



**Health  
Innovation**  
Oxford & Thames Valley



Office for  
Life Sciences



# Annual Report 2024/25

Incorporating the Quarterly Report for Q4 (January - March 2025)

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# Chief Executive's summary

The past year has been an eventful one for the NHS. We await the forthcoming ten-year health plan which will outline the government's approach to addressing the increasing challenges facing the NHS, clearly laid out by [Lord Darzi in his report](#), through the three strategic shifts: analogue to digital, moving care from hospital to community and a focus on preventing illness.

These are not new ideas but because of the stark financial challenges facing the health service, there is a long overdue recognition by government and NHS senior leaders that the way much care is provided needs to change. The needs of an increasingly older population with multiple long-term conditions, often living in isolated areas, cannot be met with default models of care which require attendance at hospital for assessment and treatment. The NHS workforce pressures require a major increase in the productivity of clinical staff, through introducing digital technology that optimises the effectiveness of NHS staff and empowers patients to increase self-management.

To help our partners address these challenges much of our work this last year has focused on supporting the development, implementation and evaluation of diagnostic and digital technologies that enable pathway transformation. The 12 case studies we have published in our quarterly reports throughout the year describe our work supporting identification and early development of innovation in areas of unmet need ('Find': AI tools to identify patients at high risk of dementia, improve accuracy of echocardiography to identify coronary artery disease), undertaking real world evaluations of early adoption of promising innovation ('Test': evaluating the potential of a digital health platform to help patients manage prostate cancer symptoms), and supporting the deployment of proven innovation ('Implement': using AI imaging and pathway optimisation to increase access to thrombectomy for stroke; roll out and evaluation of hospital at home/virtual wards).

We continue to develop our partnerships with the world leading research and innovation organisations in Oxford and across the Thames Valley. Our collaborative working with the NIHR research infrastructure is greatly facilitated by Oxford Academic Health Partners. A highlight of the year was a 'Bridging the Gap' event in July focusing on digital partnerships which was attended by 250 local NHS leaders, clinicians and innovators.





[The Innovation Ecosystem Programme](#) published in November made a series of recommendations in four areas that would enable the NHS to adopt innovation to improve the nation's health and support economic growth.

'The Programme found an abundance of development and testing of innovative solutions in the NHS ... but spreading and scaling their adoption remain our biggest challenge'. The findings of the programme will inform the recommendations of the ten-year health plan. A key recommendation for health innovation networks was that our central coordinating function should be strengthened to support national impact, which the HIN network committee is taking forward. Two of the examples of successful national adoption and spread of innovation were led by our team: placental growth factor testing to diagnose pre-eclampsia and Brainomix stroke AI imaging.

A further development in the last year has been increasing recognition that the NHS has a responsibility to support economic growth through early adoption and evaluation of innovation and technologies developed in the UK, in addition to the recognised responsibility to support clinical trials. Our Office for Life Sciences commission has provided us with the resource to work with over 350 innovators/companies in the last year. The success of the Oxford University spinout company Brainomix, who we have worked with and supported over the last 12 years, is an exemplar of successful industry–NHS partnership working. In the last two years the company has reported that the support of our team has safeguarded 29 jobs, created 40 jobs and supported the generation of £32 million in revenue.

Peter Ellingworth, a long-standing supporter of HINs, was appointed Chair of our network in September. I am grateful for his support and that of our Board and host organisation. The work described in this report was only possible because of the efforts of my team, and the support and engagement of BOB and Frimley ICBs and their partner organisations. That this was maintained at such a difficult time for the NHS is testament to the dedication and skills of those teams. Finally, I give my sincere thanks to the many patients and members of the public who have participated in our work, helping to ensure our work generates the maximum benefit for all.

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

# Case Study 1: Improving care for people with a personality disorder



A quality improvement project on a female acute inpatient ward has had a dramatic impact on patient care and staff morale.

Incidents of self-harm fell by 93% and average length of stay was reduced by more than a month.

There were related cost savings and improved adherence with NICE guidance. More people with a personality disorder were able to resume their lives more quickly following a crisis.

## Problem being addressed

Personality disorders affect about 5% of people in the UK. They are challenging to treat and can go undiagnosed for a long time. A personality disorder is a condition that affects how someone thinks, feels, and behaves. People with personality disorders are at higher risk of suicide and self-harm.

Effective treatment for personality disorder lies in psychological interventions, with medication and hospital admissions for brief periods only. Research has shown that patients with personality disorder have reported feeling powerless and unsupported particularly when in hospital during a time of crisis. Staff also report similar feelings.

## Operational planning guidance/Government priorities

Treatment to prevention

Hospital to community

Patient safety

## Clinical area/Population

Psychiatric inpatient care.

Adults with diagnosis of personality disorder.

## Network support

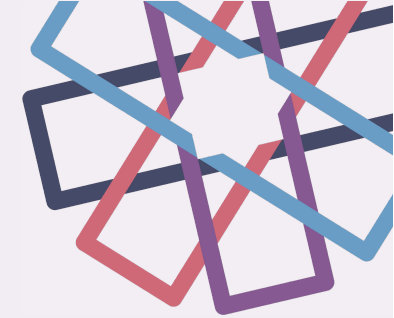
Health Innovation Oxford and Thames Valley's Patient Safety/Mental Health team worked with staff patients and carers run by Oxford Health NHS Foundation Trust over an extended period to allow time to understand problems, engage and build trust.

The quality improvement project came out of an initial focus around reducing restrictive practices as part of the national Mental Health Safety Improvement Programme (MHSIP). It became clear that there was a strong link between restrictive practice and incidents of self-harm, particularly with patients with a diagnosis of personality disorder.

This created a process map from admission to discharge for someone with a diagnosis of personality disorder, including issues and challenges from all perspectives. This led to collaboratively deciding on change ideas to test. Initial findings:

- High levels of anxiety in staff around patients self-harming, resulting in hypervigilance and reactive therapeutic engagement.
- Feelings of helplessness, guilt, unclear roles and unrealistic expectations from patients, carers and the organisation.
- Staff perspectives of their roles centred around risk and stopping self-harming.
- Patients and carers felt that their expectations of what could be done for patients in hospital, keep them safe and 'fix' things, were not met or well managed.





### Actions taken

- Purpose of admission form and crisis admission (up to 7 days)
- Ward leaflet to manage expectations and signpost to resources for patients and carers
- Co-produced training delivered to ward staff
- Changes to staff and patient engagement meetings
- Adaptations to daily planning meetings and ensuring patients are able to utilise their leave in a timely manner

### PPIE conducted

Co-production with carer and patient representatives who had experience of the ward and personality disorder. Co-produced training has been found to reduce the risk of burnout in staff and improve attitudes towards people with personality disorder.

### Impacts

- A huge culture shift was identified - from a focus on keeping patients safe and stopping them self-harming to offering compassionate support with recovery and during crisis, offering time to talk, recognising triggers and building coping skills. This led to a reduction in escalation and impact on other services.
- The average length of stay was cut by 36 days (73%) from 49 days in 2023 to 13 days in 2024.
- The number of self-harm incidents on the ward fell by 93% - from 481 in 2023 to 35 in 2024. That amounts to 446 fewer incidents. The monthly average dropped from 40 to three.
- There were also savings due to reduced need for secure transport (often related to treatment for self-harm). These costs amounted to £95,769. In the first six months of 2023. In the same period in 2024 they had fallen by two-thirds (67%) to £31,761 – a reduction of approximately £64,000 relating to a single ward.

### What next?

The project is continuing. The team meets regularly to review progress and continue to work towards meeting NICE guidance. There is specific focus on reviewing and converting Mental Health Act section admissions to voluntary admissions at the earliest point.

The results of this project have been shared with the regional mental health steering group and the trust's QI hub.

Opportunities share the learning more widely are being pursued.

### Contact

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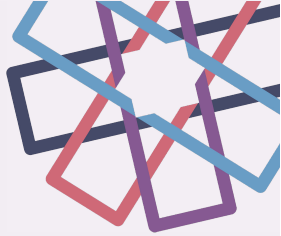
"Working with Health Innovation provided me with the inspiration and expert coaching I needed to help my project succeed. The changes we implemented have significantly improved our ward in many ways. We have reduced the length of stay and incidents of self-harm, creating a much safer and more supportive environment. Thanks to the coaching we received in our Quality Improvement project, our ward is now a better place for both patients and staff." – Project Lead



"It has been a privilege to have been involved in supporting and enabling this project. I am delighted to see the demonstrable improvement for patients resulting from this collaboration between the Health Innovation Oxford and Thames Valley patient safety team and our ward staff. The resulting culture change and improvements in patient experience and outcomes are worth celebrating and sharing widely. Reducing the duration of hospitalisation and related self-harm are direct patient benefits, with improved staff morale as a secondary benefit." – Dr Karl Marlowe, Chief Medical Officer, Oxford Health NHS Foundation Trust



"Approaching care of patients with personality disorders with knowledge, understanding and compassion is key to effective treatment and more positive outcomes." – Dr Chris Tibbs, Acting Regional Medical Director, NHS England South East



# Case Study 2: Evaluation finds 'hospital at home' eases pressure on other NHS services

An evaluation by Health Innovation Oxford and Thames Valley (HIOTV) demonstrates that Hospital at Home services (also known as virtual wards) in the Buckinghamshire, Oxfordshire and Berkshire West integrated care system (BOB ICS) treated a diverse range of adults and children, and reduced pressure on other NHS services by keeping people out of hospital and getting them home quicker.

Read the full report: [Hospital at Home evaluation - Health Innovation Oxford & Thames Valley](#)

## Problem being addressed

NHS hospitals are under unprecedented pressure. Demand for emergency and urgent services is rising as the population gets older and lives with more long-term conditions. Hospital at Home (HaH) and virtual ward (VW) services can offer a viable alternative for patients who would otherwise be in hospital. They aim to prevent hospital admissions and support early discharge by providing hospital level support, care and treatment, either virtually or in person for up to 14 days in a patient's home or care home.

## Operational planning guidance/Government priorities

Hospital to community

## Population

Adults and children

## Clinical area

Wide range of services including acute illnesses and exacerbations of chronic conditions including chronic obstructive pulmonary disease (COPD), COVID-19, heart failure, pneumonia, urinary tract infections and acute bronchiolitis. Also palliative care for patients with advanced or life-limiting illnesses.

