

Oxford AHSN Year 3 Q2 Report

For the quarter ending 30 September 2015

Professor Gary A Ford CBE FMedSci

Date for your diaries...

Get Physical: be active, stay healthy

Wednesday 09 December 2015 (13:00-18:00) Oxford Belfry Milton Common OX9 2JW

A half-day interactive event exploring how physical activity can be incorporated into the daily lives of NHS staff and patients to improve their health and wellbeing.

Click [here](#) for further information



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Chief Executive's Review

George Freeman's positive comment made at our recent Alumni Summit (see fourth case study) which showcased the strength of the region in Precision Medicine to an international audience, emphasises the critical importance of collaborative working between academia, industry and the NHS in delivering the benefits of scientific advances to our patients. The Oxford AHSN's programmes are built on collaborative working between our partners to improve the health and prosperity of our region. The case studies that follow demonstrate the value of collaborative working between different partners in three areas; improving dementia assessment and diagnosis, community pharmacy reviews of patients' medicine to reduce readmissions to hospital and increasing uptake of intermittent pneumatic compression (IPC) stockings to reduce DVT and in-hospital mortality in stroke patients. Clinical leadership was a key element of success to all three projects. The IPC project has achieved rapid adoption of IPC across our stroke units at double the national rate. It has also demonstrated significant variation in the rate of uptake across different stroke units – a pattern of innovation adoption curve first described by Rogers in 1962 with the innovation adoption curve. We will explore the reasons for this variation in adoption in our region and use this learning to inform the planning of future projects.

The joint Oxford/Wessex AHSN Test Bed application with the theme of "Keeping people well and out of hospital using digital, diagnostics and precision medicine innovation" is developing well and will be submitted at the beginning of November. We have strong engagement with innovators across the four work streams; long-term conditions, children's admissions, respiratory and stroke. Clinical Theme leads have been identified and the development of each theme is progressing with input from commissioners and providers.

We are working closely with the Thames Valley Strategic Clinical Networks to align our work across our respective networks. In two days in early October we will be reviewing applications from 10 existing and 4 new clinical networks to determine which clinical networks will be funded for the next two years from April 2016. All proposals will be reviewed by a panel that includes representatives from the Thames Valley Area Team, a provider, commissioner and patient panel, will make recommendations to the AHSN Board.

I am very aware of the major challenges that our NHS partners continue to face, and the need for our work to provide learning and outcomes that improve patient outcomes at the same or lower cost. The success of our work is critically dependent on the support and engagement of all of our stakeholders. Feedback and comments on how we might improve our current and future work programmes are always welcome.

Professor Gary A Ford CBE FMedSci

"Something very special is going on here in Oxford AHSN. The life sciences sector is doing extraordinary things. It's all built on brilliant science with joined up activity and thinking." Alumni Summit, George Freeman

Targeted medicines support to reduce readmissions after discharge from hospital

Start and end dates of work covered by case study

July 2015-ongoing.

Headline quote

‘This service will make an enormous difference to our ability to help patients after discharge from hospital’ – Khal Khaliq, community pharmacist, Lansdale Pharmacy, High Wycombe.

Lead AHSN and joint partners

Six provider trusts, 400 community pharmacists from Oxford AHSN and PharmOutcomes, a web-based pharmacy information service.

Key points at a glance

Patients are being offered targeted support from community pharmacies after leaving hospital to help them make the most of their medicines and avoid readmission to hospital. When fully operational it could benefit hundreds of patients every month.

Background Summary

On discharge from hospital, patients can find it difficult to manage their medication effectively. If their needs are not picked up, they can stop taking their medicines as prescribed and end up back in hospital. This negative cycle can be stopped through better communication, support and monitoring when care is transferred between service providers.

Challenge identified and actions taken

Patients who would benefit from extra help are referred by a hospital pharmacist for a consultation with a community pharmacist within a month of leaving hospital. At these enhanced post-discharge Medication Use Reviews (MUR) they can get expert advice about their medication, side effects and any extra support they may need – as well as being signposted to other services where necessary. The aim in the first year is to increase MUR uptake by ten per cent and reduce hospital readmissions by 50%. Each readmission prevented represents a saving of £3,500. It is hoped an indirect benefit of the service will be an improvement in patient satisfaction and adherence to their medication regimes, which in turn will reduce wasted medicines.

Outcomes

Six hospital Trusts in the Oxford AHSN region have signed up to the project which was launched in July 2015 along with approximately 400 community pharmacies in Berkshire, Buckinghamshire and Oxfordshire. Partnering organisations have received training from Oxford AHSN Medicines Optimisation clinical network on the service and are operating a bespoke interface reflecting local and national needs. The project has been tailored to the specific governance needs of each Trust to ensure that all patient data is transferred securely and patient confidentiality is maintained. Three Trusts have gone live with the remainder due to do so shortly. The acute and community service

providers are already more integrated and work together more effectively. Continuity of care has been strengthened and detailed data will become available through monitoring, evaluation and patient feedback.

Plans for the future

We are sharing our experiences and best practice with other AHSNs and with the Royal Pharmaceutical Society. Further monitoring, evaluation and patient feedback.

Contact for further information

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AHSN Core Objectives

- A – Promote health equality and best practice**
- B – Speed up adoption of innovation into practice to improve clinical outcomes**
- C – Build a culture of partnership and collaboration**

Clinical priority or enabling theme/s

- 2 – Enhancing quality of life for people with long term conditions**
 - 3 – Helping people recover from episodes of ill-health or following injury**
 - 4 – Positive experience of treatment and care**
-
-

Memory clinic service improvement through process of accreditation with Royal College of Psychiatrists

Start and end dates of work covered by case study

November 2014-ongoing

Headline quote

'This process has been a highly rewarding one, allowing us to reflect upon and enhance the quality of care that we provide. The positive feedback received from patients, carers and reviewers alike has offered welcome recognition for a dedicated, hard-working and motivated team.'

Dr Chris Ramsay, Consultant Psychiatrist, North Buckinghamshire Memory Clinic

'When we were first considering taking our Memory Service through the MSNAP review process the prospect was somewhat daunting and overwhelming. We were extremely grateful that the Oxford AHSN was able to provide a very experienced clinician to act as an overall lead.'

Frances Finucane, Team Manager, North Buckinghamshire Memory Clinic

'Dr Jacqui Hussey is a great example of a local clinical leader spreading best practice throughout our region for the benefit of more patients and carers.'

Dr Paul Durrands ACA CMILT

Lead AHSN and joint partners

In Berkshire, Wokingham Memory Clinic was the first to go through the MSNAP accreditation process led by Dr Jacqui Hussey and Dr Alison Stewart. They were able to use their experience to assist other Berkshire clinics and to help spread good practice in the remainder of the Oxford AHSN area. The Oxford AHSN Dementia Clinical Network facilitated the accreditation process in Oxfordshire, Buckinghamshire (Oxford Health NHS Foundation Trust) and Milton Keynes (Central and North West London NHS Foundation Trust) through Maureen Cundell, a memory clinic nurse on secondment.

Key points at a glance

Oxford AHSN Dementia Clinical Network worked with six memory clinic teams across Oxfordshire, Buckinghamshire and Milton Keynes to support them in their application to become accredited with the Royal College of Psychiatrists, thus generating collaborative working and sharing and encouraging mutual support between the teams.

Background Summary

The Oxford AHSN Dementia Clinical Network aims to reduce unwarranted variation in care for dementia. The Royal College of Psychiatrists' Memory Services National Accreditation Programme (MSNAP) provided a structured means of working, embedding consistent high standards in memory clinics. Within MSNAP, there are 171 standards. 44 of these are 'type 1' standards – all type 1 standards must be met in order to achieve accreditation. A further 113 'type 2' standards would be expected to be met. Three Berkshire memory clinics - Wokingham, Bracknell and Reading - had previously undergone accreditation, achieving 'excellent' with all 171 standards achieved. Through this process the Berkshire clinics had improved consistency in service delivery and demonstrated a high level of satisfaction from referrers, patients and carers alike. The aim was to use the learning from Berkshire to benefit the other clinics within the AHSN geography.

Challenge identified and actions taken

Oxford AHSN Dementia Clinical Network worked with memory clinic teams in the Trusts to help them evidence standards and identify any standards not currently met. Evidence was not always easily available and a change in computer system in one of the Trusts involved complicated the process of audit which is a key part of evidencing standards. Some services in the memory assessment and support pathway are shared with other sectors (for example some carer assessment and support services are run by local authorities or the third sector) and so the importance of partnership working was paramount.

A key element of networking for the clinics has been meetings arranged by Maureen, where clinical staff from these six services have visited each other acting as 'mock' peer reviewers, in preparation for external peer review. This process has not only helped services to rehearse their peer review answers but also resulted in cross-fertilisation of ideas and sharing of protocols and, including learning from the three Berkshire clinics which are already accredited. The Oxford AHSN Dementia Clinical Network, in funding Maureen's time and building the network, was key to generating this collaborative working and sharing, and encouraging the learning and mutual support between clinics to improve the patient and carer experience.

Outcomes

There has been significant improvement work within clinics as a result of working towards accreditation. As well as the collaboration and mutual support between clinics, there have been improvements to policies and procedures within the clinics.

One of the most significant areas addressed by the process of MSNAP accreditation is patient and carer experience. It has been very rewarding for the teams to receive positive feedback from service users, and improvements in the physical environment have been made following carer feedback.

Other benefits have included improved multi-disciplinary and inter-agency working, updating of policies, a new design for documentation within the electronic records system and a new website for memory services. Clinicians have appreciated the focus on clinical work and the opportunity to reflect and examine practice. Ideas have been developed for using resources more efficiently eg. more nurse assessment in GP surgeries.

The six clinics await the decision from the Royal College on their accreditation (due December 2015).

Plans for the future

Future plans will be guided by feedback from the Royal College MSNAP team regarding accreditation. The MSNAP process is an ongoing one with the need to maintain standards for reaccreditation. Oxford AHSN work will be aimed at consolidation and ensuring improvements are embedded into services. The remaining Berkshire clinics are also now working on accreditation.

Contact for further information

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AHSN Core Objectives

- A – Promote health equality and best practice**
- B – Speed up adoption of innovation into practice to improve clinical outcomes**
- C – Build a culture of partnership and collaboration**

Clinical priority or enabling theme/s

- 1 - Reducing premature mortality**
 - 2 – Enhancing quality of life for people with long term conditions**
 - 4 – Positive experience of treatment and care**
 - 5 – Treating people in a safe environment and protecting them from avoidable harm**
-

Intermittent pneumatic compression stockings reduce deep vein thrombosis and mortality after stroke

Start and end dates of work covered by case study

April 2014-September 2015

Headline quote

'The results of the Clots in Legs Or sTockings after Stroke (CLOTS) 3 Trials undertaken by researchers at the University of Edinburgh clearly showed that Intermittent Pneumatic Compression (IPC) sleeves can reduce the number of stroke patients who develop Deep Vein Thrombosis and improve survival rates' – Professor Tony Rudd, NHS England National Clinical Director for Stroke. (NHSIQ, 2014)

Lead AHSN and joint partners

Oxford AHSN, Thames Valley Strategic Clinical Network (TVSCN), NHS Improving Quality (NHSIQ), Oxford University Hospitals NHS Trust, Buckinghamshire Healthcare NHS Foundation Trust, Frimley Health NHS Foundation Trust, Milton Keynes NHS Hospital, Bedford Hospital NHS Trust and Royal Berkshire Hospital NHS Foundation Trust.

Key points at a glance

Deep vein thrombosis (DVT) is a common cause of death in immobile hospital patients, but is potentially avoidable. Stroke patients have a high risk of developing DVT. The CLOTS 3 Trial showed that the use of IPC sleeves led to around a 30% relative reduction in DVT and an improvement in overall survival by six months.

Background Summary

A large trial at the University of Edinburgh showed that IPCs worn by immobile stroke patients reduced the incidence of deep vein thrombosis and mortality. As part of a major national programme to improve outcomes and reduce mortality in stroke patients, NHS Improving Quality (NHS IQ) secured £1m 'pump priming' money to fund six month's supply of intermittent pneumatic compression (IPC) sleeves for all stroke units in England in April 2014. The Oxford AHSN Clinical Innovation Adoption (CIA) programme working in collaboration with TVSCN and NHSIQ supported the rollout, implementation and adoption of IPC Sleeves across six acute Trusts within its region.

Challenge identified and actions taken

The purpose of this project from the perspective of the Oxford AHSN and the TVSCN was not to prove or disprove the research and clinical outcomes of the CLOTS3 Trial. The evidence from the CLOTS 3 Trial demonstrated that IPC sleeves are effective in preventing DVT and consequently reducing mortality in patients who are initially immobile after being hospitalised with acute stroke. The objective of the project was to implement and embed the IPC technology across all those Stroke

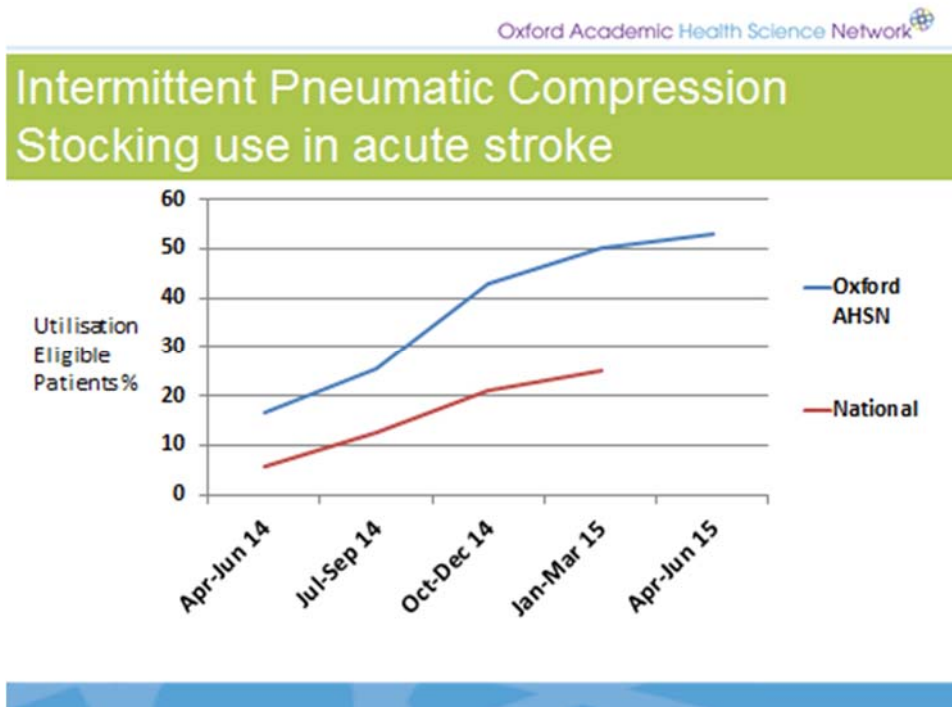
Units partaking in the project within the AHSN region (whilst ensuring all immobile patients as per criteria are given the IPC sleeves) so as to achieve the trials stated outcomes of a 14% overall improvement to overall survival in 6 months. The following actions were taken:

- Ensured that protocols for the use of IPC Sleeves across Stroke Units within the AHSN and TVSCN region were shared, standardised and aligned where clinically and operationally appropriate
- Monitored and reviewed the uptake and utilisation of IPC Sleeves across Stroke Units (through monthly extracts of local Sentinel Stroke National Audit Programme (SSNAP) data obtained from local SSNAP coordinators), to include ensuring patients are given sleeves within 72 hours of being admitted to hospital
- Disseminated the AHSN and TVSCN IPC Dashboard at the monthly TVSCN Cardiovascular Network meetings to aid discussion and feedback to Stroke Units on how utilisation and uptake of IPC Sleeves can be improved
- Evaluated the project in order to capture the experiences of the Stroke Unit participants and highlight the processes, outcomes and any lessons learnt from the programme. In addition, work with the Stroke Unit Clinical Leads to reduce further the variation in utilisation of IPC Sleeves across the region

Outcomes

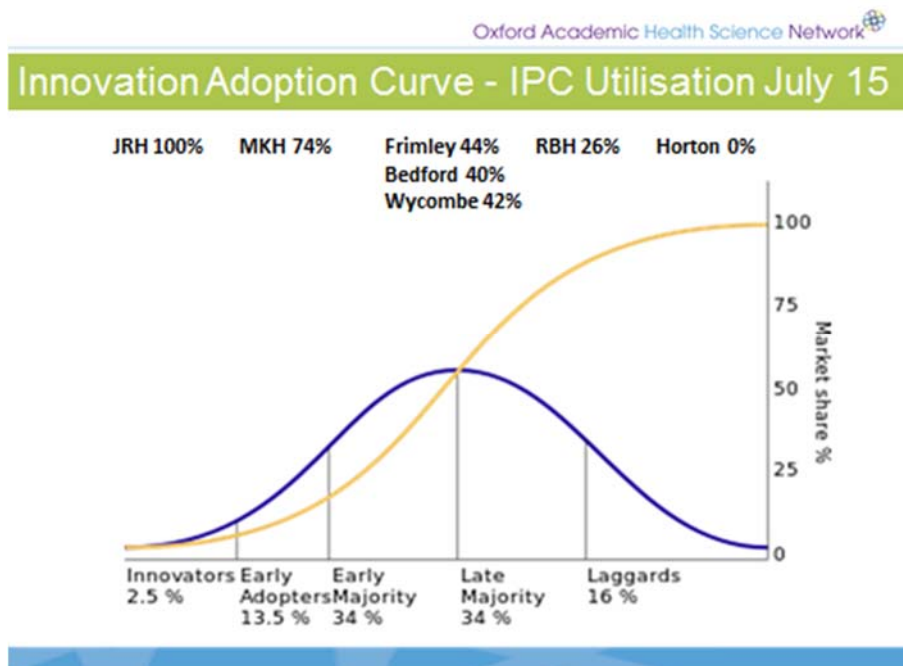
The project has delivered successfully against its intended goal which was the adoption of the use of IPC sleeves in eligible stroke patients in all six hospital Trusts in the Oxford AHSN region. In addition, this has released improvements in the quality of patient care and a reduction in incidence of DVT as per the CLOTS 3 Trial evidence. In addition, all Stroke Units within the region have a protocol in place for the prescription and management of IPC Sleeves.

Since April 2014 to date 53% of patients admitted to Stroke Units within the AHSN and TVSCN Region received IPC Sleeves which is outperforming the national rate of 25% (Graph One below shows the comparison).



Plans for the future

Oxford AHSN CIA programme team is in the process of meeting with the Clinical Lead for Stroke Service from each Trust to understand what can be done to further reduce the variation in utilisation of IPC Sleeves across the region and improve uptake. Graph Two below shows the variation in utilisation between Stroke Units in the context of the Rogers Innovation Adoption Curve.



In addition, the AHSN recommends the introduction of a nurse led prescribing protocol for IPCs across the region which will take away the reliance on stroke consultants to prescribe the sleeves, provide a way of patients admitted at weekends (or any other time) to be prescribed sleeves in the

absence of a consultant. It is hoped that this would help increase the prescribing and speed of application of sleeves within Stroke Units.

Contact for further information

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- 4 – Positive experience of treatment and care**

Summit explores new opportunities for collaboration and progress in tackling 21st century healthcare challenges

Start and end dates of work covered by case study

9-10 July 2015

Headline quote

"I really enjoyed the conference – I made some very helpful business connections"

Dr Heather Preston, managing director, TPG Biotech

"It was a fantastic event and I have left thoroughly inspired"

Dr William Do, young innovator and junior doctor

Lead AHSN and joint partners

Oxford AHSN, British Expats in Life Sciences

Key points at a glance

The Oxford AHSN brought together key alumni of universities in our region who are now working overseas for a special event to explore new opportunities for collaboration and progress in tackling 21st century healthcare challenges including genomics, diagnostics, precision medicine and critical diseases. Representatives from research, industry and the NHS all took part. The Minister for Life Sciences, George Freeman MP, was a special guest.

Background Summary

The Alumni Summit, held at the Saïd Business School, University of Oxford, in July 2015, was a two-day showcase for the region's research and clinical expertise to senior international life science executives who are also alumni from Oxford AHSN regional universities.

Challenge identified and actions taken

The Oxford AHSN region supports a powerhouse of nine internationally-recognised universities, five business schools and arguably the largest cluster of life science companies in Europe. Together they form a major hub of academic, clinical and technical excellence. Alumni of these universities who are now working overseas were invited back for the Summit to hear about advances and discuss opportunities to invest in and develop life sciences in the Oxford AHSN region.

Outcomes

The Summit built engagement with international life science companies and provided partnering opportunities. A conference report and video - <https://www.youtube.com/watch?v=SdnaPaSy7B4> - were produced. More information at www.alumnisummit.com

Plans for the future

A follow-up Summit is planned for 2017 to continue the conversation and further strengthen international collaboration focused on life sciences in the Oxford region.

Contact for further information

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AHSN Core Objectives

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B – Speed up adoption of innovation into practice to improve clinical outcomes

C – Build a culture of partnership and collaboration

Operational Review

The “holy trinity” of clinical leadership, clinical evidence and good programme management is the model for delivery across the AHSN. Without the fourth element, engagement, nothing can be delivered as all the work is about supporting our partners in collaborative working (licence objective 3). We are making good progress in building the AHSN and as engagement grows, collaborative working is increasing – a virtuous circle of delivery and engagement. It is important to emphasise that the AHSN is a network of organisations and individuals from across the region with an interest in improving health outcomes and also economic growth. The work of the AHSN programme and theme teams is to support collaborative working across the region. The case studies at the beginning of the Q2 report are great examples of how collaborative working can deliver results for our patients, benefit collaborators and their organisations, e.g. Best Practice in Memory Clinics in Berkshire being shared and implemented in Buckinghamshire and Oxfordshire.

Most of the programmes and themes are on track. Some timelines have slipped but in most cases milestones will be delivered by the end of the year (see Appendix [X]). We have in excess of 100 workstreams and we keep these under review. As Stuart Rose pointed out in his report “Better Leadership for Tomorrow: NHS Leadership Review, published in July, the NHS is a very complex system with many priorities and there is no silver bullet to improvement. We have to improve many things at the same time to get an overall step change in the system.

We are making progress against the high level milestones set out in the Business Plan and also the high level KPIs (see below). Communicating progress of the workstreams is both vital and challenging given the broad range of projects. Here are the highlights from Q2:

1. The AHSN Partnership Board met in September and received updates on three important areas, the AHSNs Test Bed Bid (with Wessex) Best Care and Informatics. Once again, a good attendance across all sectors continue to make this a valuable meeting and a way of ensuring the AHSN connects with its stakeholders and Partners.
2. Sir Jonathan Michael retired as CEO from OUH at the end of the quarter and has retired from the AHSN Board where he was Deputy Chair and also the R&D Oversight Group. Bruno Holthof, the new CEO of OUH will join the AHSN Board as Deputy Chair.
3. Best Care. A report summarizing the progress of the Best Care Clinical Networks will be published in early October on the AHSN website.
4. Best Care Anxiety and Depression Clinical Network has achieved 57% recovery rates, improved from 48% in 14/15 and significantly better than the national average which has remained static at 45% and has exceed the goal of a 5% point improvement. This is a great achievement by the network on the back of a combination of clinical leadership, hard clinical data, programme management and a strong network of clinicians. The network now covers all of Bedfordshire.
5. Best Care Children’s Clinical Network. Immunization rates against influenza facilitated by the network’s two immunization nurses have facilitated an improvement in uptake to 31.9% (29.6%) in 2 year olds and 35.5% (23.5%) in 3 year olds. In addition to protecting the children, this work also protects the wider community against flu when a minimum of 30% uptake is achieved. The campaign for 1/16 is already underway ([see](#)).
6. Best Care Early Intervention in Mental Health Clinical Network has built a picture of Early onset Psychosis across the South of England and is working with 15 mental health providers to address gaps in provision to prepare for the new national standards.

7. Best Care Medicines Optimisation Clinical Network is making good progress in targeted support from community pharmacies for patients after leaving hospital to help them make the most of their medicines and avoid readmission to hospital (see Case Study). This project, which includes six provider Trusts and 400 community pharmacists will have a positive impact on hundreds of patients across the region. It is a great example of collaborative working across the system to improve patient care (and save money on medicine wastage) that has been made possible by a clinical network.
8. Best Care Dementia Clinical Network has worked with six memory clinic teams across Oxfordshire, Buckinghamshire and Milton Keynes to support them in their application to become accredited with the Royal College of Psychiatrists, thus generating collaborative working and sharing and encouraging mutual support between the teams is rolling out. This is a great example where best practice from one part of the region, Berkshire, has been shared and implemented in the rest of the region.
9. Best Care. Each quarter we review the membership of the clinical networks. In March, when we first surveyed the networks, the total number listed was 1,279. This now stands at 2,135 including 529 from Berkshire (up by 294), and Buckinghamshire has doubled from 109 stakeholders to 226. Beds has increased from 27 to 44.
10. Best Care Round 2 – applications have been received from the 10 existing clinical networks and 3 new potential networks for funding for the next 2 years. A panel will meet the applicants and recommend to the AHSN Board which of the networks should be funded.
11. Oxford AHSN Clinical Innovation Adoption (CIA) programme, Thames Valley Strategic Clinical Network, NHS Improving Quality (NHSIQ), Oxford University Hospitals NHS Trust, Buckinghamshire Healthcare NHS Foundation Trust, Frimley Health NHS Foundation Trust, Milton Keynes NHS Hospital, Bedford Hospital NHS Trust and Royal Berkshire Hospital NHS Foundation Trust have worked together to implement the use of Intermittent Pneumatic Pressure sleeves in our stroke units (see Case Study). The CIA team has worked with the stroke units on the change process, training and monitoring of uptake. Some units are at 100%. Average utilization in the region is now 50% (25% nationally).
12. Clinical Innovation Adoption Intraoperative Fluid Management report will be published in October. Working with more than 150 anaesthetists from across the region and NHS Benchmarking the report will show that there is significant variation in the way equipment is used, there are issues with silo budgeting that causes rationing of utilisation of a technology that used with the right patients can reduce length of stay.
13. Clinical Innovation Adoption has developed a “Practical Course for Innovating in Health care Settings” with Buckinghamshire New University and Health Education Thames Valley. This has been created to frontline staff support in identifying and implementing innovations. Up to 25 places are being offered in the first wave in February 2016 and 25 in the second wave in September 2016.
14. Clinical Innovation Adoption. We keep the innovations under review and recommendations will be made to the CIA Oversight Group as to the future of some of the innovations some of which are not getting traction in the local NHS.
15. Wealth Creation team are working with Wessex AHSN to develop the Test Bed bid for the combined region with a population of 6m. We have strong engagement with innovators across the four themes (Long Term Conditions, Children’s admissions, Respiratory and Stroke). Clinical Theme leads have been identified and the development of each theme has progressed with input from CCGs.

16. Wealth Creation. A two day conference held in July brought together 160 delegates, including 40 senior executives of overseas life science companies, and other alumni from our region's universities show cased the expertise within the region around Precision Medicine. The event was very well received by delegates including George Freeman MP, Minister for Life Sciences (see Case Study).
17. Wealth Creation has signed an agreement with the Carbon and Energy Fund to collaborate on local NHS/University projects. Annual cost savings will amount to £6.4m and make a significant continuation towards carbon reduction targets.
18. Informatics. The draft regional Information Governance guidance (to enable patient data sharing) was presented at a consultation forum which included a key note by Dame Fiona Caldicott. Once comments have been received, the document will be refreshed, ready for local sign off by local NNHS organisations.
19. PPIEE. Local Patient representatives Carol Munt and Mark Stone were included in the HSI top 50 patient leaders in England. Both Carol and Mark and may other patients make a significant contribution to the collaborative work of the AHSN.
20. In collaboration with NHS England, which is funding the workstream, the PPIEE team and Paul Foster, Oxford AHSN Finance Manager, have procured a £250k region wide training "Leading Together Programme" for developing more health professionals to work with lay partners at a strategic level across the health system. The programme will train 120 leaders (60 professionals paired up with 60 lay members).
21. Patient Safety. Quality improvement programme with NHS IQ for our theme clinical leads to develop more patient safety leaders in the system – 55 places are being offered for the programme which will run from October December. The programme will be evaluated jointly by the Patient Safety Theme and NHSIQ.
22. Engagement and communications. Twitter followers increased from 988 at the end of May to 1,283 on 30 September. In addition, a number of clinical networks have established their own Twitter accounts; Early Intervention has over 15,000 followers. Website visits totalled 60,665. Our Newsletter has continued to increase its subscribers with a further net 60 taking the total for the Quarter over 1,180. The Head of Communications, Martin Leaver, is now co-Chair of the national AHSN Network Communications Forum which provides valuable insight into perspectives from other AHSNs.
23. Engagement and communications. The Oxford AHSN Board met in July and received an update on the NIHR-funded work being done by King's College, Universities UK and the University of Warwick. The work had involved five AHSNs and initial findings specific to the Oxford AHSN included:
 - strong academic and industrial med-tech and life sciences cluster, providing rich opportunities for innovation adoption and collaboration across sectors;
 - local infrastructure, NHS fragmentation and service pressures resulted in real difficulties for innovation spread; wealth and health networks appear structurally different; and
 - the knowledge sharing ties are especially strong and two-way. This is useful for the rapid diffusion of knowledge and ideas across the network (i.e. provides evidence of cohesiveness). However, dispersed networks may help AHSNs to tap into more diverse knowledge.
24. Engagement and communications. The Oxford AHSN and the 14 other AHSNs took part in a national survey on the AHSNs' work organised by NHS England and undertaken by

YouGov. Each AHSN had tailored questions but the bulk of the questions covered all AHSNs. We provided a list of stakeholders covering all sectors of the NHS, the Universities, industry and patients and the public. The outcome is expected in early October and will be discussed with the AHSN Board and shared on the AHSN website.

