



www.sleepio.com/NHS

Oxford AHSN Year 6 Q3 Report

For the quarter ending 31st December 2018

Cover image: *The Oxford AHSN is evaluating a ground-breaking NHS initiative to improve sleep via free direct access to a web-based support Programme called Sleepio*

Contents	1
Chief Executive’s Review	2
Case Studies	4
Operational Overview	13
Programmes	
• Patient Safety and Clinical Improvement	23
• Clinical Innovation Adoption	35
• Strategic and Industry Partnerships	54
• Research and Development	64
Stakeholder Engagement and Communications	66
Appendix A – Risk Register and Issues Log	69
Appendix B – Oxford AHSN case studies published in quarterly reports	75

Chief Executive's Review

Relicensing

I am pleased to report that our three commissioners, NHS England, NHS Improvement (NHSI) and the Office for Life Sciences (OLS) have confirmed funding for 2019/20. NHSI announced in December that the 15 Patient Safety Collaboratives (PSCs), hosted by each of the Academic Health Science Networks, would be funded for a further year. NHSI will make a decision later this year on the national patient safety strategy and the long-term future of PSCs. I thank Steve McManus, Royal Berkshire CEO, for the strong support and leadership he provides as chair of our Patient Safety and Clinical Improvement oversight group to the team's work. Our Patient Safety team was part of a collaboration nominated for an HSJ award for Enhancing Care by Sharing Data and Information for the Suspicion of Sepsis Insights dashboard. In addition to the national and local portfolio of patient safety projects, safety is a key aspect to all our work in supporting the development and spread of innovation, and we would plan to maintain the capabilities of the PSC team to support and inform all our work during this second licence period. Our Strategic and Industry Partnerships programme is now realigned to deliver the four core functions of the Innovation Exchange that each AHSN is to deliver for OLS.

Changes to the Oxford AHSN Board

I am delighted that Peter Ellingworth, CEO of the Association of British HealthTech Industries, has joined the Oxford AHSN Board. Peter has been a supporter of the Oxford AHSN since its inception and has worked with many AHSNs. He has a keen interest on the development of the region as a centre for healthcare technology. Professor Joe Harrison, CEO of Milton Keynes University Hospital, has taken over the chair of the Research & Development oversight group from Stuart Bell, CEO of Oxford Health. Joe also chairs the Clinical Research Network Partnership Board for Thames Valley. I would like to thank Stuart Bell, the previous AHSN Board member chair, for his leadership and support to the group.

Work programmes

Good progress is being made in all our national and local programmes. The Patient Safety and Clinical Improvement oversight group has agreed to the change in focus to delivering the new NHSI operating model for PSCs and the closure of three local programmes.

Research needs survey

I have been working with Dr Louise Wood, Director of Science, Research and Evidence at the Department of Health and Social Care, and Dr Sam Roberts, NHS England Director of Innovation and Life Sciences, and colleagues on the joint NIHR/NHS England Research and Innovation Needs Survey undertaken across the 15 AHSNs. Coordinated by the Oxford AHSN team and undertaken by ComRes, 62 interviews were undertaken with health and social care senior managers and clinicians, and over 260 survey responses were received. The top needs identified are workforce, mental health, older people/frailty/multi-morbidity, mental health and use of digital/artificial intelligence technology. The full report will be published in February.

Case studies

In each quarterly report we include three case studies of work we have undertaken through collaboration with our NHS, academic and industry partners. I am pleased to see the successful establishment of the Bucks HSC Ventures and launch of the accelerator programme for companies developing solutions for health and social care. This initiative arose from an initial meeting of the partners in Bucks we convened in 2015 to discuss opportunities to capitalise on the skills of the partners to support innovation in health and social care in the region. The second case study demonstrates the value of involving patients in improving NHS services – in this case anxiety and depression. Our third case study describes the real-world evaluation and rollout of an accurate diagnostic test for pre-eclampsia (PE). This is already having an impact on patient safety and the effectiveness of our maternity services in the region, and is being studied by the NICE

Implementation Collaborative, which identifies solutions to barriers to the implementation of NICE guidance.

Professor Gary Ford CBE, FMedSci, CEO, Oxford AHSN

Oxford AHSN case studies

Case studies included in this report:

1. AHSN-led collaboration brings multi-million-pound investment to Buckinghamshire and supports SMEs to meet health and social care needs
2. Patient forum helps improve NHS services for people with anxiety and depression
3. Better diagnosis of pre-eclampsia improves patient safety and reduces burden on maternity services

Oxford AHSN Case study 1

Date: Q3 2018/19

Programme/Theme: Strategic and Industry Partnerships

Title: AHSN-led collaboration brings multi-million-pound investment to Buckinghamshire and supports SMEs to meet health and social care needs

Overview Summary

The Oxford AHSN has created a partnership between the NHS, local government, academia and industry to establish a support programme for SMEs which is investing more than £4m in Buckinghamshire. The aim is to leverage health and social care expertise and assets to build on the existing culture of innovation and collaboration in the county and support the development of digital and med-tech innovations to improve patient care. There are two key elements:

1. The Bucks HSC Ventures (www.hscventures.co.uk) initiative, launched in September 2018 and initially working with seven SMEs to help solve health and social care challenges by accelerating business innovations to market
2. The Bucks Life Sciences Innovation Centre due to open in 2019.

The collaboration brings together the Oxford AHSN, Buckinghamshire Healthcare NHS Trust, Buckinghamshire Clinical Commissioning Group, Buckinghamshire County Council and Buckinghamshire New University, along with industry partners Johnson & Johnson/Janssen and GE Healthcare. Funding has come through the Buckinghamshire Thames Valley Local Enterprise Partnership and the European Regional Development Fund (ERDF).

Challenge identified and actions taken

In 2015 the Oxford AHSN carried out an asset mapping exercise in Buckinghamshire, a county ideally situated between Oxford and London. It is home to several large global life sciences companies (eg GE Healthcare, Johnson & Johnson/Janssen) but very few med-tech and digital SMEs. Attracting more SMEs into Bucks was identified as a major goal, to be achieved by supporting and encouraging healthcare entrepreneurs to generate innovations and create new businesses, along with help for companies to grow and generate new jobs. Providing an opportunity for med-tech and digital SMEs to co-locate within an innovation centre environment was seen as a key requirement. The challenge was to establish a unique public-sector partnership to bid for capital and revenue funding.

The Oxford AHSN-led collaboration brought together Buckinghamshire Healthcare NHS Trust, Buckinghamshire Clinical Commissioning Group, Buckinghamshire County Council and Buckinghamshire New University. Ongoing strategic partnerships were also developed with Johnson & Johnson/Janssen and GE Healthcare. Funding totalling £4.1m (including matched funding) has been secured through the Buckinghamshire Thames Valley Local Enterprise Partnership and the European Regional Development Fund (ERDF).

Through Bucks HSC Ventures, selected SMEs are offered a six-month programme including expert masterclasses and prototyping facilities, as well as crucial access to health and social care providers, clinicians and commissioners to support the development of new products to ensure they meet the needs of patients and service users. The first seven SMEs being supported - selected from 22 applicants - are:

- **PEPS** – system software; analytics tool to support emergency departments and individuals to improve patient safety, patient quality and staff productivity
- **CareHound** – mobile app; management tool linking older people, families, carers and service providers
- **Spang Group** - surgical product; biodegradable surgical retractors
- **Trust on Tap** – web-based portal; connecting carers and families in arranging care
- **Home Check** – digital application; multi-point home assessment to support meeting needs now and in later life
- **Airbliss+** - hardware product; a lighter, more breathable mask for people with respiratory issues
- **Ufonia** – web platform; autonomous speech-based health monitoring.

A further seven will join a second cohort in 2019.

The Oxford AHSN has committed £30,000 match funding expertise annually throughout the three-year ERDF-funded project. This includes guidance on the spread and adoption of clinical innovation, real world testing and patient safety issues. The Oxford AHSN is facilitating ‘Lean Strategyzer’ start-up workshops for each SME and advises on all aspects of the innovation pathway from concept to commercialisation, utilising its successful Digital Health Roadmap (<https://www.healthandwealthoxford.org/digital-health-roadmap/>) where appropriate.



The Oxford AHSN is also supporting successful SMEs to access grant funding, and to develop real-world evidence and health economics impact case studies.

Impact

This three-year project went live in April 2018 so is still in its infancy. The deliverables for the ERDF-funded Bucks HSC Ventures programme are:

- 110 SMEs receiving support
- 18 new enterprises supported
- 20 new FTE jobs created and filled
- 15 enterprises cooperating with research institutions
- 5 enterprises supported to introduce new-to-market products
- 5 enterprises supported to introduce products new to the firm

Supporting quotes

“First and foremost, the programme has given us access to people we have otherwise had difficulties accessing and points of view we needed to hear. The positivity and excitement of the team is really encouraging for us and we’re looking forward to the coming months working together. Overall, we feel Buckinghamshire is really on to something.”

Jon Murrell, Consentricare

“The Oxford AHSN has played a crucial role in creating an innovation centre and support programme for medtech and digital SMEs in an area where this has been lacking. Oxford AHSN’s networks and skills in partnership working, real world evidence generation and adopting innovations in the NHS will further strengthen the culture of innovation in Buckinghamshire and the wider region.”

Nadine Frisk, Head of Bucks HSC Ventures

Future plans

A second cohort of seven SMEs will be supported by the Bucks HSC Ventures programme in 2019. The Oxford AHSN will promote the programme and additional support available to SMEs in the Buckinghamshire Life Sciences Innovation Centre, which is opening across two sites (High Wycombe and Stoke Mandeville) in 2019. It will maximise opportunities to link this important initiative into related activities within and beyond the Oxford AHSN region. Plans are in place to ensure initiatives are sustainable once ERDF funding comes to an end. Links will be developed with other emerging regional digital health accelerators including The Hill at Oxford University Hospitals NHS Foundation Trust.

NHS England priorities addressed

- Care and Quality
- Funding and Efficiency
- Health and Well Being
- Driving Economic Growth

Start and end dates

2016-ongoing

Contact Nicki Bromwich, Head of Strategic and Industry Partnerships, Oxford AHSN

nicki.bromwich@oxfordahsn.org

Oxford AHSN case study 2

Date: Q3 2018/19

Programme/Theme: Patient safety and clinical improvement

Title: Patient forum helps improve NHS services for people with anxiety and depression

Overview summary

The NHS wants to include patients in the development of services to improve the way it delivers care in an effective and compassionate way. Networks, partnerships and forums help the NHS to engage with more patients and reach specific groups to gather different perspectives. To obtain feedback on its activities, seek an active contribution to new projects and improve the way its services delivers care, the [Oxford AHSN Anxiety and Depression Network](#) reached out to former patients across the Thames Valley through the formation of a Patient Forum. It was [highlighted by NHS England](#) as a good example of patient involvement in service development and was included in a national database of mental health case studies in November 2018. The Patient Forum has demonstrated that the patient's voice is central to the work of the network and partner services and has resulted in many productive partnerships to improve patient outcomes.

Actions taken

The Oxford AHSN Anxiety and Depression (A&D) Network covers a large and diverse area including Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire. Its four members Improving Access to Psychological Therapies (IAPT) services are among some of the best in the country in terms of patient outcomes and innovative service delivery.

Following its launch in December 2014 the network wanted to find a way for at least two former service users from each of its partner psychological therapies services to take part in a Patient Forum. The objectives of the Patient Forum included offering feedback and suggestions for improving IAPT services, to be consulted on proposed work programmes and projects, and actively involved in prioritising, shaping and driving aspects of future projects.

A staff member was appointed as patient and public involvement (PPI) at each of the partner services. They are responsible for recruiting and supporting patient representatives locally.

The first Patient Forum meeting in July 2015 discussed eligibility criteria for membership. It was agreed that members should be former service users, not those currently in treatment, and the time commitment should be a minimum of 2.5 hours every second month.

The expectations and responsibilities of patient representatives and staff members were confirmed, along with the forum's core membership of eight patient representatives from all services, the A&D Network manager, a senior researcher and PPI leads.

Impact

The Patient Forum has become an effective way of ensuring timely contributions to the Anxiety and Depression network's activities from patient representatives. It provides input into everything the network does – shaping and informing its work with the aim of continuously improving patient outcomes. A good example is the variation in GP awareness of IAPT services which, following feedback from patient representatives, led to awareness-raising activity where needed.

Other positive outcomes include:

- Helping prioritise network activity within all psychological therapies' services – for instance, a relapse prevention work programme - Staying Well – was established following feedback from all patient representatives on the lack of post-discharge support
- Developing 'Durability of clinical gains' and 'Maintaining therapeutic gains' questionnaires, which have become core parts of the above programme
- Designing a 'Therapy support and follow-up' digital app which is in production.

The Patient Forum is well regarded, and its value recognised both within the A&D Network and further afield. It is anticipated that forum members will play an ever-increasing role in the network's activities.

Supporting quotes from patient forum members

"Any way that I can be used for the good of others, I would be most definitely interested to assist."

"It gives a great opportunity to give back and try to help other people who have similar issues that I had. It feels good to be able to have an input into the way the NHS develops and try to shape the service from the perspective of the individual rather than for what is most convenient to the NHS."

"I do think the Patient Forum makes a difference. A good example is the article published in the British Sjögren's Syndrome Association newsletter about the support available to patients who suffer with Sjögren's and depression and anxiety. It was a joint effort between myself and staff members from the Patient Forum. As well as raising awareness of depression and anxiety symptoms, we listed all the IAPT service phone numbers patients could ring for help across Thames Valley."

"I am very happy to report that the IAPT-LTC treatments have been shown to be not only effective in terms of patients' improved physical and mental health, but also in terms of reduced subsequent healthcare utilisation and cost. The Oxford AHSN has been instrumental in co-ordinating a Thames Valley wide health economics evaluation of these new, integrated IAPT-LTC treatments which shows that the cost of IAPT treatment is recovered within the first seven months following IAPT treatment and, with benefits lasting at least two years, that each patient saves the local health economy on average £1,870."

Professor David M Clark, National Advisor to the IAPT programme and clinical lead, Oxford AHSN Anxiety and Depression Network

Tips for adoption

Psychological therapies and other services intending to introduce their own patient forum may wish to consider the following advice in light of the experience of service user consultation at the Oxford AHSN Anxiety and Depression Network:

- Recruitment to the patient forum should be initiated at the time of discharge when the patient is asked whether they would like to be contacted about service improvement initiatives.
- Those interested should be provided with information including the patient and public involvement strategy and an overview of current projects. Those who join the forum should be invited to meet their PPI lead and the network manager to ensure they have the support they need.
- Every meeting must involve real work – something that needs problem-solving or guidance, or a topic that has come up in general feedback and discussion. For example, 'How do we engage patients in our research?' or 'How do we increase awareness of the availability of talking therapies?'

- Recognise and encourage the social dimension of a patient forum and the opportunity it provides for building relationships between staff and former patients
- Forum members' roles and responsibilities should be clear, together with clear lines of accountability to ensure actions are completed or followed up
- Have a ring-fenced budget for patient forum activities
- Meetings should be held at a convenient time, with easy parking – supported by a working supper to strengthen relationships, and large measures of fun!

NHS England priorities addressed

- Care and Quality
- Health and Well Being

AHSN priorities covered

- Mental health

Start and end dates

2015-ongoing

Contact

Ineke Wolsey, Anxiety and Depression Network Manager

Ineke.wolsey-anxietydepression-iapt@oxfordahsn.org

Oxford AHSN case study 3

Date: Q3 2018/19

Programme/Theme: Strategic and Industry Partnerships and Patient Safety and Clinical Improvement

Title: Better diagnosis of pre-eclampsia improves patient safety and reduces burden on maternity services

Overview summary

Pre-eclampsia (PE) is a multi-system hypertensive disorder of pregnancy. It complicates up to one in every 20 pregnancies. Delivery of the baby is the only 'cure'. The disease is a major cause of maternal and fetal morbidity worldwide, impacting pregnant women and their families and placing significant economic and capacity burdens on maternity systems. Clinical teams have a high degree of suspicion for PE and a low threshold to admit pregnant women with suspected PE. However, only a small proportion of these go on to develop PE. This highlights the importance of a more accurate test.

NICE guidelines DG23 detail the impact of and approach to testing for PE in pregnant women. Roche Diagnostics has developed the *Elecsys*[®] immunoassay, an sFlt-1:PIGF ratio test, which can successfully rule out pregnant women who do not have PE and have a low chance of developing it (>99% accuracy over the next seven days and >97% accuracy over the next four weeks). This prevents not only their initial admission for the suspicion of PE, but also allows an appropriate regimen of planned care to be delivered resulting in better care for individual women and more efficient use of NHS resources.

The Oxford AHSN is supporting the roll-out and adoption of the New Elecsys test in partner hospitals across the Thames Valley. It is also exploring the potential of other diagnostic tests for PE. This is a patient safety initiative in line with the ['Better Births' national maternity review](#), 2016.

Actions taken

Through its Maternity Network steering group the Oxford AHSN is supporting the implementation of the Elecsys sFlt-1:PIGF test as a patient safety initiative. The AHSN is working closely with local NHS maternity systems and the manufacturer Roche Diagnostics. Hospitals currently supported in or linked to the Oxford AHSN region are John Radcliffe (Oxford), Great Western (Swindon), Royal Berkshire (Reading), Wexham Park (Slough), Stoke Mandeville (Aylesbury), Milton Keynes and Northampton.

Key to the success of the project is confirmation of clinical need and drivers in each hospital and mapping current and future clinical pathways with associated costs and benefits. Important internal stakeholders (e.g. labs, finance) who are required to approve and then implement the adoption of the new test and pathway are being identified and engaged.

The path to adoption varies by hospital according to local needs and priorities. Regular multidisciplinary reviews are undertaken to maintain focus on progress. For each hospital the Oxford AHSN is developing insight into pathways and needs and providing project management and business support for adoption.

Impacts / outcomes to date

Three hospitals in the Oxford AHSN region have now decided to adopt an sFlt-1:PIGF test pathway with support from the Oxford AHSN. All other partner hospitals in the region have acknowledged the benefits of adopting a new pre-eclampsia pathway and are at various stages in business case development.

Positive impacts identified from the implementation of an sFlt-1:PIGF test pathway are listed below. The magnitude of each varies by hospital relating to their pathways, structure and birth rate:

- Improved patient safety through accurate diagnosis on the suspicion of PE
- Reduced (unnecessary) admissions for suspected PE
- Improved maternity capacity due to needing to monitor fewer women
- Improved community midwifery capacity due to reduction in follow-on appointments
- Reduced direct costs to the system relating to inpatient monitoring tests for woman and fetus. This includes keeping more women on the most appropriate treatment pathway (standard, intermediate or intensive) avoiding PE-related escalation and related cost pressures
- Fewer pre-term or emergency deliveries and consequent positive impact on workload and costs incurred by both maternity and paediatric services

Roche Diagnostics has supported several national and international clinical trials to generate the clinical evidence to support the efficacy of the sFlt-1:PIGF test.

Supporting quotes

“Despite receiving NICE guidance recommendation in May 2016, the uptake of the sFlt/PIGF pre-eclampsia ratio test has been slow. Working in partnership with the Oxford AHSN meant the right stakeholders were brought together with a clear plan developed to accelerate the adoption of this innovation, which can help patients receive the right level of care at the right time. The AHSN was committed from day one to lead on this project with a dedicated point of contact managing communication across all stakeholders. This collaboration has resulted in patients successfully getting access to this innovation in their region.”

Mr Chris Hudson, Director of Access and Innovation, Roche Diagnostics

“In delivering this project, the Oxford AHSN has been able to forge strong links with both Roche as the industry partner and the clinical, laboratory and finance teams in each of the target hospitals, to deliver a solution that is both clinically-effective and cost-effective and backed by the full support of all stakeholders.”

Guy Checketts, Oxford AHSN Programme Manager, Diagnostics

“Pre-eclampsia is a major cause of maternal and fetal morbidity worldwide and places significant economic and capacity burdens on maternity systems. Through standardisation of sFlt-1:PIGF testing on the Cobas platform we will be able to make significant improvements to patient safety and the level of service offered to women.”

Dr Manu Vatish, Senior Clinical Fellow in Obstetrics, Oxford University Hospitals

Future plans

Metrics are starting to be gathered demonstrating the benefit of the new pathway to the healthcare system. This is the first step in a rolling programme to facilitate the introduction of the sFlt-1:PIGF test to maternity services nationally, supported through the AHSN Network. Oxford AHSN is also exploring the potential of other diagnostic tests for PE. The NICE Implementation Collaborative has chosen pre-eclampsia testing as a national project and the Oxford AHSN will be seeking other AHSN partners to work as part of this initiative.

NHS England priorities addressed

- Care and Quality
- Funding and Efficiency
- Health and Well Being
- Driving Economic Growth

AHSN priorities covered

- Patient safety

Start and end dates

2016-ongoing

Contact

Guy Checketts, Programme Manager, Diagnostics, Oxford AHSN guy.checketts@oxfordahsn.org

Operational Review

Over the last quarter we have seen good progress on local and national programmes.

