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Chair’s Statement

We are immensely proud to have worked with our member organisations, local partners and NHS England to establish the Wessex Academic Health Science Network to improve health and contribute to economic growth. Our first year has presented challenges and rewards; we created a robust business plan to deliver our vision and are pleased to have started delivering across our work programmes. Funded by NHS England, our network of members and stakeholders brought the resolve to make a difference.

Aware of the necessary national process for assurance around our plans and detailed discussion over the licence, we set four key objectives in our first year:

- Building profile
- Building partnerships
- Delivery on health
- Delivery on wealth.

Supporting our licence objectives:

- Meeting local needs
- Adoption and spread
- Building a culture of collaboration
- Creating wealth.

Our role in Wessex and the role of AHSNs across England is now recognised. Across our Clinical Commissioning Groups, universities and providers partnerships are well established, and we continue to build on our alliance with Public Health England (PHE) and industry. Working relationships with Strategic Clinical Networks (SCN), Health Education Wessex (HEW), Collaborations for Leadership in Applied Health Research and Care (CLARHC) and the Clinical Research Network (CRN) are in place.

Crucially, we have seen delivery on our health and wealth programmes. Some key achievements are:

- Our Respiratory Programme is well underway to improve quality of life and reduce the burden of respiratory disease.
- The creation of Hampshire’s first dementia-friendly GP practice at Oakley and Overton Partnership.
- Our Wealth and Enterprise Programme supporting development of a Life Science industry cluster with Swindon & Wiltshire Local Enterprise Partnership (LEP).
- Two Wessex companies backed by the AHSN have won Small Business Research Initiative (SBRI) funding: HealthQuest Solutions for MyCOPD self-management and i2r Medical on a diabetic foot ulcer wound healing device.
- Morgan Technology & Innovation Ltd have been supported by the AHSN to win a £100,000 proof of concept award from the Technology Strategy Board.

I look forward to taking the AHSN into 2014-15 to build further health and economic gains for Wessex.

Fiona Driscoll
Chief Executive’s Statement

To echo our chair’s words, I am delighted to see the progress made over the last year - moving from concept to a licensed, member led organisation making a difference for patients and the economy on health and wealth. I am grateful to the leaders across Wessex who have committed time and energy to ensure we succeed at a time of organisational change and significant demand on their own organisations.

Building profile and partnerships were key objectives in this first year. We created and promoted the Wessex AHSN brand, sharing our vision and purpose at stakeholders and member forums. We established our website and our knowledge exchange portal, WIRES (Wessex Innovation Resource and Events) complemented by our newsletter and a series of engagement events.

The Wessex AHSN relationships with our other partners were strengthened through Memorandums of Understanding which have been created for HEW, NICE, and SCN (NHS England Wessex Area Team).

We have used stakeholder events and a Board away day to help refine our strategy for the future years – keen to ensure we deliver change or economic growth which would not be achieved without our input.

We had an opportunity in year one to support a range of health and wealth projects which could be ‘accelerated’ by our funding whilst we recruited our team. Projects from across Wessex and with a wide range of aims were supported – from investing in orthopaedics research to redesign of the headache pathway.

We have also been pleased to link with AHSNs from across the country, participating in the network of networks meeting and working with colleagues to share our challenges and successes. The collaborative approach on organisational set up has been particularly valued. In addition, links to the NHS England team (at local, regional and national level) has helped us move from set up to delivery.

This first annual report attempts to capture our journey over the last year and begins to set out the benefits we are bringing for patients and to the economy – health and wealth gains. I hope you find it a useful summary document and I look forward to ensuring in a year’s time we can set out a story of continued success.

“Wessex AHSN has built a strong network of partners. Together, we will play a key role in improving outcomes for patients and creating wealth through the enhanced use of innovative medical technologies.”

Martin Stephens
Introduction

Wessex Academic Health Science Network (AHSN) covers a population of three million across nine local authorities, bringing together 10 Clinical Commissioning Groups, 11 NHS Trusts and five Universities.

Our Vision

Our vision is to bring discovery and innovation into the Wessex health system so that the population has better health and benefits from a thriving health innovation sector.

This is driven through a focus on tackling key local health issues over the whole life course and across entire patient pathways.

The needs of our community are at the centre of all that we do; facilitating whole-life and whole-pathway improvements in our priority areas, underpinned by core activity-based programmes that support systemic change.

Our Core Offering

During 2013/14 we clarified our core offer.

- We offer additionality; making innovation happen, and happen faster.
- We offer focus and discipline; building a reputation for delivery where our resources can make greatest impact.
- We offer partnership; our work will complement that of our partners whether we lead, signpost or support.
- We are a knowledge portal for innovation in Wessex.
- We are a proactive broker, supporting and funding projects and partners in our priority areas.
- We invest in health and wealth.

Governance

Our success is being forged through close collaboration between members and other local organisations, such as SCNs, CRN, CLAHRC and HEW. Partnership is enhanced through reciprocal board representation. Wider stakeholders include local government, Local Enterprise Partnerships (LEPs), industry, the voluntary sector and patient groups. Our governance arrangements support these links; as of April 2014 we are a Company Limited by Guarantee, with Board directors from our members. Details of the Board and Leadership Team are presented in Appendices 2 and 3.

Three levels of governance are in effect:

- Members Meeting: the ‘controlling’ group attended by nominated representatives
- Board: has delegated responsibility from Members and comprises Wessex AHSN Chair, CEO and 9 nominees plus non-voting representatives from key Wessex organisations
- Stakeholder Forum: a broad group of legitimately interested parties, with an advisory function.
Delivering on our Licence

Wessex AHSN was awarded a 5 year licence to operate by NHS England during 2013/14. There are four licence objectives:

Meeting local needs

Wessex AHSN is focussed on addressing unmet health and social care needs in the local population. The strategic priority programmes are developed from our needs analysis and partners’ plans, and informed by variations in health care delivery and outcomes identified across Wessex by our Centre for Implementation Science.

Though this aspect of the licence focuses on health gains we will look for wealth gains too, for example reducing working days lost and avoiding healthcare costs.

Adoption and Spread

Adoption and spread of innovation is central in all our strategic priority programmes. We have made good progress through the High Impact Innovation (HII) programme, showcasing 6 best practice innovations, assessing and promoting best practice tools and offering implementation support. For NICE Technology Appraisals we are advancing adherence and more timely uptake. We publicise and promote best practice through our WIRES website (video podcasts and written case studies), newsletters and showcase events.

