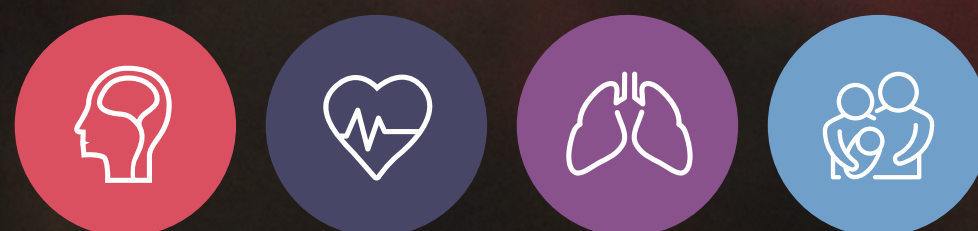




**Health
Innovation**
Oxford & Thames Valley



Part of the
**Health
Innovation
Network**



Annual Report 2023/24

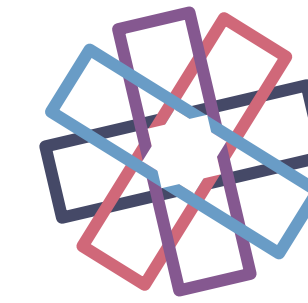
Incorporating Q4 Report



Contents

Annual Report 2023/24

Incorporating Q4 report



**Health
Innovation**

Oxford & Thames Valley

Hundreds of NHS innovators helped by pioneering support programme

Amber or Red risks only

Evaluation finds remote epilepsy diagnostic device could improve patient experience and save NHS money

Evaluation of digital therapeutic for depression

Risk Register

ICB priorities with HIOTV projects mapped

Closed and Completed projects (2023/24)

Case Studies Published in Quarterly Reports (2019 – 2024)



Chief Executive's summary

This quarterly and annual report marks the end of our eleventh year. The Health Innovation Network/AHSN Network has experienced many challenges in the last decade, with significant changes in our commissioned roles and funding – as well as the NHS structures we work with. As a collective network we have evolved and are now seen as a key part of the health system with two main functions:

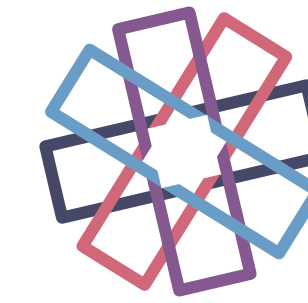
1. With our NHS England commission supporting our Integrated Care Boards and systems to adopt high value innovation and transform services and care pathways leading to improved outcomes, safety and experience of patients, and supporting the NHS workforce to be more productive and effective within the context of widespread healthcare professional shortages.
2. Through our Office for Life Sciences commission supporting health innovators to develop and deploy their innovations in the NHS and enabling growth of companies, increasing economic growth which, ultimately, determines future funding of the NHS.

The ongoing NHS Innovation Ecosystem Programme continues including input from myself and our Board member Peter Ellingworth as co-chairs of two of the four workstreams. The pre-election period has delayed reporting of initial fundings and recommendations to the NHS England Board and Life Sciences Council. The outputs will be important in ensuring that the future roles and responsibilities of Health Innovation Networks, NHS organisations, Integrated Care Boards, and research infrastructure are clear and strengthened to enable patients and healthcare professionals to benefit from the pipeline of innovation offered by the vibrant UK life science research ecosystem. An important element of our work is collaborating with other key regional and national research infrastructure. We have developed highly effective partnerships with the NIHR Applied Research Collaboration (ARC) Oxford and Thames Valley, Oxford Academic Health Partners, Oxford HealthTech Research Centre (HRC) and the national ARC and HRC networks. We are also developing our relationship with Oxford Science Enterprises which invests in many University of Oxford spinout companies.

In each quarterly report we publish at least three case studies to share our insights and highlight opportunities for further adoption and spread across the NHS - over the last decade we have published over 100 of these. The titles of the 50 since 2019 are listed at the end of this report. They give an overview of our work during our second five year licence period. These projects often takes two to four years to deliver major benefits.



Chief Executive's summary



**Health
Innovation**
Oxford & Thames Valley

For example, over the last four years we have supported the development of artificial intelligence in stroke diagnosis in relation to the Brainomix 360 Stroke image analysis technology to increase delivery of mechanical thrombectomy, a time-critical intervention which reduces disability following a stroke by removing a blocked blood vessel in the brain. Using national stroke audit data we undertook a real world evaluation of the impact of roll-out of the technology on the thrombectomy pathway which was presented at the European Stroke Organisation Conference in May 2024. This demonstrated that implementation of the Brainomix system was associated with an additional 50% increase in the number of patients receiving mechanical thrombectomy and a 49-minute reduction in door-in-door-out time at referring primary stroke centres.

Rigorous evaluation of the programmes we deliver is an important element of our work in understanding the real world impact on patient outcomes outside of clinical trials. We are expanding our evaluation capability through recruitment of relevant skills into the team, as well as working closely with researchers in the ARC and other academic groups.

I would like to thank my team for their dedication and hard work during these challenging times for the NHS and express my gratitude for the support of my Board and from our host, Oxford University Hospitals NHS Foundation Trust. I would particularly like to thank our Chair Nigel Keen who will retire soon. Nigel has led the Board and supported the organisation since 2013. We wish him well in his retirement.

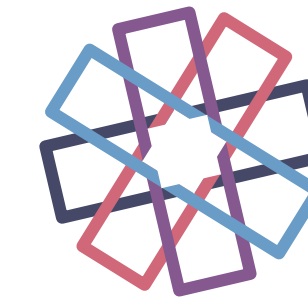
Professor Gary A Ford, CBE, FMedSci,
Chief Executive Officer, Health Innovation Oxford and Thames Valley





Case Study 1

Patient pathway/programme: Clinical Innovation Adoption/Workforce



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Hundreds of NHS innovators supported through the "Adopting Innovation and Managing Change in Healthcare Settings programme"

Health Innovation Oxford and Thames Valley (HIOTV, formerly Oxford AHSN), in collaboration with Buckinghamshire New University, ran the Adopting Innovation and Managing Change in Healthcare Settings programme for NHS innovators between 2016 and 2023. In that time more than 300 people attended the programme which aligned with national and regional NHS commitments to workforce development. The programme also fostered professional growth, empowering NHS staff to become transformational leaders.





Case Study 1

Patient pathway/programme: Clinical Innovation Adoption/Workforce

What is the challenge?

The programme was designed to meet the challenge of increasing demand for NHS services, limited resources and workforce pressures. Frontline staff know about these challenges and often have an innovative solution. But there is often resistance to change, lack of leadership support and limited access to training.

What did we do?

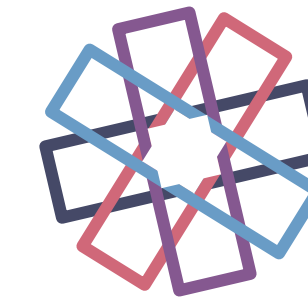
HIOTV took proactive steps to address the challenge, designing a comprehensive Masters-level programme in partnership with Buckinghamshire New University. Based on both theory and practical learning, it equipped healthcare professionals with critical skills like leadership, change management, collaboration and critical thinking. It focused on fostering a culture of innovation and providing healthcare professionals with the skills, knowledge and tools needed to navigate the complexities of change in the NHS. The programme covered stakeholder engagement, evidence collection and analysis, business case writing, procurement and collaborative working across the healthcare system to support adoption at scale.

Initially delivered face-to-face, during the pandemic the programme moved online. This increased accessibility. Its reach was also extended beyond the Oxford HIN region across the South East region. It received funding from Health Education England.



Case Study 1

Patient pathway/programme: Clinical Innovation Adoption/Workforce



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What has been achieved?

The first cohort started in 2016. Over the next seven years, 328 NHS professionals completed the programme across 14 cohorts. They went on to initiate projects in their local healthcare systems, leading to improvements in processes, protocols and service delivery.

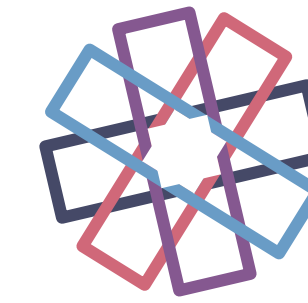
Participants attributed the programme with helping them with professional growth and career progression. This video featuring some of the first participants in the programme has had more than 2,000 views on YouTube. **Watch the video here.**

Sophie McGlen, Ambulatory Care Lead Pharmacist at Oxford University Hospitals NHS Foundation Trust, initiated a new pathway into clinical practice using learning from her participation in the programme. It related to elastomeric devices which are small pumps used to administer medication such as intravenous (IV) antibiotics or chemotherapy. Because they can be used in patients' homes they can help ease pressure on hospitals, supporting them to remain at home and facilitating earlier discharge for people who are only in hospital to receive IV antibiotics. With an elastomeric pump at home patients who might need antibiotics several times a day can safely have a single daily visit from health professionals. By April 2023 this approach had benefited more than 230 patients, freed up almost 3,200 hospital bed days and avoided more than £1 million in costs. Read more about this project here: **<https://www.healthinnovationoxford.org/our-work/adopting-innovation/local-programmes/elastomeric-devices/>**



Case Study 1

Patient pathway/programme: Clinical Innovation Adoption/Workforce



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Feedback from other people who completed the programme

“This course has equipped me with knowledge and skills to initiate new projects that will be sustainable. As a direct result of this course my Trust is now offering an excellent service for patients who have suffered from a stroke to include an orthoptic led eye stroke vision screen.”
Sajida Hanif, Deputy Head Orthoptist, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

“The course has given me a lot more confidence in my skills and also to try new things and explore options with my colleagues. The course was invaluable in giving an opportunity to take a step back from clinical demands and take a closer look at the work I was doing and reflect on how I was doing it and how it could be improved to sustain the changes I wanted to make.”
Zoe Sherlock, Tracheostomy Practitioner, University Hospitals Southampton NHS FT

What next?

The programme stopped in 2023 due to a lack of funding. The long-term goal is to integrate it into every local NHS organisation within the HIOTV region. Insights gained from the programme are being shared and an evaluation is underway.