We have expanded the teams in two of our three programmes – Clinical Innovation Adoption (CIA) and Strategic and Industry Partnerships (SIP). Two more members of staff left the AHSN to join Sensyne Health.

There is much more collaboration between the three programmes, e.g. between Patient Safety and Clinical Improvement (PS&CI) and CIA on emergency laparotomy and between PS&CI and SIP on spread of the pre-eclampsia diagnostic in maternity units. SIP and CIA are working closely together to ensure we have a single-entry point for innovators into our Innovation Exchange process.

The NHS Improvement (NHSI) Board confirmed that the 15 Patient Safety Collaboratives (PSC), hosted by the AHSNs, will be funded for another year. The NHSI Board is still considering the national strategy for patient safety and the future of the PSCs after March 2020. As reported last quarter the new NHSI operating model requires the PSCs to focus on four national workstreams: deteriorating patient, medicines safety, maternity, neonatal adoption, and spread of tested innovations. Oxford AHSN Patient Safety and Clinical Improvement programme has reviewed its work and is aligning its resources to focus on the four national programmes. Our existing Maternity Network programme will be aligned to the maternity and neonatal workstream and our existing Deteriorating Patient programme will focus on deterioration in community settings. We will have to close the local Acute Kidney Injury and Paediatric Gastrostomy programmes.

Our first case study above is on the establishment of Bucks HSC Ventures, a support programme for small and medium sized enterprises (SMEs) which is investing more than £4m in Buckinghamshire. The aim is to leverage health and social care expertise and assets to build on the existing culture of innovation and collaboration in the county and support the development of digital and med-tech innovations to improve patient care. The first seven SMEs selected from 22 applications are now engaged in a six-month programme. The companies are developing a range of health and social care solutions including mobile applications, medical devices and software solutions to improve productivity.

The second case study has been highlighted by NHS England as an exemplar of patient involvement in service development – a patient forum to make timely contributions to the Oxford AHSN Anxiety & Depression network's activities such as establishing a relapse prevention programme, developing questionnaires to determine durability and maintenance of clinical gains and developing a digital app

"It gives a great opportunity to give back and try to help other people who have similar issues that I had. It feels good to be able to have an input into the way the NHS develops and try to shape the service from the perspective of the individual rather than for what is most convenient to the NHS."

Lay member of the patient forum for people with anxiety and depression

designed to prevent relapse following therapy.

The third case study concerns the real-world evaluation, spread and adoption of a more accurate diagnostic test for pre-eclampsia (PE). This condition complicates one in 20 pregnancies and is a major cause of morbidity worldwide. The Oxford AHSN is supporting the roll-out and adoption of the new *Elecsys* test in partner hospitals across the Thames Valley. The test is far more accurate than other tests in use and is helping to identify PE cases and reduce the number of false positives, whereby many women are unnecessarily admitted and monitored on busy maternity wards. Metrics are being gathered, demonstrating the benefit of the new pathway to the healthcare system. This is the first step to facilitate the introduction of the sFlt-1:PIGF test to maternity services nationally, supported through the AHSN Network.

“Pre-eclampsia is a major cause of maternal and fetal morbidity worldwide and places significant economic and capacity burdens on maternity systems. Through standardisation of sFlt-1:PIGF testing on the Cobas platform we will be able to make significant improvements to patient safety and the level of service offered to women.”

Dr Manu Vatish, Senior Clinical Fellow in Obstetrics, Oxford University Hospitals

The Oxford AHSN Patient Safety Collaborative (PSC) was part of a team nominated for the HSJ award for Enhancing Care by Sharing Data and Information for the Suspicion of Sepsis Dashboard (see Q2 report for case study). A list of all the Oxford AHSN case studies is included in this quarterly report (Appendix B). Oxford AHSN has also published ten case studies on the [AHSN Network Atlas](#):

1. Suspicion of Sepsis Insights Dashboard
2. Unique point of care blood test speeds up clinical decision-making, improves quality of care and reduces costs
3. Reducing urinary tract infections in care homes by improving hydration
4. Better care for people with psychosis thanks to joined up approach across southern England
5. Better monitoring and fewer hospital visits for women who develop diabetes during pregnancy
6. Improving patient outcomes following high-risk surgery through better use of technology
7. Improving return rates to psychiatric wards
8. Improving regional referral pathway saves lives of premature babies
9. Better outcomes for hundreds more people with anxiety and depression
10. Spreading best practice in dementia care

Building the network and capability and capacity

The network continues to grow locally, nationally and internationally. Oxford AHSN signed a joint working agreement with Novartis and launched the Heart Failure project in October 2018. The CIA team is working with Novartis to develop implementation advice, videos and workshop materials which will be used by Oxford AHSN to lead the rollout across the AHSN Network. SIP and CIA programme teams combined to input to the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Barcelona in November 2018.

We have met clinical colleagues in the Sustainability and Transformation Partnerships (STPs)/Integrated Care Systems (ICS) to share our programmes of work ensuring that, where we can, we align to their priorities and find ways together to speed up adoption. I have regular contact with the Buckinghamshire, Oxfordshire and Berkshire West STP, Frimley Health and Care ICS and Bedfordshire, Luton and Milton Keynes ICS.

Focused events coordinated by the AHSN were attended by approximately 300 people in October, November and December 2018. These included the spread and adoption of specific clinical innovations, addressing key priorities in patient safety, and embedding patient and public involvement:

- Learning from excellence conference
- Heart Rhythm Congress
- Safer paediatric gastrostomy at home
- Leading the way – NHS South conference for responsible officers
- Working Together: an introduction
- Leading Together graduation event
- Emergency laparotomy collaborative launch
- Working Together: Writing for lay audiences

In Q3 we launched our regional Emergency Laparotomy collaborative and a network promoting learning from excellence. Other highlights included a graduation event for our pilot Leading Together programme for health professionals and people with learning disabilities. In addition to our own events Oxford AHSN has contributed to many other local, regional, national and international events in the quarter. In Q4 we will hold key events of our emergency department collaborative and a primary care briefing on the Sleepio evaluation project.

I would like to thank Martin Leaver, Head of Communications, for publishing our 60th electronic monthly newsletter. This has 1,300 subscribers. The [@Oxford AHSN](#) Twitter account passed 4,400 followers during December 2018 (increase of 200 since last quarter). The account generated almost 90,000 impressions over the quarter with the busiest day being a tweet about the launch of the free online support for poor sleepers (Sleepio) achieving almost 5,000 impressions. A new Twitter account was launched and is linked to the Oxford AHSN's mental health programme ([@MH_OxfordAHSN](#)). We published a summary report of the AHSN's first five years: <http://bit.ly/1st5yrs>

Highlights from Oxford AHSN's three programmes (full reports follow).

1. Patient Safety and Clinical Improvement programme

- This programme is delivering two of the NHS England national programmes, PReCePT and SIM (see report on national programmes below). It is also supporting the CIA programme to deliver the Emergency Laparotomy programme.
- We were pleased to receive notice from NHS Improvement that the 15 Patient Safety Collaboratives will be funded to March 2020. As part of this we will be aligning our work with a new Operating Model from NHS Improvement and the new [National Patient Safety Strategy](#) and concentrate on four main national workstreams.
- We have reviewed our current portfolio and, with approval from the oversight group, we are closing the Acute Kidney Injury workstream and Specialised Paediatric care in the Community programme.
- We held a Learning from Excellence event and a shared learning and training event for specialised paediatric care.
- We published a co-designed patient information leaflet for use across the region as a result of "Sepsis – a regional Patient-Centre learning event" held earlier in the year.
- The Maternal and Neonatal Health Safety Collaborative is growing with three Trusts involved so far. The Thames Valley Local Learning System met in October 2018 and the Heads of Midwifery from Bedfordshire, Luton and Milton Keynes join the Thames Valley LLS to broaden shared learning.
- Safety culture - from 15 local applications, six £500 awards were made to support team work to:
 1. Oxford Health (Stroke Rehab Service)- Training Carousel
 2. Oxford University Hospitals (Maternity) – Making Every Day Better Group
 3. East Berkshire CCG – Medication problems in care homes
 4. Milton Keynes University Hospital – Sepsis whiteboards
 5. Royal Berkshire Hospital – Hug in a Bag
 6. Oxford University Hospitals (Tissue Viability) – Pressure ulcer categorisation cards.
- Within the Clinical Improvement portfolio, we have confirmed support to the Anxiety and Depression Network for a further two years – this includes rollout of an evidence-based app to help prevent relapse after therapy.
- A rigorous evaluation of clinical and health economics outcomes demonstrated the value of a new treatment made available to patients suffering with long-term physical health conditions and co-morbid depression/ anxiety. This work was facilitated by the Oxford AHSN [Anxiety and Depression Network](#) working with Talking Therapies in Berks, Talking Space Plus in Oxon and Healthy Minds in Bucks.
- Dementia - the Oxford AHSN continues to support the care homes in-reach team best practice network – (with funding from Health Education England).

2. Clinical Innovation Adoption programme

- This programme is delivering five of the seven NHS England national programmes: Atrial Fibrillation, Escape-Pain, Emergency Laparotomy, Transfer of Care Around Medicines (see report on national programmes below).
- Heart Failure (local): Oxford AHSN launched the Heart Failure Project in October. We are working with Novartis to create an implementation package that will include advice, videos and workshop materials.
- The team has expanded to meet the demand for national and local adoption projects.
- With the exception of Episcissors, there is adoption or interest in all the ITT/ITP products in the region. UroLift has been adopted in three of five eligible Trusts. Mobile ECG devices have been adopted in four of five CCGs.

3. Strategic and Industry Partnerships

Innovation Exchanges are the new model of operation for the AHSN Network with overriding requirements for all 15 to be working in closer collaboration with one another and form stronger links with local and national partners, creating a stronger national and local support offer for promising innovation. The Strategic and Industry Partnerships programme is now required to deliver the Innovation Exchange through four new core functions:

1. Identifying and communicating NHS and system needs
2. Signposting and directing innovators to further support
3. Brokering real-world evaluation opportunities
4. Supporting local adoption and spread.

To meet the new requirements and deliver the four core functions, the Strategic and Industry Partnerships team drafted a Local Implementation Plan and submitted to OLS in July 2018. Minor amendments to this plan were requested by OLS in October 2018 and sign-off was given at the end of October 2018. The OLS contract has been received and reviewed internally and is now under review by the legal team at our host Oxford University Hospitals. The Quarter 3 report for the Strategic and Industry Partnerships programme below has been aligned with the agreed Local Implementation Plan.

Quarter 3 has been challenging for the Strategic and Industry Partnerships team and a period involving many changes, not only due to the new contract with OLS but also with the departure of key members of the team. Nick Edwards stepped down as chair of the oversight group and we welcomed Simon Greenstreet, Head of Communications & Public Affairs UK/Ireland, at Bayer as our new chair. Julie Hart took on the role of Director of Strategic and Industry Partnerships following the departure of Nick Scott-Ram in September 2018. Dr Vinit Agrawal (Methodologist) and Andy Hill (Director of Business Development) left in November and December 2018 respectively. Three new starters joined the team.

The Strategic and Industry Partnerships team is now actively working to deliver the Local Implementation Plan. During the quarter, the Strategic and Industry Partnerships team met with 61 companies and established four new partnerships. Overall the team is actively pursuing over 68 projects and has completed over 142 specific projects.

- During the quarter agreements were secured with Perspectum Diagnostics and BioMérieux.
- The real-world evaluation of point of care diagnostic testing in a Brookside Group practice commenced.
- The real-world evaluation of point of care testing for influenza in an Emergency Department setting was completed.
- A feasibility study for using a rapid point of care HIV test kit in the sexual health clinics was completed.

- A strategic partnership was formed with BioMérieux for the development of joint projects for EIT Health
- Following the launch of Bucks HSC Ventures, six SMEs are being supported in the first cohort. The Strategic and Industry Partnerships team has run Lean Strategyzer workshops for all the SMEs
- The business plan and operating model for projectAccelerate (Multidisciplinary Business Accelerator & Scale-up Programme) have been finalised
- We commenced development of a Strategic and Industry Partnerships market access service
- A health economics study was commenced evaluating the impact of remote gestational diabetes monitoring (GDm-Health)
- 342 patients were recruited to the TrueColours platform for ulcerative colitis in Inflammatory Bowel Disease (IBD) Programme
- A Project Initiation Document was approved for the real-world evaluation of Sarissa Biomedical's SMART Chip for rapid identification of stroke mimics
- Strategic and Industry Partnerships commenced a work package for Mologic - COPD patient exacerbation alert project
- Faster and more accurate diagnosis of pre-eclampsia (PE) (NICEDG23) has been implemented in three trusts in the region and has been selected as a NICE Implementation Collaborative project giving the project a national profile
- The national programme for a revised pathway for Faecal Calprotectin (FCal) diagnostic testing in primary care (DG11) has started to roll out in Aylesbury practices with further practices in Buckinghamshire to follow
- Accelerated Access Collaborative - the first batch of 'rapid uptake' products (RUP) was announced in November 2018 and includes pre-eclampsia tests.

NHS England national programmes

Significant progress has been made in each of the seven programmes. The Atrial Fibrillation (AF) and PReCePT programmes are overperforming. Emergency Laparotomy is very strong in five trusts and on track to deliver. However, as reported in the previous quarterly reports, the target of 1,358 procedures is incorrect as the total number of procedures is 800.

PReCePT went live across the region including Frimley Health in October 2018. We have already achieved the target of 85% and have agreed to a stretch target of 95% - achieving ten percentage points more from a base of 85% is more challenging but we expect to achieve this by March 2020.

Atrial Fibrillation (AF), Emergency Laparotomy and PreCePT have been rated green. We have reported that the targets for Emergency Laparotomy are overstated. We understand that the targets are to be adjusted.

ESCAPE-Pain, PINCER and SIM have been rated amber and TCAM has been rated red for either structural reasons, e.g. IT systems in the trusts will not yet support TCAM, weak demand (ESCAPE-Pain), stakeholder preference (SIM), and delays in central planning (PINCER).

PINCER is underway, and 30 GP practices will implement the product this year. Four of five CCGs are signed up and we are planning to achieve the two-year target of 191 practices by March 2020. We have rated PINCER amber because to get 161 practices on board in 2018/19 is challenging. If the demand is there, we would continue to support the programme until the 191 practices have been implemented – in practical terms we may need to extend our support into 2020/21.

NHS England National programmes – latest targets

National Programme	Measure/goal	2018/19	2019/20	Cumulative
Atrial fibrillation	Number of patients diagnosed with AF	1,966	1,991	3,957
Emergency laparotomy	Number of procedures	751	1,358	2,109
ESCAPE-Pain	Number of ESCAPE-Pain sites active	6	5	11
	Number of patients	274	579	853
PINCER	Number of GP practices implementing PINCER	96	96	192
PReCePT	Number of babies born where MgSO4 given	8	17	25
SIM (Serenity Integrated Monitoring)	Number of participants/people (NB maintain year 1 participants in year 2)	135	29	164
TCAM Transfer of Care	Number of completed referrals	235	453	688

Summary of progress on engagement and comments on each NHS England national programme

National programme	Aim	Engagement	Comment
Atrial Fibrillation(AF)	Detect and protect	On track to deliver forecast for detect and protect	Based on 2017/18 QOF data we have a high degree of confidence in achieving and exceeding the target. External funding has been secured to run additional detection activities in Berkshire West and Buckinghamshire
Emergency laparotomy	Improve recovery and reduce LOS	Baseline assessment of current Emergency Laparotomy pathways underway Successful regional ELC conference with attendees from all Trusts	Target for ELC is circa 150% of current procedures. We only do 920 procedures (based on NELA Yr5 Q4 report) not 1,358. 5 out of 5 sites are engaged. We do not have 11 sites
Escape Pain	Improve patient outcomes from osteoarthritis and reduce cost burden on healthcare	Local needs have been reviewed, benefits have been analysed and discussions initiated with local stakeholders. Engaged CCGs, STPs, three County Sports Partnerships and Leisure Sector	Interest mostly from leisure sector. However, during Q3 progress has been made with two healthcare providers. Both are keen to offer the programme and discussions are ongoing. AHSN providing funding for training. During Q3, one site attended training with another site due to attend at the beginning of Q4. Very challenging target of 6 sites active this year. Currently one site is active, with a further 2 due to commence in Q4
PINCER	GP medicine safety	4 out of 5 CCGs signed up for PINCER pilot. Documentation to support implementation developed. 24 pharmacists attended two action learning sets. Contract developed for PRIMIS	30 practices will implement PINCER this year below the year 1 target. It is anticipated that the cumulative target will be achieved by March 2020.

National programme	Aim	Engagement	Comment
PreCePT	Prevent cases of cerebral palsy	PreCePT midwives appointed in all five Trusts. Regional clinical lead appointed and launch event held.	Uptake has been joint highest in England at 80-85%. We are aiming for an ambitious target for 95% by March 2020
Serenity Integrated Mentoring (SIM)	Reduce crisis patterns of behaviour and demand from high intensity users of services	<p>Business case developed for Berkshire Healthcare Medical Director. Positive results in Surrey and Borders for police and NHS services encouraging participation.</p> <p>User group of similar service from Oxford Health to visit Oxleas in February 2019.</p> <p>Thames Valley has just appointed a new Chief Constable and he will be engaged through the MH providers</p> <p>Potential participation of mental health services in SIM in Milton Keynes raised with BLMK ICS Director</p> <p>Oxford AHSN participating in national conferences which is proving valuable</p>	<p>Our three mental health providers are interested in SIM. CNWL is rolling out in London but not as yet in Milton Keynes</p> <p>The business case has been very well received by Berkshire Healthcare.</p> <p>Realistically it may take another 12 months to get the Trusts and the police services signed up.</p>
Transfer of Care Around Medicines (Transfer of Care)	Reduce readmissions by reducing medication errors	Buckinghamshire Healthcare, Frimley Health and Royal Berkshire engaged. Oxford University Hospitals and Oxford Health next.	<p>Buckinghamshire Healthcare (and the Buckinghamshire ICS) and Frimley Health recognise the benefits but do not have the required EPMA system – they are exploring the business cases for investment. Royal Berkshire went live with EPMA in October 2018, they will revisit the opportunity in April 2019.</p> <p>Our view is that because of the systems issues it is unlikely that more than 2 (target 4) Trusts may sign up to TCAM by March 2020</p>

Key Performance Indicators (KPIs)

Programme	High level KPIs (measured annually unless otherwise stated)	As at Q3
Patient Safety and Clinical Improvement	Adoption of 2-3 proven improvements from outside the AHSN area	2 adopted
	Implementation of 2-3 clinical improvement/innovation projects in mental health	Three mental health projects in progress
Clinical Innovation Adoption	Number of innovations adopted per annum	6 innovations
	Number of NHS organisations adopting	8 Trusts, 170 Practices, 5 CCGs, STP and 3 ICS
Strategic and Industry Partnerships	Number of real-world evaluations completed	2
	Amount of investment leveraged into the region through SIP activities	£71.6million
Stakeholder engagement	Twitter followers main Oxford AHSN account only (reported each quarter)	4,420 (Q2 4,200)
	Newsletter subscribers (reported each quarter)	1,296 (Q2 1,312)
	Year on year change in participants/attendees at AHSN-organised events	347 in Q3 2017/18 and 279 in Q3 2018/19

Key Milestones – progress to date

Programme/Theme	Key milestones 2018/19	Q3 Progress
Corporate	Hosting agreement with OUH Commercial vehicle development	Waiting for OUH to agree MOU CLG and subsidiary set up
Patient Safety and Clinical Improvement	Re-licence of Patient Safety Collaborative past March 2019	The Patient Safety Collaborative has funding to March 2020, with a new Operating Model
Clinical Innovation Adoption	Launch the eMaps website for market access aimed at SMEs Delivery of five national innovation adoption programmes	On track Delivery underway for all 5 (and 2 in Patient Safety and Clinical Improvement)
Strategic and Industry Partnerships	Roll-out of faecal calprotectin (FCal) point of care diagnostic test Roll-out of pre-eclampsia diagnostic test (NICEDG23)	National programme for revised pathway for FCal testing in primary care (DG11) has started roll out in Aylesbury GPs with further practices in Buckinghamshire to follow. Faster and more accurate diagnosis implemented in 3 Trusts and selected as NICE Implementation Collaborative project giving it national profile
Stakeholder Engagement and Communications	Independent stakeholder survey	Review need if NHSE undertake national survey

Finance

As at Quarter 3, Oxford AHSN revenue is forecast to be £5.9 million. Our three commissioning bodies NHSE/NHSI/OLS account for £4.1 million income which is in line with plan. Partner contributions are expected to be £0.04 million under.

During Q4 our PPIEE programme will work alongside the LCHRE in an £80,000 contract awarded during Q3. Programme costs are on budget. £0.4 million will be transferred to Oxford AHSN's company limited by guarantee to meet programme costs in 2019/20. We will report a balanced position at the end of the year.

