





Q1 Report 2024/25

For the quarter ending 30th June 2024

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Chief Executive's summary

This is the first quarterly report of our twelfth year. We continue to ensure our work aligns to the priorities of our two Integrated Care Board and System partners. Most of the work is in key clinical areas of focus highlighted by Core20PLUS5; maternity, severe mental illness, chronic respiratory disease, optimising cardiovascular disease prevention through hypertension and lipid management, and early cancer diagnosis. We convene or participate in more than 20 clinical groups across the region and hold regular planning meetings with BOB and Frimley to review progress and identify priorities and opportunities. Offers have been made to the ICBs for horizon scans and clinical insight innovation panels in priority areas.

Where we demonstrate valuable impact with adoption of innovation across our network, we look for opportunities to support wider adoption at an NHS regional or national level working with other Health Innovation Networks and NHS England national clinical and policy teams.

The first case study of the introduction of stroke AI brain imaging to increase access to mechanical thrombectomy for stroke is one of our exemplar projects of such success. Stroke AI imaging has been adopted in all hospitals that manage acute stroke patients in the NHS in England and is currently the only AI technology of 83 funded by the NHS AI in Health and Care Award programme that has been adopted in more than half of relevant NHS services. The project also demonstrates the value of utilising national clinical audit databases such as Sentinel Stroke National Audit Programme to understand the impact on patients and the NHS workforce of the adoption of new technologies and clinical pathways across the NHS.

More than 250 people attended our highly successful Bridging the Gap event at Newbury Racecourse in early July which we will describe in detail in our next quarterly report.

The Innovation Ecosystem Programme is scheduled to report its initial findings to the Life Sciences Council and NHS England Board in September. The main challenge the programme has identified is the need for more rapid scaling of innovation of value across the NHS to bring benefits to patients as early as possible. This problem was identified in the Innovation Health and Wealth Report published in 2011 which led to the creation of Academic Health Science Networks, now Health Innovation Networks, and is a challenge faced by all national health systems. The UK has huge strengths in Life Sciences, the NHS is highly innovative in developing new service models, but this has not resulted in the NHS being ahead of other health systems in adopting new treatments.



A recent press article highlighted concerns with the reduction in global pharmaceutical R&D investment in the UK due to poor adoption of new drug therapies despite the UK spending less as a share of healthcare spending on medicines than comparable countries; UK 9%, France 15%, Germany/Italy 17%¹.

Health Innovation Network and NIHR Applied Research Collaborations provide considerable expertise in implementation and knowledge mobilisation to support the health and social care system adopt new technologies and ways of working but this 'soft' power is not aligned with and supported by sufficient 'hard' levers in the commissioning and provider system. Major barriers to achieving this are the dominance of a one-year financial planning cycle in the NHS with an unrealistic expectation that innovation will achieve a positive return on investment in one year, a lack of an overarching shared strategy and responsibility across NHS England, the Departments of Health and Social Care (DHSC) and Business Energy and Industrial Strategy (BEIS). The current landscape is in many ways analogous to the state of clinical research in the NHS prior to the creation of the National Institute for Health and Care Research created within the Department of Health in 2006, and a similar governmental approach seems to be needed if the NHS is to harness the benefits of life sciences innovation and contribute to economic growth.



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

¹'Big Pharma has big asks when it comes to investing in the UK'. *Financial Times* Aug 23, 2024: <https://www.ft.com/content/a7da4a2c-c338-47b3-8e2b-a84cdd9b240b>





Case study 1

Theme: Digital/AI/Diagnostics. Patient pathway: Stroke

Improving outcomes following stroke through increased access to mechanical thrombectomy

Overall Summary

More patients are getting the right treatment in the right place more quickly leading to better outcomes following a stroke thanks to a four-year collaborative programme led by Health Innovation Oxford and Thames Valley (HIOTV) supporting the development of artificial intelligence (AI) in stroke diagnosis. This approach has led to an increase in the number of stroke patients treated with mechanical thrombectomy (MT), a life-changing but time-critical intervention which reduces long-term disability following a stroke by removing a blood clot from a blood vessel in the brain. New image analysis technology enables high quality CT brain scans to be shared quickly and securely within and between hospitals using imaging software incorporating AI to support clinical decision-making. But it is not yet available in all hospitals in England which assess acute stroke patients. Working with the NHS England stroke team and regional stroke networks, HIOTV carried out the largest assessment to date of the impact of rolling out new technology in the NHS with a detailed evaluation of the Brainomix 360 Stroke AI tool. This found that where it was used the clinical decision-making process was up to 50 minutes quicker and patients were 70% more likely to receive MT. This exemplar locality partnership demonstrates a breakthrough innovative approach, aligned with the prevention agenda and supporting economic growth. There is potential for further significant increases in MT rates enabling more people to regain independence following stroke.

What is the challenge?

Around 100,000 people have a stroke in the UK every year and that number will increase by half in the next decade. Stroke is the leading cause of disability and exacerbates health inequalities. Early identification, rapid decision-making and prompt treatment can reduce brain damage and prevent or limit long-term disability. Mechanical thrombectomy (MT) has the potential to revolutionise stroke care and recovery. However, few hospitals currently provide MT services. Referral to stroke units with MT expertise is a crucial part of the treatment pathway. Imaging decision support software driven by AI can help to speed up clinical decision-making to determine patients' suitability for treatment and transfer to their nearest thrombectomy centre. But it is not yet available in all hospitals in England which assess acute stroke patients.



What did we do?

Working with the NHS England stroke team and regional stroke networks, HIOTV carried out the largest assessment to date of the impact of rolling out new technology in the NHS with a detailed evaluation of the Brainomix 360 Stroke AI tool. The HIOTV initially facilitated strong collaboration through establishing the Thrombectomy Innovation and Transformation Network (TITAN) regional stroke network and introducing the AI tool into Royal Berkshire Hospital in Reading as a 'champion' site through the clinical leadership of Dr Kiruba Nagaratnam. HIOTV helped secure funding through the NIHR NHS AI in Health and Care Award which enabled scale up of the technology across a further four stroke networks across England and 25 stroke units. This funding also supported the HIOTV's evaluation which included patient-level data covering 83,000 patients identified through NHS national stroke audit data. This was the largest assessment to date of the impact of rolling out a technology.

What has been achieved?

The evaluation found that where the Brainomix 360 Stroke image analysis technology was used the clinical decision-making process was up to 50 minutes quicker and patients were 70% more likely to receive MT. In particular, sharing high quality CT brain scans quickly and securely is empowering non-specialists to refer with confidence. This exemplar locality partnership demonstrates a breakthrough innovative approach, aligned with the prevention agenda and supporting economic growth. The evaluation showed there is a major opportunity for systems to reduce the long-term burden of stroke care by significantly increasing access to MT.