Wessex AHSN is working with HEW, education providers and the Leadership Academy to create a culture where research and innovation is a central feature in the region. We understand the need to build and support our collective capacity to move the innovation, health and wealth agenda forward. We know that business and commercial skills have not been strong across the NHS, we can help address this supporting an innovation culture. We have begun to identify key individuals who are leading change and capacity building, and have sponsored six places on the Diploma in Innovation and Change Management qualification (accredited by the Chartered Management Institute at level 5) to create a pool of innovation champions. Our Innovation and Wealth Creation Accelerator Fund has encouraged and supported innovation.
Building a Culture of Collaboration

Wessex AHSN recognised from the beginning that a successful culture of collaboration could best be achieved through

- Building on the established partnerships in place across Wessex.
- Collaboration and joint working on projects with our partner organisations.
- Engaging at all levels within member organisations.
- Communicating progress and successes widely.
- Rewarding innovation and wealth creation.

The Developing Partnership Working section describes these initiatives in more detail.

Creating Wealth

As part of our core offering on wealth the members established the following principles:

- We offer clarity in the way we operate, our priorities and criteria for joint working
- We will create a wealth investment fund, allocating circa 10% of our resources across 3-5 innovations at different stages of delivery. The format of this investment may vary, including equity or royalties/licensing, and impact will be maximised through additional funding from partners, including industry
- The primary purpose of our investment is to deliver our strategy in our priority areas and to drive new clusters, reinforcing our core principle of additionality through partnership and knowledge.

For pharma, our investment principles provide a range of opportunities including a central entry point to Wessex, support for NICE implementation and improved participation in clinical trials.

For SMEs, our Health offer provides a range of opportunities including understanding local NHS needs, brokering NHS introductions and driving wealth creation through industry clusters.
Strategic Priorities

The Wessex AHSN strategic priorities were derived from a local population health needs analysis conducted by a public health lead and a survey of members’ priorities carried out in 2012. These informed our prospectus and business plan, which was further shaped by the four licence objectives agreed with NHS England.

The Wessex AHSN Strategic Priority Programmes are outlined below with specific objectives and metrics set out in Appendix 1: Wessex AHSN Programme, Funding and Deliverables Table 2013-14, page 23.

Nutrition

The Wessex AHSN Nutrition programme is based on the regional strengths in this area. Wessex AHSN has worked in partnership with the British Association for Parenteral and Enteral Nutrition (BAPEN) to deliver an initial scoping document for the Nutrition Programme. This incorporated the latest research and recommended projects to spread best practice across acute and primary care to deliver benefits to partners and lead the national agenda on nutrition. The programme will deliver improved basic nutritional care (screening, assessment, management and monitoring) and will support related research, commercial development and wealth creation in Wessex. The focus is on delivering value interventions that will prolong life, improve quality of life, promote independent living and reduce the burden of malnutrition.

With the Malnutrition Taskforce, the programme is jointly supporting a pan-Dorset study being piloted in Purbeck, ‘Nutritional screening of people living in their own home’. The current pilot in one GP practice is being expanded to 6 GP practices (incorporating all of Purbeck) with Malnutrition Taskforce and Wessex AHSN funding. Other initiatives are under review and will be incorporated into the programme.

Dementia

In partnership with SCN, PHE, HEW and Wessex CLAHRC we are supporting a Wessex AHSN Dementia quality improvement programme working to identify key research findings and interventions. We have disseminated the learning from best practice high impact innovations and included the Isle of Wight whole system approach to the care of people with dementia (including the impact on their informal carers) on our WIRES website.

We have sponsored the creation of a dementia friendly GP surgery at the Oakley and Overton Partnership which was opened by Dr Alistair Burns, NHS England’s National Clinical Director for Dementia. We plan to evaluate and spread best practice across Wessex in 2014/15.
Respiratory

The Wessex AHSN Respiratory programme is working to improve the respiratory health of patients in Wessex. A multi professional steering group was established and is focusing on eight workstreams. The programme complements the respiratory CLAHRC. Significant health and patient experience benefits have already been achieved as presented in more detail as Case Study 1 (page 18).

Reducing Harm from Alcohol

The Reducing Harm from Alcohol programme will model different approaches to behavioural change and the impact on service delivery costs; identify new clinical techniques and responses; pilot and replicate innovations and best practice. A clinical lead is in place, and a range of partners are engaged. Scoping work was commissioned in autumn 2013, and a conference on 29th January 2014 further informed development. Work has commenced in conjunction with PHE to establish baseline data from which to measure success and clarify initial projects for 2014-15; a working group has been established to review the baseline, a campaign for 'Know your own number' is being piloted in University Hospital Southampton NHS Foundation Trust (UHS) and two projects to develop care pathways for alcohol are being defined. A number of implementation initiatives are in place, including training for practice nurses on interventions supported by the pharmaceutical industry. Two innovations are being piloted, Led by UHS as part of the Innovation and Wealth Creation Accelerator Fund. 'Drink Coach' is a smartphone and iPad application aimed at helping increasing risk and higher risk drinkers to become aware of their habits and reduce their alcohol intake. 'Alcostick', a non-invasive blood alcohol monitor enables patients’ blood alcohol levels on admission or in an outpatients setting to be measured without the need for venesection and laboratory testing.

Medicines Optimisation & Reducing Waste

This programme has three elements:

- hosting the medicines waste innovation prize funds and using these funds to reduce waste, in conjunction with Oxford AHSN;
- a Wessex Medicines Optimisation programme;
• linking with the NHS England Medicines Optimisation team to support national work in this area.

The Medicines Waste innovation prize money of £100k, has enabled three key projects; the development of information to promote the role patients can have in reducing medicines waste (in collaboration with the University of Reading), medicines optimisation in care homes in Chiltern & Aylesbury CCGs, and the development of a database for medicines reconciliation (a key metric expected to be used nationally).

The Wessex Medicines Optimisation programme initial scoping of the work has identified safety and other quality improvement projects. Safer injectables, safer insulin and antibiotic stewardship are three areas for action in 2014/15. In addition, we are scoping and co-developing with West of England AHSN a further SBRI project on medicine adherence planned for 2014/15.

Wealth Creation Programme
Year one wealth creation focussed on:

• Saving – generating savings for organisations or introducing new external funding opportunities by addressing and removing waste through innovation, adopting new technologies and developing improved pathways

• Spreading – identifying, assessing innovation and then understanding and supporting effective implementation to ensure industry can see the NHS as a place for innovation.

• Seeding – encouraging Wessex based organisations to develop new products and services that can be successfully commercialised for both domestic and overseas customers.

We have initiated a Wessex innovation challenge survey of NHS clinicians to help identify those areas where new investment, new products or processes would make a difference for patients; we are using the findings to engage and inform local industry of Wessex needs and to support wealth creation.

On behalf of Swindon and Wiltshire Local Enterprise Partnership (SWLEP) we are developing a detailed and evidence based business plan for the health life science sector in the Swindon and Wiltshire area.

We supported My Trusty Little Sunflower Cream, manufactured by Hampshire Cosmetics, which is one of a range of innovative products being developed by Salisbury NHS FT. In the first year the cream has generated over £100k turnover.

