectives A/B/C/D	5 Domains
earlier this year.		
Milestones		
Appointment of Programme lead, established infrastructure and agreed implementation plan by 31/12/13		
Establishment of Programme Oversight Group by 31/01/14		
Announcement of SBRI Challenge for SMEs (working with other AHSNs and TSB - timing to be confirmed by 31/03/14) (leading jointly with South London AHSN on the diabetes theme)		
Establishment of database of key organisations and contacts in life sciences by 31/03/14		
Development of a framework for industrial partnerships for piloting by 31/06/14		
Work across the NHS on High Impact Innovations and CQUINs to include appropriate adoption of NICE approved drugs, devices and other medical interventions by 31/03/15		
Implementation plans for five exemplar Innovations by 31/06/14		
Clarify for industry the “go to” partners in the Oxford AHSN for different stages of the product cycle (e.g. a RACI chart) by 31/03/14		
Establish pipeline of innovations during in years 2/3		
Creation of an innovation dashboard (including uptake), year 2		
Established relationship with Local Enterprise Partnerships and strategic plan for engagement in place by 30/06/14		

Healthcare Innovation & Wealth Creation Programme	Objectives A/B/C/D	5 Domains
Measures		
Establish baseline data and agree metrics (supporting also NHS England in their work)		

Oxford AHSN cross-cutting Themes	Objectives A/B/C/D	5 Domains
<p>The Oxford AHSN's cross-cutting Themes represent its overarching strengths. It has chosen four themes:</p> <ol style="list-style-type: none"> 1) Population Healthcare 2) Patient & Public Involvement, Engagement & Experience (PPIEE) 3) Informatics & Medical Technologies 4) Integration & Sustainability <p>The themes provide expertise and resource for the Clinical Networks to assess and monitor care access and delivery and to innovate. They demonstrate strengths in particular fields of applied health sciences that facilitate the completion of the research translation process and the implementation of innovation.</p> <p>Some themes will contribute to aligned work in the Oxford CLAHRC and the OxAHSC.</p> <p>These themes will intersect with the Clinical Networks and support their activities. In return the Clinical Networks will provide the populations to enable the Themes achieve their own ambitions.</p>	<p>All and esp. A and C</p>	<p>All</p>
<p>Population Healthcare will draw on its expertise from running the National Screening Programme, from producing the National Atlases of Variation and from programme budgeting through the Right Care Programme to reduce unwarranted variation of care.</p> <p>It will facilitate the redesign of care to integrate the Right Care for Patients (“no decision without me”) with the Right Care for populations.</p> <p>It will work with the Clinical Networks, which represent relevantly-sized segments of the population for each disease group, to create a system that meets the needs of the local population and rigorously assess its costs and value. To do this it will develop a capacity for systems, and network and pathway design and management.</p> <p>The Theme will use the Network of Networks and its nationally renowned expertise to make its findings accessible to</p>	<p>All and esp. A and C</p>	<p>All</p>

Oxford AHSN cross-cutting Themes	Objectives A/B/C/D	5 Domains
<p>influence the platforms that support data sharing and usage across the geography.</p> <p>Interpretation of Information Governance law and guidelines is inconsistent and can block the movement of patient data which can undermine clinical decision making and research. We will support the development of Information Governance Framework.</p> <p>It will collaborate with work streams in Oxford CLAHRC and help develop the NIHR objectives by linking clinical and research databases.</p> <p>Medical Technologies has provided leadership in two CQUIN projects: the electronic track-and-trigger system and self-management in gestational diabetes.</p> <p>The theme will work with the Clinical Networks to make similar tools available for the improvement of care quality.</p> <p>The Integration Theme will provide expertise analyse and visualise data from the Clinical Networks to enhance integration of care across settings working in partnership with a number of organisations including the George Centre.</p> <p>The Sustainability Theme led by the national renowned Centre for Sustainable Healthcare will work with the Clinical Networks to produce to ensure High Quality Care for All for now and future generations.</p> <p>Its purpose will not only be to reduce the carbon footprint of healthcare by better buildings, travel and procurement, but by also producing transformational change in clinical care pathways.</p> <p>The Theme will supporting the building of world-class leadership by establishing a Fellowship Programme with Warwick University and Health Education Thames Valley.</p> <p>Work with Clinical Networks will aim to accelerate the diffusion of sustainable care that releases resources for use elsewhere and thereby creating economic gain.</p>	<p>All and esp. A and C</p> <p>All and esp. A, C and D</p> <p>All and esp. A, C and D</p>	<p>All and esp. 1, 3, 5</p> <p>All</p> <p>All</p>
Milestones		