Contact

Ferdinand Manansala, Project Manager

Ferdinand.manansala@healthinnovationoxford.org

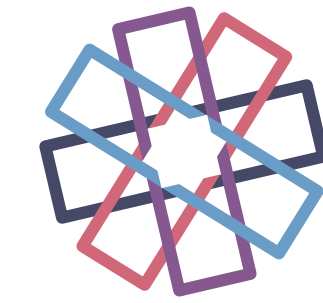


Case Study 2

Patient pathway/programme: Strategic and Industry Partnerships/Digital/Neurology

Evaluation finds remote epilepsy diagnostic device could improve patient experience and save NHS money

Epilepsy is a common neurological disorder characterised by recurring, unprovoked seizures. There is no definitive diagnostic test and waits for diagnosis can be long. Earlier diagnosis allows for quicker initiation of treatment and reduces the risk of hospital admissions. Nelli® is a remote monitoring device that allows patients to be monitored at home. The device consists of a small camera on a stand which records patients while they are asleep or resting. These recordings are then analysed by artificial intelligence (AI), which identifies and classifies seizures enabling clinicians to accurately diagnose the patient and prescribe appropriate treatment. The Oxford AHSN (now Health Innovation Oxford and Thames Valley) carried out a real world evaluation to generate the evidence required for a business case to support the adoption and spread of Nelli® in the epilepsy diagnosis pathway within the NHS in England. Environmental and cost benefits analysis were also carried out. This was funded as part of a joint grant application (with NeuroEvent Labs, Oxford University Hospitals NHS Foundation Trust and The Royal Wolverhampton NHS Trust) from NHSx Digital Transformation, now the NHS Transformation Directorate.



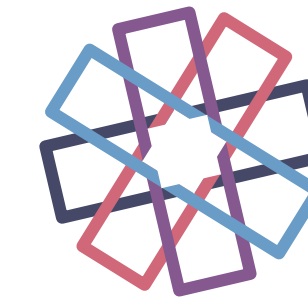
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Case Study 2

Patient pathway/programme: Strategic and Industry Partnerships/Digital/Neurology



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What is the challenge?

Epilepsy is a common neurological disorder that is estimated to affect approximately one person in every 100 in the UK. There is currently no definitive test that can diagnose this condition, and clinicians rely on electroencephalogram (EEG) readings, telemetry recordings and patients self-reporting seizures. A significant number of patients with epilepsy also have intellectual disabilities that mean that they cannot tolerate an EEG cap – meaning that they often have to wait longer for a definitive diagnosis. Patients are often incorrectly diagnosed due to the limitations of current testing, resulting in avoidable emergency department attendances and admissions. In 2019, the total reported cost for non-elective admissions for epilepsy was £89 million in England, with 20% of patients accounting for 60% of the total cost due to poorly managed epilepsy, or difficulties in diagnosing the type of epilepsy and start appropriate treatment.

What did we do?

The Oxford AHSN (now Health Innovation Oxford and Thames Valley) made a successful bid for funding from NHSx (now the NHS Transformation Directorate) which supports the digitisation of health and social care with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) receiving £115,656.

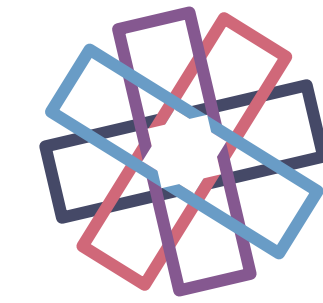
The Oxford AHSN supported NeuroEvent Labs with the application for Digital Technology Assessment Criteria (DTAC) which is required for the technology to be used in an NHS and social care setting, before the evaluation commenced.

The service evaluation was conducted across two sites - Royal Wolverhampton NHS Trust and Oxford University Hospitals (OUH). The evaluation looked at whether Nelli® would fit into the clinical pathway as anticipated and would yield benefits both for the system and patients. As part of this evaluation, two focus groups were established to gather the views of patients and carers with epilepsy and gauge their willingness to potentially adopt the technology when it comes to the market. The overall response was extremely positive. In addition, the York Health Economics Consortium (YHEC) created a health economics model to support further potential adoption which showed a saving of £431 per patient. Savings resulted from a reduced need for further complex tests which are currently required to obtain a diagnosis. The Environmental Sustainability Lead for the Kent Surrey Sussex and Oxford & Thames Valley Health Innovation Networks established a carbon footprint reduction of 0.2 tonnes of CO₂ related to this evaluation of 36 patients due to reduced patient visits to clinic to retrieve and return equipment.



Case Study 2

Patient pathway/programme: Strategic and Industry Partnerships/Digital/Neurology



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Oxford & Thames Valley

In the current clinical pathway patients go to an epilepsy clinic for their initial assessment then have to come back later for their monitoring equipment – and again to return it two days later. The modified pathway with Nelli® involves shipping the equipment to the patient directly from the manufacturer, with a courier retrieving it after two weeks. This extrapolates up to a potential saving of 229 tonnes of CO2 if all 41,372 patients in England with epilepsy used Nelli® for their diagnosis. This is the equivalent of 229 flights between Paris and New York.

What has been achieved?

The health economics report found that Nelli® has the potential to aid in the diagnosis and classification of epilepsy with a potential cost saving of £431 per patient, based on the assumption that patients only go through one round of diagnostic testing, whereas many patients go through more than one before obtaining a diagnosis. The service evaluation suggested that introducing Nelli® into the care pathway could reduce waiting times due to the increased capacity of the service, as NHS trusts are usually limited by the amount of telemetry equipment available. Nelli® also allows for a longer recording period, increasing the likelihood of capturing an event - thus reducing the need for multiple investigations or attending specialist centres that may necessitate significant additional travel time and cost. Earlier diagnosis allows for quicker initiation of treatment and reduces the risk of hospital admissions for patients. The use of AI to analyse the telemetry recordings also significantly reduces the clinicians' workload – OUH reported that Nelli® freed up more than 11 hours in time previously taken to review the data presented and make a diagnosis. This time can now be spent with other patients.

What next?

The two NHS trusts which took part in the service evaluation are creating business cases to support procurement of the technology - and there is also interest from other NHS trusts. In addition, OUH is exploring alternative uses for Nelli®, such as diagnosis of REM sleep disorders.

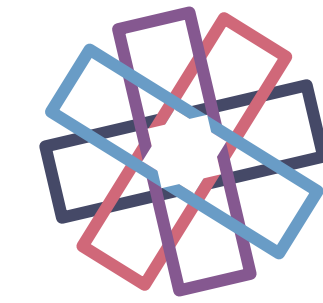
Contact

Ashley Aitken, Senior Programme Manager
Ashley.aitken@healthinnovationoxford.org



Case Study 3

Patient pathway/programme: Strategic and Industry Partnerships/Mental health/Depression/Digital



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Evaluation of digital therapeutic for depression

Depression is one of the most prevalent mental health disorders, affecting around one in six adults in the UK. Currently treatments include a combination of self-help, talking therapies and medication, as well as digital therapeutics. These are software-based therapies that have undergone clinical trials and regulatory review. Cognitive behavioral therapy (CBT)-based digital therapeutics have been shown to be an effective treatment for depression. Otsuka, a pharmaceutical company, is developing a new digital treatment for depression: 'CARE for MDD' is digital therapeutic app that delivers a standalone six-week programme based on a new cognitive task combined with CBT-based psychotherapy lessons. It has the UK Conformity Assessed (UKCA) mark. Health Innovation Oxford and Thames Valley (HIOTV) conducted a feasibility study and engaged with key stakeholders in the NHS depression pathway to assess the clinical need, perceived potential benefits, acceptability and barriers to adoption of the app for people with moderate depression.





Case Study 3

Patient pathway/programme: Strategic and Industry Partnerships/Mental health/
Depression/Digital

What is the challenge?

Almost two million people are referred by their GP to NHS Talking Therapies services every year. More than one million contacts are made with these services annually. Referral rates are rising – in 2021/22 there was an increase of 21.5% over the previous year. Not all people with depression respond to current treatments. New treatments could meet the needs of more patients.

What did we do?

We carried out a feasibility study to gain an understanding of the clinical need for CARE for Major Depressive Disorder (MDD) in the NHS depression pathway and to collect views of clinicians on the perceived usefulness of the platform, its level of acceptance and potential barriers to adoption. We engaged with 20 clinical stakeholders with relevant roles in the depression pathway across several NHS trusts. We conducted semi-structured interviews comprising both qualitative and quantitative questions designed to better understand the potential of CARE for MDD as a treatment for depression in NHS services. Data was thematically analysed and collated in a report.

What has been achieved?

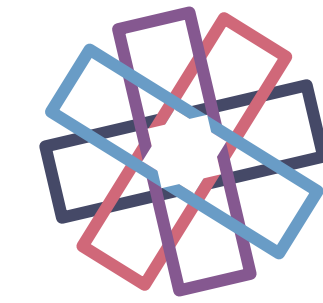
The feasibility study showed that NHS clinicians perceived CARE for MDD to be an interesting additional treatment option that could widen the current treatment offer. Moreover, it could provide an alternative treatment modality to patients who do not respond well to current treatments for depression.

Clinicians felt that access to the app could be useful in supporting people with depression in a number of NHS settings including primary care, Talking Therapies services and secondary care services for eligible patients, with some adjustments. However, to use CARE for MDD with confidence clinicians would need to see evidence of its clinical effectiveness, preferably obtained in an NHS setting to better understand how it could be integrated.



Case Study 3

Patient pathway/programme: Strategic and Industry Partnerships/Mental health/
Depression/Digital



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Oxford & Thames Valley

What people said



“This project was incredibly valuable to us as it provided insights that allowed us to plan our next steps effectively to ensure we can meet the expectations of the clinical stakeholders in the NHS. I very much appreciated the expertise that the Oxford HIN team provided and look forward to continuing to work with the team on future activities.”

Elcie Chan, EU Commercial Director - Digital Health, Otsuka

What next?