Case study 2 (page 19) sets out our progress in delivering wealth in the Life Sciences industry.
Other Wealth Activity

High Impact Innovations
The AHSN audited activities across the network to assess uptake and identify good practice. We showcased six best practice innovations (one for each of the high impact innovation areas) on our WIRES website and assisted NHS Trusts and CCGs to review against best practice. Several innovations were sponsored through the Innovation and Wealth Creation Accelerator Fund and a number will have a direct or indirect effect on High Impact Innovations (HII). For example, we have supported friend and family testing initiatives covering primary, community and secondary care which will inform and assist achievement of 2014/15 HII and CQUIN targets. They have delivered good progress in 2013/14 and will continue to deliver health and wealth gains in 2014/15.

NICE Technology Appraisals
The work programme on NICE Technology Appraisals (TAs) is to support their timely uptake across the Wessex AHSN, addressing barriers to implementation and bringing benefits for patients. Led by Wessex Medicines Information, we are promoting horizon scanning and support for formulary updates. Stickiness clinics are being held to enable clinical staff and pharmaceutical (and other) companies the opportunity at the Final Appraisal Determination stage of NICE TAs to discuss potential barriers to smooth implementation across Wessex.

In July 2013 we held a launch event to improve the uptake of anticoagulant medicines in patients with atrial fibrillation to prevent stroke; we expected to see increased use of the new oral anticoagulants and initial analysis suggests improvement in uptake across Wessex following the initiative.

Patient Centred Information – Digital
We held a patient centred information event during 2013/14 with information leads from several Wessex organisations to help gain an understanding of current systems in use and to begin to scope this workstream. We plan to commission a Wessex university to create a scoping document to enable us to examine and develop system solutions.

The Innovation and Wealth Creation Accelerator Fund provided the opportunity to develop a number of locally based digital and system initiatives including the following:

Flexible System Access
Flexible System Access jointly led by North Hampshire CCG and Hampshire Hospitals FT seeks to create a public sector partnership across the geography. Partner organisations can securely and reliably access their own systems from any other partner location. Each partner will also be able to publish key applications for sharing their information to a standard platform where access can be controlled by role and need rather than restricted by technology.

Solent HIV Patient Portal
Led by Solent NHS Trust, an online HIV patient portal is being developed to enhance communication between HIV healthcare professionals through provision of Multi-Disciplinary Team (MDT) management software. For the HIV positive patient cohort, this will provide a platform to enable and empower them to manage their own long term health condition.
Cancer Patients’ Support Website
Led by The Royal Bournemouth and Christchurch Hospitals NHS FT this provides a peer-to-peer support network for post-treatment cancer patients to improve their knowledge of their condition, support their self-care and reduce the requirement for outpatient follow ups.

My Health Record - online patient record
Led by University Hospital Southampton NHS FT this project provides patients with their own online record that they jointly manage with UHS clinicians, enabling a level of communication and two-way information exchange whilst the patient is away from the hospital. Whilst online, patients can be directed towards specific resources of mutual interest e.g. current research studies relevant to the patient’s condition. The next phase of expansion aims to grow the service to 5000 patients by bringing a number of new clinical areas online, including prostate cancer, lymphoma cancer, adult and paediatric cardiology, endocrine and transition to adult services. Additional patients will also be recruited to clinical trials as a result.

Telehealth to Avoid Unplanned Admissions in Patients with Heart Failure
Led by West Hampshire CCG, we are implementing a relatively low cost, simple technology (Long Term Conditions Monitor from Message Dynamics) to follow up heart failure patients post discharge from clinic, who are stable but need the reassurance and prompting to monitor their condition. This is an Interactive Voice Response System (IVRS), which calls the patient at predetermined intervals set by the clinician. The call asks three questions and depending on the patient’s response may trigger a call to the heart failure team via email and phone message.

Other Accelerator Fund Initiatives include:

Bournemouth Institute for Orthopaedic Research and Innovation
Accelerator Funds from Wessex AHSN together with matched funds from Bournemouth University are being used to help shape the Institute and start multiple research and education projects concurrently.

This project is presented in more detail in Case Study 3 (page 20).

A novel, low cost effective approach to Diagnosing Overactive Bladders
A University of Portsmouth study is piloting a low-cost, effective approach for diagnosing overactive bladder (OAB). OAB, a cause of urinary incontinence and related, debilitating symptoms, affects 17% of the adult population, equating to approximately 143,000 people across Wessex. The work aims to determine whether a novel diagnostic approach has the potential to diagnose OAB as well as current methods and to assess the commercial potential of the concept.

Phase one research indicates the opportunity to develop this non-invasive diagnostic procedure and the potential for substantial reductions in the costs of diagnosis and treatment (amounting to over £100m per annum in Wessex). Compared to current invasive diagnostic methods, non-invasive testing is expected to significantly improve patient experience. Analysis in late summer
2014 will compare existing methods of OAB diagnosis with the innovative methods to identify a novel biomarker/signature of OAB.

A significant market opportunity exists through developing a novel biomarker/signature of OAB for external licensing. In addition to use for diagnosis by health care professionals elsewhere, an opportunity for wealth creation exists in the use by the pharmaceutical industry in the development of new OAB therapeutics.

Phase two research could result in the introduction of the non-invasive treatment together with the benefits outlined above during 2015/16, with parallel research to refine the method to allow rapid processing within the hospital laboratory.

A Community Outreach Programme to Improve Screening for Hepatitis C
Led by Portsmouth Hospitals NHS Trust, this project will facilitate access to clinical trials of antiviral medicines. Phase 2 trials have shown approximately 90% chance of cure from chronic Hepatitis C Virus infection and it is estimated there are over 2000 undiagnosed cases across Wessex. Substantial savings of up to £20,000 per annum per patient can be made in antiviral medicine costs. There are plans to recruit a further 25 patients in 2014/15.

Integrated Care for People with Long Term Health Conditions
Led by Dorset Healthcare University NHS FT, this initiative supports the expansion of an existing project aimed at integrating and improving access to psychological support for patients who have long term health conditions. The current project is focused on those patients who are being case managed by the Community Health Services and have complex physical health needs and co-morbid mental health needs.

Headache Referral Pathway Redesign
Led by West Hampshire CCG, the proposal seeks to pilot a co-designed managed pathway for headaches in Wessex, incorporating both acute and chronic headache management.

The primary outcome for the pilot will be a single headache referral pathway, comprising an 'intelligent form' that will embed headache training and an 'Advice and Guidance' mechanism at the point of referral, and allow detailed evaluation of the effectiveness of the pathway re-design.
Centre for Implementation Science (CIS)

The Centre for Implementation Science is an integral part of Wessex AHSN, supporting strategic priorities and programmes. It is hosted at the University of Southampton’s Faculty of Health Sciences and integrates resources from the Universities of Bournemouth, Portsmouth, Solent and Winchester as well as from a number of facilities at Southampton.