This initiative also supported economic growth with Brainomix attributing the following to this programme of work:

- ◆ 29 jobs safeguarded
- ◆ 40 jobs created
- ◆ £400,000 investment leveraged



What people said



“I think the major reason for the success in implementing AI in stroke is the network collaboration approach. We identified a clear need to increase the number of patients who receive mechanical thrombectomy. We had clear direction in terms of NHS England policy on where AI can be used in the imaging pathway to improve detection of stroke. The networks enabled deployment and scale up of the technology at pace. We engaged clinicians early on and were able to clearly demonstrate the benefits. We now have more confidence to support the use of AI in stroke decision-making – and we can now do it much faster.”

Dr Kiruba Nagaratnam, Clinical Lead, Buckinghamshire, Oxfordshire and Berkshire West Integrated Stroke Delivery Network, and Consultant Stroke Physician, Royal Berkshire NHS Foundation Trust

Kiruba discusses this project with Eleanor Wicks, a Consultant Cardiologist at Oxford University Hospitals, in [this four minute video](#) recorded in July 2024.



“The fantastic work of the stroke and interventional neuroradiology team at Oxford, and the wider TITaN network, demonstrates the power of a networked approach to complex medical interventions. The whole multidisciplinary team across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Stroke Delivery Network should be congratulated for their phenomenal effort in delivering mechanical thrombectomy 24/7, reducing the severity of disability for many people.”

Dr David Hargroves, National Clinical Director for Stroke, NHS England

What next?

There is potential for health systems to further extend access to thrombectomy and reduce the burden of long-term disability.





Case study 2

Theme: Patient Safety and Clinical Improvement.

Patient pathway: Maternity and Neonatal

Adopting a system-wide response to improve fetal monitoring safety

Overall summary

Region-wide collaboration between maternity services is leading to a standardised approach to fetal monitoring during labour, improving the safety of mothers and babies across the Local Maternity and Neonatal Systems (LMNS) in our region. A tool supporting clinical decision-making has been adopted and an innovative education programme developed incorporating learning from simulation and an animated video. Initial outcome data indicates a positive impact. Involving relevant stakeholders has been a critical part of the success of this ongoing improvement programme. A positive, open and transparent safety culture has been established enabling robust critical review of clinical incidents where there are safety concerns.

What is the challenge?

In 2020/21 the regional LMNS safety forum expressed concern regarding increased referrals to the Healthcare Safety Investigation Branch (HSIB) - now the Maternity and Newborn Safety Investigation (MNSI) programme - where challenges with assessment of risk, cardiotocograph (CTG) interpretation and escalation were identified as contributory factors to poor neonatal outcomes, including intrapartum stillbirths, hypoxic ischemic encephalopathy (HIE) or neonatal deaths.

The challenges were the disconnect between national guidance from the National Institute of Health and Care Excellence (NICE), and the ability to apply a physiological approach to CTG interpretation. Clinical teams were also frustrated in their efforts to use interpretation tools that were not fit for purpose and varied between maternity units.

What did we do?

The need to standardise the approach to CTG interpretation to ensure equity in clinical care and staff education was identified. Because midwives and obstetric trainees rotate within the LMNS, any variations in clinical guidelines, interpretation tools and terminology can cause stress for clinicians and potential safety concerns for women and babies.



A thematic analysis of babies who had either died or had suffered a significant brain injury [as a result of](#) hypoxia was completed by Oxford University Hospitals NHS Foundation Trust to facilitate improvements in CTG interpretation and inform the development of a revised CTG decision-making tool and education and training programme.

A Quality Improvement team of the fetal monitoring obstetric and midwifery leads from each of the hospitals in the region was convened and met monthly. The group developed an intrapartum clinical decision-making tool informed by a physiology-based approach to CTG interpretation. They used an iterative approach using rapid Plan, Do, Study, Act (PDSA) cycles to agree a single [Intrapartum Decision-Making Tool](#).

Excellent working relationships have been established with [Oxford Simulation Teaching and Research \(OxSTaR\)](#) and [NHS Creative](#). OxSTaR [filmed a selection of scenarios](#) addressing shared decision-making and communication during labour, challenges with hierarchy and escalation and the important role of human factors in everyday complex clinical situations NHS Creative produced an [animation explaining fetal hypoxia in simple terms](#), and developed a training film to explain how metabolism occurs within the fetus.

A teaching programme offering a step-by-step approach to understanding fetal physiology and its application to intrapartum CTG interpretation was developed in collaboration with OxSTaR and NHS Creative.

Fetal monitoring guidelines were updated to reflect changes in terminology, care planning and recommended interventions. A pool of assessment questions was designed, and the transition period for clinical teams supported with a series of clinical and educational expertise on the 'shop floor' coupled with 1:1 debriefs where concerns were identified. A poster was presented at the Maternity and Midwifery Festival in Birmingham earlier this year.

What has been achieved?

This innovative approach to addressing a significant patient safety concern has improved safety and experience for patients and families, and the healthcare professionals who care for them. The primary aim was to improve neonatal outcomes without increasing unnecessary intervention.

Data from Oxford University Hospitals NHS Foundation Trust's initial service evaluation suggests significant improvement in neonatal outcomes in term births including significant reductions in HIE brain injury grades 2/3 and rates of unplanned term admissions to the neonatal unit and therapeutic hypothermia (cooling).

There has been no significant increase in intervention for presumed fetal compromise overall, although there has been a significant increase in caesarean sections in line with the national picture. Despite this, the proportion of caesarean sections performed at term for presumed fetal compromise has not significantly increased.

Data from the second service evaluation demonstrates that while there has been a significant increase in expedited births there has been a significant and sustained improvement in neonatal outcomes. The proportion of caesarean sections performed for fetal compromise has not changed.



Data from Buckinghamshire Healthcare NHS Trust from 2023 reflecting feedback from clinical teams 15 months after the implementation of the new tool and guideline is very positive. The revised decision tool combined with education has had a positive impact on patient care improving the safety of women and babies.

There has been no significant increase in the proportion of caesarean sections performed for presumed fetal compromise and the number of babies born with poor cord blood gases has significantly decreased. There have been no investigations with fetal monitoring in the causal pathway in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) LMNS for the past 12 months.

[Avoidable brain injury at birth, whilst rare, costs the NHS billions of pounds](#) in compensation payments and has lasting consequences for families and the staff involved. However, exact financial savings as a result of this initiative are not yet available.

The educational programme is effective with evidence of increased engagement in continuous learning around fetal wellbeing. The intrapartum decision-making tool is being used correctly, is user friendly and clinicians report it enables them to consider the wider clinical picture.

Fetal monitoring leads report improvements in patient safety and improved experiences for families evidenced by fewer clinical incidents where issues with fetal monitoring were identified as contributory factors.

