



**Health  
Innovation**  
Oxford & Thames Valley



Part of the  
**Health  
Innovation  
Network**



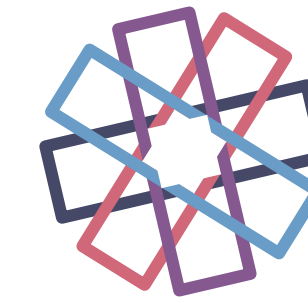
# Q3 Report

For the quarter ending 31 December 2023



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Q3 Report: For the quarter ending 31December 2023



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Risk Register

Case Studies Published in Quarterly Reports (2019 – 2023)



# Chief Executive's summary



Our new Master Licence Agreement with NHS England came into effect on 1 October 2023 and runs until March 2028, subject to a two-year break clause. The Oxford Academic Health Science Network is now called Health Innovation Oxford and Thames Valley. We are the same organisation with the same mission to accelerate the adoption of high value innovation in health and social care. The AHSN Network of 15 local networks is now called the Health Innovation Network.

We have agreed the process with our host, Oxford University Hospitals, to appoint a new Chair of our Board. Our current Chair Nigel Keen will be standing down after more than ten years since his appointment as the founding Chair of Oxford AHSN.

Cardiovascular disease (CVD) is the major driver of health inequalities and is a key area we work in supporting our partners in the BOB (Buckinghamshire, Oxfordshire and Berkshire West) and Frimley integrated care systems. Our case studies this quarter illustrate some of our work in this priority area. CVD is also one of four priority clinical areas for the national Health Innovation Network with programmes in heart failure and chronic kidney disease in development.

I am working with Oxford Academic Health Partners, University colleagues and the BOB leadership team to enable the world-leading strengths in life science and health research in Oxford to address the needs of our population across the Thames Valley.

My work as co-chair of workstream 1 of the NHS Innovation Ecosystem Programme led by Roland Sinker continues. With support from colleagues in the Health Innovation Network central coordination team we have developed a set of case studies describing successful examples of national spread of health innovation and derived a series of hypotheses and principles of what is required to underpin successful national spread of innovation. These learnings have been further developed through a series of learning collaborative webinars led by the South West, Wessex and West of England Health Innovation Networks. They are also feeding into the other workstreams in this programme, informing immediate changes that can be made to the current infrastructure and NHS programmes and the wider review of changes that need to be made to the research innovation ecosystem



Professor Gary A Ford, CBE, FMedSci,  
Chief Executive Officer, Health Innovation Oxford and Thames Valley

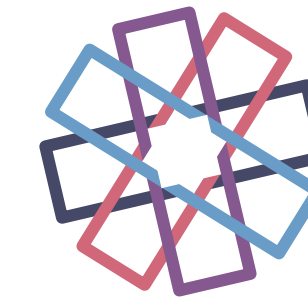


# Case Study 1

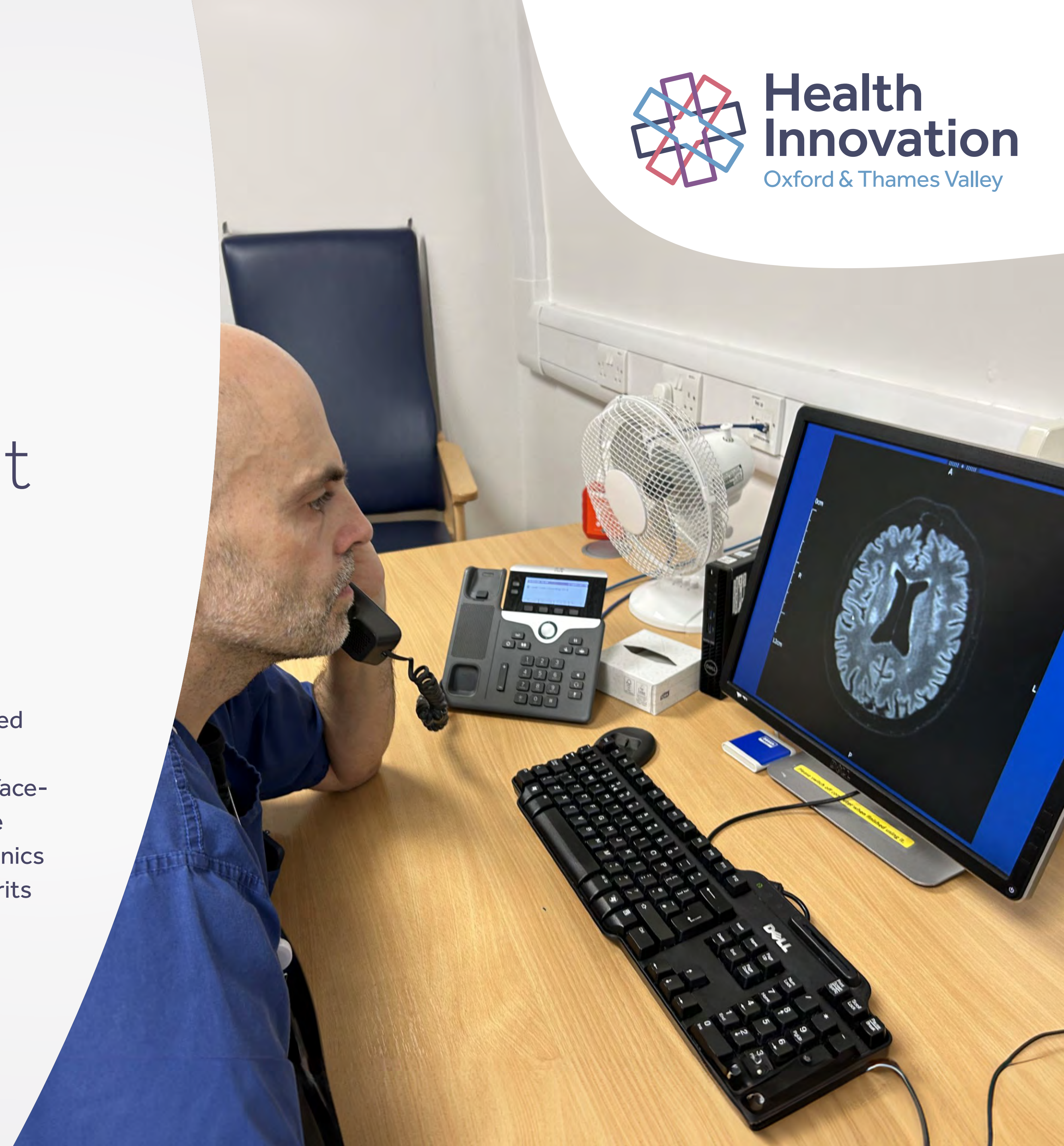
Patient pathway/Programme: Cardiovascular Disease/  
Clinical Innovation Adoption

## Video consultation offers potential for some outpatient clinics following transient ischaemic attack (TIA)

Virtual outpatient clinics (where most appointments and consultations are completed remotely) were widely introduced during the COVID-19 pandemic. Most NHS trusts moved to this model of care for transient ischaemic attack (TIA) clinics to minimise face-to-face contact between healthcare professionals and patients. Some services have continued with a virtual model of care, while others have returned to face-to-face clinics or now offer a hybrid approach. There has been limited evaluation of the relative merits of these different approaches.