The Key Aims of the Centre:

- Ensure Wessex AHSN priorities and programmes are underpinned with the best available evidence, data and information to deliver better care for patients.
- Maximise the impact of interventions and implementation strategies across Wessex by utilising scientific research and evidence.
- Evaluate the programmes and improve the knowledge, capacity and capability of successful implementation amongst AHSN staff and member organisations.

The Key Services Provided by the CIS:

- Regular monitoring of national and regional data sets to provide detailed assessments of Wessex services and identify opportunities for improvement.
- Modelling and service planning option assessments to enable services to undertake major change programmes.
- Harnessing expertise to overcome barriers to change in order to ensure implementation programmes deliver maximum effectiveness.
- Providing independent evaluations of AHSN programmes to assess effectiveness of AHSN activities.
- Regular communications and dissemination of CIS outputs to build knowledge.
- Capacity building across the Wessex AHSN economy specifically in implementation science.
- Responding rapidly to specific requests for analysis and/or implementation design.

An initial analysis of Wessex wide health needs and health service activity, utilising various data sources including the Joint Strategic Needs Assessments and NHS Atlas of Variation in healthcare services, identified significant variation in performance for some key conditions. This has informed AHSN priorities for planning improvement programmes and been shared with the appropriate SCNs to provide evidence for change. Short summary reports based on current topics of interest are being presented on a regular basis.

A joint project with the SCN on the colorectal cancer pathway is underway with the Operational Research Department of the University of Southampton with data analysis and modelling planned for July to September 2014. The proposed outcome is to develop best practice service models for providers and commissioners and to improve the diagnosis and intervention pathways for patients.
Developing Partnership Working
Wessex has well established joint working based on patient flows, clinical networks and research arrangements. These have provided an excellent platform enabling Wessex AHSN to build the partnerships required to deliver our vision.

We engage directly through our Stakeholder Forum, Members Meeting, Delivery Board and engagement events.

We have built a strong relationship with Wessex CLAHRC, one of 13 new collaborations for leadership in applied health research and care. It brings together world class researchers, practitioners and health professionals from Hampshire, Dorset, Isle of Wight and Wiltshire and is supported by the Wessex AHSN. The Wessex CLAHRC was launched in January 2014 with a resource commitment of at least £18m over 5 years.

Wider networks are being built with the Wessex Universities, Wessex CLAHRC and Implementation Science experts at Southampton University in order to integrate findings from research initiatives and develop training and support in innovation implementation. We are particularly proud that these strong relationships have led to mutually supporting roles, for example SCN leads on behalf of Wessex AHSN for patient engagement and engagement with the third sector whilst the AHSN leads on their behalf for industry engagement.

Collaboration is further enhanced through joint working on projects supported by the Centre for Implementation Science, such as the colorectal cancer pathway. Similar working arrangements are in place with HEW and PHE.

We recognised from the beginning that building partnerships and profile would only be successful if we engaged at all levels of member organisations and added value through our engagement. This has been achieved by ensuring work programmes are driven by multi-professional and multi-organisational network representatives from across our geography.

Industry has been very willing to engage, often through products and technologies already developed. However we believe the more we can enable local companies to develop products and services in partnership with the NHS the more relevant and successful they will be.

We have therefore created the Wessex Innovation NHS Challenge Survey to understand what the Wessex NHS key clinical and service challenges are.

The Clinical Research Network (CRN) is another important partner. In addition to support for clinical trials from our accelerator funds, we invested in pharmacy expertise in Dorset and in Hampshire to speed progress on their e-prescribing for chemotherapy. This has allowed more rapid uploading and use of clinical trial protocols for patients with cancer.
Communications
We continue to build partnerships and profile through our information and engagement programme, stakeholder information packs were shared widely, we established our website and our knowledge exchange portal, Wessex Innovation Resources and Events (WIERs) and a quarterly newsletter The WIRE.

Digital Dissemination
The Wessex Information Resources portal (WIERs) has been developed to provide a web-based portfolio of innovations supported across the region by our members.

The WIERs site comprises a number of knowledge transfer initiatives, such as:

- 100 video podcasts, including a suite of inhaler technique films, telehealth training for clinicians and managers, and e-learning materials for health professionals involved in the diagnosis and treatment of sepsis in community, primary and acute care settings.
- A range of health innovation case studies and project outlines, with downloadable materials to facilitate knowledge sharing.
- A secure resource collaboration and networking space for health professionals working on specific clinical initiatives and who may be geographically dispersed.

The site is also used as a platform for distributing health innovation news and events between partner organisations. All resources are free to use and share. The Royal Berkshire County Hospital has embedded the sepsis podcast series in its e-learning modules for clinical staff.

WIERs has 2500 user sessions per month, an increase of over 80% in 12 months.

Our video podcast learning suites have also had over 11000 plays by viewers from all over the world since April 2013, and are also shared on our social media platforms.

Conferences and Events
We held a series of conferences and workshops during the year, providing the opportunity for engagement, collaboration, learning and shaping of our priority programmes. We used the final two events of the year to build on engagement with stakeholders, both partners and wider stakeholders within the public and private sectors.

Our stakeholder forum held in February 2014, “Shaping a Thriving Health Innovation Sector”, provided a timely opportunity to discuss the achievements and challenges of our first year. We were able to share the excellent progress and wide engagement achieved in our respiratory care programme and the development of the life sciences business clusters. Delegates were also given the opportunity to set out their five year vision and aspirations for Wessex AHSN, and to discuss and contribute to the 2014/15 Business Plan.

Armed with information from our NHS Challenge Survey we held an Industry Summit event in March 2014. We attracted over 70 participants including over 50 SMEs and large corporations. Steve Fairman (Director of Business Improvement and Research, NHS England) was keynote speaker; Industry leaders from five local companies shared their
experiences with the groups and reflected the strong engagement built up over the year. Some great interaction with key topics of interest took place, covering digital health, local networks, clusters, co-development with the NHS, procurement, research and development.

We have created video podcasts of the event to share on WIRES and are planning to set up an interactive map and database of companies. We will establish an engagement group comprising industry leads across Wessex including industry association representation.
Performance Highlights: Case study 1 – Wessex Respiratory Quality Improvement Programme

**Highlight Summary**
The Wessex Respiratory Quality Improvement Programme will deliver improved lung health, and support related research, commercial development and wealth creation in the Wessex region. The focus is on delivering value interventions that will prolong life, improve quality of life, promote independent living and reduce the burden of respiratory disease.

**Context**
The NHS burden of severe asthma accounts for over 80% of total asthma costs.

Respiratory diseases are highly prevalent and are a major cause of health care utilisation in Wessex. The two most common chronic respiratory diseases, asthma and COPD, are both underdiagnosed, major drivers for hospitalisation, and in many areas of the region clinical outcomes compare badly to national averages.

Wessex has approximately 147,000 diagnosed asthma patients and 37,000 diagnosed COPD patients. In 2011/12 there were 2,996 asthma patients and 5,633 COPD patients admitted into our hospitals. We know that we have a low undiagnosed prevalence rate for COPD of 1.7% which is down by 1 to 2% across the Wessex area.