Involving relevant stakeholders has been a critical part of the success of this ongoing improvement programme. A positive, open and transparent safety culture has been established enabling robust critical review of clinical incidents where there are safety concerns.



“We want to make care safer to reduce the number of babies requiring treatment for possible encephalopathy in the newborn period. The team has developed a new way of interpreting CTG traces that includes both physiological assessment and includes the overall wellbeing of the mother in labour. It is also encouraging much more involvement of the labouring woman in her care and describes how to do that. They notice excellence and encourage people to offer the best care they can. There is an excellent new training package that is beautifully presented and very interesting and is likely to allow people to use the new system effectively. Their innovation is excellent and very timely for our maternity services.”

Feedback from a member of the Reporting Excellence service at Oxford University Hospitals



Peer review by a member of the Royal College of Midwives as external critical friends was extremely positive noting the high quality presentation and intuitive design of the online programme contents. The multimedia approach was welcomed.

Contact

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What next?

Service evaluations/audits of the impact of the revised clinical decision tool and education programme for each NHS organisation and LMNS in our region are almost complete. Current work is focused on transition to a digital version of the decision-making tool as the maternity services in Buckinghamshire and Oxfordshire move to an electronic healthcare system.





Case Study 3

Theme: Digital. Patient pathway: Prostate Cancer

Feasibility study evaluates potential of digital health platform to help patients manage prostate cancer symptoms

Overall summary

Prostate cancer is the most common cancer in men with more than 52,000 new diagnoses every year on average in the UK. Support for men post diagnosis includes managing side-effects (physical, sexual, emotional) which may be life-long and impact on day-to-day life, resulting in a reduction in quality of life.

A collaboration between Health Innovation Oxford & Thames Valley (HIOTV), Treatment Technology Insights (TTI) and Bayer is focussing on a digital platform and application to enable self-supported management for patients with prostate cancer. The Wave Health mobile app enables patients to track their symptoms, side effects, medications, activities, and other lifestyle factors outside of the clinical setting. The contextual data is correlated to provide personalised insights that drive patient health literacy and supported self-management. The connected care portal allows healthcare professionals to remotely monitor larger patient cohorts and prioritise those most in need based on risk stratification.

HIOTV conducted a feasibility study and engaged with key stakeholders in the NHS clinical pathway following diagnosis of prostate cancer to assess the clinical need, perceived potential benefits, acceptability and barriers to adoption of the app. <https://www.wavehealth.app/wave-uk>

What is the challenge?

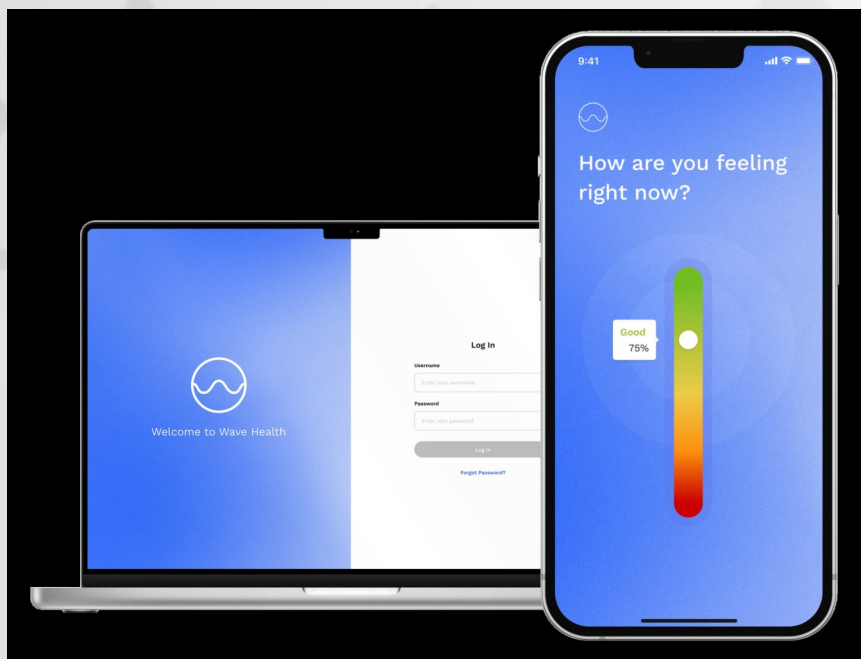
Prostate cancer is a condition that has variable treatment and management plans, resulting in different patient pathways dependant on the patient's choice of intervention and type/severity of prostate cancer. Clinical management of this increasing number of patients and providing the level of support to patients for self-management of their condition has become difficult on strained NHS resources. The NHS Long Term Plan is committed to rolling out 'supported self-management' to provide personalised care and empower patients to manage their ongoing conditions.



What did we do?

HIOTV performed a feasibility study using the lean assessment process (LAP) methodology to gain insights into the perceived usefulness, potential clinical benefits, acceptability and barriers to adoption of the platform. Fifteen key clinical and commissioning stakeholders working in the post-diagnosis prostate cancer pathway across seven NHS Trusts were interviewed according to the LAP methodology.

Responses were thematically analysed and combined with human factor tools to provide a comprehensive report on the platform's potential utility and benefit.



What has been achieved?

The feasibility study highlighted the platform as a significant advancement in clinical practice for prostate cancer management in the post-diagnosis clinical pathway. Stakeholders acknowledged the unmet need for a platform of this kind and recognised the application's potential to enhance clinical efficiencies (notably in reducing administrative workload and improving patient-centred care). Additionally, the feasibility study found that Wave Health could potentially lead to more efficient patient triage, robust stratified follow-up, increased communication between patients and clinicians and reduction in unplanned GP and hospital visits due to mitigation of complications and adverse events. Stakeholders also highlighted the importance of having robust data regarding the health economic benefits of Wave Health, emphasising the need for future evidence generation particularly through real-world health economic studies



"We are honoured to be working with such impactful oncology thought leaders in the UK to help alleviate NHS capacity burdens, while also improving patient health literacy, outcomes, and quality of life, starting with prostate cancer."

Matt Lashey, TTI CEO

Contact

Lauren Hudson

Project Manager

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Operational Review

Governance

In accordance with the NHS England timetable, the Health Innovation Oxford and Thames Valley Business Plan was submitted to IRLSS/OLS for formal endorsement after approval from our local stakeholders at the end of March. We continue our commitment to collaboration with our local system partners, specifically our ICBs. The first round of quarterly planning and priority meetings with BOB and Frimley has taken place. These are used to review programme progress against aims and deliverables as well as aligning priorities and discussing opportunities. We have discussed how the three organisations can collaborate systematically to oversee a pipeline of innovation, aligned to ICB priorities with HIOTV operating horizon scans, supporting innovator engagement, and, undertaking commissioned real world evaluations. The big question remains as to how the ICBs will fund adoption and spread once an innovation has been piloted and there is a strong benefits case emerging from the evaluation. Much innovation funding is driven externally by free to issue schemes and funding opportunities from NHS England.