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# Case Study 1

Patient pathway/Programme: Cardiovascular Disease/Clinical Innovation Adoption



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Health Innovation Oxford and Thames Valley (formerly the Oxford AHSN) and the National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) Oxford and Thames Valley secured funding from the NHS Insights Prioritisation Programme (NIPP) to evaluate the effectiveness of the virtual model and the experiences of patients and staff – and to guide service design, improvement and planning. The main findings were:

- Wide variation across services, even when using the same model
- Pathways and working practices were primarily dependent on imaging availability, particularly MRI

There is potential to use virtual consultation for some patients, while the hybrid model may offer the greatest potential benefits to patients and clinicians. Developing a framework for commissioners and services to support service design is key and patient input essential. The framework should describe the benefits and disadvantages of the different models, identify when virtual consultation is most appropriate, and address issues around clinic capacity and imaging requirements.

## What did we do?

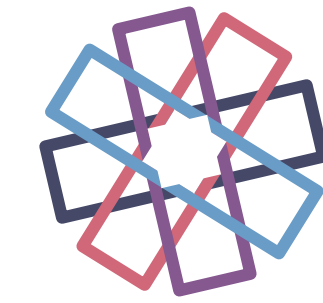
We compared face-to-face and virtual clinics by:

- mapping the different care pathways in 14 clinics across 12 NHS trusts in the South East
- interviewing 15 patients and 12 healthcare professionals to gather their views and explore variation in experiences
- estimating the resource implications and costs of the different pathways
- exploring the environmental impact of virtual versus face-to-face consultations



# Case Study 1

Patient pathway/Programme: Cardiovascular Disease/Clinical Innovation Adoption



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## What did we find?

Our two main findings were:

1. Wide variation across services, even when using the same model with services developed around local contexts and clinician preferences. This meant it wasn't possible to define what a good pathway looks like for each model
2. Pathways and working practices were primarily dependent on imaging availability, particularly for MRI

Benefits of the virtual model (usually telephone consultation) for patients included time saving due to reductions in travel and time to attend appointments. Healthcare professionals had greater flexibility to manage TIA services around other clinical demands and patients made quicker progress through the pathway.

Challenges of the virtual model included a lack of clear patient facing information. Some patients and healthcare professionals found it more difficult to build a rapport and patients told us they had fewer opportunities to ask questions, particularly when given a diagnosis of TIA and the significance of this on their emotional wellbeing.

Project resources including a plain language summary, main evaluation report, literature review and methods, example pathway maps, poster, audio summary can be found [here](#).



## What people said

“The delivery of high-quality rapid access TIA services is paramount to reducing the burden of recurrent stroke through early treatment. This work offers a unique and highly valuable insight into the patient and clinician experience of the varying models of face-to-face and virtual consultations”  
David Hargroves, Consultant Stroke Physician; Clinical lead for Stroke: South East, NHS England; National Specialty Adviser for Stroke Medicine, NHS England; National Clinical Lead for Stroke Medicine – NHS England GIRFT programme.



# Case Study 1

Patient pathway/Programme: Cardiovascular Disease/Clinical Innovation Adoption



## What next?

There is potential to use virtual consultation for some patients.

Developing a framework for commissioners and services to support service design is key and patient input essential. The framework should describe the benefits and disadvantages of the different models, identify when virtual consultation is most appropriate, and address issues around clinic capacity and imaging requirements.

There is a need for specific training in communication skills for virtual care, better signposting and patient information regarding the virtual and hybrid models in particular.

We will take forward the findings of this evaluation and work with NHS Getting It Right First Time (GIRFT) and integrated stroke delivery networks (ISDNs).

Publication of the findings of all NIPP projects across the country is expected imminently.

## Contact

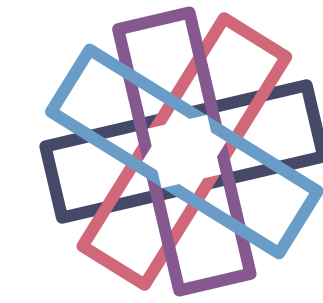
Sarah Brown, Project Manager

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# Case Study 2

Patient pathway/Programme: Cardiovascular Disease/  
Strategic and Industry Partnerships



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## Investigating device supporting reduction of treatment-resistant hypertension

Hypertension is a leading health risk factor globally, and high and uncontrolled blood pressure is strongly associated with an increased risk of myocardial infarction, stroke, heart and kidney failure, as well as other cardiovascular diseases and organ damage. Hypertension affects over 1 billion people worldwide and is directly responsible for more than 10 million deaths, leading to it being declared a public health crisis by the World Health Organisation (WHO).

The Oxford AHSN (now Health Innovation Oxford and Thames Valley) is working along with Afferent Medical Solutions who have developed AffeX, a handheld, battery-operated, portable device which generates electrical stimulation through auricular innervation for use in the management and reduction of treatment-resistant hypertension.

The Oxford HIN team conducted a feasibility study, speaking to key stakeholders along the care pathway to determine the potential clinical utility, place in the clinical pathway, user requirements and perceived usefulness of the device.







# Case Study 2

Patient pathway/Programme: Cardiovascular Disease/Strategic and Industry Partnerships



## What is the challenge?

Hypertension, or elevated blood pressure, is a serious medical condition that significantly increases the risk of heart, brain, kidney and other diseases. Reducing blood pressure can in turn reduce a patient's chance of stroke by 40%. As many as 38.8% of strokes result from blood pressure which is being treated but is uncontrolled. This is a huge burden on the NHS with strokes costing the UK economy £2.3 billion per year.

While there is a wide array of pharmacological treatments for high blood pressure, a strong proportion of patients who suffer from high blood pressure do not respond to treatment and are classed as having resistant hypertension. Patients who usually fail to respond to optimal doses of three or more medicines and retain a blood pressure of above or equal to 140/90 mmHg are usually classed as having resistant hypertension.

## What did we do?

The Oxford AHSN performed an initial literature search to explore the evidence base surrounding treatment resistant hypertension to identify the current care pathway in the NHS.

The Oxford AHSN carried out a Lean Assessment Process, interviewing stakeholders across primary, secondary and tertiary care settings to obtain the information required to understand the benefits, clinical utility, acceptance, where it would be placed in the clinical pathway and potential barriers to adoption of the AffeX device. The key objectives of this study were to assess the potential impact of the device in the clinical pathway setting to enable AffeX to further develop the product in line with NHS needs and start to investigate the evidence that would be required for a future business case once the product was ready for market.

This project was funded by the National Institute for Health and Care Research (NIHR).



# Case Study 2

Patient pathway/Programme: Cardiovascular Disease/Strategic and Industry Partnerships



## What has been achieved?

The Oxford AHSN feasibility study demonstrated that a non-invasive and non-pharmacological approach to treating resistant hypertension was most welcome given that this is a sub-group of patients who have not achieved blood pressure control with medication.

The evaluation suggested that introducing AffeX into the care pathway has the potential to reduce the amount of medication taken by patients with resistant hypertension. This in turn reduces the impact of side effects and benefiting drug intolerant patients. If people with drug-resistant hypertension achieve blood pressure control, this could result in a reduction of patients having strokes, heart attacks and renal failures.

## What people said



“The study has been extremely useful to Afferent providing first-hand feedback on issues that need to be considered before AffeX can be adopted by the NHS. It has also provided user input into Afferent’s device development programme – addressing a requirement set-out in the Medical Device Regulations.”

Everard Mascarenhas, CEO, Afferent Medical Solutions

## What next?

Further evidence and data are required for clinical validation. These will be obtained by carrying out a clinical trial. Once the product has gained all of its required regulatory approvals, a real-world evaluation needs to be conducted to support further adoption.