## Network support

HIOTV undertook an independent evaluation of HaH services in the BOB ICS between September 2023 and January 2024. These services were delivered by multi-professional teams working for six healthcare providers. The HaH services provided care to 6,500 adults – many of them older people – and 320 children, adding up to a total of 46,685 bed days for adults and 715 bed days for children. HaH services were primarily focused on avoiding hospital admission (60% of referrals), and 88% were treated at home rather than in care homes.

On average, adult patients had a HaH length of stay of seven days, were typically older (average age 74), were moderately frail and (35%) lived alone. The children were very young (average age < one year). They had a shorter average stay of two days. Both adults and children had low readmission rates to HaH services within 28 days (below 10%).



## Impact

The evaluation found that the HaH intervention significantly reduced the need for emergency services within 28 days of discharge, particularly for older patients and those with longer HaH stays.

HaH led to a reduction in calls to 111, demand on ambulance services, emergency department attendances and hospital admissions. Emergency admission rates fell by 73% for adults and 85% for children.

There was also a reduction in ambulance journeys of 69% (83% for children) and a reduction in calls to 111 of 58% (85% for children).

Most patients (83% of adults and 97% of children) were discharged with no new or additional needs for support from health and social care. There was positive feedback from HaH staff – but some challenges and training needs were also identified.



"We are proud to offer so many people within our system the choice to receive care at their place of residence instead of a hospital setting. Our Hospital at Home and Virtual Ward services delivered by our local partners are part of a suite of community services which now treat unwell patients with a range of conditions outside the hospital setting, including providing assessments, medications, scans and blood tests where required. We have valued the partnership with Health Innovation Oxford and Thames Valley to provide an independent report to guide our continued learning and enable us to prioritise our improvement areas." - Rachael De Caux, Deputy Chief Executive and Chief Medical Officer at BOB Integrated Care Board (ICB)



"This programme highlighted the incredible power of collaboration, with highly engaged clinical teams rapidly expanding an innovative service delivery model that helps to address challenges in emergency care. The strong, forward-thinking leadership from BOB ICB, combined with the dedication of the HaH teams, provided invaluable insights that enabled us to conduct the evaluation and consolidate recommendations that will shape the future of this model of care for BOB ICS and other NHS organisations nationwide." - Tracey Marriott, Director of Clinical Innovation Adoption, HIOTV

## Next steps

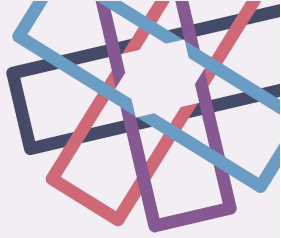
Further evaluation is needed to determine the longer-term impact of these services and to understand how variations in service delivery affect patient outcomes.

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# Case Study 3: AI tool shows potential to improve accuracy and cost-effectiveness in heart disease diagnosis

Health Innovation Oxford and Thames Valley evaluated Ultromics' AI-powered decision support tool EchoGo in stress echocardiography to predict the risk of coronary artery disease (CAD). Integrating this tool enhanced diagnostic accuracy and consistency, reduced subjective errors in interpreting data, and supported timely and informed clinical decisions. It led to more precise classification and better management of patients and showed potential for broader adoption within the NHS.

## Problem being addressed

CAD is a major health concern. Reliable and rapid diagnostic methods are needed to guide effective treatment. Stress echocardiography is the established diagnostic, but it is subject to human error and variability in interpretation, which can impact diagnostic accuracy and treatment outcomes. Moreover, the growing volume of diagnostic data due to higher disease prevalence is straining current capabilities, making the case for integrating AI to improve consistency and reduce subjective errors in diagnostic processes. The EchoGo AI tool by Ultromics aims to address these challenges by automating the interpretation process, enhancing the objectivity and reliability of diagnostics in stress echocardiography.

## Operational planning guidance/Government priorities

Transition from analogue to digital: Supporting the NHS's digital transformation initiatives to enhance healthcare delivery through advanced technology. Shift from treatment to prevention: Focusing on preventative measures and early diagnosis to manage health conditions effectively and reduce long-healthcare costs.

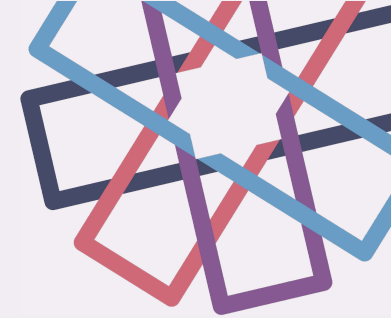
## Clinical area

Cardiology

## What we did

We sought to establish whether AI improves the accuracy of stress echocardiography in predicting risk of coronary artery disease, improving patient outcomes and achieving cost savings. Our evaluation also sought to determine whether AI is a cost-effective solution for NHS-wide implementation.

A randomised controlled trial across 20 NHS hospitals with 2,213 patients was carried out, comparing stress echocardiography with and without AI assistance. To assess sustainability sensitivity analysis was used to test different AI cost scenarios including installation, training, maintenance, diagnostic accuracy and clinician time.



A wide range of possible cost and outcome scenarios were modelled using Monte Carlo simulations to estimate cost-effectiveness of AI under different conditions.

### What we found

AI-assisted stress echocardiography enhanced diagnostic accuracy, leading to more precise classification and better management of patients at risk of coronary artery disease, supporting timely and informed clinical decisions.

Use of the AI tool demonstrated cost-effectiveness - its economic value aligns with NICE affordability standards. Potential time-saving for clinicians was identified, linked to streamlining workflows, reducing workload and enabling greater focus on more complex cases.

Patient outcomes were comparable both with and without AI input.  
This diagnostic tool is a promising innovation with potential for broader adoption in the NHS.



### What next?

Pilot programmes, training and real world evaluations should create an evidence base supporting adoption.

### Contact

Ankur Chauhan, Senior Health Economist and Methodologist

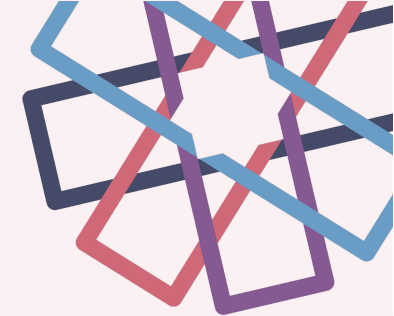
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# Operational Review

Performance across the portfolio and commissions in Q4 and for the whole of 2024/25 has been strong. We have delivered against the national programme trajectories and our local projects. Our engagement with the BOB and Frimley healthcare systems is comprehensive and flexible. HIOTV takes part in or convenes more than 20 clinical groups in the region that we serve.

In Q4 we developed our business plan for 2025/26 to align strongly with the priorities of BOB and Frimley ICBs. Both ICBs have approved the business plan. Our portfolio is also aligned to the government's "three shifts" with 25 projects fulfilling the sickness to prevention shift, 15 in hospital to community and 19 in analogue to digital. Our business plan is a snapshot in time. We are working on a pipeline of opportunities with innovators and local systems and, subject to successful outcomes of grant applications and negotiations, many of these will be added to our programmes for delivery. Dr James Rose, Director of Strategic and Industry Partnerships, is leading the most significant potential initiative which is for a national programme to improve severe asthma and COPD care with biological therapies. Discussions on the scope and shape of the programme, which will be led by HIOTV and involve the wider Network, are advanced with OLS, NHS England and the pharmaceutical industry.

We will begin the new financial year with 52 projects, of which 18 will be in partnership with both BOB and Frimley ICBs. Across the pipeline, we will have 10 early-stage 'find' (discovery) projects, 26 'test' (develop) projects and 16 'implement' (deployment) projects. Half of the portfolio addresses the big five diseases in Core20Plus5: CVD/stroke (9), maternity/neonatal (3), mental health (6), respiratory (3), cancer (2); as well as elective recovery (1) and medicines optimisation (3). The cross-cutting themes of health inequalities, community involvement and workforce innovation, and net zero are embedded into major programmes and proposals. In 2024/25 HIOTV completed 35 projects across the portfolio which is a healthy churn. The portfolio is a mixture of short duration projects such as short-term evaluations and multi-year large-scale transformation programmes such as Transforming Wound Care, and adoption and spread projects.



We have been working with system leaders on programmes of improvement, transformation and innovation adoption and evaluation in CVD, matneo and mental health since 2014, and respiratory diseases since we started with the regional roll-out of Covid Oximetry at Home in wave 2 of Covid in 2020. Focus on these areas with local system leaders over the long term facilitates large-scale transformation through multiple interventions.

Funding remains challenging in the system, and we support the local NHS providers, ICBs and innovators to apply for grants, including partnering on bids for UKRI and NIHR funding with university groups, university spinouts and SMEs in the region. We also seek support from industry to bring more funding into the system to support local evaluation and adoption.

Attracting funding outside our NHSE and OLS commissions is vital to sustain HIOTV and in 2024/25 we secured £1.3M of funding from grants and industry sources. Overall HIOTV broke even this year, delivering against budget and forecast.

Salesforce was fully implemented across all programmes. This enables efficient management of our portfolio and stakeholders and improved planning, reporting and business development tracking. Developments are underway to upgrade functionality of the system (eg integration with Outlook) and automating event management. NHS England requires each HIN to have a CRM system under the terms of the Master Licence Agreement. HIOTV is well placed to respond to the needs of new reporting requirements and data transfer.

NHSE requested that all HINs complete a mid-point assurance process for the current five-year licence. HIOTV's submission had full support from the BOB and Frimley ICBs and the CEO of our host OUH. All 15 HINs passed the midpoint review.

## Highlights

We published 12 case studies in 2024/25. The full list, along with the titles of those included in previous years, can be found in Appendix C. The Q4 case studies can be found earlier in this report. They are:

- **Improving care for people with a personality disorder.** A quality improvement project on a female acute inpatient ward has had a dramatic impact on patient care and staff morale. Incidents of self-harm fell by 93% and average length of stay was reduced by more than a month. There were cost savings and improved adherence with NICE guidance. More people with a personality disorder were able to resume their lives more quickly following a crisis.



