

Oxford AHSN 2020-2021 Business Plan

Prof Gary A Ford CBE, FMedSci, CEO, Oxford AHSN

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Chief Executive's Introduction

Oxford AHSN's eighth business plan was in the process of being finalised in February when it became clear that the COVID-19 pandemic was going to have a major impact on the NHS, and our work would need to focus on addressing the needs of the health and care system resulting from the pandemic.

In March most of our projects were paused as the health and care system focussed on preparing for the pandemic. The AHSN adapted quickly to working remotely and within two weeks most staff were working on new projects to support the local health and care system. Each member of the senior team has led on a particular topic – eg Stroke and CVD, Digital, Diagnostics, Workforce Innovation, Wellbeing, Remote Working and PPE.

In the first quarter of 2020/21 many of our staff have been working on supporting the Digital First rollout in the Thames Valley, sourcing reagents and new technologies to support the national COVID-19 testing programme, sourcing PPE and PPE innovation. We published a guide to running stroke services under COVID restrictions. We have also used the time to progress the new national programmes, our Workforce Innovation Theme and put some thought into developing programmes around improvements to patient pathways in stroke/TIA, cancer, mental health and maternity neonatal services. We have increased our engagement and portfolio of work supporting care homes.

If anything, the lockdown period has brought local health and care systems closer together. We have been able to accelerate the pace that collaborations can be forged and projects delivered.

An outline of the draft AHSN Business Plan was presented to the AHSN Board in February. In June, our three commissioners NHS England/NHS Improvement and the Office for Life Sciences asked for updates to the local implementation plans which have been submitted or are in the process of development. At our May AHSN Board meeting it was agreed it was an appropriate time to refresh the draft Business Plan.

The Business Plan is a blend of national and local programmes aimed at addressing health priorities and links the AHSN more closely with the region's Integrated Care Systems.

Should we face a difficult winter and a second wave of COVID-19, I am confident that the AHSN team will continue to use its resources to add value to our partners, the region and national health and care system, adapting and changing our priorities as required.

Professor Gary Ford, CEO

Business Plan Summary

Introduction

2020/21 marks the third year of the second NHS England five-year licence period which ends in March 2023. This is the eighth Oxford AHSN Business Plan. An outline of the original draft plan was presented to the Oxford AHSN Board in February. Q1 has been dominated by supporting the local health and care system and national bodies in tackling the COVID-19 pandemic. As we enter Q2, as healthcare services are resuming but in the presence of COVID-19, most programmes are back on track. Should there be further surges of the virus, we can expect engagement and therefore delivery to be interrupted.

The Business Plan combines all of Oxford AHSN's planned activities including local programmes and national programmes commissioned by NHS England/Improvement. Each of our three commissioners, NHS England, NHS Improvement and the Office for Life Sciences receives a separate local implementation plan. This Business Plan includes grant and commercially funded projects.

The AHSN's programmes and projects have been aligned to the NHS Long Term Plan in a spreadsheet which shows the stage of the programme, national or local, which stakeholders are involved, PPIEE status, Workforce relevance and if it is impacted by COVID-19 (Appendix C).

COVID-19

As the health and care system prepared and managed the COVID-19 pandemic, many of our local and national programmes came to a halt in March. The AHSN changed to remote working and each member of the senior team took on a topic area to support the local health and care system; Digital, Diagnostics (both point of care and COVID-19 testing), Workforce Innovation, Staff Wellbeing, CVD and PPE. AHSN staff, both clinical and non-clinical, volunteered for additional shifts and support work in the local hospitals. Apart from missing social interaction at work, home working has been a success and our staff have given positive feedback. We have found that there is a very strong spirit of collaboration amongst our stakeholders and industry has been very helpful. Virtual working has not been a barrier to engaging and supporting the health and care system and innovators. We have engaged in 35 separate COVID-19 support activities in Q1 including:

- supporting development of OC/VC adoption within acute settings; support adoption of the software (NHS Video Consult); working with Wessex and KSS AHSNs and the Digital First team; we will evaluate the benefit
- supporting national Diagnostics Innovation Team led by Piers Ricketts, Chair AHSN Network and CEO Eastern AHSN, as part of national COVID-19 testing programme
- providing support and guidance to the Information governance for the Brainomix rollout nationally – enabling consultants remote access to stroke images – clearly desirable when minimising patient contact
- commencing a regional evaluation of changes in maternity and neonatal care, both operational and cultural, in collaboration with OxSTaR (University of Oxford), with intention to inform future support and QI work for recovery/rest period
- supporting mental health services to evaluate the use of remote and digital technology on services and patients, exploring how to make these 2-way
- supporting Care Home In-Reach teams with fortnightly meetings for sharing learning across the region
- leading the ethical framework development across the BOB ICS, and chair the ICS level Ethical advisory Committee
- producing national guidelines for running stroke services under COVID-19. We have worked with colleagues from GIRFT and NHS England/Improvement to develop practical implementation guidelines to support stroke services to adapt during the COVID-19 pandemic.

- PPE sourcing from local companies, reprocessing (in collaboration with Wessex AHSN) and innovation, especially reusable products – creating a community of interest of NHS Trusts and lining with national PPE team

Link to full list of COVID-19 related activities is updated regularly and forms part of AHSN Network reporting:

<https://docs.google.com/spreadsheets/d/1IORxOgRn5ODFWk0GmLgP1Mqa9d1Qp3a-oPA5Ueu-xZk/edit#gid=292136766>

Existing National programmes and national innovation products (see tables below)

Most of the seven national programmes brought forward from 2019/20 were disrupted by COVID-19 in Q1. Targets for five of the national programmes were achieved by Q4 2019/20 and the aim is to sustain the programmes, subject to COVID-19 disruption in Q1 and the risk of a second wave. Despite a comprehensive engagement process across the health and leisure sectors, take up for ESCAPE-Pain across the Thames Valley was very low and COVID-19 has effectively closed exercise classes for Q1 and Q2. We are not expecting an increased appetite for ESCAPE-Pain by stakeholders. TCAM targets were not achieved by Q4 2019/20 as COVID-19 disrupted referrals at Buckinghamshire Healthcare. There is renewed interest in TCAM by some trusts and we expect to achieve the target. Thames Valley Police is implementing SIM in Reading and Oxford with Berkshire Healthcare and Oxford Health. Equivalence tests are being undertaken.

We will continue to support the uptake of innovative products supported by NHS England schemes such as Rapid Uptake Products and Innovation Tariff Products (SecurAcath, SpaceOAR, PCSK9 inhibitors and Cladribine). Uptake for PIGF, the test for pre-eclampsia, accelerated in the region during Q1 with all maternity units adopting. We continue to lead the national spread of PIGF. Further RUP products are expected to be introduced from Q3.

New national programmes for 2020/21 (see table below)

Three new clinical programmes have been commissioned by NHS England:

- **FREED (First episode Rapid Early intervention for Eating Disorders)** is an innovative, evidence based, specialist care package for 16 to 25 year-olds with a first episode eating disorder of less than 3 years duration. FREED overcomes barriers to early treatment and recovery and provides highly coordinated early care, with a central focus on reducing the duration of an untreated eating disorder. It consists of a service model and a care package and is predicated on the recruitment of a FREED Champion to co-ordinate this innovative approach within existing Eating Disorder services. Oxford AHSN is supporting the rollout of FREED in services within Oxfordshire, Buckinghamshire and Berkshire with a view to establishing the service and recruiting a FREED Champion in each location by the end of the year to ensure that those patients meeting the criteria are seen, assessed and treated more swiftly. Contact has been made with the key stakeholders and clinicians locally through current networks. The current plan Berkshire Eating Disorders service is in the process of reorganising as an all-ages service serving the whole county, which represents an excellent opportunity to embed the FREED approach locally.
- **Cardiovascular disease** – improving lipid management better use of statins, and new cholesterol lowering drugs and increasing Familial Hypercholesterolemia (FH) identification. Part of the AHSN Network national CVD prevention programme, Oxford AHSN will follow the NENC model for FH identification and optimisation of lipid management therapy.

- **Attention Deficit and Hyperactivity Disorder (ADHD)** will involve work with NHS trusts across England to improve the process and speed of diagnosis of ADHD and includes appropriate use of computer-based tests

Workforce Innovation theme

AHSNs have also been commissioned to develop a Workforce theme. There are significant workforce challenges across health and care: high vacancy rates; gaps in skill mix and provision of working environments that support staff health and well-being. We are developing a Workforce innovation theme to support, the BOB ICS system locally and national work, to identify and spread innovation to address these challenges. We are reviewing exemplar projects reported by other AHSNs.

To support the development of the health and care workforce through innovation:

- the identification of need
- the identification of innovators and innovations
- adoption and spread of innovations ready to be deployed and
- real world evaluation.

Patient Safety Collaborative national programmes

The Patient Safety Collaborative (See Patient Safety and Clinical Improvement section of this plan) has been commissioned by NHS Improvement to deliver further improvements on:

- **Deteriorating patient.** In the first part of 2020/21 we have concentrated on contributing to COVID-19 related work. As we continue we are likely to focus on the full pathway between community to acute, involving work with care homes on 'soft sign' tools, supporting virtual wards and ensuring that we develop our existing network to support the requirements of the region
- **Maternity/Neonatal safety.** After a period of supporting maternity and neonatal services with COVID-19 issues (including PSC staff working clinically) this programme will now develop into 'Phase 2', which concentrates on system-level improvement in key areas, which we anticipate will be Optimisation of the Preterm, Smoke-free Pregnancies and recognition and escalation of deterioration
- **Tracheostomy.** From March 2020 we engaged with a rapid improvement programme in tracheostomy safety and the implementation of a care bundle in response to the emerging pandemic. All Trusts in our region now use the bundle and are linked to national resources and support. We will continue to be flexible in supporting any further requirements in this area
- **Care home medicine safety** has been put on hold. In Q3 and Q4 of 2019/20 we carried out a significant scoping piece on the issues and requirements of our local providers. We hope to be able to start work on quality improvements on these issues when it is appropriate. We are currently supporting care homes on several projects in collaboration with our AHSN colleagues. This includes a group for sharing learning and support for in-reach staff
- **Mental health.** If mental health work is included in the PSC specification it is likely to cover restrictive practice, in-patient suicide and sexual safety – spreading work on these areas that come from the Mental Health Safety Collaborative

AHSN Network national PPIEE theme

We will continue to chair the AHSNs' PPI Leads Network for the coming year. During the year we will develop, with partners, a cross-AHSN strategy for patient and public involvement to support a collective and robust approach to PPIEE.