FINANCE PLAN - Quarter 3 2018-2019

	Model Period Beginning	01-Apr-18	01-Apr-18
	Model Period Ending	31-Mar-19	31-Mar-19
	Financial Year Ending	2019	2019
Year of Licence Agreement		6	6
INCOME (REVENUE)		Opening Plan	Forecast
NHS England funding		2,783,500	2,783,500
Partner contributions		443,000	400,000
SCN Funding		0	0
HEETV income for continuous learning		0	0
Office of Life Sciences Funding		831,000	830,000
NHS Improvement funding - PSC income		447,925	447,925
Other Income - Corporate Support		20,900	40,636
Other Income - Patient Safety Collaborative		10,000	10,000
Other Income - Clinical Innovation Adoption		523,370	535,061
Other income - Strategic & Industry Partnerships		736,391	644,345
Other income - Informatics		0	18,236
Other Income - PPIEE		96,583	176,783
Total income		5,892,669	5,886,486
AHSN FUNDING OF ACTIVITIES			
Patient Safety & Clinical Improvement		1,108,845	815,765
Clinical Innovation Adoption		1,547,019	1,429,670
Strategic & Industry Partnerships		1,369,856	1,260,931
Informatics		434,919	456,093
PPIEE		214,930	259,261
Communications, events and sponsorship		165,340	140,653
Contribution to/From AHSN Network		95,000	92,430
Transfer to Accelerare Ltd		0	436,182
Programmes and themes		4,935,909	4,890,984
CORPORATE			
Pay costs		640,889	637,371
Non-pay costs		315,871	358,000
Total Corporate Costs		956,760	995,371
Total expenditure		5,892,669	5,886,356
Net Income/Expenditure		-0	-130
Programme funding previously committed		0	0
Surplus/(deficit)		0	130

Risks and issues

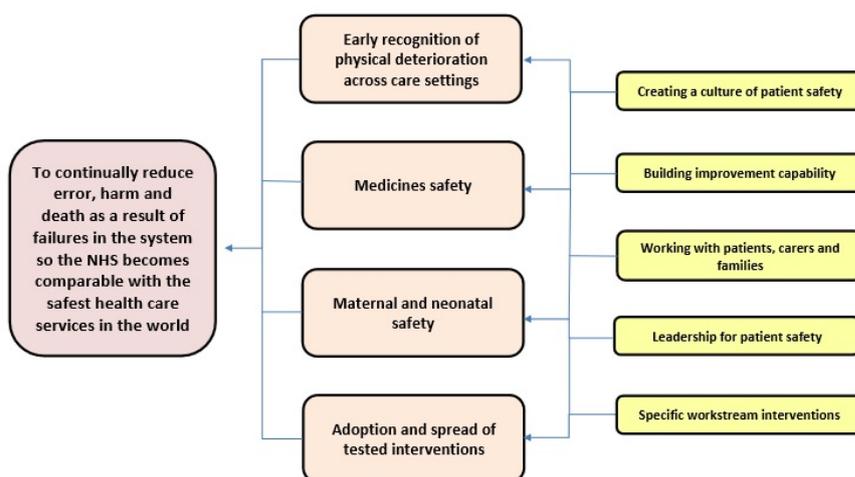
Risks and issues are kept under review and mitigated.

There are no new risks to report this quarter.

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

Patient Safety and Clinical Improvement

As we enter the new year, we were pleased to receive notice from NHS Improvement, relicensing the Patient Safety Collaboratives to March 2020. As part of this we will be aligning our work with a new Operating Model from NHS Improvement and the new [National Patient Safety Strategy](#) (currently in consultation until 15 February 2019). Our work will concentrate on four main national workstreams to maximise the collaborative patient safety effort and resource across England, shown below.



As part of this we have reviewed our current work, acknowledging the need to put considerable resource into the commissioned national work. Our Acute Kidney Injury workstream and our Specialised Paediatric Care in the Community programs will be coming to an end over the coming months and standalone Safety Culture work will now be integrated into the national workstreams. Our existing Maternity Network work will now become further aligned to the national maternal and neonatal safety workstream.

Within the new Operating Model we will be expecting to diversify concentration on early recognition of deterioration into community settings, begin a program on medicines safety (currently awaiting clarification on direction), and to support the adoption and spread of a COPD Discharge Bundle, the Emergency Department Checklist as well as enhanced support for two existing AHSN priority projects – PReCePT and the Emergency Laparotomy Collaborative.

During this quarter we were pleased to be part of the team of organisations nominated for the HSJ Award for Enhancing Care by Sharing Data and Information for the Suspicion of Sepsis Dashboard. Although the award went to another deserving project, we were very proud to be part of this collaborative effort between PSCs and AHSNs. We will also be supporting the roll out of the dashboard.

Other highlights included the Learning from Excellence event and our Shared Learning and Training event for Specialised Paediatric Care, which are detailed in the following pages.

Within the Clinical Improvement portfolio, we were pleased to be able to confirm support to help the Anxiety and Depression Network for a further two years.

On a final note, we were sad to say goodbye to Rachel Davies, our Project Support Officer who contributed greatly to our maternity work. As she moves on to new challenges, we wish her the very best.

Deterioration

Acute Kidney Injury (AKI)

This programme aimed to reduce the burden of Acute Kidney Injury (AKI) in the Oxford AHSN region and improve outcomes and quality of life for patients. Over the last three years it has run multiple projects which have benefited patients throughout the region.

These include the introduction of AKI alerts in all care settings as per the national patient safety alert. Alongside this, care bundles have been developed and implemented in both primary and secondary care settings. These bundles were rolled out with training for clinicians and assist the team to treat patients with AKI in a timely manner reducing the risk of further kidney damage. It was noted through regional data collection over 18 months that the AKI alerts plus a care bundle is more likely to reduce length of stay, the rates of hospital acquired AKI and progression to a higher AKI stage.

One of the key priorities when a patient develops AKI is to ensure that they have a timely medication review. Oxford University Hospitals NHS Foundation Trust developed an electronic pharmacy review tool which triggers every time a patient has an AKI alert. This enables pharmacists to review and recommend the temporary cessation of certain drugs which may make the condition worse therefore improving kidney health. Several other Trusts are looking at this model.

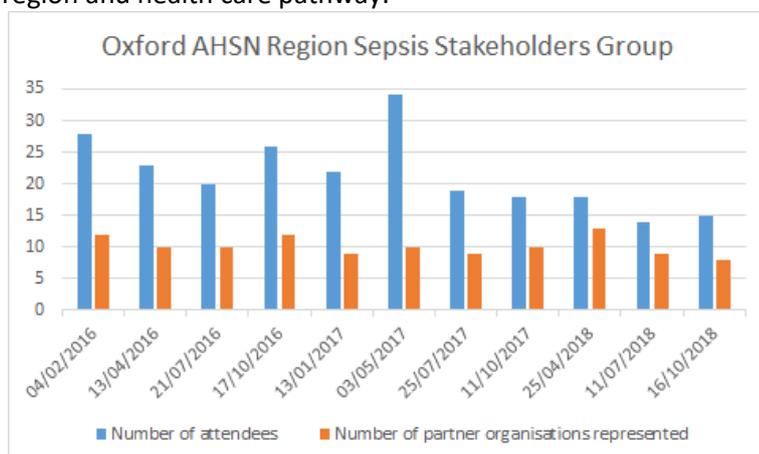
The 'Good Hydration!' project run in collaboration with East Berkshire Clinical Commissioning Group (CCG) in care homes was conceived within the AKI workstream focusing on prevention of AKI and urinary tract infections (UTIs) through improving hydration. To date the project has demonstrated a reduction in hospital admissions for UTIs by 66% and has been rolled out throughout the CCGs within the Oxford AHSN region.

The importance of patients taking care of their kidneys in the community was highlighted when a small survey of patients with AKI at Great Western Hospitals NHS Foundation Trust noted that patients did not understand what AKI was or the importance of hydration to maintain kidney health. A leaflet has been designed for these patients and shared throughout the region to promote kidney health.

The AKI steering group has worked tirelessly to improve the outcomes for patients with AKI, however, due to other competing pressures locally, a decision was made in October 2018 to close the AKI workstream. Work will continue until March 2019 when the programme will officially end leaving behind a legacy of improved outcomes for patients with AKI within the Oxford AHSN region.

Sepsis

The Sepsis Stakeholders group continues to have strong representation from organisations across the region and health care pathway.



Key achievements include a co-designed patient information leaflet for use across the region and two patient-led support groups, as a direct result of "Sepsis - a regional patient-centred learning event" held earlier in the year.

HAVE YOU BEEN AFFECTED BY SEPSIS?
 People can be affected by sepsis in many ways. You or someone close to you may have had sepsis, or you may have lost a loved one. Whatever your circumstances, come and join us.

Oxfordshire and Berkshire Sepsis Support Group

Monday 10th December 2018
 6.30pm - 8pm

Meadow Brook
 59 Stowford Road
 Barton
 Headington
 Oxford
 OX3 9PP

For more information please contact us on 0808 800 0029 or support@sepsistrust.org



HAVE YOU BEEN AFFECTED BY SEPSIS?
 People can be affected by sepsis in many ways. You or someone close to you may have had sepsis, or you may have lost a loved one. Whatever your circumstances, come and join us.

Swindon, Wiltshire & East Gloucestershire Sepsis Support Group

Customer Service Hub
 Orbital Shopping Park
 Thamesdown Drive
 Swindon
 SN25 4AN

Wednesday 31st October
 6.30 - 8 pm

For more information please contact us on 0808 800 0029 or support@sepsistrust.org



Add organisation logo

Sepsis - Information for you and your relatives

Sepsis is a life threatening condition that arises when the body's response to infection injures its own tissues and organs.

This leaflet provides information about sepsis. Please ask your doctor if you have further queries about sepsis or require advice.

Further information

For further support you may wish to join the local Oxfordshire & Berkshire Sepsis Support Group. For more information please contact 0800 389 6255 or info@sepsistrust.org

The UK Sepsis Trust also provides information for patients and relatives.

www.sepsistrust.org
 Tel: 0800 389 6255
 info@sepsistrust.org

What is Sepsis?

Sepsis is also known as septicaemia or blood poisoning. Sepsis occurs when the body over-responds to a bad infection leading to tissue damage. You may become very ill as a result.

Sepsis can happen quickly, which can be frightening for patients and relatives. The majority of patients recover with a course of antibiotics.

However, if the immune system is weak or an infection is particularly severe, it can cause problems to the body's organ systems. This might include a very low blood pressure, problems breathing, or kidney failure.

Some people develop sepsis so severe that it may be life threatening, and treatment on a critical care unit may be required.

Fortunately, most patients recover, although recovery for everyone is different, and it may take some time for you to feel yourself again.

How is sepsis treated?

Treatment for sepsis is relatively simple and a long side early recognition can be life saving.

Prompt treatment with antibiotics is the cornerstone of treatment.



You may require a drip to treat low blood pressure, or oxygen if oxygen levels are low.

Blood tests, and other tests like x-rays, are done to look for the cause of the infection and its effect on the organs.

We also monitor how much urine you produce. This may require you to have a catheter.

What if I have to go to the critical care unit?

Critical care (also known as intensive care) is where patients are treated and nursed if they require additional support for their major organs, such as a breathing or kidney machine. This requires even closer monitoring.

Patients may remember only bits of their time on critical care. It can be helpful for you or your relatives to keep a diary to help you and them through this time.



Support post-critical care is available at: www.icustrust.org 0800 3020121

What can relatives do to help?

Your family and friends have an important role in helping you to recover. Just them being there with you, giving encouragement and reassurance, can help your recovery.



Often patients get confused when they have sepsis. Familiar things from home like photos, music or books may help.



Your visitors might want to brush your hair or help you take food and drinks. A hand or foot massage may help if they feel swollen or heavy.

Visitors - please remember to look after yourselves. Eat properly, take breaks, and rest when you can. It can be hard and very tiring to accompany someone you love through an illness.

The nurses and doctors are here to help. If you have questions or are unsure of anything, please ask.

Going Home - What to expect

Once home you may still be very tired and need to rest. You may be much weaker than before. Pushing yourself too hard may delay progress. Set achievable goals and pace yourself.

Sepsis may take away your appetite. Try small meals and healthy snacks to build up your appetite and strength.

Your emotions may be very changeable. This is a normal response to how ill you have been. Try talking to someone about your feelings.

After a life-changing experience your relationships with family may also have changed. You may feel they are over protective. Remember, they watched anxiously while you were ill. This may have affected them more than you realise.

Returning to work can be really daunting. Many employers allow patients to start back part time.

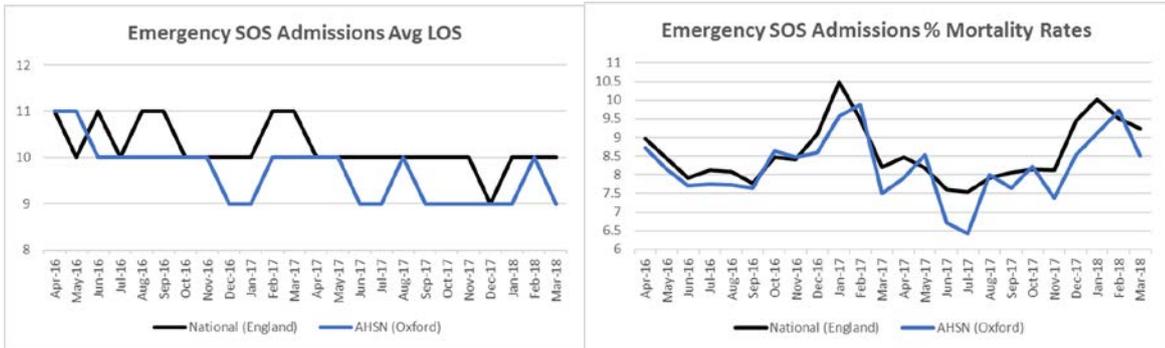
Remember, although recovery can be tough, there is every reason to be optimistic that with time you will get back to a more normal life.

This quarter the meeting focused on NEWS 2, as well as information about the Emergency Laparotomy Collaborative (ELC) project. This is a bundle of six elements to improve outcomes for patients undergoing emergency laparotomies, the first two of which are:

1. Use of an Early Warning Score (EWS) or lactate to identify patients most at risk for deterioration and the delivery of prompt resuscitation for these patients.
2. Use of a sepsis screening tool to identify septic patients and treatment with Sepsis Six.

Links have been made in organisations for Emergency Department, sepsis and NEWS 2 champions with surgical and anaesthetic colleagues working on ELC. Dr Andrew Brent, Regional Clinical Lead for sepsis, spoke at the first regional ELC meeting.

The Suspicion of Sepsis (SoS) dashboard was also shared again with the group which shows the region has been consistently at or below the national average for length of stay and mortality rates.



A regional NEWS 2 Champions forum has been set up, currently for the five acute organisations in the region. This has proved useful for sharing training resources, escalation and frequency of observation

policies as well as peer support for project management of NEWS 2 roll out, challenges with electronic recording systems and nuances with clinical scenarios, such as spinal patients. This is being fed back via the national deteriorating patient workstream and online NEWS 2 champions network.

Emergency Department Collaborative (ED)

Planning is underway for the next regional ED event which will be on 8 March 2019 hosted by Oxford University Hospitals at Unipart Conference Centre, Cowley, Oxford. The theme will be 'Working across services, sectors and specialties. Sam Foster, Chief Nurse at Oxford University Hospitals, will open the event.

Mortality Reviews

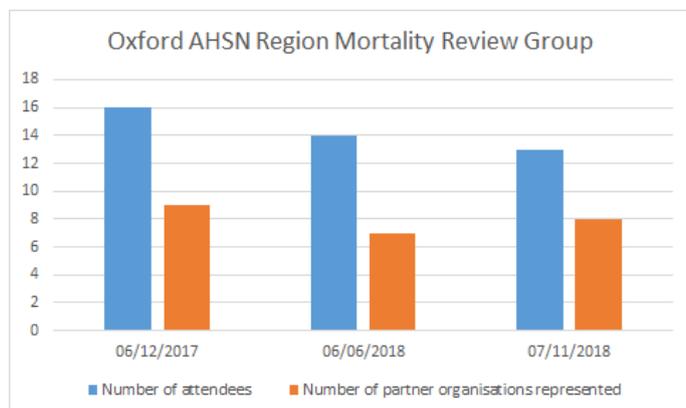
The regional mortality review group met for the third time this quarter. Representatives fed back from two national events:

- The Royal College of Physicians National Mortality Case Record Review (NMCRR) Programme conference
- The Royal College of Pathologists Medical Examiners [meeting](#)

[National Mortality Case Record Review \(NMCRR\) Programme resource](#)



The group continues to seek ways to share and learn and has made links with Frimley Integrated Care System Mortality Review Group as well as sharing directories of support/signposting given to bereaved families, public board papers relating to mortality reviews to identify themes and lead contacts in each Trust for external referrals related to mortality reviews.



Buckinghamshire Healthcare NHS Trust has been an early adopter of the Structured Judgement Review tool and Medical Examiner role which has been featured in the NMCRR [annual report](#) as a case study. This includes the role of the AHSN in supporting training, shared learning and standardised practice.



Maternity

Maternal and Neonatal Health Safety Collaborative

The Maternal and Neonatal Health Safety Collaborative is a three-year programme to support improvement in the quality and safety of maternity and neonatal units across England led by NHS Improvement. The Patient Safety Collaborative is supporting Trusts within the region throughout this programme.

All three Trusts in the programme so far (Oxford University Hospitals, Royal Berkshire and Frimley Health) are continuing to work on their quality improvement projects, improving the recognition of deterioration in labour, reducing hypoglycaemia in the newborn, hypothermia in the extreme preterm and improving the timely treatment of sepsis.

The Local Learning System (LLS) is intended to support Trusts in quality improvement methodology and look at system level improvement where appropriate. The Thames Valley LLS met in October and worked with members in developing clear plans to systematically test changes to the system. A decision was made by the heads of midwifery in Bedfordshire, Luton and Milton Keynes Local Maternity System for Milton Keynes University Hospital to join the Thames Valley LLS to broaden shared learning.

PReCePT

Background

This is a multi-organisational quality improvement approach for the adoption and spread of Magnesium Sulphate (MgSO₄) for neuroprotection of preterm babies less than 30 weeks' gestation. MgSO₄ is a relatively inexpensive, easy to administer effective treatment that can reduce the risk of death and cerebral palsy in babies born very preterm. The programme has been successfully implemented in the West of England AHSN where uptake rates improved considerably and is being rolled out nationally over 2018/19 and 2019/20 as it has a compelling evidence base and a simple methodology. The aim is to achieve an uptake of MgSO₄ of 85% progressing to the stretch target of 95% by March 2020 in eligible mothers.



Progress

PReCePT went live in the Oxford AHSN region and Frimley Health on 1 October 2018. Appointed midwives within each Trust have been working on delivering awareness training to all members of staff ensuring the benefits of MgSO₄ for the extreme preterm is shared, along with how and when to administer it to mothers in preterm labour. A learning day was held for the regional midwives and regional lead to process map where improvements can be made. This highlighted that often women receive MgSO₄, but the documentation is not transferred from maternal records to neonatal records thus skewing the evidence of excellent care given to these women. On average for this quarter, 79% of women who met the criteria for PReCePT received MgSO₄. Each Trust actively supported world prematurity day highlighting the PReCePT programme with local parties and twitter presence.

A mother and father of twins born before 30 weeks have kindly agreed to be interviewed on film with Dr Mark Anthony, our Regional Improvement Lead for the PReCePT programme. The aim is to hear from the patient and her partner on their experience of receiving MgSO₄ in order to raise awareness and promote the importance of the timely administration of MgSO₄ in the prevention of cerebral palsy for preterm infants. PReCePT midwives will lead a session sharing stories with each other to learn how to share the learning within their individual Trusts.

The Maternity Regional Improvement group (Steering Group) - previously the Maternity Network

The purpose of this regional group is as a collaborative model of working with obstetric, neonatal and midwifery staff across the region to drive improvements in patient safety through:

- The development of regional guidelines and service improvements
- Reduction in variation in care to make it safer for rotating junior doctors
- Reduction in variation in care to make it safer for women who receive care in in more than one hospital in the region during their pregnancy
- Working across boundaries to promote best practice and share learning

The group reports into the Safety workstream of the BOB LMS forming a considerable part of that workstream and guidelines are approved at this high level for adoption regionally.

Guidelines - The group have recently updated the 2015 Preterm Labour guideline bundle which includes the pathway and management algorithm for in-utero transfer for women in threatened extreme preterm labour and Magnesium Sulphate for neuroprotection before preterm birth. This bundle has been a valuable resource for the our regional PReCePT programme leads and has also been shared across the South

Neonatal Operational Delivery Networks (ODN's) following expressions of interest from the National Neonatal Critical Care Transformation key stakeholders.

We are now considering how best to align this work with the improvement work of the Local Learning Systems (LLS) in order to maximise this opportunity to further develop and embed improvement skills and patient safety expertise across the region.

