



**Health
Innovation**
Oxford & Thames Valley



Part of the
**Health
Innovation
Network**



Q3 Report 2024/25 →

For the quarter ending 31st December 2024

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Chief Executive's summary

The government has outlined an ambitious, bold agenda for the NHS in the recently [published mandate to NHS England](#) outlining five key objectives: reform to cut waiting times, improving primary care access, improving urgent and emergency care, reforming the operating model and driving efficiency and productivity.

In the context of flat funding the only way these objectives can be delivered is through the adoption and spread of best practice and innovation in service delivery. This is recognised in the mandate's observation that more needs to be done to adopt and scale new approaches, particularly when applied to addressing health inequalities. In that context I was pleased to see the [national Innovation for Healthcare Inequalities Programme impact and learning report](#) featured the BOB ICB project describing the work of the Oxfordshire Integrated Severe Asthma Care team which was part of the national Health Innovation Network Asthma Biologics project led by our Strategic and Industry Partnerships team.

The importance of scaling innovation and best practice to improve the NHS was highlighted more than a decade ago in [Innovation Health and Wealth](#) - and in many subsequent reports. However, this requires investment in Health Innovation Networks and other infrastructure, along with an appropriate financial planning framework for ICBs and providers since the return and value of service transformation and innovation is rarely achieved at scale within one year. Critically, in a resource-constrained system it will require a shift of resources away from failing poor value models of care to invest in transformation spread programmes, and alignment and focus of the multiple initiatives in NHSE and the research ecosystem to achieve this change. This was one of the main conclusions of the recently published [Innovation Ecosystem Programme report](#) which included examples of successful national spread programmes such as placental growth factor testing and stroke AI imaging that our team had led.



Patient safety is a key element of the work we support across our footprint. At the November HIOTV Board, Director of Patient Safety and Clinical Improvement Katherine Edwards presented an annual report on our patient safety work. This quarter we established a Deterioration Network chaired by Professor Peter Watkinson and at the first meeting identified frailty and sepsis as potential future themes. A well-attended Community of Practice event was held to support the adoption of Martha's Rule across our providers. The team also supports a maternity and neonatal clinical network which has supported system-wide collaboration for a decade. The first case study in this quarter's report tells the story of a baby called Luna, which demonstrates the benefits of implementing the British Association of Perinatal Medicine preterm evidence-based care bundle which the network has supported. Case Study 2 is an evaluation of Fit4Labour, a clinical decision support tool for safer births which predicts how a baby will cope with contractions during labour leading to the right intervention at the right time. Case Study 3 is a feasibility study of N-Tidal Diagnose, a point of care diagnostics device for COPD in primary care which could lead to earlier treatment and offers productivity gains.

We continue to develop effective working with the excellent research infrastructure in Oxford and the Thames Valley to ensure our community and the wider NHS benefit as rapidly as possible from the adoption of high value research produced by our colleagues. Building on the successful ten- year collaboration we have had with the NIHR Oxford and Thames Valley Applied Research Collaboration (ARC) led by Professor Richard Hobbs, we are supporting the new team leading the ARC 2 bid to NIHR that if successful will commence in 2026.

The NHS England Master Licence Agreement has a break date of March 2025 with a six-month notice period to September 2025. NHS England is undertaking a mid-point review of the performance of each Health Innovation Network by way of an assurance process. Our submission will be submitted in January 2025, and we expect to hear the results of the review in March 2025. I thank BOB and Frimley ICBs and our host organisation Oxford University Hospitals for the strong support they have provided to this submission.



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





Case study 1

Theme/Patient pathway: Patient Safety / Maternity and Neonatal / Preterm birth

From preterm birth to thriving baby

Summary

A new [video tracking one new family's birth journey](#) highlights the significant progress that has been made to give babies born extremely early the best possible start in life. Over the last decade we have worked with all maternity units in our region on a coordinated approach which has enhanced perinatal teamwork and improved outcomes for high-risk preterm babies. The seamless delivery of a series of evidence-based interventions from the British Association of Perinatal Medicine ([BAPM](#)) collectively made a big difference and ensured little Luna, who weighed the same as three apples when she was born 16 weeks early, is now thriving. Our collaboration with NHS England and NHS trusts in our region is ensuring these measures are used in everyday practice where appropriate to optimise preterm care, making sure these vulnerable babies get the right care in the right place at the right time.



What unmet healthcare need does this innovation address?

Preterm birth is a significant healthcare challenge. 60,000 babies are born prematurely in the UK each year - one in 12 of all births. Half of all deaths in the first year of life involve preterm babies. The impact of preterm birth extends beyond infancy, with lifelong health implications for the child and significant emotional and financial burdens for parents, families and society. Preterm birth is an area of health inequality where women from minority ethnic groups and lower socio-economic groups are at greater risk of giving birth early. Reducing preterm birth rates and improving outcomes are national priorities.

What did we do?

The British Association of Perinatal Medicine (BAPM) introduced a series of evidence-based interventions designed to lead to better outcomes for babies born too soon. These measures include: making sure the baby is born in the right place, one complete course of corticosteroids is optimally timed to aid the baby's lung function, magnesium sulphate is administered to protect the brain and antibiotics are given to prevent infection, cutting the umbilical cord is delayed, the newborn baby's body temperature is stabilised, the baby is given breast milk and caffeine, and volume-targeted ventilation is used where appropriate.

We collaborated with NHS England and NHS trusts in our region to ensure the preterm perinatal optimisation pathway is followed whenever preterm labour is suspected and for these measures to be used in everyday practice. This pathway follows the pregnant woman through birth up to and including the initial part of the baby's admission to the neonatal unit, making sure the right care is provided in the right place at the right time.

We created a video which captures one family's seamless journey through this pathway in our region. As a result, the baby girl called Luna is now thriving, despite arriving after only 24 weeks gestation weighing just 655 grammes – the same as three apples.

What has been achieved (include patient benefits and system impacts)?

One more preterm baby survives for every 20 women transferred to a specialist (level 3) centre. In our region:

- each year an estimated **four extra preterm babies do not develop cerebral palsy** due to timely use of magnesium sulphate.
- since 2020 almost **300 women in preterm labour have received intravenous antibiotics** to prevent group B Strep infection. This has led to an estimated seven extra preterm babies surviving and 29 more avoiding serious infection.
- delaying cutting the umbilical cord has **helped 35-52 preterm babies survive** over the last four years.
- The Royal College of Midwives is helping to promote our video of Luna's preterm birth story, sharing it as part of training initiatives.

What people said



"The film is fantastic, much needed video on perinatal optimisation! It is suitable for parents and healthcare providers."

Dr Helen Gbinigie, Consultant Neonatologist, Oliver Fischer Neonatal Unit, and Neonatal Clinical Lead, Kent & Medway Local Maternity & Neonatal System



"Couldn't be prouder of our incredible team. Their expertise, dedication and compassion ensure families receive the care they need at the most critical moments.

This story is a powerful reminder of why we do what we do."

Michelle East, Director of Midwifery, Buckinghamshire Healthcare NHS Trust



"This short film is a great example of how every day in the NHS, staff in maternity and neonatal services are bringing their wide-ranging skills together to make sure that premature babies get the best possible start in life."

Katherine Edwards, Director of Patient Safety and Clinical Improvement, Health Innovation Oxford & Thames Valley

What next?

We are working with Buckinghamshire New University on an interim report on the impact of the simulation-based education regional pilot programme which supports this work.

Contact

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Case study 2

Theme/Patient pathway: Strategic and Industry Partnerships/Patient Safety/Maternity and Neonatal/Fetal monitoring

Evaluation of clinical decision support tool for use at onset of labour

Fit4Labour is a clinical decision support tool for safer births which predicts how a baby will cope with contractions during labour leading to the right intervention at the right time. It is designed for midwives/obstetricians to use at the onset of labour to improve intrapartum fetal monitoring and identify babies at risk of hypoxic injury. Health Innovation Oxford and Thames Valley (HIOTV) carried out a barrier to adoption study and gained insights from frontline clinicians to evaluate the clinical utility of Fit4Labour in the labour management pathway.

Many stakeholders felt that the technology has the potential to improve overall fetal outcomes. HIOTV is now focusing on cost-effectiveness. Further clinical studies are required prior to regulatory approval, and to generate evidence for adoption by the NHS.

What is the challenge?

Labour is currently monitored by cardiotocography (CTG), a belt producing a continuous electronic graph which displays the fetal heart rate and womb contractions. Despite interventions to improve CTG interpretation and staff training, it has been identified as one of the most common causes of avoidable harm in maternity care due to problems with signalling, subjectivity and misreading.