## Contact

Mamta Bajre, Lead Health Economist & Methodologist

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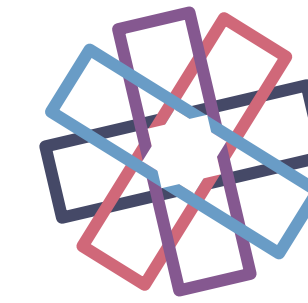


# Case Study 3

Patient pathway/Theme: Cardiovascular Disease/  
Community involvement

## Listening to communities: Conversations about heart health

NHS England commissioned Health Innovation Oxford & Thames Valley (Oxford HIN) to find out what people know and think about heart health. They particularly wanted to hear from communities whose voices are seldom heard, and who appear to be at greater risk of heart health problems. During 2022 and 2023, the Oxford HIN engaged three communities: People who live in an area of multiple deprivation in Slough, people from a South Asian heritage who attend the mosque in Banbury and Polish people in Birmingham. We worked collaboratively with each community to design engagement approaches which were most likely to encourage people to share their thoughts. After each engagement activity, we analysed the results and fed back the results to the community and to local health partners.



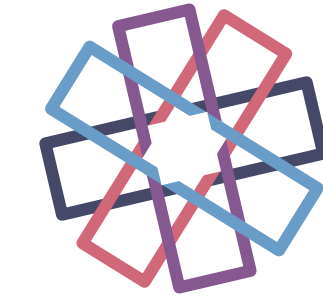
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# Case Study 3

Patient pathway/Theme: Cardiovascular Disease/Community involvement



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## What is the challenge?

Heart disease is a major cause of illness and health inequalities. Risk can be significantly reduced through healthy lifestyle choices and appropriate care and treatment. However, not all people and communities have equitable access to the care they need.

## What did we do?

We wanted to find out what health professionals and communities can do together to ensure everyone has the opportunity to reduce their risk of heart disease. We worked collaboratively with each community group to organise bespoke engagement events. This approach was important because it allowed us to build trust with the community and to get the best possible level of engagement. We worked with three community groups outlined below and offered funding to each to ensure they had the capacity to deliver the work.

In Slough, we worked with Slough Council for Voluntary Service to deliver a community lunch. Information was gathered through a combination of surveys and discussion, led by the local community.

In Banbury, we worked with the Banbury Mosque to train community members to deliver engagement activities and two engagement events. Women's views were gathered during a community lunch, and men's views were gathered as men arrived and left the mosque for Friday prayers. The mosque created branded water bottles to offer as a thank you to those who completed the survey.

In Birmingham, we worked with the European Welfare Association to organise a survey among Polish parents whose children attend a Saturday morning language class. The parents were encouraged to complete the survey and offered a gift of Polish honey and apples in return.

Once the data was gathered in each location, we analysed it and prepared a short report. This information has been fed back to each community and to local health colleagues.



# Case Study 3

Patient pathway/Theme: Cardiovascular Disease/Community involvement



## What has been achieved?

This project heard the experiences of a diverse group of more than 200 people whose views are not always sought or listened to. The group includes people from a range of ethnicities: European, Black Caribbean, Black African and Asian. A large portion of participants were most comfortable using a language which is not English.

Around 30% of respondents from the Polish community, 40% of those from Banbury Mosque and a majority of those interviewed in Slough highlighted concerns about the support they can access to help them manage heart health. We heard that problems accessing GPs was a strong concern across all groups. Also, few people appeared to have been involved in decisions about their treatment. Some people described challenges in taking medication. Challenges in accessing sports and leisure facilities was a concern for the women at Banbury Mosque.

However, many people reported that medication and changes in lifestyle had been helpful. For those who have made changes in lifestyle, walking and light exercise appeared to be more popular than changes to diet.

## What next?

There were lots of ideas about next steps which we hope the communities and local health professionals can work on together:

- Information & advice: easier access to professionals, talking to someone who can take the time to listen and answer questions, walk-in check-ups and regular 'MOT' checks.
- Social groups and befriending
- Access to sports activities which are free or low cost and available outside working hours
- More nutritional advice
- GP surgeries open outside working hours

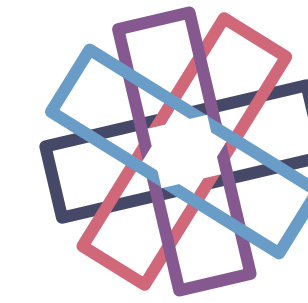
## Contact

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# Operational Review



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## Governance

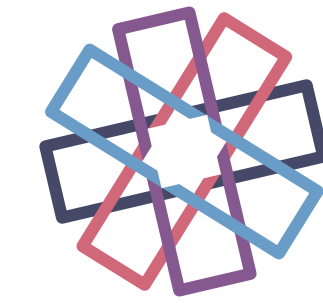
Health Innovation Oxford and Thames Valley, BOB and Frimley ICBs meet regularly to discuss system priorities and opportunities for innovation and improvement. I gave a quarterly update to the BOB Place and System Development Committee on progress and bidding opportunities that we are working on together. We hold a formal quarterly review meeting with the BOB and Frimley Directors of Strategy to review the last quarter's progress and discuss topics chosen by the ICBs, eg productivity, CVD, respiratory, polypharmacy, for the purposes of planning. We have commenced regular calls with the BOB Primary Care Leads and will input to the developing BOB primary care strategy. We are also setting up regular calls with the BOB Deputy Director of Clinical Programmes. Through our InHIP collaboration we have strong engagement with the Bedfordshire, Luton and Milton Keynes (BLMK), BOB and Frimley teams in long term conditions.

The three Health Innovation Networks in the southeast hold a quarterly alignment meeting with the NHS England South East regional team to discuss opportunities for further alignment. The leads for CVD, pharmacy, patient safety and mental health all meet regularly, as do the three HINs' Chief Operating Officers.





# Operational Review



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## Q3 highlights

The network wide **Blood Pressure Optimisation** programme formally concluded in Q2, however in Q3 we continued to support BOB ICB with hypertension management. This was through the CVD champions programme and engagement with locality leads. Together with locality leads we identified 30 practices in BOB that may require a higher level of support, with the HIN offering quality improvement support. Several practices have expressed an interest with meetings arranged for Q4.

**Inclisiran** uptake across the region remains behind planned trajectory, however good progress was made in Q3 through both the BOB collaborative lipid fund project and the Frimley system transformation fund project.

**InHIP** (Innovation for Healthcare Inequalities Programme) projects across the geography are moving into the evaluation stage, whilst final clinics are completed. Planning is underway for InHIP projects for the next financial year, with sustainability of current projects also being explored.

The **Polypharmacy** programme continues to extend its reach, with two further Communities of Practice delivered – one for BOB ICB and one for BLMK ICB and a Polypharmacy comparator webinar which was attended by 63 people. Polypharmacy Action Learning Sets have been delivered to 64 prescribers (to Dec 23) with 15 prescribers from core20 primary care networks. An additional Action Learning Set trainer has completed the accreditation.

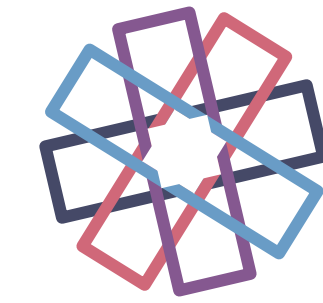
BLMK, BOB and Frimley ICBs are interested in continuing the Polypharmacy programme for another year and planning is underway.

The **Wound care** programme has focussed on refining data collection templates for Frimley and strategic planning with Surrey Health around adoption and spread in Q3. Positive trends are emerging from initial data analysis highlighting that patients are healing earlier in the pathway of care and the implementation of the NWSCP pathway has started to show positive impact both operationally and clinically.