25. Looking forward, Oxford AHSN is collaborating with Public Health England Berkshire, Buckinghamshire and Oxfordshire County Sports Partnerships to put on “Get Physical”, an event for professionals with an interest in Physical Activity to improve patient and staff health and well-being – to be held on 9 December.

Programme/Theme	Key Milestone	Progress to date
Corporate	Oxford AHSN 5 Year Strategy	Will be complete by year end
Best Care	Delivery of first tranche of networks PIDs	On track with a few exceptions
	Variation reports produced	Completed
Clinical Innovation Adoption	First tranche of innovations adopted	Very high level participation. Implementation taking longer than planned.
R&D	Trust R&D plans developed	Trusts have agreed to produce by end of year.
Wealth	Alumni International Conference Regional diagnostics council for industry	Complete Established
Informatics	Information Governance Framework	IG Framework out for consultation
PPIEE	Provider engagement	Planned for Q3
Patient Safety	Programmes mobilised	Programmes established
	Measurement regime in place	Progressing
Stakeholder engagement and communications	Raising awareness and profile of AHSN’s work, activities, events and partners	Slight increase in Newsletter and Twitter followers over Q1. Clinical network members now exceed 2135

26. Finance and risks. We are forecasting to be on budget at the end of the year. Programme risks and issues are reviewed regularly. No new risks or issues have been escalated to the AHSN Board this quarter.

Dr Paul Durrands ACA CMILT

Key Performance Indicators (KPIs)

Programme	Licence Objective	High level KPI (measured annually unless otherwise stated)	As at Q2
Best Care	1,3,4	Improve the recovery rate of patients suffering from anxiety and depression by 5%	Improved from 48% in 14/15 Q4 to 57% in 15/16 Q1.
Best Care	1,3	Improving access, including waiting time standards for Early Intervention in Psychoses	Currently 39% of patients allocated an EIP coordinator within 14 days.
Best Care	1,3	Reduce the use of 'reliever' inhalers, and attendance at A&E, by asthma patients	A&E attendances for asthma patients down 25% between 14/15 Q4 and 15/16 Q1
Best Care	1,3	Establish common protocols for radiology diagnosis across the geography	A common protocol has been agreed
Clinical Innovation Adoption	1,2,3,4	Average number of Trusts adopting each innovation	Participation of Acute and Mental Health Trusts in workstreams more than 80%. Implementation rate 29% in Acute and 32% in Mental Trusts.
R&D	4	Commercial R&D income increase	Data to be obtained
Wealth Creation	4	Number of health and life science companies in region	620 life science companies in the region
Wealth Creation	4	Number of people employed in life science industry	19,753 (est based on 10% from national figures)
Informatics	1,3	Interoperability – number of Trust CIOs signed up to strategic outline case	To be reported in Q4
Informatics	1,3	Information Governance – regional consultation and sign up to the AHSN IG sharing framework.	To be reported in Q3
Stakeholder engagement	3	Number of subscribers to the Oxford AHSN Newsletter	1,180 increase of 60 from Q1
Stakeholder engagement	3	Number of visits on the Oxford AHSN website per month	24% increase to 60,665
Stakeholder engagement	3	Number of attendees at all AHSN events per annum	To be reported at the end of the year

Best Care

Best Care programme

In Best Care's Q1 report it was noted that a number of networks had produced reports on their initial findings (and in some cases on their impact) within their specialities. The Best Care Programme team has worked with the networks to refine these reports and a summary report will be published shortly. These show some early impact and output from collaborative working by clinicians across the Oxford AHSN region. The reports will be circulated to partner clinicians and non-clinicians in Best Care clinical networks.

In particular, we would highlight the work of the Anxiety & Depression Network, which has measured and demonstrated achievement of their high-level KPI 6 months early. The other 3 networks with high level KPIs in the AHSN Business Plan (Early Intervention in Mental Health, Medicines Optimisation, and Imaging), are on track to deliver (see KPI table above).

Best Care programme - Clinical Networks

Launches/events

The Dementia Clinical network held a well-attended meeting in collaboration with the Thames Valley Strategic Clinical Network (TVSCN) 'Exploring Dementia Variation in Clinical Practice and Patient Services' on 16th September. The Mental Physical Comorbidity network held the first of series of educational meetings starting with a meeting on "Psychological Medicine for Obstetrics" 8th September, which was attended by 120 people. Events presenting the findings from their service mapping will be held later in this quarter focusing on Physiological Medicine in Oncology and Palliative Care. Preparations are underway for the Anxiety and Depression Conference 'Commissioning and providing quality Psychological Therapies: Improving recovery rates, supporting integrated care for Long Term Conditions and contributing to prevention' which will be held on 21st October.

Attendance at events

To further engage with Partners, network and keep abreast of new development which may be relevant to our stakeholders, members of the Best Care Team and clinical networks attended HETV Partnership Council and Health and Care Innovation NHS Expo 2015 with feedback being given at the network manager and Best Care team meetings.

Stakeholder map and commentary

Stakeholder engagement and involvement is fundamental the success of Best Care, and to the AHSN as a whole. Engagement gives the workstreams the mandate to proceed with the blessing of the local population (in the broadest sense, meaning healthcare and ancillary staff and patients and carers), and also ensures that news of our work is reaching more and more potential innovators, leaders and frontline clinical staff. Engagement has increased in the past 6 months according to our database measures. In March, when we first surveyed the networks, the total number listed was 1,279. The rise therefore of almost 1,000 stakeholders across the 10 networks is noteworthy. Particular areas of growth are in Swindon, which totalled 9 stakeholders in March. Swindon is out of the AHSN area, but is a referring District General Hospital for several specialties, meaning that it has chosen to work with Oxford in these areas.

	Beds	Berks	East Berks	West Berks	Bucks	Milton Keynes	Swindon	Oxon	AHSN Region	National	Out of Region	Total
Commissioners	11	14	31	42	50	18	6	53	121	16	2	364
GP Practices	0	1	1	2	12	2	0	19	0	0	0	37
Industry	0	0	0	1	0	0	0	16	22	36	9	84
Local Authorities	0	8	4	5	15	1	0	18	0	0	1	52
Regulating Bodies	1	1	0	0	3	0	0	2	1	4	0	12
Research	0	1	1	0	0	0	0	5	2	4	5	18
Trusts	26	243	69	65	133	95	34	522	26	1	19	1233
Universities	4	15	0	13	9	6	0	123	3	10	11	194
3rd Sector	0	3	0	1	1	1	1	13	8	4	3	35
Other	2	1	5	2	3	4		37	4	12	36	106
Total	44	287	111	131	226	127	41	808	187	87	86	2135

Whilst Oxford remains the largest contributor, Berkshire has a combined total of 529, up from 294, and Buckinghamshire has doubled from 109 stakeholders to 226 – showing that membership of the networks is becoming more balanced across the geography.

Round 2 process, panel and guidance

Most of the networks have now been running for 18 months, with some stretching back 24. The view was taken by the AHSN Executive team and the Best Care Programme team that it would be appropriate to run a formal rebid process. The aims of this process are twofold:

- 1 – to review and revalidate the work and overarching objectives of each network, and where necessary, to agree to close down networks which are not felt to have been effective.
- 2 – to allow new networks to join the programme.

In order to make the rebid process as fair as possible (particularly to potential new bidders), the Programme team consulted with the Best Care Oversight Group and the Best Care Programme board, and created a bid guidance sheet, a bid template, and a panel composed of a broad range of key stakeholders from across the region. The invitation to bid as a new network was sent to all CCGs and NHS providers in the region, as well as to select other stakeholders who had previously declared an interest in creating a clinical network. The Programme team has met with most existing networks, and several potential new bidders, in order to develop their bids.

<i>Name</i>	<i>Role</i>	<i>Organisation</i>
Mark Stone	<i>Patient Representative</i>	<i>N/A</i>
Joe Harrison	<i>Chief Executive</i>	<i>Milton Keynes Hospital Foundation Trust and Chair of the Best Care Oversight Group</i>
Gary Ford	<i>Chief Executive</i>	<i>Oxford Academic Health Science Network</i>
Cathy Winfield	<i>Chief Officer</i>	<i>Berkshire West Clinical Commissioning Group Federation</i>
Geoff Payne	<i>Medical Director</i>	<i>Thames Valley Strategic Clinical Network</i>
Angela Coulter	<i>Senior Research Scientist</i>	<i>Nuffield Department of Population Health</i>
Chandi Ratnatunga	<i>Senior Responsible Officer</i>	<i>Oxford Academic Health Science Network Best Care Programme SRO</i>

Closer working with SCNs and HETV

The Best Care Programme has further developed its relationship with key partners in Q2, in particular, with Health Education Thames Valley (HETV), and with Thames Valley Strategic Clinical Network (TVSCN) as follows.

HETV – A joint funding model has been negotiated between the University of Oxford, Oxford AHSN, and HETV, which should allow for 5-6 Fellows in Evidence-Based Health Care (EBHC) to be recruited into Cohort 3. HETV have been an active partner in this fellowship, and their ongoing support, both financial and in terms of personnel and ongoing involvement, is a key relationship. HETV also invited the Best Care Programme Manager to act as a moderator for their funding bid review process. This demonstrated the value HETV places in the management of the programme. Several Best Care networks were successful in bidding for the above fund, and this again demonstrates the value HETV sees in the work of the programme. *Closer working with fellow AHSNs, sharing learning & contacts.*

TVSCN – There is good representation and collaboration now within the governance structures of both the AHSN and TVSCN. The Best Care SRO and Programme Manager sit on the SCN Oversight Group, while the SCN Clinical Leads sit on the AHSN Programme Board. The Best Care Programme Manager and TVSCN Programme Manager meet monthly to discuss areas of crossover and collaboration, and are currently jointly developing a document which aims to illustrate these collaborations in an intuitive manner. With the Round 2 rebid process occurring over the final week of September and first week of October, there is currently additional discussion between the two organisations to agree what areas they might add to their collaborations.

The Best Care Programme governance framework continues to grow in maturity, as members become more comfortable in their roles. The Oversight Group has reviewed and ratified the documentation and process for the Round 2 network bids/rebids, as well as continuing to review specific network activities; the Programme Board has provided ongoing support and challenge to its members and has input into the direction and shape of the Programme. The Network Managers' Meeting continues to act as a useful monthly touchstone where operational network staff can exchange insights and learn from each other.

Network			Projects				PPIEE	Overall
	Network Membership	Comms	Project 1	Project 2	Project 3	Project 4		
Anxiety and Depression						n/a		
Children's					Closed			
Dementia					Closed			
Diabetes								
Early Intervention in Mental Health								
Imaging								
Maternity						n/a		
Medicine Optimisation								
Mental & Physical Co-morbidity				n/a	n/a	n/a		
Out of Hospital				n/a	n/a	n/a		

The Best Care Programme Team has worked to mitigate risks caused by a small turnover in staffing (Dementia, Imaging) and expansion of roles (EI in MH), achieved through managing workloads and stretching the central resource as necessary.

The **Anxiety and Depression (A&D)** network has illustrated continuous improvement in its work to increase recovery rates in IAPT service in Q2; these have now increased by 10 percentage points. Challenges encountered in the collection and analysis of the CYP-IAPT outcome data have been carefully mitigated, after discussion with national team, through the local agreement of criteria and implementation solutions and support. The A&D Patient Forum held a very successful first meeting with themes for projects identified and plans to extend the membership to include patient reps from Milton Keynes, Luton and Berkshire. Reports were received on the progress and impact of all three projects. All of Bedfordshire's NHS partners are now engaged in the A&D network.

Children's network is showing good progress with its first audit being undertaken in gastroenteritis across the region in Sept/Oct. The second iteration of its review of variation in the region is due out next quarter, while the 2015/16 flu campaign is now getting underway, following great endorsement from public health and CCG officials last year (see Children's Flu report).

The **Dementia** clinical network has made steady progress with the completion of the first phase of webinars which have created a core of stakeholders and good engagement across the AHSN geography, expansion of the Younger People with Dementia project and the development of the Memory Services National Accreditation Programme work into a separate project. It is hoped that the September meeting will allow the network to move forward with the next phase of the Reduce Variation project. The SMS data capture project is making little progress, although an alternative patient cohort have been identified for a second iteration. Looking forward, the Dementia Advisory Board met to review the 11 applications that were made for the Round 2 funding and select those that would be taken forward.

The **Diabetes** network continues to be hampered by a lack of up-to-date data, but with the 2014/15 data due to be released in November, the network is targeting this date for focused variation analysis. At the same time, they are also developing their ability to collect granular-level data directly from the region, with the help of the AHSN Informatics team. The Diabetes Network GDM project, which they have run jointly with the AHSN CIA team, was recently recognised by the Minister for Life Sciences, George Freeman at the NHS Expo.

Early Intervention in Mental Health welcomed a new Network Manager in August and during this time of transition received baseline data from the first phase of implementation of the common assessment, with Oxford Health achieving 65% completion in the first month. This has increased, with considerable support from the Quality Champions, to 71% in August. The common assessment will be rolled out to Berkshire and Milton Keynes in line with deployment of their local EPR systems which are expected to go live later in Q3. The transitions project has closed due to lack of progression, however the EI Model will be extended in Eating Disorders and a Best Practise group has been established with high-level engagement across the AHSN geography. The self-assessment tool for the EIP survey has been released and will inform Trust Level action plans for improving care quality which are now intrinsically linked with the National EIP-Preparedness work.

South-Region EIP Preparedness work – This work progresses with a strong governance group, representing trusts (providers and commissioners) across the South region. The self-assessment tool was designed by the EIP network and tested by the AHSN Informatics team. Following refinement, it was then released on schedule to the region. All other regions have now requested that this tool be shared with them, suggesting that the work is of a high quality. The tool has identified areas of

strength and weakness in the region, and the team has now made its allocation of funding recommendations to its governance group for approval. This tallies with the team's planned timescales as endorsed by NHS England.

Imaging – after significant delays to its projects, the network is now showing improved performance, with agreed ways of working now in place across the region to collect data for projects, and a renewed energy to the network. Milestones have been revised to reflect reworked plans, and progress is being shown against these. Whilst some projects remain red, there are now signs of progress with all of them.

Maternity – Due to excellent ongoing collaboration between the AHSN Informatics team and the Maternity Clinical Network, there is now a functioning IT link between Milton Keynes, Royal Berkshire and Oxford University Hospitals, allowing the viewing of ultrasound data. However, Wexham Park and Stoke Mandeville remain unlinked. Wexham Park Hospital work is proceeding and expected to be complete next quarter. However, the Stoke Mandeville link is stuck at Business Case stage, and this has now been escalated to the Best Care Programme team to resolve.

Medicines Optimisation – there is a small delay to the Transfer of Care project (Project 4), which aims to empower community pharmacists to undertake Medicines Use Reviews (MURs) with patients once they are discharged from hospital. With the technology in place to transfer notes, and patient consent to do so, this project should improve adherence and thus reduce readmissions. There have been some queries from Trusts before they sign the Information Governance agreements allowing the transmission of patient data. However, the Network is working individually with each Trust to respond to these concerns, and to date 4 of the 6 hospital trusts in the region have signed, with Milton Keynes Hospital FT opting to enter the scheme at a later date. Regarding Project 3, The Medicines Optimisation Network had a joint bid with the A&D clinical network its bid to train pharmacists in CBT techniques ranked as #1 (out of 70 across the region) for funding from HETV.