Perinatal Regional Governance Group

The purpose of this group is to ensure that maternity and neonatal services in the Thames Valley region are investigating and learning from incidents and that the learning is shared within the Local Maternity Systems (LMS) as identified in the Five Year Forward View for Maternity Services and in Each Baby Counts report (RCOG, 2017). We have shared learning has been shared with West of England AHSN who are interested in this model.

As part of this work we are collaborating with these local and national organisations:

- **Perinatal Mortality Review Tool (PMRT)**- Facilitating local maternity units in using the tool to increase the quality of investigations and improve the learning from the investigation and analysis of the event.
- **The Health Safety Investigation Board (HSIB)** - This team were established by an expert advisory group following a government enquiry into clinical incident investigations and have specialist skills and expertise and come from a variety of backgrounds including military and aviation. Their aim is to develop a standard approach to investigation that encompasses a no-blame human factors approach that results in the same experience for staff and patients.
- **Patient Safety Academy (PSA)** - In order to generate change and improve outcomes for mothers and babies, the perinatal governance group are currently considering the human factors elements that impact on poor outcomes recognising the fact that these are not well addressed within the existing governance structure. A two- day bespoke training package has been developed, funded by HEETV, delivered by the PSA and supported by the PSC. The methodology involves training those involved in clinical investigations in the principles underpinning a human factor approach to incident investigation. The approach works best when training is offered across disciplines and we will train governance leads in obstetrics, neonatology and midwifery together. Course dates are January and March 2019 at the AHSN offices.

Safety Culture

In the past patient safety science has focused mainly on learning from errors and adverse outcomes, but more recently there has been increasing interest in also looking at what goes well through mechanisms which can create new opportunities for learning and improving healthcare such as excellence reporting. Learning from excellence in healthcare is now growing from an idea to a social movement and as the initiative spreads and takes roots in different centres in our region, the Oxford Patient Safety Collaborative felt it important to create and maintain links between all participants, to enable so everyone can make the most of this positive practice.

Thus, on 15 October at Park House, University of Reading, in conjunction with the Royal Berkshire NHS Foundation Trust we hosted a regional excellence reporting event, for around individuals and teams from across the NHS in Berkshire, Buckinghamshire, Oxfordshire and Milton Keynes.

At this conference Thames Valley Reporting Excellence (TReX) was launched. TReX is a community and network of healthcare professionals who champion excellence reporting, supported by the Oxford PSC.

The free event aimed to promote shared learning about the best ways to start excellence reporting in a clinical setting, and for those already learning from excellence to explore how to make the most of excellence reporting and how to sustain the work. The day included speakers with experience in positive

practice and appreciative inquiry, the psychology of learning from excellence, and explored excellence from other fields outside clinical care.

Evaluation of the event was extremely positive, with an overwhelming majority of the 84 attendees reporting that they had learned something new to take away from the day.

Safety Culture Fund

Frontline NHS staff with good ideas for small projects may sometimes struggle to find funds to support their work. As part of the national Safety Culture workstream, Oxford PSC offered funds of up to £500 per project to support staff to implement ideas that can help enhance teamwork, help create a culture of psychological safety or learn from when things go well.

Funds could be used in any way that supports the projects – including printing and design costs, buying equipment and supporting events, and applications were welcomed from all NHS settings/staff grades working in the Thames Valley and Milton Keynes area. A total of 15 applications were received from six different Trusts, and one CCG, all were reviewed by a panel including the PSC team and a patient representative and successful applicants were notified at the end of November 2018.

Six awards were made to the following projects:

1. Oxford Health (Stroke Rehab Service) - Training Carousel
2. Oxford University Hospitals (Maternity) – Making Every day Better Group
3. East Berkshire CCG – Medication problems in care homes
4. Milton Keynes University Hospital – Sepsis whiteboards
5. Royal Berkshire Hospital – Hug in a Bag
6. Oxford University Hospitals (Tissue Viability) – Pressure Ulcer categorisation cards

The successful projects will be asked to provide updates on their progress during the coming year.

Specialised Paediatric Care

The aim of our Specialised Paediatric Programme is to improve safety and outcomes along the care pathways of children with technologically dependent complex needs who are looked after at home, while enabling them to lead as normal a family life as possible, and to reduce unscheduled admissions to hospital.

It also aims to foster improved collaboration between all stakeholders from the point of initial referral to surgical management of patients, through subsequent discharge, follow up and long-term care in the community including transitional care to adulthood.

The programme has two projects, one [PG] for children with gastrostomies who are dependent on enteral feeding, and one for children who are dependent on long term ventilation [LTV].

Engagement in the programme is fully regional and multi professional, with input from parents integral to the work.

Shared Learning and Training event for PG project

On 12 October 2018, the PG project ran an event at the new Academic Centre at Milton Keynes University Hospital for over 40 of the specialist healthcare professionals in the region who care for children with gastrostomies.

The event was attended by paediatric nurses from both acute and community sections of the patient pathway, by palliative care and special school nurses, paediatric surgeons and community paediatricians, dietitians, speech and language therapists, researchers and by parents of affected children.

This unique day of shared learning and training aimed to inform and educate, to facilitate better connections between the attendees, and to understand their views about the future direction of the work.

The theme of the day was 'supporting, enabling and empowering parents to provide the safest care for their children'. The morning session saw presentations on the programme's work, and a facilitated conversation between a researcher and two mothers of children with gastrostomies. This powerful session gave moving insights into the daily challenges faced by unpaid providers of clinical care and the impact, not only on the carer, but also on the whole of the patient's family.

In the afternoon, all delegates rotated through four 'hands on' interactive workshops run by members of the Steering Group. Topics ranged from learning and teaching through simulation, the contents of a gastrostomy 'grab bag', a 'show and tell' about gastrostomy wound care, and safe tube feeding with blended diets.

Impact

Evaluation of the event was very positive with attendees rating it as very valuable both from a networking perspective, and in term of new things they had learned to take back and share with their teams for the benefit of patients.

In response to the question on what they had learned from the day to take away and implement, one surgeon gave the following comment:

"The parents' perspective - never really considered and I will change my practice as a result to give /allocate more time to parents in consenting for gastrostomies as I have a greater understanding of the impact on all the family"



Attendees at the event

Long Term Ventilation project progress

The LTV project's focus is on the care and safety of children cared for at home who are totally dependent on a mechanical aid to breathe (Level 3 ventilation).

The project aims to ensure that every child in the Thames Valley with LTV needs will spend no longer in hospital than medically necessary and will receive safe, quality care in the community.

This means all children will have:

- A manageable and effective pathway of care
- A personalised care plan
- Access to education and enrichment activities
- Care delivered by trained and skilled staff

- Fewer unnecessary admissions to hospital

To achieve these aims, in conjunction with the Thames Valley Children's Palliative Care Network, other key stakeholders and national experts, this project has developed an evidence based best practice pathway for this group of patients in our region.

On 6 December 2018 the [Thames Valley Long Term Ventilation Pathway and Standards of Care for Children](#) was launched at a meeting of the Thames Valley Palliative Care Network held at Helen and Douglas House in Oxford.

Supporting this project has been a key element of the PSC Specialised Paediatric Programme. With increasing numbers of technologically dependent children being cared for by their parents at home rather than living their lives in hospital, ensuring the competency of those caring for them to enable their needs to be safely provided for has never been greater.

Roll out and implementation of the Pathway and Standards across the region will constitute the next phase of this project.



Helen Bennett (Director of Care, Alexander Devine Children's Hospice), and Andrea Lambert (Head of Children's and Family Services, Rennie Grove Hospice) presenting the LTV Pathway

Specialised Paediatric Programme future

As part of the PSC review of work in early December, a decision was taken by the PSC Oversight Board to close the programme at the end of Q4 2018/19.

Strenuous efforts are being made to ensure the legacy of the work to date in both projects during the final quarter of 2018, with potential alternative sources of funding and support being explored for some of the workstreams.

Clinical Improvement

Mental Health

Serenity Integrated Mentoring (SIM)

The Oxford AHSN has continued to engage with trusts and the national team about this innovation in which a specially trained police officer is integrated within a mental health team to work with High Intensity Users of mental health and emergency services. We have produced a business case for one trust, which is currently deciding how to proceed. A team from another trust, that currently has well-developed shared processes with the police for management of high intensity users of services, is to visit the SIM team at Oxleas NHS Foundation Trust in February 2019, to determine what SIM could add to their current position. We are having further discussions with another trust to see what SIM can add to their Street Triage-plus model. The Oxford AHSN is participating in valuable national teleconferences and meetings.

Anxiety and Depression

Relapse prevention

Final drafts of new step two relapse prevention/ staying well booklet and protocol have been signed off by the steering group. These have been designed over a number of months by a Thames Valley-wide group of experienced and dedicated senior Psychological Wellbeing Practitioners (PWP), facilitated by the Anxiety and Depression Network, with high levels of contributions from patient forum. A training package and video are being prepared to ensure PWPs know how to use this for maximum patient benefit. Roll-out across Thames Valley is due to commence April/ May 2019.

The health economics evaluation

A rigorous evaluation of clinical and health economics outcomes demonstrated the value of a new treatment made available to patients suffering with long term physical health conditions and co-morbid depression/ anxiety. This work was facilitated by the Oxford AHSN [Anxiety and Depression Network](#) working with Talking Therapies in Berkshire, Talking Space Plus in Oxfordshire and Healthy Minds in Buckinghamshire. This study was carried out in partnership with health economist Professor David Stuckler, formerly of the University of Oxford, now based at the University of Bocconi, Italy, supported by NHS South Central and West Commissioning Support Unit. It focused on one of the first groups of patients (more than 450 people) who started receiving new, integrated IAPT-LTC treatments in 2017 across Thames Valley.

The evaluation concluded that after receiving integrated IAPT treatment patients with LTCs:

- reported fewer symptoms of anxiety/depression
- made less use of primary and secondary healthcare services
- will save the health system on average an estimated £1,870 per patient over a two-year period (taking into account IAPT treatment costs)

See [here](#) for more information.

The Anxiety and Depression Network will continue to support implementation and growth of the IAPT Long Term Conditions treatment programme and its evaluation.

A therapy support app

This is being developed which will serve to support patients during and after their IAPT treatment and which will also serve to follow patients' progress following discharge. The design has had strong Patient Forum input. The development stage has now commenced, and an evaluation framework has been approved. All testing and piloting activity are to take place between February and April 2019 with app roll-out starting May/ June 2019. The aim is that patients will be better supported following discharge and with that, reduced usage of other support services such as CMHTs and GPs, especially within the first six months following discharge.

Depression in older adults

The Oxford AHSN Anxiety and Depression Network is undertaking an initiative aimed at increasing the availability of treatments for older adults with anxiety and depression. The objectives include raising awareness of undiagnosed depression and anxiety in older adults and ensuring that effective treatments for depression and anxiety for older adults more freely available.

Future plans for anxiety and depression work

Plans are being made for 2020-2022 and the Oxford AHSN has agreed to part-fund further work.

Projects to be scoped out for this time period will include:

- Completion of app and relapse prevention work with potential for regional and national roll-out.
- Further, longer term (12 months) pre and post treatment health economics study of patients receiving IAPT-LTC treatment 2019/2020
- Improving access to psychological therapies for older adult's project.

Regional Collaborative to Improve Mental Healthcare for Emergency Department Frequent Attenders

The Oxford AHSN is supporting and participating in this Health Foundation funded initiative with Dr Deon Louw, from the Oxford University Hospitals Emergency Department. The project is a collaboration between Emergency Departments (ED) in the Thames Valley region, aimed at improving mental healthcare for people who frequently attend ED, by sharing best practice, better understanding patient flow and designing shared strategies based on our collective knowledge. In Q3 we have gathered views from service users, clinicians, voluntary sector and commissioners on an initial form to better understand the needs of those frequently attending ED and have visited EDs in different trusts to determine the different models in place locally. We are now looking at analysis of pseudonymised datasets to assess the extent to which patients may be frequently attending several EDs in the Thames Valley. A multi-disciplinary event is planned for late spring.

Early Intervention in Psychosis – Improving Transfers

The Patient Safety Collaborative is supporting a project within the Early Intervention in Psychosis Thames Valley network on improving quality and safety during patient transfers. A survey has been completed by Thames Valley teams to look into the extent of issues with transfers between teams and between different elements of the NHS, for example referrals from other services such as primary care. The findings of the survey are being followed up and following further discussion, a new standard operating procedure including templates is planned.

Dementia

The Oxford AHSN continues to support the Care Homes in-reach team Best Practice Network (with funding from Health Education England). This network is aimed at supporting care homes to provide quality care to people living with dementia. Network members are from health teams that in-reach into care homes and the network provides a forum where they share best practice and support each other to take initiatives and projects forward. Meetings include CPD topics and presentations on initiatives from elsewhere.

Industry

The Mental Health Programme Lead continues to work with the AHSN Strategic and Industry Partnerships programme and has had discussions with industry regarding several products and innovations which address mental health.

Clinical Innovation Adoption (CIA)

A key objective is to deploy national projects rapidly. Thanks to a well-established and proven approach, the CIA programme has been able to respond to the increased demand for rapid deployment. To enable this further, the team will be expanding over the next few months moving from three project managers to six, increasing the project support capability and dedicating resources to focus on and manage some of the larger innovation projects.

Project Highlights for Q3

Atrial Fibrillation (National)

One of our flagship programmes continues to perform strongly and deliver further improvements for our region. Q3 saw the launch of the Wokingham GP Alliance, Oxford AHSN and Royal Berkshire AF project, funded by Pfizer through a competitive process. This is the first bid secured in partnership with a GP Alliance in our region. The collaborative bid will deliver improvements for patients with AF across the Integrated Care System. The approach will be piloted in Wokingham locality before being rolled out to Berkshire West CCG.

Emergency Laparotomy Collaborative (National)

Held first Thames Valley ELC Conference (CPD points approved) – 3 December 2018, attendance totalled 39 persons, including 27 representatives from all five acute care hospitals, eight speakers, three additional persons from Oxford AHSN, and a guest, the Clinical Lead from the West Midlands AHSN.

PINCER (National)

The pilot is now complete with 25 Practice Based Pharmacists trained on the PINCER methodology.

Heart Failure (Local)

Oxford AHSN launched the Heart Failure Project in October. We are working with Novartis to create an Implementation Package that will include advice, videos and workshop materials.

Project progress for Clinical Innovation Adoption Q3

The CIA Programme manages five of the seven national programmes undertaken by Oxford AHSN which are progressing well.

National Programme	Measure/goal	2018/19	Q3 position	Comment	Status
Atrial Fibrillation (DETECT)	Number of patients diagnosed with AF	1966	On target	Based on the 2017/18 QoF we have a high degree of confidence that the target will be achieved and exceeded. QoF 2018/19 is due for publication Oct 2019. We have successfully secured external funding (£38k) to run additional detection activities in Berkshire West and Buckinghamshire.	Green
Emergency Laparotomy	Number of procedures	751	On target	We have rolled out to all 5 Trusts and will meet this year's target however, we have consistently requested that the QART report baseline figure for 2019/20 needs to be changed from 1358 to 800 as this is the TOTAL no. of procedures done in our region.	Green
ESCAPE-Pain	Number of ESCAPE-Pain sites active	6	1	There are 2 more planned for next quarter and we anticipate 30 users by year end. There may be the potential to achieve the cumulative target for the number of sites over 2 years based on interest from the leisure sector sites. Providers/Commissioners are also demonstrating some interest. We plan to explore how to promote the programme to GPs and the public to ensure maximum uptake of the courses offered by sites.	Yellow
	Number of patients	274	6	Patient target numbers are not achievable in this financial year due to limited number and late sign up of sites.	Yellow
PINCER	Number of GP practices implementing PINCER	96	30	Whilst we will not achieve year 1 (2018/19) it is anticipated that we will exceed the cumulative target by the end of year 2 (2019/20).	Yellow
TCAM	Number of acute Trusts using TCAM	2	0	2018/19 target will not be achieved as no Trusts will implement before end of year due to technical issues however, engagement is good.	Red
TCAM	Number of completed referrals	235	0	There is potential to achieve the cumulative target based on 3 engaged Trusts implementing early in 19/20 (calculation based on 20 referrals per month per Trust in 1 year).	Red

NATIONAL PROJECT: Atrial Fibrillation

Table shows 2018/19 target and expected outcome.

National Programme	Measure/goal	2018/19	Q3 position	Comment	Status
Atrial fibrillation (DETECT)	Number of patients diagnosed with AF	1,966	On target	Based on the 2017/18 QoF we have a high degree of confidence that the target will be achieved and exceeded. QoF 2018/19 is due for publication Oct 2019. We have successfully secured external funding (£38k) to run additional detection activities in Berkshire West and Buckinghamshire.	Green

Background

Atrial fibrillation is the most common cardiac arrhythmia affecting around 2% of the population and with prevalence increasing sharply with age. People with AF have a five-fold increase in the risk of stroke, with AF being the cause of around 20% of all strokes. Strokes caused by AF are more severe with higher mortality and resulting in higher levels of disability. Anticoagulation with warfarin or a DOAC (direct oral anticoagulant) has been shown to reduce the stroke risk by 66%.

The Oxford AHSN AF workstream focuses on three areas of improvement in the AF pathway:

- 1) **Detect:** diagnosing more patients
- 2) **Protect:** anticoagulating more patients
- 3) **Perfect:** optimising anticoagulation control

Detect

Mobile ECG roll-out

The mobile ECG device roll-out is the only mandated part of the national AF project. To date 192 mobile ECG devices (including Kardia, WatchBP and Cardiocity) have been handed out to a range of healthcare professionals including GPs, nurses and pharmacists in the Oxford AHSN region. The AHSN Network has commissioned an evaluation of the mobile ECG roll-out and in Q3 Oxford AHSN hosted a workshop where clinicians were able to share their views with the evaluation team on using the devices and their usefulness in clinical practice. The formal evaluation will be published in April 2019.

Opportunistic detection in the GP waiting room

Together with the Wokingham GP Alliance and the Royal Berkshire NHS Foundation Trust, the AHSN has secured £18k from industry for opportunistic detection in general practice. This project will form part of the larger Berkshire West workstream discussed below.

Detecting AF in house-bound patients

Together with Buckinghamshire CCG the AHSN has secured £18k from industry to focus on AF detection in the housebound population. Two meetings have been held with the community nursing team at Buckinghamshire Healthcare and work is ongoing to map the pathway and identify the most suitable device.

Protect and Perfect

There is a national target for 'protect' (84% of high-risk patients anticoagulated) but no nationally mandated project. The Oxford AHSN AF workstream includes a number of locally derived projects that contributed to the protect target and also address the 'perfect' agenda. These projects are detailed below:

Pharmacist-led anticoagulation project

The second phase of this project commenced in September 2018 with work being carried out in a further four practices. DOAC dosing has been a particular focus of this second stage and it is hoped that significant learning will be generated that can be shared with GPs and CCGs to improve practice. This project will end in Q4.

Berkshire West Integrated Care System project

Oxford AHSN, Wokingham GP Alliance and the Royal Berkshire NHS Foundation Trust were successful in securing £149k from the Pfizer-BMS alliance to develop a local anticoagulation champions programme across Berkshire West and to pilot a virtual MDT for anticoagulation to support GPs in dealing with the most complex patients. The planning phase of the project has commenced with a workshop planned for January 2019. The project will go live in April 2019.

Educational materials

Work continues on developing a suite of educational materials to support practice pharmacists and GPs in initiating and managing anticoagulation. In Q3 the draft content was developed for the e-learning package and an e-learning supplier was appointed.

Data

‘Detect’ and ‘protect’ form part of the National AHSN AF programme. The targets set by the national AHSN AF programme for achievement by 2019/20 include:

- achieving 85% of detected prevalence (links directly to the NHSE cumulative target of 3957 (1966 in 2018/19) additional patients detected set for Oxford AHSN’s 2018 to 2020 targets)
- achieving an 84% anticoagulation rate in patients with a high rate of stroke.

The QoF data for 2017/18 was published at the end of October 2018 and shows that CCGs across Oxford AHSN are making progress towards achieving both these targets.

	DETECT: Detection to prevalence	PROTECT: % of patients with high risk of stroke on anticoagulant therapy
Milton Keynes CCG	73%	86%
East Berkshire CCG	77%	85%
Berkshire West CCG	75%	87%
Buckinghamshire CCG	89%	88%
Oxfordshire CCG	79%	83%
<i>Oxford AHSN total</i>	80%	85%
National comparator	79%	84%
2019/20 target	85%	84%

Detect

The Oxford AHSN region achieved 80% detection against expected prevalence which is in line with the national performance and gives a high level of confidence that the NHS England target of 3957 additional patients over two years (equating to 85% detection against expected prevalence) will be achieved. Significant variation still exists across the region and we will work with CCGs to reduce this.