An operational pilot is needed to determine potential placement and integration of the CARE for MDD digital therapeutic within the NHS depression pathway. Approval from the National Institute for Health and Care Excellence (NICE) is also required before it can be integrated into the NHS care pathway.

The product is currently UKCA marked but is undergoing further development and improvement to be ready for commercial release. An observation pilot and health economics will continue in 2024/25.

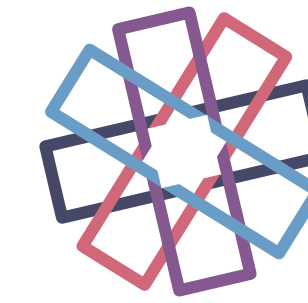
Contact

Florence Serres, Project Manager

florence.serres@healthinnovationoxford.org



Operational Review



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Oxford & Thames Valley

Overall performance on 2023/24 has been good and we have delivered against the national programme trajectories and our local projects. Inclisiran is the exception, where in common with the national picture, uptake is lower than the nationally set target; uptake is accelerating, and we have also seen improved uptake in other effective lipid-lowering medicines as a result of the focus on lipid management.

In Q4 we developed our 2024/25 business plan to align strongly with the priorities of BOB and Frimley ICBs. Both ICBs have approved the business plan. The portfolio is varied but focused in the areas of support required and articulated locally. We will begin the new financial year with 65 projects, of which 28 will be in partnership with both BOB and Frimley ICBs. Across the pipeline, we will have 15 early-stage 'discovery' projects, 33 'develop' projects and 15 'deployment' projects which focus on CVD/stroke (15), maternity/neonatal (3), mental health (10), respiratory (4), cancer (3), elective recovery (4), medicines optimisation (6). The cross-cutting themes of health inequalities, community involvement and workforce innovation, and net zero are embedded into major programmes and proposals.

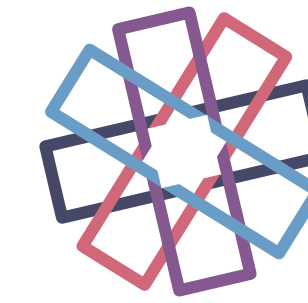
In 2023/24 HIOTV completed 30 projects across the portfolio which is a healthy churn representing about half the projects we support at any time. The portfolio is a mixture of short duration projects (e.g. short-term evaluations) and multi-year projects, e.g. adoption and spread projects such as home blood pressure optimisation or longer-term evaluations such as for virtual TIA clinics (two years) and Brainomix AI stroke imaging (three years).

We have assisted with bids and grant funding, generating £2.1m of additional funding to support delivery in our systems including Health Technology Adoption and Acceleration Fund (HTAAF) which aims to propel innovative medical technology (MedTech) more quickly into patients' care pathways, funding for the establishment of a sickle cell service in Milton Keynes,





Operational Review



**Health
Innovation**
Oxford & Thames Valley

CVD projects to support lipids optimisation, including the System Transformation Fund, and collaborative lipid fund detailed further in the project summary. We have also supported innovators to apply for funding and support opportunities. Further details will be published on innovator support and income generation when data from the annual economic growth survey is published. Initial data from the 2023/24 survey is overwhelmingly positive.

Patient Safety Collaborative (PSC) focus will continue in mat/neo safety, deterioration and preterm optimisation, and medicines safety. We are delighted that the PSC commission is expanding to include support for implementation of Martha's Law (Deterioration) and mat/neo safety culture. Once funding has been confirmed we expect total funding to be on a par with the PSC commission before it was scaled back two years ago.

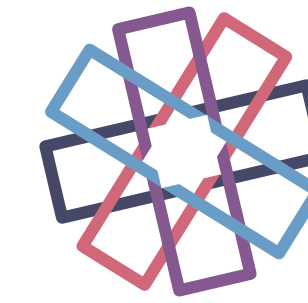
Funding remains challenging in the system, and we support the local NHS providers, ICBs and innovators to apply for grant funding, including partnering on bids for UKRI and NIHR funding with university groups, university spin-outs and local SMEs in the region. We also seek support from industry to bring more funding into the system to support local evaluation and adoption. Attracting funding outside our NHSE and OLS commissions is vital to sustain HIOTV and in 2023/24 we secured £1.3m of funding from grants and industry sources. Overall HIOTV broke even this year, delivering against budget and forecast.

In 2023/24 we have worked collaboratively with ICBs and system stakeholders to address local healthcare priorities (e.g. CVD, respiratory, mat/neo, mental health, elective recovery, and urgent and emergency care) and find innovative solutions. During the year we have supported 272 innovators. We have also hosted a 'Toolkits for Healthcare Innovators' webinar series – to showcase how to effectively progress innovations in healthcare - attended by over 260 people. The reach of these sessions extended beyond the live audience, as the recordings were shared with an additional 200 individuals via our YouTube channel.





Operational Review



**Health
Innovation**
Oxford & Thames Valley

HIOTV and HI Kent Surrey Sussex (KSS) produced a Net Zero Guide for Innovators with helpful advice on supporting the NHS to deliver its environmental sustainability obligations and the requirements on suppliers to meet NHS Net Zero requirements. We partnered with Global Action Plan to launch the Clean Air Framework across four ICBs (BOB, Frimley, Kent and Medway and Surrey). We published our carbon reduction plan on our website. Our joint Net Zero Lead (with KSS) presented an Asthma Brochure at the Medicines Learn and Share event and South East Medicines Working Group – this showcases optimising asthma control and reducing greenhouse gas emissions from inhalers.

We continue to use social media to showcase successes and services that we are supporting, including PRO-MAPP which received the Bronze Award in the Most Effective Contribution to Clinical Redesign category of the HSJ Partnership Awards in March 2024. It was also a finalist in the HealthTech Partnership of the Year category. The evaluation that HIOTV undertook showed that the Nuffield Orthopaedic Centre (part of Oxford University Hospitals) is saving £1m per annum by utilising the system – and they have much better data on the fitness and readiness of patients to undertake elective surgery.

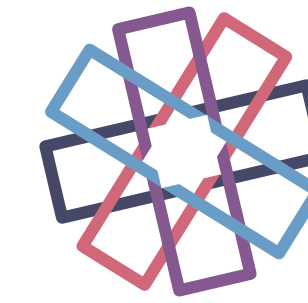
Preparations for our upcoming 'Bridging the Gap' event - **The Power of Digital Health Partnerships** at Newbury Racecourse on 2 July 2024 are well underway. This event serves as a pivotal opportunity to foster collaboration, knowledge exchange and networking opportunities across the region, further feeding a pipeline of innovation.

Innovation and Insight Panels were convened to examine innovations and solutions in key areas including respiratory and opioid prescribing. Innovation and Insight Panels are an efficient and effective way to bring Innovation to time-pressed local healthcare leaders focussed on priority clinical themes. They are an invaluable method for taking forward insights from innovators and from healthcare leaders. The key areas for these panels will be driven by ICB and system requests. This is a pre-procurement exercise and there is no obligation to commission the technologies. Promising innovations may then be subject to local evaluation and potentially adoption.





Operational Review



**Health
Innovation**
Oxford & Thames Valley

The respiratory panel focused on challenges around optimising referrals and integrated care for severe and difficult asthma. HIOTV conducted a focussed panel to select technologies to take forward into the pipeline and invited over 20 local healthcare leaders working in delivery or commissioning of asthma care from BOB, Frimley and Bedfordshire, Luton and Milton Keynes (BLMK) to review four of the most promising innovations presented by the innovators. The panel provided invaluable feedback through our evaluation process – which was passed back to innovators. The panel selected Adherium's Hailie Smart inhaler to take forward into pipeline and a real-world evaluation in BOB of the technology commenced in Q3.

In **Respiratory**, the Asthma Biologics Programme, led by HIOTV, concluded with an event in London in Q2 (14 speakers and 105 attendees from NHS and industry). Thanks to this Health Innovation Network national programme there are 5,000 new patients prescribed Asthma Biologic therapy, and in the Thames Valley 255 new patients prescribed Asthma Biologics for severe asthma. HIOTV collaborated with Health Innovation Wessex which led the roll-out of FeNO asthma diagnostic devices. The asthma work was continued, in a targeted way, through the Innovation for Healthcare Inequalities programme (InHIP) in BOB and Frimley.

We will continue projects in respiratory in 2024/25 including Albus Home, myAsthmaBiologics app and Sentinel Plus, all of which are ongoing multi-year evaluations.

We have continued to support our ICBs with CVD prevention, and over the course of 2023/24 there were clear improvements to **lipid management** across the HIN region as demonstrated by improvements in CVD prevent indicators for cholesterol, an increase in the proportion of high intensity statins prescribed, and, an increase in prescriptions of Inclisiran, Ezetimibe and Bemepdoic Acid.





Operational Review

HIOTV worked with ICBs on several workstreams:

- delivery of two educational webinars on lipid management and FH
- delivery of the collaborative lipid fund project which aims to improve lipid management after a stroke or myocardial infarction
- supporting delivery and evaluation of the Frimley STF project which aimed to improve statin intensification
- Supporting the development of a new streamlined referral form for lipidology
- Continued support for the BOB CVD champions programme

Furthermore, the Heart Failure programme was launched in Q4 of 2023/24, engagement to date with ICBs has been very positive. A detailed plan to support primary care with improving medicines optimisation has been developed and shared with the ICBs and we envisage this going live in Q1 2024/25. A condensed version of the heart failure toolkit has been developed as part of this.

The **Adopting Innovation and Managing Change in Healthcare Settings** programme has formally closed in 2023, marking the successful conclusion of a key HIOTV initiative, spanning seven years from 2016. 328 students have engaged with the programme, resulting in the implementation of impactful change projects within local healthcare systems. See case study.

A rapid evaluation of the **Wound Care** programme is underway facilitated by Health Innovation Wessex, from which a formal report is to be available mid-late 2024.