Mental-Physical Comorbidity have incorporated the detailed reporting of the service mapping work for inpatients, outpatients and specialist services (Maternity and Cancer) into the guidance for commissioners which has been delayed until January 2016, to ensure that it includes up to date national and local guidelines. A draft report on the service mapping has been submitted. A service design, commission and outcomes working group has been established to contribute to the commissioning guidance. Collaboration with the SCN through the formation of a perinatal mental health group has been established.

The **Out of Hospital** network has worked hard to build a stakeholder group which will evaluate and shape plans. In building this engagement, it has undertaken several local pieces of work to evaluate pilots and support in bids for national funding. This has helped the network better understand the landscape and the variation in provision, and also helped make the case to its stakeholders of the value of creating, pan-regional group. The network will be submitting a bid for Round 2 which focuses its activities down, based on the feedback from its stakeholders.

Best Care programme- Continuous Learning

The second cohort of MSc Fellows from across the region and a wide range of clinical professions will be formally enrolled at the University of Oxford in mid-October. They will embark on a course of learning similar to the first cohort, but slightly amended to reflect feedback from the first cohort.

A “buddying” system has been put in place, whereby each new Fellow will be assigned a Year Two fellow for peer support. This system was suggested by the Year Two fellows themselves, and shows the strong commitment of the Fellows to pass on learning and improve the services around them.

Following discussions between the University of Oxford, Health Education Thames Valley, and the Leadership Academy, Year Two will now benefit from tailored leadership courses, aimed at ensuring the Fellows are fully equipped to become champions within their own Trusts and teams.

Clinical Innovation Adoption (CIA)

Overview

During Q2 we have met all of our milestones. Update on progress to date is as follows:

Projects

- **Intermittent Pneumatic Compression Sleeves (IPC):** All organisations in the region have adopted the Intermittent Pneumatic Compression Sleeves for stroke. Utilisation of IPC has continued to increase in the region and now stands at +50% versus the national utilisation of 25%. Site audits in the region's stroke units are being conducted so as to further improve adoption to the 80% target (whereby 80% of eligible patients receive the IPC).
- **Gestational Diabetes Mellitus Health:** All Trusts (apart from Bucks Healthcare and Bedford Hospital) have agreed to implement GDM during 2015/16. Frimley Park Hospital will be the next Trust to implement the system in October, followed by Heatherwood and Wexham Park Hospital and Great Western Hospital NHS Foundation Trust (GWH). The Oxford Institute of Biomedical Engineering (IBME), who support the development of the system, are working with the AHSN to explore the opportunity of creating a commercial business for wider roll-out of this innovation.
- **Catheter Acquired UTIs:** The 3 participating Trusts (Oxford University Hospitals (OUH), GWH and Oxford Health) have undertaken observational audits of clinical practise on the pilot wards to establish gaps in staff competencies with regards to catheter and continence management. This will inform training requirements. All have agreed to collect utilisation data from their Bladder Scanners for monitoring and measurement purposes during Q3. All protocols have been checked for compliance against the NICE guidance and have incorporated usage of the non-invasive scanners where clinically appropriate. OUH has decided to report and record CAUTI as part of daily clinical practise into their Electronic Patient Records System. This will automate reporting of the safety thermometer monthly reporting requirements. Baseline work is underway across region to determine requirements for additional bladder scanner machines and Oxford Health is already in the process of procuring more machines for the community hospitals.
- **Atrial Fibrillation and anticoagulation:** The Oxford AHSN is continuing to work with Buckinghamshire Healthcare NHS Foundation Trust, Boeringher Ingelheim and The Stroke Association to set up an opportunistic AF screening campaign across key localities in Buckinghamshire in the autumn of 2015. West Berkshire Public Health wish to run a similar event across West Berkshire. The AHSN has introduced West Berkshire PHE to The Stroke Association who are now in the process of organising two 'Know Your Blood Pressure / AF Opportunistic Screening' events across West Berkshire during the autumn and spring period.

The CIA Programme is collaborating with Thames Valley Strategic Clinical Network and The British Heart Foundation to develop a CVD champion model for the Thames Valley region which will look at providing a range of Continuing Professional Development accredited online training modules for General Practitioners and Nurses. The intention is to develop champions in Atrial Fibrillation across CCG localities within Thames Valley. Their purpose will be to embed good practice and to stimulate the need for urgency whilst supporting CCGs in the delivery of stroke prevention and management. The modules will be accredited by a University within the region. East and West Berkshire have invited the AHSN to join their recently established Cardiac Steering Forums, led by the Commissioners. The aim of these forums is to develop multi-stakeholder workstreams for prevention and management of Atrial Fibrillation.

- **Electronic Blood Transfusion:** A regional baseline audit has started to ascertain the level of risk and develop a patient safety response for blood management (i.e. prevention of wrong blood in patient, blood wastage etc). This audit will be completed by end of December 2015. The CIA Programme is supporting the development of the business case and implementation plan for electronic blood transfusion as Bedford Hospital. Great Western Hospital is also exploring electronic blood transfusion.
- **Dementia:** Dr Jacqui Hussey presented initial results of regional variation audit on TA217 - prescribing of memory drugs related to diagnosis of mild, moderate and severe dementia. This was presented at the Dementia network's conference on Wednesday 17 September.
- **Intra Operative Fluid Management Technologies:** The Intra Operative Fluid Management (IOFM) Project final report has been published and shared with commissioners, providers, suppliers and NHS England. This report has highlighted some key recommendations such as developing appropriate national and local IOFM policies for specific procedures, training clinicians in the use of IOFM technologies and possible further opportunities for research based on present clinical procedure usage.
- **The Rheumatoid Arthritis Project:** There are a number of innovations being deployed within this workstream including repaid access redesign for patients, electronic system management and biosimilars. During Q2, the CIA Programme has engaged with the Liaison and Regional Procurement Pharmacist regarding regional biosimilar uptake (current and future), savings potential and gain share agreements for CCGs and Providers.
- **Support Hope and Recovery Online Network (the SHaRON system):** This system was well received at Central North West London NHS Foundation Trust which is interested in the platform for other services. A Best Practice Group for eating disorders (see Best Care) has been set up for the region giving specific consideration to the recently published guidance, 'Access and Waiting Time Standard for Children and Young People with an Eating Disorder'. This links particularly well to the SHaRON system which has driven significant development of the service (ongoing patient support and community rather than inpatient focus).
- **4 new projects have been initiated with Trusts, CCGs and Unitary Authorities:** Alcohol Care Teams, Falls Prevention, Fragility Fractures, Cardiac Rehabilitation and IV Diuretics in an ambulatory setting – these projects are all in phase one of the 10 step process.
- **The CIA 'Innovating in a Practical Care Setting' programme** has been advertised within the region. To date 26 NHS colleagues have requested to attend the Open Evening which will be held on Monday 26th October. The Oxford AHSN is collaborating with the North West Coast AHSN to arrange a site visit to one of the major industry partners within the Oxford AHSN region. This site visit will take place in January 2016 with Professor Tony Young, National Clinical Director for Innovation at NHS England, who will be a guest speaker.
- **Creation and Implementation of an automated online platform:** This project is now underway and will enable the CIA Programme to create, manage, track and measure the innovation process from idea creation through to final implementation and impact reporting. The CIA Programme Director met with colleagues from NHS England and Greater Manchester AHSN at the NHS Expo to discuss the Co-Lab web platform and the FluidReview System. The CIA Programme is exploring whether these systems will meet the above requirement.

For progress, please see Clinical Innovation Adoption Dash Board below.

Projects	No of Planned Implementations 2014/15	Strategic Needs & Priorisation			Local Planning			Local Implementation				
		1 Needs Assessment and horizon scanning	2 Innovation Assessment & PPIEE	3 Sign off priority Innovations	4 Product/Service Specifications written & agreed	5 Local Project Initiation Plan agreed	6 Project initiated	7 Implementation Planning	8 Trust Board Approved	9 Implement Change		10 Measure & Manage
Bladder Scan(CAUTI)	OUH, Great Western, OxHealth									At this stage by Mar16 (3 Trusts)		4 possibly 2016/17
Ambulatory ECG Monitor	Bucks GPs/Berkshire W											At this stage by Mar16 - may roll out to East Berks/Oxford/MK if interested
SHaRON	BHFT/OxHealth/C NWL								1 Trust at this stage by Mar16		1 Trust using/1 considering	
Electronic Blood Transfusion	BHT/Bedford								At this stage by Mar16 (1 Trust)		2 trusts reviewed - 1 adopting	
Intermittent Pneumatic Compression Management	All regional Stroke Units - 6										Completed all Stroke Units Mar15	Measuring and monitoring for 6 months
Warfarin & Anticoagulants TA	Berks/Bucks/MK/Oxfordshire CCGs/linked to SCNs											2015/16 - publishing AF strategy. Focusing on TIA/stroke
Renal Cancer TAs	CLOSED				CLOSED				Report sent to OSG/Cancer network			
Monoclonal Antibodies for Rheumatoid Arthritis TAs	Providers/CCGs/GPs				At this stage for other Trusts by Mar16						1 Trust complete Mar15	
Drugs for Alzheimers Disease TA	BHFT/OxHealth/C NWL				At this stage by Mar16							2016/17 - Complete and roll out over other counties
Gestational Diabetes	OUH, MK, RBH, FPH (HWPB), GWH, BHT, Beds										7 Trusts complete Mar16/1 to go	2016/17 - roll out to Bedford and test bed sites
IV Fusimide	Not scoped				At this stage by Mar16							
Falls	BHT, RBH, BHFT, Oxford Health, OUH				At this stage by Mar16							
Care4Today	Not scoped				At this stage by Mar16							
Fragility Fractures	FPH, GWH, ?				At this stage by Mar16							
Alcohol Teams	Slough CCG, Wexham Park Hospital, Slough LA				At this stage by Mar16							
IOFM	All Acute/Manchester Central Hospital				At this stage by Mar16							

Research & Development (R&D)

The quarter has been relatively quiet although Professor Ford has continued to contribute to the Oxford Academic Health Science Centre's activities, particularly in relation to strengthening the impact of research across the AHSC and then throughout the AHSN.

The Chairman of the R & D Oversight Group, Sir Jonathan Michael, retired on 30th September having led the Oxford University Hospitals since April 2010. He was instrumental in the establishment of the Oxford AHSN and the OUH continues to host the AHSN. His contribution was considerable and the R & D Group would wish to see their appreciation recorded.

Dr Bruno Holthof has been appointed as Chief Executive of the OUH and will be taking up his appointment in early October. He will be attending the next meeting of the R&D Oversight Group taking place on 8 October.

Professor Ford chaired a webinar with NHS England team and Academic Health Science Networks to discuss how the AHSNs can support the NSH England Research Needs Panel established to influence the production of research to better reflect commissioning system priorities.

Professor Ford co-chaired a joint meeting between the Oxford and Imperial College Academic health Science Centres to discuss collaborative working in informatics and cancer research. He is working with Prof Keith Channon, Oxford Biomedical Research Centre Director, to support the how AHSN can identify and support implementation of innovation developed in the BRC, and to support the BRC 5 year renewal bid to be submitted next year.

The R&D Oversight Group has a programme of presentations highlighting the work of the academic and NHS bodies. These are proving extremely informative and highlight opportunities for collaboration and potential partnerships as well as showing the research strengths within the academic departments of the AHSN's nine universities and nine NHS Trusts.

Wealth Creation

Overview

The Wealth Creation team has 49 projects that are at various stages of progress across all of its key priorities. The team has been strengthened by the recruitment of an additional project manager, Ashley Smith, who joined the team in September. A further project manager is currently being recruited.

The team has continued to build a pipeline of innovations for commercialisation working with partners from across the region. Further details on these projects are set out below.

Adoption

The Oxford AHSN and Wessex AHSN Test Bed proposal has continued to evolve, with strong engagement with innovators across the four key themes (Long-Term Conditions, Children's admissions, Respiratory and Stroke). Clinical Theme leads have been identified and the development of each theme has progressed with strong input from CCGs. Selection of lead innovations into the Test Bed proposal has been completed and detailed plans are now being drawn up for each of the themes. The development of the Test Bed proposal has required significant support from the Wealth Creation team and this has delayed the development of several wealth creation projects (eg, the development of an innovation adoption programme for industry and a regional investment strategy – see below).

We have been providing commercial support for an end-to-end whole genome sequencing (WGS) diagnostic solution for infectious diseases that has been developed jointly by University of Oxford and the Oxford University Hospitals NHS Trust. The focus has been on developing WGS TB diagnostics and exploring whether there is a commercial strategy that could attract further development funding. We have been working closely with Isis Innovation on this project.

The Oxford AHSN has been actively supporting an inward investment project in the Medtech sector. A Hungarian company, Now Technologies, has developed an integrated smart wheelchair control platform (GyrsoSet) enabling tetraplegics to live a fuller life. We have facilitated discussions with Stoke Mandeville Hospital to test the device in patients in the hospital, and in supporting the company to establish a UK subsidiary.

Discussions between Intelligent Ultrasound (IU) and the Royal Berkshire NHS Foundation Trust have progressed well for the piloting of IU's digital auditing of ultrasound images and it is anticipated that a pilot study, funded in part by the Oxford AHSN, will commence in the near future.

We have commenced discussions with a US technology company, Somalogic. The company has developed a proteomics platform, the SOMAScan™ Assay, which measures thousands of proteins in a small blood sample. Through validated algorithms, the assay can help stratify patients most at risk from diabetes or cardiovascular disease. Somalogic is looking to set up a clinical study to test the assay across a diabetic patient population.

The Oxford AHSN is supporting researchers at the University of Reading on the development of an online and smartphone application treatment programme for childhood anxiety disorders, which is being funded by NIHR.

Initial scoping work has begun for an adoption engagement programme with industry. Although the Test Bed proposals will form part of this process, we are keen to develop a clear pathway for

innovators from as early in the innovation cycle as possible. It is hoped that this will link in with the outputs generated from the Accelerated Access Review around speeding up development timescales.

Investment

The Alumni Summit was held on 9/10th July with over 160 invited delegates, including senior life science executives from North America (see www.alumnisummit.com). The focus of the meeting was to showcase the expertise within the region around Precision Medicine and the innovation pathway, from conception through to adoption. The event was very well received and the Minister for Life Sciences, George Freeman, addressed the delegates at a conference dinner. A report of the conference is nearly complete and follow up with the alumni delegates has been in train since the Summit. Feedback from delegates can be seen on [YouTube](#).

The University Challenge Seed Fund (Oxford) has agreed to support the development of a business plan for the adoption of the GDM-health system for the management of gestational diabetes outside of the Oxford AHSN region and for the development of an international commercialisation strategy (also see CIA and Best Care reports on adoption). Work has already begun on developing a business plan with the aim of completing a draft by the end of the year.