Protect

Together, the CCGs across Oxford AHSN achieved an 85% anticoagulation rate for patients at a high risk of stroke. This is above the national average and the AHSN network target of 84%. As the AHSN Network target for anticoagulation has already been achieved (at a national level) the focus is now on reducing variation and ensuring all CCGs within the AHSN region achieve the 84% target. For Oxford AHSN, as all but one CCG has achieved the target, focus will be on reducing variation between practices.

Posters and publications

- The Pharmacist-led anticoagulation initiation project was published in the AF Association Pioneers report, a publication that aims to highlight best practice in AF.
- Two posters which highlight AHSN-led AF projects (Excellence in AF and Pharmacist-led anticoagulation) have been accepted for presentation at the Public Health England CVD prevention event on 14 February 2019. The Oxfordshire anticoagulation optimisation project which the AHSN was involved in was also accepted as a poster.

NATIONAL PROJECT: Emergency Laparotomy Collaborative (ELC)

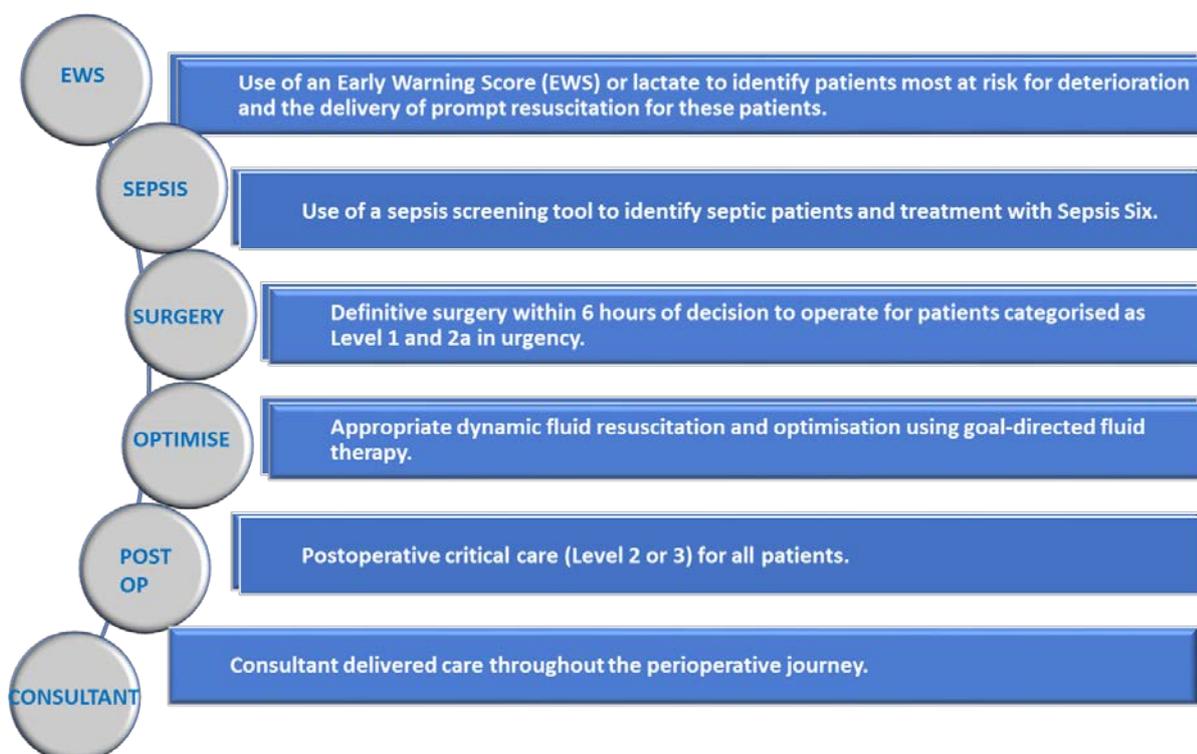
The ELC project aims to improve outcomes/survival for patients who require emergency laparotomies by improving the process and level of specialist support given to patients.

Table shows 2018/19 target and expected outcome.

National Programme	Measure/goal	2018/19	Q3 position	Comment	Status
Emergency Laparotomy	Number of procedures	751	On target	We have rolled out to all 5 Trusts and will meet this year's target however, we have consistently requested that the QART report baseline figure for 2019/20 needs to be changed from 1358 to 800 as this is the TOTAL number of procedures done in our region.	

Background

The care bundles being implemented are:



Activities in Q3

First Thames Valley ELC Conference – 3rd December 2018

Attendance totalled 39 persons, including 27 representatives from all five acute care hospitals, eight speakers, three additional persons for Oxford AHSN, and a guest, the clinical lead from the West Midlands AHSN. Speaker topics spanned the breadth of the EL care bundle: sepsis and early warning signs, 24/7 consultant emergency surgery job plans to maximise consultant availability, and latest results on involving geriatricians in management of emergency laparotomy patients. There were breakout sessions with the speakers. Also, the trusts identified their existing state of preparation for EL and their proposed next steps. The general feedback was extremely positive, averaging 4.5 out of 5.0 points. CPD points of 4.0 were received from the Royal Colleges for Surgery and Anaesthesiology.

1. Best Practice Tariff

NHS England will implement a best practice tariff (BPT) for Emergency Laparotomy starting from April 2019. There will be a BPT uplift to the HRG tariffs for those EL patients with a risk of death of 5% or greater who meet the following qualifications: one Risk is assessed prior to surgery, two both a consultant surgeon and a consultant anaesthetist are in theatre during surgery and three the patient is received in critical care after surgery. There is a further requirement that the trust has two approved pathways: one for all patients with abdominal pain that starts upon arrival at the hospital and ends at the decision of surgery and a second one for all patients who receive an emergency laparotomy through to discharge.

2. The Emergency Laparotomy Collaborative Steering Group

The ELC Steering Group for the Thames Valley region will include a Chair, a Co-Chair, representatives from each of the acute hospitals and a patient representative. The Steering Group will meet quarterly. Its role be to oversee progress. At present there is a Chair from Frimley Health, a Co-Chair from Oxford AHSN, and invitations pending/approved from all hospitals, plus there is a very qualified patient representative. The first meeting is scheduled for late February 2019.

3. NELA data to be collected and analysed by Oxford AHSN

There is a national process for the AHSNs to collect NELA data from the acute trusts. The AHSN is in the process of collecting locked data. After this has been received, validated, and synthesized the AHSN will ask for unlocked data, which is more up to date.

High Level Project Plan for the coming 3 months

	Task List	Status
SEPT	Official communication circulated to sign up to project Develop and sign off formal project plan for 2-year project Hold Kick Off Meetings and agree local plan at each trust Develop steering group for ELC Attend KSS sharing events for toolkits and support resources Data Sharing agreements in place	Complete Complete 4 out of 5 Complete Complete Complete Complete
OCT	Secure regional data and analyse Plan regional ELC conference	Underway Complete
NOV	Attend ASGBI Emergency Laparotomy Conference Acquire CPD credits for OAHSN Regional ELC Conference	Complete Complete
DEC	Prepare Best Practice Tariff presentation for ELC Conference Hold Regional ELC Conference Data sharing agreements for all participants Steering Group invitations Attend Oxford School of Emergency Medicine – exhibit at Conference	Complete (7 th Dec) Complete (7 th Dec) Complete Underway Complete
JAN	2 nd Regional ELC Conference – preparations Interim local meeting – Wexham Park Hospital – 22 nd January National ELC meeting – London – 23 rd January Locked NELA data – collection and analysis Steering Group – membership and meeting preparations	Underway
FEB	Interim local hospital meetings 2 nd Regional ELC Conference – preparations CPD accreditation for above ELC Conference	
MAR	2 nd Regional ELC Conference – 4 March Review of Conference and next steps	

Current Status of Partners

	Initial Engagement	Executive Buy In	Local Kick Off meeting	Attendance at 1 st Meeting	NELA Data received
Buckinghamshire Healthcare					
Oxford University Hospitals					
Royal Berkshire					
Frimley Health – Wexham Park					
Milton Keynes University Hospital					

Medical directors, CEOs and Directors of Nursing at all trusts in the region were contacted about the ELC and asked to sign an agreement in principle. Senior people asked to be on Steering Group.

Activities Next Quarter (Q4)

The AHSN is in the process of acquiring and validating NELA data from the trusts. This will be used to create run charts for the local site visits and for the regional meeting in March. Further topics for the site visits will include Best Practice Tariff requirements, including pathways; the process and results of including other hospital specialties in the pathway into the EL Collaborative; the local objectives as set out at the regional meeting; and exploring Quality Improvement methods for identifying and resolving bottlenecks in the EL process.

NATIONAL PROJECT: Transfer of Care Around Medicines (TCAM)

Metrics

The nationally agreed targets for Oxford AHSN for TCAM are shown below. It is unlikely that any Trusts in the Oxford AHSN region will go live with TCAM before the end of 2018/19 and so the target for this year will not be met. It is however possible that the cumulative target will be met over the two-year period.

Table shows 2018/19 target and expected outcome.

National Programme	Measure/goal	2018/19	Q3 position	Comment	Status
TCAM	Number of acute Trusts using TCAM	2	0	2018/19 target will not be achieved as no Trusts will implement before end of year due to technical issues however, engagement is good.	
TCAM	Number of completed referrals	235	0	There is potential to achieve the cumulative target based on 3 engaged Trusts implementing early in 19/20 (calculation based on 20 referrals per month per Trust in 1 year).	

Background

Many patients will be discharged from hospital having had changes made to their medication. Often patients do not fully understand the changes that have been made to their medication regimen and this can lead to errors and adverse events. A pilot study in Newcastle showed that patients who were referred to their community pharmacist for a medication review following discharge were less likely to be readmitted at 30, 60 and 90 days following discharge. The TCAM project will establish an electronic referral

pathway between pharmacists in hospitals and pharmacists in the community. Patients newly discharged can be followed up by their community pharmacist and have their medicines reviewed and explained, thus potentially reducing medication errors. The overall aim is to reduce re-admissions. The platform used is Pharm Outcomes, which can integrate with trust e-prescribing and medicines administration (EPMA) systems to provide a fully integrated referral system.

Progress in Q3

In Q3 the focus was on stakeholder engagement and the development of implementation plans for sites wishing to proceed. Progress by Trust is highlighted below:

Buckinghamshire Healthcare

There is a desire to engage in the project from the acute Trust and from the local pharmaceutical committee. A business case outline has been developed for the ICS to highlight the benefits that could be delivered. Buckinghamshire Healthcare Trust does not yet have an EPMA system and so, following a meeting between Pharmacy outcomes and Buckinghamshire Healthcare Trust, work is underway by the Trust IT department to identify the technical solution that will be required in order for Pharmacy outcomes, to extract the data set required. Until the technical solution and any associated costs are identified no further progress can be made to the business case or the implementation plan.

Frimley Health

A positive meeting was held with the Chief Pharmacist at Frimley Health and the local pharmaceutical committee. The Trust and the LPC recognise the benefits that the project can bring to the wider integrated care system. Frimley Health does not yet have an EPMA system and a meeting is being arranged between the Trust IT department, the Pharmacy Department and Pharmacy outcomes to identify and cost out a technical solution.

Royal Berkshire

A positive meeting was held between the Trust and the LPC. There is interest in engaging with the project however EPMA went live across the Trust in October 2018 and this needs to be fully embedded before a new process can be introduced. It was agreed to revisit this in April 2019.

Next steps

- Progress exploration of IT solution with Buckinghamshire Healthcare and Frimley Health
- Meeting planned with Oxford Health in January 2019
- Engage with Oxford University Hospitals

NATIONAL PROJECT: Pincer

Table shows 2018/19 target and expected outcome.

National Programme	Measure/goal	2018/19	Q3 position	Comment	Status
Pincer	Number of GP practices implementing Pincer	96	30	Whilst we will not achieve year 1 (2018/19) it is anticipated that we will exceed the cumulative target by the end of year 2 (2019/20).	

Progress against targets

The national target for PINCER in the Oxford AHSN was to have implemented PINCER at 96 practices by end of Q4 2018/19. This has not happened for a few reasons.

- PRIMIS had a number of delays in developing the “PINCER offer” to AHSNs and a plan for national roll out, which meant that the Oxford AHSN did not start conversations with CCGs until Q2.
- PRIMIS and the Oxford AHSN are still yet to agree the terms of a contract and are at current working at risk. It is hoped that an agreement will be agreed at the start of Q3. As the Oxford AHSN is the first AHSN to implement PINCER as a national project, it is expected that the Oxford AHSN contract/agreement will be used nationally.

The expectation is that the AHSN would initiate a further three session training programmes in Q3 which would increase numbers of practices

Whilst short of the target for 2018/19, the Oxford AHSN fully anticipate it will be able to reach the 2019/2020 target of 191 by March 2020.

Background

PINCER is a pharmacist-led information technology intervention for reducing clinically important errors in general practice prescribing.

The software component of PINCER is based on a set of computerised queries which can be run on GP clinical systems to identify at-risk patients who were being prescribed drugs that are commonly and consistently associated with medication errors. These “indicators” include the prescription of nonselective non-steroidal anti-inflammatory drugs (NSAIDs) and β blockers, and the monitoring of angiotensin-converting-enzyme (ACE) inhibitor or loop diuretics, methotrexate, lithium, warfarin, and amiodarone.

Activities in Q3

- Oxford AHSN ran a focused PINCER planning workshop (Sept 2018).
- Oxford AHSN held a focused PINCER planning workshop with national and local stakeholders to understand what PINCER is, the benefits that can be achieved and models through which it can be delivered.
- Four out of five CCGs in the Thames Valley attended with all four willing to support a PINCER pilot.
- Preparations were made for the PINCER pilot that was based on expressions of interest from willing GP practices. (Oct 2018).
- Developed a raft of documentation to support understanding for interested practices who wish to sign up.
- Developed a set of clear timelines for PINCER pilot training.

Dates	Milestones	Status
-	Expression of Interest process open	
w/c 23rd October 2018	Deadline for Expressions of Interest	Complete
w/c 19th November 2018	PINCER Training - Action Learning Set – Session 1	Complete
w/c 10th December 2018	PINCER Training - Action Learning Set – Session 2	Complete
w/c 18th January 2019	PINCER Training - Action Learning Set – Session 3	Pending
February 2019	Review and Planning for wider roll out	Pending

- 25 pharmacists attended the three action learning training sets (Nov, Dec 2018).

All sessions were run smoothly and were well attended by the pharmacists across all four CCG regions

- Most pharmacists covering multiple practices
 - All pharmacists had managed to sort IG and license agreements at their practices
 - All pharmacists were able to download CHART software onto practice systems
 - All pharmacists were able to pull data on patients at risk from medication errors
 - Numbers of patients at risk at each practice ranged from 17 –236
- Pharmacists are currently developing action plans based on the safety data from their practices, which will be presented to the Practice for buy in and support. Pharmacists will also present these plans to the final action learning training session in January and work through them over the coming six months.

Activities planned Next Quarter (Q4)

- Planning with CCGs as to how to get this into commissioning plans for 2019 to be able to incentivise delivery moving forward.
- Through learning from early adopter practices develop wider plans for roll-out.

Status of Engagement in PINCER Pilot

CCG	Number of Practices at which PINCER is being Implemented
Buckinghamshire CCG	9 practices
Milton Keynes CCG	Not interested – alternative solution in place
East Berkshire CCG	7 practices
Berkshire West CCG	3 practices
Oxfordshire CCG	11 practices
TOTAL	30 practices

NATIONAL PROJECT: ESCAPE-pain

Table shows 2018/19 target and expected outcome.

National Programme	Measure/goal	2018/19	Q3 position	Comment	Status
ESCAPE-Pain	Number of ESCAPE-Pain sites active	6	1	There are 2 more planned for next quarter and we anticipate 30 users by year end. There may be the potential to achieve the cumulative target for the number of sites over 2 years based on interest from the leisure sector sites. Providers/Commissioners are also demonstrating some interest. We plan to explore how to promote the programme to GPs and the public to ensure maximum uptake of the courses offered by sites.	
	Number of patients	274	6	Patient target numbers are not achievable in this financial year due to limited number and late sign up of sites.	

Background

ESCAPE-pain (enabling self-management and coping with arthritic pain using exercise) is an evidence-based rehabilitation programme for people over 45 years with hip or knee pain. The programme integrates education, self-management and coping strategies with an individualised exercise regime. It can be delivered in both the health and leisure sectors by physiotherapists and fitness instructors. Each programme consists of 12 sessions run over six weeks, with typically 12 patients per session.

The benefits include:

- Improvements in pain and physical/mental wellbeing
- Less reliance on medication
- Reduced need for surgery
- More cost-effective than standard physiotherapy
- Lower utilisation of healthcare resources

The programme can be provided in two ways:

1. Via NHS providers, i.e. physiotherapists who have attended the ESCAPE-pain training course. Patients will be referred via the local referral pathways and the course would be funded via the local commissioning arrangements.
2. Via the leisure sector, i.e. fitness instructors who have attended the ESCAPE-pain training course. Patients would self-refer and pay for the programme themselves.

Q3 Update

Q3 has seen continued focus on engagement with potential stakeholders across both health and leisure sectors. There has been encouraging interest to date, with one leisure sector undertaking the training course in October. The AHSN is providing funding for providers to attend the training course and assistance with the development of marketing materials.

The tables below summarise the engagement and level of interest to date:

NHS Sites

Commissioner/ Provider	Engagement / Level of Interest
Buckinghamshire Healthcare NHS Trust	Details sent to physiotherapy lead, no response to date
Royal Berkshire NHS Foundation Trust	Details sent to Head of Therapies and Director of Strategy to review potential for incorporation into current service
Berkshire Healthcare NHS Foundation Trust	Discussed with physiotherapy lead who is reviewing evidence base
Ravenscroft Physiotherapy, Milton Keynes	This service is commissioned to provide MSK services within Milton Keynes. The AHSN has developed the draft case for adopting the ESCAPE-pain programme, for presentation to commissioners during Q4
Frimley Health and Care ICS	Providers advised they have previously considered the programme and have based their classes on the model. Unlikely to progress
Healthshare Oxfordshire	Meeting held in December with senior team who are interested in the programme. Awaiting outcome of internal discussions
Buckinghamshire ICS	Initial interest, details sent and awaiting response

Leisure Sector	Engagement / Level of Interest
Middleton Pool, Newport Pagnell	Running programme (Sport England funded site)
Oxfordshire County Sports Partnership	Met with CEO, very supportive in engaging with local leisure partners. Follow-up discussion with Workforce and Coaching Manager who will contact partners regarding adoption of the programme
Berkshire County Sports Partnership	Met with CEO, who has been very supportive in engaging and disseminating information to local leisure partners
Buckinghamshire County Sports Partnership	AHSN presented at Ageing Well forum, attending by leisure providers, CCGs and public health in September. This resulted in a number of contacts with interested parties across leisure sectors and CCGs.
Everyone Active, Slough	Programme to commence in January 2019.
Park Club, Abingdon	Very keen to offer programme, fitness instructor to attend training course during Q4

The AHSN has also engaged with Versus Arthritis, to ensure all available support and marketing opportunities are offered to sites. Versus Arthritis is scheduled to attend one of the new sessions offered by Everyone Active, Slough, in January to see how the course is run.

The AHSN's annual target for 2018/19 is six sites and 274 patients accessing the programme, with a further five sites offering ESCAPE-pain in 2019/20. These are challenging targets. Currently one site offering the programme with a further site scheduled to commence in Q4. There is the potential for a third site to commence in Q4 (Park Club), but this will depend on the site's ability to attend training and appropriately market the course during Q4 to ensure sufficient number of participants.

During Q4, the AHSN will continue to engage with providers and offer support with implementation. The AHSN will focus on getting responses from health providers to understand if there is an appetite to introduce the programme within their current MSK pathways. Engagement within the health sector is key to attaining the target as there will be sufficient numbers of eligible patients being referred via the current referral arrangements, with no change in practice required by the referrer, i.e. GP. The AHSN will also explore how best to promote the programme to GPs and the public to ensure maximum uptake of the courses offered.

LOCAL and INTERNATIONAL PROJECTS

The projects reported below have been initiated either through partner priorities (fall prevent projects, Wiresafe, prostate cancer), national awarded funding via bids (Innovate UK – Sleepio/Atrial Fibrillation), workforce development funding from Health Education England (HEE) or international funding (EIT Health - eMaps).

Requirement	Project	Start	End	Status
Local	Heart Failure (detect and treat - Novartis)	May-18	Dec-20	ongoing
Local	Sleepio (Innovate UK)	Apr-18	Dec-20	ongoing
Local	Falls Project 2/Phase 2: FallSafe Bundles	Jan-17	Mar-19	ongoing
Local	Patient Safety – Wiresafe	May-17	Jun-19	ongoing
Local	Atrial Fibrillation project - Reducing AF-related stroke through a co-ordinated primary/ secondary care pathway	Nov-18	Dec-20	Sep 2020
Local	Innovation Course cohort 6 (Buckinghamshire New University/Oxford AHSN)	Sep-18	Jun-20	ongoing
International	eMaps – Market Access Tool	Jan 2017	Dec 2019	ongoing

LOCAL PROJECT: Heart Failure

Background

Heart failure affects approximately one million people in the UK and has a poor prognosis. Forty percent of patients who are newly diagnosed with heart failure will die in the first year and annual mortality ranges from 10-50%. National audit has shown that outcomes are consistently poor for patients who receive suboptimal care but input from heart failure specialists and evidence-based therapies can have a significant impact on prognosis and life expectancy as well as reducing hospital admissions.