Oxford AHSN cross-cutting Themes	Objectives A/B/C/D	5 Domains
<p>Informatics: Baseline survey of information systems and databases in use completed by 30/06/14 and Informatics Strategy developed by 31/03/15. Framework for Information Governance in place by 30/06/14</p> <p>A Clinical Network database system that provides access to common health records and facilitates communication across databases in a secure fashion by 31/03/16</p> <p>Network platforms for patient monitoring, patient diaries and patient reported outcomes by 31/03/15</p> <p>PPIEE</p> <p>Established network of clinicians, managers, researchers and patients across partner organisations interested in local leadership for PPIEE by 31/03/14</p> <p>Establishment of baseline for PPIEE across the geography by 30/06/14</p> <p>Patient Stories</p> <p>As a matter of routine operational practice we will use patient stories to stimulate innovation and development of new products and services and address patient safety issues. This essential feedback will support the Best care Programme and the Health Innovation Programme.</p> <ul style="list-style-type: none"> • Patient safety issues - 3 patient safety issues (e.g. pressure ulcers, patient discharge notices) addressed system wide by 31/3/14 • Patient dignity issues - 3 dignity issues (e.g. care planning) addressed by 31/03/14 • Innovation - 3 new products or service changes by 31/03/15 <p>Patient Story Programme - a 2 year programme, starting by 31/03/13, to embed the patient story as a routine part of health care development and training (and curriculum) - a programme of workshops and continuous learning through mentoring and web based training to move from intelligence gathering to insight to positive action which will help clinicians</p>		

Oxford AHSN cross-cutting Themes	Objectives A/B/C/D	5 Domains
<ul style="list-style-type: none"> • to find, absorb and respond to patient stories • and work with patients to address the underlying issues <p>Joint working</p> <p>Development of a joint panel of patient/public representatives with NHS England TV by 30/11/13</p> <p>Develop a framework for supporting organisational and system based person-centred care with partner organisations and NHS England TV. This will include how best to measure and use the broad range of experience data available for innovation in service delivery, education and training and research: from individual patient stories to social media comments, survey responses, complaints and safety data etc.</p> <p>Framework developed by 31/03/15 and in use across all partner organisations by 31/03/16</p> <p>With CLAHRC, BRC/BRU,CRN covering patient -facing website development, development of PPI in research metrics, developing support for patient and public involvement in research across partners will be in place by 30/11/13</p> <p>Development of a strategy (working with HE TV)for patient and public involvement in the range of teaching activities from curriculum design to examinations. This will include developing the routine use of patient stories and experience data in teaching. By 31/07/14</p> <p>PPI/PPE plans for each clinical network in place by 31/12/13, this will include how patients and the public are involved in the structures and processes of the network, work on patient and carer engagement in individual care e.g. shared decision making or PROMs use and work using the range of patient experience data from patient stories to complaints to improve the quality of care. PPI/PPE plans reported on in each network annual report and reviewed by the patient/public panel prior to publication of Annual Report by 30/06/14</p> <p>Common metrics for PPI agreed in use in local research by 31/03/15</p> <p>Established connections with other AHSNs and hold cross AHSN event by 31/03/14</p>		

Oxford AHSN cross-cutting Themes	Objectives A/B/C/D	5 Domains
<p>Integration</p> <p>Sponsorship of and attendance at The Big Change Conference: Sustainable Healthcare for the 21st Century 22nd & 23rd November 2013, Oxford</p> <p>Sustainability</p> <p>Sponsorship of and attendance across partners at the CleanMed Europe 2013: Pathways to Sustainable Healthcare, 17th to 19th September, Oxford</p> <p>One high visibility demonstration project showcasing radical sustainability redesign of healthcare service delivery (Year 2)</p>		
<p>Measures</p>		
<p>To be developed</p>		