In August 2015 Innovate UK announced that the Precision Medicine Catapult (PMC) national coordinating centre would be located in Cambridge. We have continued to engage with the PMC team and in the coming months we will work with our partners and the PMC team to identify opportunities that support the PMC business plan. This will build on the strong engagement already established with diagnostics companies across the region and those that are members of the Diagnostics Industry Advisory Council. A brochure describing the capabilities and skills in Precision Medicine is awaiting final sign-off by the partners and will be printed next month. This will support current activities around inward investment.

A number of meetings have been held with key stakeholders (Trusts, CCGs, Buckinghamshire Thames Valley LEP and industry) to develop a life sciences plan for the county. Several opportunities are under consideration and will be further developed in the coming months. Significant effort has been placed on this initiative and while the plan is not yet fully formulated, good progress has been made.

The Oxford AHSN has been instrumental in assisting the submission of an Expression of Interest for the NHS England Healthy New Towns Programme. Cherwell District Council has been lead applicant for a proposal covering Bicester in North Oxfordshire and the promotion of healthy lifestyles. Participating organisations include Oxfordshire CCG, Oxford University Hospitals and Oxford Health, Oxford Brookes and Oxford University, charities and the Local Enterprise Partnership.

In collaboration with the University of Oxford, Oxford Brookes University and the Oxfordshire LEP, the Oxford AHSN has been supporting a study by NESTA that is looking at entrepreneurial activity across Oxford, Cambridge and London regions. This will form part of a global initiative to map and compare the tech systems in a 100 cities across the world.

We have started a project in collaboration with the University of Oxford and Isis Innovation to map the strengths and weaknesses of the digital health asset and skills base across the region. This study will embrace the large-scale genomic and big data activities as well as app-based activities across the universities, NHS partners and industry.

Smart Oxford (see <http://oxfordsmartcity.uk/cgi-bin/index.pl>) is an initiative to develop effective use of data and technology for the benefit of its citizens. We have been actively involved in scoping out the opportunities in health and social care.

NHS Culture

Following the successful running of the Challenge 2023 competition ([see](#)) in the first half of 2015, we have agreed with Health Education Thames Valley and Thames Valley and Wessex Leadership Academy that the structure of the competition will be modified in 2016 to build better engagement with Trusts across the region. The Oxford AHSN will also have a greater operational role in the project, capitalising on its expertise in innovation development and adoption. Challenge 2023 complements the existing Entrepreneurs programme, which will run again in October/November 2015.

Partnerships

The Oxford AHSN has signed an agreement with the Carbon and Energy Fund (CEF) to collaborate on projects identified by the AHSN for further development. Projects recommended for feasibility (including estimated cost savings opportunity, investment and tonnes of carbon saved):

- Great Western Hospital - £4.8m investment to realise annual savings of £1m and 5,000tCO₂
- Frimley Health - £5.7m / £1.6m / 5,800tCO₂
- Buckinghamshire Healthcare / Buckinghamshire New University - £9m / £2.4m / 13,000tCO₂
- Oxford Health / Oxford Brookes / Oxford University Hospitals - £1.6m / £400k / 2,200tCO₂

The Sustainability and Energy Group met on the 16th September. The group has identified a further area of collaboration working with Global Action Plan on a bespoke project for NHS Trusts across the region. The project aims to support better managed buildings, improved patient experience, cut carbon emissions and enhanced staff well-being. The project has identified five Trusts across the region that will participate in a scoping project to assess the potential savings offered through implementing behavioural changes.

Conferences / Events

A meeting was held on the 24th September on the Trans-Atlantic Trade and Investment Partnership (TTIP), in collaboration with NHS Confederation and British American Business. It was attended by some 80 delegates who heard from panel experts on key aspects of the TTIP in relation to healthcare regulation, intellectual property, finance and the NHS.

The Wealth Creation Oversight Group met on the 30th September to review progress of the Wealth Creation programme and to provide into the current strategy.

Supporting activity

We have been supporting the Oxford Academic Health Science Centre on one of its core themes around partnerships and collaboration.

Planning for a digital health seminar to be held in January is in progress and will focus on innovation challenges in app development.

Informatics Theme

Team Updates

Informatics have continued to support the Test Bed programme in Oxford's joint collaboration with Wessex AHSN; particular focus has been on information and technological aspects of the bidding process.

The Informatics Director joined the Bicester Healthier Town project discussions working collaboratively with other sectors across Oxfordshire.

The team have been involved in the planning for the Oxford AHSN's Health and Wellbeing programme and will support the workshops at the "Get Physical" conference planned for December.

The team is now operating at full capacity (with the recent addition of James Murray who replaced the outgoing Project Manager).

CIO Forum – planning for the fourth meeting has taken place in addition to engagement activities to increase participation, Informatics look forward to welcoming the South Central Ambulance Service CIO to the group in the next quarter.

Information Governance (IG)

The second meeting of the Caldicott Guardians and IG Leads forum was held in mid-September. The group was updated on the development of the proposed Overarching IG Agreement, reviewed the structure and allowed time for comments.

Dame Fiona Caldicott was in attendance and gave a key note highlighting the importance of data sharing in order to provide safe and effective care for patients. A deadline of 2nd October 2015 was agreed by the group for final comments and amendments to ensure the document takes into consideration all participating NHS organisations' IG needs. Sign up to the document will take place during quarter three, moved from quarter two following the rescheduled second consultation meeting reported on last quarter.

Operational Hybrid Analytics Service

The service has been reviewed by the Informatics Manager and a project to increase capability is now underway and is expected to run throughout Quarter 2.

The project includes improved data retrieval speed and capacity, in addition to the procurement of an Azure SQL Server Environment which would enhance the team's reporting and analytics ability. Testing has taken place at the end of the quarter with full deployment planned during Quarter 3. During Q2 the commissioning dataset held has been expanded and updated. These activities will improve the collection and presentation of data to support AHSN projects.

A data resource library has been produced and will be updated continually; this will support the process of ensuring the correct data sources are best utilised for all data queries. The library was shared during an Oxford AHSN management meeting for the team to understand data currently available and data we are working to acquire.

Informatics Strategy

The informatics strategy is due for completion at the end of November, meetings to inform the content have continued focusing on interoperability, engagement with CCGs across Oxfordshire, Buckinghamshire and Berkshire have been key to this process.

Interoperability/ Personal Health Records (PHRs)

Consultation exercises continue with NHS and external organisations around the development of interoperability and PHRs. This process will contribute towards the development of a case for change.

Digital Maturity Model

The programme nationally has been delayed; the Informatics team will not be involved in the programme until further plans are confirmed. Recognising Informatics' involvement in technology to support healthcare service delivery within the Oxford AHSN, an Oxford Digital maturity assessment is planned to understand digital capability locally, in addition to potentially informing the design of and Oxford AHSN wide and the national programme in the future.

Research Informatics for Mental Health, Clinical Research Interactive Search – CRIS

Engagement and recruitment nationally has continued through the last quarter, including sites in the South West and the Midlands, the project has been well received with trusts interested to be involved in the programme.

Coverage across the AHSN region is the immediate focus; Berkshire Healthcare is likely to be the next Trust to sign up and early discussions have taken place with Central and North West London. Added to Oxford Health this represents full AHSN coverage of research informatics capability across the mental health spectrum and also enables new approaches to services' evaluation and audit.

Programme Support

Best Care

Children's – data scoping and planning has taken place to provide information to enable the network to produce their second variation report. In addition, Informatics have set up an online repository to enable trusts across the region to access the new guidelines to standardise the care of common paediatric conditions.

Comorbidities – an internal scoping session has taken place to highlight how multiple datasets could be used together to understand the value of an Integrated Psychiatric Service model within an acute trust.

Diabetes - Informatics have provided IG support and advice to diabetes using retrospective clinical data. Options for accessing GP level data have been further scoped setting out clearly data that can be extracted from Public Health England.

Imaging – data advice, collection and analysis has been provided to the network in order to review the lung cancer and prostate audit data across the Oxford AHSN region.

Maternity – the second VPN link to view scan images between Heatherwood and Wexham Park and Oxford has been completed with a successful clinician test taking place. Clinicians at both ends were pleased to be able to view scans images of women being referred between units for the first time.

Access is to be further extended at the start of quarter three, to allow access to all Obstetricians involved in referring patients to Oxford.

Medicines Optimisation – support and advice provided to the network in order to facilitate the evaluation of the ‘Transfer of Care’ project. It has been identified that part of the evaluation will require the use of patient identifiable information, the HSCIC have been engaged to support with this.

Out of Hospital Care – data has been provided this quarter to document non elective medical episodes of care for over 65’s and over 80’s within hospitals across the region to help understand preventable admissions to hospitals.

Patient Safety Collaborative

Mental Health Safety – following information governance sign off with both Oxford Health and Berkshire Healthcare, AWOL data has been shared from both trusts and analysed internally to demonstrate the variation over time and demographically for patients in mental health trusts.

Pressure Ulcers – incident data collected from both Oxford Health and Oxford University Hospitals was prepared and presented at the second steering group. A discussion followed on additional data to be collected and clinical teams agreed to support similar local incident data collection within their Trusts. Data extraction from each organisation has been challenging; getting access to the incident system managers has delayed us. Members of the steering group took an action to leverage support from these teams, to enable data comparison across the region. Following the meeting there has been a positive response from Buckinghamshire Healthcare.

Acute Kidney Injury – prevalence data for the whole AHSN region has been collected, analysed and presented at the first steering group meeting the end of this quarter.

Sepsis – following extensive engagement with the clinical lead within the project a large dataset has been collated to understand the variation geographically and demographically in sepsis and associated serious infections across the AHSN region.

Support Heart Failure (HF)

Supporting the Academic Health Science Centre’s Heart Failure study, running within The University Oxford which aims to support heart failure patients to self- monitor their condition, reduce hospital visits and allow remote monitoring so significant changes reacted too quickly.

Deployment of the Patients Knows Best solution has begun within Oxfordshire to electronically connect all hospital activity for patients in the study. Informatics attended a training day to become familiar with the system.

Scoping meetings with two system integration companies, Orion and Graphnet, have taken place. Both companies currently support integration technology in the North West, on the South Coast and across Northern Ireland. The study has now been extended to set up additional research sites outside Oxfordshire to take advantage of areas where GP and hospital systems are integrated which means a patients complete health record can be accessed.

Early Intervention Psychosis South Southern Preparedness Programme

Informatics have supported the programme in baselining the capability of each EIP service across the Southern region.

A tool, built externally, to allocate each Trust with a score indicating how prepared they are to implement the new mental health guidelines, was reviewed and tested by Informatics. This assessment was done by comparing outputs of the tool with a dummy tool. Various input combinations - specifically targeting the boundary conditions of “% achievement” - were checked.

The tool has now be deployed; information about early intervention services across the South region has been collated via the online questionnaire in order to generate a bronze, silver or gold score for each.

Clinical Innovation Adoption

Alcohol Misuse Care Pathway – Initial analysis has been completed using the commissioning dataset to understand alcohol and alcohol related harm across the region. IG support has also been provided to the project manager.

Home IV - GP level prescribing data has been provided and the Informatics team have been supporting the extract of local prescribing data beginning with Oxford Health.

Falls – in conjunction with the PSC team there has been continual engagement to extract both national audit data and local incident system data to compliment the patient safety thermometer data, data requests have been submitted regionally and for Oxfordshire. The CIA have supported identify incident system managers across the region to leverage local data.

Handover Information activities – some informatics activities managed by the CIA from local SSNAP coordinators and CAUTI data from the CSU have been handed back to the Informatics team to be collated and organised.

Patient and Public Involvement, Engagement & Experience (PPIEE)

The Team

As our Implementation Manager left in May, we have revised our team structure to create even closer links with NHS England. Our PPIEE Director, Sian Rees, now works with NHS England South (Central) one day a week and their Patient Experience Manager, Emma Robinson, supports our AHSN clinical innovation adoption and network developments.

In addition, Mildred Foster has joined the Team to support the *Leading Together Programme* and to help embed lay leadership in revalidation processes across the South of England.

Lay Leadership: the Leading Together Programme

Over the summer months, we undertook a competitive tender exercise with NHS England South (Central), the South Revalidation Team and Thames Valley and Wessex Leadership Academy to appoint a contractor to develop and deliver our Programme for professional, patient and lay leadership. As a result we have appointed The Performance Coach to deliver training to six cohorts over the coming 18-months. Each cohort will comprise ten professionals and ten lay participants. People from seldom heard groups, such as those with mental ill health, young people and people from black and ethnic minority backgrounds, will be specifically targeted during recruitment. The first cohort will be run at the beginning of 2016.

Alongside comprehensive participant evaluation of the course, we will be commissioning an independent evaluation.

Other Training

Our bid to Health Education Thames Valley for participation training was unsuccessful, as it was thought that alternative funders should be sought. We are currently exploring alternative ways to fund training to support involvement of lay partners in research, innovation and care delivery.

Research

We will be running a cross-Thames Valley workshop in December for research, NHS and social care colleagues to explore current practice, and potential to develop, the recording and measurement of the impact of lay involvement.

We were formally involved in the appointment process for two lay members for the NIHR Oxford CLAHRC's Board. We will be incorporating these members into our PPIEE Network.

Public Engagement

We have just appointed a project manager for the *Living Well* project, a joint initiative across the AHSN, Science Oxford, the Cochrane Collaboration, the University of Oxford and Brookes University. We will be applying for further funding to develop a range of innovative public engagement events, targeting communities that are not usually involved, such as a pop-up shop in Temple Cowley Shopping Centre. Initial work will be to engage with local communities to determine what focus, for example dementia and aging or health and food, they would like to see and how they would like to see this presented.

Patient Safety

Overview of Progress

Regional and Team Development

The Patient Safety Theme continues to develop team capacity. Katie Lean has joined as a new Patient Safety Manager. Advertisements are underway for a third Patient Safety Manager, an Improvement Coach, and an Administrator.

Developing Capability

In our drive towards our vision of coaching for quality improvement, we are collaborating with the HETV GP School Quality Improvement Programme and supporting both current Patient Safety Managers to undertake the M level module from August to February. We are also hosting and supporting a five day quality improvement programme with NHSIQ for our clinical project leads with the aim of developing patient safety leaders in each of our workstreams. We are offering 55 places and the programme will run from October to December. A sixth day will be incorporated in the Patient Safety Leaders programme with Mike Davidge, on how to use measurement for improvement. The programme is open to Informatics and Clinical Innovation Adoption programme colleagues to support their development in quality improvement and measurement for improvement. The programme will be jointly evaluated between the PST and NHSIQ. Both Patient Safety Managers have also attended a half-day training in human factors with the Patient Safety Academy.

Jill Bailey is a founding member of the Q fellow programme with the Health Foundation. A further six founding members are also joining the cohort. The outcome of the work of the founding cohort is to develop a quality improvement programme that will be available to open application in 2016.

An application made for £14,000 funding to the Health Foundation has been made. The funding will be used to stimulate interest in the Q programme across the local region and to asset map local capability in quality improvement.

The South of England Mental Health Patient Safety Collaborative has appointed a new Programme Lead and delivery to regional members is likely to re-start in December 2015.

The Patient Safety Academy (PSA) is currently advertising for a Patient Safety Theme funded Human Factors Training Fellow to provide coaching, training and education to the clinical workstreams. The PSA has recently recruited a new Project Manager, Janet Higham. The PSA continue work on incident analysis training across the region and development of their primary care and mental health work.