HIOTV is leading on evaluations of **AI technology**:

- The three-year **Brainomix AI Stroke Imaging Technology Evaluation** has now concluded. The HIN team worked with the five Integrated Stroke Delivery Networks and the NHS Regional Team to roll out and evaluate brain imaging incorporating AI at 26 acute stroke sites across the South East (three HIN regions), leading to rapid access to treatment, prevention of long-term disability and improved patient outcomes. Speedier access to mechanical thrombectomy (MT) – an NHS Long Term Plan priority. Throughout the evaluation we demonstrated that implementation of the AI-decision support tool e-Stroke (now renamed 'Brainomix 360') is associated with an increase in the rate of mechanical thrombectomy; an increase in the rate of intravenous thrombolysis; faster door-in-door-out times with increased time since implementation of the technology; and for every £1 spent, a return on £2.78 of benefits to the health and social care system.



Operational Review

- **Dora from Ufonia** was evaluated in the post cataract surgery pathway. HIOTV delivered an insightful evaluation of the experiences of senior leaders. This scoping review was undertaken throughout 2023 with six NHSE foundation trusts in the South East who have introduced Dora (chatbot AI) into the post-operative cataract pathway. Senior leaders and clinicians involved in the cataract pathway were interviewed around pre- and post- implementation (19 interviews and one focus group). From the interviews five ingredients, in line with current literature, to improve adoption and innovation, were observed:
 - Understanding the local context
 - Building relationships between the technology provider and organisation
 - Senior leaders' engagement from the executive board and clinicians
 - Open communication between companies and NHS organisations including staff involved in the pathway
 - Sustainability of the technology in the clinical pathway through business planning.
- In collaboration with Ultromics and the National Institute for Health and Care Research (NIHR) **EchoGo Pro**, designed to support clinical decision-making by automating the interpretation of echocardiograms, was assessed through a prospective randomised controlled trial and deployment across 20 NHS Trusts to demonstrate its diagnostic accuracy equivalence to standard expert care. The trial also evaluated EchoGo Pro's impact on patient outcomes and healthcare system efficiency. Additionally, evidence was collected to determine the acceptability of EchoGo Pro among clinicians and its successful integration into clinical workflows. Furthermore, a comprehensive Health Economic Analysis Plan (HEAP) was developed to assess the cost-effectiveness and budgetary implications of implementing EchoGo Pro within NHS clinical workflows. The integration of AI-based stress echocardiography could significantly enhance diagnostic accuracy and efficiency across the NHS, thereby positively impacting patient outcomes and benefiting budgetary considerations.

We continue to support AI evaluations and have commenced evaluation of Otsuka CARE for Major Depressive Disorder - a novel, evidence-based digital therapeutic as a smartphone application, which will continue into 2024/25. See case study.



Operational Review

In **Mental Health**, evaluations have been published on the Personality Disorder Positive Outcomes Programme (PDPOP) evaluation (year 3) - Year 4 evaluation continues, and Digital Therapeutics for Depression Feasibility Study, the second phase of work on this, health economics, will continue into 2024/25.

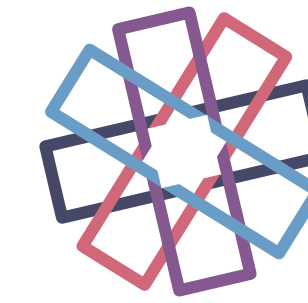
Two early-stage innovator studies have been completed to examine technology to assist clinicians with diagnosis of **Dementia**:

- A barrier to adoption study with FSL-clinical which aims to provide quantitative data of MRI brain scans and could help clinicians with diagnosing dementia. The perceived benefit reported by clinicians was that it would increase diagnosis confidence. In the context of scarcity of skilled neuroradiologists, FSL-clinical was seen as useful for supporting the workload of radiologists in smaller trusts and also in contributing towards reducing health inequalities.
- A collaboration with clinicians and scientists from the University of Oxford on a NIHR funded project to explore the usefulness of a dementia risk score to identify older hospitalised adults at high risk of developing dementia in the short term. In the UK, it is estimated that older adults (>65years) occupy 70% of hospital day beds, a figure set to increase as the population ages. The results of the study showed that the OxDBD risk score could support clinicians in identifying patients at risk and recommending targeted interventions to reduce costs associated with long-term care. However, further studies to confirm the predictive value of the tool and the benefit of the proposed intervention in improving patient outcomes through well-identified care pathways were perceived as essential for the tool to be useful in improving management of older adults admitted to hospital after an unplanned admission. HIOTV will support the innovators moving forward.

Cancer was a new focus of the portfolio in 2023/24. Projects included evaluations of Seroxo Breast Cancer point of care testing, Ibex Breast Cancer AI technology and also a feasibility study to explore the perceived usefulness of the Wave Health Pro application in the post-diagnosis prostate cancer pathway. The proposed technology received a positive reception from stakeholders, highlighting its potential to fulfil a critical need in the evolving landscape of prostate cancer care. The current variability in clinical pathways, which are influenced by NICE guidelines but differ significantly across hospitals lead to inconsistent patient experiences.



Operational Review



**Health
Innovation**
Oxford & Thames Valley

The inclusion of Wave Health into the proposed pathway highlighted several benefits for both healthcare staff and patients including; the potential to enhance clinical efficiencies (reducing administrative workload and improving patient-centred care), aiding short- and long-term management, facilitating better patient monitoring, and contributing to an improved patient experience through effective self-management tools.

We will continue to explore innovations in this clinical area.

The **Polypharmacy** programme continues to deliver – with 4 Communities of Practice, South Health Innovation Network Action Learning sets completed in Q4, along with 7 bespoke polypharmacy training sessions planned and advertised. BOB and Frimley ICB have included an element of polypharmacy into either, their medicines safety plans or, prescribing quality schemes for 2024/25. This year, over 455 individuals have attended Community of Practices, and further, 78 prescribers have attended the ALS, 17 from Core20 PCNs. We have supported 5 local trainers are being supported to become local ALS trainers and 3 quality improvement initiatives have been written up as posters. We look forward to continuing this work, with our ICB partners into 2024/25.

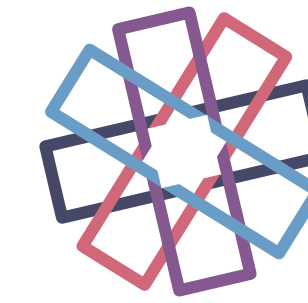
After a successful pilot of the **GRASP-OsteoporosisRx** tool with eight Oxfordshire general practices, findings were shared across the region and presented, including ICB and medicines optimisation meetings. An abstract was presented at the Royal Osteoporosis Society annual conference in September 2023. A poster has been accepted for presentation at the Prescribing & Research in Medicines Management conference in May 2024. The project is closed.

The AAC commissioned the **Innovation for Healthcare Inequalities Programme (InHIP)** to enable accelerated access to innovations for people experiencing healthcare inequalities across the four clinical areas of focus outlined in Core20Plus5. HIOTV supported Frimley, BOB and BLMK in their bids for funding through this initiative and was successful in securing £300K of funding for the programme (£100K per ICB).





Operational Review



**Health
Innovation**
Oxford & Thames Valley

The projects concluded in Q4. Highlights from the projects:

- In BOB, reducing unwarranted variation in severe asthma outcomes, through access to severe asthma care and asthma biologics and facilitated consultant reviews for 355 patients, including 124 new referrals to the service, of which 25 new asthma biologics prescriptions have been started. The project has facilitated continuation of 2 distinct monthly regional MDTs. This has allowed 64 patients to be discussed. From these 38 have had more rapid initiation of their biologics and a further 20 have been able to keep their follow up local. In total this saves at least 58 new appointment clinics.
- The Frimley project also focussed on identifying and increasing treatment rates and improving outcomes for Core20PLUS5 communities at increased risk of COPD – increased spirometry and FeNO testing – including providing GP practices with 55 FeNO machines across Frimley ICS. Additionally, we facilitated two training sessions in FeNO testing for asthma for practice nurses and Healthcare Assistants (HCAs). Throughout the project, the team successfully delivered community engagement sessions, in Slough in collaboration with Slough CVS. These sessions included informal presentations from a GP, the Community Respiratory Team, and Talking Therapies. Providers for smoking cessation, weight management, and oral health also had stalls. The target audience for these sessions were COPD and asthma patients, the feedback from the sessions overwhelmingly positive.
- The BLMK project - reducing unwarranted variation in cardiovascular outcomes in BLMK ICS has shown that additional funding provided to the practices alongside a population health management approach to CVD secondary prevention management can increase uptake and optimisation of preventative medications and improve the number of people treated to target for key CVD secondary prevention metrics. Whilst the project timeline does not allow for the evaluation of change in cardiovascular events for our CVD review population, data from UCLH “Size of the Prize for Hypertension” indicates that two myocardial infarctions and three strokes will be prevented over the next five years within the CVD group. This will result in NHS and social care savings of £18,400 and £71,300 in the CVD review group. Data from UCLH “Size of the Prize for High Cholesterol” indicates that 8 CVD events and one CVD death over the next five years will be prevented for those initiated on lipid lowering therapy in the CVD group compared, resulting in an NHS saving of £568,000.



Operational Review

Communications and Stakeholder Engagement

More than 600 people attended our online and in-person events during 2023/24. These included the HIOTV maternity and neonatal network meeting (celebrating ten years of the network) and a London event showcasing the achievements of the national asthma biologics programme led by HIOTV.

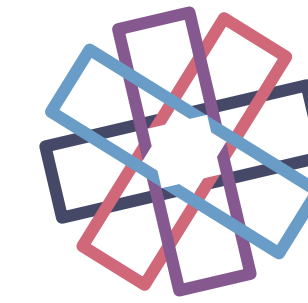
We ran a successful social media campaign in September 2023 focusing on some of the achievements of our first ten years as we started our new licence with a new name. 'Building on a decade of health innovation' highlighted a different topic each day for two weeks. These included faster stroke care, safer preterm births and improving NHS productivity. These were viewed more than 11,000 times on Twitter/X and a further 7,000 times on LinkedIn leading to a big rise in engagement rates.

During the year an additional 400 people started following our LinkedIn account, taking the total beyond 2,000. The LinkedIn account generated more than 33,000 impressions while our main Twitter/X account generated more than 91,000.