AHSN Network - new national programmes for 2020/21

Programme RAG for 20/21	Contracted Metric	Plans	2020/21 target
Workforce theme	NA	A Workforce Theme will be developed and agreed with BOB ICS by Q3. The Workforce Theme will draw on innovations, in particular digital technology, from Oxford AHSN's Clinical Innovation Adoption programme, Strategic and Industry Partnership programme and Patient Safety programme. Early consideration will be given to staff wellbeing (eg Sleepio) and there will be a focus on new ways of working and productivity (eg Paddle and Brainomix).	NA
Eating Disorders – early intervention	Number of patients benefitting from an early intervention first episode eating disorder programme	Early intervention for Eating Disorders (FREED) model is predicated on the existence of a dedicated Band 7 (0.6 WTE) FREED Champion to direct and implement the approach within the existing ED team. The provision of pump priming funding to enable the recruitment of FREED champions locally will present an opportunity to engage teams and encourage the adoption of the FREED approach in 2020/21.	47
Cardiovascular Disease	TBC	We will continue with our legacy AF work with a focus on reducing variation and tackling inequality. We will also develop a FH workstream and a hypercholesteremia workstream. Volumes currently unknown.	TBC
Attention Deficit and Hyperactivity Diagnosis (ADHD)	Number of diagnoses of ADHD made using a continuous performance test product	We feel we will be able to commence this work, but may have less impact than pre-COVID-19, due to service priorities elsewhere.	86

AHSN Network 2018/19-2019/20 (old) national programmes – completing and sustaining plans for 2020/21

Programme RAG rating for 20/21	Contracted Metric	Plans to complete and sustain (DELIVERED – indicates delivered by March 2020)	2020/21 target
AF	Number of previously unknown AF patients diagnosed with AF	DELIVERED. AF Detect and Protect targets exceeded. Sustain. The significant and sustained reduction in face to face contacts in primary care is likely to lead to a reduction in the number of new AF detected (against trajectory). We will review the situation with our partners in Q3. The AF work will continue but with a focus on reducing variation and tackling inequalities in AF detection.	3,000
Emergency Laparotomy	Number of emergency laparotomies in hospitals implementing the pathway	DELIVERED. Two-year target exceeded. Sustain. Whilst emergency surgery continues during the COVID-19 pandemic, anaesthetists are in front-line response and capacity to sustain the NELA audit is significantly compromised. At two sites with dedicated emergency surgeons they have sustained the audit but fatigue is likely.	912
ESCAPE-Pain	Number of people completing the ESCAPE-PAIN programme	NOT DELIVERED. Despite wholesale engagement across the healthcare system take up is minimal.	25
PINCER	Number of GP practices adopting PINCER	DELIVERED. Two-year target exceeded. Sustain. Focus on ensuring PINCER is sustainable (training PCN pharmacists, care home work)	204
PReCePT	Number of additional mothers where MgSO4 given	DELIVERED. Two year target met. Sustain. Some expectation COVID-19 would affect numbers - but local data showed 91% compliance in April.	8
SIM	Number of high-intensity service users covered by SIM	DELIVERED. Finish project and sustain. Service continues - equivalence testing delayed. Data (unconfirmed at time of writing) is 8 service users are involved. Other service that was being set up is significantly delayed by a key staff member being stuck in another county due to the pandemic	8
TCAM	Number of completed referrals using TCAM	NOT DELIVERED. In initial phase of COVID-19 community pharmacies overwhelmed and 'completion' rate fell to zero. Conversion rate is up but lower than pre-COVID-19. Completion of referrals usually requires face-to-face consultation, making it difficult to predict effect over full year as patients choose to stay at home. As Trusts recognise TCAM facilitates quicker and safer discharge, referral rates will go up. One Trust is exploring how TCAM to facilitate discharge into a care home setting.	1,679

AHSN Network – national innovation products for 2020/21

Programme RAG rating for 20/21	Contracted Metric	2020/21 target
SpaceOAR hydrogel prostate cancer spacer	No of patients injected with SpaceOAR hydrogel	48
gammaCore – cluster headache treatment	No of patients using non-invasive vagus nerve stimulation for the treatment of cluster headaches	47
Placental growth factor test for pre-eclampsia	No of placental growth factor test kits supplied	1,861
PCSK9i	Half the number of PCSK9i devices dispensed	1,793
Cladribine	No of unique patient Blueteq approvals for treatment with cladribine	28
2020 RUP themes	Planned for Q3	TBC

Key milestones for 2020-2021

Programme/Theme	Key milestones 2020-2021
Corporate	HR to strengthen the recruitment process and improve the staff retention.
Patient Safety and Clinical Improvement	Safety Improvement Networks functioning for Deterioration and Maternity to support system level improvement PReCePT and SIM sustained ADHD national programme meeting targets
Clinical Innovation Adoption	Initiate two new extremely funded projects that significantly benefit the NHS
Strategic and Industry Partnerships	Delivery of Innovation Exchange model against LIP Second year of Accelerator and scale up programmes NCIMI AI projects kick off and AI funding call supported 3rd year of J&J MEG for IBD programme Continuation as Lead AHSN for RUP PIGF-based testing
PPIEE theme	On-line recording and impact tool in use
Workforce Innovation theme	Support BOB Workforce programme with innovation from AHSN programmes Deliver two projects in 2020/21
Stakeholder Engagement and Communications	Host four regional/national webinars Publish 11 stakeholder newsletters Reach 5,500 Twitter followers Establish and maintain weekly staff bulletin

Local programmes

The majority of the AHSN's programmes and projects are local, developed with local stakeholders and industry. Some of these projects are funded through grants (eg eMaps and Sleepio) or through commercial activity. All of the AHSN's Strategic and Industry Partnerships programme's projects are local, about 60% of the Clinical Innovation Adoption programme's projects are local and in the Patient Safety and Clinical Improvement programme there are three local programmes.

Local programmes – Theme 1 - COVID-19 potential Digital and Technology

- The Oxford AHSN, in partnership with the Wessex and Kent Surrey Sussex AHSNs, is working with the NHSE/I Digital First Programme to help co-create a shared vision for digital primary care within the ICSs and, in time, across the South East. This aims to take learning and best practice of digital solutions created during the COVID-19 response and support the development of a five-year roadmap for the region.
- New guidance for stroke services to adapt during COVID-19. We have worked with colleagues from Getting It Right First Time (GIRFT) and NHS England/Improvement to develop practical implementation guidelines to support stroke services to adapt during the COVID-19 pandemic. The first three documents were published on the British Association of Stroke Physicians (BASP) website during May. Another document, Restoration and Recovery for stroke services was completed in July.
- AI imaging software implemented: An evaluation has been agreed with NHSE and leads from GIRFT on implementation of AI Imaging software that is currently being deployed and is anticipated to potentially have a positive impact on factors that affect clinical and patient outcomes.
- Stroke AI imaging. For the last year we have been working with the Thames Valley stroke network to design, develop and deliver a mechanical thrombectomy service across the system. This project is called TITAN: (Thrombectomy Innovation and Transformation Network). Part of this development has been working with Brainomix, to introduce their AI software, to aid clinicians in the interpretation of complex brain imaging of patients with a stroke. A detailed evaluation of the impact of TITAN is underway, and full role out is expected by July 2020. In addition, we have been part of the NHSE South East response to COVID-19, supporting the rollout of the Brainomix AI stroke package across all stroke services in the South East. Working with NHSE and NHSX an evaluation has been developed to run alongside the rollout.

Local programmes – Theme 2 COVID-19 potential – Local Support (e.g. where AHSN staff are redeployed to support direct response to COVID-19)

- Electronic Repeat Dispensing (eRD): Our registered Pharmacist (Seema) was redeployed to Buckinghamshire Clinical Commissioning Group in a clinical capacity. NHSE/I made a recommendation to GP Practices to convert as many patients that are suitable to electronic repeat dispensing during the COVID-19 period. Our pharmacist has supported GP practice level implementation by presenting benefits and availability of resources to practice staff; setting up remote access to GP clinical

systems for team members; clinical review of patients for suitability and conversion of patients to eRD.

- Redeployment of clinical staff
 - 0.6 WTE Patient Safety Manager seconded to Buckinghamshire Healthcare as registered midwife to support initial demand. Ending 31/5/2020.
- Redeployment of non-clinical staff
 - 2.2 WTE includes 2 WTE working on national testing programme (Commercial Director and Strategic and Industry Partnerships team).

Local programmes – Theme 3 - COVID-19 potential – Additional AHSN Support (e.g. Industry / ICS planning or mapping, etc)

- Sleepio: a digital therapeutic delivering cognitive behavioural therapy-related treatment for insomnia and poor sleep, Sleepio is well placed to offer support for clinicians and the public during the pandemic. It has been made available to all NHS and social care workers across England for the duration of the pandemic and take-up has been positive. Sleepio enables users to assess their sleep – using a simple ‘sleep test’ - and then allows those with a low score (out of 10) to complete six, online guided sessions with “The Prof” to address the causes of their poor sleep.
- Stroke AI Imaging Ethics IG. Given our role in the Thames Valley TITAN project (see above), we have worked with NHSE, NHSX and Brainomix, on the regional uptake of the Brainomix AI (aids the interpretation of complex brain imaging for people having a stroke). The impact of COVID-19 has placed a strain on the traditional delivery of stroke services. By allowing the rapid sharing of images, and the use of the AI interpretation tool, this digital product was selected for rollout across the South East Region. The Oxford AHSN has been a key partner in this rollout and is leading on a region wide evaluation.
- Information Governance. A related support to NHSE and NHSX, the Oxford AHSN Medical Director helped them with the information governance framework, to allow a regional (and national) rollout.
- Ethics. As part of the response to the COVID-19 pandemic, the Oxford AHSN Medical Director was asked by the Executive lead for the BOB ICS to co-ordinate the ethical response to the pandemic across the system. This work has involved the formation of a system-wide Ethical Advisory Committee, chaired by the medical director, and has input from across the system.
- PPE – sourcing, reprocessing and sustainability. We have supported the Trusts in the region on PPE - (1) working with local industry to source products from new suppliers, eg face shields, hand gel, gowns and masks, and (2) reprocessing PPE - forming a working group of Trusts to share protocols and results on reprocessing PPE - this is a collaboration between Oxford and Wessex AHSNs and has involved industry and NHS partnerships. We will work with the NHS Sustainability Development Unit to develop a case for utilisation of reusable PPE.
- COVID-19 restoration and recovery work in stroke services. This may potentially include pathway mapping across the ISDN or identification and review of patients who were discharged early in the COVID-19 surge.

Local programmes – Theme 4 - no COVID-19 potential (summary from three programmes – PS&CI, CIA and SIP)

- We will continue to support the existing Anxiety and Depression Clinical Network for 2020/21, which works closely with all IAPT (Improving Access to Psychological Therapies) services, their commissioners and academics at the cutting edge of psychological treatment. This includes the piloting and rollout of the Paddle app, which is a therapy support app designed by patients for patients.
- We are intensifying our support for our care homes dementia In-reach services, with more frequent remote meetings to share learning and quickly identify emerging areas of concern and requirements for support.
- Our Emergency Department Collaborative was put on hold for April/May. Over the next period we hope to be able to implement remote shared learning events for ED clinical staff.
- Adopting Innovation and Managing Change in Healthcare Settings Programme:
- eMaps: This is an online platform to support the life science Industry and innovators to understand how the NHS and other health sectors work in other countries
- Bone health. A primary project that aims to improve the management of patients at high risk of fragility fracture through a focus on appropriate medication initiation and duration of therapy. A case finding tool is being finalised that will identify patients at risk who require a pharmacist-led medication review.
- Elastomeric devices are small, single use pumps used to administer medication such as IV antibiotics or chemotherapy and can be used in patients' homes. Elastomeric devices can be used to support both the discharge of patients who would otherwise remain in hospital purely to receive IV antibiotics, and to support the prevention of admissions for such patients.
- Meds Optimisation-Opioid: To deliver a regional workshop on opioids and the problems associated with their use. The aim being to bring stakeholders together to understand regional issues, share practice and discuss system-wide solutions.
- Polypharmacy: Action learning Sets to support action learning training around polypharmacy in primary care. Delivering programme with Health Education England and Wessex AHSN and training around 50 GPs and practice/PCN pharmacists.
- Lipid Management pathways/PCSK9i: Supporting local teams to improve lipid pathways. These vary from high intensity support in Bucks and Berks West to support planning and pathway changes through pathway transformation funding.
- Meds Optimisation System Working Initiative: Supporting the move to system level working in medicines optimisation, supporting overall strategy development, and individual initiatives where harmonisation of best practice or spread of innovation is involved.
- Thrombectomy: TITAN pathway and triage training course. Mechanical thrombectomy (MT), or the physical removal of a blood clot in a large artery in the brain causing an acute ischaemic stroke, requires clinicians with different levels of experience, to correctly identify suitable candidates for the procedure through interpretation of radiological images and is time critical. This project considers the

training needs of these different clinicians to effectively triage suitable candidates for MT.