The PSA plans to deliver 20 half-day introductory courses in human factors, each for 30 participants in the coming year. Six more in-depth courses lasting 2-3 days for staff who intend to take up specific roles in patient safety will also be delivered covering incident investigation, systems improvement and delivering training. The PSA also support each of the clinical workstreams at the PSC.

Governance Arrangements

The theme continues to transition towards the new governance structure. The Oversight Group currently has five people who have agreed to become members. A meeting is planned to explore options for further membership to represent academia, business, commissioners, patients and carers. Jean O'Callaghan, CEO, Royal Berkshire Hospitals NHS Foundation Trust chairs the Patient Safety Theme Oversight Group, which will meet three times a year. The Patient Safety Theme Programme Board is currently under re-organisation to reflect these changes.

Informatics and Research

Bethan Page has now joined the team to provide research support and data analysis. We are also shortly to advertise for an informatics post that incorporates healthcare data analysis skills. The data set on the AWOL project is now nearly complete for the first phase of analysis. The Safety Thermometer dataset for pressure ulcers has been set into run charts for the region. The team is working closely with the Informatics Team to design data requests for the sepsis and acute kidney injury workstreams.

Communication

Katie Lean has taken the lead in managing the PSC web pages. These are now developing with information available on local safety conferences, a publications area and training events.

Workstreams updates

Pressure Ulcers. Lead Ria Betteridge, Consultant Nurse OUH and Sarah Gardner, Tissue Viability Lead, OHFT.

The pressure ulcer workstream is currently concluding a scoping exercise of improvement work already undertaken across the region. Data sets are currently under discussion in response to the variance in recording in different incident recording systems. The team is awaiting the outcome of liaison with the NRLS and NHSIQ on the provision of an Oxford Data pack. The Clinical Project Leads are joining the NHSIQ training in October. A search of the literature on current evidence in pressure ulcer reduction using quality improvement methods has been undertaken and critical evaluation is underway.

Mental Health Safety. AWOL Project. Lead: Jill Bailey. Head of Patient Safety AHSN.

The project continues to show good progress with four wards demonstrating 50% reduction in failure to return from leave and sustaining progress. The further three wards continue to make progress. Jill Bailey has met with the new Consultant Nurse, Caroline Attard for Inpatient Services at Berkshire Healthcare NHS Foundation Trust as further support is needed to establish the pilot project ward (Bluebell Ward). Two staff from the Berkshire Healthcare NHS Foundation Trust will be supported to attend the NHSIQ training.

Medication Safety in Sub-Cutaneous Insulin. Co-Leads: Siobhan Teasdale, Patient Safety Manager and Lyndsey Roberts,

The first project group has taken place. The Group is to request literature review through Southampton University, and explore lessons learned from similar projects in the North East through a local visit. Discussions are to take place with the NMC on HCP role in patient self-administration. Poster accepted for Patient Safety Federation Conference.

Acute Kidney Injury. Lead: Dr. Emma Vaux, Nephrologist, Royal Berkshire NHS Foundation Trust

The first full project meeting is to take place on 28th September. Natasha Robinson, Consultant Anaesthetist and Deputy Medical Director, Northampton General Hospital NHS Trust, has agreed to chair the meeting. Emma Vaux is the Clinical Lead.

Regional Patient Safety Work

Three projects are underway. First, the 3 Bibles project requires review as implementation challenges are evident. Second, a regional SU2S project with Suzette Woodward is planned to commence in September. Finally, an incident analysis project lead by Dr Jane Carthey will commence with Berkshire Healthcare NHS Foundation Trust in the autumn.

Handing Over the Baton

Paul Durrands and Siobhan Teasdale attended the last Patient Safety Federation (PSF) event in Basingstoke. This was an excellent event, organised by Triss Clark and chaired by Emma Vaux, and included presentations and poster sessions from local clinical leaders demonstrating improvement in patient safety. The event concluded with a “handing of the batons” to the Patient Safety themes of both Oxford and Wessex AHSN. The legacy work of the PSF will not be lost and clinical leaders from the PSF eg Emma (clinical lead on AKI) and Matthews (clinical lead on sepsis) to build on the prior work. The Oxford AHSN Patient Safety Theme is also working on safety in medicines and pressure ulcers, both key workstreams for the PSF.

Looking forward: Plans for the coming quarter

In the coming quarter the Patient Safety Theme will;

1. Interview for Patient Safety Manager, Improvement Coach and Administrator
2. Establish the Patient Safety Theme Oversight Group and associated governance structures.
3. Agree the metrics for the each project following the securing of the necessary data sharing agreements with our partners.
4. Await outcome of Health Foundation bid to support the regional Asset Mapping Exercise.
5. Initiate local Q meeting with participants from across the region.
6. Establish an agreed programme of capacity and capability development for the workstream participants with NHS IQ, Mike Davidge and the Oxford PSA.
7. Agree areas for research development into each patient safety workstream with HEI partners.
8. Establish joint working with Wessex AHSN on the Sub-Cutaneous Insulin Project.

Stakeholder Engagement and Communications

Stakeholder engagement and working with increased numbers of partners and stakeholders is a critical aim of the Oxford Academic Health Science Network. The increased collaboration and partnerships have the potential to increase the capacity and capabilities for the benefit of all. This potential is being seen in our Best Care clinical networks as the number of those engaged in the activities increases. The collaborations in all areas and between all sectors continue to be key to the success of the AHSNs across England. Our work within Buckinghamshire (e.g. bringing together stakeholders to develop a life sciences strategy for the county), within Berkshire (Oxford Health and Berkshire Healthcare working together to take forward safety initiatives in mental health), in Oxfordshire (for example, the Oxford University Hospitals Maternity service has worked with OxeHealth on the implementation of the Gestational Diabetes Monitoring system) and Bedford (collaboration between Bedford Hospital, Cascade Ltd and The University of Cranfield on *C diff* detection) is already beginning to pay dividends and show real potential.

A key engagement event of Quarter 2 was the Alumni Summit held on 9/10 July at Saïd Business School, University of Oxford. This has been described in the Wealth Creation section but it merits further mention as it brought together not only international Alumni of the region's universities but a significant number of local AHSN stakeholders, from the NHS, Government and life sciences. The Summit highlighted the considerable resources and expertise available across the Region – the largest life science cluster in Europe. The programme can be found here. The video can be seen at www.oxfordahsn.org and the report will be published shortly. The second Alumni Summit is planned for 2017.

George Freeman, MP and Life Sciences Minister gave a key note speech, which focused on the importance of links across healthcare, life sciences and research and the need for innovation. He acknowledged strong work already happening in the Oxford area.

"Something very special is going on here in Oxford, in this AHSN. The life sciences sector is doing extraordinary things. It's all built on brilliant science with joined up activity and thinking."

Feedback from participants included:

"It was a fantastic event and I have left thoroughly inspired"

"I really enjoyed the conference – I made some very helpful business connections"

"The conference was very timely and I have had offers of collaborations and business advice already"

Just prior to the Alumni Summit, the AHSN had a stand at Venturefest Oxford on 8 July which again encouraged links to be made with local stakeholders and businesses. Our Director of Commercial Development led a panel of leading entrepreneurs and senior managers who talked openly about their experiences of working in Oxfordshire's Biocluster and how this 'adulthood' environment had helped them grow their companies from early stage enterprises to the success stories of today.

The AHSN was also represented at the NHS Health and Care Innovation Expo conference held on 2/3 September in Manchester – the stand was organised by the national AHSN Network and was used as the opportunity to highlight innovations. George Freeman mentioned AHSNs in his speech and highlighted the innovative Gestational Diabetes Monitoring – GDM, one of the Oxford AHSN's

sponsored and supported innovations that is being rolled out across the region's Trusts by the Clinical Innovation Adoption team.

There is increasing focus on the important contribution made by regular physical activity to health and wellbeing. The Oxford AHSN, working with regional County Sports Partnerships, Public Health England, NHS providers and commissioners has agreed to lead the management and production of "Get Physical" - a conference examining the barriers to introducing activity into the daily lives of NHS staff and patients, and highlighting progress in this important area of work across our region.

The detail of the event – to be held on the afternoon and early evening of 9 December – is now being planned (for further information [see](#) and www.getphysical.org.uk).

The transatlantic trade and investment partnership (TTIP) agreement currently being negotiated between the EU and the US is one of the most prominent topics on the political trade and investment agenda. Given its importance, TTIP is likely to have a huge impact on the broader UK life sciences and healthcare sectors, including businesses, research institutes, hospitals, workers and patients alike. Oxford AHSN hosted a briefing session, run by the British American Business with the support of the NHS Confederation, on 24 September. This was an opportunity for stakeholders to air their views on the agreement's scope and sector-specific content and it brought together representatives from the US Embassy, the Department of Business, Innovation and Skills, the Department of Health's European Office, and major companies including Lilly, BT, Owen Mumford, Oxford BioMedica and Akesios Associates. The meeting was very successful indeed and provided clarity for attendees in a number of critical areas include timescale and potential impact on the NHS. The event attracted a small number of people strongly opposed to TTIP who were given the opportunity to discuss their concerns, particularly about the future of the NHS, with speakers and attendees.

The Oxford AHSN and the 14 other AHSNs took part in a national survey on the AHSNs' work organised by NHS England and undertaken by YouGov. Each AHSN had tailored questions but the bulk of the questions covered all AHSNs. We provided a list of stakeholders covering all sectors of the NHS, the Universities, industry and patients and the public. The outcome is expected in early October and the results will be discussed with the AHSN Board.

Three AHSN partners were shortlisted for the AHSN OBN sponsored award for public private collaborations:

The DIABLO consortium - Bedford Hospital NHS Trust, Cranfield University and Cascade Technologies Ltd - Rapid detection of *C. difficile* infection at point of care applying laser sensor technology to healthcare

Isansys Lifecare and Birmingham Children's Hospital - Remote monitoring technology capturing real-time patient observation data wirelessly enabling more home-based care being tested in NHS hospitals including Birmingham Children's Hospital

Collaboration between the Department of Psychiatry at the University of Oxford, NIHR and P1vital - Developing an 'emotional test battery' leading to better treatment for depression through a new drug and quicker and more effective support in primary care following diagnosis. P1Vital has also been successful in securing Horizon 2020 SME Instrument funding.

The winner was **Isansys** as announced at the OBN Awards Dinner held on 1 October 2015. Further information can be found on our website.

The Oxford AHSN Board met in July and received an update on the NIHR-funded work being done by King's College, Universities UK and the University of Warwick. The work had involved five AHSNs and initial findings specific to the Oxford AHSN included:

- strong academic and industrial med-tech and life sciences cluster, providing rich opportunities for innovation adoption and collaboration across sectors;
- local infrastructure, NHS fragmentation and service pressures resulted in real difficulties for innovation spread;
- wealth and health networks appear structurally different; and
- the knowledge sharing ties are especially strong and two-way. This is useful for the rapid diffusion of knowledge and ideas across the network (i.e. provides evidence of cohesiveness). However, dispersed networks may help AHSNs to tap into more diverse knowledge.

The AHSN Board had noted these interesting preliminary outcomes (and the differences between the AHSNs studied) and agreed to support further work particularly looking at the newer 'wealth nets'.

Communications

Improving communication remains a focus for the AHSN and all programme and theme leaders are encouraged to highlight progress and to ensure that activities with and within partners are also highlighted. An update of the suite of materials summarising the work of the AHSN and its programmes and themes is nearing completion. In addition, a range of materials was produced in support of the Alumni Summit, including a leaflet on the AHSN and its offering for industry and investment opportunities. The latter is regularly updated to include the latest news in this space.

The AHSN has continued to be active on Twitter, with followers increasing from 988 at the end of May to 1,283 on 30 September. In addition, a number of clinical networks have established their own Twitter accounts. Twitter has proved very useful in highlighting the activities of stakeholders and spreading the word! Website visits totalled 60665, a 24% increase since the last quarter.

Our Newsletter has continued to increase its subscribers with a further 60 taking the total for the Quarter over 1,180. Again, the Newsletter is used not only to highlight Network activities but also to highlight events and topics of interest from Network stakeholders and partners and national activities. Event attendance was strong with over 400 people attending a range of events including two AHSN Test Bed briefing meetings in Reading and Oxford.

The Head of Communications, Martin Leaver, is now co-Chair of the national AHSN Network Communications Forum which provides valuable insight into perspectives from other AHSNs. Martin and Val Tate, the Communications Consultant, are also working on strengthening communications between AHSNs and ensuring that individual AHSNs' messages can be spread more widely.



Review against the Business Plan milestones

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
Establishment of the Oxford AHSN	Designation in May 2013; funding in October 2013	✓							
	Licence in place with NHS England (contract variations agreed in Q2 to reflect funding for PSC and general programme reserve uplift)	✓	✓						
	Agreement of funding contributions from NHS organisations and Universities (contributions agreed for 2014/15)	✓	✓						
	First Partnership Council Meeting		✓						
	Delivery of the Annual Report and Annual Review		✓✓				◆	◆	◆
	IT infrastructure for Oxford AHSN implemented (to be completed Q3, linked to the office move)		✓						
	Oxford AHSN 5 Year Strategy					→ ◆			

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
Best Care	Establishment of 10 Clinical Networks	✓	✓						
	Establishment of the Best Care Oversight Group		✓						
	Agreement of Memorandum of Understanding between Oxford AHSN and HE Thames Valley	✓							
	Open publication of Annual Report for each Clinical Network (1 st report due April 2015)			✓				◆	◆
	Annual review of network progress and plans			✓				◆	◆
	Review of network progress and plans. Decisions on future funding for networks					◆			◆
(Anxiety and Depression)	Reduce variation in IAPT outcomes – Implementation plan agreed			✓ ←	◆				
(Anxiety and Depression)	Support/expand local service innovation – Report on adoption progress			✓ ←		◆			


Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
(Anxiety and Depression)	Data Completeness in Child and Young Persons IAPT - Implementation plan agreed				✓ ← ◆				
(Children)	Equity in Healthcare Delivery – Training package implemented in DGHs across Oxford AHSN				✓				
(Children)	Improve research facilitation - Enrol children into a research study at Milton Keynes Hospital, Wexham Park & Stoke Mandeville (6,5,5)				✓				
(Children)	Improve immunisation coverage - Evaluation of effectiveness of the Vaccine Knowledge app			✓					
(Mental and Physical Comorbidity)	Identify & implement best care model - Evidence-based commissioning guidance document agreed, including recommendations about outcome measures, produced & circulated to network area commissioners.				◆ → ◆				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
(Dementia)	MSNAP accreditation - 8 of 13 Trust localities across the network working through the Self-Review Phase of the Royal College of Psychiatry Memory Services National Accreditation Programme			✓					
(Dementia)	Hold at least 5 webinars across region, aimed at reducing variation in dementia-specific PROMs				✓				
(Dementia)	Data Capture - 30 patients and carers piloting the use of remote data capture tool to manage the patient's electronic record						◆		
(Dementia)	Younger people with dementia – Secure commissioner funding for rollout of service throughout at least 1 county in region				✓	◆			
(Diabetes)	Young Adult Engagement - Work with local community/primary care diabetes teams on implementing care pathways for all young adults (<25 years) with diabetes					◆			
(Diabetes)	Islet Transplantation Clinics - Clinics running in peripheral centres			X					