Significant progress has been made on the roll-out of Salesforce as a programme reporting and stakeholder management system.

Q1 Highlights

HIOTV collaborated on the published article in [The Pharmaceutical Journal: Improving the management of uncontrolled asthma for adults in England: where do pharmacists fit?](#). The article builds on HIOTV's leading role on the **asthma biologics** national prescribing rollout, as well as local work in the InHIP projects and provides an overview of the evolution in asthma management over the past decade, and the journey ahead to implement meaningful change and the vital role of pharmacists in delivering better outcomes for patients with asthma.

The portfolio of local respiratory work is growing with the first meeting of **Respiratory Biologics sub-group** taking place in Q1 to develop a project proposal to further drive uptake of biologics to treat severe asthma and COPD. This work is in conjunction with AZ, Asthma and Lung UK and HIN Respiratory Clinical Working Group (CWG).

To examine advances that could benefit workforce in the Respiratory area, a successful **Respiratory Workforce Innovation and Insight Panel** took place on Tuesday 11th June with innovators ArtiQ, LungHealth, and TidalSense presenting to a panel of clinicians and managers from Frimley and BOB ICBs. We will continue to work with innovators and local system stakeholders to build from these discussions, and to facilitate further collaboration.

The **Prehospital Video Triage Pilot** commenced on 15 April. This allows ambulance crews, in the area of RBH, with suspected stroke patients, to make a video call with a stroke clinician at the hospital to help assess the patient and receive advice on the most appropriate course of action.

At the 2024 European Stroke Conference the real-world evaluation roll out of **stroke AI imaging** was presented (Brainomix) - see case study 1 above - and Gary Ford gave a presentation on improving **lipid management** referring to the new pathways, the report of which was also published.



BOB ICB CLF project continued to deliver. To date circa 50 patients within the acute setting have been offered Inclisiran. Conversations continue with primary care to improve knowledge and uptake of the payment framework for delivering Inclisiran.

The evaluation of the **Frimley STF lipid management programme** was completed. There were clear improvements in lipid management, increases in prescribing of therapies beyond statins and several recommendations made for future work and ensuring sustainability.

Work continued to support the **CVD** champions programme, several of whom are delivering projects on lipid management.

In Q1 we continued to offer support to our ICBs around **hypertension**, through the Blood Pressure Optimisation programme. Plans and priorities for the year include continued support for the hypertension champions programme in BOB, developing a checklist and associated toolkit for improving processes around hypertension within Frimley and looking at CVD checks for people with learning disabilities and carers.

In our business plan we identified several areas where we were keen to explore possible projects to support ICB priorities in various clinical areas. The first of these was **neurodiversity**, so as a first step to identifying a possible project for the region, a South East neurodiversity horizon scan has been completed. Findings from the horizon scan has been sent to NHSE colleagues for review and following this, the neurodiversity workstream will be defined and scoped.

The **suicide prevention** evaluation with Oxford Health is complete.

The final evaluation report for **virtual wards/Hospital at Home** was shared with BOB and hospital at home providers. This has been disseminated more widely, including with Frimley colleagues, following formal sign-off.

In partnership with the Royal Society of Medicine, HIOTV ran an event asking, '**Can we futureproof the NHS health and social care workforce?**' This was a forum for discussion of the crisis facing the healthcare workforce and potential opportunities for change alongside the introduction of technology, e.g., AI. An output paper will be published – helping the deliberations of the conference to be influential beyond the day.

We welcomed our new **public partner co-chair Debbie Seago** to the Community Involvement and Workforce Innovation Oversight Group meeting which took place on the Thursday 6th June.

The **Polypharmacy** programme continued to go from strength to strength in Q1. The team successfully delivered four Polypharmacy Training sessions for BOB, Frimley and BLMK ICBs (1.5 hrs each interactive sessions). 184 HCPs across primary, secondary care, community and care home attending across the sessions. More of these training sessions are planned throughout 2024/25. A Polypharmacy QI funding initiative to show patient impact through case studies (across BOB, Frimley and BLMK ICBs) has been launched – this will share best practice and patient experiences.



We supported a BOB event on improving **wound care** in BOB and presented at the Enhanced Health in Care Homes event for Frimley (PSC).

The **Innovator toolkit webinar** series (seven webinars) completed in Q1, covering topics from developing a healthcare value proposition to understanding MedTech regulatory compliance and developing digital products. [Recordings of these webinars can be found on YouTube here](#). Around 1,000 people have engaged with these webinars, either live or via the recordings.

Economic Growth Survey: Early data analysis shows >£10m revenue generated. 55 jobs created, 56 safeguarded. This is a strong indicator of solid long-term partnerships. In addition, the Network as a whole has increased economic growth year on year including Roche reporting a £160m increase due to Network support – the PIGF pre-eclampsia test being an important part of that growth – a national innovation rollout which started in Oxford was led and supported by HIOTV.

Otsuka CARE for **Major Depressive Disorder** (MDD) operational pilot is in progress, with the first trial site formally contracted (primary care) and second and third sites verbally agreed (primary care) with fourth expected imminently. There is a modified target for the project to include: 4 primary care sites and 1-2 NHS Talking Therapies.

Feasibility study reports have been completed for two projects;

- NIHR study for **dementia** (Digital Biomarkers for Dementia (DBD's) - Providing digital risk score for identifying older patients at high risk of dementia and cognitive decline using routinely collected hospital clinical data
- N-Tidal, a PoC diagnostic: Feasibility study completed and submitted - Diagnostic support tool to use as alternative to spirometry for early identification of **chronic obstructive pulmonary disease** in primary care

Apos Health (**orthotic shoes**) has been added to the **MTFM** portfolio for 24/25. Activity in Q1 has been expected, with focus identifying stakeholders and pathways and to start the process of understanding need and possible fit.

Q1 2024/25 Communications and stakeholder engagement

As the first quarter of 2023/24 progressed, we were increasingly engaged organising our **Bridging the Gap** event exploring challenges and opportunities presented by digital and AI innovation in healthcare. The Power of Digital Health Partnerships took place two days into Q2 with more than 250 people attending. Topics covered in the main discussions included cardiovascular disease, mental health, NHS workforce challenges and Net Zero. The event was designed and delivered with BOB and Frimley ICBs.