- Syncope: Seeking to identify variation in practice within services and between Trusts and to standardize pathways.
- Evaluation - AI Software South East: This programme is a South East regional evaluation of the impact of new technologies in artificial intelligence algorithms and efficiencies in image sharing as applied to acute stroke services.
- Heart failure - Implementation/spread mechanism with Novartis. We are working with other geographies running similar heart failure projects to share data and develop an implementation toolkit to support wider adoption. This is funded through a joint working relationship with Novartis.
- Heart failure local project Bucks (detect and treat - Novartis supported). Excellence in Heart Failure – code cleansing and medicines optimisation for heart failure in primary care. Delivered in Buckinghamshire during 2019/20 with 16 practices completing an audit cycle. Currently on pause due to COVID-19. Aiming to restart this programme in autumn 2020 with another eight practices. Collaborating with other geographies running similar programmes to share data and develop a toolkit to support wider adoption.
- Targeting diabetes patients to identify CVD risk. As part of the national CVD programme we are scoping out a project which seeks to reduce cardiovascular risk in people who have diabetes. This will involve medicines optimisation and lifestyle advice for patients. This project is at the scoping stage.
- Evaluation: We are working with PreCordior to evaluate their CardioSignal app which can detect AF through a smartphone gyrometer. This has potential application for detecting permanent or paroxysmal AF in patients and is being evaluated in the TIA clinic setting.
- Evaluation – online and video consultations (OC/VC) evaluation for BOB ICS.
- Strategic and Industry Partnerships continues to undertake the four core activities commissioned by the Office for Life Sciences: communicating local priorities, innovator support and signposting, evaluation in a real-world setting, adoption and diffusion. Key local programmes include:
 - Online innovation exchange to run local needs-based driven calls – current call for 2020/21 is for AI technologies
 - Focus on helping companies to develop innovative solutions that meet healthcare needs; directing companies to local resources; supporting health partners to innovate by triaging of novel innovations that have the potential to fit with NHS need; and supporting the development of viable business models and strategies for company growth
 - The Oxford AHSN Accelerator programme will continue in 2020/21 in an online capacity due to COVID-19
 - Diagnostic tests and artificial intelligence (AI) evaluation projects:
 - Point-of-Care (POC) diagnostic tests for detecting infection and to better inform diagnostic decision-making within the primary care/community setting

- Diagnostic tests and AI solutions in the areas of predicting COPD exacerbation, detecting stroke mimics, promoting better inhaler usage and early detection of cancer supporting both the LTP in better care for major health conditions (cancer, stroke, asthma/COPD) and COVID-19 recovery
- Evaluating the impact of several AI projects under the National Consortium of Intelligent Medical Imaging (NCIMI)
- Delivery of a gastroenterology programme to benefit sufferers of Irritable Bowel Syndrome (IBS) and Inflammatory Bowel Disease (IBD) supporting the LTP by giving people more control over their own health and more personalised care and digitally-enabling primary care and outpatient care
- New clinical pathway for Faecal calprotectin (FCal) testing in primary care, to give patients an earlier diagnosis of IBS / IBD leading to earlier and appropriate intervention.
- Adoption of Faecal Micro-biotic Transplant (FMT)
- Stimulating economic growth through the Innovation Pathway and the Innovation Exchange – working with local partners, Harwell, the Hill, the LEPs, Bucks HSC Ventures, Advanced Oxford
- Support the AI Health and Care Award programme from initial feasibility through to evaluation.

Clinical pathways

Working with local stakeholders the AHSN will develop new improvement projects in priority clinical pathways:

- Mental health patient pathways

Building on the strengths of the Oxford AHSN's mental health work and the priorities of the region, by Q4 we will develop with our local stakeholders a programme to optimise and evaluate key patient pathways, using wherever is applicable technological interventions, e.g. digital solutions, diagnostics, medical technologies or medicines. Early discussions with key stakeholders have emphasised priority should be given to children and young people services and digital solutions to improve communication between clinicians and patients.

- Maternity and Neonatal patient pathways

By Q4 we will develop with our local stakeholders a programme to optimise and evaluate key patient pathways.

- Stroke and TIA patient pathways

See examples above in local programmes

- Cancer patient pathways

Scoping of opportunities to work collaboratively with the Cancer Alliances and Cancer Centre to improve cancer services and pathways and improve patient outcomes. Analysis of data generated in

prostate cancer pathways providing insight into variation in practice and opportunities for standardisation in practice through quality improvement methods. Potential for collaboration with new innovations and technologies applied to cancer services.

Stakeholder engagement and communications

We have adapted readily to remote working with our NHS, industry and academic partners. We are all learning to optimise meetings and workshops on Microsoft teams and Zoom. Attendance at virtual meetings is probably higher than when we ran physical meetings as participants are saving on travel time. During Q1, engagement activities on anything non-COVID-19 related was challenging as the health and care system focussed on managing the epidemic. By the end of June, we were able to return to clinically led events online.

Oxford AHSN staff will continue to lead and contribute to local, regional, national and international webinars and events and we will strive to add to the growing list of national awards we have won alongside our NHS, industry and research partners.

Recent additions to our website – www.OxfordAHSN.org - include case studies highlighting our varied contributions to the COVID-19 response. We will continue to expand this content and on our linked sites: www.OxfordAHSNhighlights.uk, www.patientsafetyoxford.org, www.clinicalinnovation.org.uk and www.healthandwealthoxford.org. More of our high impact case studies will be added to the national AHSN Atlas website (bit.ly/AtlasOxford) and included in publications demonstrating how we have contributed to economic growth.

Finance

Total income is forecast to be £5.4m and expenditure budgeted to be £5.4m - breakeven this year.

Risks and issues

Risks and issues are kept under review.

To mitigate against the risk of perpetuating inequality either in our own team or in our work across the region, the Oxford AHSN has signed up to the AHSN Network Diversity and Inclusion pledge and will ensure that our staff are trained to recognise unconscious bias. We will ensure we are adhering to OUH policies on recruitment and we will ensure that we consider inequalities in our programmes.

The most significant issue this year is ensuring our staff can work safely during the COVID-19 pandemic. In line with government and OUH guidance our staff are asked to work from home unless it is not possible. Staff are subject to a personal risk assessment in accordance with OUH policy. We have taken measures to ensure social distancing and infection control in the office for those staff who are low risk and choose to work there. Staff are encouraged to get tested for the virus and antibodies and to get vaccinated against seasonal flu. Home working risk assessments have been completed. Special equipment has been provided for staff who need it. Staff wellbeing is monitored by our senior HR Manager and a programme of wellbeing and resilience training courses has been arranged. Staff communications were stepped up when the office was closed including starting a weekly all staff bulletin. Regular team calls are held to report progress, undertake training and development and hold social events online. A Team Get Together online in place of an annual team

Away Day is being held each quarter. Staff have been surveyed and the consensus is that home working and using Teams works for most people – although everyone misses the social interaction of the workplace.

Dr Paul Durrands, Chief Operating Officer

Governance

The Oxford AHSN is hosted by the Oxford University Hospitals NHS Foundation Trust. The members of the board comprises representatives from providers, academia and industry:

- Nigel Keen – Independent Chair (Chairman of Syncona Partners)
- Dr Bruno Holthof – Deputy Chair (Chief Executive Officer of Oxford University Hospitals)
- Professor Gary Ford – Oxford AHSN Chief Executive Officer
- Dr Paul Durrands - Oxford AHSN Chief Operating Officer
- Professor Joe Harrison - Chief Executive of Milton Keynes University Hospital
- Neil MacDonald - Chief Executive of Buckinghamshire Healthcare
- Neil Dardis – Chief Executive of Frimley Health
- Dr Minoo Irani - Medical Director of Berkshire Healthcare
- Steve McManus - Chief Executive of the Royal Berkshire
- Dr Nick Broughton – Chief Executive of Oxford Health
- Simon Greenstreet - Head of Communications (UK/Ireland) for Bayer plc
- Peter Ellingworth - Chief Executive, Association of British HealthTech Industries (ABHI)
- James Kent - Executive Lead of Buckinghamshire, Oxfordshire and Berkshire West (ICS)

Each programme and theme has an Oversight Group chaired by a member of the board; Appendix B outlines Oxford AHSN’s organisational structure. The oversight groups oversee performance, agree on priorities (such as agreeing which innovations to work on) and support the programmes with engagement strategies. We will need to consult our key stakeholders to consider oversight of the Workforce Innovation theme – currently most of the workforce work falls under the BOB ICS workforce programme. The AHSN Board meets quarterly.

Programme/Theme	AHSN Director	Chair of Oversight Group and member of the AHSN Board
Patient Safety and Clinical Improvement	Katherine Edwards	Steve McManus, CEO, Royal Berkshire
Clinical Innovation Adoption	Tracey Marriott	Neil Dardis, CEO, Frimley Health
Strategic and Industry Partnerships	Julie Hart	Simon Greenstreet, Head of Communications, Bayer UK and Ireland
Research and Development	Gary Ford	Joe Harrison, CEO Milton Keynes University Hospital
Patient and Public involvement, Engagement and Experience	Siân Rees	Co-chairs: Minoo Irani, Medical Director, Berkshire Healthcare and Karen Owens, Public Co-chair

Dr Guy Rooney, Oxford AHSN’s Medical Director, oversees Information Governance and ethics.

Integrated Care Systems

Our stakeholders work in three integrated care systems. Aligning the AHSN's work with the needs of the ICSs and securing ICS support for national programmes is of growing importance to planning and delivery.

The Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS is entirely within the Oxford AHSN geography whereas Bedfordshire, Luton and Milton Keynes sit across three AHSNs and Frimley Health and Care is situated across the Oxford and Kent Surrey Sussex AHSN boundaries. Milton Keynes and East Berkshire fall into Oxford AHSN. Frimley Health, Milton Keynes University Hospital and also Great Western Hospitals are key stakeholders for the Oxford AHSN; many tertiary patients are treated in the Oxford system.

The Oxford AHSN CEO is a member of the Senior Leadership team of BOB. The COO is a member of the BOB Programme Board. The AHSN's mental health lead is on the mental health boards of BOB and Frimley Health Care ICS mental health programmes. The Director of Communities and Workforce Innovation is a member of the BOB Workforce programme. Our maternity safety lead sits on the BOB Local Maternity System) and has an active role in its Safety workstream. Several of our Patient Safety projects contribute directly to this workstream.

Oversight by our national commissioners

All 15 AHSNs submit an annual local implementation plan to each of the three commissioners, NHS England, NHS Improvement (Patient Safety) and the Office for Life Sciences (industry partnerships). The selection of national programmes follows a selection process involving the AHSNs and NHS England. National innovation products are selected through the Accelerated Access Collaborative process.

Each quarter each AHSN submits detailed performance metrics to the three commissioners in accordance with the NHS England contract.

The AHSNs are accountable to the NHS England regional Medical Directors. Each quarter, Kent Surrey Sussex, Oxford and Wessex AHSNs have a review call with the three commissioners. The call is chaired by the South East Regional Medical Director.

The AHSN Network

An important element of the second NHS England licence agreement was that AHSNs collaborate more closely. The work on the seven national programmes and support of the national innovation products has strengthened relationships and demonstrated the impact of the network as a whole. There are national working groups for all the national programmes with dedicated AHSN Network managerial and clinical leadership for national programmes.

The AHSN Chief Officers meet weekly and monthly for longer development sessions. There is a small central team supporting the AHSN Network's planning, reporting, secretariat and communications. The AHSN Network has an agreed pooled central budget of circa £2m made up of contributions from each AHSN.

The Oxford AHSN's CEO is the Deputy Chair of the AHSN Network. The Oxford AHSN's COO is a member of the AHSN Network Operations Group which oversees delivery, metrics and reporting. Other members of the Oxford AHSN have leadership roles in the AHSN Network, eg our Director of Patient Safety and Clinical Improvement leads on Maternity/Neonatal safety as part of the national patient safety collaborative and Oxford AHSN's CEO, Gary Ford provides clinical leadership for the stroke and CVD work of the AHSN Network.