**Screening and Support**

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<th>MISSION Severe Asthma</th>
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<tr>
<td>This project will pilot a novel patient-centred asthma service model identifying patients with poorly-controlled asthma within primary care, to offer a rapid and highly cost-effective community-based review by the multi-disciplinary asthma team to improve their disease control and identify those with potential severe asthma. There will be a seamless transition to secondary-care services for those with potential severe asthma ensuring timely and comprehensive review by the multi-disciplinary specialist asthma team.</td>
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<td>130 patients have been screened - 60 patients identified patients who have had 2 exacerbations. These patients are attending the Rapid Asthma Assessment Clinic.</td>
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<th>Community Pharmacy Respiratory Disease Screening &amp; Support</th>
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<tr>
<td>Community pharmacies are accessible, convenient and established within their local communities. By utilising this existing resource, this project offers a means of delivering a package of measures aimed at improving outcomes of respiratory care through early identification, optimised use of medicines and improved self-management.</td>
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<tr>
<td>30 pharmacies signed up to deliver the service across Hampshire to improve self-management and medicines optimisation.</td>
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<th>iBreathe</th>
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<td>The iBreathe database has been developed to support the Wessex Integrated Respiratory Partnerships. This is a new collaboration of respiratory consultants and nurses, to support clinical management, who will phenotype and research recruitment of patients with respiratory disease in Wessex. A team of specialist respiratory nurses with research experience and consultant support will review patients in primary and secondary care. Approximately 1000 patients have been assessed and nearly 500 have been recruited onto the database for potential candidates for clinical trials.</td>
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<th>Dorset Adult Integrated Respiratory Service and Education</th>
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<td>This project is designed to improve respiratory health education and reduce inequalities and variation across Dorset for patients with respiratory disease. The COPD service has been commissioned with 2 out of the 3 Dorset providers, the 3rd is expected to be on contract by the end of May 2014. Education Programmes are now underway.</td>
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<th>West Hampshire CCG Screening for Asthma &amp; COPD</th>
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<td>This project is working in collaboration with the British Lung Foundation team in primary care to ensure shared learning, best practice dissemination and improved quality and outcomes for patients with Chronic Obstructive Pulmonary Disease (COPD) and Asthma. A Screening Nurse has been recruited and is exploring screening tools to pilot and develop into a research project in conjunction with the CLAHRC.</td>
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<th>Fareham &amp; Gosport CCG Screening for Asthma &amp; COPD</th>
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<tr>
<td>This project will ensure shared learning, best practice dissemination and improved quality and outcomes for patients with COPD. The outcomes of this work will be shared and disseminated Wessex wide to improve practice and awareness for practices who wish to carry out similar work. In searching for improved methodology, it has become clear that this project has very considerable overlap with another project that is being run locally by the CCG. The team has therefore taken the decision to end the project.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SBRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint SBRI award study to detect toxins in sputum, where there is normally a 7 day lag for results; this study will give almost immediate results via daily management via an iPad mini. Participants will undertake a 5/10 minute assessment each day via questionnaires, activity and assessments (peak flow, weight, BP etc.). No intervention involved in the study just an observational study with the data analysed at the end of 6 months.</td>
</tr>
</tbody>
</table>
Performance Highlights: Case study 2 – Delivering Wealth

Summary
The Wessex Innovation NHS Challenge Survey was completed by 78 health professionals identifying key clinical and service challenges.
We have begun to engage industry to work in partnership to address these challenges.
We led the Swindon & Wiltshire Local Enterprise Partnership business case, including the feasibility of a Health Life Sciences industry cluster.

Wessex Innovation NHS Challenge Survey
A major task for Wessex AHSN is to enable the development and adoption of new services and technologies, many of which can be co-produced with local commercial organisations and then marketed across the UK and internationally.
To help identify those areas where new investment in new products or processes would make the difference, we asked our NHS clinical colleagues to highlight key clinical and service ‘challenges’ which need new solutions – capturing opportunities for new or improved products or processes which would provide better care for patients. 78 respondents submitted 105 ideas, the majority of which were related to digital technologies.

This simple ‘snapshot’ assessment is the first part of a longer dialogue with local commercial partners to help develop a Wessex Life Sciences Business Cluster. The more we can enable local companies to develop products and services in partnership, the more relevant and successful those products and services will be to improving future NHS services across Wessex and beyond.

Examples of opportunities in discussion:
A local technology company is working with Southampton University to support the development of cutting edge hand movement imaging. The AHSN is exploring funding options to progress the product to the next stage.
Discussion with a local IT company about one of their products, being developed with an NHS Trust, has identified a clinician with a similar need. This will enable a small pilot with the potential to go national.

Case study
The Wessex AHSN were commissioned by Swindon & Wiltshire LEP to develop a detailed and evidence based business plan including establishing the feasibility of a Health Life Sciences Industry cluster. The cluster will be a driving force for economic growth, bringing in additional jobs, inward investment and contributing to the skills base of the region thus supporting the government’s aim to include wealth generation from the UK’s life science sector. The project is in its final stage; the publication and implementation of the business plan and developing the key themes of infectious diseases and vaccines, capitalising on the military interface, and personalised medicine/meeting the ageing challenge.

Challenge events will be held with universities, NHS Trusts and private hospitals, the military interface (DSTL, QinetiQ, Army), and local and national industry players to explore key themes.

The Wessex Institute for Vaccines and Infectious Diseases (WIVID) project plan. PHE and DSTL Porton support the realisation of the WIVID vision. This encompasses a corridor of activity stretching from South Wiltshire to Southampton and to Oxford around which a compelling value proposition can be built. This will call on Wiltshire’s strengths in logistics and military force deployment to support the UK’s commitment to delivering infectious disease control around the world.

The Institute for Orthopaedic Research and Innovation. Already supported by Wessex AHSN and Bournemouth University and there is the start of an orthopaedics sub-cluster from the private and public sectors. We will help to accelerate the growth of the centre.

The Interactive HLS on-line map project. This will provide a visible on-line map of where all HLS industries are, what they do, turnover, staffing numbers, etc.

Industry Summit – March 28th 2014
We explored with Industry Leaders how together we could:
- Build a local network to support business growth in Health/Life Sciences
- Understand the needs of the NHS
- Improve access to partnerships for joint working with the NHS and Research
- Improve local health services and outcomes for patients.

This event attracted over 70 participants, representing over 50 SMEs and large corporates. Steve Fairman (Director of Business Improvement & Research, NHS England) was a keynote speaker. Five local companies shared their experiences, reflecting the strong engagement built up over the year.