C Financial Plan

Oxford AHSN Finance Plan Summary 2013-14

INCOME (REVENUE)		<p>Financial Summary for 2013-14</p> <p>The 2013-14 budgets for the Oxford AHSN are based on the annual allocation received and the need to operate through the remainder of 2013-14.</p> <p>Actions</p> <p>The Oxford AHSN will spend or commit all funding within the financial year. A forecast will be undertaken when the management board has decided which proposals to fund.</p> <p>Activities</p> <p>The Management Board received 32 proposals for projects and programmes for the AHSN. The aim will be to identify from this first wave of applicants those for immediate funding, those requiring additional work to justify funding and those unlikely to be funded by the AHSN.</p> <p>A further wave of applications in December 2013 and before March 2014 will confirm the AHSN's main activity commitments.</p> <p>Spending will be within the financial envelope for AHSN activities. This budgetary summary is based on a principle of balancing resources to the allocation income, whilst maintaining a sufficient contingency to fund significant strategic projects that may arise. Any reported budgetary surplus is contingency for 2013-14. The contingency may be required to cover potential shortfalls in member income.</p> <p>Once funding arrangement from NHS England, partners and other sources are clearer, we will produce forecasts for years 2 to 5.</p>
Total National funding	3,078,950	
Matched funding (Model 1)	420,000	
LETB income	40,000	
Total income	3,738,950	
AHSN FUNDING OF ACTIVITIES		
Population Healthcare Theme	36,553	
Patient and Public Engagement and Experience Theme	44,807	
Integration and Sustainability Theme	66,667	
Informatics and Technologies Theme	234,033	
Best Care Programme - Clinical Networks	883,460	
Research and Development Programme	49,467	
Wealth Creation and Healthcare Innovation Programme	378,409	
Theme and programme non-pay costs	464,000	
Funding for fellowships (10)	250,000	
Central funding support for initial networks	250,000	
Total expenditure on AHSN functions	2,657,395	
OPERATING COSTS		
Pay costs	333,950	
Non-pay costs	184,214	
Depreciation	7,500	
Travel Costs	30,000	
Professional (Auditor and Legal) Fees	30,000	
Set-up costs	24,000	
AHSN-wide promotion/sponsorship	75,000	
Total operating costs	684,664	
INCOME AND EXPENDITURE		
Total income	3,738,950	
Total expenditure on functions	2,657,395	
Total operating costs	684,664	
Total costs	3,342,059	
Surplus/(deficit)	396,891	

D Risk Management

The Management Board will monitor the principle risks to the delivery of the vision and strategic goals through the Executive Team and a Risk Register, which has been based on the Integrated Performance Framework. This piece of work is in evolution and will develop in detail during the first year.

Six key areas of risk have been identified. They are described below with the respective responsible executive and the plan for mitigation.

Key interdependencies between programmes and themes will be reviewed and plans put in place to manage these risks.

Risk	Executive Lead	Manifestation	Mitigation
Failure to establish culture of cross-organisation working	AHSN Chief Executive	Absence of common culture and presence of hostility and suspicion Scarcity of integrated care Absence of leadership Lack of progress	Leadership supporting a culture of collaboration, transparency and sharing Programme of meetings in place for CEO and COO to be completed by 31/12/13 Ensuring a culture of inclusivity and sharing, through, inter alia, the use of appraisals Real time monitoring of network health Identification of leaders and support of leadership training Celebrate early successes Establishment of effective virtual communication system Establishment of web system and regular communication Establishment of shared working for programmes e.g. using Sharepoint
Failure to establish Clinical Networks and publish Annual	AHSN Chief Executive	Variation in care metrics unreported and unchallenged	Proper infrastructure in place to support Programme lead and the clinical networks

Risk	Executive Lead	Manifestation	Mitigation
Reports		Poor adherence to NICE TAs Poor adoption of Hils Poor adoption and diffusion of innovation	Clarity of deliverables of Clinical Networks Performance management through Job Plans for clinical leads working with host medical directors Greater recruitment of support from NICE Local Implementation Group Reinforcement of Commissioner incentives (CQUINs)
Financial Failure	AHSN Chief Operating Officer	Pay and non-pay costs uncontrolled Matched funding unrealized Failure to use commercial opportunities	Detailed monthly review Executive Team leadership Management Board review and oversight Support (commercial) for HIWC Programme
Failure to deliver Research Objectives	R&D Lead	NIHR CRN not delivered Failure to increase participation in clinical research Failure to complete research in timely fashion Failure to integrate and align the multiple clinical research networks Failure to increase research opportunities	Appointment of core project manager to work with CRN Transitional Lead Effective NIHR infrastructure support including improved sign-off Positive engagement and promotion across the Network to deliver a research active Network
Failure to produce a flexible, adaptive workforce skilled at	Continuous Learning Lead	Fixed workforce unable to adapt to changing needs	Appointment of Programme Lead Establishment of MoU with HE TV

Risk	Executive Lead	Manifestation	Mitigation
working at interfaces			<p>Focus on increasing capacity and capability in relation to research, service improvement, quality improvement and innovation</p> <p>Incorporation of training multi-professional teamwork skills in mandatory and basic training</p>
Failure to increase innovation and grow the local life science cluster	HIWC Lead	<p>Absence of change in clinical care</p> <p>Outward migration of life science industry</p> <p>Increased local unemployment</p>	<p>Establishment of baseline for measurement</p> <p>Establishment of database of contacts, partners and potential partners</p> <p>Engagement events with focus on HIWC</p> <p>Removal of barriers to collaboration and progress</p>