Patient Safety and Clinical Improvement

The Patient Safety and Clinical Improvement programme encompasses the Oxford Patient Safety Collaborative, with an additional focus on clinical improvement, including a specific focus on supported improvement in mental health.

The Oxford PSC is embedded in the Oxford AHSN structure, and as a result enjoys cross-working with other sections of the AHSN, including the Clinical Innovation Adoption, Strategic and Industry Partnerships programmes and the Patient and Public Involvement, Engagement and Experience theme. We influence the patient safety aspects of other programmes' work, increasing the overall impact of the PSC. Together we enjoy a broad range of strong relationships and engagement with healthcare providers and other bodies in our region. We will continue to build on this throughout the next year.

We will be continuing to use blended approach to improvement, responsive to the needs and requirements of the upcoming work. For example, using supported QI coaching to facilitate team or area improvement cycles where development, measurement and testing is required at a small scale. We will continue to use a supported network approach to develop improvement in multiple sites in the same speciality or theme, or to encourage broader sharing of learning and best practice. This helps develop a healthy safety culture across boundaries and facilitating adoption and spread at pace. We will also work with multiple stakeholders, including patients and families, to develop system level changes based in quality improvement methodology that would not be possible in isolation, for example, when there are issues in referral pathways between providers. Because of this, we have good engagement with a wide range of stakeholders who we have worked with in a variety of ways, giving us a supportive platform to continue with the coming year's work.

The following plans are subject to revision when the 2020/21 specification is received from NHS England & Improvement – expected July/August 2020. A temporary specification and plan was formed for April to September 2020 to address COVID-19 support – available [here](#).

Deterioration - National Workstream

The aim of this national workstream is to reduce avoidable harm for patients who may be at risk of or experiencing physical deterioration in acute and community settings. Three main domains of effectively managing deteriorating patients are recognition, response and escalation – underpinned by excellent communication.

In the first part of 2020/21 we have concentrated on contributing to COVID-19 related work. As we continue we are likely to focus on the full pathway between community to acute, involving work with care homes on 'soft sign' tools, supporting virtual wards and ensuring that we develop our existing network to support the requirements of the region.

Tracheostomy – New National Workstream

From March 2020 we engaged with a rapid improvement programme in tracheostomy safety and the implementation of a care bundle in response to the emerging pandemic. All Trusts in our region

now use the bundle and are linked to national resources and support. We will continue to be flexible in supporting any further requirements in this area.

Maternal and Neonatal Health Safety Improvement Programme – National Workstream

The overall ambition of this workstream is to improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide a high-quality healthcare experience for all women, babies and families across maternity care settings in England. This aim includes improving outcomes and experience of care, addressing the national ambition of reducing rates of maternal deaths, stillbirths, neonatal deaths and brain injuries that occur during or soon after birth by 50% by 2025.

Over the last three years we have supported and coached each of our Trusts through improvement projects, brought key stakeholders together through Local Learning System (LLS) meetings and network meetings, and supported SCORE culture surveys and debriefing at each location.

After a period of supporting maternity and neonatal services with COVID-19 issues (including PSC staff working clinically) this programme will now develop into 'Phase 2', which concentrates on system-level improvement in key areas, which we anticipate will be Optimisation of the Preterm, Smoke free Pregnancies and recognition and escalation of deterioration.

The delivery of this will be through a Safety Improvement Network, which will evolve from our existing Local Learning System and Maternity Network. This will include close working with our Local Maternity Systems, Neonatal (ODNs), Clinical Networks and (HEE). We are also working on learning from system adaptations to COVID-19 in collaboration with the Oxford Patient Safety Collaborative. This includes an Appreciative Inquiry approach across the region.

We have well-established relationships with each maternity care provider. Stakeholders will also have access to our established regional maternity shared learning events, adapted for virtual attendance, designed to spread learning from clinical incidents, best practice and innovation in maternity care to a regional multi-professional audience.

PReCePT

At a cost of £1 per dose of magnesium sulphate to mothers, the PReCePT has helped prevent cerebral palsy in pre-term babies - avoiding a £1m cost to the care system during the person's lifetime. We will look to sustain rates of administration at or above 85% now the active phase of this programme has completed. This will be through monitoring and assessment.

The following three programmes (Medicines Safety, Adoption and Spread and Mental Health) are proposed for 2020/21, with the expectation that each PSC will take on 1-2, depending on funding and local requirements. Our current preference based on limited available detail is to continue with Medicines Safety and take on Mental Health, as our engagement and existing work in these areas will allow us to ensure improvement is delivered quickly and effectively.

Medicines Safety

The aim of this workstream is to reduce harm because of errors in the administration of medicines in Care Homes and improve the safety and experience of care for residents. In Q3 and Q4 of 2019/20 we carried out a significant scoping piece on the issues and requirements of our local providers. We hope to be able to start work on quality improvements on these issues when it is appropriate. We are currently supporting Care Homes on several projects in collaboration with our AHSN colleagues. This includes a group for sharing learning and support for In-Reach staff.

Adoption and Spread

We anticipate that there will be several evidence-based interventions proposed for this workstream, likely to be focussed on respiratory diseases such as COPD and asthma.

Mental Health

We will continue to develop our Mental Health Improvement Strategy to meet local and national requirements, supporting local ICS plans with a focus on safety and adoption and spread of effective innovation. This includes work on learning from changes to the services as a result of COVID-19 as directed by local need. This workstream supports activity relating to mental health through the rest of the Oxford AHSN and will continue to do so.

If mental health work is included in the PSC specification it is likely to cover restrictive practice, in-patient suicide and sexual safety – spreading work on these areas that come from the Mental Health Safety Collaborative.

Our portfolio aside from the PSC specification will also include the following:

ADHD – National Programme

Attention Deficit Hyperactivity Disorder (ADHD) affects between 4-8% of school aged children. However, current services are variable, and it is common for children and their families to wait a very long time to receive a diagnosis.

The process for diagnosing ADHD extends over multiple steps. Assessment is based on the clinician's judgement, supplemented by subjective reports from parents, teachers, and the child or young person. These reports can be contradictory, incomplete, and not returned within a timely manner, leading to delays in diagnosis. Children in the UK wait 18 months on average to receive an accurate diagnosis. Multiple clinic visits over this period result in significant costs to the NHS, estimated at £23 million. These costs exclude wider healthcare system costs (such as school observations) and social and economic costs (including parental work loss, parental stress-related illness, and increased childcare expenses). Quality of care varies significantly across the country.

The core element of our national programme will involve work with NHS trusts across England to improve the process and speed of diagnosis of ADHD and includes appropriate use of computer-based tests (measuring attention, impulsivity and activity) to assist with diagnosis.

Serenity Integrated Mentoring (SIM) – National Programme

The active phase of SIM, which involved the adoption of specialist, integrated mental health care and policing teams which provide a unique blend of nursing care and behavioural management, is near completion. We continue to support two localities with their ongoing adoption through the start of 2020/21.

Anxiety and Depression

We will continue to support the existing Anxiety and Depression Clinical Network for 2020/21, which works closely with all IAPT (Improving Access to Psychological Therapies) services, their commissioners and academics at the cutting edge of psychological treatment.

The network aims to continue to enhance recovery rates of patients entering the IAPT service through clinical collaboration and targeted training; to support the roll out and dissemination of innovations with reference for patients with chronic health problems, to better understand relapse rates for patients suffering with depression/anxiety disorders and to develop more effective post-discharge support mechanisms.

This includes the piloting and roll out of the Paddle app, which is a therapy support app designed by patients for patients. It provides a way for Improving Access to Psychological Therapies (IAPT) patients to organise and store information/learning from therapy sessions and other related resources together in one secure location.

This means that important information about staying well is more readily accessible once therapy ends and patients can make the most of what they have learnt in therapy in the longer term. Other work planned includes IAPT for older people in Care Homes, and work on well-being of staff in IAPT services (with additional funding).

Clinical Innovation Adoption

The Clinical Innovation Adoption Programme outlined in this business plan is written at a time when the NHS faces serious challenges due to COVID-19. This means that whilst the plan has been composed to continue, extend and explore projects that will align with the Long Term Plan (LTP), it is highly likely that activities may be re-directed to support areas of deploying innovations that will facilitate activities surrounding the immediate requirements of patient care. As the full extent of how this may unfold is not clear, the plan outlined focuses on the LTP as the content of what and how we deliver rapid change has a pivotal role to play for delivery of the Long-Term Plan (LTP) due to our unique skillset and developed collaborative reach, both regionally and nationally.

Innovations and solutions to the LTP involve changing how pathways are configured and providing innovative solutions to make healthcare more efficient, safer and responsive to patient needs. The Programme has projects at various stages of readiness to implement ranging from exploratory to fully evidenced with proven benefits – ready to deploy; solutions are checked for efficiency and evidence and the benefits that could be realised are calculated at an organisational and system level, with the aim to deliver high quality care across the region.

60% of our time is spent on bottom up projects from our partners – (NHS and Industry) that are locally decided upon by the CIA Oversight Group (OSG), chaired by Neil Dardis, CEO Frimley Health. The CIA OSG meet quarterly to provide oversight and input into the programme's activities. As Senior Management and local decision-makers, their contribution has been vital to the Programme's success.

Time has provided an opportunity to develop dynamic trusted relationships with NHS Partners, Industry and Academy. The Programme is proficient in working with deployment, Real World Evaluation and capturing for diffusion, how to implement at scale. The Programme covers regional NHS organisations crossing both "place" interest and the complexity of wider system collaborations such as ICS, ICPs and PCNs.

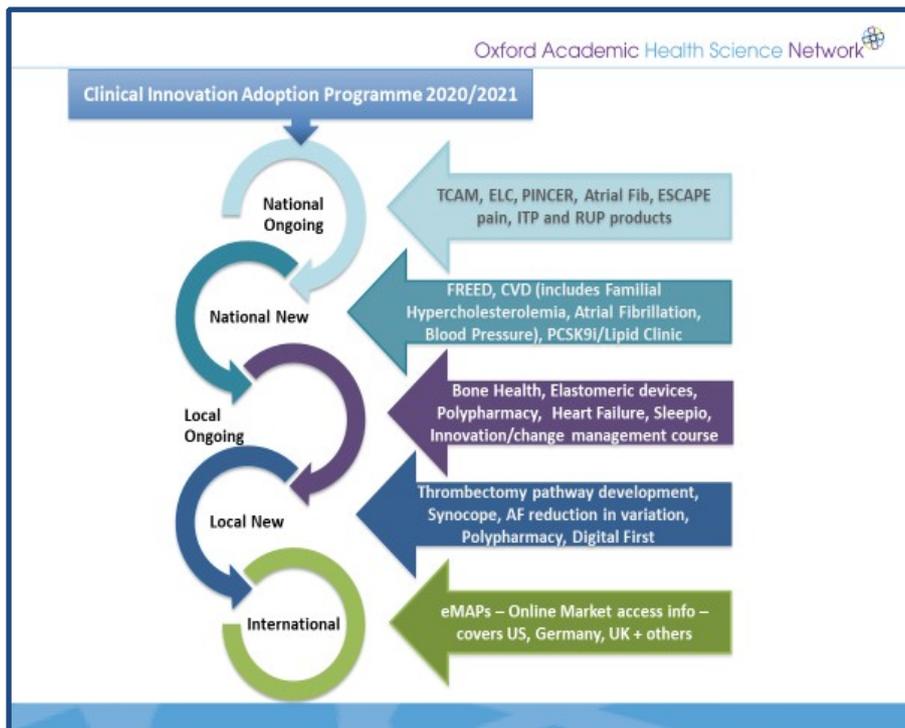
National programmes have added another dimension of collaboration across the AHSNs Network that has enriched our thinking and introduced new opportunities for even more robust solutions nationwide.

The CIA Team

The CIA Team is health care sector experienced with skillsets gained in healthcare consulting, NHS change management including large scale national IT deployments (within Primary Care, Hospitals, Mental Health and Community settings).