Our main website had more than 56,000 page views in 2023/24. Our patient safety site is being incorporated into the main site in Q1 2024/25.

We have now published 120 editions of our monthly stakeholder newsletter which has 1,400 subscribers and high engagement rates.

We added around 80 videos to our YouTube channel. These included innovator webinars, training sessions and patient information. Our content is being watched for 1,000 hours every month. Average monthly views are running at more than 25,000 with total views now more than 2.5 million. More than 700 new subscribers were added taking the total to over 5,000.



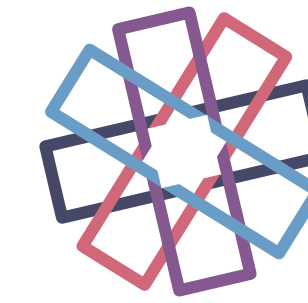
**Health
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Building on a decade of health innovation





Operational Review



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Risks (Amber or Red risks only)

For full risk register, see Appendix A

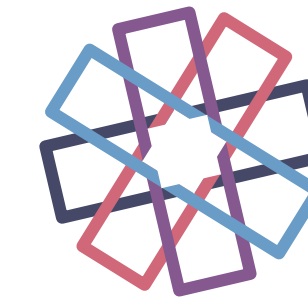
Amber – Inclisiran

The National Inclisiran workstream which sits under the national CVD programme continues to build traction but remains behind prescribing targets both locally and nationally. This workstream consists of the Collaborative Lipid Fund (CLF) and the System Transformation Fund (STF), through which good progress has been made. Full details of activities in these programmes follow in the project highlight section.



Financial Summary

Q4, for period ending 31 March 2024



**Health
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Oxford & Thames Valley

Income	Opening Plan	YTD Actuals	YTD Variance
Commissioning Income - NHS England Master Licence	-2,090,000	-2,090,000	0
Commissioning Income - Office for Life Sciences	-824,600	-824,600	0
Commissioning Income - PSC	-412,084	-412,084	0
Other Income	-2,085,347	-1,922,696	-162,652
Total income	-5,412,031	-5,249,380	-162,652

HIN funding of activities

Patient Safety	451,714	424,110	27,604
Clinical Improvement	342,391	332,313	10,078
Clinical Innovation Adoption	1,465,072	1,282,997	182,075
Strategic & Industry Partnerships	1,143,390	1,053,612	89,778
Community Involvement & Workforce Innovation	438,570	422,804	15,766
Contribution to Health Innovation Network	107,472	135,728	-28,256
Other Programme Costs	49,673	46,214	3,459
Communications	116,424	120,068	-3,644
Programmes and themes	4,114,706	3,817,846	296,860
Corporate Office	1,297,325	1,431,534	-134,208
Total expenditure	5,412,031	5,249,380	162,651
Net Surplus or Deficit	0	0	0

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



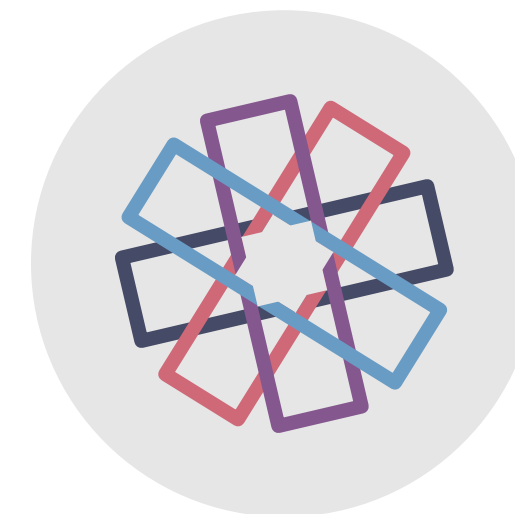
Clinical Focus Areas 2023/24

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

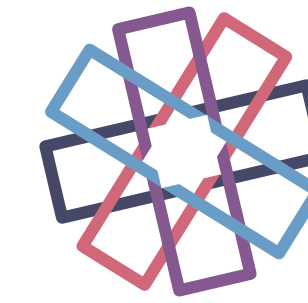
Environmental
Sustainability

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



Q4 Programme and Project Updates












Clinical Area	Programme Details	BOB	Frimley	BLMK
 Cardiovascular/Stroke	AffeX (Discover) ^ The Health Economic Analysis Plan is underway, with the HIOTV leading this work. An extension for the project was requested, and granted from the NIHR, which will allow the project to continue, with final reporting now scheduled for delivery in December 2025. Annual highlights: Afferent has completed the first tranche of data collection which has allowed progress with the Health Economic Analysis Plan, and an extension for the project has been agreed.			
 Cardiovascular/Stroke	Blood pressure optimisation (CVD portfolio programme) (Deploy) In Q4 we continued to support BOB ICB with hypertension management. This was through the CVD champions programme and through engagement with locality leads. Direct support offered to 4 practices and 10 best practice case studies written and shared with other practices. Annual highlights: All planned activities were completed during 23/24 with focus on dissemination of programme learnings. A further output for 24/25 is a poster at the HSRUK Conference. All outputs are now available on HIOTV website. Two case studies have been developed including with Oxford Academic Health Partners to highlight the benefits of the ARC and HIN collaborating on evaluations.			
 Cardiovascular/Stroke	Brainomix AI Stroke Imaging Technology Evaluation (Develop) In Q4 the AI Award Final Report was produced and submitted, as well as an oral presentation of findings made at the Royal College of Radiographers AI Congress. An abstract for an oral presentation at the European Stroke Organisation Conference 2024 has been accepted. Annual highlights: Through the evaluation, we have demonstrated that the implementation of the AI-decision support tool e-Stroke (now renamed 'Brainomix 360 Stroke') is associated with: an increase in the rate of mechanical thrombectomy; an increase in the rate of intravenous thrombolysis; faster door-in-door-out times with increased time since implementation of the technology; and for every £1 spent, a return on £2.78 of benefits to the health and social care system.			
 Cardiovascular/Stroke	CardioSignal (Develop) The review of the early implementation of CardioSignal identified several issues with the deployment to date, including low sign-up rates and a significant impact on primary care capacity. A review meeting was completed in Q4 to assimilate learnings and re-plan for a second phase of the project. Annual highlights: There have been significant learnings from this limited pilot that have re-shaped the project for 24/25. The learnings have been assimilated and used to shape a revised adoption plan going forwards.			
 Cardiovascular/Stroke	Chronic Kidney Disease (CVD portfolio programme) A new programme in Q3, which has made good progress in Q4 - development of project plan and engagement continued with industry partners regarding potential for collaborative working. Engagement with ICB partners to understand level of interest and engagement with the proposed programme has been strong.			

^ NIHR funded projects * ARC collaborations  Colour indicates RAG status



Q4 Programme and Project Updates






Clinical Area	Programme Details	BOB	Frimley	BLMK
 Cardiovascular/Stroke	<h3>EchoGo Pro (Develop)</h3> <p>Final reporting is underway, with data being published in Q1 24/25, in the American Medical Journal. This will ultimately facilitate conversations with the innovator and commissioners to take forward the technology.</p> <p>Annual highlights: This project has successfully completed a prospective randomized controlled trial and the deployment of EchoGo Pro across 20 NHS Trusts to demonstrate its diagnostic accuracy equivalence to standard expert care. The trial also evaluated EchoGo Pro’s impact on patient outcomes and healthcare system efficiency. Additionally, evidence was collected to determine the acceptability of EchoGo Pro among clinicians and its successful integration into clinical workflows. Furthermore, a comprehensive Health Economic Analysis Plan was developed to assess the cost-effectiveness and budgetary implications of implementing EchoGo Pro within NHS clinical workflows.</p>			
 Cardiovascular/Stroke	<h3>Evaluating the role of virtual transient ischaemic attack (TIA) outpatient clinics (NIPP Programme) (Develop)</h3> <p>Q4 work has been focussed around dissemination and knowledge mobilisation activities to share the findings and key recommendations from the project. A case study can be found here.</p> <p>This project has now closed as the evaluation has finished. All work was completed to planned timeline.</p> <p>Dissemination has taken place nationally and at service level to share the findings from our project. Joint HIN and ARC national communications teams will be continuing to share the findings from all NIPP projects.</p> <p>Annual highlights: The findings from this programme add to the body of knowledge as there has been limited work to date evaluating TIA services. The evaluation highlights areas of duplicate resource usage and opportunities to manage unpredictable demand through streamlining.</p> <p>This project has also shown the potential for further HIN/ARC collaborations in the future, and joint working on a number of further projects is already in progress.</p>			
 Cardiovascular/Stroke	<h3>Inclisiran (Deploy)</h3> <p>Good progress was made in Q4 through both the BOB collaborative lipid fund project and the Frimley system transformation fund project.</p> <p>Frimley STF project: The Frimley ICB STF project came to an end in Q4 and the evaluation commenced. Data shows clear improvement in both statin prescribing and the proportion of people achieving lipid management targets across Frimley.</p> <p>The BOB ICB CLF project (improving lipid management in secondary care) commenced delivery. Nurses were appointed at both BHT and OUH. Patients on stroke and cardiology pathways started to receive Inclisiran, where indicated. HIOTV supported BOB ICB with the development of communications around the funding mechanism for prescribing of Inclisiran and materials to support the practicalities of ordering and administering Inclisiran. An educational webinar on the role of Inclisiran in the lipid management pathway is planned for Q1 2024/25.</p> <p>Annual highlights: Good progress has been made throughout the year, and although prescribing numbers have remained behind trajectory for Inclisiran, there have been significant improvements over the year which will continue to build over the next financial year. The Frimley STF project completed, working with 39 practices across Frimley with data showing a clear improvement in both statin prescribing and the proportion of people achieving lipid management targets across Frimley. Clear communication materials were developed to inform primary care of the commencement of the CLF project and the payment mechanism now in place for Inclisiran.</p>			