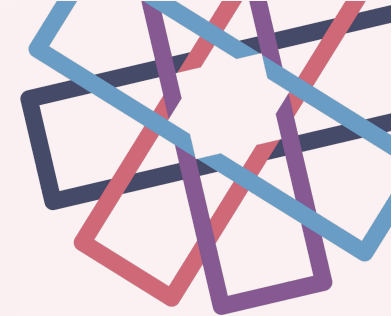
- **Evaluation finds 'hospital at home' eases pressure on other NHS services.** An evaluation by HIOTV showed Hospital at Home services (virtual wards) in the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System treated a diverse range of adults and children and reduced pressure on other NHS services by keeping people out of hospital and enabling earlier discharge to their homes. Read the full report: [Hospital at Home evaluation - Health Innovation Oxford & Thames Valley](#)

- **AI tool shows potential to improve accuracy and cost-effectiveness in heart disease diagnosis.** This diagnostic AI tool is a promising innovation with potential for broader adoption in the NHS and the study demonstrated cost-effectiveness - its economic value aligns with NICE affordability standards. Potential time-saving for clinicians was identified, linked to streamlining workflows, reducing workload and enabling greater focus on more complex cases. Patient outcomes were comparable both with and without AI input.

During 2024/25 we have supported 337 innovators. Final cumulative totals: Triaging and signposting (Level 1) support, 141 (Target 140); Refining and developing the offer (Level 2) with innovators and in depth support (Level 3), 155 (Target 160); Strategic Partnership (Level 4) 41 (Target 20). It's a very positive result and especially good to see we have significantly exceeded the target for level 4 support where most value is added to innovators under the OLS commission.

We have supported innovators to apply for funding and support opportunities and further details will be published on innovator support and income generation when data from the annual economic growth survey is published. Initial data from the 2024/25 survey is overwhelmingly positive. We have supported Brainomix, a spinout company from the University of Oxford, with its development and rollout of 360 Stroke. The company attributed £17m economic growth to HIOTV's support. The company's technology has been adopted by all England's stroke units and has supported the increase in thrombectomy rates and thus a reduction in patient morbidity and mortality.

In Q4 The team joined the Harwell Health Tech Cluster Stakeholder meeting with updates on new funding opportunities and partner collaborations including Oxford and Ellison Institute of Technology. Two i4i Connect bids were submitted in Q4, including a study on AI and aneurysm detection and 3D imaging for ERCP and a data guides course with Digital Unite.



The **Long COVID and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome** Services Integrated Care Model project:

Three reports were submitted to BOB ICB:

1. The design and evaluation of the adult integrated pathway
2. The design and evaluation of the children and young people's integrated pathway
3. The Breathlessness Pathway Pilot Health Economics Report.

Key findings and recommendations from the evaluation report have been presented to the Evaluation Subgroup.

**COPD and Me:** BOB ICB has launched a patient education and self-management programme across three GP practices (one in each Place). If the initial rollout is successful, the programme will be expanded across the wider system. Support has been provided on the selection and implementation of patient-reported outcome measures including choosing appropriate measures, practical implementation, data reporting and planning for future health economics evaluation. Additional considerations for data collection have also been discussed to support potential wider adoption.

Buckinghamshire Healthcare bid to British Heart Foundation for funding to support **lipid management** was successful.

Eight case studies for **Polypharmacy** have been published. The last (11th) case study-based training session has been delivered, bringing the number of attendees at webinars, communities of practice and action learning set sessions to over 1,000. HIOTV leadership of this programme has brought together Frimley, BOB and BLMK ICB and fostered collaborative working between the ICB medicines optimisation leads which we will carry into 2025/26. Impact of the programme to date in the HIOTV region includes:

- 'Understanding the data' webinars attended by 71 people region
- Polypharmacy ALS have produced one accredited trainer and three accredited educators for the region
- 129 downloads of the patient behaviour change materials
- 6,270 people attended 20 communities of practice
- 11 bespoke educational sessions delivered to 510 HCPs
- 8 PCNs funded to support delivery of quality improvement initiatives across the HIOTV region





The regional clinical network meeting related to the **Optimisation of the pre-term infant** workstream took place in February. This was well attended by colleagues across the region, and included good engagement from our local trusts, and discussions around the proposed shared decision-making framework.

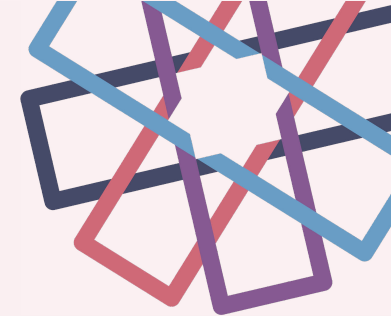
Other safety and improvement work relates to discussions to facilitate a couple of online webinars on antenatal counselling for extreme and very extreme preterm birth scenarios, with three Teams webinars in May (9th May, 16th May and 21st May), these have been shared nationally with over 500 registrations.

The annual shared learning event on the theme **Maternity in the UK: what next?** attracted over 80 Maternity and Neonatal colleagues from across the region. A wide range of speakers at the event included Professor Andrew Weeks, Professor of International Maternal Health at the University of Liverpool & Consultant Obstetrician, who spoke on 'A Perfect Storm: how to unintentionally create a maternity crisis'. Lots of positive feedback was received including: "Great day. Very topical. Great blend of policy, data, local and national improvement and challenges. Good participation by audience. Well organised. Content heavy! Not a minute wasted!"

A study to look at **AI in the breast cancer diagnostic pathway** is progressing well, with the team facilitating the community involvement work package for the project. A focussed discussion group held for women from African and Caribbean heritage background was completed in Q4, with further 1:1 interviews with women planned to understand barriers/enablers to trust in AI, and define what information/communication is important in the diagnosis of breast cancer.

Further work in **cancer pathways** is progressing, the team met with J&J/Janssen regarding new myeloma pathways to support local cancer alliance and a series of webinars on prostate cancer are being planned for Q1 25/26. The team is also working with Cancer Research UK to forge closer links to local cancer services and exploring cancer innovations in the CRUK pipeline that could benefit from HIN support.

The **Concentric impact assessment report** for OUH (Ophthalmology) and BHT (Ob-Gyn) for HTAAF was completed, it identified significant cost, £5.87, and time savings, 7.14 minutes, per consent episode, plus reduction in medicolegal risk claims.



A workshop was held with BOB Endoscopy network to agree clinical pathway, financing and resourcing for the **EndoSign® capsule sponge** surveillance pathway for Barrett's oesophagus. EndoSign® is already successfully supported by 4-5 other HINs with adoption in other areas of the country. The biomarkers used to analyse cells collected with capsule sponge tests like EndoSign® have been shown to have a high level of accuracy in detecting Barrett's oesophagus, with a specificity of 92% and sensitivity of 90%, as demonstrated in the BEST3 study. The business case is drafted for trust-level adoption to bring EndoSign® to the Thames Valley.

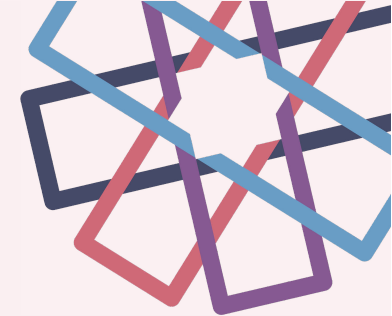
As part of the Seldom Heard webinar series in the **Working Together Partnership**, the Q4 webinar sought to address reaching out and working with the Gypsy, Roma and Traveller community – the webinar was attended by 135 participants. Further community involvement activity included a meeting with homeless in London, in collaboration with Groundswell as part of the **Secure Data Environment** project to understand the needs of the marginalised community and a clinician and patient workshop held to understand information needs relating to a point of care test for sepsis.

Twenty patients and families were interviewed at Stoke Mandeville Hospital around their knowledge of **Martha's Rule**. We are also piloting the potential applicability and adaptability of the Martha's Rule approach specifically within a mental health trust setting.

A project addressing **health inequalities through improving CVD checks** for carers has kicked off in Q4, with a scoping meeting with Frimley practices to discuss implementation completed – plans are underway to share learning from this pilot across the region to improve uptake.

In Q4, **ARC Implementation meetings** have continued, with two key themes (Applied Digital Health and Methods/ Evaluation) to discuss outputs, knowledge mobilisation and implementation plans and potential/actual impact. Focus around responding to needs of the system and three 'big shifts'.

Funding for the implementation of the new sickle cell pathway under **MTFM** has now been released by Specialised Commissioning – it allows for a new outreach pathway for automated red blood cell exchange (aRCX) closer to home for Milton Keynes patients. The team is working through the details and supporting implementation.





In Q4 HIOTV published articles including;

- ['Evaluation of the personality disorder positive outcomes programme \(PDPOP\) in general practice'](#) paper in the British Journal of General Practitioners
- An educational piece on our website explored the [challenges digital innovators face - and our support offer](#)
- This built on a series of articles in the Guardian (sponsored by Otsuka) on [bringing digital therapeutics to market](#) which featured members of our team
- It was supported by a [social media campaign](#)

In Q4 HIOTV presented at the following events:

- Digital Rewired conference on our stroke AI evaluation
- National Health Innovation Network net zero showcase (400 people signed up) - we highlighted the positive environmental impact of the following case studies: PIGF blood test for pre-eclampsia and polycystic ovary syndrome (PCOS) with Ashton Harper (Head of Medical Affairs) from Roche Diagnostics
- Oxford Health conference on men's mental health and suicide prevention for clinical staff with lived experience trainer
- BOB Safety and Quality Board on the PSC commission, Martha's Rule, wound care and sustainability
- BOB GP Leaders meeting – business plan, governance and engagement
- The latest Innovation and Insight Panel, exploring Mental Health Workforce and Productivity, convened by HIOTV saw three impressive innovations present to the panel in March: Thalamos, T-Pro, and Anathem. Thalamos is a mental health act assistive online tool to ensure that staff carry out the right steps in the interest of patient safety and legal compliance.

T-Pro is a global provider of ambient voice technology and dictation software to streamline note taking and correspondence creation for clinicians. Anathem is a locally devised innovation using artificial intelligence to rapidly read and structure information from clinical notes for clinicians before, during, and after patient consultations.





LinkedIn became our priority social media channel during 2024/25.

We also focused on increasing the number of posts on this platform and boosting engagement.

Our YouTube channel reached 6,000 subscribers during 2024/25 with our videos getting more than 32,000 views over the year.

## Programme Risks (Amber or Red)

For full risk register, see Appendix A

### MTFM, Spectra Optia

● current quarter ● next quarter

After further amendments to the business case requested by the NHSE Specialised Commissioning team, a positive decision for allocating funds to the relevant Trusts within the region has been made. We are working with the system to ensure delivery of funds and project implementation once funds are received.