During 2020/2021, we anticipate that there will be a need to expand our clinical skills and management capacity and capability within the team to provide more cover for meds optimisation and digital deployments. Provision has been made in the budget for additional 0.2wte clinical expertise and some specific individual and group training courses. For the Digital First Programme, the plan will determine staffing and resource requirements; this should be clarified within the next few months.

The planned activity for the year will cover national and local, ongoing and new programmes.



The portfolio continues to expand as new projects are added either through agreed selection between the AHSNs and NHSEI – or from local projects that come from our local activities and engagement with partners, such as the NIHR Oxford Thames Valley ARC, primary care, CCGs, industry and entrepreneurs.

The CIA programme will lead the Digital First Programme on behalf of the Oxford AHSN, working to support our local ICSs and particularly primary care settings. This will be a National Collaborative activity with KSS and Wessex AHSNs.

The Programme continues to use the 10 Steps Process as the basis of our Innovation methodology. Whilst previous projects often started in phase 1 (steps 1 to 3), more collaborative working across AHSNs and nationally has meant that projects are starting in Phase 2 (steps 4 -7).

Oxford AHSN 10 step innovation adoption process



The increasing complexity and the dynamic nature of health settings has required us to be more sensitive and adaptable, modifying how we work within organisational settings (ICS, ICPs and Place) – leveraging early adopters with greater capacity and capability to change and to influence others.

National Programmes

The National Programmes managed this year will include those that have been underway for two years and are still requiring some level of deployment or sustainability support. The new projects highlighted in the table below are in the process of being baselined and shaped.

Project Type	Project Titles	Start	End	COMMENT	LTP Reference	Phase of 10 step process
National	Atrial Fibrillation - Detect innovation spread to region project	Sep-17	Mar-23	Supporting business as usual transition.	Better care for major health conditions - cardiovascular	3
National	PINCER pharmacist-led information technology intervention for medication errors	Mar-18	Sep-20	Supporting business as usual transition.	Giving people more control over their own health and more personalised care	3
National	ESCAPE-Pain	Apr-18	Mar-21	National programme officially ends of March 2020 but will work with Berkshire East and Frimley ICS to deliver if interest materialises as a project.	Giving people more control over their own health and more personalised care	3
National	Transfer of Care Around Medicines - TCAM	Apr-18	Mar-21	National Programme officially ends Mar 2020 but Bucks has deployed recently and needs support. RBH fast follower/OUH & MK are possible.	Transform out of hospital fully integrated community based care	3
National	Emergency Laparotomy Collaborative - ELC	Apr-18	Mar-21	Supporting business as usual transition.	Reducing pressure on emergency hospital services	3
National	First episode and Rapid Early intervention in Eating Disorders (FREED)	Apr-20	Mar-23	NEW - baselining and initiating.	A strong start in life for children & young people	2
National	Familial Hypercholesterolemia identification (involves Statins, Lipid Clinics)	Apr-20	Mar-23	NEW - baselining and initiating.	Better care for major health conditions - cardiovascular	2
National	Atrial Fibrillation and Blood Pressure	Apr-20	Mar-23	NEW - baselining and initiating.	Better care for major health conditions - cardiovascular	2
National	Lipid Clinics and CVD pathways	Apr-20	Mar-23	NEW - baselining and initiating.	Better care for major health conditions - cardiovascular	2
National Collaboration	Digital First Project NHSEI	Apr-20	Mar-23	NEW - baselining and initiating.	Digitally-enabling primary care and outpatient care - Primary Care	2

National Innovation Products

We will continue to work with Local Trusts and Suppliers to deliver selected products, with a special interest in delivery of the Rapid Uptake Products and their related Pathway Transformation Funding Bids that were successfully won with the support of the team.

Project Type	Project Titles	Start	End	COMMENT	LTP Reference	Phase of 10 step process
Innovation Tariff Payment Products	GammaCore for use in the treatment of Cluster Headache	Mar-19	Mar-21	May continue until Mar 2021	Giving people more control over their own health and more personalised care	3
Innovation Tariff Payment Products	Endocuff Vison	Jan-18	Mar-21	Support as required.	Better care for major health conditions - improving cancer outcomes	3
Innovation Tariff Payment Products	Non Injectable Connector (NIC)	Apr-17	Mar-21	Support as required.	Reducing pressure on emergency hospital services	3
Innovation Tariff Payment Products	Plus Sutures	Apr-19	Mar-21	Support as required.	Giving people more control over their own health and more personalised care	3
Innovation Tariff Payment Products	SpaceOar Hydrogel	Apr-19	Mar-21	12 units bought for RBH; Awaiting update and support required.	Better care for major health conditions - improving cancer outcomes	3
Innovation Tariff Payment Products	SecureAcath	Apr-17	Mar-21	Will be on the medtech funding mandate (maybe available by May).	Giving people more control over their own health and more personalised care	3
Innovation Tariff Payment Products	PneuX	Apr-17	Jun 2020 or Mar 2021	End date depends on NICE Guidance due end of Mar 2020.	Reducing pressure on emergency hospital services	3
Rapid Uptake Products (&ITP)	Heartflow	Apr-19	Mar-21	Will be on the medtech funding mandate (maybe available by May).	Better care for major health conditions - cardiovascular	3
Rapid Uptake Products	Urolift	Apr-17	Sep-20	PTF funding for BHT. OUH national video production for patient awareness.	Giving people more control over their own health and more personalised care	3
Rapid Uptake Products	PCSK9i	Apr-20	Mar-21	New - baselining and initiating.	Better care for major health conditions - cardiovascular	2
Rapid Uptake Products	Caldribine	Apr-20	Mar-21	New - baselining and initiating.	Better care for major health conditions - improving cancer outcomes	2
Rapid Uptake Products	<i>expecting up to 5 products come through this route 2020/21</i>	Apr-20	Mar-21	Will support when known.	TBC	0

Local Workforce Projects

The Programme has been very successful with our Workforce development projects – in particular, the Innovation Adoption and Change Management MSc Course, that during 2020, will focus on encouraging more Primary Care staff involvement. Other workforce projects have interlinked with both local and national projects to contribute significantly to sustainability.

Project Type	Project Titles	Start	End	COMMENT	LTP Reference	Phase of 10 step process
Local Workforce	Practical Innovation Adoption and Change Management MSC Course	Oct-15	Ongoing	230 trained. This year aim train another 60 people (50% primary care).	Wider social impact	3
Local Workforce	Meds Optimisation Leadership Course (CPD accredited)	Sep-19	Mar-21	20 trained; Evaluation of course, exploration of regional and national spread.	Reducing pressure on emergency hospital services	3
Local Workforce	Meds Optimisation Action Learning Sets (CPD accredited)	Sep-19	Mar-21	50 trained; Evaluation of course, exploration of regional and national spread.	Reducing pressure on emergency hospital services	3
Local Workforce	Atrial Fibrillation - Detect_Training_HospMDT&GP service	Sep-19	Mar-21	43 trained; Evaluation of course, exploration of regional and national spread.	Better care for major health conditions - cardiovascular	3
Local Workforce	Thrombectomy - TiTan pathway and triage training course (accreditation TBD)	Jun-20	Mar-21	New - Training to be created for use based on agreed regional protocol.	Better care for major health conditions - cardiovascular	2

Thrombectomy - New Local Workforce Project

Innovation Adoption Proposal	
New Local Workforce Project - Thrombectomy (TITAN project)	
Innovation Proposal Submitted by:	The Long-Term Plan link: Better care for major health conditions - Stroke care.
Clinical Champion	Dr Kiruba Nagaratnam - Stroke Physician, Royal Berkshire NHSFT
Time scale	April 2020 to March 2021
Proposal	This Workforce Project will provide leadership to the introduction of a mechanical

Innovation Adoption Proposal	
New Local Workforce Project - Thrombectomy (TITAN project)	
Description	<p>thrombectomy (MT) service to the Thames Valley. It aims develop a teaching package for clinicians involved in the pathway and working with Brainomix, introducing AI to the interpretation of CT scans in the diagnostic part of the pathway.</p> <p>Under the chair of the Oxford AHSN, this network will set up across the Thames Valley, focused on the tertiary centre at the John Radcliffe in Oxford. A protocol is being delivered involving all aspects of the pathway. A training package for clinicians working within the pathway will be developed and will be supported by Oxford AHSN. In addition, working with Brainomix, AI assisted CT interpretation will be undertaken at the diagnostic stage of the pathway. The evaluation of this will be led by OUH and Brainomix.</p> <p>Key deliverables:</p> <ul style="list-style-type: none"> • Development of a MT pathway across the Thames Valley. • Development of a database of key parts of the pathway to aid current and future QI. • Development of trained and skilled staff who can effectively deliver the pathway. • To see a direct improvement in the time taken to undertake MT across the Thames valley. • Improvement in morbidity and mortality of those patients having a stroke, that are amenable to MT.
Pathway Group	<ul style="list-style-type: none"> • Stroke.
Purpose of Change	<ul style="list-style-type: none"> • Introducing a new service that will save lives.
Patient/Clinical Benefits	<ul style="list-style-type: none"> • Reduction in morbidity and mortality rates and increase clinical effectiveness.
Service/Trust Benefits	<ul style="list-style-type: none"> • Supports development of the Thrombectomy service in the region.
Estimated Cost of Innovation	<p>Details of the project to be considered will include training to understand the protocol and real-world application with the specific aims to improve and increase the speed at which patients are triaged, pathway improvements on the logistics of moving patients from GDHs to the Tertiary Hospital, methods such as Health Economics and Evaluation to capture benefits of the project.</p>
Ease of Implementation	<p>Complicated/possibly complex: requires engagement with busy staff within all hospitals within the regional. While this is a large project, interest has already been expressed by all the key stakeholders.</p>

Innovation Adoption Proposal	
New Local Workforce Project - Thrombectomy (TITAN project)	
Influencers/Other Stakeholders	Bucks Healthcare NHST; Great Western Hospitals NHSFT; Milton Keynes University Hospital NHSFT; Oxford University Hospitals NHSFT; Northampton General Hospital NHST; Royal Berkshire NHSFT; South Central Ambulance Service NHSFT; and NHSEI.

Local and International Projects

Local projects seed and create opportunities to scale up to National Programmes. The CIA Programme will start to move the implementation process forward with the five exploratory projects.

Project Type	Project Titles	Start	End	COMMENT	LTP Reference	Phase of 10 step process
Local	Heart Failure - Implementation/spread mechanism with Novartis	Mar-19	May-20	Development of an implementation toolkit that will be shared nationally.	Better care for major health conditions - cardiovascular	3
Local	Bone Health project being developed with other AHSNs	Sep-19	Mar-21	Local testing of a primary care patient ID tool and implementation model that will be shared nationally.	transform out of hospital fully integrated community based care	2
Local	Sleepio (Innovate UK)	Dec-18	Jun-20	Complete commissioning model and deployment.	Giving people more control over their own health and more personalised care	3
Local	Heart Failure local project Bucks (detect and treat - Novartis supported)	Mar-19	Apr-21	Local testing of a primary care patient ID tool and implementation model that will be shared nationally.	Better care for major health conditions - cardiovascular	3
Local	Cancer - Prostate – data and analysis/QI project with innovations	Jul-18	Dec-21	Exploration	Better care for major health conditions - improving cancer outcomes	1
Local	Elastomeric devices - early discharge	Jul-20	Mar-21	Exploration	Transform out of hospital fully integrated community based care	1
Local	Syncope - improving triaging in ED	Mar-19	Mar-21	Exploration	Reducing pressure on emergency hospital services	1
Local	Meds Optimisation - Opioid	Apr-20	Mar-21	Exploration	Reducing pressure on emergency hospital services	1
Local	Targetting diabetes patients to identify CVD risk (links to FH and AF).	Jun-20	Mar-22	Exploration	Better care for major health conditions - cardiovascular	1
International	Market Access Platform eMAPS (EIT Health funded - USA, Germany, Portugal, Italy & other modules, promotion)	Jan-19	Jan-21	Marketing, promotional activities and further development.	Wider social impact	3

Our eMaps project is now ready to go to market; During 2020, there will be a focus on sharing and promoting the market access platform.