Obstetric litigation is on the increase, and reviews into litigation cases reveal that most claims relating to the intrapartum period are due to misinterpretation or incorrect action of CTGs in the presence of fetal heart rate abnormalities. In the UK each year, about 1,200 babies sustain brain damage during labour at term. Claims relating to cerebral palsy, and hypoxic brain injuries involve substantial and uncapped settlements. Obstetric care covers 26% of the NHS workload, but it accounts for more than 60% of the NHS's litigation bill.

What did we do?

Health Innovation Oxford and Thames Valley conducted a barrier to adoption study to investigate the potential utility and barriers to adoption for the Fit4Labour test for use in labour management. A literature review was performed to map the labour care pathway and a visual representation of the care pathway was created, with and without the Fit4Labour test. Clinical stakeholders, largely comprising midwives and obstetricians involved in the pathway, were also interviewed to explore the potential clinical utility of the Fit4Labour test in labour management in England.



What has been achieved?

Stakeholders agreed that implementing the Fit4Labour test could improve the care pathway by reducing subjectivity in CTG trace interpretation and lead to more effective decision-making and better clinical outcomes for babies and mothers. They also said that the test would prompt clinicians to insert individual risk factors which would help to ensure that none were missed or forgotten when assessing patients. The stakeholders identified potential barriers to adoption – this feedback is crucial for the technology to be developed in a way that would increase the likelihood of future adoption by the NHS.

What people said



“We found working with the HIOTV very useful, because their team has been very engaged. We had multiple stimulating discussions along the process, which really helped shape our understanding of the clinical pathways, informing the way we are developing our decision support tool. The written report provides an excellent resource, which can be easily shared with stakeholders as we move towards clinical implementation.”

Professor Antoniya Georgieva, Group lead – Oxford Labour Monitoring, University of Oxford

What next?

Health Innovation Oxford and Thames Valley is now working on willingness-to-pay and cost-effectiveness analysis including stakeholder feedback to develop pricing strategies aligned with National Institute for Health and Care Excellence (NICE) thresholds.

Further clinical studies are required to allow the technology to gain regulatory approval, and to generate evidence supporting adoption by the NHS.

Contact

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Case study 3

Theme/Patient pathway: Strategic and Industry Partnerships / Respiratory / Diagnostics

AI-enabled point-of-care device supports earlier diagnosis of respiratory disease

[N-Tidal Diagnose](#), a product from Tidal Sense, is a point-of-care diagnostic medical device (2a EU MDR CE-marked expecting clearance in Q1/Q2 2025) to be used in the primary care pathway to identify and diagnose patients with Chronic Obstructive Pulmonary Disease (COPD). The quick and simple test aims to support earlier initiation of appropriate treatment by enabling diagnosis at a GP surgery.

Staff need only ten minutes training to use the device which performs real-time shape analysis of breath waveforms to provide highly sensitive quantification of lung function based on just 75 seconds of relaxed breathing. This analysis combined with an AI diagnostic platform interprets the data and provides a COPD diagnosis in real time. The device aims to reduce referrals into secondary care spirometry services. Results are available within five minutes of the test being carried out.

Health Innovation Oxford and Thames Valley (HIOTV) conducted a feasibility study and engaged with key stakeholders in the NHS COPD diagnostic pathway to assess the clinical need, perceived potential benefits, acceptability and barriers to adoption of the device.

What is the challenge?

[COPD](#) is a lung condition characterised by chronic respiratory symptoms that cause persistent, often progressive, airflow obstruction. Approximately 1.4 million people aged 40 years or over in England have a diagnosis of COPD with a further 500,000 undiagnosed. Diagnosis of COPD is the crucial first step in effective management of the disease.

The prevalence and severity of COPD increases with age and an earlier diagnosis leads to better long-term health outcomes. Despite this, most people are not diagnosed until they are in their fifties. Patients with suspected COPD are referred for spirometry testing for confirmation. However, patients may not receive a prompt diagnosis due to delays in receiving testing as there is a substantial bottleneck for this diagnostic test. This results in longer wait times for patients and increased burden on specialist or secondary care centres.

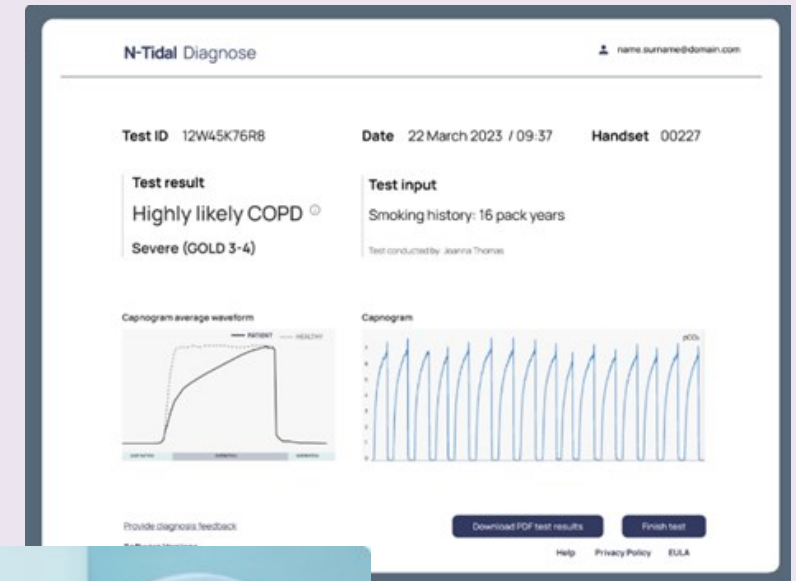


What did we do?

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 device. Thirteen key clinical and commissioning stakeholders working in the COPD diagnostic pathway across five NHS Trusts were interviewed according to the LAP methodology. The potential impact of the device in primary and secondary care setting was also assessed. Responses were thematically analysed and combined with human factor tools to provide a comprehensive report on the device's potential utility and benefit.

What has been achieved?

The feasibility study showed a strong stakeholder interest in the device's potential as a COPD diagnostic support tool. Stakeholders agreed that there is an unmet need for a point-of-care COPD diagnostic device for early identification of people with suspected COPD in primary care. Key potential benefits identified by stakeholders included a reduced burden of secondary care referrals and an earlier diagnosis which could lead to earlier treatment and improved patient outcomes. Recommendations to overcome any barriers to adoption have been given.



What next?

HIOTV will continue to collaborate with Tidal Sense to explore opportunities within the respiratory space and develop a real-world evidence generation programme involving health economics to support eventual commercialisation plans.

Contact

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Operational Review

Engagement with clinical leaders, managers and patient groups continues to strengthen. Our portfolio is strongly aligned with the priorities of the local NHS systems and the needs of the many healthcare innovators that we support. We are working with stakeholders across the system to build our business plan for 2025/26. We continue to focus on how we can work systematically to curate a pipeline of innovation, aligned to ICB priorities, CORE20Plus5 and the three Shifts (Illness to Prevention, Hospital to Community and Analogue to Digital) with HIOTV operating horizon scans, supporting innovators, undertaking commissioned real world evaluations and supporting transformation and adoption and spread.

To align with the NHS's net zero targets, we have now completed our second carbon reduction plan. HIOTV achieved a decrease in emissions, reducing our overall footprint by 40 tonnes of CO₂. We aim to reduce emissions to zero by 2045. Implementing a credible climate approach across the organisation and in our work with innovators and the local system is important as we move towards a net zero carbon NHS.

As we are approaching the halfway point of the Master Licence Agreement, NHS England has asked each HIN to complete a mid-point review template. NHSE will feedback the results of the review by the end of March.

Q3 Highlights

Health Inequalities. NHS England's National Healthcare Inequalities Improvement Programme (InHIP) is a collaboration between the Accelerated Access Collaborative (AAC) and the Health Innovation Network, delivered in partnership with ICSs which aims to address local healthcare inequalities experienced by deprived and other under-served populations. The final report showed that during the first phase of delivery (Q4 23/24—Q4 24/25), over 34,000 people from underserved groups or deprived areas have benefitted from InHIP Wave 1 interventions, with 8,000 patients gaining access to an innovative product on a treatment pathway. The report is on the central HIN website: [Innovation for Healthcare Inequalities Programme: Impact and learning report - The Health Innovation Network](#). The HIOTV/BOB severe asthma project features as a case study. A detailed report of the Integrated Severe Asthma Care (ISAC) using asthma biologics project can be found here:

<https://www.healthinnovationoxford.org/our-work/respiratory/asthma-biologics-toolkit/supporting-policies-and-guidance/case-studies/case-study-integrated-approach-transforms-lives-of-more-people-with-severe-asthma/>



The final evaluation report has been completed for the **Personality Disorder Positive Outcomes Programme (PDPOP)**. This project was a co-produced whole practice approach to training in primary care that aims to help all members of GP teams, including administrative, reception and clinical staff, feel confident and skilled when interacting with patients who may have personality disorder. The report will be shared on the HIOTV website and sent out to stakeholders. This programme is key to addressing health inequalities and poorer outcomes in people with a personality disorder who often have poor experiences of healthcare and feel excluded from services. The programme supports better knowledge, understanding and confidence for whole GP practices and community teams which can translate into a better experience for patients from the moment they enter practices and throughout their interactions.