Q4 Programme and Project Updates















Clinical Area	Programme Details	BOB	Frimley	BLMK
 Cardiovascular/Stroke	Familial hypercholesterolaemia (CVD portfolio programme) (Deploy) <p>In Q4 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.</p> <p>Annual highlights: In 2023/24 the HIN developed a business case on behalf of BOB ICB for a nurse-led FH service. This would have the aim of 1) generally improving capacity for specialist assessment for FH 2) delivering cascade testing which currently isn't available for parts of the ICB. This business case was commended but was not approved for funding due to the system financial position and competing priorities.</p> <p>Support was provided to the lipidologists across BOB to develop a unified referral form to improve the quality of HF referrals.</p> <p>Our approach is to deliver FH detection as part of the lipid optimisation programme. All our education sessions and pathway materials cover guidance on when to suspect FH and how to refer for genetic testing.</p>			
 Cardiovascular/Stroke	Heart Failure (CVD portfolio programme) (Deploy) <p>A new programme in Q3, which has progressed well in Q4. HIOTV has initiated planning and engagement efforts. Positive engagement has been attained with both BOB and Frimley ICBs. A detailed plan aimed at enhancing primary care's medicine optimisation has been created and shared with the ICBs, with implementation anticipated in Q1 of the 2024/2025. Additionally, an adapted heart failure toolkit tailored for individual ICBs has been developed, with input from our internal patient and public involvement and engagement team. Feedback will be sought from Pumping Marvellous, a heart failure charity and community for HF patients, before finalising and distributing the toolkit to GPs/PCNs in the region. Subsequently, an educational session/webinar will be conducted for the region.</p> <p>Annual highlights: The programme has been successfully established from Q3, with project work already commenced to establish baselines in the diagnosis/self-management domain.</p>			
 Cardiovascular/Stroke	Innovation for Healthcare Inequalities Programme (InHIP) - BLMK (Deploy) <p>In Q4 the evaluation of the project was submitted, and the project concluded.</p> <p>Annual highlights: The BLMK CVD optimisation project has shown that additional funding provided to the practices alongside a population health management approach to CVD secondary prevention management can increase uptake and optimisation of preventative medications and improve the number of people treated to target for key CVD secondary prevention metrics. Improvements were seen in both the CVD intervention group and control groups, however despite a higher baseline starting point for both measures improvements in outcome measures were still higher in the CVD review group.</p> <p>Increases in lipid lowering medication uptake and treatment to lipid target levels within the control group is likely to reflect that the new QOF CHOL001 and CHOL002 targets were introduced in the 2023/24 financial year and incentivised all practices to improve lipid management. There may have been a more significant increase in management of the CVD review compared to control in our lipid management group if this had not been introduced. In addition, a local Incentive Scheme for increasing prescribing on SGLT2i in people with CVD and type 2 diabetes was also introduced in the 2023/24 financial year and may have led to increase in SGLT2i uptake in our control group.</p> <p>While the timeline of the project does not allow for the evaluation of change in cardiovascular events for our CVD review population. Data from UCLH Size of the prize for hypertension indicates that two myocardial infarctions and three strokes prevented over the next five years within the CVD group with NHS and social care savings of £18,400 and £71,300 in the CVD review group. Although this could be higher based on the higher baseline risk of CVD events those with established CVD. Data from UCLH size of the prize for High Cholesterol indicates that eight CVD events and one CVD death over the next five years could have been prevented for those initiated on lipid lowering therapy in the CVD group when compared to the control group, with an NHS saving of £568K.</p>			



Q4 Programme and Project Updates












Clinical Area	Programme Details	BOB	Frimley	BLMK
 Cardiovascular/Stroke	iSight Thrombectomy training project (Develop) Early-stage planning activities are underway for a potential 2-year project. Annual highlights: The kick off meeting for the project took place in February, and an expert-by-experience was successfully recruited for the project. The date for the first workshop has been confirmed, with planning for the advisory panel in progress.			
 Cardiovascular/Stroke	Lipid Management (Deploy) In Q4 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. Annual highlights: Progress has been strong in 23/24 with 74% of PCNs across BOB and Frimley are engaged with this programme, with all of these using searches or defined improvement methodologies. The CVD champions programme has been supported through the year. Communications have been developed, with coproduced leaflets and animations around cholesterol and statins with our ICBs. They are keen to use these in a range of settings, including waiting room video screens. We are working with one ICB to translate these into the 7 most commonly spoken languages other than English.			
 Maternity	Maternity and Neonatal Safety - Deterioration (Deploy) 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	Maternity and Neonatal Safety - Preterm Optimisation (Develop) The team continue to improve on each element of the optimisation bundle.			
 Maternity	OxSys (Discover) ^ No planned activity for HIOTV. Further work in progress to validate the technology, after which the HIOTV element will be scoped			

^ NIHR funded projects * ARC collaborations  Colour indicates RAG status










Q4 Programme and Project Updates



Clinical Area	Programme Details	BOB	Frimley	BLMK
 Maternity	Threatened preterm labour (Deploy) We have completed multi-professional workshops with 3 trusts now (Frimley Health (9 attendees plus 2 attendees from pre-hospital TV Air Ambulance: Bucks Healthcare (12) and RBH (7). Further workshops are planned in Oxford and Milton Keynes. Annual highlights: Scoping work identified misconceptions and fears about preterm birth and a lack of midwifery confidence to support transfer of women in threatened preterm labour due to fear of birth en route. This is compelling evidence that perinatal teams require support and simulation-based education is a powerful tool to address these learning needs. Longer term this work will equip perinatal multi-professional teams building skills and motivation to facilitate high frequency low fidelity preterm birth simulation in their own organisations for the purpose of education, embedding optimisation increasing knowledge and exploring technical and non-technical skills. It has clear positive impacts fostering a culture of multi-professional workforce learning and development and improving outcomes for preterm birth.			
	AMR-UTI (Develop) ^ This project has been rescoped with HIOTV work now starting at a later stage of the project. HIOTV will be completing full economic analysis, but this will not commence until Q3 24/25 to allow innovator to progress data collection and other early steps ahead of the analysis.			
Medicines Optimisation	Medicines Safety Improvement Programme (Develop and deploy) Continuing productive working relationships with Frimley MO leads to deliver agreed opioids workplan. Annual highlights: New relationships established with BOB MO leads. The opioids workplan was agreed and progressed in year. This work will continue into 24/25.			
Medicines Optimisation	Polypharmacy (Develop and deploy) In Q4 four Communities of Practice have been delivered, alongside Action Learning Set training. 7 bespoke polypharmacy training sessions planned and advertised. Annual highlights: BOB and Frimley ICB have included an element of polypharmacy into either, their medicines safety plans or, prescribing quality schemes for 24/25, successfully embedding this work into the system. To date 15 Communities of Practice delivered with 455 people attending. 78 prescribers have attended the Action Learning Sets, 17 of whom are from Core20 PCNs. Five local trainers are being supported to become local Action Learning Set trainers with three fully completing their accreditation. 3 quality improvement initiatives have been written up as posters to share learnings from the project.			
Medicines Optimisation	Structured medication reviews - OSCAR study (Develop) Continuing to provide advice to support evaluation. Annual highlights: Initial results presented and discussed at the ARC LTC OSCAR All Investigators meeting. The ARC have submitted a bid for further extension of funding, which if successful, will see a continuation of this project.			







Q4 Programme and Project Updates

Clinical Area	Programme Details	BOB	Frimley	BLMK
 Mental Health	Bracknell Forest CYP Self-Harm Workforce Project (Develop) 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. Annual highlights: This project convened multi-disciplinary reflective sessions within Bracknell to gather knowledge and experience from those working with young people. An online workforce survey gathered views from participants. The project has developed and grown the Bracknell Forest self-harm workforce learning network. The Bracknell Forest response to new NICE guidance around self-harm was developed as part of this project, and with the evaluation complete this work will be promoted locally and nationally.			
 Mental Health	Digital Therapeutics for Depression (Develop) The feasibility study was completed in Q3. Further pilot work ongoing. HIOTV will be recommencing work on the second phase of Health Economics in 2024/25.			
 Mental Health	Otsuka CARE for MDD Operational Pilot (Develop) 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 HIOTV ("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 in Q4. Annual highlights: The Initial kick off workshop was delivered. Successful recruitment and contracting with a clinical champion in all three target clinical settings (primary care, secondary care, NHS Taking Therapies).			
 Mental Health	Sleepio (Deploy) 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. Annual highlights: A total of 2,873 patients using Sleepio since start of the project. 98% of those using Sleepio have insomnia symptoms (86% clinical symptoms/12 % symptomatic). 55% of those engaging and reaching Session 3 recording improved sleep.			
 Respiratory	Albus Home (Discover) ^ Albus Home continued to work on patient recruitment for data collection. No planned activity for Health Innovation Oxford and Thames Valley. HIOTV elements of this project will be delivered in June 2025.			