# Operational Review



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This year we will be celebrating ten years of the Oxford **Maternity and Neonatal** network, which continues to go from strength to strength. Reporting from the National Neonatal Audit Programme (NNAP) 2022 has been released. The Thames Valley consistently featured in the top three nationally for preterm optimisation care elements, and now has the lowest mortality of preterm babies born before 32 weeks in England and Wales.

The **Patient Safety Incident Response Framework (PSIRF)** implementation project has provided support to Buckinghamshire Healthcare via bi-weekly meetings (with BOB). The team attended their PSIRF in person staff briefings and bespoke After Action Review training. Oxford Health received full feedback on their draft PSIRF Policy and Plan and the team supported independent provider Foscote with an on-site visit.

The Oxford Patient Safety Collaborative team has been invited to present our work on simulation-based education for multi-professional teams at the RCM Conference in Liverpool in May.

The **Digital Therapeutics for Depression** Feasibility Study has now been completed with further pilot work ongoing. The second phase of health economics will continue into 2024/25.

An information sharing session was held to present emerging insights from the **Virtual wards** programme. This covered a broad range of topics including:

- Service user engagement (interviews with patients and their families/carers)
- Profiling interviews with operational and clinical leads (included identified strengths, challenges and opportunities)
- Workforce survey (68 respondents)
- Data analysis and reporting







# Operational Review



The team started developing a standardised patient experience data collection model for provider use in 2024 and are supporting BHT and BHFT to move towards a state of 'you said, we did' using the results from the workforce survey.

The Strategic and Industry Partnerships (SIP) team has been undertaking horizon scans to identify opportunities for technologies in the **respiratory** space driving workforce efficiency.

**MTFM** products Greenlight XPS, PLASMA+, Rezum, Urolift and Xpress multi sinus dilation system are well adopted across the region. The team is supporting adoption and spread where necessary and working with system stakeholders to develop business cases to adopt Spectra Optia and Thopaz+, where these products are not currently in use.

**New projects** initiated in Q3 include Hailie Heilicon, a real-world evaluation is to understand whether use of the Hailie™ smart inhaler (Helicon Health) can help identify uncontrolled **asthma** patients who also have poor inhaler compliance and control, to allow provision of a better-informed intervention plan (rather than escalated treatment) to the benefit of both patient and the system and an operational pilot of Otsuka CARE for major depressive disorder - a novel, evidence-based digital therapeutic for **clinical depression** developed by Otsuka Pharmaceutical and delivered as a smartphone application.

## **Innovator support**

The SIP team has been designing industry facing webinars to deliver key messages and information around early market access. Sharing knowledge across the network around procurement and market access has been important. We have attended events to share insight into the challenges around adoption and spread in the NHS including: Southern Cancer Alliance meeting, British Thoracic Society 2023, Molnlycke Wound Care Round Table, UK-Sweden MoU Life Science Round Table, NICE conference 2023, ISPOR 2023 conference and ABHI 2023 Conference.

By the end of Q3, 227 (plan 120) companies had been supported, an increase of 82 in the quarter. Five horizon scans were completed and five evaluations started. Two new innovations were introduced to clinical settings in the quarter.



# Operational Review



## Net Zero

Following a vote by the HINs, I have been appointed as chair of the Health Innovation Network Environmental Sustainability Advisory Group. This group is focused on the Network's strategy to support innovators and local NHS systems deliver the NHS Net Zero policy. We are seeing a significant growth in innovators with solutions to deliver Net Zero looking for support from the Network – this will be an important driver of economic growth. Amelia James, Net Zero lead for Health Innovation Oxford and Health Innovation Kent Surrey Sussex produced a practical guide for innovators on working with the NHS to achieve net zero carbon emissions. Amelia also contributed to a Net Zero 'Bridging the Gap' event at Health Innovation East.

## Communications and Stakeholder Engagement

At the start of Q3 we changed our name from the Oxford Academic Health Science Network (Oxford AHSN) to Health Innovation Oxford and Thames Valley. All AHSNs are now HINs with the collective body known as the Health Innovation Network (formerly the AHSN Network). Our accompanying messaging has focused on: 'New name ... same aim'. Nothing has changed except our name and logo (which retains the distinctive wheel icon). We are the same organisation with the same mission to accelerate the adoption of healthcare innovation.

In this quarter our wide-ranging outputs included a practical guide for innovators on working with the NHS to achieve net zero carbon emissions (see above), a report on developing NHS health and wellbeing leads and a series of patient information videos on benign prostate enlargement. These short animations proved timely as they were completed shortly before King Charles announced that he had the condition – and wanted to raise awareness of it.

We have a strong focus on sharing and learning including a weekly lunchtime session for our team. From time to time we have guest presenters from partner organisations. In Q3 these included Mark Hinchcliffe, Strategic Head of Quality Improvement, on work to identify and address health inequalities at Berkshire Healthcare NHS Foundation Trust. We also enjoy sharing with the wider world - our workforce innovation lead [Katie Lean gave a talk as part of the 'TEDxNHS' event on 'A thirst for change'](#) based on our award-winning 'Good Hydration!' campaign with primary care colleagues to reduce urinary tract infections in care homes.



# Operational Review

## Risks (Amber or Red risks only)

For full risk register, see Appendix A

### Amber – Inclisiran

Uptake remains significantly below trajectory. Good progress was made in Q3 through both the BOB collaborative lipid fund (CLF) project and the Frimley system transformation fund (STF) project.

BOB CLF project: In Q3 a formal project extension was requested and approved by the national CLF steering committee. Recruitment well underway with a nurse appointed at OUH (starting Jan 2024) and adverts placed at BHT.

The medicines framework, through which practices receive a payment for administering Inclisiran was launched at the end of Q3, and we believe this will support practice capacity to take on the ongoing care of patients (as well as supporting appropriate initiation of Inclisiran in primary care). Practice support materials and primary care communication materials have been developed and agreed with the medicines optimisation team. Clinical delivery will commence in Q4.

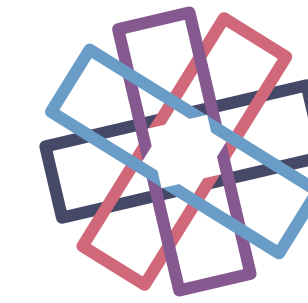
Frimley STF project: In Q3 delivery continued as planned. One WTE lipid specialist pharmacist has been appointed and clinical delivery is well underway. The team have engaged with PCNs, offered education, mentored staff, shared search methodologies, and offered support with clinical reviews. A 'train the trainer' model has been used to leave a legacy for learning within primary care. Inclisiran clinics have been established in several practices with the first administration being supported by specialist lipid pharmacists to build confidence in primary care.

We are forecasting to break even this year.