Some great interaction with key topics of interest covering Digital Health, local networks, co-development with NHS, procurement, and research & development. A Wessex procurement event is planned for June 2014 with NHS Trusts in the region, which will be followed by a working group with industry involvement.
Performance Highlights: Case study 3 – Establishing the Institute for Orthopaedic Research and Innovation, Bournemouth

Summary
An Institute for Orthopaedic Research & Innovation is being developed at Bournemouth University. Accelerator Funds from Wessex AHSN together with matched funds from Bournemouth University are being used to provide an injection of resources to help shape the Institute and start multiple research and education projects concurrently. These outputs would not have been achievable without Accelerator Funding, and will provide the critical mass of work essential for potential research and innovation opportunity to be maximised. The total funding attracted so far amounts to £300,000.

Case study: Institute for Orthopaedic Research & Innovation

The geographical location of Bournemouth, Poole and Christchurch provides the key ingredients for success in establishing an orthopaedic research institute: a high volume of patients, excellent clinical outcomes, pre-existing expertise, a proven track record and a desire to dramatically scale current activities.

The new Institute will be supported by all Dorset NHS, leisure and local authority organisations and will collaborate with a range of national and international partners including industry and universities. The Institute will provide a platform to work with all local NHS provider and commissioning organisations, and aims to achieve significant health and wealth gains in Wessex and beyond.

Funding has enabled the initiation of three medical device research trials, an educational project and a research funding application:

• Trial 1 is a medical device trial to study a new type of hip replacement in patients with degenerative disease of the hip. Accelerator funding has helped to initiate this trial, securing industry research funding of over £107k. Recruitment of the total trial cohort of 200 patients has been achieved.

• Trial 2 is a medical device trial for studying mid-term results of a type of hip replacement. 123 patients will be involved in this trial and the study will attract £50k of industry funding.

• Trial 3 is a medical device trial to study a novel neuromuscular electro stimulation device designed to increase blood flow and promote the reduction of swelling following lower limb injury. £50k of industry funding has been secured, and the study will look at 24 patients.

• An educational consultancy project to develop an online Enhanced Recovery Awareness Tool for staff in NHS Scotland has been agreed. Accelerator Funding has enabled current activities to be back filled so that this work can be completed. This will secure funding of £10k from NHS Scotland.

• Funding has enabled the Principal Investigators to have designated and protected time to work up and lead the development of a proposal to the NIHR Research For Patient Benefit funding stream for the following project: a randomised controlled trial to evaluate the effectiveness of a cycling and education treatment intervention for patients with hip osteoarthritis.

The Wessex AHSN funding is enabling the formal scope of current activities and opportunities in order to establish an institute, and build an infrastructure that will scale their existing expertise to achieve economies of scale to generate health and wealth gains.

“The funding and support of the Wessex AHSN has provided us with the additional capacity required in order for us to accelerate our plans to establish an Institute for Orthopaedic Research and Innovation”

Robert Middleton
Consultant Orthopaedic Surgeon, The Royal Bournemouth Hospital, and Visiting Fellow, Centre for Postgraduate Research and Education, Bournemouth University.
Financial Report

This financial report provides a high level summary of how public funds have been deployed to deliver our strategic priorities and achieve the key objectives of our licence. This is complemented by Appendix 1: The Wessex AHSN Programme, Funding and Deliverables Table, which provides further detail on delivery against each priority areas.

Wessex AHSN received income for the year of £2,749k comprising £2,574k income for delivering the service objectives included in the contract with NHS England. This funding was allocated to the programmes as shown in the table below.

We also secured other income of £175k comprising an innovation prize award, funding for a project with Swindon and Wiltshire Local Enterprise Partnership and a pharma education grant. In addition other “matched funding” has been committed including approximately £30k by pharma and industry as well as £150k from Accelerator Fund partners.

Expenditure for the year was £2064k. This resulted in a carry forward of £685k which is fully committed against strategic priorities in 2014/15.

The expenditure relating to the core AHSN staffing and accommodation costs has been apportioned over each of the priority areas.

The Wessex AHSN accounts for the period to 31 March 2014, have been prepared by and are included in the accounts of University Hospital Southampton NHS Foundation Trust as the interim host for the Wessex AHSN. They have been prepared in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Services Act 2006, in the form which Monitor (the independent Regulator of NHS Foundation Trusts) has directed.

Looking ahead, Wessex AHSN has been incorporated as a company limited by guarantee and will have its own set of accounts and independent auditors from 2014/15.

The following financial table summarises 2013/14 expenditure.

<table>
<thead>
<tr>
<th>Strategic Priority Area</th>
<th>Expenditure</th>
<th>How the funds were deployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Quality Improvement</td>
<td>£700k</td>
<td>The Quality Improvement priorities include respiratory, dementia, nutrition, reducing harm from alcohol and medicines optimisation.</td>
</tr>
<tr>
<td>2 Building Partnerships</td>
<td>£172k</td>
<td>Building profile and partnerships across Wessex included developing infrastructure and engagement with our stakeholder organisations through stakeholder events and partners meetings together with cultural and brand building.</td>
</tr>
<tr>
<td>3 Centre for Implementation Science</td>
<td>£324k</td>
<td>Wessex AHSN contracted with University of Southampton to create the Centre for Implementation Science, to bring together Wessex universities, local and national sources of information to deliver in-depth analysis to inform adoption and spread of programmes.</td>
</tr>
<tr>
<td>4 Creating Wealth and Accelerator Fund</td>
<td>£761k</td>
<td>This strategic priority includes expenditure on the following projects; market place testing, product/enterprise sponsorship, commercial engagement, clinical trials/R&amp;D, SWLEP and Accelerator Funds.</td>
</tr>
<tr>
<td>5 NICE TAs</td>
<td>£44k</td>
<td>Adherence and uptake of NICE Technology Appraisals.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£2,064k</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 1: Wessex AHSN Programme, Funding & Deliverables Table 2013/14

<table>
<thead>
<tr>
<th>No</th>
<th>Overarching Programme</th>
<th>Project Title</th>
<th>Purpose</th>
<th>Health &amp; Wealth Delivery for 2014 (Y1)</th>
<th>Core Objective (A,B,C,D)</th>
<th>Associated AHSN NHS England Funding £000</th>
<th>Outcome Framework Domain (where applicable)</th>
<th>Qtr4 RAG Status</th>
<th>Comment/Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Quality Improvement</td>
<td>Respiratory</td>
<td>Improve respiratory health across Wessex</td>
<td>• Project established • Six improvement work streams in place • Evaluation methodologies specified • 2nd year plans linked with CLAHRC in place</td>
<td>A B (plus impact on C &amp; D)</td>
<td>190</td>
<td>2, focus includes 2.3; some impact in 1</td>
<td>G</td>
<td>PID and business case signed-off. Multi professional steering group appointed with clinical chair</td>
</tr>
<tr>
<td>2</td>
<td>Quality Improvement</td>
<td>Nutrition</td>
<td>Improving nutrition across all sectors</td>
<td>• Project established • Measures and baseline re CQC and NICE standards for those in care setting agreed • Improvement projects underway • 2nd year plan in place including relevant links with CLAHRC</td>
<td>ABC</td>
<td>125</td>
<td>2,3,4</td>
<td>G</td>
<td>CQC approach to nutrition has changed. A key workstream has commenced to establish nutrition metrics, establish baseline with participating organisations. Initiatives have commenced or due to commence Q1, for example Dorset Study in Purbeck 'Nutrition screening of people living in their own home' - GP practice pilot being spread to a further 6 practices. CLAHRC commenced January 2014, shared plans now being developed through joint projects.</td>
</tr>
<tr>
<td>3</td>
<td>Quality Improvement</td>
<td>Dementia</td>
<td>Improving response to growing need and provide better responses to individual need</td>
<td>• Project established jointly with Strategic Clinical Network and linked to CLAHRC • Core data set developed and baseline identified • Strong links with carer groups • System modelling programme initiated</td>
<td>A C (some impact on B &amp; D)</td>
<td>125</td>
<td>2,4</td>
<td>G</td>
<td>Scoping continuing with key partners including PHE, HEW, SCN and CLAHRC and joint event planned for July 2014 This key workstream has commenced working in partnership with PHE, NHSE, SCN and CLAHRC. Strong links already established with SCN, AHSN have met with Carers Together</td>
</tr>
</tbody>
</table>