Long Covid, Myalgic encephalomyelitis and chronic fatigue syndrome (LC and ME/CFS) evaluation – workshop/focus group sessions were convened to understand the impact of the integration of LC and ME/CFS services and how the integration of LC and ME/CFS services has impacted patient care, workforce roles and overall service delivery. The associated workforce survey was completed and analysed. There has also been a children and young people's workshop held to discuss the vision for an integrated service.

In Q3, as part of our ongoing initiative to enhance **heart failure management** and upskill healthcare professionals in our region, in collaboration across the South East CVD Collaborative, we hosted a webinar which attracted 80 healthcare professionals and provided updates on heart failure management, with an emphasis on frailty within the BOB ICS region.

Prehospital Video Triage (PVT) of Potential Stroke Patients evaluation report was completed. The significant finding was an increase in the proportion of patients receiving thrombolytic drugs from 10.7% to 22.2% when PVT was used which exceeds NHSE target of 20%.

The first **Deterioration Network** was held, chaired by Prof Peter Watkinson with good attendance from all NHS trusts. Potential themes identified: frailty, sepsis (new NICE NG51), data/dashboards, and communications (eg RAID huddles).

Our **Hospital at Home Evaluation** was published and shared on social media, via the BOB GP bulletin with service telephone numbers to support winter referrals, and in the BOB stakeholder newsletter. Presentations to a wider audience are planned.

The 9th and final **Polypharmacy** training session of 2024 was held for 100 delegates. 438 healthcare professionals have been trained since the first session in April 2024. The next step is to evaluate the training initiative. The 6th meeting of BOB Polypharmacy Community of Practice was convened with a focus on deprescribing and the tools available to support this process, with 40 participants.

The British Association of Perinatal Medicine ([BAPM](#)) has introduced a series of evidence-based interventions designed to lead to better outcomes for babies born too soon.



HIOTV has worked in collaboration with NHS England and a regional network of NHS maternity and neonatal units to ensure these measures are used in everyday practice. In Q3 we posted on our YouTube channel a video featuring baby Luna, who was born at 24 weeks and received all the **preterm bundle**. Little Luna had an amazing start in life after her mum Rebecca unexpectedly went into labour not much more than halfway through her pregnancy. NHS maternity and neonatal staff worked together to make sure they got the right care in the right place at the right time. The ten-minute video features local clinical leaders, Rebecca, her partner Alan and, of course, their daughter Luna who recently celebrated her first birthday and is now thriving. Read more about her story in Case Study 1.

Support for innovators has been strong in Q3 with:

93 companies were supported in the quarter, exceeding the target by 28. 43 innovators were supported at levels 2 and 3 (target 40) and 9 were supported at level 4 (target 5).

Three **antimicrobial resistance (AMR) SBRI grant applications** have progressed to interview stage.

The health economics team attended **ISPOR Europe** and presented five posters showcasing our health economics work and feasibility studies.

A new project was initiated, to support validation of a decision support tool for **IBD/Crohn's disease**.

An article on HIOTV's support for the **Operational Pilot for CARE for MDD** (major depressive disorder) was published in Intelligent Health <https://magazine.intelligenthealth.tech/mag/0076013001733319514/p48>.

HIOTV convened a **Building Bridges in Life Sciences** visit with government representatives from Sweden. This included presentations from innovators Roche Diagnostics, Bayer and Safer Birth Ltd.

A feasibility study for **1View technology** was completed. Ten interventional neuroradiologists, with a range of experience working across eight NHS trusts in England were interviewed and their insights into the usefulness of the 1View software were collected. Quantitative and qualitative data were thematically analysed and collated into a report highlighting the perceived benefits and potential barriers to the adoption of 1View to assist clinicians with the mechanical thrombectomy procedure. The report was shared with the Medical iSight team. 18 patients were recruited to participate in either workshop or panel discussions and an expert by experience joined the steering group.

HIOTV's popular **Net Zero Innovator Guide** has been updated <https://www.healthinnovationoxford.org/our-work/environmental-sustainability/net-zero-guide-for-innovators/>. To educate colleagues on Net Zero in the NHS a demonstration webinar was broadcast in collaboration with Health Innovation Kent Surrey Sussex. 24 people attended.





Programme Risks (Amber or Red)

For full risk register, see Appendix A

National Inclisiran Workstream - Collaborative lipid fund



current quarter



next quarter

Progress was very positive in Q3.

To date 160 patients have been initiated on Inclisiran (38 have had two injections). The majority of patients seen in clinics were existing lipidology patients. Referrals from stroke and cardiology services are increasing. OUH has identified funding to continue the service until October 2025. The RBH site has been slower to implement and it is now expected that the service will go live in Jan 2025.

MTFM, Spectra Optia



current quarter



next quarter

The Spectra Optia Project is on hold until funding is released by NHS England Specialised Commissioning. 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 locally. As soon as funds are released, implementation will begin. Business case amendments were submitted to the Specialised Commissioning team dealing with the Spectra Optia MTFM programme taking into consideration the tariff uplift and elective recovery funding. With increased resources in the Specialised Commissioning team, the business case review task has resumed and the project has moved from **red** rated to **amber**.

Funding for Adoption in the NHS



current quarter



next quarter

Transitioning from the evaluation phase of innovative health solutions to securing substantive contracts for widespread adoption remains a significant challenge for the NHS because there are limited funding streams dedicated to support at scale adoption of proven technologies and innovations after the initial pilot and evaluation stages. Examples:

CaRi-Heart. Clinical and Cost-Effectiveness: HIOTV has supported Caristo Diagnostics to understand pathways to adoption, to navigate the NICE EVA process, and to develop and adoption strategy for CaRi-Heart, an AI tool for assessing coronary artery disease, which demonstrated clinical and cost-effectiveness. Clinical and Service Desire: there is strong clinical interest in using CaRi-Heart for improved diagnosis of coronary inflammation and more personalised treatment. Funding Challenges: despite proven effectiveness, securing funding for continuation following AI award funding remains a barrier.



PRO-MAPP. Clinical and Cost-Effectiveness: HIOTV evaluated PRO-MAPP, which tailors care pathways for surgical patients, showing improved outcomes and resource use. Clinical and Service Desire: PRO-MAPP has been well-received for reducing surgery cancellations and optimising patient care. Funding Challenges: Funding for broader adoption within OUH has been a challenge, with the company still awaiting payment for months of service provision.

Sleepio

Clinical and Cost-Effectiveness: Sleepio, a digital CBT-based programme, has significant improvements in sleep quality and mental health.

Clinical and Service Desire: it aligns with NHS goals for improving mental health outcomes and reducing strain on services. Funding Challenges: despite NICE endorsement, securing sustained funding for widespread NHS rollout remains a hurdle.

Conversations are taking place with strategy leads, Trust execs and HIOTV's board on how to fund innovation to help Trusts and primary care access resources to support adoption of innovation at scale. Options could be (1) to ring fence at a provider level or (2) top slicing and holding a central budget. Although funding could be augmented through partnerships with large private sector innovators and grants, to sustain adoption the NHS has to shoulder the cost. Social finance is another option that has been successful locally. Gain share has been used many times in the NHS, eg in outsourced commissioning contracts. We can also explore outcome-based procurement models, where payments for innovations are tied to measurable outcomes, allowing the NHS to pay for success and thereby reducing the initial financial risk.





Financial Summary

Financial year ending 31 March 2025 as at 9 months ending 31 December 2024.