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
(Diabetes)	Tackling Variation in Diabetes Care - Data collection system in place and begin implementation			✓					
(Early Intervention in Mental Health)	Implement a Common Assessment - 90% of staff working in EIS trained in standardized clinical assessment of psychosis.			✓					
(Early Intervention in Mental Health)	Enhanced Care Continuity & Extended EI Model - Trust level action plans for improving care continuity agreed					◆			
(Early Intervention in Mental Health)	Research recruitment - Increase in number of research studies active in EIP			◆ 	✓				
(Early Intervention in Mental Health)	Reduce Variation - Action plan for improving care quality in each Mental Health Trust				✓				
(Imaging)	Reduce variation in scanning protocols - Agree MRI prostate protocol incorporating NICE guidelines			✓					

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
(Imaging)	Creation of specialist opinion Network – 40% of specialist review services identified by the network are provided across the geography							◆	
(Imaging)	Early PET-CT in Lung Cancer - 80% of patients scanned according to new referral criteria (Whole AHSN)					◆			
(Maternity)	Care & Consistency - 25% Reduction in overall routine visit numbers across the network for patients within key (foetal) areas					◆			
(Maternity)	Information sharing – all trust reports visible in Oxford; analysis of complete fetal medicine data possible				→◆				
(Medicines Optimisation)	QIPP & Waste Reduction - Agree and implement change plan across region						◆		
(Medicines Optimisation)	Reduce inappropriate use of asthma inhalers - Introduce Smartphone app and deliver training for pharmacists			✓					

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
(Medicines Optimisation)	Increase Medicine Use Reviews (MURs) occurring in community settings - Introduce new referral service and train hospital pharmacists			✓					
(Out of Hospital)	Single care model - pilot models implemented & delivering patient care						◆		
Clinical Innovation Adoption	Collection of data regarding adherence to all relevant NICE TAs and High Impact Innovations		✓					◆	◆
	Establishment of a Clinical Innovation Adoption Oversight Group and Programme	✓							
	Appoint Director for Innovation Adoption and Innovation Adoption Manager 2 nd Innovation Adoption Manager appointed in Q1		✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Establish process and governance under CIA Programme Board for the 2013/14 and 2014/15 implementation of 5-10 high impact innovations CIA Oversight Group established and meeting	✓	✓						
	Establish full process for Clinical Innovation Adoption (CIA) Programme and its Oversight Group (Providers, Commissioners) to include PPIEE		✓						
	Update innovation portfolio that will have agreed implementation plans with sign off from the CIA Oversight Group. Horizon scan innovations in industry, NHS, NICE TAs and other sources.	✓	✓			◆		◆	◆
	Identification of potential funding sources for innovation initiatives (cf RIF, SBRI Grand Challenges etc.) SBRI and Horizon 2020 briefing meetings held (see also Wealth Creation)		✓						
	Creation of an innovation dashboard (including uptake)			✓					

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Creation and Implementation of an Innovation Adoption course for NHS partners (based on CIA 10 Step Process)			✓	←	◆			
	Creation and Implementation of an automated online platform that will enable the organisation to create, manage, track and measure the innovation process from idea creation through to final implementation and impact reporting				→ Under-way	◆			
	Work with Wealth Creation to create a plan to grow local focused innovations for adoption					◆			
	Intra Operative Fluid Management Project Estimated Completion (commenced 2014/15)			✓					
	Catheter Acquired Urinary Tract Infection Project Estimated Completion (commenced 2014/15)						◆		
	Intermittent Pneumatic Compression Devices for Stroke Project Estimated Completion (commenced 2014/15)					→	◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Atrial Fibrillation (NICE) Project Estimated Completion (commenced 2014/15)						◆		
	Ambulatory ECG Project Estimated Completion (commenced 2014/15)						◆		
	Electronic Blood Transfusion System Project Estimated Completion (commenced 2014/15)								◆
	SHaRON (Eating Disorders Social Network) Project Completion (commenced 2014/15)						◆		
	Gestational Diabetes m-Health Project Estimated Completion (commenced 2014/15)						◆		
This project has been closed and information shared with Cancer SCN	Renal Cancer NICE Project Estimated Completion (commenced 2014/15)				◆ Closed				
	Dementia NICE Project Estimated Completion (commenced 2014/15)						◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Rheumatoid Arthritis NICE Project Estimated Completion (commenced 2014/15)						◆		
	Home IV Project Estimated Completion (commencing 2015/16)								◆
	Patient Monitoring Project Estimated Completion (commencing 2015/16)								◆
	Alcohol Services Project Estimated Completion (commencing 2015/16)								◆
	Care 4 Today Heart Health Project Estimated Completion (commencing 2015/16)								◆
	Fragility Fracture Prevention Service Estimated Completion (commencing 2015/16)								◆
	Falls Prevention Strategy Project Estimated Completion (commencing 2015/16)								◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Out of Hospital Network Project Estimated Completion (commencing 2015/16)								◆
	Project to be agreed - Estimated Completion (commencing 2015/16)								◆
	Project to be agreed - Estimated Completion (commencing 2015/16)								◆
	Project to be agreed - Estimated Completion (commencing 2015/16)								◆
Research & Development	Establishment of R & D Oversight Group		✓						
	Publication of Annual Report (or section within AHSN Annual Report) on agreed research metrics								◆
	Establishment of baseline from NHS partners for commercial research activity								◆
	Establish network of R&D Directors in NHS providers, agree strategy for commercial research development								◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Support commercial research plans for each NHS providers							◆	
	Develop a nursing and AHP research strategy						◆		
Wealth Creation	Establishment of Wealth Creation Oversight Group	✓							
	Develop Wealth Creation strategy and operational plans	✓							
	Appoint Director of Commercial Development	✓							
	Appoint Commercial Development Managers for Berkshire and Buckinghamshire/Bedfordshire		✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	<p>Establish pipeline of innovations for commercialisation</p> <ul style="list-style-type: none"> ensure industry and academics can access the NHS clinicians they need to work on concepts and pilots of new products and services work with tech transfer offices and other partners to ensure commercialisation is more efficient and effective 			✓				◆	◆
	Establish detailed working arrangements with Local Enterprise Partnerships for all aspects of wealth creation including inward investment related to Life Sciences and healthcare		✓						
	Establish working arrangements with LEPs and other stakeholders for European funding		✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Working with LEPs, Universities and NHS partners, clarify for industry the “go to” partners in the Oxford AHSN for different stages of the product cycle – establish account management approach for working with industry (local, national and international)		✓						
Wealth Creation Objective 1 Supporting companies along the adoption pathway	Develop an adoption engagement programme for industry (Five Year Forward View)				→	◆			
	Establish 5 pilot projects with industry partners including combinatorial innovations (Five Year Forward View)						◆		
	Develop a development pathway into the NHS for non-commercial innovations					◆			
Wealth Creation Objective 2 Supporting investment into the region	Build a regional investment fund strategy with key stakeholders (Five Year Forward View)						◆		
	Develop a strategic plan for Buckinghamshire Life Sciences and a Life Sciences business plan for Berkshire				→	◆			

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Run the Alumni Inward Summit with post event follow-up programme				✓				
	Build an investment proposition around Open Access Innovation in conjunction with the Structural Genomics Consortium						◆		
	Run a joint showcase event with Isis Innovation			✓					
	Coordinate and lead regional Precision Medicine Catapult bid						◆		
	Regional diagnostics council for industry that encompasses Precision Medicine				✓				
	Run at least two seminars on funding opportunities (SBRI and others)				✓	◆			
	Support industry group to improve infrastructure across Oxfordshire			✓	✓	◆	◆	◆	
	Support plans with key partners for a science park at Milton Keynes			✓	✓	◆	◆	◆	
Wealth Creation Objective 3 Building a culture of innovation in the NHS	Run two entrepreneurs boot camp events for healthcare workers			✓		◆			
	Conduct a review of all IP and innovation policies in Trusts across the AHSN region						◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Build partnerships with local stakeholders to help promote a culture of innovation in the NHS, including the opportunity to run Challenge 2023				✓		◆		
Wealth Creation Objective 4 Building long-term partnerships with businesses and other organisations	Continue to strengthen and develop novel opportunities with the Oxford AHSC				✓		◆		
	Provide support in the establishment of Oxford E-health lab in partnership with Isis Innovation						◆		
	Provide support in the running and marketing of digital health events across the region	✓	✓		✓	◆	◆	◆	◆
	Initiate two broad partnerships with corporates from across the region					◆	◆		
	Complete audit of assets in the AHSN region and articulate USPs						◆		
	Support and follow-up on the Energy and Sustainability programme.			✓			◆		
Informatics Informatics Strategy	Consultation on component themes for the strategy, initially Informatics Oversight Group, then CIO forum and AHSN Senior management team			✓					

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Development of first drafting and consulting via CIO forum				◆				
	Second draft – with input from Informatics Oversight Group Update to AHSN Board and Partnership Board					◆			
	Final Draft for approval by AHSN Board –					◆			
Informatics Digital Maturity National Model Co-leading and developing by invite from NHS England, in collaboration with University College London Partners and Greater Manchester AHSNs – subject to agreement with NHS England and other partners.	Assessment and evaluation of previous models			✓					
	Establish collaboration framework with GM and UCLP							◆	
	Design workshops for integrated care digital maturity model							◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Consult across regions							◆	
	Create an adoption plan							◆	
	Mobilise partners to participate							◆	
	Capture local information to assess the potential for integrated care/ landscape							◆	
	Regional landscape mapping							◆	
Informatics									
Interoperability Model	Use Cases – why it is relevant to the AHSN agenda			✓					
Enabling seamless secure data exchange									
	CIO engagement				✓	◆	◆		
	Agree business case and engagement process with CIOs				✓	◆	◆		
	Patient Engagement – PPIEE					◆			

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	IG model – specific to the needs of this project					◆			
	Design Health Information Exchange (HIE) model to define the specification.					◆			
	Supplier engagement to assess market options						◆		
	Strategic outline case signed off by Chief Information Officers forum						◆		
	Detailed analysis and implementation planning to support trusts to produce local business cases							◆	
	Trusts deliver local plans (subject to local trust sign off)								◆
Informatics Research Informatics Focused on the deployment of Clinical Records Interaction Search (CRIS).	Partner engagement			✓					
	Proposal and recruitment			✓					
	Clinical and academic engagement				✓				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	PPIEE engagement				✓				
	Technical infrastructure planning					◆			
	Information Governance and Ethics					◆			
	CRIS deployment Berkshire Healthcare and CNWL						◆		
	Federation – enabling federated queries to be run against local CRIS databases						◆		
Informatics Information Governance Mobilisation of IG Working Group (Caldicott Guardians and Heads of IG) in order to produce, sign off and implement an IG Framework for the AHSN region.	Set up IG working group		✓						
	Consultation on draft IG Framework (guidance, templates) with partners, AHSN programmes and public				→ ✓				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	IG Framework second Draft				✓				
	Sign up and operation of IG Framework				→	◆			
	Developing local capability through training Heads of IG and establishing peer group network					◆			
	Handover central service response to IG ad hoc issues			✓	✓	◆	◆		
Informatics									
Personal Health Records Platform development	Establish coordinated approach with PPIEE			✓					
	Develop case for change as basis for consultation				→	◆			
	Use cases								
	Children – eRedbook - Mental health - True colours					◆			
	Engage patient groups, clinical networks, commissioners					◆			
	Develop conceptual models/platform					◆			
	Supplier engagement					◆			

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Consult local communities of interest e.g. counties					◆			
	Develop Strategic outline case						◆		
Informatics Operational Hybrid Analytics Service	Formal agreements in place with partners			✓					
	Internal team operational- data analyst recruitment, documentation of the process - Triage -> engagement, quality assurance, supplier engagement and delivery			✓					
	Publish services, capabilities and tariff catalogue of external informatics providers for internal consumption				✓				
	Automation of process from requirement to commission					◆			
	Explore partnership opportunities with HSCIC and other AHSN					◆			
PPIEE	Establishment of PPIEE Oversight Group	✓							

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Established network of clinicians, managers, researchers and patients across partner organisations interested in local leadership for PPIEE	✓							
	PPI/PPE plans for each clinical network in place and to support CIA (to be finalised)		✓						
	PPI/PPE reported on in each network annual report and reviewed by patient/public panel		→			◆		◆	
	Establishment of baseline for PPIEE across the geography		✓						
	Framework for supporting organisational and system-based patient centred care developed and implemented across all partner organisations								◆
	Patient story programme –2 year programme, starting by 31/3/13, to embed the patient story as a routine part of health care development and training		✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Governance, infrastructure and strategy Decision about the future governance of the PPIEE theme agreed			✓					
	Additional structures in place				✓				
	Broadening public and patient involvement Review of Lay Advisory Panel					◆			
	Broader membership for Lay Advisory Panel established						◆		
	Strategic direction Strategy and work plans presented at Oxford AHSN Partnership Board				Next P Board		◆		
	Individual discussions with partner organisations completed						◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Communications and broadening PPIEE activity across the Oxford AHSN region Involvement newsletter up and running, including publicising PPIEE events and case studies						◆		
	PPIEE Network development Visits to partner organisations completed and case studies of good practice publicised, and at least two events held to address concerns/issues highlighted by partners					◆			
	Patient Participation Group (PPG) follow-up activities designed and delivered					◆			
	Patient stories evaluation completed and case study written					◆			
	Patient leadership At least three cohorts (10 lay members and 10 professional per cohort) completed and evaluated						◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Follow-up of those who took part in pilot programme to assess longer-term impact				✓				
	Clinical Networks Four network exemplars completed				✓				
	All networks to have lay members involved in their structure and processes					◆			
	Informatics Agreed set of measures and data collection developed						◆		
	Clinical Innovation Adoption Revised process agreed with CIA with refinement of questionnaire to assess in more detail the quality of PPI in innovations and broader patient and public involvement in process.			✓					
	Five case studies across networks and CIA written up and disseminated						◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Development of lay involvement in strategic priority setting for networks and CIA, built into process for AHSN strategic work going forwards						◆		
	Public involvement Pilot events run and additional funding secured						◆		
	Research Joint statement on PPI in research with links into work plans for individual organisations. Research included in Patient Leadership Programme				Next R&D Oversight mtg	→		◆	
	Continued education Links with PPI in University to be developed over the year						◆		
Patient Safety	Patient Safety Academy Mental Health training – agree priority areas and implement training across region				◆	→		◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Patient Safety Academy Primary Care training – agree priority areas and implement training across region				◆ → ◆				
	Patient Safety Academy Surgical training – show improvement in reported safety data against pre-training baseline					◆			
	Patient Safety Academy Board awareness training –offer bespoke training packages to all trusts				◆ → ◆				
	Patient Safety Collaborative Establish Patient Safety Collaborative – launched in Q2	✓	✓						
	Patient Safety Collaborative Bid for Patient Safety Collaborative		✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Patient Safety Collaborative Establish Patient Safety Collaborative – due to launch 14 October (workshop to be held 03 March 2015)		✓						
	Patient Safety Collaborative Establish and promote MSc programme for Evidence Based Medicine – programme recruited to and launched	✓							
	Patient Safety Collaborative Agree data requirements with programme teams			→	◆				
	Patient Safety Collaborative Establish data sources and analytic requirements			→	◆				
	Patient Safety Collaborative Establish baseline metrics				◆				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Patient Safety Collaborative Supply regular information to programmes				◆	◆	◆		
	Patient Safety Collaborative Consolidate and review requirements					◆			
	Patient Safety Collaborative Produce report on safety in Oxford AHSN region						◆		
	Patient Safety Collaborative Clinical programmes Establish aims agree metrics			→	◆				
	Patient Safety Collaborative Clinical programmes Establish core team			→	◆				
	Patient Safety Collaborative Clinical programmes Assess training and support needs				◆				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Patient Safety Collaborative Clinical programmes Establish baseline metrics				◆				
	Patient Safety Collaborative Clinical programmes Consolidate and review interventions					◆			
	Patient Safety Collaborative Clinical programmes Initial review and evaluations						◆		
Stakeholder engagement and communications	Quarterly and annual reports	✓	✓	✓	✓	◆	◆	◆	◆
	Sponsorship and events (updated programme in place) Supporting materials developed – generic and specific – regular updates going forward	✓	✓	✓		→			
	Communications (strategy and) plan linked to overall AHSN 5 year strategy			→		◆			

Finance

The outturn forecast is for the AHSN to be on budget. Revenue forecast has not changed since Q1 and expenses are tracking close to budget. Informatics will be overspent due to adding additional resource to keep the theme on track. The extra cost have been covered with contingency.