Quality Improvement - Respiratory: Improve respiratory health across Wessex

Quality Improvement - Nutrition: Improving nutrition across all sectors

Quality Improvement - Dementia: Improving response to growing need and provide better responses to individual need
<p>| 4 | Quality Improvement | Reducing Harm from Alcohol | Reducing impact of misuse of alcohol for individuals and the service | Establish partnership with Public Health and with other partners | Scope project | Model potential approaches for implementation | ABC | 125 | 1,3,5 | G | A range of partners engaged. Reducing Harm from Alcohol featured at the Annual Stakeholders’ summit. | G | Kick off conference held with Wessex Alcohol Research Consortium (WARC). Initial scoping completed and baseline analysis has commenced. A campaign for ‘Know your own number’ is being piloted in UHSFT. | G | A number of implementation initiatives in place, for example there has been training for practice nurses on interventions supported by Pharmaceutical industry, two successful innovations have been implemented as part of the Innovation and Wealth Creation Accelerator Fund’ Drink Coach’ (smartphone and ipad applications) and ‘Alcostick’ (non-invasive blood alcohol monitors). |
| 5 | Quality Improvement | Medicines Optimisation | Increasing the benefits from our investment in medicines | Establish cross sector project that addresses each of the medicines optimisation domains | Measure baseline of reconciliation of transfer of care and uptake of targeted MURs | A,B (some impact on C) | 125 | 1,2,3,4,5 | G | Scoping document written with each domain included | A | Work undertaken by acute Trusts and reported jointly on reconciliation. MUR data held by NHSE. | | |
| 6 | Quality Improvement | Additional long term condition | To identify and scope further work to improve health in LTC | Plan for 2nd year identified and agreed with Partners (possible in cancer, cardiovascular) | | AC | 40 | 2,4 | G | Bowel cancer project underway in partnership with strategic clinical network. Mental Health has been agreed by Partners as a priority workstream starting 2014-15. | | |
| 7 | Building Partnerships | Building Partnerships | To establish the network | Network established and supported by Partners | Regular engagement from industry | MOU with Health Education Wessex | C | 250 | | G | Initial industry workshop held, and Liaison Group established | G | MOU arranged and signed off | G | Established | G | Swindon and Wiltshire LEP jointly funding business planning for LEP, undertaken by Wessex AHSN. | G | In place, CEO on oversight group | G | CLAHRC commenced January 2014, shared plans now being developed through joint projects |
| 8 | Centre for Implementation Science | Centre for Implementation Science | Provide capacity for data analysis, successful change and spread | CIS established | Analyses on variation issued | Priorities for further work agreed | Signiﬁcant contribution provided to NICE TA spread and QIP projects | Metrics developed across whole programme | Engagement with NHS E metric development work | A B D | 438 | 1,2,3,4,5 | G | Director in post, outputs delivered | G | Completed and reviewed at Board. Will inform the plan. Work programme established across priority areas | G | Agreement in place | G | Project plans being prepared with CIS involvement | A | Work commenced to be completed in Q1 2014-15. | A | Awaiting NHSE tender with Health Economics provider |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>Wealth</th>
<th>Market place testing</th>
<th>To understand potential of specific innovations</th>
<th>Resource identified to deliver</th>
<th>Discussions with clinical teams across Wessex</th>
<th>5-10 specific ideas identified for next steps</th>
<th>C,D</th>
<th>150</th>
<th>1,2,3,4,5</th>
<th>G</th>
<th>Key areas and projects identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Wealth</td>
<td>Product/Enterprise sponsorship</td>
<td>Supporting product development</td>
<td>Process established with criteria for selection</td>
<td>Links with potential industry groups</td>
<td>Plans in place to take forward in year 2</td>
<td>C,D</td>
<td>250</td>
<td>1,2,3,4,5</td>
<td>G</td>
<td>Board reviewed proposals and initial process testing underway</td>
</tr>
<tr>
<td>11</td>
<td>Wealth</td>
<td>Commercial engagement</td>
<td>To build profile with industry and bring in ‘investment’</td>
<td>Industry Engagement Group established</td>
<td>At least two projects with industry initiated</td>
<td>Launch event, plan for year 2 in place</td>
<td>B,C,D</td>
<td>150</td>
<td>1,2,3,4,5</td>
<td>G</td>
<td>Several projects underway across programmes</td>
</tr>
<tr>
<td>12</td>
<td>Wealth</td>
<td>Support for clinical trials/R&amp;D</td>
<td>To maximise Wessex offer for trials</td>
<td>Clear working arrangements with CLRN</td>
<td>Support for chemotherapy systems for cancer trials</td>
<td>Support for respiratory patient identification</td>
<td>C,D</td>
<td>150</td>
<td>1,2,3,4,5</td>
<td>G</td>
<td>Projects moving ahead</td>
</tr>
<tr>
<td>13</td>
<td>NICE</td>
<td>NICE Technology Appraisal Uptake</td>
<td>To ensure we adopt NICE TAs</td>
<td>Programme in place</td>
<td>Baseline metrics on recent TAs</td>
<td>Links with ABPI and other groups established</td>
<td>‘Stickiness clinics’ running for new TAs</td>
<td>B,D</td>
<td>150</td>
<td>1,2,3,4</td>
<td>A</td>
</tr>
<tr>
<td>14</td>
<td>HI &amp; Digital Health</td>
<td>HI &amp; Digital Health</td>
<td>To deliver benefits from HI and digital health</td>
<td>Establish HI baseline</td>
<td>Identify best practice</td>
<td>Begin to engage and spread</td>
<td>A,B,C,D</td>
<td>285</td>
<td>1,2,3,4,5</td>
<td>G</td>
<td>Best practice innovations identified, being shared with providers and WHASN assisting implementation to speed up spread.</td>
</tr>
<tr>
<td>15</td>
<td>Contingency</td>
<td>To support unforeseen expenditure or fund additional opportunities</td>
<td>Impact across measures</td>
<td>Support across all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>G</td>
</tr>
</tbody>
</table>