Excellence in Heart Failure

In Q2 2018/19 Oxford AHSN and Novartis signed a joint working agreement to deliver the Excellence in Heart Failure project.

The project will be delivered in GP practices across Buckinghamshire and will include:

- Code cleansing – to increase prevalence
- Medicines optimisation in primary care
- Development of pathways to support optimisation of specialist medications

The overall aim of the project is to improve quality of care for patients with heart failure and effect a reduction in admissions for this patient cohort.

Novartis have appointed Interface Clinical Services to support practices in running clinical audits and reviewing patients suitable for GP care. Patients who require optimisation in primary care will be reviewed by their GP and have their medication optimised. Patients who are more unstable will be referred to the Community Heart Failure service for review with the most urgent patients being referred into the acute cardiology service.

Progress in Q3

The delivery element of the project was due to commence in Q3 with a pilot practice however this slipped whilst contracts were finalised. The pilot practice will now commence in January 2019.

A clinical pathway has been developed, which includes patient stratification and guidance for triage of patients requiring optimisation.

Plans for GP engagement are being developed and will be signed off by the project group in February 2019.

Revised project milestones are as follows:

Pilot practice	January 2019
GP engagement	March 2019
Cohort 1 commences (25 practices)	April 2019
Cohort 2 commences (25 practices)	September 2019
Final evaluation	March 2020

LOCAL PROJECT: INNOVATE UK Funded: Sleepio

Sleepio is an Innovate UK project that CIA Oxford AHSN leads on in collaboration with Big Health.

Activities in Q3

- An evaluation to provide evidence as to whether integration of Sleepio results in benefit for the mental health of the Improved Access to Psychological Therapies (IAPT) population, compared to previous practice, will also be undertaken. Two phases of rollout have been proposed. Implementation began in Healthy Minds Buckinghamshire in late December 2018. It is anticipated that the resulting adoption blueprint (emerging from the learning over the first three months of this implementation) will then enable the other IAPT partners across the Thames Valley to engage from March 2019 until the end of the year.
- **Population Engagement**-For the duration of the Sleepio project, the web-based tool will be made available to anyone (over 18 years-of-age) within the Oxford AHSN geography. Following the official launch on World Mental Health Day - 10 October 2018 - large employers and third sector organisations (particularly those supporting carers, mental health issues, and long-term conditions) are being sought to engage with the project and roll-out Sleepio for the wellbeing of their staff/volunteers.
- Five large public bodies are now rolling out Sleepio to their staff (Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust, Buckinghamshire Healthcare NHS Trust, West Berkshire Council, and Oxfordshire County Council). Support using collateral and copy for staff newsletters has been developed and delivered, via a specifically-designed, password protected webpage, to raise awareness and assist HR and Wellbeing Champions make the most of this opportunity for their workforce.
- Meetings in support of this initiative have also been conducted with Bucks Healthwatch, Buckinghamshire MIND, OxFed, RAF Brize Norton, and the Bicester Healthy New Town initiative to seek engagement and raise profile of Sleepio and the project. Universities and Colleges and other groups are also being engaged with to explore potential approaches to engaging with diverse groups of people of working age.
- Sleepio is now part of the existing 'Live Well Stay Well' programme across Buckinghamshire which receives around 700 referrals per month.
- **Health Economic Evaluation** - following a tendering process the Office for Health Economics has been engaged to gather and evaluate the data generated by the project.

- Baseline data on healthcare and medicines usage at the nine GP partners has been collected and is being analysed.

Activities for Next Quarter Q4

GP Engagement

- Utilise alternative communication routes, such as MJOG, to raise awareness with relevant and clinically appropriate patients registered with data partner practices.
- Arrange an event, in collaboration with OxFed, for Oxford-based GP surgeries to raise awareness and share learning.

Population Engagement

- Focus on seeking engagement from larger local private sector employers; such as Unipart, Amey Construction and BMW.
- Develop QR code collateral to explore impact of traditional, paper-based methods of communication with organisations where electronic communication may be restricted, such as the armed forces.
- Support and promote the television features being developed around Sleepio by both the BBC and ITV.
- Ensure that Sleepio is included in local Make Every Contact Count (MECC) offer.

LOCAL PROJECT: FallSafe Care Bundle Project (end date: Q1 2019/20)

The FallSafe quality improvement project was developed by the Royal College of Physicians (RCP) to support frontline staff to deliver evidence-based falls prevention initiatives. It enables staff to provide multifactorial assessments and interventions that identify and treat the underlying reasons for falls and to ensure preventative steps have been taken to ensure patients do not fall while in the care setting. Staff complete monthly audits that monitor compliance against each of the elements. The original RCP project estimated falls reduced by 25% on wards implementing the FallSafe care bundles.

The AHSN has worked with a number of Trusts to assist with the implementation of the FallSafe Care Bundles on selected wards.

Support has included:

- Collection of audit data.
- Analysis of monthly audit data.
- Monthly project meetings.
- Ward presentations, including night staff.
- Support at AGM to highlight work on falls prevention.
- Development of ward materials, such as this poster.

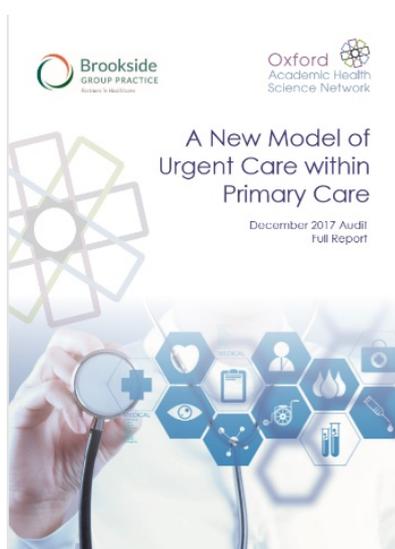
Q3 update

Trust	Update
Oxford Health	<ul style="list-style-type: none"> Continued to run as per the project plans Two wards completed the project at the end of Q3, with a further two wards due to complete during Q4 The Trust has plans to roll out FallSafe across all wards, due to commence in Q4 Project report to be finalised by beginning of Q1 2019/20
Buckinghamshire Healthcare NHS Trust	<ul style="list-style-type: none"> Continued to implement the care bundles on the selected wards and are due to finish by Q1 2019/20 Due to support from the Clinical Audit & Effectiveness team and the Quality Improvement team, support has not been required from the AHSN although is still available if needed at any stage The Trust has plans to implement FallSafe across all wards. The AHSN has offered support with this if required.
Berkshire Healthcare	<ul style="list-style-type: none"> One of three wards engaged with this project completed the bundles during Q3 Due to ward priorities and difficulty in progressing the project, it was agreed to pause the project. The Trust will revisit this in the new financial year and will contact the AHSN for support if needed
Frimley Health - Wexham Park Hospital	<ul style="list-style-type: none"> During Q2 it was agreed to postpone the project due to priorities on the ward and difficulty maintaining engagement with the project. The pause in the project coincided with the Trust's engagement with NHS Improvement's Falls Improvement Collaborative.

Q4 will focus on the completion of the project, with the final report due by the beginning of Q1 2019/20.

LOCAL PROJECT: Brookside Group Practice Urgent Care Clinic Review (end date: closed)

The Oxford AHSN was approached by the Brookside Group Practice to audit their new urgent clinic model that was introduced in July 2017. The Practice and CIA team undertook an audit in December 2017 to understand the impact the new model had made. A report of the findings has been compiled and an article published in Pulse (online GP journal). While the project has been closed, we are planning a second phase as the GP practice has since introduced two point of care tests in their urgent clinic. The CIA team will be supporting a second audit to determine if the results have been maintained and will look at the impact of the point of care tests on patient management. There is interest in Berkshire West to look at the potential to expand this model of care to other GP practices.



Innovation Technology Tariffs/Innovation Technology Payments

The ITT/ITP innovations are being supported by AHSNs. Progress is as follows:

	Innovation Name	Start	End	No of potential Trusts/CCGs	Engaged/interested	Adoption to date 10/18	Not interested
ITT/ITP	Patient Safety innovation - Pneux Tracheal Tube (ITT/ITP)	Jun-17	Jun-19	5	1	1	3
ITT/ITP	Patient Safety Innovation - Non-Injectable Connector (ITT/ITP)	Jul-17	Jun-19	5	1	3	1
ITT/ITP	Surgical - benign prostatic hyperplasia - Urolift (ITT)	Sep-17	Jun-18	5	2	3	
ITT/ITP	Endocuff	Jan-18	Mar-19	5	3	2	
ITT/ITP	Heartflow	Mar-18	Apr-20	3	2	1	
ITT/ITP	MyCOPD	Apr-18	Mar-19	5	4		1
ITT/ITP	Plus, Sutures	Apr-18	Mar-19	1	1		
ITT/ITP	SecureAcath	Apr-18	Mar-19	5	3	2	
ITT/ITP	MobileECG	Apr-18	Mar-19	5	1	4	
ITT/ITP	Episcissors	Apr-18	Mar-19				

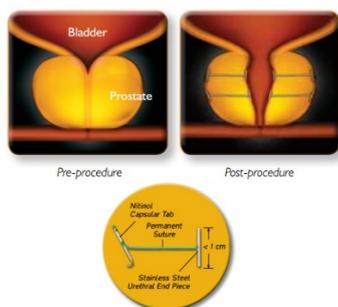
During Q4 we will continue to support the 2018/19 ITT/ITP and to prepare for the 2019/20 ITT innovations that will be announced shortly.

Patient Safety Devices (end date: Q4 2018/19)

Since 2017/18 the CIA team has been working with two NHS Innovation Accelerator (NIA) Fellows to implement three patient safety devices within critical care and operating theatres. The devices provide engineered solutions that significantly reduce the possibility of human error and improve the safety in providing care to critically ill patients. There has been additional activity for this project during Q3.

UroLift (end date: Q4 2018/19) (Updated for Q3)

UroLift is one of ten innovations on the Innovation and Technology Tariff (ITT), however unlike the other innovations the ITT provided UroLift with a new HRG code via the National Tariff. This means providers are reimbursed appropriately for the procedure.



- UroLift is an alternative, minimally invasive treatment for benign prostatic hyperplasia (enlarge prostate).
- It can be undertaken as a day case, as opposed to TURP or laser procedures which require inpatient stays.
- Number of patient and health economy benefits including preservation of sexual function, rapid symptom relief, improved bed capacity and improved theatre capacity as procedure takes 30 minutes compared with 85 minutes for TURP.

Q3 update

The AHSN has continued to support Trusts with the development and approval of the business case to begin offering this treatment option. All Trusts within the region are either offering the procedure or are in the progress of getting internal Trust approval to offer it. It is difficult to baseline the number of expected procedures per Trust as this depends on the number of factors such as patient choice, trained clinicians, and appropriateness of the technique for the patient and incumbent innovations that have been invested in by the Trust. The table below summarises the activity by Trusts in our region:

Trust/Activity	Procedures				Status
	Q1	Q2	Q3	Q4	
Oxford University Hospitals NHS Foundation Trust	6	13	3		
Royal Berkshire NHS Foundation Trust	5	5	12		
Milton Keynes University Hospital NHS Foundation Trust	0	0	0		Business Case written, awaiting internal approval
Frimley Health NHS Foundation Trust: Frimley Park Hospital	15	26	17		
Frimley Health NHS Foundation Trust: Wexham Park Hospital	0	0	0		First list scheduled 9 th January 2019
Buckinghamshire Healthcare NHS Trust	0	0	0		Business Case to be finalised in January 2019

It is anticipated that during Q4 the business cases at MKUH and Buckinghamshire Healthcare Trust will be approved, and plans can be made to schedule the first list.

INNOVATION/CHANGE MANAGEMENT TRAINING FOR FRONTLINE STAFF

Adopting Innovation and Managing Change in Healthcare Settings Programme

The Adopting Innovation and managing change in healthcare settings Programme is designed to help healthcare employees identify and introduce new ways of improving patient care and to teach them about innovation adoption/quality improvement and managing change within healthcare settings. This programme is funded by Health Education England. The programme has been widely received by NHS workforce individuals from various NHS organisations within the region. The start of the sixth cohort in February 2019 will bring the total number of NHS employees engaged into the programme to over 150.

The current cohorts (four and five) have progressed well with poster days held on 11 and 13 December 2018 to share their project progress and discuss barriers that they may need assistance to overcome. The Oxford AHSN Clinical Innovation Adoption Director and team attended on both days. A few of the projects demonstrated potential as national innovation projects that could be of interest to all AHSNs, and Clinical Innovation Adoption programme will be making contact with these students to explore this.

ORGANISATION	COHORTS					TOTALS
	1	2	3	4	5	
Berkshire Healthcare NHS Foundation Trust	1	5	2	0	2	10
Great Western Hospitals NHS Foundation Trust	2	3	0	1	2	8
Milton Keynes University Hospital NHS Foundation Trust	1	1	0	0	0	2
Oxford University Hospitals NHS Foundation Trust	21	4	4	12	8	49
Oxford Health NHS Foundation Trust	1	3	4	6	4	17
Royal Berkshire NHS Foundation Trust	1	0	0	0	0	1
Buckinghamshire Healthcare NHS Trust	0	8	5	1	9	24
Frimley Health NHS Foundation Trust	0	0	4	1	0	5
CCGs/GPs/NHSE	0	1	1	3	0	5
*Cohort 6 (February 2019)						33
Total Students Trained						154

INTERNATIONAL PROJECT PROGRESS

European Market Access for Partners (eMaps) (Updated for Q3)

Background

eMaps is a digital knowledge hub for life science innovators. The digital platform offers innovators “one-stop shop” for advice and information on key areas of market access including clarifying and testing value proposition, regulations and compliance, pricing and reimbursement, market structure, stakeholders and overall pathways for market access.

The platform currently includes information on market access in the UK, France, Spain, Netherlands, Sweden and Denmark with Germany, Italy, Portugal and the US to be included next year. This project has been awarded further funding for additional modules giving information about digital, medical technology and drugs within country’s markets. 2019 funding will enable us to build modules for Germany, Italy, Portugal and USA.

Activity in Q3

- Initiated uploading content from France, Spain and Denmark to the eMaps platform
- Presented a poster on the eMaps service at the International Society for Pharmacoeconomics and Outcomes Research in Barcelona in November
- Commissioned a marketing partner to support expanding reach of eMaps platform for life science innovators who would value its services
- Commissioned web developer to support further development of the platform

Activity in Next Quarter

- Kicking off activities with Germany, Portugal and Italy partners
- Recruiting a digital product manager to support and manage the platform updates, a customer service function and the marketing and engagement activity
- Recruiting a consultancy to support the development of US market content.

Strategic and Industry Partnerships

Overview Summary

The Accelerated Access Review (2016) included recommendations for Academic Health Science Networks to be invigorated by extra funding, delivered through a licence agreement with the Office for Life Sciences (OLS) to increase capability and capacity in order to support the evaluation and diffusion of innovative medicines, medical technologies and digital products. Innovation Exchanges are the new model of operation for the AHSN Network with overriding requirements for all 15 to be working in closer collaboration with one another and form stronger links with local and national partners, creating a stronger national and local support offer for promising innovation.

The Strategic and Industry Partnerships programme is now required to deliver the Innovation Exchange through four new core functions:

1. Identifying and communicate NHS and system needs
2. and direct innovators to further support
3. Broker real world evaluation opportunities
4. Support local adoption and spread

To meet the new requirements and deliver the four core functions, the Strategic and Industry Partnerships team drafted a Local Implementation Plan which was submitted to OLS in July 2018. Minor amendments to this plan were requested by OLS in October 2018 and sign off was given at the end of October. The OLS contract has been received and reviewed internally and is now under review by the legal team of Oxford University Hospitals. The Quarter 3 report for the Strategic and Industry Partnerships programme and has been aligned with the agreed Local Implementation Plan.

Quarter 3 has been extremely challenging for the Strategic and Industry Partnerships team and a period involving many changes, not only due to the new contract with OLS but also with the departure of key members of the team. Nick Edwards stepped down as chair of the oversight group and we welcomed Simon Greenstreet, Head of Communications & Public Affairs UK/Ireland at Bayer, as our new chair. Julie Hart took on the role of Director of Strategic and Industry Partnerships following the departure of Nick Scott-Ram in September. Dr Vinit Agrawal (Methodologist) and Andy Hill (Director of Business Development) left in November and December 2018 respectively.

The Strategic and Industry Partnerships team also welcomed a number of new starters:

- Ebenezar Effiang – Health Economist
- Dr Andrew Stainthorpe – Head of Market Access
- Flora Hatahintwali – Project Manager

The Strategic and Industry Partnerships team is now actively working to deliver the Local Implementation Plan. During the quarter, the Strategic and Industry Partnerships team met with 61 companies and established four new partnerships. Overall the team is actively pursuing over 68 projects and has completed over 142 specific projects. The Strategic and Industry Partnerships Oversight Group meeting was held in November 2018 where the changes to the Strategic and Industry Partnerships programme were communicated to the group members.

Achievements in Quarter 3 include:

- During the quarter agreements were secured with Perspectum Diagnostics, BioMérieux

- The real-world evaluation of point of care diagnostic testing in a Brookside Group Practice commenced
- The real-world evaluation of point of care testing for influenza in an Emergency Department setting was completed
- A feasibility study for using a rapid point of care HIV test kit in the sexual health clinics was completed
- Strategic partnership formed with BioMérieux for the development of joint projects for EIT Health
- Following the launch of Bucks HSC Ventures, six SMEs are being supported in the first cohort
- The business plan and operating model for projectAccelerate (Multidisciplinary Business Accelerator & Scale-up Programme) have been finalised
- Commenced development of a Strategic and Industry Partnerships market access service
- A health economics study has commenced evaluating the impact of remote gestational diabetes monitoring (GDm-Health)
- 342 patients recruited were recruited to the TrueColours platform for Ulcerative Colitis in Inflammatory Bowel Disease (IBD) Programme
- A Project Initiation Document was approved for the real-world evaluation of Sarissa Biomedical's SMARTChip for rapid identification of stroke mimics:
- Strategic and Industry Partnerships commenced work package for Mologic - COPD patient exacerbation alert project
- Faster and more accurate diagnosis of pre-eclampsia (PE) (NICEDG23) has been implemented in three trusts in the region and has been selected as a NICE Implementation Collaborative project giving the project a national profile
- The national programme for a revised pathway for Faecal Calprotectin (FCal) diagnostic testing in primary care (DG11) has started to roll out in Aylesbury practices with further practices in Buckinghamshire to follow
- Accelerated Access Collaborative: the first batch of 'rapid uptake' products (RUP) was announced in November 2018 and includes pre-eclampsia tests
- Combined input to the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Barcelona in November 2018 with the Clinical Innovation Adoption team

New projects starting 2019:

- POCkiT Diagnostics "Point-of-care for stroke subtype diagnosis to enable rapid treatment"
- Osler Diagnostics "Development of a small, low-cost, accurate and rapid point of care diagnostic platform, with primary application to critical cardiovascular markers"
- Industrial Strategy Challenge Fund - "Creating a network of digital pathology, imaging and AI centres National Consortium of Intelligent Medical Imaging (NCIMI)"
- Physiomics – "Prostate cancer chemotherapy precision dosing app"

Core function 1: Identify and communicate NHS and system needs

Point of care diagnostic testing in a Brookside Group Practice:

Discussions were held in September 2018 with the Brookside Practice, Earley, Reading, Berkshire, around potential ways to further improve the efficiency of their Urgent Care clinics. Discussions were initiated from the audit performed for the Brookside Group Practice by the Clinical Innovation Adoption team, over the winter of 2017/18. Point of care diagnostic testing was suggested as a next step as a way to further reduce the amount of GP consultations as part of these clinics.

After collecting background information on the surgery and their patient population, it was decided to implement the Abbott i-STAT to test urea and electrolytes (U&Es) and lactate, and the Horiba MicroSemi to test for CRP (a biomarker for inflammation, and non-specific infections), and whole blood cell counts. The aim is to improve patient turn-around times, and to allow for quicker, more accurate prescribing while reducing the need for GP input. A training session was held on December 5 2018, with the Horiba MicroSemi being installed the week later. The Abbott i-STAT is to be installed in the next few weeks, and usage will be monitored for the next four months. Oxford AHSN will support the practice with evaluating the clinical and economic impact.

Point of Care testing for influenza in an Emergency Department setting:

Following a successful service evaluation during the 2017-18 flu season (see Q4 2017-18 report), the cost effectiveness model was presented to Royal Berkshire at the end of September 2018. The conservative model showed a saving of £199 per patient tested, which was in line with studies conducted elsewhere in the UK (Gloucester, Sheffield). Average length of stay was halved and in addition secondary sickness amongst staff was significantly reduced. Royal Berkshire NHS Foundation Trust moved their flu testing over to the Alere-I platform, which was already being implemented for RSV testing. Testing went live in the emergency department on six December 2018 and appears to be progressing well.