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	-1,621,672	-1,621,672	0
Commissioning Income - Office for Life Sciences	-824,599	-829,174	4,575	-618,450	-621,880	3,429
Commissioning Income NHSI - PSC	-692,230	-689,244	-2,986	-519,172	-516,933	-2,239
Other Income	-1,747,353	-1,794,981	47,628	-1,310,514	-1,271,110	-39,403
Total income	-5,426,411	-5,475,628	49,217	-4,069,808	-4,031,595	-38,213
HIN FUNDING OF ACTIVITIES						
Patient Safety	534,583	502,532	32,051	400,937	358,303	42,634
Clinical Improvement	344,117	360,512	-16,394	258,088	272,942	-14,854
Clinical Innovation Adoption	1,332,606	1,303,345	29,261	999,454	990,484	8,971
Strategic & Industry Partnerships	1,327,091	1,332,528	-5,437	995,318	1,000,085	-4,767
Community Involvement & Workforce Innovation	456,549	537,011	-80,462	342,412	330,913	11,499
Other Programme Costs	75,912	107,094	-31,182	56,934	87,455	-30,521
Communications	121,759	133,284	-11,525	91,319	93,463	-2,144
Programmes and themes	4,192,616	4,276,305	-83,689	3,144,462	3,133,644	10,818
Corporate Office	1,233,795	1,199,322	34,472	925,346	897,951	27,395
Total expenditure	5,426,411	5,475,627	-49,217	4,069,808	4,031,595	38,213
Net Surplus or Deficit	-0	-0	0	0	0	-0

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

We are forecasting to breakeven this year. Year-to-date expenditure is £38k underspent due to phasing of filling vacancies; 2wte have now been filled, 2wte are at offer stage with the remaining 1wte out to advert. Maternity Leave savings amount to £37k and underspend of non-pay is £14k.





Q3 Programme and Project Updates

Theme/Status/Project RAG	Q3 Update	BOB	Frimley
Cancer	2	0	0
Active	2	0	0
Digital symptom tracking for prostate cancer (Wave Health) ●	Work continued during Q3 on shaping the webinar series and developing outline agendas. A clinical lead for the project has been confirmed, as well as identifying chairpersons for the 3 webinars. Possible speakers have been identified and contact will be made early in Q4 to discuss their involvement in the webinars. .		
Ibex Breast Cancer AI tool ●	Patient panel took place October 2024 (6 members). The team co-designed a patient facing poster for waiting areas where trial is taking place, accompanied by a patient information leaflet. The leaflet and poster were designed professionally and approved by Ibex and Patient Panel. Reached out to Black Women Rising charity to hear from women of African and Caribbean heritage who have had breast cancer to support this programme, and met with all patients interested and convened a focus group to take place in Q4. Preparing for an AI and Pathology roundtable for Q4.		
Cardiovascular/Stroke	12	9	6
Active	10	7	6
AffeX-CT for drug resistant hypertension ●	The project team received the dummy tables from the clinical trial statistician from Queen Mary University and attended a Research Steering Group (RSG) meeting. The next step is to await the real-world data from the research team, which is expected to be received around the second quarter of 2025-2026. Once the data is obtained, the team will commence work on the health economic report. The project timeline remains on track, with the final report due in March 2026.		
Blood pressure optimisation (CVD portfolio programme) ●	In Q3 we delivered a webinar on hypertension in collaboration with the other South East HINs. This had over 100 attendees and feedback was positive. We continued to support the BOB CVD champions programme which is focused on CVD prevention and lipid management.		
Brainomix AI Stroke Evaluation ●	A paper "Impact of Artificial Intelligence Imaging Decision Support Software on Endovascular Treatment of Acute Ischemic Stroke in England" has been submitted to the Lancet		
Chronic Kidney Disease ●	An overview of the collaborative project plan was presented and agreed at Frimley ICB's medicines optimisation board in November 2024. HIOTV and the ICB provided comments on the PID to the industry partner, and a meeting is planned for Q4 to finalise the PID after which the contract can be progressed		
Familial hypercholesterolaemia (FH) (CVD portfolio programme) ●	In Q3 the HIN continued to support ICBs with the implementation of the business case for the delivery of nurse-led FH cascade testing across Oxfordshire and Buckinghamshire. This included development of an MOU between provider Trusts and the provider of the FH cascade testing service. The HIN has also started to develop a framework to support the evaluation and extension of the service.		





Q3 Programme and Project Updates

Theme/Status/Project

Q3 Update

BOB

Frimley

Heart Failure (CVD portfolio programme) ●

In Q3, we continued to support improvements in heart failure care, focusing on optimising pharmacological management and exploring echocardiogram diagnostic innovations. The Health Innovation Network CVD Programme has decided to retain the Heart Failure workstream as a national programme, which aligns with the local vision of HIOTV for heart failure. Phase 1: Supporting Optimal Pharmacological Management (Q3 Update) Following the success of the "Optimising the Care of People with Heart Failure" webinar, it has now been incorporated into a suite of resources available for the BOB ICB system. The recording of this session has been disseminated in collaboration with the BOB ICB Medicine Optimisation team and has been accessed 61 times by the target audience, primarily primary care professionals. Building on this momentum, we hosted the South East CVD Collaborative webinar in October, focusing on heart failure with an emphasis on frailty. The event attracted approximately 80 attendees and received positive feedback, reflecting strong engagement and the value of the content shared.

Phase 2: Supporting Diagnosis and Self-Management (Q3 Update) An expression of interest was sent out on behalf of the Health Innovation Network regarding the Heart Failure workstream and opportunities for adopting innovations to enable earlier diagnosis in primary care.

Two ICBs from our region submitted expressions of interest but were not shortlisted. However, discussion with these systems have provided valuable insights into their priorities and focus areas for heart failure care. These include exploring different models of care, such as implementing virtual wards and establishing provisions for specialist secondary heart failure teams to manage care within the community. This insight is crucial in shaping how we can effectively support local systems in managing heart failure moving forward, ensuring alignment with their specific needs and goals. The horizon scan for AI echocardiogram technology remains ongoing as we continue to assess its potential for addressing diagnostic delays in heart failure.

Innovation for health inequalities (InHIP) ●

Initial discussions are progressing well around a programme looking at barriers to access for carers and the impact of this on CVD outcomes. Planning is underway and is progressing through exec sign off. We will share the blueprint for the Frimley programme with BOB colleagues to ensure that knowledge and approach can be shared across the region, however we are also exploring additional project options with the BOB team.

Lipid Optimisation ●

Progress continued as planned in Q3. The BOB CLF project continued, currently 160 patients have been initiated on Inclisiran through this project with good lipid lowering observed and positive patient feedback. To date most patients have been existing lipidology patients but referrals from stroke and cardiac teams are increasing. We supported BOB ICB with pathway work around inclisiran, this included the creation of a practice resource pack and coordinating /facilitating meetings between stakeholders to discuss the transfer of care for patients initiated on inclisiran in secondary care. We supported Frimley ICB with pathway work around inclisiran. This included the development of a business case to support a locally commissioned service.





Q3 Programme and Project Updates

Theme/Status/Project	Q3 Update	BOB	Frimley
Lipid Optimisation ●	<p>Progress on the lipid management programme continued as planned in Q3.</p> <p>The three South East HINs are taking a collaborative approach to educational events and the first of these, on lipid management, took place on 26th September with over 90 attendees.</p> <p>The BOB ICB CLF project continued, currently 111 patients have been initiated on Inclisiran through this project.</p> <p>Work continues with BOB ICB on supporting lipid management improvements - this includes pathway work, sharing case studies and creating implementation resources to support with Inclisiran administration in primary care.</p> <p>The cholesterol animations created by CIWI team have been translated into 7 languages (funded by BOB ICB) and these have been launched across the South East.</p> <p>Several conversations were held with industry partners around potential support for ICBs in our footprint.</p>	●	●
Medical iSight Thrombectomy training project ●	<p>Feasibility study was completed; 10 interventional neuroradiologists, with a range of experience working across 8 NHS Trusts in England were interviewed and their insights into the usefulness of the 1View software was collected. Quantitative and qualitative data were thematically analysed and collated into a report highlighting the perceived benefits and potential barriers to the adoption of 1View to assist clinicians with the mechanical thrombectomy procedure. The report was shared with the Medical iSight team.</p> <p>18 patients were recruited to either workshop or panel. The patient panel met October 2024. Planning underway for Q4 workshop with clinicians and patients. Expert by experience recruited to the steering group.</p>		
National Inclisiran Workstream - Collaborative lipid fund ●	<p>Progress was strong in Q3. To date 160 patients have been initiated on Inclisiran (38 have had two injections). - Most patients seen in clinics were existing lipidology patients. Referrals from stroke and cardiology services are increasing. OUH has identified funding to continue the service until October 2025. The RBH site has been slower to implement. It is now anticipated that the service will go live in Jan 2025</p>	●	
Completed	1	1	
Pre-hospital video triage evaluation ●	The PVT pilot has been successfully completed and the final evaluation report submitted to NHSE.	●	
Dermatology	5	4	2
Active	5	4	2
Accel-heal evaluation ●	<p>Accel-heal has now been applied to 6 of the intended 10 evaluation candidates. Quantitative and qualitative data has been collected and will be reviewed in Quarter 4 to understand impact and to inform reporting for formulary discussions.</p>	●	





Q3 Programme and Project Updates

Theme/Status/Project

Q3 Update

BOB

Frimley

Transforming Wound Care ● Transforming Wound Care Programme Progression for future programme planning: Proposal for adoption programme for 2025-2026; 2026-2027.