Additional risks and issues – escalated to Board

**Funding for Innovation Adoption in the NHS:** 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.



# Financial Summary

Financial year ending 31 March 2025 as at 12 months ending 31 January 2025



## INCOME

	Opening Plan	Outturn	Variance to plan
Commissioning Income - NHS England Master Licence	-2,162,229	-2,162,229	0
Commissioning Income - Office for Life Sciences	-824,599	-829,174	4,575
Commissioning Income NHSI - PSC	-692,230	-689,244	-2,986
Other Income	-1,747,353	-1,785,193	37,840
Total income	-5,426,411	-5,465,840	39,429

## HIN FUNDING OF ACTIVITIES

Patient Safety	534,583	494,151	40,432
Clinical Improvement	344,117	361,321	-17,204
Clinical Innovation Adoption	1,332,606	1,304,664	27,942
Strategic & Industry Partnerships	1,327,091	1,326,759	332
Community Involvement & Workforce Innovation	456,549	504,067	-47,518
Other Programme Costs	75,912	107,078	-31,166
Communications	121,759	135,362	-13,603
Programmes and themes	4,192,616	4,233,402	-40,785
Corporate Office	1,233,795	1,232,438	1,356
Total expenditure	5,426,411	5,465,840	-39,429

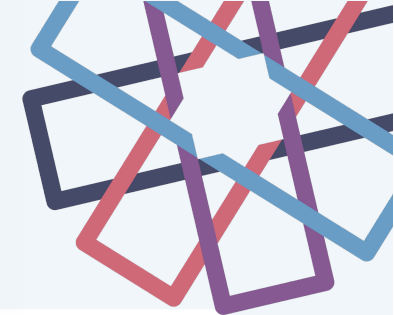
Net Surplus or Deficit

-0 0 -0

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

HIO TV achieved a near breakeven outturn this year in line with plan. The risk log has been updated; we are on track to breakeven in 2025/26. However, the proportion of non-recurrent income means that we have an ongoing task to deliver business development targets which increase each year.

# Q4 Programme and Project Updates

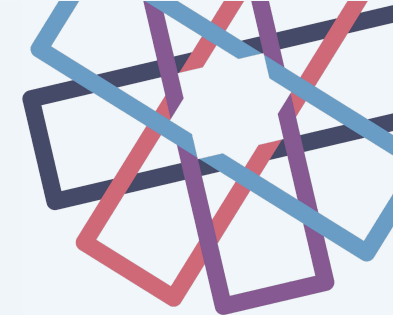


Government shift indicated by: D – Analogue to Digital, C – Hospital to Community, P – Sickness to Prevention

Theme/Status/Project RAG	Q4 Update	BOB	Frimley
Cancer			
Active			
Digital symptom tracking for prostate cancer (Wave Health) <b>D</b>	Plans for each of the webinars have been developed, with chairs and speakers secured. An introductory meeting has been held with the speakers and industry partner for the first webinar to discuss the outline agenda and presentation requirements. The communication materials are in development, working closely with Bayer for sign off.		
Ibex Breast Cancer AI tool <b>D</b>	<p>A webinar series is planned for Q1 2025/26 and will be an opportunity to hear about different challenges faced by clinicians working within prostate cancer services and solutions that have been implemented by clinical teams to address these.</p> <p>2nd patient panel took place in January to co-design the African and Caribbean Heritage women's focused discussion group. African and Caribbean Heritage focused group took place, 4 attendees and one woman interviewed on a 1:1 basis. This type of focused discussion in a project provides valuable intelligence to the company from a seldom heard group and a group who already have health inequalities. One of the key findings is for the company to be transparent in how the AI software has been trained.</p> <p>Artificial Intelligence in breast screening has the potential to support the workforce to manage increasing demands and for patients to receive biopsy results and a diagnosis in a short time frame. The work within this project to date has focused around hearing from seldom heard groups to ensure that their views and concerns are heard by the company. Some of the feedback includes the transparency of machine learning to build trust. This can be communicated to patients in many ways including leaflets, videos, posters or a discussion with the clinician. 2025 will see us moving to understand how senior leaders view the use of AI in the realm of pathology.</p>		
Cardiovascular/Stroke			
Active			
AffeX-CT for drug resistant hypertension <b>P</b>	The team attended RSG meetings and reviewed dummy tables from Queen Mary University's clinical trial statistician to ensure their alignment with the requested data. The real-world data is still expected by August 2025, after which the health economic analysis will commence. The project remains on track for the final report in March 2026.		
Blood pressure optimisation (CVD portfolio programme) <b>D, C, P</b>	<p>In Q4 we continued to support both BOB and Frimley ICBs with hypertension improvements. This included: - supporting BOB ICB with developing a 'digital sprint' approach to support practices with achieving QOF targets in 2025/26 - developing a project to support carer CVD checks with Frimley ICB - continued support for the CVD champions programme, much of which is focused on hypertension.</p> <p>24/25 is the final year that hypertension will be included in the HIN national CVD programme. For HIN Oxford and Thames Valley we focused on working with our ICBs to consolidate the lessons learnt throughout the programme including sharing best practice through the CVD champions programme and delivering education sessions. Whilst the national programme will end, our ICBs have indicated that they still require HIN support in this area, most notably supporting QOF achievement and reducing health inequalities, in Q4 we have been preparing our plans for delivery in 2025/26.</p>		



# Q4 Programme and Project Updates



Theme/Status/Project	Q4 Update	BOB	Frimley
Brainomix AI Stroke Evaluation <b>D</b>	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.	●	
Familial hypercholesterolaemia (FH) <b>D, C, P</b>	In 2024/25 BOB ICB approved a HIN-developed business case to support with the delivery of nurse-led FH cascade testing across Oxfordshire and Buckinghamshire. Since the approval of the business case the HIN has supported the ICB with implementation including planning, developing an MOU with the service provider and planning for evaluation.	●	●
Heart Failure (CVD portfolio programme) <b>D, C, P</b>	<p>In Q4 we completed our horizon scan of AI echo technologies and prepared a slide deck for presentation to BOB ICB Integrated Cardiac Delivery Network in May 2025. We also held an industry workshop with BOB ICB, where we invited partners from the pharmaceutical industry with interest in CVD and heart failure to hear BOB ICBs priorities and to make suggestions for strategic/collaborative initiatives to support the ICB with achieving its priorities. The outputs from this workshop are being discussed with the ICB.</p> <p>With the re-launch of the national HIN heart failure programme we have updated our delivery plans to support each ICB. Deliverables include: - Webinars - Learning bite videos - Creation of a centralised portal for healthcare professional information - Pathway mapping across the heart failure pathway, particularly focused on integration and MDT working - Supplier workshops, business case and implementation support around AI echocardiogram integration.</p> <p>Highlights of 24/25 included: Stakeholder analysis Development of a deep understanding of the issues and challenges facing heart failure care in our two ICBs and indeed nationally Delivery of two webinars to support medicines optimisation in heart failure Creation of a short toolkit to support medicines optimisation Attendance at the HIN Heart Failure Face to Face event Completion of a horizon scan for AI echo cardiogram Collaborative industry event with BOB ICB Development of an offer to support mapping across the heart failure pathway.</p>	●	●
Innovation for health inequalities (InHIP) <b>C, P</b>	The project to support carer CVD checks with Frimley ICB has been developed and the first practices were brought into the programme in Q4. This will continue in 25/26, but, it will be reported under the Blood Pressure Optimisation workstream.	●	●
Medical iSight Thrombectomy training project <b>D</b>	<p>The 2nd patient panel met and focused on planning the up and coming workshop. Multiple clinicians were contacted about attending the workshop to ensure co-design of patient information required for ethics submission end of June 2025. A public member with lived experience and public partner attended 3rd steering group.</p> <p>Understanding what clinical staff and patients think and feel about the software has been the focus of this project to date. Undertaking a clinician feasibility study demonstrated that there were potential barriers to adoption of this technology in its current state, whereas patients are positive and keen to observe how it unfolds throughout the trial which is due to commence October 2025. Detailed planning and patient input is critical to the success of the ethics submission in Q1 25/26.</p>		

# Q4 Programme and Project Updates



Theme/Status/Project	Q4 Update	BOB	Frimley
Lipid Optimisation <b>D, C, P</b>	<p>Progress continued as planned in Q4. The HIN worked with the BOB MO team and ICDN to publish a resource pack for practices to support Inclisiran implementation, this was launched in Q4, along with a patient information leaflet. The HIN supported BOB ICB with data to support a proposed new lipid management pathway. In January 2025 we held a collaborative workshop with BOB ICB and representatives of the pharmaceutical industry. BOB ICB presented their CVD and heart failure priorities; round table discussions were held and colleagues from the pharmaceutical industry were invited to develop offers for collaborative working or other support. The have been collated and shared with the ICB with further discussions to follow in Q1 2025/26. Earlier in the year the HIN supported Bucks Healthcare Trust with a bid to the British Heart Foundation with the aim of expanding their lipid management programme. The HIN continued to support the Trust with post bid conversations and following successful funding award will work with the Trust to support implementation.</p> <p>Strong progress was made in 2024/25 with lipid management. The Frimley STF project was evaluated, written up and published in PM Healthcare journal. Work continued with both ICBs to enable primary care prescribing of Inclisiran for the appropriate patient cohort - this included webinars (BOB), creation of resource packs (BOB), data analysis (Frimley and BOB) and development of a business case (Frimley).</p>	●	●
Completed			
Chronic Kidney Disease	An overview of the collaborative project plan was presented and agreed at Frimley ICB's medicines optimisation board in November 2024. However, the project no longer progressing. BI has offered a Donation of Goods and Services model to ICB instead of proposed CWA programme.	●	●
National Inclisiran Workstream – CLF <b>D, C, P</b>	The collaborative lipid fund (CLF) project was successfully delivered in OUH and Buckinghamshire Healthcare Trust in 2024/25. The project was well received by staff and patients. Plans are in place to support handover of patients back to primary care.	●	●
Dermatology			
Active			
Accel-heal evaluation <b>D, C, P</b>	<p>A successful meeting with the innovator was held in Q4;</p> <ol style="list-style-type: none"> <li>1. Evaluation progress with Oxford Health NHS FT has demonstrated positive outcomes for 9 out of 10 patients who met the inclusion criteria. One patient outstanding on the 6 weekly follow up.</li> <li>2. Innovator has an internal health economist who will use the evaluation data to formulate the cost savings for the business case for implementation.</li> <li>3. Innovator contact has reached out to the acute and community based tissue viability teams in Berkshire West and Buckinghamshire to evaluation to gather as much data as possible to inform the business case.</li> <li>4. the innovator continues to work within the TWC remit to consider adoption opportunities into BOB ICS.</li> </ol>	●	