A modest data set was acquired from an evaluation last winter that ran in the ambulatory medicine unit (AMU) at Buckinghamshire Healthcare. The trust underwent a review of some of the available tests, including the FujiFilm AG1, and Alere-I. Upon consideration of the size of the analyser, ease of connectivity and pricing, Buckinghamshire Healthcare NHS Trust decided to proceed with the FujiFilm point-of-care test and run an evaluation on the implementation. The business case for this is still going forward.

Core function 2: Signpost and direct innovators to further support

The Strategic and Industry Partnerships team continued to support strategic partnerships with industry, including Johnson & Johnson/Janssen, Abbott, Sensyne Health and Roche Diagnostics and are building new strategic partnerships with bioMérieux, Roche Diabetes, Owen Mumford and Bayer. The Strategic and Industry Partnerships team is actively supporting innovators to identify the evidence requirements for their products and helping companies to develop solutions that meet healthcare needs.

Feasibility study for using a rapid point of care HIV test kit in the sexual health clinics:

To assess the clinical usefulness, benefits and acceptance of a new rapid point of care HIV test kit in the sexual health clinics, a Lean Assessment Process (LAP) study was conducted investigating patient outcomes and NHS resources. The LAP was developed to align evidence generation with resources available at an early stage of a healthcare device development. The study was carried by examining human factors, decision analysis and health economics.

A brief literature search was carried out to understand the need for the device and the current pathway for rapid HIV point of care testing in sexual health clinics. Key stakeholders were identified from the literature search and discussions with the manufacturer. A high-level care pathway was mapped based on the usefulness of the new device in the current care pathway. A participant information document was prepared to provide detailed information about the rapid test kit, its scope, potential use and objectives and described a possible scenario for the use of this new rapid HIV test kit. The interview protocol, which contained qualitative methodologies, was prepared and provided to all the interviewees at the time of interview. The interview protocol contained qualitative questions regarding the new rapid test kit and a questionnaire about the current pathway of the rapid HIV testing at NHS sexual health clinic, a tool to identify stakeholders for this test in terms importance and influence, a standardised questionnaire on perceived usefulness of the new rapid HIV test within the expert's clinical field and questions to assess

interviewees intention to promote the use of this new rapid point of care HIV test at the sexual health clinic (Net Promoter Score). All the semi-structured interviews were conducted face-to-face and recorded after agreeing with interviewees. The recordings were reviewed and thematically analysed to obtain the information required to understand the usefulness, benefits and barrier to adoption of the HIV test kit.

The final report of the feasibility report was prepared based on the qualitative questionnaire and the analysis performed. The report consisted the result of perceived usefulness, stakeholder's importance and influence and Net Promoter Score result. Early economic evaluation was conducted to assess the economic benefit of this new rapid point of care HIV test in the care pathway at sexual health clinics within the NHS. The report also suggests few other potential clinical pathways where this new rapid point of care HIV test can be used, and the necessary steps needed for it to be accepted in the clinical setting in the NHS.

Partnership with bioMérieux in the development of joint projects for EIT Health KIC:

As the Oxford AHSN is a partner in the European Institute of Innovation and Technology (EIT) Health Knowledge and Innovation Communities (KIC), the Strategic and Industry Partnerships team are participating in many initiatives with commercial and academic partners, including the multinational biotechnology company, bioMérieux. The company is a global leader in developing and producing *in vitro* diagnostics for private and hospital laboratories, mainly for the diagnosis of infectious diseases. The BioMérieux platforms include the BIOFIRE FILMARRAY, VITEK 2, VITEK MS, API and CHROMID for microbial identification; VITEK 2, ETEST, RAPIDEC CARBA NP for detection of resistance and VIDAS B·R·A·H·M·S PCT™ to help diagnose bacterial infections and contribute to the responsible use of antibiotics in the event of a respiratory infection or sepsis.

The Strategic and Industry Partnerships team worked closely with the bioMérieux team and a number of European clinical and academic partners to develop a submission for Spring 2018 round for submission to the EIT Health 2019 Business Plan. Despite success with the initial written application, the team were unsuccessful at the hearing in Munich. Consequently, the bioMérieux team have developed a closer working relationship with the Strategic and Industry Partnerships team to build a more robust proposal for submission in Spring 2019 to the EIT Health 2020 Business Plan. To strengthen the application bioMérieux also commissioned the Strategic and Industry Partnerships team to explore the value proposition offered by a new assay being developed for the BIOFIRE FILMARRAY within the UK Health system.

The commissioned work includes the creation an information sheet containing the value proposition to present the case (background information, current situation, future solution, willingness to pay), gaining views from different health care settings (academic, public vs. private hospitals, big vs. medium size hospitals) and mapping the potential proposed pathway in the NHS in England. The objective is to fill the gaps identified from the previous EIT submission matched against the CIMIT Maturity Matrix tool. The work is continuing until the middle of February 2019.

A second submission with bioMérieux on early diagnosis of bacterial infections in UTI, in which the Strategic and Industry Partnerships team took the initiative to guide the early stages of development, was selected by EIT in the Autumn 2018 round. BioMérieux have since elected to disinvest in the technology so the project will not progress further. However, BioMérieux have indicated their appreciation of the Strategic and Industry Partnerships team into the development of new initiatives for EIT and other research initiatives and have indicated their willingness to collaborate on future initiatives preferentially with the Strategic and Industry Partnerships team.

Bucks HSC Ventures (see case study):

The Buckinghamshire European Regional Development Fund (ERDF) funded Health and Social Care SME programme (Bucks HSC Ventures) launched in September 2018. There were 22 applicants for the first cohort programme and six SMEs (five digital and one medtech) were selected to participate. The six-month

programme, which supports to help solve health and social care challenges by accelerating business innovations to market, has begun. The Strategic and Industry Partnerships team has run Lean Strategyzer workshops for all the SMEs and will also support further master classes and events.

The first six SMEs to be supported are:

- **PEPS** - system software and analytics tool to support emergency departments and individuals to improve patient safety, patient quality and staff productivity
 - **CareHound** - a mobile app and management tool linking older people, families, carers and service providers
 - **Spang Group** - surgical product namely biodegradable surgical retractors
 - **Trust on Tap** - a web-based portal for connecting carers and families in arranging care
 - **Home Check** - a digital application for multi-point home assessment to support meeting needs now and in later life
 - **Ufonia** - a web platform for autonomous speech-based health monitoring
- The Strategic and Industry Partnerships team also supported Ufonia in the development of a successful proposal for the Innovate UK Digital Health Catalyst Award Round three that has been shortlisted to be presented to an interview panel in January 2019.

ProjectAccelerate - Multidisciplinary Business Accelerator & Scale-up Programme:

The accelerator supports the OLS policy objectives and will be an important component of the Oxford AHSN strategy to support economic growth through identifying and encouraging the adoption of potentially transformative health technologies that can improve care and reduce costs in the NHS at pace and scale, encouraging inward investment and growing jobs in the AHSN region, promoting economic growth and fostering opportunities for industry/NHS collaboration and supporting the translation of academic research into clinical practice in the NHS.

The vision for the accelerator is to create investment ready businesses that are developing technology-based products for the benefit of society. In the first five years, the accelerator is anticipated to see nearly 70 teams pass through its programme, the majority of which will go on to raise funds to create new companies and jobs, many of them expected to remain in the region. In the same period, the scale-up programme is anticipated to work with 30 senior business teams from companies seeking to transition from SME to global player.

The business model has been developed through discussions with senior individuals having extensive experience of business incubators and accelerators. Sustaining the accelerator relies on corporate sponsorship. Different packages of sponsorship have been modelled and tested on potential corporate sponsors. The operating model is based on a mix of in-house capability and partnership collaboration. Oxford AHSN has established a company to hold its shares in the joint venture. The next step is to enter into substantive discussions with potential partners and sponsors. In parallel, discussions will be undertaken with programme providers.

The next steps are agreeing terms and establishing a joint venture; securing funding; recruiting the management team starting with a programme manager and a marketing manager; securing corporate sponsorship; procuring and contracting programme delivery partners; and establishing the supporting mentor and expert advisory networks. Two potential candidates have been identified for the management team and interviews will take place in early 2019.

Health economics study for using remote gestational diabetes monitoring (GDm-Health):

Members of the Strategic and Industry Partnerships team are working with the Sensyne Health team to develop a health economics assessment of the cost impact from the implementation of GDm-Health for the management of gestational diabetes. The first stage of the project is creating a cost savings analysis, which

is comparing the cost and outcome of GDm-Health to the cost and outcome of standard care pathway for the management of gestational diabetes for a specified period. Sensyne Health will capture information on the health outcomes of GDm-Health so that the Strategic and Industry Partnerships health economists will be able to compare it with standard care pathway. The Oxford AHSN team will convert the time savings of adopting GDm-Health to monetary equivalents and compare with standard care pathway. The second stage of the project will be to produce a budget impact model in Microsoft excel which health care providers and Sensyne Health could use to assess the impact on trusts' budget with the introduction of GDm-Health which will be relevant to their specific trust parameters. This is a tool that could be used in an implementation tool kit to facilitate adoption and spread.

Development of a Strategic and Industry Partnerships market access service:

Market access services are the processes towards enabling all appropriate patients who would benefit from access to new technologies to facilitate rapid and maintained access to those technologies (branded, generic and bio similar), at a price acceptable to all parties. Success in market access in practical terms for clients can mean gaining a full understanding the implications and requirements around a new technology for all stakeholders.

The Oxford AHSN is well placed to develop market access services to assist companies bringing innovative products into the NHS in gaining insights and data about the value of their products in terms relevant to uptake decision-making. To this end the Oxford AHSN is developing a range of services in market access which include development of value-proposition in the NHS for medicines, diagnostics and medical devices at local and towards national levels; insights into product pricing and testing of products value propositions; gathering evidence through primary and secondary research for health care products and services; gathering evidence and testing (through primary and secondary research around guidelines uptake and usage in the NHS; advising companies in the development of proposals into UK and European Health Technology Appraisal processes; working with companies to develop submissions into UK and European health technology appraisal (HTA) processes; assisting companies through primary and secondary research identify and address barriers to uptake in the various post regulatory and HTA steps in bringing new health technologies into the UK health services and providing education and training in areas related to health economics generally, health economics in the assessment of value in the implementation of health technologies and NICE and SMC HTA processes for medicines, diagnostics and medical devices.

Core function 3: Broker real work evaluation opportunities

Inflammatory Bowel Disease (IBD) Programme:

This is an industry-funded (Takeda, J&J) programme for Inflammatory Bowel Disease using TrueColours Ulcerative Colitis (TCUC) as a patient reported outcomes tool.

Following the roll out of the TrueColours platform in Oxford in June 2018, the IBD Programme has continued successful recruitment and training of patients with Ulcerative Colitis. There were 342 patients recruited for the period to December 2018. The high adherence rate of 84% demonstrated feasibility and capability of the TrueColours Platform. The data collected demonstrated feasibility of collecting International Consortium for Health Outcomes Measurement (ICHOM) standards and Quality of Life (QoL EQ5D) data through patient-reported electronic questionnaires. Two abstract papers were published and submitted to European Crohn's and Colitis Organisation (ECCO) in November 2018.

Work has continued with the patients to keep improving engagement and enriching the quality of data submission. Meetings were held with the IBD nurse-led team and service management team with an initial presentation and demonstration of the TrueColours platform and its functionalities, as well as to understand the IBD clinic flow and service improvement priorities. Further discussions have taken place about supporting IBD service improvement and development of preliminary health economics evaluation

models.

Work is continuing with the University of Oxford and Oxford Health NHS Foundation Trust to adapt the TrueColours platform for Crohn's disease (TCIBD). Work is also continuing with key decision makers and the IBD service at Hampshire Hospitals NHS Foundation Trust to integrate data collection with InfoFlex (InfoFlex IBD PMSv2) for both Ulcerative Colitis and Crohn's disease. There is continued engagement with the UK IBD Registry regarding the patient reported outcomes data collection. A patients' event has been scheduled for February 2019 in conjunction with Crohn's & Colitis UK and Oxford University Hospitals NHS Foundation Trust.

Work has begun on a proposal for securing year two funding and a preliminary meeting was held with Janssen in November 2018.

One Abstract "Can patients enter the "Standard Set" ICHOM parameters by completing electronic questionnaires?" submission to ECCO (November 2018) and Abstract "Could an Escalation of Therapy or Intervention (ETI) calculator be used to triage appointments for patients with ulcerative colitis?" submission to ECCO (November 2018).

Sarissa Biomedical - purines for rapid identification of stroke mimics:

The potential of purines as a biomarker of ischaemia and hypoxia has been known since the 1970s, but their adoption as a diagnostic indicator of acute injury floundered as the technology to measure them in a practical way has not existed. Until recently their measurement required extensive sample pre-treatment, followed by complex, time-consuming and expensive lab-based analytical methods. The Sarissa Biomedical biosensor technology gets around these problems and ushers in the era of point of care purine measurement. The platform for this novel biosensor technology is called SMARTChip. This sensor is an 8 mm x 50 mm x 1 mm ceramic strip with screen-printed electrodes. A simple process to prepare the sensor for use involves a calibration step (which also re-hydrates the sensor) before the finger-prick blood sample is applied to the end of the strip. Capillary action pulls the blood sample on to the sensor. The sampling process is directed, monitored and controlled by the SMARTChip reader's software and the measurement takes approximately five minutes.

The project initiation document (PID) has been approved to conduct a full-service evaluation with the novel diagnostic testing device being placed in the emergency departments (ED) in the Oxford AHSN region. Initial contact was made with clinicians at Buckinghamshire Healthcare NHS Trust via the stroke governance meeting to gain clinical buy in and engagement. Due to the "rule out" nature of the test, clinicians favoured an audit style evaluation approach therefore no clinical decisions will be made based on the test result. Preference was also given to restrict the testing to within the hyper acute stroke unit (HASU) team. This will ensure that patient management remain under the current pathway, thus eliminating potential patient safety issues and retrospective development of appropriate safety netting procedures should patients test falsely. The cut off values used for the test within each trust can also be determined after review, giving further confidence to stroke clinicians with the proposition of the test being used prior to patients entering the HASU. The Oxford AHSN team is awaiting a formal decision from clinicians at the stroke governance meeting prior to approaching the point of care (POC) team. Meanwhile, a draft protocol is being developed to prepare for the audit style evaluation with the inclusion of collected data to be closely matched to the data from the clinical trial.

Mologic - COPD patient exacerbation alert:

The Oxford AHSN lean assessment process (LAP) has been used to map the COPD exacerbation pathway. Following on from searching the literature, a questionnaire was devised and interviews with key stakeholders are in progress. Approval for the questionnaire by the client was delayed resulting in a review of the timeline for deliverables. The report will highlight potential changes needing to be made to the

current pathway or supporting services and where the device will be situated along the pathway. Ongoing setbacks within the project have meant that the trial protocol is still under development. Information required from the trial by Oxford AHSN for the business case was communicated as being data on utility to the system and demonstrable fiscal impact. The trial is anticipated to run as a pilot and potential implications on the business case from this will need to be addressed.

Core function 4: Support local adoption and spread

The Strategic and Industry Partnerships team continues to support breakthrough technologies identified through horizon scanning and networking and is increasing the capacity of the team for adoption and diffusion of these technologies locally, regionally and nationally.

Faster and more accurate diagnosis of pre-eclampsia (PE) (NICEDG23):

The ELECSYS® sFlt-1/PIGF ratio test developed by Roche Diagnostics and the PIGF test from Quidel are being implemented through maternity units to (i) deliver improved patient safety, (ii) reduce unnecessary admissions, (iii) ensure women get the right treatment for their actual need, (iv) reduce overall cost to the system and (v) improve capacity management within the system. The Oxford AHSN proposal to the NICE Implementation Collaborative (NIC) was successful in being chosen as a 2018/19 NIC project. This has given the project national exposure, which facilitated pre-eclampsia diagnostic testing being designated as a Rapid Uptake Product by the Accelerated Access Collaborative (see below).

Quarter 3 saw a great deal of progress with the project as the efforts of many months of work started to come to fruition. Following final planning discussions where the details of the pathway were agreed and a briefing for lab staff on the clinical impact of PE and the benefits of PE testing was given by the lead consultant, Oxford University Hospitals NHS Foundation Trust introduced PE testing into standard clinical practice on 1 October 2018 using the ELECSYS ratio test from Roche Diagnostics. Initially, the service is being run on a limited hours basis, but as more lab staff become trained in the diagnostic the plan is to extend the hours of coverage.

Initial indications are that the number of tests being conducted per week is exactly that predicted by the business case. Furthermore, the majority of tests are returning a negative result (i.e. the woman does not have PE and no admission for PE is required, in line with the NICE guidelines) but also that a number of women are returning very high results where PE was not previously certain, meaning appropriate clinical intervention for PE can be made with much greater diagnostic certainty, with obvious patient safety benefits for both the woman and baby. Resources are now being devoted to analyse detailed metrics to produce a comprehensive impact assessment of the value of the new test and pathway.

Taking advantage of the shared lab services network that exists between Oxford University Hospitals and Great Western Hospitals, PE testing was introduced into standard clinical practice in October 2018 in Great Western Hospitals. Due to the need to send samples to the Oxford University Hospitals for testing, Great Western Hospitals have implemented what has been termed a “remote” pathway, whereby the woman is either sent home pending availability of results or asked to wait at the hospital, depending on the time of day. Furthermore, Buckinghamshire Healthcare have also approved the adoption of a similar remote pathway and will also be sending their samples to Oxford University Hospitals with an expected “go live” date in February 2019, meaning there are now three hospitals in the Oxford AHSN region that have approved the adoption of PE testing under this AHSN project.

Other significant activities within the quarter included participation in a round-table discussion on pre-eclampsia at the House of Commons to help inform government policy, presentation on the challenges of new diagnostic test adoption and pathway change at the UK Diagnostics Conference in London and presentation on the project to various groups across the Oxford AHSN region including Buckinghamshire

Integrated Care System and healthcare scientists in Berkshire.

The Triage PIGF test, which is also recommended under NICE Guidance DG23 was launched by Quidel in the quarter and will now also form part of the ongoing project.

Faecal Calprotectin (FCal) diagnostic testing in primary care (DG11) (AHSN national programme):

The Faecal calprotectin (FCal) diagnostic test helps to differentiate between Irritable Bowel Syndrome (IBS) and Irritable Bowel Disease (IBD) and one, generates benefits for patients through the prevention of unnecessary invasive procedures, two provides financial savings through a reduction in referrals to secondary care, and three a reduction in waiting lists and increase in diagnostic yield for hospitals.

Following an initial hiatus, the first cluster of GP practices in Aylesbury, Buckinghamshire, have now formally adopted the York FCal pathway (100ug/g lower and 250ug/g upper cut-off). This has included modification of the ICE IT system so that the FCal pathway is presented to the GPs alongside the test results when they are returned from the laboratories. Ongoing support will be provided to this group as they go through the adoption process, with analysis and reporting of the activity and results to demonstrate the impact of the pathway change on their service delivery. The next step with Buckinghamshire Clinical Commissioning Group is to use this initial Aylesbury cluster as a reference site for adoption of the new pathway in all other surgeries in the area.

Meetings on the adoption of the new FCal pathway have continued with NHS Berkshire West Clinical Commissioning Group who have now appointed a dedicated project manager for gastroenterology, and exploratory discussions have also taken place with NHS Oxfordshire Clinical Commissioning Group who are now looking at their own numbers to understand the potential impact of a revised FCal pathway on their service delivery in both primary and secondary care.

A National AHSN FCal meeting was held in London in the quarter, with Oxford AHSN offering support to those in the AHSN network who are just starting their adoption of this project through the sharing of experiences and identification and overcoming of barriers. This has continued subsequently via phone and email support as required. It has become apparent that other regions are also experiencing push-back against the new pathway due to the inherent variation in FCal tests from different manufacturers, but also due to the upper age cut-off of 60 in the York pathway (some believe this is too high and the 50 years is more appropriate) and the fact that some regions already operate to a pathway where 150 ug/g is already used as the lower cut-off (cf. 100ug/g in the York pathway and 50ug/g per many manufacturers recommendations and NICE DG11 guidelines).

Accelerated Access Collaborative:

It was announced in October 2018 that the government is providing £2 million to give more patients access to proven innovations through the Accelerated Access Collaborative (AAC). Seven innovative technology areas were identified by the AAC that improve patients' lives but are not currently available to everyone who could benefit. This first batch of 'rapid uptake' products (RUP) was selected by leaders in the health and care system and includes a range of treatments for conditions such as cancer, heart disease and multiple sclerosis. Supporting the 'rapid uptake' products will not only help 500,000 patients to access new treatments, they will also provide cost savings to the NHS of £30 million, while helping to reinforce the UK's position as a global leader in health innovation. The AAC announced that RUP are to be spread through the AHSN Network's Innovation Exchange that matches solutions to the needs of their local health and care systems. Exact details of how the AHSN Network will interact with other AAC partners to facilitate uptake has not yet been communicated.