Two programmes proposed:

1. adoption of lower limb model into NHS community and primary care services,
2. real world evaluation of innovative technology in wound care (analogue to digital). These were agreed in principle at the HIN Programme Operations Group meeting. Proposal builds on progress and to be presented to CO and HIN leaders. BOB ICB Senior programme manager input with supporting the BOB transformation team with consolidation of the BOB dressing and hosiery formularies to release efficiencies in procurement. New role introductions of Associate Director of Quality and Clinical Standards - appetite to work with HIOTV on a range of projects. Meeting in January to set short/long term objectives relating to TWC and the wound care strategy under the long term plan Hospital to Community/Illness to Prevention workstreams.

TWC Summary completed including information from recent ROI data from the NWSCP report, cost analysis outcomes from Yateley. Primary Care and Community Services: Revision of local commissioned service agreement for lower limb ulceration to raise the measures to nationally recommended pathways and outcomes. New electronic referral process and form launched meaning primary and community nursing staff can now refer directly to vascular services for lower limb investigations (illness-prevention). Pilot within two district nursing teams and one potential primary care site to PDSA the processes. Collaborative education provided by the HIN/tissue viability/vascular services to nursing teams.

OUH lower limb pilot to go live in January 2025 - this to improve standards of care for lower limb ulceration when patients are admitted from the community services (analogue-digital; hospital-home; illness-prevention). eKare has now been commissioned for Oxford Health. Proposed working group to understand potential for cross-trust opportunities for evaluation within specialist services.

National TV Clinical Lead Interim lower limb workstream lead for the NWSCP, revising and delivering the final lower limb suite of resources ready for programme closure in 2025. Collaboration with HI East and HI West of England regarding TWC related work. HIN WoE introduced to ICB colleagues in Gloucestershire following contact to us for support with lower limb improvement work. Taking part in an online QI event with Gloucestershire ICB with key stakeholders to present the TWC work.





Q3 Programme and Project Updates

Theme/Status/Project	Q3 Update	BOB	Frimley
Lower Limb pathway pilot - OUH inpatient wards ●	<p>OUH evaluation of eKare wound data management system now awaiting approval from digital leads. Proposed working group to consolidate the evaluation process awaiting feedback from the Trust.</p> <p>Oxford Health FT evaluation of electrostimulation wound therapy, Accel Heal is now underway and early reporting shows a positive impact to patient healing rates and symptom management.</p> <p>A new proposal for a collaborative lower limb pilot between DN and Podiatry services is in the discovery phase.</p>	●	
	<p>Frimley ICB: Continuation of developing and embedding the wound care strategy. 6 month evaluation of the TWC test and evaluation site in Yateley including cost-benefit analysis of the TWC TES site. Work continues with the new PCN to adopt the lower limb model tested by Yateley. The PCN are trying to recruit a skilled PN to lead on this.</p>		
BOB Woundcare Strategy ●	The uptake of support from the HIN to progress the strategy has been disrupted somewhat by the ICB restructure. The HIN have been working independently on smaller scale projects which will contribute to the main workstreams under the strategy.	●	
NHS Frimley Woundcare Strategy●	Working group was formed in April 2024. Regular meetings every 2 months. Formulary review is underway, Clinical Pathway consolidation project is underway. Adoption project of the TWC TES blueprint and templates to another PCN within the same region is at implementation stage.		●
Elective Recovery	3	2	2
Active	2	2	2
Concentric (HTAAF) ●	<p>The HTAAF concentric project consists of two work streams in both Trust sites (OUH & BHT):</p> <ol style="list-style-type: none"> 1. Reporting (to AAC): OUH: It is anticipated OUH can provide relevant metrics to be shared with BOB ICS. To date, within OUH Concentric is now live in: Ophthalmology, NOC theatres, Horton theatres, Churchill theatres, JR Cardiothoracic theatres, JR Main and WW theatres, Horton Trauma, Horton Paediatrics, Horton ED, Colorectal & SEU. BHT: Lack of engagement or status update from BHT leaves uncertainty on whether Q3 metrics can be reported. 2. Impact Assessment: Impact Assessment activities are progressing. OUH: The Preliminary Health Economic analysis report has been completed and is currently under internal review. <p>BHT: The stakeholder engagement study has been completed. However, due to time constraints and scheduling conflicts, 1:1 interview sessions were carried out with stakeholders instead of a focus group. HIOTV did not receive the required data from BHT to perform a preliminary health economic analysis. Therefore, a hypothetical health economic analysis will be planned.</p>	●	●
PRO-MAPP ●	No HIN work was carried out for PRO-MAPP in Q3.	●	
Tympha Health ●	Confirmation of support for a pharmacy model pilot has been received from all key stakeholders, including Frimley ICB. HIOTV is also engaging with a new stakeholder as part of the project; the Local Pharmacy Committee (LPC). Scoping activities have commenced, with HIOTV and Frimley ICB working collaboratively to engage stakeholders and create a hypothetical financial model.		●





Q3 Programme and Project Updates

Theme/Status/Project		Q3 Update	BOB	Frimley
Gastroenterology, Kidney and Liver		2	2	0
Active		1	1	0
TrueColors-IBD ●	In Q3, the HEAP and Workshop Report were sent to the TC-IBD team, and workshop insights slide deck to the attendees of the workshop.		●	
Active		1	1	0
Cyted Endosign ●	The project proposal to deliver a BOB-wide Barrett's Oesophagus capsule sponge service through Community Diagnostic Centres has been worked up during the quarter and clinical agreement gained from the BOB Endoscopy network to proceed. In the preparation of this proposal, input on the experiences and benefits realised has been sought from other HINs who have previously supported the adoption of Endosign Approval to proceed was gained following presentation to the BOB Elective Care Board in December, allowing the project team to be assembled, the project to be planned in more detail and drafting of the business case, all starting in January.		●	
Maternity and Reproductive Health		4	3	3
Active		4	3	3
Early recognition of deterioration or women and babies workstream ●	Awaiting NHSE comms for MEWS & NEWTT2 digital spec- expected to be release early 2025.		●	●
Fit4Labour CTG - Willingness to pay study (Oxsys) ●	The semi-systematic literature review is completed, establishing a strong and reliable evidence base to support the project objectives. Stakeholder mapping has been completed, covering key groups such as clinical, administrative, finance, procurement, and digital teams across NHS networks. Stakeholder interviews have been conducted to ensure comprehensive insights. The Van Westendorp price sensitivity analysis is in progress, focusing on refining acceptable pricing ranges and enhancing market positioning strategies. Willingness-to-pay and cost-effectiveness analysis is also in progress, integrating findings from the Van Westendorp analysis and stakeholder feedback to develop pricing strategies aligned with NICE thresholds.		●	●





Q3 Programme and Project Updates

Theme/Status/Project

Q3 Update

BOB

Frimley

Optimisation of the pre-term infant workload ●

Pre Term Baby case study was released in Q3 – see the case study.

The YouTube video which captured the incredible journey of one family, was released early December and has over a thousand views with positive feedback received.

Widespread dissemination of the 10 minute film has been achieved through national networks such as;

- The Royal College of Midwives (RCM) who will include it on their i-learn education platform as a education resource for midwives and the RCM education team have circulated it via the Lead Midwives for Education so it will reach all midwifery education establishments in the UK, and RCM Scotland have also shared the film.
- Bucks New Uni agreed to upload it to their virtual learning platform for midwifery students and we have reached out to Oxford Brookes
- Work is planned to disseminate to the trainee doctors via their education leads.

●●

Final education session for 2024 with TV AA HEMS on pre hospital stabilisation & management of preterm birth as part of their Paediatric Education Day.

Paramedic staff attended a series of simulation days which focussed on how best to manage pre-term birth (PTB) in a pre-hospital setting. Updates made to the pre-hospital equipment to ensure its appropriate for a PTB infant (including the correct size face mask & PTB plastic bag).

The team presented the optimal timing of antenatal corticosteroids QIP at the North East North Cumbria Preterm Birth Conference.