Across 12 sessions on two stages, we heard from more than 50 NHS leaders, healthcare commissioners and industry innovators – and we were joined by more than 30 exhibitors. Hundreds of conversations took place, igniting many more collaborations in digital health and AI. About 20 innovators received expert 1:1 support from our team and colleagues from the Wessex and Kent Surrey Sussex Health Innovation Networks, whilst others were able to pitch to panels of NHS commissioners. The event generated considerable engagement on social media and our dedicated website for delegates. The website had over 1,100 page views and there were more than 2,000 impressions on LinkedIn.





Gary Ford, Chief Executive of HIOTV, said:

"I was delighted with how the day went - the overwhelmingly positive feedback we have received since indicates that others who attended share that view. We are just in the foothills of where we can get to. We'll keep strengthening those connections, harnessing the potential of technology to improve patient outcomes and NHS productivity."

Examples of feedback received after the event:

"A hive of optimism and innovation from start to finish"

"So many great takeaways"

"Some inspirational stories of how digital innovation has made a positive impact on healthcare"

"A fantastic way to create opportunities across the network"

Find more feedback here: <https://digitalhealthoxford.uk/feedback-received/>

Other resources from the day including video, images and case studies can be found here: <https://digitalhealthoxford.uk/>



Risks (Amber or Red risks only)

For full risk register, see Appendix A

MTFM, Spectra Optia ● current quarter ● next quarter

The Spectra Optia Project is on hold until funding is released by Spec Comms. This issue has been escalated at the national level. The local business case was approved in Q3 2023, but release of funds is required to allow implementation of the new pathway and recruitment of new staff. As soon as funds are released, implementation will begin.

MyAsthmaBiologic App ● current quarter ● next quarter

Despite this being an active project throughout 2023/24, Health Innovation Oxford evaluation activity has been on hold during most of Q1 due to further development of the App being required by my mHealth and Dendrite (national asthma biologics register). Despite the delay in evaluation activity, during Q1 the team have been planning patient involvement to be deployed in Q3.

Development activities were concluded at the end of Q1, and the app has been re-introduced to adopting trial sites. HIOTV have re-commenced evaluation activities, including understanding of usability drivers with industry, so the project is expected to return to green in Q2.





Financial Summary

Q1, for period ending 30 June 2024

Forecasting breakeven but with the Agenda for Change increase being more than budgeted we have a post Q1 pressure of £0.1m.

INCOME	Opening Plan	Forecast	Fcast Variance	YTD Plan	YTD Actuals	YTD Variance
Commissioning Income - NHS England Master Licence	-2,162,229	-2,162,229	0	-540,557	-540,557	0
Commissioning Income - Office for Life Sciences	-824,599	-829,174	4,575	-206,150	-207,294	1,143
Commissioning Income NHSI - PSC	-692,230	-692,230	0	-173,057	-173,058	0
Other Income	-1,747,353	-1,835,040	87,687	-436,838	-372,565	-64,273
Total income	-5,426,411	-5,518,673	92,262	-1,356,603	-1,293,473	-63,129
HIN FUNDING OF ACTIVITIES						
Patient Safety	534,583	509,876	24,707	133,646	103,987	29,658
Clinical Improvement	344,117	340,407	3,711	86,029	87,239	-1,210
Clinical Innovation Adoption	1,332,606	1,312,816	19,790	333,151	332,695	457
Strategic & Industry Partnerships	1,327,091	1,356,433	-29,342	331,773	313,560	18,212
Community Involvement & Workforce Innovation	456,549	543,485	-86,936	114,137	95,414	18,723
Other Programme Costs	75,912	104,143	-28,231	18,978	24,875	-5,897
Communications	121,759	120,086	1,673	30,440	28,992	1,447
Programmes and themes	4,192,616	4,287,246	-94,629	1,048,154	986,764	61,390
Corporate Office	1,233,795	1,231,427	2,368	308,449	306,710	1,739
Total expenditure	5,426,411	5,518,673	-92,262	1,356,603	1,293,473	63,129
Net Surplus or Deficit	-0	-0	0	0	0	0

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



Projects: Q1 highlights

Highlight report by clinical priority area



Cardiovascular/Stroke

ACRE-CT (FatHealth) (Develop)

Project is on track. Health Economic analysis is being conducted and a report will be delivered in September along with an NHS adoption and spread report.

AffeX-CT for drug resistant hypertension (Develop)

Health Economic Analysis Plan is complete. Final reporting due March 2026.

Cardiosignal (Develop)

In Q1 a refreshed project plan was developed in conjunction with the two engaged practices. New patient flows were developed, and patient videos created. Currently we plan to launch phase 2 of the project in Q3

Blood pressure optimisation (CVD portfolio programme) (Deploy)

In Q1 we continued to offer support to our ICBs around hypertension. A planning meeting was held with each ICB where we determined the priorities and plans for delivering against their hypertension ambitions this year. This includes continued support for the hypertension champions programme in BOB, developing a checklist and associated toolkit for improving processes around hypertension within Frimley and looking at CVD checks for people with learning disabilities and carers. Through the NHS England South East CVD group, we are also involved with the identification and sharing of best practices across the region.

Chronic Kidney Disease (CVD portfolio programme) New Project (Deploy)

Following several discussions with an industry partner for BOB ICB project, they advised in early Q1 they wished to undertake ICB work via a DOGS arrangement rather than a collaborative working arrangement. As such our work is now focused on the Frimley ICB programme.

Following finalisation of the project plan in Q1, several meetings have been held with industry partners and ICB stakeholders regarding the project. Secondary care stakeholders are also interested, and meetings to discuss the project plan and secondary care involvement took place in early Q1 24/25. The GP and secondary care leads for the Frimley ICB project have been identified.

Discussions with industry partners regarding collaborative working arrangements are ongoing; a workshop was held at the end of Q1 to confirm which organisation would lead the different workstreams and a meeting to discuss the finances is scheduled for early Q2 24/25.



**Health
Innovation**
Oxford & Thames Valley

BOB

Frimley

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Heart Failure (CVD portfolio programme) New Project (Deploy)

For Q1, HIOTV has built on the engagement with system stakeholders in order to support with planning and delivery of heart failure improvements.

Phase 1: Supporting Optimal Pharmacological Management (Q1 Update): As part of our initiative to support optimal pharmacological management of heart failure within our region, we have developed a PCN/practice pack on heart failure. This pack is intended to assist primary care providers in the identification and coding of heart failure. The Heart Failure Practice Pack has undergone review by the leading heart failure patient advocacy group, Pumping Marvellous and their feedback taken on board. The pack has been shared with the ICBs and is awaiting revised local guidelines ahead of dissemination.

To further increase awareness and upskill health professionals we will be delivering a webinar aimed at improving heart failure management and medication optimisation in Q2 – this has been planned with the integrated cardiac delivery network (ICDN). Additionally, a subsequent webinar focusing on heart failure in conjunction with frailty and polypharmacy will be held in Q3. During these sessions, we will encourage and support healthcare professionals in identifying best practices and assist them in developing case studies for sharing and dissemination.