# Q4 Programme and Project Updates



Theme/Status/Project	Q4 Update	BOB	Frimley
Transforming Wound Care D, C, P	<p>HIN support towards undertaking service reviews of nursing services who deliver wound care to understand commissioning gaps and opportunities for wound hub development.</p> <p>Next BOB-led collaborative wound summit event with specialist services to be held on the 7th May to discuss the following: What does an optimal patient pathway for community wound care look like, and what steps are needed to implement it effectively?; What could a community wound care framework look like for the BOB system, and what key components should be included i.e vision, governance, clinical pathways, and multidisciplinary collaboration; How should success be defined and measured for community wound care within the BOB system, and what types of data should be collected to demonstrate impact and outcomes?</p> <p>HIN support towards cohesive lower limb pathways across BOB services and compression/dressing formularies with an aim to standardise health care approach to lower limb assessment and management and release cost savings towards the ICB priorities and capacity re-distribution.</p> <p>HIN support towards understanding the ICS wound population with a collaboration with industry partner has already revealed significant opportunities for investment to safe opportunities under the recommended pathway of care. The work up continues.</p> <p>ICB have agreed to support their ICS providers in engaging with the HIN TWC: Leg Ulceration Transformation programme starting May 2025.</p>		
Lower Limb pathway pilot - OUH inpatient wards D, C, P	<p>Full lower limb pathway has been implemented into two test medical wards at the Horton General Hospital, Banbury. Senior clinical ward nurses have been trained and signed off as competent in the application of mild compression to those patients admitted in compression therapy and/or require it during admission.</p> <ul style="list-style-type: none"> <li>- Data and learning tracker metric in situ and being collated based upon the TWC tested metric.</li> <li>- Weekly 1:1 meetings with the tissue viability teams for project tracking.</li> <li>- linked with University of Cambridge and a PhD student who is undertaking an observational research study relating to the safe and effective use of compression in the acute sector. OUH is the study site.</li> </ul> <p>The next step in this project is to identify wards on the JR hospital site for spread, to widen the test bed within the acute.</p>		
BOB Woundcare Strategy D, C, P	<p>ICB focus in Q3/4 has been to undertake community service reviews within the BOB ICS to understand existing capacity and productivity release opportunities for commissioning.</p> <p>BOB ICB have been liaising with primary care colleagues to build and implement the structure for local commissioning service agreements for wound care and lower limb assessment and management in line with the NWSCP recommendations.</p> <p>Planning towards another roundtable wound summit event to formulate next steps of the strategy. The HIN continue to collaborate with the ICB transformation teams to support this process.</p>		

# Q4 Programme and Project Updates



Theme/Status/Project	Q4 Update	BOB	Frimley
NHS Frimley Woundcare Strategy <b>D, C, P</b>	<p>The system have devised and launched a cohesive lower limb pathway for all nursing services and wound practitioners. NHS Frimley now have a system-wide wound dressing formulary.</p> <p>The local commissioned service agreement has been agreed within primary care and represents the lower limb recommendations from the NWSCP.</p> <p>The evaluation report of the transforming wound care programme Frimley test and evaluation site has been shared and presented at regional meetings to support the adopt and spread of the primary care model.</p> <p>Active adopt and spread to Surrey Heath PCN.</p>		
Elective Recovery			
Active			
Concentric (HTAAF) <b>D</b>	<p>The HTAAF Concentric project consists of two work streams in both Trust sites (OUH &amp; BHT): 1. Reporting (to AAC): National Reporting has not yet taken place as HIOTV wait for required metrics to be sent from OUH and BHT 2. Impact Assessment: The required deliverable (Impact Assessment) was successfully completed and delivered to BOB ICS, Concentric and NHS partners. Key activities in Q4 included the review of the preliminary health economic analysis for OUH, and the completion of hypothetical health economic analysis for BHT. These health economic studies, with the addition of the stakeholder engagement study formed the final Impact Assessment report, which highlighted several benefits of implementation of Concentric and received positive feedback from our partners. Currently, the report is expected to be published by BOB ICS and HIOTV, alongside ongoing communications aimed at promoting the findings including an infographic and case study.</p> <p>Key Findings from the work to date show:</p> <ul style="list-style-type: none"> <li>Operational Efficiency: Digital Consenting is faster and less expensive, based on preliminary health economic results at OUH, improving clinic workflows and increasing patient throughput.</li> <li>Financial Impact: At OUH, the preliminary health economic analysis revealed there was projected savings per consent episode attributed to reduced staff time, lower administrative costs, and elimination of missed consent forms.</li> <li>Medicolegal Risk Reduction: The platform reduces incomplete or lost consent forms, potentially lowering exposure to costly litigation</li> <li>Patient-Centred Care: Digital access to consent forms enhances shared decision-making and patient satisfaction, enabling patients to review and discuss treatment options at home.</li> </ul>		

# Q4 Programme and Project Updates



Theme/Status/Project	Q4 Update	BOB	Frimley
Concentric (HTAAF) D	<ul style="list-style-type: none"> <li>Implementation Considerations: The integration and training processes were largely successful. Minor challenges included Wi-Fi connectivity issues and user logout security risks on shared devices, both of which need ongoing IT support and best-practice adoption. Implications for Commissioners and Digital Leads: The results strongly support broader NHS adoption of digital consent, with a clear financial and operational case for scaling this model beyond the services and pathways assessed in OUH and BHT</li> <li>Investment Justification: Digital consent aligns with DHSC priorities to move from analogue to digital; to address the elective back-log and to create and improve workforce efficiency.</li> <li>Scalability and ROI: The system is cost-saving, clinically beneficial, and scalable across multiple specialties beyond ophthalmology and obstetrics &amp; gynaecology.</li> </ul>		
Tympan Health C	<p>Next Steps: Future adoption strategies should focus on regional rollouts, embedding digital consent within EHR systems, and ensuring IT infrastructure readiness to maximise long-term benefits.</p> <p>The project remains in its early stages, with key stakeholders identified and aligned on the need for an audiology solution to address secondary care system capacity. While previous discussions have highlighted challenges around the pathway and GP involvement, there is a shared commitment to progress with a pilot. An alternative pharmacy model is now being explored, with ICB support. By Q3 2024/25, key stakeholders, including Frimley ICB, confirmed their support for the pharmacy model pilot. HIOTV has also engaged the Local Pharmaceutical Committee (LPC) and begun joint scoping work with Frimley ICB, including the development of a draft financial model. A stakeholder meeting to assess feasibility, scope and define next steps is scheduled.</p>		
Gastroenterology, Kidney and Liver			
Complete			
TrueColors-IBD C	Reports were agreed and submitted to the innovator.		

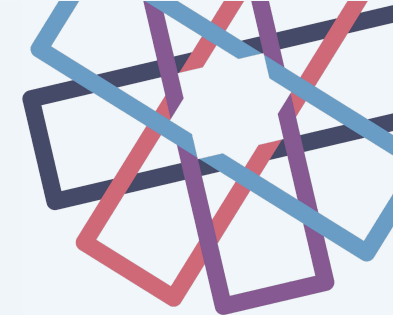
# Q4 Programme and Project Updates



Theme/Status/Project	Q4 Update	BOB	Frimley
Planning			
Cyted Endosign C, P	<p>Good progress in the quarter, with many elements of the scope being confirmed. The initial plan was to offer the capsule sponge test (CST) through CDCs to improve patient access; it has however become apparent that the CDCs do not have capacity to offer CST so the service will be offered from within the current endoscopy service at each Trust (OUH, BHT, RBFT). The clinical pathways and SOP have been confirmed by the Endoscopy network (which includes slight differences by Trust), patient numbers identified, and a detailed analysis of the cost and resource comparisons between the current gastroscopy pathway and the CST pathway is underway with a Trust endoscopy finance lead. Initial conversations have taken place with Procurement for the purchase of Endosign. Various training and awareness sessions for staff have been delivered in the quarter and an assessment of the Net Zero benefits of the CST pathway requested. The business case for the project has been drafted, which includes plans for impact evaluation and ongoing monitoring of the new CST pathway.</p> <p>A business case to deliver a BOB-wide capsule sponge test (CST) service for the surveillance of Barrett's oesophagus has been worked up during Q3 and Q4. Benefits of the new service include providing patients with greater choice, an improved experience and earlier cancer diagnosis, and capacity release, potential cost savings and Net Zero benefits for the system. Agreement to initiate the project was gained from both the BOB Endoscopy network and the BOB Elective Care Board. Input on the experiences and benefits realised from previous adoptions has been sought from HINs who have already supported the adoption of the CST in other areas of the country. Next steps are to complete the financial modelling of the new CST service, confirm resourcing, seek approval for the business case and implement the new pathway.</p>	●	
Haematology			
Active			
MTFM - Spectra Optia	<p>Health Innovation Oxford and Thames Valley submitted a business case to NHS England Specialised Commissioning to support the <b>Transformation of Automated Red Cell Exchange Services to Help Address Healthcare Inequalities for Sickle Cell Patients in the Thames Valley Area</b>. The business case outline funds required for a service transformation in one Trust and a service improvement for another Trust in the region. The Health Innovation Network have worked hard to support Specialised Commissioning to analyse the business cases in readiness for payment, securing a tariff increase from April 2025. Additional information and business case amendments were requested by specialised commissioning to consider tariff uplift and elective recovery funding. Staffing and resource constraints to analyse the business cases have resulted in the delayed allocation of funds. A positive decision was received by the end of the financial year regarding the allocation of funds to both Trusts in the Thames Valley region business case, with clarification being sought for one Trust in terms of how funds will reach their intended destination.</p>		●