Perinatal Culture Leadership workload ●

The PCLP Lead is working with RBH, BHT, OUH and Frimley Health to review improvement plans, identify support needs, and agree on action plans and collaborative approaches.

Support has been agreed with Frimley Health and RBH, and meetings are scheduled with the remaining trusts and the BOB LMNS. The MOMENTS Framework, designed to explore values and behaviours in daily practices, is offered to change teams for consideration where it can potentially enhance safety outcomes. The PCLP Lead also attends local and system-level meetings to address cultural and leadership challenges, identify opportunities, and promote shared learning across the system. Work is ongoing to explore whether a collaborative forum could support sustainable shared learning and improvement.

●●



Q3 Programme and Project Updates

Theme/Status/Project		Q3 Update	BOB	Frimley
Medicines Optimisation		5	4	4
Active		5	4	4
Falls inducing medicines in Frailty ●	We identified individuals from both ICSs and other relevant organisations who had been involved in projects relevant to this pipeline work. We contacted more than 20 individuals which translated into a total of 6 completed interviews. Interviews utilised 2 members of staff one to conduct the main body of the interview and a second to capture issues relevant to work systems, this approach worked well. Attended all bi-weekly national briefing meetings to help inform 2025/26 programme decisions with views from Thames Valley.		●	●
HI Dashboard ●	The Polypharmacy HI Dashboard continues to be updated monthly with ePACT2 prescribing data.		●	●
OSCAR study. Collaboration with the ARC. ●	Attended an all investigators meeting where an overview of the initial analysis was presented, and new results were discussed. There was also discussion on influencing policy change, publication timelines and further extension of the study.			
Polypharmacy ●	HIOTV delivered two local Polypharmacy Training sessions for the BOB, Frimley, and BLMK Integrated Care Boards during Q3. These sessions were attended by 139 healthcare and social care professionals. This marked the completion of the first phase of bespoke Polypharmacy Training, with a total of nine sessions delivered between April 24 and November 24 and 438 health and social care professionals trained. All attendees were provided with a certificate of attendance. Initial analysis of feedback demonstrates an increase in attendees' confidence in identifying and managing polypharmacy.			
	The 6th BOB ICB Polypharmacy Community of Practice was planned and delivered. 35 people attended. The session focused on deprescribing tools and featured two community members who shared their expertise.		●	●
	Quality Improvement Initiatives: For the eight sites participating in the Polypharmacy Quality Improvement initiatives, progress meetings were held with the respective PCN leads overseeing these projects. All initiatives have started to be implemented and initial outcomes are positive. Learnings are being captured as case studies and are anticipated to be finalised and shared in Q4. Polypharmacy Comparator Reports Work has started on Polypharmacy Comparator Reports for BOB, Frimley and BLMK ICB. The reports will focus on the polypharmacy comparators, high risk prescribing in patients aged 65 and above and, areas where improvements have been made.			
Psychotropics in Learning Disability ●	We identified individuals from both our ICSs and other relevant organisations who had been involved in projects relevant to this pipeline work. We contacted more than 20 individuals which translated into a total of 4 completed interviews. Interviews utilised 2 members of staff one to conduct the main body of the interview and a second to capture issues relevant to work systems, this approach worked well. Following our interviews we identified two key individuals that are very willing to speak with NHS E colleagues if they can be of any help with shaping a possible programme for 2025/26. Attended all bi-weekly national briefing meetings to help inform 2025/26 programme decisions with views from Thames Valley.		●	●





Q3 Programme and Project Updates

Theme/Status/Project	Q3 Update	BOB	Frimley
Mental Health	10	2	0
Active	10	2	0
Dementia - digital approach ●	No agreed activity for HIN Meeting in Q3. Meetings will be planned for future publications. HEAP is delivered in Feb/March 2026. Final report will be delivered by Dec 2027.		
HEE trauma-informed approaches eLearning ●	The evaluation is completed and the final report produced and shared with the team. The report will be available publicly in January.		
Improving sexual safety in a mental health inpatient setting ●	The team is collecting patient questionnaires and planning focus groups with patients in January. Staff focus groups have been pushed back to January due to resource planning and the project team presented at the Oxford Health Forensic QI hub on the challenges and reflections of the project so far in December.		
Improving the care of people with a diagnosis of personality disorder ●	The project continues, with the team meeting fortnightly and reviewing and refining the changes in place and identifying new tests of change for 2025. A poster has been produced and will be printed and shared with the team in January. As of 1st December 2024 there has been an average reduction in length of stay of 73%, and an average reduction in self-harm incidents on the ward of 93%.		
Otsuka Care for MDD Operational Pilot ●	<p>The decision has been made to cease attempts to recruit both Secondary Care and NHS Taking Therapies sites to the evaluation. It has been concluded following discussion with clinical leads that CARE for MDD does not lend itself for adoption at these sites and the project will focus on evaluation in primary care only.</p> <p>Insights into the use and value of CARE for MDD gained during the quarter include: (1) Drivers for patients both consenting to use CARE for MDD, as well as reasons for declining its use, (2) Potential value of CARE for MDD both locally and to the broader system, (3) Patterns of adoption and use, influenced by demands of a patient's daily life. (4) GP interaction with the patient and CARE for MDD once it has been offered / accepted. (5) The (negative) impact on GPs time and resources in their ability to support an evaluation with the need to support winter pressures. Questionnaires to collect the views of both HCPs and patients on the usability of Care for MDD have been completed and the interview process has commenced. It has been agreed that patients will continue to be offered CARE for MDD until 31/3/25 Agreed documentation and process for patient interviews.</p>		
Personality Disorder Positive Outcomes Programme (PDPOP) ●	The final evaluation report has been completed and is now in the final stages of design work. The report will be publicly available in January.		





Q3 Programme and Project Updates

Theme/Status/Project		Q3 Update	BOB	Frimley
Recovery College module evaluation ●	The evaluation of the second year of trauma-informed Recovery College training has been completed and the report is in the final stages of editing. Analysis and write up of the evaluation report continue, with a view to a draft report being shared with the project team by the end of the year. The evaluation is completed and the final report produced and shared with the team. The report will be available publicly in January. The project continues as planned five case studies have now been identified and the relevant individuals and teams have agreed to participate.			
Trauma-informed approaches Training Year 2 evaluation ●				
Trauma-informed approaches Framework evaluation ●				
Trauma-informed case study series ●				
Musculoskeletal Disorders		2	1	1
Active		2	1	1
MTFM - APOS Health ●	Collaborations with Supply Chain to establish local need. Contact made to regional ICBs, MSK service leads, local knee clinics, orthotists etc. No clinical need currently identified.		●	●
RMD-Health - University of Reading ●	The first steering group meeting took place in Q3. A literature review was conducted to develop first drafts of the pre-read and discussion guide to be used within stakeholder interviews. Stakeholder interviews, specifically with GPs will take place in Q4.			
Neurological Disorders		2	1	0
Active		2	1	0
GaitQ - Tempo for Parkinson's Rehabilitation ●	HEAP v2.0 was finalised in June 2024 and sent to GaitQ. The HE final report will be completed in November 2025.			
Hyperacute Rehabilitation ●	Clinical workshop held in Q3, with 20 clinicians from different specialties in attendance. This workshop was held to discuss potential service models, and the outputs from this were presented at a OUH manager/senior leaders meeting in December 2024. Further meetings are planned with commissioners during Q4 to discuss and agree next steps. The South East-wide patient and staff surveys closed in Q3, with analysis and reporting to be undertaken in Q4.		●	
Spinal Cord Injury ●	Deliverables this quarter: - continued work with the clinical team to capture data against the agreed outcome measures - work started on creating a patient experience survey for SCI patients, which will be finalised during Q4 - submission of paper to NHSE to repurpose the funding to create a new therapist role - progress meeting with clinical lead and NHSE.			