Phase 2: Supporting Diagnosis and Self-Management: We have worked closely with the ICDN, and the next meeting of the ICDN will be dedicated to heart failure. We are currently identifying and inviting relevant speakers who have conducted innovative and adaptable work in heart failure to share their insights and experiences.

Familial hypercholesterolaemia (CVD portfolio programme) (Deploy)

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. 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.

Support was also provided to the lipidologists across BOB to develop a unified referral form to improve the quality of HF referrals.

In Q1 HIOTV delivered a webinar that covered both lipid management and when to suspect FH.

We also met with our ICBs to agree how we could best support them with improvements to FH identification.

For one ICB this will involve building on the network of lipid champions that has been developed and continuing to offer education around search tools and when to refer for FH assessment.

For another ICB, which does not have a fully commissioned assessment and cascade testing service, we have agreed a programme of support. The project will involve baselining their position, benchmarking them nationally, developing an options paper and supporting with any implementation. We will deliver this project from Q2 onwards.



Collaborative lipid fund (Inclisiran workstream) (Deploy)

The BOB ICB CLF project (improving lipid management in secondary care) continued to deliver. To date circa 50 patients within the acute setting have been offered Inclisiran. Further conversations continue with primary care to improve knowledge and uptake of the payment framework for delivering Inclisiran.

Sight Thrombectomy training project (Discover)

Feasibility study is underway and is expected to be delivered by October 2024. Health Economics will follow in April/May 2026.

Lipid Optimisation (Deploy)

Progress on the lipid management programme continued as planned in Q1

A lipid management workshop was held on 18th April, covering the whole lipid management pathway, including FH detection and with a focus on Inclisiran.

The BOB ICB CLF project (improving lipid management in secondary care) continued to deliver. To date circa 50 patients within the acute setting have been offered Inclisiran. Further conversations continue with primary care to improve knowledge and uptake of the payment framework for delivering Inclisiran.

The evaluation of the Frimley STF lipid management programme was completed. There were clear improvements in lipid management, increases in prescribing of therapies beyond statins and several recommendations made for future work and ensuring sustainability.

Work continued to support the CVD champions programme, several of whom are delivering projects on lipid management

System transformation fund (Inclisiran workstream) (Deploy)

The evaluation of the Frimley STF lipid management programme was completed. There were clear improvements in lipid management, increases in prescribing of therapies beyond statins and several recommendations made for future work and ensuring sustainability.

Cari-Heart EVA (Develop)

Scoping activities began in Q1.

Virtual TIA Outpatient Clinics (Deploy)

At the end of May, the following outputs were provided to the ICB and healthcare providers:

- Full comprehensive evaluation report
- Standardised service user experience survey to be used across the ICS
- Patient reported outcomes guide.

The evaluation results were presented to all relevant stakeholders and individual meetings were held with each of the providers to disseminate the results more widely to virtual ward teams and discuss the findings in more detail. Findings are being used by BOB and providers to identify service development opportunities to be achieved during the financial year.





Early recognition of deterioration or women and babies workstream - National (Deploy)

Good engagement from our stakeholder organisations for MEWS & NEWTT2 Phase 2 Test sprints. The aim of the current phase is for organisations to offer NHSE a clinical perspective on both specifications. Buckinghamshire Healthcare are in the process of implementing paper based NEWTT2.



Optimisation of the pre-term infant workstream - National (Deploy)

We have completed the simulation based-education workshops for our stakeholder organisations, to support the perinatal teams to optimise outcomes for preterm birth. We have facilitated this training for a total of 70 healthcare professionals. We are working with Buckinghamshire New University on an interim report looking at the impact of the training.



OxSys (Discover)

Project is paused - planning will resume in September.

Perinatal Culture Leadership workstream (Deploy)

We have ongoing discussion with BOB & Frimley LMNS and MKUH with reference to their improvement plans to identify either local or cross cutting themes that can be supported within this workstream. Scoping discussions are underway with MKUH Director of Midwifery to offer both clinical and QI support with reference to current data on place of birth. There is potential for a Quality Improvement Project (QIP) within this workstream with their perinatal team later this year Q3/4.



Medicines Optimisation

AMR-UTI (Develop)

Scope change for the project has pushed back the work for HIN until Q3 24/25

Reducing harm from opioids in chronic non-cancer pain (Develop and deploy)

As the PMOS scheme that we were supporting with Frimley has now ended we have needed to review next steps.

We explored the possibility of a project with BOB ICB for much of Q1, but it became clear that this programme does not fit well with BOB medicine safety priorities and current capacity for system work, and this current year is not a viable timeframe to begin, finish and leave in a sustainable state a new workstream. We have therefore made the decision to not proceed at this time with support but will remain in dialog via Medicines safety and specific liaison meetings to keep BOB ICB informed of Frimley project.



During Q1 our discussions with Frimley ICB resulted in them deciding to explore establishing a project focused on opioid self-management (bio-psycho-social model)

We produced a suggested logic model for their project which they have used to socialise the idea with colleagues.



Polypharmacy (Develop and deploy)

The Polypharmacy programme has continued to go from strength to strength in Q1. The team successfully delivered 4 Polypharmacy Training sessions for BOB, Frimley and BLMK ICBs (1.5 hrs each interactive sessions). 184 HCPs across primary, secondary care, community and care home attending across the sessions.

A Polypharmacy QI funding initiative to show patient impact through case studies (across BOB, Frimley and BLMK ICBs) has been launched – this will share best practice and patient experiences.

Structured medication reviews - OSCAR study (Develop)

Attended all investigators meeting where the initial results of the all-investigator's meeting were presented and discussed.



Mental Health

Otsuka CARE for MDD Operational Pilot (Develop)

Focus this quarter has been on trial site recruitment in Primary Care, Secondary Care and NHS Talking Therapies. Four primary care trial sites have been identified and are being approached to participate (one so far has accepted in Q1).

Oxford and Berkshire Suicide Prevention Project Evaluation (Develop)

All evaluation activities have now been completed and a final report for review sent to stakeholders at the beginning of July 2024. Awaiting feedback and comments from stakeholders.

Improving the care of people with a diagnosis of personality disorder (Develop)

Four tests of change have now been run, tweaked and implemented.

1. Purpose of admission form
2. Information leaflet
3. Short crisis admission (in line with NICE guidance)
4. Staff training provided by TVI

The project team has gathered feedback from patients and staff about their experiences since the changes have been introduced. Data is being collected and analysed and initial findings show reduced length of stay and positive qualitative evidence about the changes. The project continues to be co-designed with lived experience support from the STARS programme and carers group.