Strategic and Industry Partnerships

The activities of the Strategic and Industry Partnerships (SIP) Programme for the two-year period of 2018-2020 were structured around the new **Office for Life Sciences (OLS) Commission** which provided extra funding (joint DHSC and BEIS) for the AHSN Network to increase capability and capacity, to support the evaluation and diffusion of innovative medicines and medical technologies. Innovation Exchanges were established over the last two years and form the new model of operation with AHSNs working in closer collaboration with one another and forming stronger links with local and national partners, creating a stronger national and local support offer for promising innovation. As part of this expanded AHSN role, with increased capability and capacity, the SIP team also aligned its work to meet the needs of the **Accelerated Access Collaborative (AAC)** and leads nationally on the roll out of PIGF-based diagnostic testing for suspected pre-eclampsia (MatNeo).

Both support to the AAC and the OLS Innovation Exchange work will continue for a further year during 2020/21 with renewed funding of £830K. Due to the COVID-19 outbreak, OLS rolled over the previous Local Implementation Plan (LIP) into 2020/21 however a refresh is anticipated during 2021. The SIP programme has also been leading nationally on the real-world evaluation of diagnostics and is supporting the development of the COVID-19 testing programme from its OLS funding with a focus on accelerating the implementation of novel diagnostic technologies. As part of the AHSN digital offer, the SIP Programme is focused on supporting the development and evaluation of novel Artificial Intelligence (AI) technologies and the AI funding call. Although some activities stalled/slowed during the COVID-19 outbreak, the vast number of SIP activities continued as normal and most activities have picked up pace again.

Creating the local Innovation Exchange for the Oxford AHSN through SIP

The aim of the SIP Programme remains to support the development of partnerships between academia, industry and the NHS across the development pathway for new technologies focusing on new diagnostics and AI innovations. The ambition is to support the region to become the favoured location for life science inward investment, life science business creation and growth, and support the NHS to accelerate the adoption of medical innovations of significant benefit to patients. In practice, the activities of the SIP Programme connect very closely with the other Oxford AHSN programmes but focus on several crucial stages in the pathway namely concept of new innovations and evidence gathering for business model generation.

The activities of SIP were restructured during 2018/19 to deliver the four core functions that form the basis of the Innovation Exchange and have been further refined for 2020/21. The main emphasis for the programme remains support to industry and on real world evaluation. The outputs of Oxford AHSN are being diffused through the AHSN network and nationally due to the robustness of our evaluation methodology, which is based on rigorous analysis, evidence, clinical engagement and strong business cases (e.g. PIGF-based diagnostic testing for suspected pre-eclampsia).

A new initiative for 2020/21 will be to provide support to quantify the positive environmental impact and sustainability benefits of AHSN-network projects through consideration and quantification of the reduction in green-house gas emissions, waste production and water consumption in addition to the patient, financial, capacity and pathway benefits of AHSN-led projects. The project plans to evolve the AHSN business case to include recognition of the environmental benefits and is based on, and being delivered in conjunction with, the work of the Sustainability Development Unit (SDU).

Governance

The Strategic and Industry Partnerships team has an oversight group which meets three times a year. The SIP Director conducts a programme review for presentation to the oversight group to evaluate if the programmes are delivering the intended outcomes and agree appropriate amendments if required.

Staff resource

Head of Industry and Innovation (Matthew Lawrence) leads the Industry team: Senior Programme Manager (Ashley Aitken) and Digital Marketing Manager (Ruby Unwin). Lead Methodologist (Dr Mamta Bajre) leads the Market Access Team: Mina Moawad, Lauren Hudson and Dr Florence Serres. Head of Evaluation and Transformation (Guy Checketts) leads the Evaluation team: Nadia Okhai, Marianna Lepetyukh and Flora Hatahintwali. The SIP programme is supported by Programme Co-ordinator Rochelle Nelson and interim staff Andrew Stainthorpe, Kieran Paterson and Ebenezer Effiang. A new Sustainability Senior Programme Manager and NCIMI Programme Manager will be recruited to the SIP team during 2020/21.

1a. Needs definition – The SIP team help innovators understand healthcare needs and priorities of the local health footprint, identifying the evidence requirements for innovative medicines and medical technologies. Throughout the last year, the SIP team has focussed on understanding and articulating the needs of the local Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care System (ICS) and the local NHS and health and social care providers and commissioners within the BOB ICS through face-to-face meetings; feeding local needs and priorities into the wider SIP team; identifying opportunities for the evaluation of digital (AI) and diagnostic innovations and supporting evaluations by understanding the evidence requirements of the commissioners and providers for innovative medicines and medical technologies. The online Innovation Exchange will continue to run local needs-based driven calls throughout the year with the aim to deliver a minimum of one innovation that will meet the local challenges. The current call for 2020/21 is for AI technologies. The future Innovation Exchange calls will not only cover the needs of SIP team but could also feed into the Clinical Innovation Adoption team and the Patient Safety Collaborative. Local priorities and needs for 2020/21 are supporting the COVID-19 recovery phase and developing patient pathways for cancer, mat neo, stroke and mental health.

1b. Communicating local priorities – The SIP team focus on outbound communication of local needs and priorities via the appropriate media; playing a key role in communication and diffusion with other AHSNs, national partners as well as regionally and nationally via networking opportunities. We regularly update the content for both the innovator pathway website “health and wealth oxford” and the main AHSN website. We develop three case studies per quarter from evaluation and economic growth activities with diffusion via appropriate channels. The Innovation Exchange portal is regularly updated, along with the national Innovation Exchange website and we will contribute to the phases of development, delivery and iteration of the new NHS England Innovator Portal. Twitter is a key focus and there will be a further push on increasing the number of tweets posted on the Strategic and Industry Partnerships programme Twitter feed. New twitter images and statistics are regularly created, with a focus on all the programmes that we are working on.

2. Innovator support and signposting – The SIP team focus on helping companies to develop innovative solutions that meet healthcare needs; directing companies to local resources; supporting health partners to innovate by triaging of novel innovations that have the potential to fit with NHS need; and supporting the development of viable business models and strategies for company growth. The SIP team will continue to offer support to SMEs through on-line consultations due to COVID-19 as well as offering more tailored support through the Market Access team. All companies that we work with through the OLS commission will be required to go through the Innovation Exchange process before commencing work to help us to better understand their needs and requirements and plan resource appropriately. The SIP team has helped establish two regional innovation hubs aimed at supporting the creation and development of new innovations that would be better aligned with the needs of the NHS. The Buckinghamshire Life Sciences Innovation Centre is focused on supporting digital health and med tech innovations and has been funded through the Local Growth Fund and ERDF funding. The Hill at the John Radcliffe Hospital is an early stage innovation hub supported with ERDF funding through the Innovation Support for Business (ISfB) programme. 2019/20 saw the establishment of the Oxford AHSN multidisciplinary accelerator which provides end-to-end support for new companies from inception to the point at which they scale-up from the initial revenue stage. Four programmes were offered to companies: Commercialisation Workshops, Pre-Accelerator, Accelerator and Scale Up. The Oxford AHSN Accelerator programme will continue in 2020/21 albeit in an on-line capacity due to COVID-19.

3. Evaluation in a Real-World Setting - The Evaluation and Transformation team was originally established in 2016 as the Diagnostics programme and has continued to grow and excel in its evaluation and adoption activities. As the core functions “evaluation in a real-world setting’ and “adoption of innovation and diffusion” are inextricably linked, the Evaluation and Transformation team will focus jointly on validation in a real world setting of breakthrough diagnostic, digital (AI) innovations and creating impact reports that will be developed into high quality case studies for diffusion and into business cases to facilitate adoption. The Transformation and Evaluation team will deliver a portfolio of projects supporting the generation of real-world evidence to demonstrate system (including health economic), patient and clinical benefits.

The project portfolio for local programmes comprises both diagnostic tests and artificial intelligence (AI) projects:

- To demonstrate workflow efficiency, improve patient outcomes or to deliver cost savings within existing services in primary/community care. These projects include evaluating point-of-care (POC) diagnostic tests for detecting infection and to better inform diagnostic decision making within the primary care/community setting. This portfolio of projects supports both the LTP and COVID-19 recovery by transforming ‘out-of-hospital care’ and fully integrated community-based care, reducing pressure on emergency hospital services and prevention of antimicrobial resistance.
- To determine the role of new products and to develop new clinical pathways in support of both SME and global companies bringing new technologies to market. These projects involve both diagnostic tests and AI solutions in the areas of predicting COPD exacerbation, detecting stroke mimics, promoting better inhaler usage and early detection of cancer supporting both the LTP in better care for major health conditions (cancer, stroke, asthma/COPD) and COVID-19 recovery.

- Evaluating the impact of several AI projects under the National Consortium of Intelligent Medical Imaging (NCIMI); a consortium consisting of SME's, global players, NHS Trusts and the Oxford AHSN. The projects are intended to evaluate the impact of AI systems in the support of medical professionals for the reading and screening of diagnostic scans and clinical information across multiple clinical areas, again to speed up and improve efficiencies within the healthcare system covering endometriosis, lymphoma, iron overload and cardiac applications.
- Support to AI funding call projects both in terms of supporting the application process and new evaluations through successfully funded projects

4. Adoption of Innovation and Diffusion - The Transformation and Evaluation team will drive the uptake and adoption of breakthrough diagnostic products aimed primarily at improving patient safety and patient outcomes. The **Accelerated Access Collaborative (AAC)** brings industry, government and the NHS together to remove barriers to uptake of innovations, so that NHS patients have faster access to innovations that can transform care. As the designated lead AHSN for the rapid uptake product (RUP) Placental Growth Factor PIGF-based testing, to aid in the diagnosis of pre-eclampsia in line with NICE Guideline DG23, we will support Pathway Transformation Fund (PTF) contracting for this RUP and continue to monitor activity to understand the impact of continued support against 'sustain' or 'stop' approaches. As future RUPs are announced, the SIP team will focus on the adoption of any new rapid uptake products, primarily diagnostics and AI, and if assigned as lead AHSN we will participate in product working groups and lead the delivery of any actions that arise such as the product specific AHSN implementation toolkits and putting in place the clinical champions as well as develop and review AHSN implementation plans, including agreed targets, to support the AHSN network and local delivery of adoption and uptake. PIGF-based testing supports the LTP by creating a strong start in life for children and young people and was designated as a product which could manage maternity patients better during COVID-19 by NHS England and this designation is subsequently driving accelerated uptake.

Our local programme delivery of a gastroenterology programme to benefit sufferers of Irritable Bowel Syndrome (IBS) and Inflammatory Bowel Disease (IBD) supporting the LTP by giving people more control over their own health and more personalised care and digitally-enabling primary care and outpatient care.

- An industry funded programme (J&J) for patients diagnosed with IBD using the TrueColours and Inflex platforms as a patient-reported outcomes measure for ulcerative colitis and Crohn's disease. Working to increase patient recruitment, measure the positive impact of the solution and explore the potential to extend to additional Trusts. This project is now undertaking a very successful annual PPIE event in support of patients using the system.
- Implementation of a new clinical pathway for Faecal calprotectin (FCal) testing in primary care, to give patients an earlier diagnosis of IBS / IBD leading to earlier and appropriate intervention, and to deliver positive capacity benefits in secondary care by reducing unnecessary referrals supporting the LTP by increasing the focus on population health.
- Local formulary adoption of Faecal Micro-biotic Transplant (FMT) as a third-line treatment for Clostridium difficile within secondary care, delivered through geriatric and microbiology services funded by the Innovation Technology Payment (ITP) scheme.