Q4 Programme and Project Updates

Clinical Area	Programme Details	BOB	Frimley	BLMK
 Respiratory	<h3>Hailie Heilicon (Develop)</h3> <p>A new project in Q3, 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.</p> <p>Project initiation documents - Protocol, patient invitation, patient information, patient questionnaire and HCP questionnaire being finalised</p> <p>Annual highlights: HIOTV conducted an Innovator Insight Panel for a panel of members within the respiratory service provider space. Hailie smart inhaler was selected to conduct a small-scale real-world evaluation in the secondary care clinical nurse specialist asthma clinics at RBH.</p>			
 Respiratory	<h3>Innovation for Healthcare Inequalities Programme (InHIP) - BOB (Deploy)</h3> <p>The project has now concluded, with the evaluation completed and submitted in Q4.</p> <p>Annual highlights: To date</p> <ul style="list-style-type: none">• 27 patients have been referred by the ISAC pharmacists for tertiary care review, of which 16 have been seen in the clinic. 5 patients have already started asthma biologic treatment with a further 6 in pro-active follow up as need an additional review following improved inhaler therapy as part of the project pharmacists’ interventions• The ISAC consultant has reviewed 355 patients, including 124 new referrals to the service, of which 25 new biologics have been started• The project has facilitated continuation of 2 distinct monthly regional MDTs. This has allowed 64 patients to be discussed. From these 38 have had more rapid initiation of their biologics and a further 20 have been able to keep their follow up locally arranged. In total this saves at least 58 new appointment clinics. <p>Direct impact on patients includes:</p> <ul style="list-style-type: none">• Patients not referred for biologics were thoroughly reviewed by the ISAC pharmacists, of whom many saw an improvement in their asthma symptoms. The ability to see an asthma a specialist locally was welcomed by patients◦ 100% of patients reviewed in primary care had bespoke asthma education delivered and an annual asthma review completed by the project pharmacist◦ 97% had their inhaler technique assessed and were offered FeNO testing (3% of consultations were over-the-phone)◦ 23% of reviewed patients were current smokers, of which all but one were offered a smoking cessation VBA <p>Following the ISAC service, 58.5 reported improvements in their asthma management.</p>			



Q4 Programme and Project Updates



Clinical Area	Programme Details	BOB	Frimley	BLMK
 Respiratory	Innovation for Healthcare Inequalities Programme (InHIP) - Frimley (Deploy) The project has now concluded, with the evaluation completed and submitted in Q4. Annual highlights: A national call was made in 2022-23 to restart spirometry, and regions across the country were exploring how quickly this could be achieved. InHIP funding was utilized to expedite this activity. The Service Level Agreement (SLA) initially provided funding for 2,015 prioritized patients who have recently been provisionally diagnosed with COPD and/or asthma but have not undergone spirometry or fractional exhaled nitric oxide (FeNO) tests in primary care to confirm this diagnosis. Throughout the project, the team successfully delivered community engagement sessions, in Slough in collaboration with Slough CVS. These sessions included informal presentations from a GP, the Community Respiratory Team, and Talking Therapies. Providers for smoking cessation, weight management, and oral health also had stalls. The target audience for these sessions were COPD and asthma patients, the feedback from the sessions overwhelmingly positive. As part of the InHIP project, we have reimbursed GP practices for 55 FeNO machines across the Frimley system. Additionally, we facilitated two FeNO testing in asthma training sessions for practice nurses and Healthcare Assistants (HCAs) - one in May 2023 and the other in February 2024. There has been a slight increase in the use of roflumilast throughout the duration of the project.			
	Urgent and Emergency Care			
	Virtual Wards/Virtual Care (Develop and deploy) * Standardised patient experience data collection model developed with and approved by evaluation subgroup. PROMs guides for frailty, respiratory and palliative care developed. Annual highlights: Good collaboration and engagement with the hospital at home providers and the ICB. The final report due at the end of May is due to support providers and the system to develop and spread this new model of care.			
Development and Learning	Adopting Innovation and Managing Change in Healthcare Settings Programme (Deploy) Module 2 for Cohort 14 has successfully concluded. Despite sustained and significant interest in the program, the primary obstacle has been the difficulty students encountered in securing funding. Stakeholders have expressed concerns regarding the bureaucratic complexities associated with this process. Given these challenges, we have made the decision not to proceed with the programme in February 2024. Unfortunately, this marks the conclusion of the programme. Annual highlights: Q4 23/24 marks the successful conclusion of a key program and initiative by HIOTV, spanning from 2016 to 2024, which has impacted the South East Region. This comprehensive initiative, inclusive of the NHS workforce, has introduced 328 impactful change projects within the healthcare system.			



Q4 Programme and Project Updates



Clinical Area	Programme Details	BOB	Frimley	BLMK
Development and Learning	<p>Health Inequalities - evaluation of PCN short term funded projects - BOB ICS</p> <p>The report of findings has been shared with BOB ICB.</p> <p>Annual highlights: This rapid insight evaluation worked with 10 PCNs who have been funded by BOB ICB to undertake Health Inequalities work. The evaluation was to understand how small grants supported this. 2 workshops were undertaken with PCNs (final one due in May). 34 interviews undertaken and themed.</p> <p>Findings from the evaluation are that undertaking change deep in communities where health inequality is prevalent is challenging. Through building relationships, trust, change in mindset, utilising new roles and responsibility can support this type of work if scope is focused. Co-Design is key to meet the need of the population to offer a realistic solution to the community. Skills and job roles must evolve to meet the need.</p>	<div></div>		
Development and Learning	<p>Research & Development (R&D)</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 Health Innovation Oxford and Thames Valley's footprint. Membership is also drawn from outside this region to ensure the broadest engagement and collaboration particularly in relation to developing work with the Integrated Care systems – BOB, Frimley and BLMK.</p> <p>Professor Keith Channon, Director of the Oxford Academic Health Partners, Head of the Radcliffe Department of Medicine, University of Oxford and Professor of Cardiology, has taken over as Chairman of the R&D Group from Professor Joe Harrison, CEO Milton Keynes University Hospital.</p> <p>Thanks are due to Joe for his Chairmanship over recent years and his support and input to the group.</p> <p>The R & D Group met in April 2024 having planned to meet in March 2024. Further discussion on the was held on the nature of the R & D Group, its role and terms of reference and an update will be provided in Q1 report for 24/25. A full set of meetings has been arranged for the coming year.</p> <p>Members were confident about the value of the Group and the importance of maintaining its work.</p>	<div></div>	<div></div>	<div></div>
Development and Learning	<p>Thames Valley and Surrey Secure Data Environment Development (Develop)</p> <p>Workshop delivered. Project plan drafted for approval and dissemination in Q1 24/25. Report to summarise work to date and future plans agreed upon, to be finalised in Q1 24/25.</p> <p>Annual highlights: Following confirmation of funding for this piece of work, further development of the PPI work package we are delivering has been successful. We built on the two events that were held the previous year, by co-designing and delivering two further workshops with professionals and members of the public to help inform and shape the work we deliver going forward. The development of key documentation to help align and better plan for the work package is in process and will help move forward the plans for the 2024/25. Engagement with professionals and the public has progressed this year too, and we continue to plan for the delivery of work with seldom heard communities.</p>	<div></div>	<div></div>	<div></div>
Development and Learning	<p>Thames Valley and Surrey Shared Care Records (Develop)</p> <p>Continued support for coproduction, membership of committees and support to the Ethics & Engagement Advisory Group.</p>	<div></div>	<div></div>	<div></div>



Q4 Programme and Project Updates



Clinical Area	Programme Details	BOB	Frimley	BLMK
Development and Learning	Workforce evaluation of Clinically Led Workforce and Activity Re-Design (CLEAR) – Frimley ICS Final report approved by NHSE and Frimley ICB. Annual highlights: This rapid insight focused on evaluating a workforce innovation tool called CLEAR adopted by Frimley Health (funded by ICB) frailty pathway. 13 extended interviews undertaken within Frimley ICB, Frimley Health and the company involved. Throughout the interviews three key area were noted to enable the region to progress towards their full potential of collaborative working: - Building relationships across health and social care facilitates conversations to explore key priorities for organisations - Co-design with stakeholders, influencers, and early adopters - Creating space for staff and patients to innovate together.			
Development and Learning	Working Together Partnership (Discover) In Q4 meetings were planned against agreed aims following a face-to-face session. Annual highlights: A focus of the Partnership this year was to review the group’s purpose and our mission statement. Following an in-person planning meeting in June 23, we have redeveloped our purpose and agreed the groups’ mission going forward. We felt this was a necessary thing to do as the personnel of the group had changed significantly since the group was first established. The new agreed purpose remains focused on collaboration and sharing of good practice.			
Elective Recovery	Ufonia - post cataract surgery (DORA AI) - Senior Leaders evaluation (NHSE commissioned) (Develop) Report presented at South East Cataract User Group, concluding this project. Annual highlights: This scoping review was undertaken throughout 2023 with six NHSE foundation trusts in the South East who have introduced DORA (chat bot AI) into the post operative cataract pathway. Senior leaders and clinicians involved in the cataract pathway were interviewed around the pre and post implementation (19 interviews and one focus group) Throughout the interviews five ingredients to improve adoption and innovation was observed. These are in line with current literature. • Understanding the local context • Building relationships between the technology provider and organisation • Senior leaders’ engagement from the executive board and clinicians • Open communication between companies and NHS organisations including staff involved in the pathway • Sustainability of the technology in the clinical pathway through business planning.			
Elective Recovery	Ufonia - Economic evaluation of post-cataract pathway. (SBRI funding) (Discover) Economic analysis, sustainability and ethics report all undertaken. Further analysis to begin in Q1 24/25. Annual highlights: Economic analysis, sustainability and ethics report all completed. The team also worked with public and patients in parts of this work to understand the impact on seldom heard groups.			

^ NIHR funded projects

* ARC collaborations

● Colour indicates RAG status



Q4 Programme and Project Updates



Clinical Area	Programme Details	BOB	Frimley	BLMK
Cancer	Digital symptom tracking for prostate cancer (Discover) Work started on the literature search, pathway mapping to produce the pre read and discussion guide for the feasibility study. Annual highlights: This was a new project in Q3, so work will continue into 24/25. Work is well underway on preliminary activities – literature search and pathway mapping to inform the feasibility study.		●	
Cancer	Ibex Breast Cancer AI tool (Develop) Draft contract reviewed. Annual highlights: An expert-by-experience and public partner have been appointed to the project, engaging with the seldom heard communities we will work with during the project and commissioning the literature review.			
Cancer	Seroxo Breast Cancer point of care testing (Develop) Skeleton report created; further work will be completed in Q1 24/25 to deliver the final report. Annual highlights: We have met all of the key deliverables within our work package and have provided additional guidance and expertise to the company and project managers, regarding involving patients and developing PPI within a project. We recruited a dedicated expert by experience and a public partner to this project, who have proved instrumental in providing productive comments, suggestions for improvements and advice on the design and delivery of our workshops and the patient facing materials used throughout the research study. The attendees of our workshop were extremely engaged and through the discussions, a key set of questions for Seroxo were developed. This led to the company amending some of its processes and improving their communications.			
Cancer	Wave Health (Discover) The feasibility study has been completed. Annual highlights: The study explored the perceived usefulness of the Wave Health Pro application in the post-diagnosis prostate cancer pathway. The proposed technology received a positive reception from stakeholders, highlighting its potential to fulfil a critical need in the evolving landscape of prostate cancer care. The current variability in clinical pathways, which are influenced by NICE guidelines but differ significantly across hospitals lead to inconsistent patient experiences. There is a lack of effective tools for collecting Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs), which would help to enable patient-led and stratified follow-up care. Regarding the integration of Wave Health Pro into the proposed pathway several benefits for both healthcare staff and patients were identified including; the potential to enhance clinical efficiencies (reducing administrative workload and improving patient-centred care), aiding short- and long-term management, facilitating better patient monitoring, and contributing to an improved patient experience through effective self-management tools.			