Safety on MH Inpatient Wards (Discover)

The project initially started in May/June 2023, however due to staffing changes and clinical pressures the work was put on hold. The project has now been reinstated and work to look at understanding sexual safety within a forensic mental health setting is underway. Scoping work with staff has been completed and work with patients is underway.

Trauma-informed approaches Framework evaluation and Training Year 2 evaluation (Develop)

Evaluation activities have begun, a follow-up evaluation questionnaire has been sent to all those who received training focussing on how they have implemented the training in practice and what/if any impact has resulted. Attendance, non-attendance and immediate training feedback data has been obtained and cleaning and analysis of this has begun.

Dementia - digital approach (Develop)

Feasibility study delivered in March (Q1). No further work for HIN until the HEAP is delivered in Feb/March 2026. Final report will be delivered by Dec 2027.

HEE trauma-informed approaches eLearning evaluation (Develop)

The evaluation is on track, the online questionnaire and interviews have been completed and a draft report shared with the project team.

Personality Disorder Positive Outcomes Programme (PDPOP)

Evaluation remains on track; all 4 GP leads have participated in interviews and interviews with 1 community nursing team have been completed. Interviews with the second community nursing team in Berkshire are under way to be completed by the end of August. Analysis and write up of questionnaires in progress.



**Albus Home (Discover)**

The HIN element of the work on this project will run Q4 25/26 - June 2025. June 2025 work will complete.

Long Covid BOB (Deploy)

Set up phase: The Programme Delivery Group and Design and Evaluation Subgroups have been established and Clinical leads for each place (x3) and public partners (x2) have been recruited. Design phase Literature reviews are complete. The terms of reference for the Design and Evaluation subgroup have been agreed. This group have been involved in an impact vision workshop, change vision workshop and 3 design workshops. The project methodology and implementation plan have been developed. The first draft of the outcomes framework has also been developed.

Data collection phase: Pathway mapping and baseline assessment surveys have been developed, circulated and completed by all services involved in the project. Work has started on producing detailed data maps to understand data availability. Discussions have been held with providers, the CSU and Connected Care to support data access for qualitative analysis. Quantitative data collection has focused on understanding data availability and quality; identifying appropriate data sources and the limitations of such by collaborating closely with the CSU and Connected Care; commencing work to ensure the data infrastructure and IG are in place with support from BOB ICS and, working closely with the project Health Economist to develop a plan for value assessment.

MyAsthmaBiologics App (Develop)

Despite this being an active project throughout 2023/24, Health Innovation Oxford evaluation activity has been on hold during most of Q1 due to further development of the App being required by my mHealth and Dendrite (national asthma biologics register). The team has been involved in weekly team meeting to date and planning of patient involvement to be deployed in Q3.

Elective Recovery**Concentric HTAAF (Deploy)**

The project and clinical teams from OUH and BHT have agreed on key metrics and outcomes that the HTAAF concentric projects should track. Q1 2024/2025 reporting has been completed and shared with the BOB ICS. Concentric has gone live in OUH, with Ophthalmology being the first specialty (JR site/ WW theatres) to adopt it. Trauma (Horton site) will be next. BHT as they have not gone live yet using HTAAF funding.

Tympha Health (Discover)

The project is in its initial stages, with all key stakeholders identified. There is a broad consensus on the need for an audiology solution to address system capacity issues and support patients.

Ufonia - Economic evaluation of post-cataract pathway (Discover)

Final report submitted to SBRI grant funders 30th June. Project Completed.



Frailty	BOB	Frimley
Falls inducing medicines in Frailty (Deploy) Preparation of support offer and preliminary work to identify possible stakeholders for interview.	●	●
Cancer		
Digital symptom tracking for prostate cancer (Wave Health) (Discover) Following completion of Phase 1 Feasibility Study, the next Phase 2 is aiming to demonstrate the value for (selected) prostate cancer patient cohorts, for NHS staff and for the wider health economy. The proposal with key steps for Phase 2 was developed and submitted to Bayer and TTI for review and acceptance in April 2024. Contract/service agreement was executed in May 2024. Various discussions to confirm a pilot site and negotiations (for costs to continue to have Wave Health App post pilot) took place with Royal Surrey and Bayer/TTI. NB there is a risk of Royal Surrey not going ahead as a pilot site due to high costs to continue to have the platform post-pilot		●
Ibex Breast Cancer AI tool (Discover) Delivered first of two online workshops with seldom heard communities - men with breast cancer. Began collating information for patient information documents. Advertisement for patient advisory panel went out, interviews' and standing up the panel taking place early Q2.	●	
Seroxo Breast Cancer point of care testing (Discover) A six-month extension has been requested for this project to allow further work to continue, however the end of project report has been drafted in Q1, and will be released in due course, should extension be denied.	●	
Neurological Disorders		
GaitQ (Develop) Health Economics Analysis Plan was produced in May 2024. Health economics final report will be produced by November 2025.		



Patient Safety	BOB	Frimley
<p>Implementation of Martha's Rule (Deploy)</p> <p>We have met with the 2 pilot sites and begun to scope starting positions, opportunities and challenges, and subsequently to plan implementation strategies.</p> <p>We have collaborated with Wessex PSC and the Critical Care ODN Wessex and Thames Valley to establish a space for sharing learning and collaborative working within the existing Critical Care Outreach Network – as a result we now are having specific Martha's Rule meetings, and we are attending and contributing to the wider network meetings. This is giving us a good platform for improvement at an appropriate scale, with 10 pilot Trusts.</p>	●	●
<p>Patient Safety Incident Response Framework (PSIRF) (Deploy)</p> <p>There has been disruption due to the tragically early death of Liam Oliver (PSIRF lead for BOB ICS) in April. Liam established the 'architecture' for PSIRF across the entire BOB system and helped advise Frimley area too. BOB ICS is not likely to have Liam's role filled before Christmas 2024, however senior BOB colleagues are working with us and have the support of Louise Jane (NHS E). We have between us therefore been able to 're-group' and work closely with Louise to progress the PSIRF agenda with all Trusts.</p> <p>We have maintained dialog with ICBs during restructures. Work with ICBs and NHS E SE to scope PSIRF support for 2024/25. Continue enhanced support to BHT. We have maintained dialog with Trusts via meeting structures put in place by BOB ICB (Specific monthly meetings with BHT, Patient Safety & Improvement Forum, SQG and individual quarterly safety reviews with each Trust).</p> <p>Working closely with Louise from NHS E (and in her role with BOB ICS) we have maintained meaningful contact with Trusts with an excellent level of honesty and frankness that enhances our ability to support them. Emerging priorities for the system for 2024/25 are [1] Deterioration [2] Board expectation and continued Board education regarding PSIRF [3] Learning Response methods and types (what is problematic, what is working well, adequacy of training).</p>	●	●
<p>PIER workstream (Deploy)</p> <p>Activity in this area will start in earnest in quarter 2, with the recruitment of staff.</p> <p>We will be gathering engagement and participation in the network, and potentially hold a face-to-face meeting in combination with a PSIRF meeting (as the intention is to look at PSIRF deterioration themes as part of the PIER approach).</p>		



Development and Learning

CAUTI/Bowel (Develop)

The team have been working with staff from Oxford Health and OUH to review and refresh the CAUTI and continence e-learning package that was developed by the HIN back in 2017. This work is now complete.