All the real-world evaluation and spread-and-adoption projects also support the AHSN initiative on **workforce transformation**. They are intrinsically linked to improving efficiency and workflow, thereby freeing up skilled medical practitioners from routine or more mundane tasks and allowing them to apply their clinical knowledge to the hands-on care of patients. **Supporting the national agenda through SIP.**

Stimulating economic growth through the Innovation Pathway and the Innovation Exchange -The SIP team will focus on maintaining the existing strategic working agreement with J&J; creating a new strategic partnership with Bayer; identifying new opportunities for evaluation and collaboration for innovative medicines and medical technologies; and creating commercial development opportunities and projects through engagement with industry, academia and NHS partners supporting economic growth activities and specific partnerships within the region. e.g. Advanced Oxford, Bucks HSC Ventures, The Hill and Harwell HealthTec Cluster.

Transforming digital health and maximising the potential of artificial intelligence (AI) - Digital technologies and artificial intelligence (AI) have the potential to revolutionise the way health and care services are delivered. They present a huge opportunity for the NHS to drive improvements in quality and efficiency in the health service as well as supporting patients to manage their own health and wellbeing. The SIP team will support the AI Health and Care Award programme from initial feasibility through to evaluation within clinical health and social care pathways by engagement with the AI Task & Finish group, supporting the selection of AI technologies for adoption onto the AI Fund programme, supporting the site selection process, supporting local engagement and assessment of readiness in the region, understanding the understanding of existing activity (supporting local horizon scanning) and understanding local needs (demand signalling). This programme of work has continued nationally as per the original timetable and was not suspended due to COVID-19.

Working with researchers and research funders – This programme has been most affected by COVID-19 as new research funding has been directed primarily towards COVID-19 research. Several members of the team have been redeployed for a period of 3 months to support COVID-19 research and evaluation as part of the national COVID-19 testing programme led by the AHSN Network Chair.

Research and Development

The programme aims to develop effective partnership working with the NIHR and other research infrastructure across the Thames Valley, to identify potential innovation for future implementation across Oxford AHSN partners and the wider NHS, to ensure research outputs come with relevant evidence and information for NHS services to understand benefits, costs and value prior to adoption, and to identify and facilitate collaborative research opportunities between NHS and University partners across the Thames Valley. The programme is led by the CEO, Professor Gary Ford, with support from Dr Ben Thompson, Strategic Partnership Manager for Health at Reading University. The Oxford AHDN R&D group, chaired by Professor Joe Harrison, CEO Milton Keynes University Hospital and Oxford AHSN Board member, comprises representatives from University, NHS Trusts, and research infrastructure across the Region and meets three times a year

In collaboration with the R&D group, Oxford Academic Health Partners, and Oxford and Thames Valley NIHR Applied Research Collaboration, we will scope and implement the Health Innovation Manchester pipeline model to understand the pipeline of innovation across the Thames Valley. This is part of a wider AHSN Network initiative.

The AHSN teams are receiving increasing requests to undertake real world evaluations from partners, including the South East Regional Team. We will commission an external review of the evaluation capabilities within the Oxford AHSN team to identify areas of strength and those which require further development through new staff appointment, training or collaboration with external partners, to ensure we can deliver high-quality real-world evaluations.

We will continue to develop our joint working with the Oxford Academic Health Partners following successful five-year re-designation as one of eight NIHR and NHS England and NHS Improvement Academic Health Science Centres, focusing on identifying innovation that supports the NHS respond effectively to the COVID-19 pandemic during the restoration and recovery phase.

Our work with the NIHR Applied Research Collaboration Oxford and Thames Valley is coordinated through Professor Gary Ford as Implementation Lead for the ARC and with the support of Sarah Brown, ARC Programme and Implementation Manager who works across the ARC and AHSN to support optimising and accelerating adoption of research outputs across the region. Joint quarterly meetings will be held with the AHSN and ARC theme leads to discuss implementation. In the coming year we will focus on identifying high value research outputs from COVID-19 research projects, including evaluation of the rapid implementation of telemonitoring to support home blood pressure monitoring and self-monitoring of blood pressure in pregnancy in the context of a pandemic. This approach may be suitable for future national roll out in the AHSN Network CVD Prevention programme.

Patient and Public Involvement, Engagement and Experience

Programme aim

To spread best practice and develop innovation in working between patients, professional, careers and the public, supporting person-centered care, research and education. This will be achieved by helping to embed lay involvement, the use of coproduction and the use of experience in:

- Oxford AHSN programmes and projects
- national AHSN programmes
- the work of our partner organisations across the Thames Valley.

In the coming year we will have a focus on key challenges in PPIEE:

- broadening community engagement, diversity and inclusion to ensure we include seldom heard and marginalized people in our work
- using and refining our approach to recording and impact

Governance

We will continue to review annually the membership of both our Operational and Oversight Groups.

Plan

Decisions about any revision to terms of reference and membership to be taken by Q4.

Oxford AHSN Programmes

We are working in detail with a few our programmes and projects. This year will focus on being involved in the early stages of work, so that project plans formally include a PPIEE component and case studies can be developed.

Plan

To support staff, we will establish PPIEE drop-in sessions and consider whether to formalise as a PPIEE 'champions club'. We will embed our recording and impact tool in our project approach in Q3

We will focus on creating diversity and inclusion amongst the people we work with. Initial engagement events with existing lay partners and associates to develop our approach in Q1

National AHSN Programmes

We will continue to chair the AHSNs' PPI Leads Network for the coming year. During the year we will develop, with partners, a cross AHSN strategy for patient and public involvement to support a collective and robust approach to PPIEE.

Plan

Strategy agreed by Chief Officers in Q2

Innovation in patient and public involvement

In the coming year we will focus on community engagement and developing diversity and inclusion.

Patient Pull

We will explore the idea and practicalities of patient pull in innovation. How do we best involve patients, careers and the public in defining the need for innovation and in spreading proven innovations?

Plan

We will work with local Healthwatch, patient participation groups and primary care networks to run an initial event to develop a plan to expand the role of patient pull in innovation by Q4.

Community engagement

Our initial plan was to run monthly public engagement events in community spaces across our geography, aiming to engage a broader community in our work and develop people's interest in being involved in healthcare and research. Given the limitations on public gatherings we will review this approach and develop alternative virtual events.

Target Virtual events run in Q3 and 4

Digital Development

We will continue to develop coproduction in the Thames Valley and Surrey Shared Records Partnership (LHCR). We will further develop the Ethics and Engagement Advisory Board we established in autumn of 2019. This Board is providing invaluable advice to the Programme currently and has the potential to expand its remit.

Plan

Three meetings of Board in 2020 and review of terms of reference as future role is determined.

Genomics

We will be supporting development of the PPIEE strategy for new genomics service across the South East and Midlands area.

Plan

Strategy in place by Q3.

Training and development

Working Together Development Days

We have run a successful series of event and will continue to do this in partnership with the local CRN, ARC, NHS England and both BRCs.

Target-2020 target - six one-day workshops to run.

These plans for face-to-face events are under regular review in response to the emerging COVID-19 situation. It is likely that over the year we will run mainly on-line events with some face-to-face if it is possible. Our first virtual workshop 'Writing for the public' was held in Q1.

Leading Together Programme

We planned to run a general cohort and a learning disabilities cohort in 2020 with associated train-the-trainer courses.

Target

2020 target two cohorts and train-the-trainer run. It is unlikely that we will be able to be run our learning disabilities cohort in 2020/21 given COVID-19 and that, for this cohort, an online approach is unlikely to work. We are working to develop an on-line approach for the general cohort. We will review this plan in Q3.

Workforce Innovation

Summary

There are significant workforce challenges across health and care: high vacancy rates; gaps in skill mix and provision of working environments that support staff health and well-being. We are developing a workforce innovation theme to support, the BOB system locally and national work, to identify and spread innovation to address these challenges.

Introduction

The COVID-19 pandemic has heightened awareness of many of the challenges faced by health and social care: an aging population with considerable underlying social and health inequalities; a significant disconnect between health and care and real challenges in the use of technology to support the workforce.

The NHS is the largest employer in the country with 1.3 million staff across England. Even before COVID-19, there well recognised challenges:

- Having enough staff – around 10% of posts across health and care being vacant with shortages in nursing, care and psychiatry
- Having staff with the right skill set, in the use of digital technology for instance
- Providing working environments that enable staff to maintain their own health and wellbeing.

At a local level these challenges are replicated with shortages in nursing and AHPs for instance and challenges with recruitment and retention given the high cost of living.

Nationally, the Interim People Plan (ref) describes the work needed to address some of these challenges, against the backdrop of the of the NHS Long Term Plan. The BOB Workforce Plan outlines the local response needed covering:

- Workforce Planning and Change
- Supporting our Staff Retention Workstream
- Recruitment and Resourcing
- Leadership, Talent and OD
- Productivity
- Medical Specialties

There is a clear role for AHSNs in supporting the delivery of both the national and local workforce agenda. This was highlighted in the national and local research and innovations surveys carried out last year and in

the likely development of a cross-AHSN national workforce programme. We are responding by creating a workforce theme across our AHSN.

Purpose

To support the development of the health and care workforce through innovation:

- the identification of need
- the identification of innovators and innovations
- real world evaluation, and
- adoption and spread of innovations ready to be deployed.

Locally this will involve a focus on the BOB workforce plan.

Leadership and staffing

Siân Rees will combine her existing role as Director of Patient and Public Involvement, Engagement and Experience with leading on the workforce innovation theme as Director of Community Involvement and Workforce Innovation and be supported a senior programme manager during 2020/21.

Governance

Initially we will convene an advisory group to support the development of the theme with a view to more formal governance structure when needed.

Initial workplan

We are at the very start of the development of this theme and so the workplan is necessarily high level and will develop over the coming year. Key components for development are:

Relationship development

Development of local and national relationships to understand where we might provide most value and not duplicate. Specifically, this includes, for example, developing ongoing relationships with the BOB Workforce Programme, local Directors of Human Resources, Regional Health and Wellbeing Leads, alongside strengthening existing relationships with Health Education England and the Leadership Academy locally.

Development of relationships with companies and innovators, including in the training and development/organisational development field, who have an interest in workforce innovation.

Needs identification

Analysis of local and national workforce plans against existing portfolio of innovations. Attendance at relevant workforce forums to both better understand need and highlight existence of potential solutions with a focus on our AHSN priority pathways: mental health, stroke, cancer and maternity. For example:

- Safety in care homes and care at home: medicines optimisation, hydration and advanced care planning
- Productivity improvement innovations e.g. Sleepio, Oxford Acute Referral System (OARS), SHaRON, Brainomix, thrombectomy and elastomeric devices for early discharge (see CIA programme).

Target: Three solutions identified to support local workforce plan by Q3.

Coordination of internal activities

Collate and maintain a description of the existing and future AHSN activities that contribute to the workforce agenda by working with the three AHSN programmes

Communication and engagement

Development of a dedicated section on the Oxford AHSN website to highlight workforce innovation and our training and development offer. Timescale: by end of Q2.

Specific projects

- Staff Health and Wellbeing - conduct a rapid evaluation on behalf of NHSE/I of the national roll-out of health and wellbeing support in conjunction with NENC and HIN. Timescale: by end Q2

Stakeholder Engagement and Communications

We already have a strong reputation for bringing partners together to support innovation and improvement in healthcare. The breadth and depth of this engagement is valued by our stakeholders on a regional, national and international level. We are embedded within our regional healthcare systems, engaged with our integrated care systems, sustainability and transformation partnerships and other collaborations created to deliver better patient outcomes and experience.

We will learn from the findings of the national AHSN stakeholder survey published in 2020 to further strengthen these relationships. We will continue to share our experience, expertise and connections to meet the needs of our stakeholders across the NHS, industry and research – for example, through our successful shared learning events where the content is led by frontline clinicians once these are re-established following their COVID-19 pause.