# Q4 Programme and Project Updates



Theme/Status/Project	Q4 Update	BOB	Frimley
Maternity and Reproductive Health			
Active			
Early recognition of deterioration or women and babies workstream <b>D, P</b>	The Perinatal Deterioration QI lead at NHSE has informed PSC's re plans for implementation of NEWTT2 and MEWS over the coming year. NHSE have been working with EPR suppliers and the ask is that HINs identify within their footprint those sites that currently use Badgernet only and would like to be early adopters of NEWTT2 (ONLY) as System C plan to test that from June 17th. Regarding MEWS - this will follow the same approach from September. BHT will be early adopters for both tools. Oxford University Hospitals were a pilot site for the testing of the national MEWS tool and Buckinghamshire for both MEWS	●	●
Optimisation of the pre-term infant workstream <b>D, P</b>	<p>There is a potential opportunity for the spread of the SIM model into hospitals outside of our region which we are exploring. We are in discussions with Christchurch Canterbury University (CCCU) Dr Paul Driscoll-Evans, Head of the School of Nursing, and Rosie Courtney, Senior Workforce Specialist, Simulation and Patient Safety, SE regarding a pilot project to facilitate a one-day pilot training session with some of their perinatal team.</p> <p>We are at the planning stage for a training programme for cervical length scanning provision to improve clinical skills and knowledge to enable timely identification of risk of preterm birth. Regional Clinical Network Meeting took place in Q4, well attended by colleagues across the region.</p> <p>The Annual Maternity and Neonatal Shared Learning Event explored topics related to the theme <b>Maternity in the UK; what next?</b> Over 80 Maternity &amp; Neonatal colleagues attended the event to listen to a wide range of speakers including Professor Andrew weeks, Professor of International Maternal Health at University of Liverpool &amp; Consultant Obstetrician, who gave a talk - <b>A Perfect Storm: how to unintentionally create a maternity crisis</b>. Lots of positive feedback was received: "Great day. Very topical. Great blend of policy, data, local and national improvement and challenges. Good participation by audience. Well organised. Content heavy! Not a minute wasted!"</p> <p>The team are planning to facilitate online webinars on antenatal counselling for extreme and very extreme preterm birth scenarios in May – nationally available, with over 500 registrations to date.</p> <p>Key highlights over the year are the Baby Luna Preterm Birth film which tells the story of how maternity and neonatal teams in the BOB region worked together to make sure that an extremely preterm baby got the right care, in the right place, at the right time. The film includes clinical experts who describe how each of these multiple small marginal gains made such a huge difference to her survival and ensured the safe arrival of Baby Luna at 24 weeks gestation weighing just 655g (about the same as three apples). She is now a happy healthy thriving little girl.</p>	●	●

# Q4 Programme and Project Updates



Theme/Status/Project	Q4 Update	BOB	Frimley
Optimisation of the pre-term infant workstream <b>D, P</b>	The multi-professional simulation-based education programme, shortlisted in the RCM Excellence in Midwifery for Education & Learning category was taken up by over 70 healthcare professionals in the region. It aims to address known gaps in knowledge and confidence of the people who are tasked with this responsibility in their organisations. The focus is on creating a psychologically safe environment, time spent of the pre brief and the debriefing which are critical if educators are to be able to confidently deliver effective in-situ simulation in their own organisations.	●	●
Perinatal Culture Leadership workstream	<p>The programme lead is working closely with Trusts senior leadership teams and LMNSs. Trusts visions and culture improvements plans have been identified together with key themes that are shared regionally, namely staff burnout, collaborative working between neonatal and maternity services. Some core challenges included: need for senior leadership re-teaming, identifying and engaging change teams, upskilling culture champions, identifying core reasons for staff missing breaks. The MOMENTS Framework has been promoted and is planned to be delivered to change teams, senior leadership teams and culture champions in the form of facilitated workshop or Train the trainer module. The PCLP Lead has set up an initial system-level meeting to address cultural and leadership challenges, identify opportunities, and promote shared learning across the system. Work is ongoing to identify outcomes and impact of shared collaborative forums.</p> <p>In 2024/25, the first year of Patient Safety Collaborative (PSC) support for the Perinatal Culture and Leadership Programme (PCLP), significant groundwork was laid to strengthen relationships with senior perinatal leadership teams and Local Maternity and Neonatal Systems (LMNSs), focusing on leadership, culture, and collaboration across maternity and neonatal services in the region. Throughout the year, the PCLP Lead worked closely with Trust leadership teams and LMNSs to review and develop culture improvement plans, identify shared challenges, and coordinate tailored support. Common themes emerged regionally, including staff burnout, the need for stronger collaboration between maternity and neonatal teams, and the importance of compassionate leadership at senior level. The programme prioritised relationship-building and supported Trusts in developing a clear vision and plan for culture improvement. Coaching and facilitation were provided to help teams make effective use of cultural insight data and shape local quality improvement initiatives. The MOMENTS Framework was introduced and promoted as a practical tool to support values-based improvement. It is currently being delivered through facilitated workshops and a train-the-trainer model, aimed at change teams and culture champions. Additionally, the foundation was laid for a system-level collaborative forum to share learning, align approaches, and strengthen sustainability across the region. Early discussions indicate strong interest in continuing shared improvement efforts beyond the programme's initial phase.</p>	●	●

# Q4 Programme and Project Updates



Theme/Status/Project	Q4 Update	BOB	Frimley
<b>Complete</b>			
Fit4Labour CTG - Willingness to pay study (Oxsys) <b>D</b>	<p>A final comprehensive report was submitted to Fit4Labour after internal review, comprising of; a semi-systematic literature review, qualitative insights from open-ended interviews with NHS stakeholders, quantitative findings from the economic analysis, including scenario modelling, sensitivity analyses, and Monte Carlo simulations, key recommendations and a proposed future plan.</p> <p>The Fit4Labour WTP study demonstrates a strong clinical and economic case for adopting AI-enabled decision support in CTG interpretation. Fit4Labour can improve diagnostic accuracy, reduce unnecessary interventions, and enhance neonatal outcomes, while also lowering litigation and long-term care costs. Stakeholders expressed clear willingness to pay, and cost-effectiveness analysis confirmed that the tool delivers strong value within acceptable thresholds. It remains cost-effective across a broad pricing range, with diminishing returns only beyond the breakeven point, highlighting the need for strategic pricing. Successful adoption will require alignment with NHS procurement processes, robust implementation support, and further real-world evidence. The project is now concluded, with a few discussions still ongoing.</p>		
<b>Medicines Optimisation</b>			
<b>Active</b>			
HI Dashboard <b>P</b>	The Polypharmacy HI Dashboard continues to be updated monthly with ePACT2 prescribing data.	●	●
OSCAR study <b>C</b>	Final OSCAR Pharmacists Survey Paper submitted for Publication.		
Polypharmacy <b>P, C</b>	<p>Community of Practice: The 7th BOB ICB Polypharmacy Community of Practice was delivered to 35 attendees. The masterclass session focused on heart failure and frailty, and was delivered by Professor Raj Thakkar, Frailty GP, MSE; President, Primary Care Cardiovascular Society; Honorary Visiting Professor, Cardiff University Medical School. The session included a Q&amp;A segment, allowing attendees to discuss key issues.</p> <p>At the 8th Frimley ICB Polypharmacy Community of Practice, HIOTV were invited to present an update on the progress of the Polypharmacy Programme within Frimley ICB. The presentation covered training programme data, Quality Improvement Projects, and an in-depth review of prescribing dashboard data, and highlighted progress made and priority areas for continued focus.</p> <p>Local Polypharmacy Training: HIOTV developed and delivered two Polypharmacy Case Study Training sessions for health and social care professionals (99 attendees) across the BOB, Frimley, and BLMK Integrated Care Boards. These were supported by local trainers accredited by the program.</p>	●	●

# Q4 Programme and Project Updates



Theme/Status/Project	Q4 Update	BOB	Frimley
Polypharmacy P, C	<p>This marked the completion of the local bespoke Polypharmacy Training, with a total of 11 sessions delivered between April 24 and March 25, with 510 health and social care professionals trained. Work has commenced on the final evaluation of the training programme. Initial analysis of feedback is showing an increase in attendees' confidence in identifying and managing polypharmacy.</p> <p>National Polypharmacy ALS: In total up to Q4 24/25, 162 prescribers, of which 22 were from CORE20 PCNs, have attended the nationally delivered Polypharmacy Action Learning Sets.</p> <p>Quality Improvement Initiatives: Insights from eight sites participating in the Polypharmacy Quality Improvement (QI) initiatives were documented as case studies. All projects reported positive outcomes, both in terms of workforce development and patient care. A summative report is currently in development and is expected to be completed in Q1 2025/26. PCN leads overseeing these initiatives will be invited to present their work at a joint learning event, to be scheduled for later in Q1 2025/26, which will engage a broader audience and facilitate dissemination of learning from these QI initiatives across the systems. Polypharmacy Comparator Reports and Shared Learning Polypharmacy Comparators Reports for BOB, Frimley and BLMK ICB have been prepared and are currently under review, with anticipated dissemination to the ICBs in Q1 2025/26. The reports focus on the polypharmacy comparator data tracking high risk prescribing in patients aged 65 and above. Areas where improvements have been made are shown as are areas where further improvements could be made.</p> <p>In 2024/25, the Polypharmacy Programme, delivered by HIOTV, continued delivery of communities of practice for 2 ICBS and progressed all pillars of the programme for all 3 ICBS. Specific areas where progress was made were delivery of local training, support to deliver Quality Improvement Initiatives at Primary care Network and GP Practice level and collaborative working across all 3 ICBS. The programme was implemented across the BOB, Frimley and BLMK Integrated Care Boards (ICBs), supporting the delivery of the national Polypharmacy Agenda and fostering cross-system collaboration. The region also maintained strong engagement with the nationally delivered Polypharmacy Action Learning Sets, which have played a key role in building prescriber capability and confidence in managing complex medication regimens.</p> <p>Cross-ICB collaboration has been a hallmark of the programme, with knowledge sharing between Medicines Optimisation Leads from BOB, Frimley and BLMK ICBs actively encouraged and implemented.</p> <p>The 2024/25 period marked a pivotal year for the regional Polypharmacy Programme. Key deliverables across training, action learning sets, improvement initiatives and data analytics have contributed to a more integrated and informed approach to managing polypharmacy.</p>	●	●

# Q4 Programme and Project Updates



Theme/Status/Project	Q4 Update	BOB	Frimley
Psychotropics in Learning Disability (planning) <b>P</b>	Funding for this programme in 2025/26 confirmed in March. Early psychotropics pipeline discussions have left us in a good position with both BOB and Frimley ICBs expressing early interest in this 2025/26 programme and a great potential clinical lead for BOB area. As a team we are very well placed to deliver this programme with knowledgeable team members currently working on mental health projects.	●	●
Complete			
Falls inducing medicines in Frailty <b>P</b>	In Q3 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. This initiative did not achieve funding for 2025/26 however should funding be made available for 2026/27 we have contacts via the pipeline interviews work to support an initiative.	●	●
Mental Health			
Active			
Dementia - digital approach <b>D</b>	Oxford HIN has collaborated with University of Oxford on a study for Identifying older patients at high short-term risk of dementia and cognitive decline using routinely collected hospital electronic clinical and brain imaging data to improve care funded by NIHR. The study aims to produce risk scores for dementia and dementia subtype and accelerated cognitive decline in hospitalised older people (Digital Biomarkers for Dementia (OxDBD)). The work package for Oxford HIN consists of feasibility study, completed in Q1, and health economics analysis report which will be delivered in December 2027.		
Innovation and Insight Panel - Mental Health Workforce and Productivity <b>P, C, D</b>	Three impressive innovations agreed to present to the panel in March: Thalamos, T-Pro, and Anathem. Thalamos is a mental health act assistive online tool to ensure that staff carry out the right steps in the interest of patient safety and legal compliance. T-Pro is a global provider of ambient voice technology and dictation software to streamline note taking and correspondence creation for clinicians. Anathem is a locally devised innovation using artificial intelligence to rapidly read and structure information from clinical notes for clinicians before, during, and after patient consultations.  Innovation and Insight Panels provide our system partners an opportunity to see pre-vetted innovations suitable for their specialty. For Health Innovation Oxford and Thames Valley, we gain a valuable understanding of our provider and commissioner partners' priorities and challenges in finding efficiencies and improvements in a cash-constrained health system.	●	●
Trauma-informed case study series	The project continues as planned five case studies have now been identified, and the relevant individuals and teams have agreed to participate.		