**Total** £2,574
### Appendix 2: The Board

The Board from April 2014 comprises 11 Directors; the Chair, CEO, 3 Commissioning Members, 4 Provider Members and 2 University Members. In addition 4 Non-Voting Members comprising of representatives from CRN, CLAHRC Wessex, HEE Wessex and NHS England Wessex Area Team SCN.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiona Driscoll</td>
<td>Chair, Wessex AHSN</td>
</tr>
<tr>
<td>Martin Stephens</td>
<td>Chief Executive, Wessex AHSN</td>
</tr>
<tr>
<td>Jane Pike</td>
<td>Commissioning Member Director of Service Delivery for Dorset CCG.</td>
</tr>
<tr>
<td>Adrian Higgins</td>
<td>Commissioning Member Clinical Director for Unscheduled Care at West Hampshire CCG</td>
</tr>
<tr>
<td>Richard Samuel</td>
<td>Commissioning Member Chief Officer at Fareham &amp; Gosport CCG and South Eastern Hampshire CCG</td>
</tr>
<tr>
<td>Iain Cameron</td>
<td>University Member Professor of Obstetrics &amp; Gynaecology and Dean of the Faculty of Medicine at the University of Southampton</td>
</tr>
<tr>
<td>Tony Horne</td>
<td>University Member Project Director for the Faculty of Science at the University of Portsmouth</td>
</tr>
<tr>
<td>Karen Baker</td>
<td>Provider Member Chief Executive Officer at Isle of Wight NHS Trust.</td>
</tr>
<tr>
<td>Fiona Dalton</td>
<td>Provider Member Chief Executive Officer at University Hospital Southampton NHS Foundation Trust</td>
</tr>
<tr>
<td>Debbie Fleming</td>
<td>Provider Member Chief Executive Officer at Poole Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td>Helen McCormack</td>
<td>Provider Member Chief Medical Officer with Southern Health NHS Foundation Trust</td>
</tr>
<tr>
<td>Non-voting Members</td>
<td>Mary Edwards, Clinical Research Network</td>
</tr>
<tr>
<td></td>
<td>Jessica Corner, CLAHRC Wessex</td>
</tr>
<tr>
<td></td>
<td>Fleur Kitsell, Health Education England (Wessex)</td>
</tr>
<tr>
<td></td>
<td>Lucy Sutton/Stuart Ward, NHS England Wessex Area Team</td>
</tr>
</tbody>
</table>
### Appendix 3: Leadership Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Appointment</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiona Driscoll</td>
<td>Chair</td>
<td>June 2013</td>
<td>Fiona specialises in designing transformation strategies and operational plans to deliver successful outcomes across the public, private and third sectors. In the public sector her work includes advice and support to Ministers and senior civil servants on cross-cutting programmes on efficiency, delivery, policy reform and IT strategy. She is a member of the Policy Reform Group, and associate member of the Prime Minister’s Delivery Unit and a former member of the Treasury’s Public Service Productivity Panel and Efficiency Programme Board. She is a former Director of QinetiQ and is also a Governor of Nuffield Health.</td>
</tr>
<tr>
<td>Martin Stephens</td>
<td>Chief Executive</td>
<td>October 2013</td>
<td>Martin was National Clinical Director for hospital pharmacy 2008-2011, contributing to the national work on safer transfer of care, preventing venous thromboembolism and the QIPP medicines workstream. Before taking on the CEO role with the AHSN Martin steered the network through licencing as Interim Managing Director. Martin worked as a hospital pharmacist in the West Midlands in his early career, becoming chief pharmacist at Wolverhampton in 1989. In 1997 he became Chief Pharmacist at Southampton before taking a broader clinical leadership role in the trust in 2006. Before the AHSN role Martin was Associate Medical Director for Clinical Effectiveness for University Hospital Southampton NHS FT.</td>
</tr>
<tr>
<td>Dave Meehan</td>
<td>Director for Partnerships &amp; Deputy CEO</td>
<td>February 2014</td>
<td>Dave is a General Manager who has evolved from a highly successful Finance Director. He has worked in the Wessex NHS for almost 40 years and held board positions for 20 including Director and Managing Director of Clinical Services, Strategy, Service Improvement, Performance Management, Communications and Engagement. Dave also runs a long established small financial services consultancy, which has provided a direct and important insight into industry.</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Experience</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Andy Burroughs</td>
<td>Director of Wealth and Enterprise</td>
<td>Andy has 25-years experience in a variety of sales and marketing roles operating across the public and private sector, and most recently was Director of Business Development at Tamar Science Park in Plymouth. Before that he was Director of Business Development at Ipswich Hospital NHS Trust and has also spent 10 years at Microsoft in a variety of strategic and commercial roles, and ran his own business management and consultancy business for 5 years.</td>
<td></td>
</tr>
<tr>
<td>Keith Lincoln</td>
<td>Director of Quality and Improvement</td>
<td>Keith has 28 years experience in a variety of quality improvement, operational and strategic management roles operating across the public sector, and most recently was a Strategic Clinical Networks manager for NHS England (Wessex). Prior to that he was Associate Director of System Reform for Southampton City PCT and has also spent 18 years in the Royal Navy in a variety of operational management, project management and policy roles.</td>
<td></td>
</tr>
<tr>
<td>Caroline Powell</td>
<td>Director, Centre for Implementation Science</td>
<td>Caroline is Director of the Centre for Implementation Science based at the University of Southampton, working with all Wessex partners. Her career spans medical research, health services audit and improvement and senior management roles in the public and third sector.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4: Members and Stakeholders

NHS Trust Members

Dorset County Hospital NHS Foundation Trust
Dorset Healthcare University NHS Foundation Trust
Hampshire Hospitals NHS Foundation Trust
Isle of Wight NHS Trust
Poole Hospital NHS Foundation Trust
Portsmouth Hospitals NHS Trust
Salisbury NHS Foundation Trust
Solent NHS Trust
Southern Health NHS Foundation Trust
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust

Clinical Commissioning Group Members

Dorset CCG
Fareham and Gosport CCG
Isle of Wight CCG
North Hampshire CCG
North East Hampshire and Farnham CCG
Portsmouth CCG
South Eastern Hampshire CCG
Southampton City CCG
West Hampshire CCG
Wiltshire CCG

Member Universities

Bournemouth University
Southampton Solent University
University of Portsmouth
University of Southampton
University of Winchester

Stakeholders

Comprehensive Research Network
Health Education England (Wessex)
NIHR CLAHRC Wessex
Industry
NHS England Wessex Area Team
Strategic Clinical Networks

Local authorities
Third sector organisations