# Financial Summary

Q3, for period ending 31 December 2023



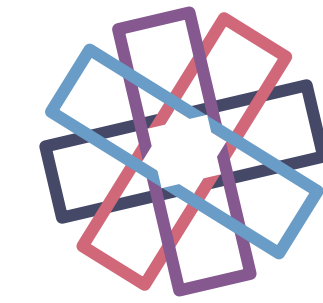
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Income	Opening Plan	Forecast	Forecast Variance	YTD Plan	YTD Actuals	YTD Variance
Commissioning Income - NHS England Master Licence	-2,090,000	-2,090,000	0	-1,567,501	-1,567,500	-1
Commissioning Income - Office for Life Sciences	-824,601	-824,601	0	-618,451	-618,450	-1
Commissioning Income - PSC	-412,084	-406,570	-5,514	-309,063	-311,268	2,205
Other Income	-2,085,346	-2,014,501	-70,845	-1,570,196	-1,444,932	-125,264
<b>Total income</b>	<b>-5,412,031</b>	<b>-5,335,672</b>	<b>-76,359</b>	<b>-4,065,211</b>	<b>-3,942,150</b>	<b>-123,061</b>
<b>HIN funding of activities</b>						
Patient Safety	451,714	415,401	36,313	341,502	319,994	21,508
Clinical Improvement	342,391	334,412	7,979	254,080	247,627	6,454
Clinical Innovation Adoption	1,465,072	1,345,652	119,420	1,104,991	991,701	113,291
Strategic & Industry Partnerships	1,143,390	1,084,844	58,546	857,542	771,760	85,782
Community Involvement & Workforce Innovation	438,570	418,116	20,454	328,925	315,407	13,517
Contribution to Health Innovation Network	107,472	135,728	-28,256	80,604	101,796	-21,192
Other Programme Costs	49,673	46,731	2,942	37,255	35,054	2,200
<b>Programmes and themes</b>	<b>3,998,282</b>	<b>3,780,884</b>	<b>217,397</b>	<b>3,004,899</b>	<b>2,783,339</b>	<b>221,561</b>
<b>Overheads</b>						
Communications	116,424	117,525	-1,101	87,318	89,715	-2,397
Corporate Office	1,297,325	1,437,262	-139,937	972,994	1,069,097	-96,103
<b>Total Overhead Costs</b>	<b>1,413,749</b>	<b>1,554,787</b>	<b>-141,038</b>	<b>1,060,312</b>	<b>1,158,812</b>	<b>-98,500</b>
<b>Total expenditure</b>	<b>5,412,031</b>	<b>5,335,672</b>	<b>76,359</b>	<b>4,065,211</b>	<b>3,942,150</b>	<b>123,061</b>
<b>Net Surplus or Deficit</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Dr Paul Durrands ACA CMILT,  
Chief Operating Officer and Deputy Chief Executive, Health Innovation Oxford and Thames Valley



# Clinical Focus Areas 2023/24



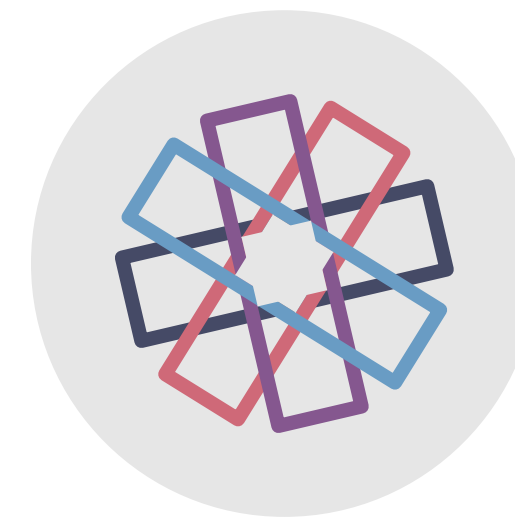
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## Local/Regional



### Health and care priorities

Cardiovascular  
Mental Health  
Maternity & Neonatal  
Respiratory  
Medicines Optimisation  
Cancer



### Building strong and effective systems

Elective Recovery  
AI Evaluation and Integration  
Urgent and Emergency Care  
Tech Enabled Community Care

Reducing Health  
Inequalities

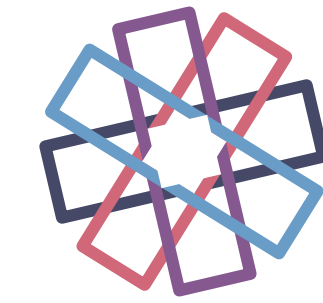
Environmental  
Sustainability

Partient and Public  
Involvement

Workforce



# Clinical Focus Areas 2023/24



**Health  
Innovation**  
Oxford & Thames Valley

## Network Wide

Cardiovascular

National wound  
care strategy

Polypharmacy

Accelerated  
Access  
Collaborative

Innovation  
for healthcare  
inequalities

Patient safety

Innovation  
adoption and real  
world evaluation

## 2023-24 NHS priorities and operational planning guidance - recovering our core services and productivity

Maintain quality and  
safety in our services,  
particularly in maternity  
services

Improve staff retention  
and attendance through  
a systematic focus on  
all elements of the NHS  
People Promise

Make it easier for people  
to access primary care  
services, particularly  
general practice

Reduce elective long waits  
and cancer backlogs, and  
improve performance  
against the core  
diagnostic standard

Narrow health inequalities  
in access, outcomes, and  
experience, including  
across services for children  
and young people

Improve ambulance  
response and A&E  
waiting times



# Q3 Programme and Project Updates



Clinical Area	Programme Details	BOB	Frimley	BLMK
Cardiovascular/Stroke	<b>AffeX (Discover) ^</b> Afferent have continued to work on patient recruitment data collection. No planned activity for Health Innovation Oxford and Thames Valley.			
Cardiovascular/Stroke	<b>Blood pressure optimisation (CVD portfolio programme) (Deploy)</b> In Q3 we continued to support BOB ICB with hypertension management. This was through the CVD champions programme and through engagement with locality leads. Together with locality leads we identified 30 practices in BOB that may require a higher level of support and communications were sent out to them with the offer of quality improvement support from the HIN. Several practices have expressed an interest to date and meetings have been arranged for Q4.	●	●	●
Cardiovascular/Stroke	<b>Brainomix AI Stroke Imaging Technology Evaluation (Develop)</b> Convergence of qualitative and quantitative data analysis for final report. Preparation of abstract for European Stroke Conference. Creation of various case studies for publication post evaluation period.	●	●	●
Cardiovascular/Stroke	<b>CardioSignal (Develop)</b> The review of the early implementation of CardioSignal identified several issues with the deployment to date. These included low sign-up rates and a significant impact on primary care capacity. A meeting is planned for Q4 to review implementation and adjust going forward.	●		
Cardiovascular/Stroke	<b>Chronic Kidney Disease (CVD portfolio programme)</b> CKD is a new programme for Q3. We have held initial meetings with local stakeholders to discuss project ideas and gauge levels of engagement. Meetings also held with industry partners to discuss potential for collaborative working. Baseline work started, engaging with Connected Care to provide population health management data.			
Cardiovascular/Stroke	<b>EchoGo Pro (Develop)</b> Discussions with Ultrasonics on data sharing. Analysis is expected to commence in Q4.			
Cardiovascular/Stroke	<b>Evaluating the role of virtual transient ischaemic attack (TIA) outpatient clinics (NIPP Programme) (Develop)</b> E-poster was presented at the UK Stroke Forum. All outputs are now available on our website, and the case study was highlighted in the Health Innovation Oxford and Thames Valley in December. National communications on all NIPP projects is planned for Q4.	●	●	●