Q3 Programme and Project Updates

Theme/Status/Project	Q3 Update	BOB	Frimley
Ophthalmology	1	0	0
Active	1	0	0
Dora Multilingual AI Chat Bot ●	Kick off meeting December 2024. Appointed public members to the steering group (English not first language), the project management group and a public partner to the project management group. The project will focus on Bengali, Polish, Portuguese Brazil, Turkish and Urdu as languages to run focus groups around. The team met with key links into these groups and working plans were established Literature searches on Health Inequalities and AI complete and assimilation of searches underway.		
Pain Management	1	1	1
Active	1	1	1
Reducing harm from opioids in chronic non-cancer pain workstream ●	<p>Although not on topic (shift to bio-psycho-social model) BOB ICB from November, working with enthusiastic colleagues from OUH have decided to have an opioids focused project; Dependence Forming Medicines Project.</p> <p>A working group has been formed and has met once in Q3. The project has 3 aims.</p> <ol style="list-style-type: none"> 1. Standardising opioid information in discharge summaries from hospital as a means to improve communication with primary care. 2. Design and provision of information leaflets. 3. Provision of clinical guidelines across the Thames Valley system. We continued to support Frimley ICB as they gathered ideas and decided whether to proceed with a project. <p>This included meeting with local Recovery College colleagues to understand their current online provision of courses relating to chronic pain and their ambitions.</p>		
Community Involvement	4	3	0
Active	4	3	0
Working Together Partnership ●	Meeting held with partners. Face to face meeting organised for Q3. Workshops/Webinar for Q4		
Thames Valley and Surrey Shared Care Records ●	Joint ethics and engagement advisory group ongoing. Co-production workshop focusing on Trust held. Job description for joint coms and engagement agreed (SDE and TVSCR). Process started to recruit public co-chair for advisory group.		
Thames Valley and Surrey Secure Data Environment Development ●	<p>Joint ethics and engagement advisory group ongoing. Co-production workshop focusing on Trust held, patients and clinicians attended (20 attendees). Job description for joint coms and engagement agreed (SDE and TVSCR). Process started to recruit public co-chair for advisory group. Co production report gone to board. Sian Rees interim chair of the Service And Access Review Committee. Formally recruited 10 public partners to SDE committees. Commenced engagement to ascertain the views and experience of Gypsy, Roma, Travellers and Homeless to health and care data and usage. Exploring opportunities to accessing views from asylum seekers and recent migrants. Sian Rees is now a core member of the senior management team for SDE which meets every 2 weeks.</p>		





Q3 Programme and Project Updates

Theme/Status/Project	Q3 Update	BOB	Frimley
Seroxo Sepsis ●	Steering group attended 10th December. UK Sepsis Trust and HIOTV Martha's Rule lead contacted around patients/clinicians for a shared decision making focused discussion workshop in February. 10 sepsis survivors "interviewed" and appointed to either focused discussion group or semi-structured interviews. Meetings with clinicians to share ethos of research and interest in attending the focus discussion group. Literature searches on Health Inequalities and Sepsis complete - assimilation of these underway.		
Patient Safety	4	4	3
Active	4	4	3
Implementation of Martha's Rule ●	<p>New programme manager recruited to support this workstream.</p> <p>There are 3 pilot sites (Trusts) within our region (one Trust plans to pilot across its 2 sites). Of all Trust sites:</p> <ul style="list-style-type: none">- They have received additional NHSE funding to support initial implementation. All plan to use the funding to support communications (including translation). One will employ a project manager for the duration of the pilot, and another is exploring procurement of an additional data management system to facilitate reporting of national metrics.- 2 Trusts have existing components of Martha's Rule (1&2 in project description) already established, with an intent to start pilot of component 3 in Q3. The remaining pilot Trust in our region plans to commence a limited pilot (2-4 in-patient wards) of all components in Q3.- To avoid duplication of effort, HIOTV has joined the Thames Valley and Wessex Critical Care Network (as has HI Wessex). It is anticipated that this will be our primary forum through which to support the pilot. We have escalated queries and concerns from this forum to the national team.- We plan to also trial community of practice events specifically covering the HIOTV region to provide a more detailed (and in-person) opportunity to share learning.	●	●
Patient Safety Incident Response Framework ●	<p>Progress was made with all providers regarding their deeper use of PSIRF to gain insight and prioritise improvement, as evidenced by all providers taking part in a PSii/incident response desktop peer review.</p> <p>All providers have now expressed support for us to facilitate on-site peer review later in 2025/26. BOB area patient safety architecture continues to work well as a means to identify the best way to strengthen provider support (BOB Patient Safety & Improvement bi-monthly Forum, BOB System Quality Group Board, BOB QI network. We also supported Quarterly PSIRF/ Patient Safety meetings for providers (OUH, OH, BHT, RBFT and BHFT). On behalf of BOB ICB we hosted and ran a whole-day face to face Patient Safety Forum workshop with representatives from across BOB and Frimley ICBs. We engaged Lauren Morgan to deliver a session on patient safety and the role of PSIRF and as a consequence BHFT has now hired Lauren to deliver training in the Trust. As a result of the success of the event providers have requested that we run 2 face to face events in 2025 in spring and autumn. After a request from BOB ICB Chief Nursing Office we designed and delivered an ICB Board Patient Safety Development Day for which we received very warm praise.</p>	●	●





Q3 Programme and Project Updates

Theme/Status/Project	Q3 Update	BOB	Frimley
Patient Safety Incident Response Framework (cont)	As part of the wider PSC work we have established a Deterioration Network (improvement Collaborative) to help stakeholder engagement with delivery of Martha's Rule and PIER, this creates a forum for those providers who via their PSIRF work are prioritising deteriorating patient. We also attended OUH '1 year of PSIRF' event and their priority setting event for 25/26, we have helped shape the priority discussion and have offered capacity to support clinical improvement work (e.g. deteriorating patient) or where they had capacity issues, such as process mapping. Frimley ICB held a stakeholder meeting in November after I had met virtually with them to discuss either replicating BOB ICB patient safety forum or joining the forum to make it all Thames Valley. The outcome of the meeting was to establish a Frimley Forum, which will meet in March for the first time		
PIER workstream ●	HIOTV has restarted its coordination of a regional deterioration network. This seeks to identify opportunities for deterioration which have scope for regional shared learning. Potential themes initially identified include: recognition and communication of high risk patients, sepsis (including implementation of revised national guidance), development of deterioration dashboards, and frailty. With regional acute provider partners we have started a mapping process to identify areas of best practice within a PIER framework with a view to regional adoption and spread. The regional (BOB) patient safety forum has also identified deterioration as a priority theme in improvement work. Our aim is to support thematic analysis of patient safety incidents to better understand the scope for improvement. This group is already supported by HIOTV in the implementation of the Patient Safety Incident Response Framework (PSIRF); we aim to promote further collaboration within deterioration projects.	●	
Implementation of Martha's Rule ●	Of the 3 acute Trusts involved in the national pilot: 2 have well established systems in place for staff, patients and their families/carers to contact Critical Care Outreach Teams to request a rapid review, across all acute clinical areas. The 3rd pilot Trust has systems in place for most of the hospital (currently excluding maternity, paediatric and emergency services) - All sites are submitting data directly to NHSE, thereby contributing to national learning - 2 sites have commenced a Patient Wellness Questionnaire pilot within parts of their Trusts (not all wards/clinical areas). A 3rd is planning to commence their pilot in Q4. BHFT (mental health and community Trust) has commenced planning to launch its own version of Martha's Rule (outside of the national pilot), supported by HIOTV. As planned, HIOTV has led 2 community of practice events which have been well attended by pilot and non-pilot sites with excellent feedback. This provides an opportunity for sharing learning and collaborative problem solving. We also continue to provide bespoke 1:1 support to each Trust.	●	●
Research and Development	3	3	0
Active	3	3	0
BOB ICS - place based health inequalities programme ●	25 semi-structured interviews have been undertaken with BOB ICS senior leaders, 4 focus groups undertaken at Place, with those undertaking projects funded by the health inequalities grant money (survey prior to these focus groups sent out). Theming of interviews and focus groups has been completed. The year one draft report is being written for presentation at the BOB ICB Health Inequalities Group in October 2024.	●	