The Oxford AHSN's workstreams are aligned with the priorities of the NHS Long Term Plan and the requirements of our national commissioners, as well as the needs identified by our local NHS partners. We will continue to work with other AHSNs and the overarching AHSN Network notably through our national programmes which started in 2018 and the new ones coming on stream this year. We will also take all other opportunities to realise the benefits of joint working with other AHSNs individually or collectively.

Oxford AHSN staff will continue to lead and contribute to local, regional, national and international webinars and events and we will strive to add to the growing list of national awards we have won alongside our NHS, industry and research partners.

In terms of our wider communication we will continue to publish our monthly e-newsletter which currently has around 1,400 subscribers. We published the 70th edition during 2019/20. We aim to publish more single topic editions covering key areas in which we are heavily engaged with our partners. So far these have covered mental health, primary care and digital health.

Recent additions to our website – www.OxfordAHSN.org - include case studies highlighting our varied contributions to the COVID-19 response. We will continue to expand this content and on our linked sites: www.OxfordAHSNhighlights.uk, www.patientsafetyoxford.org, www.clinicalinnovation.org.uk and www.healthandwealthoxford.org. More of our high impact case studies will be added to the national AHSN Atlas website (bit.ly/AtlasOxford) and included in publications demonstrating how we have contributed to economic growth.

With regard to social media, we will continue to use the [@Oxford AHSN](https://twitter.com/OxfordAHSN) Twitter account and related accounts to highlight the work of the Oxford AHSN and its partners. In 2019/20 this account passed 5,000 followers and generated almost 400,000 impressions. We will also continue to develop our Oxford AHSN app and LinkedIn account.

Events and publications grid 2020/21

Date	Event	Publication
May		Adapting stroke services in the pandemic practical guidance
		Evaluation of adoption of digital therapeutics at scale paper published in BMJ Innovations, based on Sleepio
June	Summer programme for innovators, Bucks HSC Ventures (continued to July)	
	Webinar: Update on research and innovation infrastructure, chaired by Gary Ford, part of the HSRUK conference	
		Training resource launched on Health Education England e-learning platform for primary care clinicians on preventing stroke related to atrial fibrillation
	Webinar: Writing for lay audiences	
	Patient workshop on bone health	
July	Webinar: Supporting stroke services through the pandemic	Supporting stroke services in the restoration and recovery phase of the pandemic, second practical guide
	Commercialisation workshops, Oxford AHSN Accelerator programme with BioCity	
August	TCAM medicines optimisation workshop	
September	Practical innovators programme cohort 9 starts with Bucks New University	
	Market discovery pre-accelerator workshops, Oxford AHSN Accelerator programme	
	Webinar: Covid-19 patient pathways	
	Oxford AHSN Accelerator programme pitch day (invite only)	
October		Oxford AHSN bi-annual report
	Oxford AHSN Accelerator Programme, runs to November	
November	HSJ Patient Safety Awards – midwives training package based on fetal heart sounds shortlisted in three categories	
	Oxford AHSN Accelerator final pitch and awards day	

Financial plan and sustainability

Assumptions built into this finance plan include the following - that commissioning income from NHS England & Improvement, and Office for Life Sciences reconciles to our signed contract for services.

Grant income for programmes based on known awarded grants, and smaller income targets are set to manageable levels. Partnership contributions has been based on 19-20 outturn.

Expenditure relating to staffing is based on our current establishment adjusted for known starters and leavers, salary scales are reflected with inflationary uplifts. Programme expenditure relating to non-pay is agreed with the relevant Director, all Corporate non-pay follows the guidelines in overhead reporting by NHS England & Improvement to ensure at least 75% of funding is spent on direct programme costs.

	Model Period Beginning	01-Apr-20
	Model Period Ending	31-Mar-21
	Financial Year Ending	2020
INCOME (REVENUE)		Opening Plan
Commissioning Income - NHS England Master Licence		2,723,650
Commissioning Income - Office of Life Sciences		830,300
Commissioning Income NHSI - PSC		447,058
Other Income - Partner Contributions		330,000
Other Income - Recharges to Accelerare/Cogentis		101,599
Other Income - Clinical Innovation Adoption		479,036
Other income - Strategic & Industry Partnerships		424,000
Other Income - PPIEE		40,000
Total income		5,375,643
AHSN FUNDING OF ACTIVITIES		Opening Plan
Patient Safety		537,518
Clinical Improvement		307,217
Clinical Innovation Adoption		1,516,596
Strategic & Industry Partnerships		1,344,402
PPIEE		194,519
Communications, events and sponsorship		139,123
Contribution to AHSN Network		150,000
Programmes and themes		4,189,375
CORPORATE		
Pay costs		720,877
Non-pay costs		465,391
Total Corporate Costs		1,186,268
Total expenditure		5,375,643
Net Income/Expenditure		0
Programme funding previously committed		0
Surplus/(deficit)		0

Appendix A - Risks Register & Issues Log

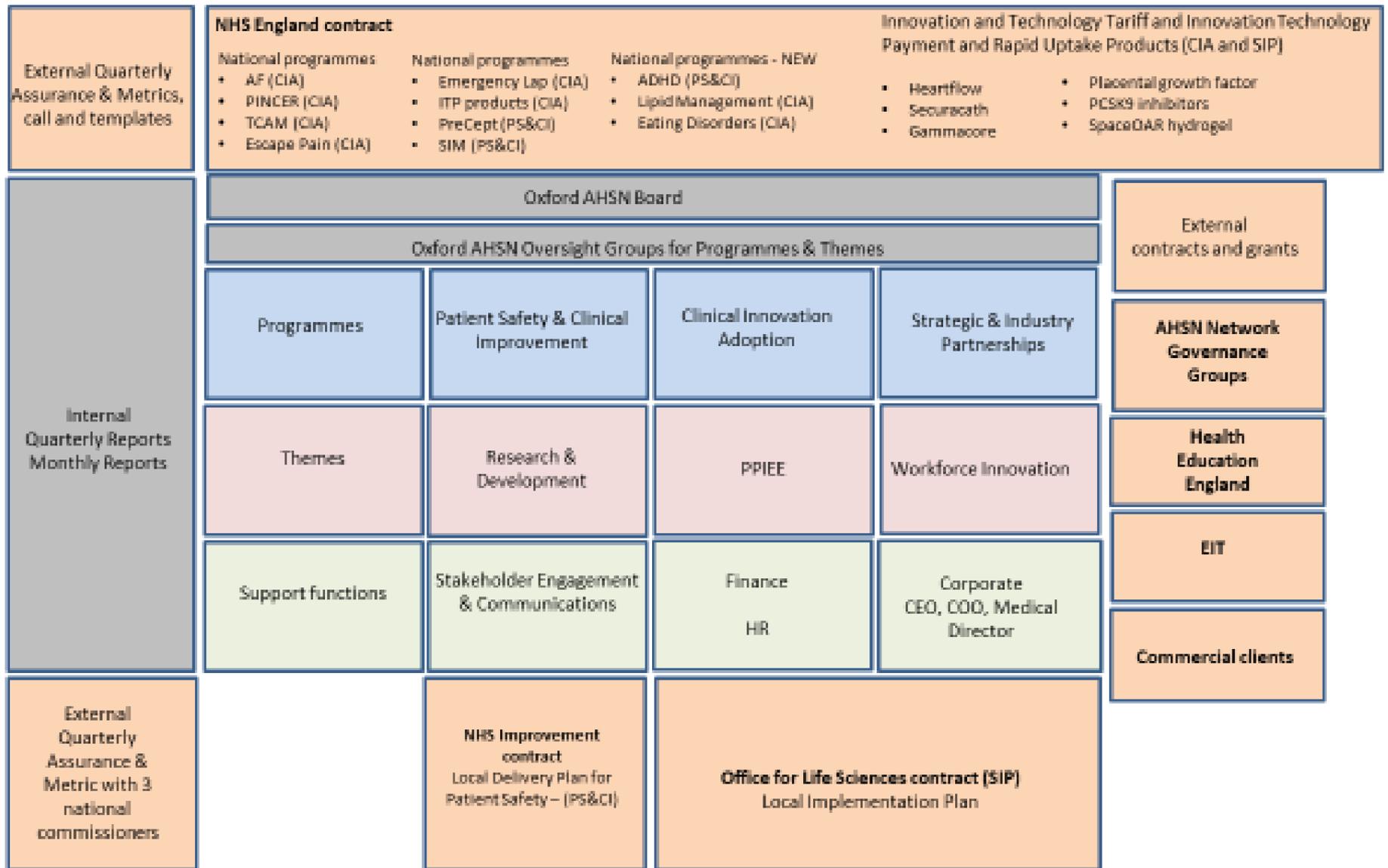
Risks Register

#	Programme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date	Date mitigated	RAG
1	Oxford AHSN Corporate	Failure to establish culture of partnership and collaboration across the region	Insufficient engagement of clinicians, commissioner universities and industry.	Low	Med	ongoing	Stakeholder and communication strategy for the AHSN Each project has an engagement plan, including patient involvement.	AHSN Chief Executive	Programme SROs	06-Sep 13	Ongoing	AMBER
2	Oxford AHSN Corporate	Failure to sustain the AHSN	Programme activities cease	Low	Med	ongoing	NHS England has re-licensed all AHSNs. NHSI and OLS have confirmed funding to March 2020. Actively pursuing industry partnerships and grants.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31-Jul 14	Ongoing	AMBER
3	Oxford AHSN Corporate	National Programmes delivery	Reputation Protect breach of contract.	Med	Med	>6 12 mon	Robust engagement plans in place. Six of seven programmes on track to deliver. However, COVID-19 has slowed down TCAM - will catch up in 20/21	AHSN Chief Operating Officer	AHSN Chief Operating Officer	19-Feb 18	Ongoing	AMBER
E3	Oxford AHSN Corporate	Diversity and inclusion	Perpetuate inequality either in our own team or in our work across the region	Med	Med	ongoing	Oxford AHSN has Signed up to the AHSN Network D&I pledge Unconscious bias training for staff Ensure adhere to OUH policies on recruitment Ensure programmes consider inequalities in programme design and implementation	AHSN Chief Operating Officer	Director for Communities and Workforce Innovation	June 2020	Ongoing	AMBER

Issues Log

#	Programme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date	Status	Date Resolved
1	Oxford AHSN Corporate	Lack of awareness by local partners and national stakeholders of progress and achievements of the AHSN	Low	Engagement	<p>Overarching comms strategy. Level of engagement monitored across all programme and themes.</p> <p>Website refreshed regularly visits per month increasing. Twitter followers and newsletter subscribers increasing. Oxford AHSN stakeholder survey. Quarterly report sent to all key stakeholders.</p> <p>Electronic Newsletter to stakeholders.</p> <p>Oxford AHSN organise and participation stakeholder events. Participation in ICS and STPs.</p>	AHSN Chief Operating Officer	Head of Communications	19 Jan 18	90% complete	Ongoing
2	Oxford AHSN Corporate	Staff health and wellbeing during the COVID-19 pandemic		Staff	<p>In line with government and OUH guidelines our staff are asked to work from home unless it is not possible. Staff are subject to a personal risk assessment in accordance with OUH policy. We have made taken measures to ensure social distancing and infection control in the office for those staff who choose to work there. Staff wellbeing is monitored by our senior HR Manager and a programme of wellbeing and resilience training courses has been arranged. Staff communications were stepped up when the office was closed. Regular team calls are held to report progress, undertake training and development and hold social events online. A Team Get Together online in place of an annual team Away Day is being held each quarter. Staff have been surveyed and the consensus is that home working and using Teams works for most people – although everyone misses the social interaction of the workplace.</p>	AHSN Chief Operating Officer	AHSN Chief Operating Officer	17 March 2020	90% complete	Ongoing

Organisation and commissioners



Appendix C - Oxford AHSN Support to NHS Long Term Plan



Oxford AHSN LTP
Stocktake with contac