^ NIHR funded projects

\* ARC collaborations

● Colour indicates RAG status



# Q3 Programme and Project Updates



Clinical Area	Programme Details	BOB	Frimley	BLMK
Cardiovascular/Stroke	<b>Familial hypercholesterolaemia (CVD portfolio programme) (Deploy)</b> In Q3 we continued to support ICBs with lipid management and FH detection through the lens of both the CLF and STF projects (reported under Inclisiran) and also through broader support for CVD prevention including supporting the CVD champions programme.	●	●	●
Cardiovascular/Stroke	<b>Heart Failure (CVD portfolio programme) (Deploy)</b> Heart failure is a new programme for Q3. We engaged with ICDNs and ICB CVD leads to gauge levels of engagement. We will be progressing with heart failure activities in Q4, including rolling out the Oxford HF toolkit.	●	●	●
Cardiovascular/Stroke	<b>Innovation for Healthcare Inequalities Programme (InHIP) - BLMK (Deploy)</b> InHIP projects are moving into the evaluation stage, whilst final clinics are being completed. Planning is underway for InHIP projects for the next financial year, with sustainability of the current projects also being explored. BLMK Practices are successfully using the tools to build lists for patient reviews. Practices are being supported to deliver reviews, with training available to all delivery practices. A suite of materials is being developed to allow further roll out of this initiative.			●
Cardiovascular/Stroke	<b>iSight Thrombectomy training project (Develop)</b> Early stage planning activities are underway for a potential 2-year project, kicking off formally in Q4. Initial conversations with groups and contacts who could form our patient and public advisory panel. Collaborator agreement has been submitted to legal team for approval.			
Cardiovascular/Stroke	<b>Lipid Management (Deploy)</b> In Q3 we continued to support ICBs with lipid management through the lens of both the CLF and STF projects (reported under Inclisiran) and also through broader support for CVD prevention including supporting the CVD champions programme. Discussions are ongoing with VCSE to determine if further work is required. A plan was developed for communications surrounding lipids videos.	●	●	●
Maternity	<b>Maternity and Neonatal Safety - Deterioration (Deploy)</b> MEWS: Delay caused by a plan to move to maternal BadgerNet which is now postponed until 2024 The team is continuing to monitor the progress with the transition and keep under review. Most likely will be that OUH will be an early adopter site for the digital version of MEWS when this is available.			●
Maternity	<b>Maternity and Neonatal Safety - Preterm Optimisation (Develop)</b> The team continue to improve on each element of the optimisation bundle.	●	●	●

^ NIHR funded projects

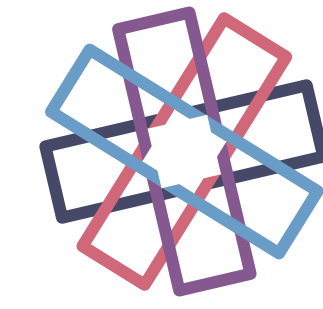
\* ARC collaborations

● Colour indicates RAG status







# Q3 Programme and Project Updates



**Health Innovation**  
Oxford & Thames Valley

Clinical Area	Programme Details	BOB	Frimley	BLMK
 Maternity	<b>OxSys (Discover) ^</b> Awaiting health economics data to progress analysis.			
 Maternity	<b>Threatened preterm labour (Deploy)</b> Engagement ongoing with BOB and Frimley ICBs.	●	●	
Medicines Optimisation	<b>AMR-UTI (Develop) ^</b> Clinical pathway is being finalised with Reading University, and the health economics analysis plan will start in Q4.			
Medicines Optimisation	<b>Medicines Safety Improvement Programme (Develop and deploy)</b> Continuing productive working relationships with Frimley MO leads to deliver agreed opioids workplan. New relationships established with BOB MO leads.	●	●	●
Medicines Optimisation	<b>Opioid Safety Innovation and Insight Panel (Discover)</b> Four innovations selected and joined panel for review by stakeholders.	●	●	●
Medicines Optimisation	<b>Polypharmacy (Develop and deploy)</b> Two Communities of Practice have been delivered – one for BOB ICB and one for BLMK ICB. The Polypharmacy comparator webinar has been attended by 63 people across the Health Innovation Oxford and Thames Valley geography (to date). Polypharmacy Action Learning Sets have been delivered to 64 prescribers (to Dec 23) across the Health Innovation Oxford and Thames Valley geography, with 15 prescribers from core20 Primary Care Networks. An additional Action Learning Set trainer has completed the accreditation. There have been 55 downloads of the resources for the patient behaviour change campaign (to date). Two Quality Improvement projects have been identified and written up as posters to date. The Polypharmacy Health Inequalities dashboard was updated with latest available prescribing data.	●	●	●
Medicines Optimisation	<b>Structured medication reviews - OSCAR study (Develop)</b> Continuing to provide advice to support evaluation.			

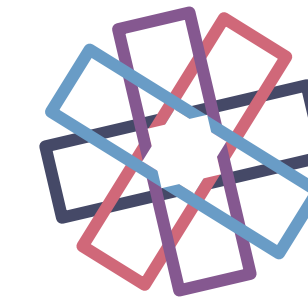
^ NIHR funded projects

\* ARC collaborations












● Colour indicates RAG status



# Q3 Programme and Project Updates



**Health Innovation**  
Oxford & Thames Valley

Clinical Area	Programme Details	BOB	Frimley	BLMK
 Mental Health	<b>Bracknell Forest CYP Self-Harm Workforce Project (Develop)</b> Project complete with final reports (incl. Executive Summary) submitted to Bracknell Forest Council. Liaison with Bracknell's Comms Team to help promote the work locally and across the county.			
 Mental Health	<b>Digital Therapeutics for Depression (Develop)</b> Feasibility study completed. Further pilot work ongoing. Second phase of Health Economics in 2024/25.			
 Mental Health	<b>Otsuka CARE for MDD Operational Pilot (Develop)</b> CARE for MDD is a novel, evidence-based digital therapeutic (DTx) for clinical depression developed by Otsuka Pharmaceutical and delivered as a smartphone application. This operational pilot follows on from the feasibility study previously delivered by Health Innovation Oxford ("Novel Emotional-Face-Memory-Task based digital therapeutic platform for people with moderate to severe depression: A feasibility study"). This pilot is intended to test and optimise the end-to-end delivery and support of CARE for MDD within the NHS. Agreed scope, deliverables and outcomes and contracting completed.			
 Mental Health	<b>Oxford and Berkshire Suicide Prevention Project Evaluation (Discover)</b> Evaluation planning and interviews with stakeholders and participants commenced, including team managers on the wards where staff were recruited.			
 Mental Health	<b>Sleepio (Deploy)</b> 2,064 patients have signed up for Sleepio in Frimley ICB geography. 98% have insomnia symptoms and 55% have completed Session 3 (or 6) in the programme. This project is now fully delivered, the team are currently assisting Frimley to monitor number of patients engaging and lending support where possible to smoothly transition to BAU.			
 Respiratory	<b>Albus Home (Discover) ^</b> Albus Home continued to work on patient recruitment for data collection. No planned activity for Health Innovation Oxford and Thames Valley.			
 Respiratory	<b>Hailie Heilicon (Develop)</b> The respiratory service at Royal Berkshire Hospital (RBH) receives patent referrals from both acute admissions and from primary care where the patient's asthma is not well controlled on standard therapy. The objective of this real-world evaluation is to understand whether use of the Hailie™ smart inhaler (Helicon Health) can help identify uncontrolled asthma patients that also have poor inhaler compliance and control, to allow provision of a better-informed intervention plan (rather than escalated treatment) to the benefit of both patient and the system.			