Q3 Programme and Project Updates

Theme/Status/Project	Q3 Update	BOB	Frimley
Respiratory Disorders	4	4	1
Active	4	4	1
Long Covid, ME/CFS, Breathlessness Service Evaluation BOB	Two stakeholder Design and Evaluation Workshops were held, focused on developing the process and data collection tools for the qualitative evaluation and feeding back initial findings from the workforce survey. In addition, a BOB-wide Children and Young People's (CYP) workshop with representation from both LC and ME/CFS CYP teams was delivered to support development of the vision for an integrated CYP service.		
	To support qualitative evaluation, a workforce survey was developed and reviewed by clinical leads and the ARC. Patient engagement tools and the process to carry out patient interviews were developed and agreed with clinical teams, patient representatives and information governance (IG) leads. The workforce survey was circulated and completed by 47 members of staff (71% of the workforce). Patient interviews were started. Evaluation Meetings were held with the Oxford clinical team and the health economist to understand and plan the breathlessness evaluation. An initial draft of the health economic analysis for the breathlessness pilot was presented to the clinical team. Meetings were held with all clinical teams for further service description data and qualitative information	●	
MTFM - Thopaz+	HIOTV started work to interpret patient level data and to carry out a comparative analysis across the system. HIOTV also conducted data interpretation meetings with service providers.		
MyAsthmaBiologics App	Local needs identification continued in Q3.	●	●
Hallie Smart Inhaler RWE	Based on data availability, the decision has been made that the scope of the HIOTV evaluation will be limited to the qualitative interviews. These commenced with both patient and HCPs at both Southampton, and Guys' and St Thomas'.	●	
	Patient interviews underway in Bristol.		
On Hold	Clinical engineering application, pre-acquisition questionnaire and DPIA forms completed. Awaiting information governance and clinical engineering approvals prior to procurement of devices and start of patient recruitment.	●	
Albus Home			
	The HIN element of the work on this project will begin in Q4 25/26.		
Other	5	2	0
Active	5	1	0
Carbon Reduction Plan 2023/2024	To align with the NHS's net zero targets, HIOTV has completed its second carbon reduction plan. HIOTV achieved a decrease in emissions, reducing the overall footprint by 40 tonnes of CO2. HIOTV aims to reduce its emissions to net zero by 2045. Implementing a credible climate approach across the organisation is pivotal as we move towards a net zero carbon		





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	HIOTV Board membership includes local senior NHS leaders. HIN stakeholder and communication well established through social media, newsletter and website. Each project has an engagement plan, including patient involvement. HIOTV convenes or takes part in more than 20 clinical groups in the region. HIOTV, BOB and Frimley hold quarterly joint planning meetings	HIN Chief Operating Officer (COO)	Programme SROs	06-Sep 13	Ongoing	Green
2	Corporate	Failure to sustain the HIN	Programme activities cease	Low	Med	Ongoing	Non-recurrent income target for 24/5 achieved. Increase of non-recurrent income in 25/6 in planned with a pipeline of opportunities in the Tracker. COO meets Programme Directors and Senior Finance Manager each week for Bus development review of Tracker and discussion on opportunities and analysis of wins/losses	HIN COO	HIN COO	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.	HIN COO	HIN COO	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	HIOTV 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 COO	Director for Communities and Workforce Innovation	June 2020	Ongoing	Green
5	Corporate	Failure to align and support developing ICBs with improvement and innovation agenda	HIN needs to align priorities and HIN work programmes with local needs. We need to be the innovation and improvement arm of our local providers and ICBs.	Low	Med	Ongoing	Business plans developed with BOB and Frimley ICBs. Progress, priorities and opportunities reviewed quarterly. MOU with BOB signed. Frimley happy to operate without MOU. Regular calls with BOB Primary Care Leads, LTC and clinical network leads. HIOTV convenes or takes part in more than 20 clinical groups in the region.	HIN COO	HIN COO	Sept 2021	Ongoing	Green
6	Corporate	Funding for Innovation Adoption in the NHS	Clinical and financial benefits not realised. Transitioning from evaluation of innovations solutions to securing contracts for widespread adoption a significant challenge. Eg Sleepio, ProMapp, CariHeart	Med	Med	Ongoing	Conversations are ongoing with strategy leads, Trust execs and HIOTV's board on the establishment of Innovation Adoption Fund to help Trusts and primary care access resources to support adoption of innovation at scale. Options – ring fencing, top slicing, partnerships with private sector (adoption not sustainable), gain share, payment on benefits realisation	HIN COO	HIN COO	Jan 2025	Ongoing	Amber





Appendix B: ICB priorities with HIN projects mapped

ICB Priority (national and local)	BOB	Frimley	HIN Projects
Urgent and Emergency Care (national)	•	•	8
Elective Care Recovery (national)	•	•	5
Financial Sustainability (national)	•	•	2
CYP Mental Health	•	•	2
Neurodiversity	•	•	1
Mental Health Services	•	•	10
Primary Care	•	•	11
Cancer	•	•	2
Stroke Services and Neurology		•	7
Cardiovascular Disease	•	•	12
Diabetes		•	2
Respiratory		•	10
Planned Care		•	7
Maternity and Neonatal		•	3
Inequalities*	•	•	13
Estates and Workforce*	•	•	7
Integrated Neighbourhood Team	•		1
Comprehensive Model of Personalised Care		•	6

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

Count of HIN projects includes all 24/25 projects that are the following status:

- Planning
- Active
- On Hold
- Completed

*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: Published Case Studies

All these case studies, along with earlier (pre-2020) ones can be found on our website →

YEAR	CASE STUDY TOPIC	
2024/25	<p>Improving outcomes following stroke through increased access to mechanical thrombectomy (Q1)</p> <p>Adopting a system-wide response to improve fetal monitoring safety (Q1)</p> <p>Feasibility study evaluates potential of digital health platform to help patients manage prostate cancer symptoms (Q1)</p> <p>Evaluation of AI tool to identify patients at high risk of dementia (Q2)</p>	<p>Panels help match innovations with local health needs (Q2)</p> <p>Polycystic ovary syndrome test has potential to improve patient experience and reduce NHS carbon footprint (Q2)</p> <p>From preterm birth to thriving baby (Q3)</p> <p>Evaluation of clinical decision support tool for use at onset of labour (Q3)</p> <p>AI-enabled point-of-care device supports earlier diagnosis of respiratory disease (Q3)</p>
2023/24	<p>Evaluation of digital therapeutic for depression (Q4)</p> <p>Evaluation finds remote epilepsy diagnostic device could improve patient experience and save NHS money (Q4)</p> <p>Hundreds of NHS innovators helped by pioneering support programme (Q4)</p> <p>Video consultation offers potential for some outpatient clinics following transient ischaemic attack (TIA) (Q3)</p> <p>Investigating device supporting reduction of treatment-resistant hypertension (Q3)</p>	<p>Listening to communities: Conversations about heart health (Q3)</p> <p>Integrated approach transforms more lives of people with severe asthma (Q3)</p> <p>Evaluation of image analysis technology supporting dementia diagnosis (Q3)</p> <p>Evaluation of AI technology to diagnose and monitor rare chronic liver disease (Q3)</p> <p>Collaborative approach improves outcomes for preterm babies (Q1)</p> <p>AHSN assesses innovation which could improve cannulation in newborn babies (Q1)</p> <p>Personalised approach improves patient experience before surgery and supports elective recovery (Q1)</p>
2022/23	<p>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.</p> <p>Evaluation assesses home monitoring device which uses AI to predict and prevent asthma attacks in children.</p> <p>Evaluating AI-enhanced technology to identify patients at risk of developing diabetes. Ten years supporting spread and adoption of innovation.</p>	<p>New framework supports staff wellbeing in NHS talking therapies services Southeast. AHSNs collaborate to support adoption of home testing to identify diabetic patients at risk of chronic kidney disease.</p> <p>Transforming asthma care through system-wide collaboration and innovation.</p> <p>Scoping digital support for children and young people's mental health.</p> <p>Evaluating artificial intelligence – augmented decision support tool to assist triage of referrals into secondary mental health care.</p>
2021/22	<p>Start-up companies get expert support from Oxford AHSN Accelerator programme and leverage over £2 million.</p> <p>Collaboration develops environmentally friendly product addressing urinary incontinence.</p> <p>Oxford AHSN reaches first key milestone in major European partnership to improve outcomes for sepsis patients.</p> <p>Cardiovascular disease – update on workstreams and opportunities</p> <p>Health checks at vaccine clinics</p>	<p>Support from the Oxford AHSN helps digital innovators develop and roll out automated patient calls.</p> <p>Pulse oximeters for vulnerable communities.</p> <p>Elastomeric devices supporting hospital at home.</p> <p>Environmental benefits of PIGF test</p> <p>Collaboration develops environmentally friendly product addressing urinary incontinence</p>
2020/21	<p>Rapid national roll-out of home-based safety net benefits thousands of patients with COVID-19</p> <p>Two-thirds of maternity units in England adopt test to rule out pre-eclampsia following roll-out led by Oxford AHSN</p> <p>AHSNs play key role in supporting patients with Covid-19 at home.</p> <p>Unique midwife education and training programme improves safety for mothers and babies in low-risk labour.</p> <p>Harnessing AI technology to speed up stroke care and reduce costs</p>	<p>Spreading digital innovation in the NHS and supporting the workforce</p> <p>Keeping frail elderly people out of hospital - decreasing risk of Covid-19 infection</p> <p>Supporting stroke services through the pandemic</p> <p>Supporting NHS personal protective equipment needs (PPE)</p> <p>Improving timely observation of vital signs of deterioration in care homes</p> <p>Improving detection and management of atrial fibrillation (AF)</p>