OXFORD AHSN FINANCE PLAN

Model Period Beginning	01-Apr-15	01-Apr-15
Model Period Ending	31-Mar-16	31-Mar-16
Financial Year Ending	2016	2016
Year of the 5 Year Licence Agreement	3	3
INCOME (REVENUE)	Budget	Fcast
NHS England funding	3,081,728	2,625,843
NHS England funding Tier1/Tier 2 adj	1,093,000	-
Partner contributions	852,000	549,809
HETV income for continuous learning	200,000	200,000
Other income	0	0
NHS England funding - PSC income	641,500	616,032
Total income	3,682,228	3,991,684
AHSN FUNDING OF ACTIVITIES		
Best Care Programme	672,367	672,367
Clinical Innovation Adoption Programme	500,584	500,584
Research and Development Programme	70,000	70,000
Wealth Creation Programme	730,060	730,060
Informatics Theme	386,289	436,289
PPIEE Theme	111,414	111,414
Patient Safety Collaborative & Patient Safety Academy Theme	791,500	791,500
Contingency for programmes	100,000	50,000
Programmes and themes	3,362,215	3,362,215
CORE TEAM AND OVERHEAD		
Pay costs	599,216	599,216
Non-pay costs	515,385	515,385
Communications, events and sponsorship	209,348	209,348
Total core team and overhead costs	1,323,949	1,323,949
Programme funding previously committed	1,003,935	-
		-700,000
Surplus/(deficit)	-0	5,521

Appendix A- Matrix of Metrics

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
1	Focus upon the needs of Patients and local populations (A)	<p>Best Care Programme (Clinical Networks)</p> <p>The Best Care Programme is designed to deliver AHSN license objective one: focus on the needs of patients and the local populations.</p>	<p>Improve the recovery rate of patients suffering from Anxiety and Depression</p> <p>Improving access, including waiting time standards for Early Intervention in Psychoses</p> <p>Reduce the use of 'reliever' inhalers, and attendance at A&E, by asthma patients</p>	<p>Delivery of first tranche of networks PIDs</p> <p>Variation reports produced</p> <p>MSc Fellowships in Evidence Based Medicine with University of Oxford and Health Education Thames Valley - seven more Fellows for 15/16</p>	1,2,3,4,5	£672,367	<p>Delivery of PIDs on track, variation reports produced by most networks. 6 MSc fellows selected from across the region and clinical specialities.</p> <p>Highlight – Anxiety and depression recovery rate 58% (improved by 10% points);national average is 45%</p>

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
2	Speed up innovation in to practice (B)	<p>Clinical Innovation Adoption Programme</p> <p>The Clinical Innovation Adoption (CIA) Programme aims to improve significantly the speed at which quality clinical innovation is adopted and in the process of adoption - improve clinical pathways and outcomes for patients.</p> <p>The goals of the programme are to;</p> <p>Support adoption of innovations at scale across the region to improve patient outcomes, safety experience and cost effectiveness</p>	<p>Average number of Trusts adopting each innovation</p> <p><u>Acute trusts to date:</u></p> <p>Implemented relevant innovations = 29%</p> <p>Plan to implement relevant innovations = 48%</p> <p><u>Mental Health trusts to date:</u></p> <p>Implemented relevant innovations = 33%</p> <p>Plan to implement relevant innovations = 40%</p>	<p>First tranche of innovations adopted</p> <p>Innovations are ongoing and average 1-3years for completion.</p> <p>Rollout is done in waves (e.g wave 1, wave 2 etc).</p> <p>Deployed wave 1 includes: GDM, Dementia, IOFM, IPC, EBT, CaUTI and Atrial Fibrillation.</p>	1,2,3,4,5	£500,584	The programme is on track

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
3	Build a culture of partnership and collaboration (C)	To promote inclusivity, partnership and collaboration to consider and address local, regional and national priorities.			1,2,3,4,5		Partnership and collaboration grows each quarter. Each programme and theme is growing a network of clinicians and non-clinicians (over 2,000 clinicians and non-clinicians are engaged in the 10 clinical networks) from across the NHS, universities and industry.

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
		<p>R&D</p> <p>The R&D Programmes aims are to improve R&D in the NHS through closer collaboration between the Universities, NHS and Industry.</p>	<p>Commercial R&D income increase</p> <p>Interoperability - number of Trust CIOs signed up to strategic outline case</p>	Trust R&D plans developed		£70,000	<p>Trusts unable to provide data.</p> <p>All Trusts and Universities engaged.</p> <p>Timeline to produce regional Informatics Oversight Group – this will include interoperability</p>
		<p>Informatics</p> <p>The informatics business plan for 2015/16 represents programme of capacity building and delivery to support the key aims of the Oxford AHSN.</p>	Information Governance - regional consultation and sign up to the AHSN IG sharing framework.	Information Governance Framework		£386,289	IG Framework out for consultation

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
		<p>PPIEE Patient and Public Engagement and Experience (PPIEE) is a crosscutting theme, working across the programmes of the AHSN, relevant work is cross-referenced to other sections of the business plan.</p>		Provider engagement		£111,414	<p>On track</p> <p>HSJ has recognised two of our patient leaders in the national top 50 Region wide training "Leading Together Programme" for developing more health professionals to work with lay partners at a strategic level across the health system. The</p>

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
							programme will train 120 leaders (60 professionals paired up with 60 lay members).
		Core team, overhead, communications, events and sponsorship	<p>Number of subscribers to the Oxford AHSN Newsletter</p> <p>Number of visits on the Oxford AHSN website per month</p> <p>Number of attendees at all AHSN events per annum</p>	Raising awareness and profile of AHSN's work, activities, events and partners		£1,423,949	<p>Monthly newsletter subscribers stands at 1,209</p> <p>Annual Review document well received by stakeholders.</p> <p>Annual Partnership Council attended by 100 delegates.</p>

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
							<p>Alumni Conference more than 200 delegates including the Minister of Life Sciences, George Freeman.</p> <p>Get Physical event to be held 09 December , working in collaboration with the County Sports Partnerships and Public Health England</p>

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
							Programme of events throughout the year.
4	Create wealth (D)	<p>The Wealth Creation Strategy is to help the region become the favoured location for inward life science investment, life science business creation and growth, whilst helping the NHS to accelerate the adoption of medical innovations of significant benefit to patients.</p> <p>The aims of the programme are to:</p> <p>Support companies along the adoption pathway, and provide a continuum with the</p>	<p>Number of health and life science companies in region</p> <p>Number of people employed in life science industry</p>		1,2,3,4,5	£730,060	<p>Circa 50 workstreams.</p> <p>Joint event with ISIS Innovation attracted 300 delegates to a Big Data/Digital health showcase event.</p> <p>Strategic partnership with Johnson and Johnson</p>

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
		<p>Clinical Innovation Adoption Programme</p> <p>Support investment into the region</p> <p>Build a culture of innovation in the NHS</p> <p>Form and sustain long-term partnerships with businesses.</p>					Group of Companies.

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
5	Patient Safety	<p>The principal aims of the collaborative will be to:</p> <p>Develop safety from its present narrow focus on hospital medicine to embrace the entire patient pathway</p> <p>Develop and sustain clinical safety improvement programmes within the AHSN</p> <p>Develop initiatives to build safer clinical systems across the Oxford AHSN</p>	Developing Patient Safety KPIs is part of the 15/16 work plan	<p>Programmes mobilised</p> <p>Measurement regime in place</p>		£791,500	<p>Team in place. Oversight Group chair appointed.</p> <p>Aims for Pressure Ulcer workstream agreed.</p> <p>AWOL in mental health – Oxford Health supporting rollout of improvement project in Berkshire Healthcare</p> <p>Quality improvement programme</p>

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
							with NHS IQ for our theme clinical leads to develop more patient safety leaders in the system – 55 places are being offered for the programme which will run from October December. The programme will be evaluated jointly by the Patient Safety Theme and NHSIQ.
						£4,686,163	

Appendix B- Risk Register and Issues Log

Risk Register

#	Prog/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 eg tackling variation, speeding adoption of innovation at scale and improving prosperity of the region	Low	Med	> 6 / 12	Leadership supporting a culture of collaboration, transparency and sharing. Agreed organisational Vision, Mission and Values. Ensuring a culture of inclusivity and sharing, through, inter alia, the use of appraisals. Stakeholder analysis of our Clinical Networks to ensure geographic spread and multi-disciplinary representation. Funding Agreement contains explicit requirements to share and collaborate Partnership Board representation drawn from across the geography and key stakeholders. Oversight Groups in place for each Programme and Theme, broadening representation across our stakeholders. Within the Wealth Creation Programme local working groups have been established	AHSN Chief Executive	Programme SROs	06-Sep-13		AMBER

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG	
							<p>with each of the each of the LEPs. In addition we have two members of the team who are each focused upon a specific geography and are based out in that geography (Buckinghamshire LEP and University of Reading)</p> <p>Celebrate early successes through Case Studies & Events Regular monthly newsletter. Quarterly review of breadth and depth of engagement by Clinical Networks and all programmes and events.</p> <p>CIA analysis of strategic priorities of commissioners and providers as highlighted priority areas for AHSN programmes and themes.</p> <p>Test bed application opportunity for more engagement with commissioners</p>						
6	Oxford AHSN Corporate	Failure to sustain the AHSN should NHS	Programme activities cease	Med	Med	> 6 / 12	Successful delivery of all Programmes against the AHSN license objectives as per the	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31– Jul –14		AMBER	

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
		England not renew license					Business Plan will strengthen Partner support Establishment of collaborative working across, and between, Partners as the 'normal' way of working Round two process for clinical network funding for years four and five in place for Autumn 2015.					

Issues Log

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
18	Oxford AHSN Corporate	Clarity of NHS England funding	Minor	Financial	Funding for 15/16 has been confirmed and partners have agreed to continue to make contributions at the same level as 14/15. Progress good in collection of contributions NHS England has confirmed AHSN funding for years 4 and 5 at £3.2m Partnership Board to consider for 16/17	AHSN Chief Operating Officer	AHSN Chief Operating Officer	28/11/2013	Action – 80% Complete	
19	Oxford AHSN Corporate	The interface with, and respective roles of, the Strategic Clinical Networks (SCN) and the Senate remain unclear. There may also be elements of	Minor	Strategy	Results of the improvement architecture review received – AHSN actively reviewing Recommendation to work closely SCN.	AHSN Chief Executive	Best Care SRO	03/06/2014	Action - 85% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
		duplication.								
25	Oxford AHSN Corporate	Lack of awareness by local partners and national stakeholders of progress and achievements of the AHSN	Minor	Culture	Each clinical network and programme developing a comms plan which will be combined in an overarching comms plan/grid and used to refresh corporate materials Website refreshed and new content added Produced comprehensive annual report and new look annual review focused on impact. Events - improve marketing and evaluation of events. Level of engagement closely monitored across all programme and themes (see KPIs).	Director of Corporate Affairs	Director of Corporate Affairs	19/01/15	85% complete	

Appendix C– List of Key Events Q2 and looking forward

Q2 2015
<p>8th July Venturefest Oxford</p> <p>8/9/10th July Oxford AHSN Summit</p> <p>2/3rd September NHS Healthcare Innovation Expo</p> <p>16th September Exploring Dementia Variation – Dementia Clinical Network event</p> <p>10th September Oxford Health Annual General Meeting</p> <p>17th September OUH Annual General Meeting</p> <p>2 x Test Bed Briefing events 15 and 17 September</p> <p>22nd September AHSN Partnership Board Meeting</p> <p>24th TTIP meeting, Oxford AHSN Offices (Transatlantic Trade and Investment Partnership)</p>
Q3 2015
<p>1st October OBN Awards Dinner – AHSN sponsored award for public private collaboration</p> <p>8th October R & D Oversight Group meeting</p> <p>12th October Novel Markers and technology for better patient care</p> <p>15th October AHSN Board meeting</p>

<p>14th October HETV Conference</p> <p>26th October ‘Innovating in a practical care setting open evening’, Monday 26th October at 4 – 6. This event will give the potential 2016/17 cohort the opportunity to find out more about the Innovation course being given by Bucks New University</p> <p>October/November Entrepreneurs course Henley Business School</p> <p>5th November half day event to introduce the new HEE/NIHR Integrated Clinical Academic Programme for non- medical healthcare professions at Oxford Brookes</p> <p>30th November Oxford Innovation Forum meeting at the John Radcliffe</p> <p>9th December Get Physical Event www.getphysical.org</p> <p>Dates to be confirmed</p> <p>Follow up to first IP workshop on open access with a focus on investors</p>
<p>Q4 2015/2016</p>
<p>28th AHSN Board meeting</p> <p>21st January Digital Health event</p> <p>30th March 2016 AHSN Partnership Board meeting</p> <p>Dates to be confirmed</p> <p>Building mid-cap life science companies Biotech and Money - Panel discussion of the CEOs of the 4 mid-cap companies in Oxfordshire</p> <p>Promotion of Horizon 2020 opportunities to companies – SME instrument Workshop</p>
<p>Q1 2016</p>
<p>25/27 April BioTrinity 2016 Novotel West London – featuring AHSN Innovation Poster Showcase</p>

Dates to be confirmed

Isis Innovation Event to highlight evolving nature of clinical trial in digital health

Isis Innovation/AHSN/BRC showcase (in week commencing 6th June 2016)

IDEAL Conference (April 2016) – regulation of surgical innovation

Q2 2016

AHSN Annual Meeting and Conference tbc July 2017

AHSN/Isis Innovation/BRC Innovation Showcase