Q4 Programme and Project Updates














Clinical Area	Programme Details	BOB	Frimley	BLMK
Neurological Disorders	<p>Dementia - digital approach (Develop) ^</p> <p>Digital Biomarkers for Dementia (OxDBD) Risk Score: Identifying older patients at high short-term risk of dementia and cognitive decline using routinely collected hospital electronic clinical and brain imaging data to improve care.</p> <p>The team is has collaborated with clinicians and scientists from the University of Oxford on a project funded by the National Institute of Health Research (NIHR) aiming at exploring the usefulness of a dementia risk score to identify older hospitalised adults at high risk of developing dementia in the short term.</p> <p>In the UK, it is estimated that older adults (>65years) occupy 70% of hospital day beds, a figure set to increase as the population ages. Longitudinal studies conducted in that population have shown that factors such as hospital-acquired infection, hospital length of stay, presence of delirium have all been associated with a higher incidence of dementia in the years following a stay in hospital. Hospitalisation can therefore present an opportunity to identify patients at higher risk of developing dementia in the short term. Scientists and clinicians at the University of Oxford are developing a digital tool that will turn routinely collected patient data into a dementia risk score, the OxDBD risk score, that will assist clinicians in identifying older patients at high risk of developing dementia in the short-term as well as determining the subtype (vascular or not) of dementia and predict the patient's accelerated cognitive decline. The SIP team has engaged with commissioners, GPs, geriatricians and Old Age psychiatrists working in acute and community services in various Trusts across England to gain their views of the potential usefulness of the OxDBD risk score in the dementia pathway.</p> <p>The feasibility study is now complete.</p> <p>Annual highlights: The results of the study showed that the OxDBD risk score could support clinicians in identifying patients at risk and recommending targeted interventions to improve patients' and reduce costs associated with long-term care. However, further studies to confirm the predictive value of the tool and the benefit of the proposed intervention in improving patient's outcome through well-identified care pathways were perceived as essential for the tool to be useful in improving the management of older adults admitted to hospital after an unplanned admission.</p>			
Neurological Disorders	<p>GaitQ (Develop)</p> <p>In Q4 the Health Economic Analysis Plan is in progress this quarter, with delivery scheduled for Q1 24/25. Further Health Economics will be produced in Q2/3 25/26.</p> <p>Annual highlights: The initial feasibility report was completed which informed the evaluation and development of the solution going forward.</p>			
Frailty	<p>Bone Health – now known as GRASP-Osteoporosis (Deploy)</p> <p>The project formally closed in Q4.</p> <p>Annual highlights: Following successful pilot of the GRASP-OsteoporosisRx tool with 8 practices in Oxfordshire, the findings were shared across the region and presented at meetings, including ICB and meds ops meetings. An abstract was accepted for presentation at the Royal Osteoporosis Society annual conference in September 2023. A poster has been accepted for presentation at the PRIMM (Prescribing & Research in Medicines Management) conference in May 2024.</p>			

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



Q4 Programme and Project Updates



Clinical Area	Programme Details	BOB	Frimley	BLMK
<div></div> <div></div> <div></div>	Frailty Transforming Wound Care (Deploy) BOB Wound Care summit was delivered. Engagement with NHS Frimley on the Enhanced Health in Care Homes agenda. Health Economic study of the TWC TES for reporting. NetZero NHSE workshops completed. Annual highlights: Collaboration with NHSE/OUH in the NetZero agenda will produce an action-led insight in to carbon hotspots within the nursing pathway of care and inform the OUH lower limb pilot. Preliminary analysis of data from our Yateley TWC TES site has demonstrated positive outcomes for patients and healing rates following the implementation of the national recommendations and pathway.			
	MedTech Funding Mandate (MTFM) to increase uptake of NICE approved products (Deploy) MTFM Products are largely fully adopted or have alternatives in place, with no further activity anticipated across GreenLight XPS, Rezum, PLASMA system, Urolift, Thopaz+ 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.			
	Patient Safety Incident Response Framework (PSIRF) (Deploy) RBFT PSIRF documents approved and Trust go-live in March. BHT PSIRF documents approved and go-live in Q1 24/25. Early discussions with Trusts around possible PSIRF informed priorities for improvement work in 24/25 (and beyond) have taken place. Annual highlights: System is live with PSIRF (slight anomaly with SCAS). We have built an excellent working relationship with BHT. We have arrived at a very effective method of working with Trusts that is a triumvirate with ourselves BOB ICB and NHS E SE. We have heavily influenced the agreed approach to working with Trusts on patient safety improvements for 2024/25 (improvement collaboratives, topics identified in March 24).			
	Tympa Health (Develop) The project was introduced into the portfolio in Q3. In Q4, two PCNs agreed to be part of the project, and funding sources were confirmed, with contracts drafted. Annual highlights: The scope and outcome objectives were agreed. Local clinical needs and resources were confirmed for the project. All key stakeholders from both PCN and secondary care were onboarded. An Initial evaluation plan and protocol drafted, with two PCNs agreeing to be part of the project.			



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:

ICB priorities with HIOTV projects mapped

ICB Priority (national and local)	BOB	Frimley	HIN Projects
Urgent and Emergency Care - national priority	●	●	4
Elective Care Recovery - national priority	●	●	5
Financial Sustainability*-national priority	●	●	3
Children and Young People's (CYP) Mental Health	●	●	2
Neurodiversity	●	●	2
Mental Health Services	●	●	9
Primary Care	●	●	7
Cancer	●	●	3
Stroke Services and Neurology		●	4
Cardiovascular Disease	●	●	15
Diabetes		●	0
Respiratory		●	4
Planned Care		●	2
Maternity and Neonatal		●	2
Inequalities*	●	●	6
Estates and Workforce*	●	●	7
Integrated Neighbourhood Team	●		2
Comprehensive Model of Personalised Care		●	1

Local activity is agreed based on local system needs and priorities, identified through liaison with ICBs and NHS South East Regional Medical Directorate.

Coordinated adoption and spread of national priorities agreed across the Health Innovation Network and our national commissioners, focusing on innovation, transformation, and patient safety.

*Note that these priorities are part of our cross-cutting themes - whilst we have projects that explicitly address these priorities, that are counted here, we also embed these themes into all projects, assessing both net zero and financial sustainability, inequalities impacts and workforce improvement throughout our portfolio



Appendix C:

Closed and Completed projects (2023/24)

	BOB	Frimley	BLMK
Cancer			
Remote monitoring/Virtual Wards Evaluation (Discover)	●		
Reducing Red Cell Transfusions (Discover)			
Cardiovascular/Stroke			
Aisentia (Develop)			
EchoGo Pro (Discover)			
Innovation for Healthcare Inequalities Programme (InHIP) BLMK (Deploy) - phase 2 scoping underway			●
Stroke Rehabilitation (Develop)	●		
National Lipids Programme (Deploy)	●	●	●
Elective Recovery			
Peri-operative Innovation (Develop)	●		
Frailty			
Restore2 (Deploy)	●	●	
Maternity			
Threatened preterm labour (Deploy)	●	●	
Medicines Optimisation			
Opioid Safety Innovation and Insight Panel (Discover)	●	●	●
Polypharmacy Health Inequalities Dashboard (Develop)	●	●	●

	BOB	Frimley	BLMK
Mental Health			
Bracknell Forest CYP Self-Harm Workforce Project (Develop)	●		
Digital Children and Young People (Develop)	●		
Reducing restrictive practice (Deploy)	●		
Sleepio (Deploy)		●	
Other			
FSL - Brain imaging (Develop)			
Respiratory			
Innovation for Healthcare Inequalities Programme (InHIP) Frimley (Deploy) - phase 2 scoping underway		●	
Innovation for Healthcare Inequalities Programme (InHIP) BOB (Deploy) - phase 2 scoping underway	●		
Sentinel Plus (Deploy)	●	●	
Urgent and Emergency Care			
Elastomeric Devices (Deploy)	●		
Learning and Development			
Communities of Practice - Health Inequalities (Deploy)	●	●	●
Developing NHS Health and Wellbeing Leads (Deploy)	●	●	
Health Inequalities - evaluation of PCN short term funded projects - BOB ICS (Discover)	●		
ABHI Survey (Develop)			
BOB ICS - REN research health inequalities programme (Discover)	●		
Ufonia - Economic evaluation of post-cataract pathway (Discover)			
BPE patient information videos (Develop)			
Workforce evaluation of Clinically Led Workforce and Activity Re-Design (CLEAR) - Frimley ICS (Discover)		●	
Adopting Innovation and Managing Change in Healthcare Settings Programme (Deploy)	●	●	●



Appendix D:

Case Studies Published in Quarterly Reports (2020 – 2024)

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



2023/24 Case Studies

Video consultation offers potential for some outpatient clinics following transient ischaemic attack (TIA) (Q3)
Investigating device supporting reduction of treatment-resistant hypertension (Q3)
Listening to communities: Conversations about heart health (Q3)
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)

2021/22 Case Studies

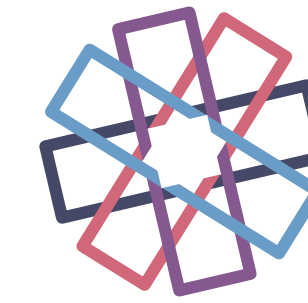
Start-up companies get expert support from Oxford HIN Accelerator programme and leverage over £2 million
Collaboration develops environmentally friendly product addressing urinary incontinence
Oxford HIN reaches first key milestone in major European partnership to improve outcomes for sepsis patients
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

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

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)



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