# Q4 Programme and Project Updates

Theme/Status/Project	Q4 Update	BOB	Frimley
Otsuka Care for MDD Operational Pilot <b>C, D</b>	<p>New patient recruitment for CARE for MDD ended on 31/3/25. The interviews of pre-consented patients on their thoughts and experiences of using CARE for MDD have been completed and the patient report has been written. The interviews to collect the views of HCPs on the usability and value of CARE for MDD are being concluded and the HCP report is being written. The insights gathered on the use and application of CARE for MDD throughout the project are being analysed. HIOTV contributed to a series of press articles on the challenges of bringing digital therapeutics to market that were published in the Guardian during Q4 (<a href="https://www.theguardian.com/the-dawn-of-digital-therapeutics">https://www.theguardian.com/the-dawn-of-digital-therapeutics</a>). The final report that will bring all strands of the project together will be written in Q1. HIOTV will continue to provide support for the introduction of the commercial offer, "Rejoyn".</p> <p>The project has developed well throughout the year. The objective of understanding how CARE for MDD best fits within NHS service delivery settings was borne out through the recruitment of primary care sites only to the project (as opposed to secondary care and NHS Talking Therapies services, that were also considered). Four very different primary care sites were recruited in different parts of the country. These sites have provided good insight of the impact of different clinical pathways on the offering and uptake of CARE for MDD to qualifying patients. The process of interviewing both patients and HCPs involved in the offering and use of CARE for MDD is concluding and will provide rich insight into the value and use of the product as a digital therapeutic. The Health Economic Analysis Plan is currently being drafted for the Health Economics study</p>		
South East Prison Mental Health Transfers and Remissions <b>P</b>	<p>Patients in prison with mental health needs need to be identified early and supported as early as possible using the most appropriate pathway in line with best practice and existing guidance/legislation.</p> <p>The project kicked off in Q4, with the initial meeting bringing together stakeholders from across the SE prisons estate, forensic mental health providers and provider collaboratives, specialised commissioning services, NHSE and HIOTV, to consider the project initiation document (PID), stakeholder representation and current knowledge of the existing process barriers and challenges. Next steps: The project team will gather local intelligence about priority change areas and barriers to timely and effective transfers. A process mapping session to be organised for Q1 25/26 to bring together stakeholders from across the SE to map for variation in local systems across the standardised transfers process.</p>	●	●
Trauma-informed approaches Training Year 2 evaluation	<p>The final evaluation report is currently in the final stages of design editing and will be made available publicly by the end of April 2025.</p>		



# Q4 Programme and Project Updates



Theme/Status/Project	Q4 Update	BOB	Frimley
Complete			
Personality Disorder Positive Outcomes Programme (PDPOP)	<p>The final evaluation report has been completed and is published <a href="#">here</a>. This report marks the end the Personality Disorder Positive Outcomes Programme (PDPOP) which was developed in 2019 to support frontline healthcare staff to feel more skilled and confident when working with patients with personality disorder and similar complex emotional needs. Over the span of the project 39 GP teams and 2 Community Health teams have been trained 2019-2024. 1069 staff have been trained, covering a patient population of 642,466.</p> <p>Training participants reported an overall increased confidence in working with patients who may have personality disorder. Participants specifically reported increased confidence around supporting patients and managing their own emotional reactions to patients presenting in crisis with expressions of desperation, self-harm or thoughts of self-harm. 100% of participants of the training responded that they would recommend this training to another healthcare team. As of 1/12/24 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%. The project is now in sustain status, with measures showing consistent improvement over the last 15 months. The support from HIOTV has ended and the project team will continue to keep a QI space moving into other areas for improvement on the ward whilst maintaining oversight of the changes.</p>	●	
Improving the care of people with a diagnosis of personality disorder <b>P, C</b>	<p>The support from HIOTV is completed and the project team are continuing to work with their internal QI team to further progress the project.</p>	●	
Improving sexual safety in a mental health inpatient setting			
Musculoskeletal Disorders			
Active			
MTFM - APOS Health <b>C, P</b>	<p>Conversations have been had with the orthotics department and at a higher Trauma &amp; Orthopaedic directorate level at an acute Trust in the region. The overall consensus is that APOS is not suitable for implementation at the acute hospital stage of the pathway and is required to be introduced to patients in the community earlier on in the pathway. The financial and staffing situation in the orthotics department is such that the APOS shoes are not likely to be included in the offering, with a clear view that a wear time of 1 hour per day deems them a therapeutic device rather than an orthosis. An ICB route of funding and endorsement of APOS is still being explored.</p>	●	●
RMD-Health - University of Reading <b>D</b>	<p>In Q4, stakeholders were identified, contacted and invited to interviews. Those that accepted for an interview were sent the pre-read prior to the interview. Within the interview, those that didn't have time to read the pre-read were given a brief overview, and then the discussion guide was used to guide the conversation throughout every interview. 15 interviews took place with stakeholders (GPs, Rheumatology Consultants and Rheumatology Registrars). Between the interviews, recordings were transcribed and analysed and currently thematic analysis is taking place to develop the final report.</p>		

# Q4 Programme and Project Updates



Theme/Status/Project		Q4 Update	BOB	Frimley
Neurological Disorders				
Active				
GaitQ - Tempo for Parkinson's Rehabilitation D		A meeting in Q3 highlighted some difficulties Gait-Q may have in providing the processed data to HIOTV in line with the timeline of the project (May 2025). A follow up meeting is planned for Q1 to review data availability.		
Hyperacute Rehabilitation		The outputs from the OUH-based work were presented in NHSE in March 2025, which was very well received. This outlined the need for hyperacute rehabilitation and the findings from the clinician workshop and senior leaders meeting, which included what a full service would look like and cost, and what service would be feasible within the funding available. NHSE has asked for regional case for change to be presented, which will be submitted in early Q1 2025/26. Analysis of the South East-wide patient and staff surveys was also undertaken, with preliminary results presented to NHSE prior to the report being developed. The report was submitted to NHSE for review at the end of Q4 2024/25 with a view this will be finalised in early Q1 2025/26.	●	
Spinal Cord Injury		<p>Key highlights from 2024/25 were a clinical workshop held with 20 clinicians from different specialties, to discuss what a hyperacute rehabilitation would look like, to develop different service models. The key challenge with this project is the funding required to deliver a hyperacute rehabilitation service. Some initial funding has been provided by NHSE, but given the current financial situation, it has not been possible to secure the additional funding required to run a pilot service. Outputs in Q4 include approval from NHSE to repurpose the funding to create a therapist role - data collection and analysis of patients seen by the team within the year 2024/25, submission of abstract to the International Spinal Cord Injury Society annual conference, identification of 30 patients admitted prior to the start of the team, to undertake a retrospective audit, and creation and introduction of a patient and staff surveys. These were presented to NHSE.</p> <p>The key highlights from 2024/25 are the introduction of the Acute SCI In-Reach team at OUH in March 2024 ongoing recruitment to new team posts during the year development of database to capture the key outputs from patients seen by the team such as patient outcome measures, length of stay, time to assessment by the SCI team, time to referral to NSCI database, and number of SCI team members seen by each patient proposal submitted and approved by NHSE to repurpose funding to create a new therapist role review of historic data provided by the coding team, to try to identify SCI patients prior to the introduction of the team identification of 30 patients admitted prior to the start of the team, to undertake a retrospective audit development and introduction of a patient feedback survey development and introduction of a staff feedback survey monthly analysis of feedback from the clinical training sessions delivered by the team completion of data collection and analysis of data for all patients seen by the Acute SCI In-Reach team during 2024/25 presentation of findings to NHSE abstract submitted to the International Spinal Cord Injury Society annual conference.</p>	●	

# Q4 Programme and Project Updates



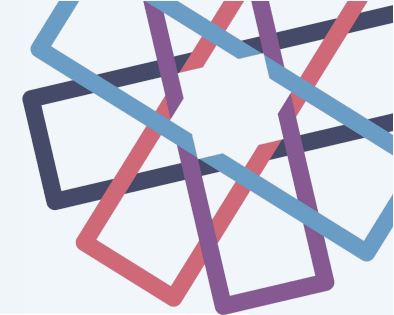
Theme/Status/Project	Q4 Update	BOB	Frimley
Ophthalmology			
Active			
Dora Multilingual AI Chat Bot <b>D</b>	<p>Planning of AI and health inequalities round table was underway in Q4. This event will take place in early June, chaired by Sir Jonathon Montgomery.</p> <p>Turkish and Polish community were engaged and will undertake focus discussion workshops face to face around May/June 2025 - planning underway with key contacts in Q4.</p> <p>This 2 year grant was awarded in September 2024 and formally kicked off in December 24. The multilingual programme of work will highlight how people feel about a chat bot in their language, rather than having a telephone call or hospital visit with an interpreter. Workshops will aim to tease out how people feel about AI in their clinical pathway and understand if the chat bot has captured cultural and language nuances. This will be critical insight to the company to design and deliver a product acceptable to the various communities it hopes to serve.</p>		
Pain Management			
Active			
Reducing harm from opioids in chronic non-cancer pain workstream <b>C, P</b>	<p>Frimley ICB's late November decision to have a project led to a frenetic Q4. We established a working group that met a minimum of every 2 weeks and the type of pain café the ICB was interested in trialling got clearer. We expanded the working group and included current patients and primary care colleagues representing different disciplines. Venues were assessed for suitability and a recommendation was put forward. The team met with provider organisations to supply café session content; guided movement.</p> <p>This has not been a straight forward programme to support since ICBs were caught in major restructuring activities that may have contributed to delays in decision making regarding their ability to commit to the 2024/25 MedSIP. We have now however supported Frimley with a viable model for a Pain Café pilot if ICB resources can be secured to cover proof of concept work.</p>	●	●
Community Involvement			
Active			
Thames Valley and Surrey Shared Care Records <b>D</b>	<p>Agreement was secured in Q4 to appoint a joint communications post between the SDE and TV shared care records. Public co-chair Non Hill was appointed</p> <p>This project continues into 25/26. It is exciting to see how data from the shared care records programme is starting to be used to make a difference to care.</p>	●	