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BOB ICS - place based health inequalities programme (Develop)

Senior leadership thinking space undertaken with 18 senior leaders across BOB ICS. Survey released, qualitative and focus group interviews planning.

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Thames Valley and Surrey Secure Data Environment Development (Discover)

Input into programmes Operating Model which was approved in June. Appointment of interim public members to Access Review Committee (ARC), planning and delivery of first meeting for this committee. Completed report on PPI outputs for programme to date. Discussing & developing Comms role for programme. Planning for recruitment of public partners to all committees for the programme (x 5 committees).

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Thames Valley and Surrey Shared Care Records (Discover)

Contributed to organisation of bi-monthly Ethics & Engagement Advisory Group (EEAG) meeting. Produced costings proposal document for HIOTV taking over manager and secretariat of the EEAG.

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Working Together Partnership (Develop)

Planning delivery of two workshops before March 25, 'Writing for the Public' and 'Gypsy & Traveller SDE'.

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Other		
<p>Reducing harm from opioids in chronic non-cancer pain workstream (Develop)</p> <p>Meetings with BOB ICS colleagues did not result in commitment to a project however we can keep BOB ICS colleagues informed of any progress with Frimley ICS.</p> <p>Virtual meetings with colleagues for Frimley ICS have resulted in an agreement to try to start an opioids project based on investigating the bio-psychosocial model shift for patients. Frimley are interested in the possibility for 4 elements to this work: [1] We will investigate any current service provision and [2] ICS intends to create a pain services directory either for a distinct population (their example: Maidenhead) or possibly for the entire ICS footprint. [3] Explore ways to increase awareness and accessibility for any current self-management services or finally [4] explore options for piloting the establishment of something like a ‘pain café’ model. Work has not progressed at end of Q1 as Frimley have not been able to get necessary required staff in a virtual meeting at once. (ICSs are still experiencing disruption due to reconfiguration and staff reduction consultations).</p>		
<p>MedTech Funding Mandate (MTFM) to increase uptake of NICE approved products (Deploy)</p> <p>Apos Health has been added to the MTFM portfolio for 24/25. Activity in Q1 has been expected, with focus identifying stakeholders and pathways and to start the process of understanding need and possible fit.</p>		
<p>Spinal Injury (Develop)</p> <p>Part of the NHSE South East transformation programme, a new Acute Spinal Cord Injury team has been funded at OUHT. This programme of work is to support the introduction of the new team and assess the impact it makes on patient outcomes and service delivery. Progress in Q1 included creating the database for capturing outcome measures and working with clinical coding to gain a better understanding of retrospective activity levels.</p>		



Appendix A: Risk Register

#	Programme	Risk	Description of Impact	Likelihood	Impact	Mitigating Action	Owner	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	Medium	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 Executive	September 2013	Ongoing	●
2	Corporate	Failure to sustain the HIN	Programme activities cease	Low	Medium	Plans are in place to increase non-recurrent income in 24/5	HIN Chief Operating Officer	July 2014	Ongoing	●
3	Corporate	National Programmes delivery	Reputation Protect breach of contract	Low	Medium	Robust engagement plans and project monitoring in place. See risk 6 for Inclisiran specific risk.	HIN Chief Operating Officer	February 18	Ongoing	●
4	Corporate	Diversity and inclusion	Perpetuate inequality either in our own team or in our work across the region	Low	Medium	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	June 2020	Ongoing	●
5	Corporate	Failure to align and support developing IBSs with improvement and innovation agenda	HIN needs to engage the leadership of the ICBs, align IBS priorities and HIN work programmes. We need to be the innovation and improvement arm of our three local ICSs.	Low	Medium	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 24/25 business plan in collaboration with our 3 ICBs, we will review progress against plan quarterly, as well as reviewing strategic priorities to maintain alignment.	HIN Chief Operating Officer	September 2021	Ongoing	●



Appendix B: ICB priorities with HIN 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: Case Studies Published in Quarterly Reports (2020 – 2024)

All case studies from 2018 onwards can be found within previous quarterly reports on the Health Innovation Oxford and Thames Valley website.

CASE STUDY TOPIC		
2023/24	<ul style="list-style-type: none"> Evaluation of digital therapeutic for depression (Q4) Evaluation finds remote epilepsy diagnostic device could improve patient experience and save NHS money (Q4) Hundreds of NHS innovators helped by pioneering support programme (Q4) Video consultation offers potential for some outpatient clinics following transient ischaemic attack (TIA) (Q3) Investigating device supporting reduction of treatment-resistant hypertension (Q3) 	<ul style="list-style-type: none"> 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) AHSN assesses innovation which could improve cannulation in newborn babies (Q1) Personalised approach improves patient experience before surgery and supports elective recovery (Q1)
2022/23	<ul style="list-style-type: none"> Partnership with NCIMI improves patient outcomes and generates economic growth Evaluation highlights potential of new tool to transform diagnosis and monitoring of patients with rare chronic liver disease. Evaluation assesses home monitoring device which uses AI to predict and prevent asthma attacks in children Evaluating AI-enhanced technology to identify patients at risk of developing diabetes 	<ul style="list-style-type: none"> New framework supports staff wellbeing in NHS talking therapies services South East AHSNs 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 Scoping digital support for children and young people's mental health Evaluating artificial intelligence – augmented decision support tool to assist triage of referrals into secondary mental health care Ten years supporting spread and adoption of innovation
2021/22	<ul style="list-style-type: none"> Start-up companies get expert support from Oxford AHSN Accelerator programme and leverage over £2 million. Collaboration develops environmentally friendly product addressing urinary incontinence. Oxford AHSN reaches first key milestone in major European partnership to improve outcomes for sepsis patients. Cardiovascular disease – update on workstreams and opportunities Health checks at vaccine clinics 	<ul style="list-style-type: none"> Support from the Oxford AHSN helps digital innovators develop and roll out automated patient calls. Pulse oximeters for vulnerable communities Elastomeric devices supporting hospital at home. Environmental benefits of PIGF test Collaboration develops environmentally friendly product addressing urinary incontinence
2020/21	<ul style="list-style-type: none"> 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 AHSN AHSNs play key role in supporting patients with Covid-19 at home. 	<ul style="list-style-type: none"> 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