^ NIHR funded projects

\* ARC collaborations

 Colour indicates RAG status



# Q3 Programme and Project Updates

Clinical Area	Programme Details	BOB	Frimley	BLMK
 Respiratory	<p><b>Innovation for Healthcare Inequalities Programme (InHIP) - BOB (Deploy)</b></p> <p>InHIP projects are moving into the evaluation stage, whilst final clinics are being completed. Planning is underway for InHIP projects for the next financial year, with sustainability of the current projects also being explored. Pharmacist lead, in primary care clinics are continuing in partner GP surgeries. The intervention has enabled the asthma specialist consultant to continue clinics this is facilitating 30-40 patients per month being reviewed as well as a further 8 patients per-month being assessed through the regional severe asthma MDT.</p>			
 Respiratory	<p><b>Innovation for Healthcare Inequalities Programme (InHIP) - Frimley (Deploy)</b></p> <p>In Frimley COPD structured medication reviews, using a clinical pharmacist via Integrated Clinical Services continue to be delivered. Evaluation and sustainability planning are underway, with final evaluation reporting expected in Q4.</p>			
 Respiratory	<p><b>MyAsthmaBiologics App (Develop)</b></p> <p>Evaluation is on hold until Q4 to allow for product development activities to be completed. Draft evaluation protocol completed on schedule, but scope and objectives will have to be revisited once product development activities are complete.</p>			
Urgent and Emergency Care	<p><b>Virtual Wards/Virtual Care (Develop and deploy) *</b></p> <p>Work continued to deliver the activities outlined in the BOB ICS Evaluation Plan.</p> <p>An information sharing session was held to present emerging insights from:</p> <ul style="list-style-type: none"> <li>- Service user engagement (interviews with patients and their families/carers)</li> <li>- Profiling interviews with Operational and Clinical Leads (included identified strengths, challenges and opportunities)</li> <li>- Workforce survey (68 respondents)</li> </ul> <p>Collaboration with CSU on data analysis and reporting:</p> <ul style="list-style-type: none"> <li>- Design of data analysis and visualisation plan.</li> <li>- Approval of IG and contractual requests</li> <li>- Monthly data submissions by providers commenced</li> <li>- Data quality and reporting: review and improvement with providers.</li> </ul> <p>Started developing standardised patient experience data collection model for provider use in 2024.</p> <p>Supporting BHT and BHFT to move towards a state of 'you said, we did' using the results from the workforce survey.</p> <p>Completed the BOB ICS service description overview.</p>			



# Q3 Programme and Project Updates

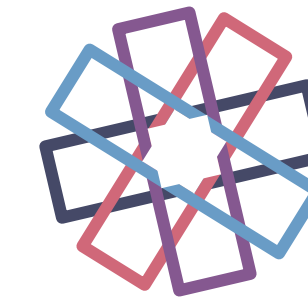


Clinical Area	Programme Details	BOB	Frimley	BLMK
Development and Learning	<p><b>Adopting Innovation and Managing Change in Healthcare Settings Programme (Deploy)</b></p> <p>We have been unsuccessful in securing external funding for the programme. For Cohort 15 which is planned to commence in February 2024, we have shifted to a model where interested students will be responsible for securing their own funding, allowing us to sustain the programme. The viability of this cohort will be determined by enrolment numbers, and failure to meet the required enrolment may result programme closure.</p> <p>Cohort 14 Module 2: Module 2 for Cohort 14 is on track for successful implementation within this quarter. Students are actively engaged in their change projects, with potential to make a meaningful impact in their local settings.</p>	●	●	●
Development and Learning	<p><b>Health Inequalities - evaluation of PCN short term funded projects - BOB ICS</b></p> <p>Planning for workshop 2 and analysis of emerging learning from first round interviews.</p>	●		
Development and Learning	<p><b>Research &amp; Development (R&amp;D)</b></p> <p>The programme aims to support the development of effective collaboration and working between the NHS and higher education institutes, working with the NIHR and other research infrastructure across the Thames Valley and the HIN's footprint. The aim is to identify potential innovation for future implementation across HIN 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. In addition, the group receives updates from national bodies including the NIHR.</p>	●	●	●
Development and Learning	<p><b>Thames Valley and Surrey Secure Data Environment (Develop)</b></p> <p>Developing seldom heard work. Continuing with community of practice.</p>	●	●	●
Development and Learning	<p><b>Thames Valley and Surrey Shared Care Records (Develop)</b></p> <p>Continued support for coproduction, membership of committees and support to the Ethics &amp; Engagement Advisory Group.</p>	●	●	●
Development and Learning	<p><b>Workforce evaluation of Clinically Led Workforce and Activity Re-Design (CLEAR) – Frimley ICS</b></p> <p>Evaluation co-designed and approved by Health Innovation Oxford and Thames Valley, NHSE and Frimley ICB. Initial introductions complete.</p>		●	
Development and Learning	<p><b>Working Together Partnership (Discover)</b></p> <p>Approving new purpose for the group and planning how to deliver our newly agreed purpose.</p>			

^ NIHR funded projects    \* ARC collaborations    ● Colour indicates RAG status



# Q3 Programme and Project Updates



**Health Innovation**  
Oxford & Thames Valley

Clinical Area	Programme Details	BOB	Frimley	BLMK
Elective Recovery	<b>Ufonia - post cataract surgery (DORA AI) - Senior Leaders evaluation (NHSE commissioned) (Develop)</b> 19 interviews and one focus group data themed Full report written for NHSE South East System Innovation Team, Report presented at South East Cataract User Group, concluding this project.	●	●	
Elective Recovery	<b>Ufonia - Economic evaluation of post-cataract pathway. (SBRI funding) (Discover)</b> Analysis of qualitative data and preparation of quantitative data for analysis in Q4.	●	●	
Cancer	<b>Digital symptom tracking for prostate cancer (Discover)</b> Work started on the literature search, pathway mapping to produce the pre read and discussion guide for the feasibility study.			
Cancer	<b>Ibex Breast Cancer AI tool (Develop)</b> Meeting with Ibex held in Q3. Agreed invoicing structure and that our Work Package deliverables will be completed over an 18 month period starting Jan '24 (Q4).			
Cancer	<b>Seroxo Breast Cancer point of care testing (Develop)</b> Workshop summary and follow-up complete. Interim report for our Work Package submitted to funder (NIHR).			
Cancer	<b>Wave Health (Discover)</b> Wave Health Pro is an application designed for digital devices to track patients' symptoms and provide insights and advice on their condition, how to manage medications and complications whilst allowing their health care professional to monitor progress remotely Work has started on the feasibility study - literature search, pathway mapping to produce the pre read and discussion guide was completed. Stakeholders were contracted for interviews for their views on the app.			
Neurological Disorders	<b>Dementia - digital approach (Develop) ^</b> Interviews commenced (moved from planning to execution). Literature search and pathway mapping were completed in Q3. The feasibility report will be delivered in Q4.			
Neurological Disorders	<b>GaitQ (Develop)</b> Feasibility study report is complete.			

^ NIHR funded projects



\* ARC collaborations

● Colour indicates RAG status



# Q3 Programme and Project Updates



Clinical Area	Programme Details	BOB	Frimley	BLMK
Frailty	<b>Bone Health – now known as GRASP-Osteoporosis (Deploy)</b> Ongoing dissemination of findings from pilot project and engagement with interested practices - looking to engage with other regions.	●	●	●
Frailty	<b>Transforming Wound Care (Deploy)</b> The Wound care programme has focussed on refining data collection templates for Frimley and strategic planning with Surrey Health around adoption and spread in Q3. Positive trends are emerging from initial data analysis highlighting that patients are healing earlier in the pathway of care and the implementation of the NWSCP pathway has started to show positive impact both operationally and clinically.	●	●	
	<b>MedTech Funding Mandate (MTFM) to increase uptake of NICE approved products (Deploy)</b> MTFM Products are largely fully adopted or have alternatives in place, with no further activity anticipated across GreenLight XPS, Rezum, PLASMA system, Urolift and XprESS multi sinus dilation system. The final business for Spectra Optia business case draft is complete for new elective service in Milton Keynes. Confirmation of full funding for new Optia machine received from Spec Comms. Thopaz+ portable digital system has been considered at Royal Berkshire Hospital, however they have now decided to adopt Rocket drain (familiarity and training) Frimley have again extended their Thopaz+ rental agreement due to internal delays in signing off business case to purchase (priority and budget availability) and a full business case is in progress.	●	●	●
	<b>Patient Safety Incident Response Framework (PSIRF) (Deploy)</b> BHT have been supported via bi-weekly meeting (with BOB). We attended their PSIRF in person staff briefings and bespoke After Action Review training. OHFT received full feedback on their draft PSIRF Policy and Plan. Supported independent provider Foscoote with onsite visit and supported a BOB initiative with Palliative care providers with a virtual workshop in QI approaches. Attended OUH 'SLIC' PSIRF meeting (an approach to embedding PSIRF). Attend BOB Patient Safety Forum (PSIRF multi provider forum) and in person workshop with providers on issues with PSIRF training	●	●	
	<b>Tympa Health (Develop)</b> The objective of this real-world evaluation is to establish the value of Tympa Health ear and hearing healthcare platform in a primary care pathway to both patients and the system within Frimley Health and Care ICB. A successful outcome will reduce patient waiting lists, provide patients with earlier treatment and an improved experience and reduce pressure on scarce secondary care resources. Findings and results from the evaluation will support decision-making around the ongoing adoption of the platform.		●	