The rapid uptake products are:

- Heartflow is a non-invasive personalised cardiac test that reduces the need for unnecessary procedures
- Placental growth factor (PlGF) based testing for suspected pre-eclampsia: tests for early diagnosis of pre-eclampsia in pregnant women, which if unmonitored, can cause serious complications for mother and baby.
- PCSK9 inhibitors for treatment of primary hypercholesterolaemia and mixed dyslipidaemia – Cost-effective drugs that significantly lower cholesterol.
- High sensitivity troponin diagnostic tests for early rule out of myocardial infarction (acute) that detects whether or not a patient is at risk or previously had a heart attack.
- Quantitative faecal immunochemical diagnostic tests for colorectal cancer that reduce referrals for patients with suspected colorectal cancer.
- Cladribine (Brand name: Mavenclad) a drug with a novel mode of action, high efficacy and a low treatment and monitoring burden for treating highly active relapsing-remitting multiple sclerosis in adults
- Urolift for lower urinary tract symptoms of benign prostatic hyperplasia.

Oxford AHSN input to the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Barcelona in November 2018:

Members of the Strategic and Industry Partnerships and Clinical Innovation Adoption teams took part in the Annual European meeting for the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Barcelona in November 2018. The reasons for attending included presenting research findings, business development through making new and reinforcing existing contacts and attending research presentations. The ISPOR annual meetings are recognised as leading globally in the educational and scientific organisation for health economics and outcomes research (HEOR) and for its use in healthcare decision making processes. It is also a key opportunity for professionals in the HEOR field to meet, discuss the latest trends, and learn from renowned global experts.

The three days at the ISPOR Barcelona meeting were highly productive allowing the three-member AHSN team to raise awareness of the work of the Oxford AHSN with manufacturers, service providers and potential partner organisations operating in the fields of technology appraisal, health economics and outcomes research (HEOR), market access and health services research and development. The 2500 presentations and poster sessions also provided valuable methodological and policy development insights and updates on current research in outcomes research, patient preferences, real-world data, and clinical-, economic-, and patient-reported outcomes. The meeting also provided excellent networking opportunities with leaders from NICE, the Office of Health Economics (Adrian Towse was a keynote speaker) SMC the York Health Economic Consortium and the NIHR Innovation Observatory. Imperial College Health Partners were also presenting at the meeting.

ISPOR will provide a valuable forum for future reporting of Oxford AHSN work in the fields of health innovation and cost-effective implementation of new technologies. It will also provide a vehicle to build the customer base for the new market access service. There potential to follow the example of the NIHR Innovation Observatory and have a stand at the 2019 European meeting was explored.

Q3 Research & Development (R&D)

The R&D group met on 19 November 2018, with Professor Joe Harrison, CEO of Milton Keynes University Hospital, taking over the chair from Stuart Bell, CEO of Oxford Health. Following the Chief Executive update, given by Prof Gary Ford, presentations were made by the University of Buckingham and the Royal Berkshire Hospital.

John Clapman, Chief Operating Officer from the University of Buckingham, gave an update on the University, its Medical School, including how it runs on an independent funding model, and the School of Postgraduate Medicine and Allied Health, what it has to offer and the changes that have been made to the curriculum programmes. The number of applications for the university was increasing.

Atul Kaplia, Consultant Anaesthetist and Director of R&D at the Royal Berkshire, rounded off the agenda with a presentation on the history of R&D at the Royal Berkshire, performance as a district general hospital in the NIHR Clinical Research Network, and collaborations with the University of Reading including the Thames Valley Clinical Trials Unit, collaborative research and education initiatives and the roadmap towards bringing a medical school to Reading

Gary Ford and Louise Wood (Director of Science, Research and Evidence, Department of Health and Social Care) have been leading on a joint NIHR/NHS England Research needs survey which consisted of questionnaires and interviews to identify local research and innovation needs of the NHS. Coordinated by Oxford AHSN and undertaken by ComRes, over 260 survey responses were received, and 62 interviews took place. Following this survey, the top three NHS research needs were identified as frailty/multi-morbidity, mental health and use of digital/artificial intelligence technology. Statements of research and innovation needs will be drafted and discussed with patients and the public and local stakeholders to help shape future research and innovation programmes and identify areas where more dissemination or research evidence would be helpful to the development of health and social care services. The full report is expected in February 2019.

The panel interviews for the NIHR Oxford and Thames Valley Applied Research Collaboration (ARC) bid, to replace the Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) and hosted by Oxford Health, have taken place led by Professor Richard Hobbs and with Gary Ford as the proposed implementation lead. An announcement of the successful ARC applications is expected imminently.

The NIHR Academy has announced six new 'incubators' to build research capacity in primary care, public health, social care, health data science, nursing and emergency care with the aim of attracting professional groups where research capacity is low, including nurses, pharmacists and social scientists, and to break down barriers to career progression, especially for women. The incubators will build capacity in under-represented sectors such as primary care, public health and social care, and upskill the research workforce in disciplines such as bioinformatics and data science.

Various events have taken place either involving the Oxford AHSN directly or indirectly through the R&D group partners.

Those included:

- The Thames Valley Health Research Awards on 26 September 2018 at the Old Town Hall in High Wycombe. Hosted by the Thames Valley and South Midlands NIHR Clinical Research Network, the awards recognise the contributions of healthcare and research staff who support the CRN to deliver research in the NHS in Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire. The event, now in its third year, recognises researchers, nurses and doctors from across the region who provide significant contributions to research supported by the CRN. A strong field of applications were submitted, with a good spread of representation in the winners and highly commended categories from Trusts and CCGs across the region along with the CRN staff.

- On 28 September 2018, Buckinghamshire Healthcare hosted the seventh annual regional cardiovascular symposium “Research and Innovation with the Life Science Industry” at Missenden Abbey. Speakers included representatives from the trusts and higher education institutions across the region, alongside industry speakers and CRN commercial partnership experts.
- The Oxford AHSN Patient Safety Collaborative launched “Thames Valley Reporting Excellence (TReX)”, a community and network of healthcare professionals and researchers who champion excellence reporting at the University of Reading on 15 October 2018. The event was attended by over 100 delegates, bringing together clinicians, managers and academics, to promote excellence reporting as a mechanism for creating new opportunities for learning and improving healthcare. Initially developed by Adrian Plunkett at Birmingham Children’s Hospital, excellence reporting adoption is being implemented widely. A key aspect of the Thames Valley group is a collaboration between the Royal Berkshire and the University of Reading (School of Psychology and Clinical Language Sciences). The team is interrogating the rapidly accumulating data which was reported at the event alongside national speakers in the area from both NHS and unrelated areas which brought a diverse range of perspectives to the day.
- The NIHR’s contribution to urgent care research in the Thames Valley and Wessex was celebrated at an event in Basingstoke on 31 October 2018. The Thames Valley & South Midlands and Wessex CRNs held the annual Celebrating Urgent Care Research event at The Ark Conference Centre featuring presentations from nine invited speakers, and 11 authors of free papers selected following a call for abstracts. The range of topics covered was wide including discharge from ICU, the rising number of traumatic brain-injured patients and the role of the Thames Valley Air Ambulance in cardiac arrest. Broad regional representation and lively discussion made the event a success, widely recognised by the delegates.

Stakeholder Engagement and Communications

Q3 2018/19 saw the Oxford AHSN continue to strengthen partnerships with a growing range of stakeholders across the NHS, research and industry. Real value was demonstrated through focused events coordinated by the AHSN which were attended by close to 300 people in October 2018, November and December 2018. These included the spread and adoption of specific clinical innovations, addressing key priorities in patient safety, and embedding patient and public involvement.

This quarter saw a number of important launches including our regional emergency laparotomy collaborative and a network promoting learning from excellence. Other highlights included a graduation event for our pilot Leading Together programme for health professionals and people with learning disabilities.

These are just some of the comments received from people who attended our events over the last three months:

- “Excellent meeting, lots of shared learning between Trusts on what works and what doesn’t”
- “A valuable, insightful and thought-provoking meeting”
- “Informative meeting. Helpful to exchange ideas”

In addition to our own events, Oxford AHSN staff contributed to many other local, regional, national and international events. In the last quarter these included:

- Developments in pre-eclampsia testing at UK diagnostics summit and Parliamentary group
- Patient and public involvement session at NHS England regional ‘Leading the Way’ event

Key upcoming events in the first quarter of 2019 include meetings of our well-established maternity and emergency department collaboratives and a primary care briefing on our Sleepio evaluation project. More details of our events can be found in the table below.

We continued to publish our monthly newsletter with the 60th edition appearing in December 2018. It has around 1,300 subscribers. Sign up here: <http://j.mp/OxfordAHSNnews>

We published a summary report of the AHSN’s first five years: <http://bit.ly/1st5yrs>

Our web content is regularly updated at www.OxfordAHSN.org, www.patientsafetyoxford.org, www.clinicalinnovation.org.uk and www.healthandwealthoxford.org. A new section was created to showcase the best examples of our impact: <http://bit.ly/AHSNimpact>. More of our case studies were also added to the national AHSN Atlas website: <http://bit.ly/AtlasOxfordAHSN>

The [@Oxford AHSN](https://twitter.com/OxfordAHSN) Twitter account passed 4,400 followers during December 2018. The account generated almost 90,000 impressions over the quarter with the busiest day being 10 October with a tweet about the launch of free online support for poor sleepers achieving almost 5,000 impressions. Read more about the Sleepio project here: <http://bit.ly/SleepiOx>. Other prominent news stories in Q3 included the appointment of [new board members](#) and the launch of a [new NHS sepsis identification tool](#) which was shortlisted for a national prize.

A new Twitter account was launched linked to the Oxford AHSN’s mental health activities ([@MH_OxfordAHSN](https://twitter.com/MH_OxfordAHSN)). The mental health, Patient Safety Oxford ([@PS_Oxford](https://twitter.com/PS_Oxford)) and Strategic and Industry Partnerships ([@SIPOxfordAHSN](https://twitter.com/SIPOxfordAHSN)) accounts now have more than 1,600 followers between them.

We continued to align our communications with other AHSNs and the overarching AHSN Network where appropriate, particularly around national programmes such as atrial fibrillation identification to reduce stroke risk.

Events organised or supported by Oxford AHSN, Q3/Q4 2018/19

Date	Event	Content
October 2018	Learning from excellence conference Heart Rhythm Congress Safer paediatric gastrostomy at home Leading the way – NHS South conference for responsible officers	Oxford PSC event including launch of Thames Valley Reporting Excellence (TREx) initiative AHSNs-led session at national event on reducing AF-related strokes including Oxford AHSN contribution on developing specialist pharmacists to optimise anticoagulant therapy Oxford PSC shared learning event AHSN stand highlighting joint learning programmes and patient safety initiatives + Patient and Public Involvement workshop led by Oxford AHSN
November 2018	Working Together: an introduction Leading Together graduation event	Patient and public involvement workshop Highlighting impacts of co-production course for patients and professionals, focus on Learning Disabilities pilot programme, Patient and public involvement event
December 2018	Emergency laparotomy collaborative launch Working Together: Writing for lay audiences	Multi-disciplinary regional network established as part of AHSNs' national programme Patient and public involvement workshop
January 2019	Sleepio primary care briefing	Free NHS online sleep support explained
February 2019	Maternity shared learning Working Together	Latest meeting of regional network Latest patient and public involvement event
March 2019	Emergency laparotomy collaborative Emergency department collaborative	Second meeting of new regional network Latest meeting of regional network

Key publications 2018/19

Publication	Programme/Theme
Guide to the AHSN Network	2018 Impact report - all
Responding to NICE – developing a regional sepsis pathway	Oxford PSC paper published in ClinMed, the Journal of the Royal Colleges of Physicians, June 2018
Oxford AHSN Q4/Annual Report	All
Oxford AHSN Q1 Report	All
Learning Together – fostering a partnership of collaboration	All with Health Education England and Thames Valley Strategic Clinical Network
Do portable nursing stations within bays of hospital wards reduce the rate of inpatient falls? Research paper published by British Geriatrics Society	Clinical Innovation Adoption
Oxford AHSN Q2 Report	All
The first five years – Oxford AHSN review 2013-2018	All

Awards won 2018/19

Award	Programme/Theme
NICE Shared Learning	Good Hydration! Oxford Patient Safety Collaborative care home initiative
HSJ Patient Safety Awards – Quality Improvement Initiative of the Year	Good Hydration! initiative
HSJ Awards – Enhancing care by sharing data and information	New NHS national dashboard to identify sepsis. Collaboration including Oxford AHSN shortlisted as one of the finalists

Appendix A- Risk Register and Issues Log Risk Register

	Programme/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
1	Oxford AHSN Corporate	Failure to establish culture of partnership and collaboration across the region	Insufficient engagement of clinicians, commissioners, universities and industry will prevent the AHSN from achieving its license objectives e.g. tackling variation, speeding adoption of innovation at scale and improving	Low	Significant	March 2019	<p>Leadership supporting a culture of collaboration, transparency and sharing.</p> <p>Agreed organisational Vision, Mission and Values.</p> <p>Oversight Groups in place for each Programme and Theme, broadening representation across our stakeholders.</p> <p>Celebrate successes through Case Studies & Events.</p> <p>Regular monthly</p>	AHSN Chief Executive	Programme SROs	06 Sep-13	Ongoing	Amber

			prosperity of the region			<p>newsletter and Twitter. Regular refresh of website and monitor usage.</p> <p>Quarterly review of breadth and depth of engagement by programmes and events.</p> <p>CIA/SIP analysis of strategic priorities of commissioners and providers.</p> <p>Focussed events for clinicians and managers to foster collaboration for better patient care.</p> <p>Oxford AHSN commissioned a stakeholder survey. 26% response rate (536 responses) Results positive.</p>					
--	--	--	--------------------------	--	--	---	--	--	--	--	--

							<p>We may commission another survey in 2019.</p> <p>Oxford AHSN led the AHSN Network research needs survey.</p> <p>Oxford AHSN also took part in the National YouGov Stakeholder Survey but response numbers (circa 20) statistically invalid to draw any conclusions</p> <p>Active engagement with STPs and ICSs</p>					
2	Oxford AHSN Corporate	Failure to sustain the AHSN	Programme activities cease	Med	Med	> 6 / 12 months	NHS England has re-licensed AHSNs. Decision to relicense NHSI has confirmed funding for PCs to March 2020.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31 Jul -14	Ongoing	Amber

							<p>OLS has confirmed funding for AHSNs for 3 years to March 2020</p> <p>Actively pursuing industry partnerships, JVs and grants to reduce reliance on NHS E, NHSI and OLS funding.</p>					
3	Oxford AHSN Corporate	INNs National Programmes – weak local uptake		Med	Med	>6/12 months	<p>Identify clinical leadership. Ensure evidence based is robust. Collaborate with other AHSNs already implementing projects. Robust governance through CIA, Patient Safety and Clinical Improvement and SIP Oversight Groups. Ensure strong local case for</p>	AHSN Chief Operating Officer	AHSN Chief Operating Officer	19 February -18	Ongoing	Amber

							implementation. Oxford AHSN will influence the selection process for all national programmes to ensure they are evidence based.					
--	--	--	--	--	--	--	--	--	--	--	--	--

Issues Log

Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
Oxford AHSN Corporate	Lack of awareness by local partners and national stakeholders of progress and achievements of the AHSN	Minor	Culture	Overarching comms strategy. Level of engagement monitored across all programme and themes. Website refreshed regularly - visits per month increasing. Twitter followers and newsletter subscribers increasing. Oxford AHSN	AHSN Chief Operating Officer	Head of Communications	19/01/15	Ongoing	Ongoing

Issues Log

	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
					stakeholder survey. Quarterly report sent to all key stakeholders Pipeline of publications and case studies, quartley reports, AHSN Network Atlas, OLS. Newsletter issued to stakeholders. Oxford AHSN organise and participate in regular stakeholder events. We participate on various local boards and ICS and STP Governance.					

**Appendix B - Oxford AHSN case studies published in quarterly reports
20113-2019**

Quarterly report	Case study summary	Programme/Theme
Q3 2018/19	AHSN-led collaboration brings multi-million-pound investment to Buckinghamshire and supports SMEs to meet health and social care needs	Strategic and Industry Partnerships
	Better diagnosis of pre-eclampsia improves patient safety and reduces burden on maternity services	Strategic and Industry Partnerships
	Patient forum helps improve NHS services for people with anxiety and depression	Mental Health
Q2 2018/19	Healthcare tech company's expansion and Stock Exchange listing enabled by Oxford AHSN expertise	Strategic and Industry Partnerships
	Unique point of care blood test speeds up clinical decision-making, improves quality of care and reduces costs	Strategic and Industry Partnerships
	AHSNs come together to create new sepsis identification tool	Patient Safety and Clinical Improvement
Q1 2018/19	Spreading best practice in dementia through webinar programme	Mental Health
	Establishing networks to improve patient care in early inflammatory arthritis	Clinical Innovation Adoption
	Supporting life science companies and entrepreneurs to access healthcare markets	Clinical Innovation Adoption
Q4 2017/18	Showcasing developments in NHS MSK, falls, fracture and frailty services	Clinical Innovation Adoption
	Improving detection and management of AF	Clinical Innovation Adoption
Q3 2017/18	Digital Health Roadmap published to guide digital health developers	Strategic and Industry Partnerships
	Reducing urinary tract infections in care homes by improving hydration	Patient Safety
	Stillbirth prevention - Oxford Growth Restriction	Patient Safety/Best Care:

	Identification programme saves a life	Maternity
Q2 2017/18	Point of care test evaluation points the way to quicker diagnosis of common childhood illnesses	Strategic and Industry Partnerships
	Oxford AHSN insights on digital health feed into key report on Oxfordshire's tech cluster	Strategic and Industry Partnerships
	Defining and measuring suspicion of sepsis	Patient Safety
Q1 2017/18	Improving patient outcomes following high-risk surgery through better use of technology	Clinical Innovation Adoption
	Improving return rates to psychiatric wards	Patient Safety
	The Hill – putting innovation at the heart of healthcare in Oxford	Strategic and Industry Partnerships
	Improving the care and life chances of young people who develop psychosis through effective early intervention	Best Care (Early Intervention in Psychosis)
Q4 2016/17	Digital health initiative leads to better monitoring and fewer hospital visits for women who develop diabetes during pregnancy	Clinical Innovation Adoption
	Better data sharing through regional information governance framework	Informatics
	Catalysing innovation and driving economic growth in Buckinghamshire	Strategic and Industry Partnerships
	Lives of more premature babies saved through improved referral pathways	Best Care (Maternity)
Q3 2016/17	Promoting workforce health and wellbeing through our Get Physical initiative	Corporate
	Improving detection and management of atrial fibrillation (AF)	Clinical Innovation Adoption
	New standard measures to improve care for patients with IBD developed by international collaboration	Wealth Creation
	Leading together – patients and professionals take a collaborative approach to solve health issues	PPIEE
	Better network-wide data sharing improves patient care	Best Care (Maternity)

Q2 2016/17	Digital survey results	Wealth Creation
	Imaging patient info films	Best Care
	Sustainability project	Wealth Creation
Q1 2016/17	Bicester healthy new town	Wealth Creation
	Children's immunisation	Best Care
	Perinatal SHaRON	Clinical Innovation Adoption
Q4 2015/16 (annual report)	Memory clinic accreditation update	Best Care
	Meds optimisation CBT programme	Best Care
	AWOL project	Patient Safety
	J&J collaboration	Wealth Creation
	CAUTI project	Clinical Innovation Adoption
Q3 2015/16	EIP data-based approach	Best Care
	Leading Together programme starts	PPIEE
	Get Physical event review	Corporate
Q2 2015/16	Targeted medicines support	Best Care/Patient Safety
	Memory clinic accreditation	Best Care
	IPC stockings	Clinical Innovation Adoption
	Alumni Summit review	Wealth Creation
Q1 2015/16	A&D recovery rates	Best Care
	Pre-term birth location saves lives	Best Care
	In2vu data visualisation	Informatics

Q4 2014/15 (annual report)	GDm remote monitoring	Clinical Innovation Adoption
	IOFM benchmarking	Clinical Innovation Adoption
	Sustainable energy	Wealth Creation
Q3 2014/15	Developing patient leaders	PPIEE
	CFT – heart attack test	Wealth Creation
Q2 2014/15	Memory clinics	Best Care
	Managing acute appendicitis	Best Care / Patient Safety (PSA)
	A&D recovery	Best Care
Q1 2014/15	Dementia network launch	Best Care
	Medicines optimisation launch	Best Care
	Wealth creation explained	Wealth Creation
	GDm remote monitoring	Clinical Innovation Adoption
Q3 2013/14	App development route map	Wealth Creation
	2023 Challenge	Wealth Creation

Updated: January 2019