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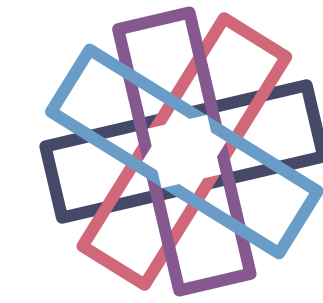
# Appendix A: Risk Register

#	Programme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date	Date mitigated	RAG
1	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 HIN. Each project has an engagement plan, including patient involvement. We have very established networks of clinical leaders in the system.	HIN Chief Operating Officer	Programme SROs	06-Sep 13	Ongoing	Green
2	Corporate	Failure to sustain the HIN	Programme activities cease.	Low	Med	Ongoing	Plans are in place to increase non-recurrent income in 24/5.	HIN Chief Operating Officer	HIN Chief Operating Officer	31-Jul 14	Ongoing	Green
3	Corporate	National Programmes delivery	Reputation Protect breach of contract.	Low	Med	Ongoing	Robust engagement plans and project monitoring in place. See risk 6 for Inclsiran specific risk.	HIN Chief Operating Officer	HIN Chief Operating Officer	19-Feb 18	Ongoing	Green
4	Corporate	Diversity and inclusion	Perpetuate inequality either in our own team or in our work across the region.	Low	Med	Ongoing	Health Innovation Oxford and Thames Valley has signed up to the HIN D&I pledge. Unconscious bias training for staff. Ensure adhere to OUH policies on recruitment. Ensure programmes consider inequalities in programme design and implementation. Health Inequalities dashboards are live and aligned to Core20Plus5. Member of the BOB ED&I board.	HIN Chief Operating Officer	Director for Communities and Workforce Innovation	June 2020	Ongoing	Green
5	Corporate	Failure to align and support developing ICSs with improvement and innovation agenda	HIN needs to engage the leadership of the ICSs, align ICS priorities and HIN work programmes. We need to be the innovation and improvement arm of our three local ICSs.	Low	Med	Ongoing	HIN COO meets the BOB ICS Director of Strategy and R&I Lead and the Director of Transformation and Programme Director of Frimley ICB and the BLMK ICB Head of Innovation each month to improve alignment between the organisations. There is shared ambition to make BOB region more attractive to industry healthcare innovators. HIN involved in ICB strategy and JFP development. We have developed the 23/24 business plan in collaboration with our 3 ICBs, we will review progress against plan quarterly, as well as reviewing strategic priorities to maintain alignment. MOU with BOB signed. Frimley happy to operate without MOU.	HIN Chief Operating Officer	HIN Chief Operating Officer	Sept 2021	Ongoing	Green
6	Inclsiran	Primary Care is stretched, this may impact delivery	Targets not met.	Med	High	Ongoing	Secondary care pathways agreed. Prescribing volumes increasing in line with national figures.	HIN Chief Operating Officer	Director of CIA	Oct 2021	Ongoing	Amber



# Appendix B:

Case Studies Published in Quarterly Reports (2019 – 2023)



**Health  
Innovation**  
Oxford & Thames Valley

## 2023/24 Case Studies

Integrated approach transforms more lives of people with severe asthma (Q2)  
Evaluation of image analysis technology supporting dementia diagnosis (Q2)  
Evaluation of AI technology to diagnose and monitor rare chronic liver disease (Q2)

Collaborative approach improves outcomes for preterm babies (Q1)  
Personalised approach improves patient experience before surgery and supports elective recovery (Q1)  
HIN assesses innovation which could improve cannulation in newborn babies (Q1)

All these case studies and earlier ones can be found  
in previous quarterly reports on our website →

## 2022/23 Case Studies

Ten years supporting spread and adoption of innovation  
Partnership with NCIMI improves patient outcomes and generates economic growth  
Evaluation assesses home monitoring device which uses AI to predict and prevent asthma attacks in children  
Evaluating artificial intelligence-augmented decision support tool to assist triage of referrals into secondary mental healthcare  
Evaluation highlights potential of new tool to transform diagnosis and monitoring of patients with rare chronic liver disease  
Evaluating AI-enhanced technology to identify patients at risk of developing diabetes  
Scoping digital support for children and young people's mental health  
New framework supports staff wellbeing in NHS talking therapies services South East  
HINs collaborate to support adoption of home testing to identify diabetic patients at risk of chronic kidney disease  
Transforming asthma care through system-wide collaboration and innovation

## 2021/22 Case Studies

Start-up companies get expert support from Oxford HIN Accelerator programme and leverage over £2 million  
Collaboration develops environmentally friendly product addressing urinary incontinence  
Oxford HIN reaches first key milestone in major European partnership to improve outcomes for sepsis patients  
Cardiovascular disease – update on workstreams and opportunities  
Support from the Oxford HIN helps digital innovators develop and roll out automated patient calls  
Health checks at vaccine clinics  
Pulse oximeters for vulnerable communities  
Elastomeric devices supporting hospital at home  
Environmental benefits of PIGF test  
Collaboration develops environmentally friendly product addressing urinary incontinence

## 2020/21 Case Studies

Rapid national roll-out of home-based safety net benefits thousands of patients with COVID-19  
Two-thirds of maternity units in England adopt test to rule out pre-eclampsia following roll-out led by Oxford HIN  
HINs play key role in supporting patients with Covid-19 at home  
Unique midwife education and training programme improves safety for mothers and babies in low-risk labour  
Harnessing AI technology to speed up stroke care and reduce costs  
Spreading digital innovation in the NHS and supporting the workforce  
Keeping frail elderly people out of hospital - decreasing risk of Covid-19 infection  
Supporting stroke services through the pandemic  
Supporting NHS personal protective equipment needs (PPE)  
Improving timely observation of vital signs of deterioration in care homes  
Improving detection and management of atrial fibrillation (AF)

## 2019/20 Case Studies

Thousands more pregnant women benefit from test to rule out pre-eclampsia following national rollout  
Supporting leadership and collaboration in medicines optimisation  
Paddle – Psychological therapy support app helps patients steer a course to recovery  
Adoption and spread of a quality improvement programme to prevent cerebral palsy in preterm labor (PReCePT)  
Preventing prescribing errors with PINCER  
Feasibility study for introducing a new rapid point-of-care HIV test into sexual health clinics (Owen Mumford)  
Healthcare tech company's expansion and Stock Exchange listing enabled by Oxford HIN expertise  
Oxford HIN support enables AI company to leverage £700,000 of grant funding (Ufonia)  
The Oxford HIN assists Fujifilm in real-world evaluation of point of care flu test