# Q4 Programme and Project Updates



Theme/Status/Project	Q4 Update	BOB	Frimley
Working Together Partnership	<p>The writing for the public workshop was successfully held on 24th March, with 24 attendees. This introductory level 3 hour workshop focused on how to write so that everyone understands what "you" wish to communicate - especially about complex ideas such as health, research, information leaflets. It addressed the need to consider the diversity of populations, the mastering of both technical subject matter and the art of producing easy to read texts.</p> <p>A seldom heard webinar was held in Q4. The focus for this webinar was for all those who support or work with the Gypsy, Roma and Traveller communities - patients, carers, members of the public and health and care staff. 135 attendees.</p>	●	
Thames Valley and Surrey Secure Data Environment Development (SDE) <b>D</b>	<p>12 public and 5 staff members were appointed to SDE Board and committees. A co-design workshop (40 participants) was completed, with a focus on opt-out, sensitive data, and next steps. This data will inform our approach to and communications around sensitive data.</p> <p>Work with seldom heard communities continues with field work for homeless, Gypsy, Roma and Traveller communities completed. The team is reaching out to Asylum Seekers.</p> <p>Initial co-design of high-level content of the Awareness and Transparency Data Guide course is complete. Next financial year will see the piloting and testing of the course prior to implementation.</p> <p>Co-production continues to be a significant workstream for the SDE. We continue to have an active community of practice with patients, public and staff. We have appointed public members to all of our committees. The coproduction activities continue to make an impact of both policy and practice for SDE.</p>	●	
Serexo Sepsis <b>D</b>	<p>Two pieces of work are in progress, the feasibility study and community involvement activities. The documents-pre-read and discussion guide for the feasibility study were finalised in Q4, and interviews to collect the insights of clinicians working in Emergency Department (ED) and Acute Medicine Unit (AMU) on the potential usefulness of the LIT test in their clinical setting have started. The report will be finalised next quarter.</p> <p>Writing of the patient information and advice on consent for 2nd ethics submission is underway. A public partner and expert by experience attended 2nd steering group. A discussion group (8 members of the public with lived experience and 8 clinicians) focused on the importance of clear diagnosis and information giving and how technology may fit within the clinical pathway, including what information patients would require about it. This information will help to steer the company as to what is important for both clinical staff and patients/family members. The literature review on Sepsis and Health Inequalities is being finalised.</p> <p>HIO TV have supported Serexo and OUH to complete their ethics submission specifically around patient information and consent. Documents have been co-designed with our appointed public partner and lived experience member of the public. Information gleaned from both clinical staff and members of the public with lived experience have supported the company to understand what is important to both and how as a company they may address questions going forward.</p>		

# Q4 Programme and Project Updates



Theme/Status/Project	Q4 Update	BOB	Frimley
Patient Safety			
Active			
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"> <li>- 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.</li> <li>- 2 Trusts have existing components of Martha's Rule (1&amp;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.</li> <li>- 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.</li> <li>- 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.</li> </ul>	●	●
Patient Safety Incident Response Framework	<p>Q4 saw continued progress towards milestones. This included a January whole day planning session to devise provider support for 2025/26 and how to guide the shift to improvement collaboratives based on PSIRF intelligence. Support for providers during Q4 was continued via a triumvirate of ourselves BOB ICB and NHS E SE, with quarterly patient safety meetings with BHT, BHFT, OH, OUH and RBFT. The BOB patient safety and innovation forum continues to be the PSIRF network that providers highly value, as evidenced by attendance, items brought to the forum and in March; BHT, OH and OUH attendees thanked HIN Oxford and Thames Valley for our support.</p> <p>At the request of providers we have arranged for the May Forum date to be face to face event. Providers have made notable progress on their PSIRF ambitions, especially BHT, who we (HIN, BOB, NHS E) collectively moved from monthly support meeting to quarterly. We presented at BHT's all day in person patient safety summit and helped plan all day face to face PSIRF NHS E regional workshop to explore provider and ICB support for 2025/26. Met in February with BOB ICB to decide the best approach for supporting providers in 2025/26 to move to system wide clinical improvement initiatives based on PSIRF learning. Attended and helped shape discussions around BOB's relaunched QI Network which met in person in March, all providers attended, and the forum acts as an extension to PSIRF discussions but focused on improvement priorities. Frimley ICB held its inaugural version of BOB's Forum, called Learning from PSIRF Forum, it was a successful first meeting.</p>	●	●



# Q4 Programme and Project Updates

Theme/Status/Project	Q4 Update	BOB	Frimley
Patient Safety Incident Response Framework (cont)	<p>Substantial progress was achieved in 2025/26 for our providers and IBCs around the correct architecture for learning from patient safety incidents and starting the processes of progressing to PSIRF informed quality and clinical improvement prioritisation. Our local context was extremely challenging. Initially in April 2024 there was huge disruption due to the tragically early death of Liam Oliver (PSIRF lead for BOB ICS), despite this being a protected role it is still vacant. Liam established the successful architecture for PSIRF across the entire BOB system and helped advise Frimley ICB area too. There was continuous disruption up to and including Q3 due to ICS restructuring and down-sizing. Despite this context we worked very successfully with our providers, tailoring support to their level of PSIRF progression and responding to their requests. Working as a triumvirate with BOB ICB colleagues but especially NHS E SE colleagues worked well and was consistently mentioned by providers as helpful. We met with providers via quarterly patient safety meetings and bi-monthly BOB Patient Safety and Innovation Forums. These functioned very well. We organised and in-person workshop in October that providers valued and asked to be repeated for May 2025. We worked with Frimley ICB to either join the BOB area patient safety Forum (and make it whole Thames Valley) or establish their own Forum. They established their own which met for the first time in March 2025. We supported one provider with almost weekly meetings and progressed down to quarterly support. We supported BOB ICB Board by providing a workshop in October to help them understand their role in PSIRF and patient safety assurance with their providers.</p>		
PIER workstream	<p>HIOTV has continued to progress this theme through our regional deterioration network. Through this group we have further explored and agreed themes of standardising approaches to sepsis, development of deterioration dashboards, and frailty. We aim to follow-up through smaller working groups and an existing frailty network group. PIER will no longer be funded as workstream by NHSE in 25/26 which will reduce our capacity to support this area.</p>	●	
Implementation of Martha's Rule	<p>Of the 3 acute hospital sites involved in the national pilot:</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- The 3rd pilot Trust has extended its service to all adult in-patient wards excluding maternity</li> <li>- All sites have now commenced a Patient Wellness Questionnaire pilot within parts of their Trusts (not all wards/clinical areas).</li> </ul> <p>National data indicates that numbers of calls made by patients and relatives remain low; however, it is believed that these are potentially making difference in supporting earlier recognition of deterioration and facilitating better communication.</p> <p>BHFT (mental health and community Trust) has now launched its own version of Martha's Rule (outside of the national pilot), supported by HIOTV..</p>	●	●



# Q4 Programme and Project Updates



Theme/Status/Project	Q4 Update	BOB	Frimley
Implementation of Martha's Rule	<p>As planned, HIOTV has led a further 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, including site visits.</p> <p>NHSE has invited expressions of interest for phase 2 of the pilot programme which seeks to onboard additional hospital sites in 25/26. Bucks Healthcare NHS Trust has expressed an interest to expand its Martha's Rule pilot to Wycombe Hospital (currently limited to Stoke Mandeville).</p>	●	●
Research and Development			
Active			
BOB ICS - place based health inequalities programme	<p>Planning commenced for year 2 of the evaluation (due to commence May 2025). A draft evaluation plan shared with the Head of inequalities at BOB ICB and approved.</p> <p>Addressing Health Inequalities across the BOB ICS region has been the focus of this project. Funding allocated has enabled Health Inequality focused projects to occur at place level. Most of these projects are small and not sustainable without recurrent funding. Initially the funding supported relationships to grow across organisations (NHS, Government and Voluntary) creating a shared vision and joint trust. However, due to restructure and a review of current finances this work has had to adapt to the current climate. Year 2 evaluation will assess what effect this has had on projects, culture and relationships.</p>	●	
Innovation Course - ALL7027- Negotiated Major Project	<p>For Q4, we have finalised the formal Memorandum of Understanding between HIOTV and Buckinghamshire New University (BNU). This agreement confirms that BNU will provide five fully fee-waived places per run of the module. These places are exclusively available for NHS professionals within the HIOTV region (Frimley system, Buckinghamshire, Oxfordshire, and Berkshire West system). HIOTV is responsible for managing the recruitment and selection of these professionals, in line with course entry requirements.</p> <p>A communications plan was developed and shared across HIOTV and partner networks to raise awareness of the opportunity. As a result, we have successfully identified and selected five eligible professionals to take up the fully funded places for the April 2025 intake. In addition, HIOTV met with BNU to review and refocus the sessions we will deliver as part of the module. We have agreed to lead two key sessions: Business Case Development for the NHS Adoption and Spread: Key Considerations in NHS Settings HIOTV will also offer access to professional networks and mentorship support to enhance the impact of participants projects throughout the module. Through 25/26 selected professionals will be supported to complete their enrolment directly with BNU. HIOTV will deliver its teaching contributions during the April module dates.</p>	●	●



# Q4 Programme and Project Updates

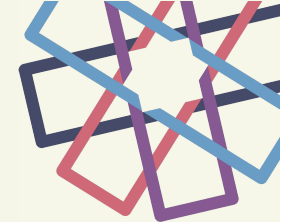
Theme/Status/Project	Q4 Update	BOB	Frimley
Respiratory Disorders			
Active			
Long Covid, ME/CFS, Breathlessness Service Evaluation BOB <b>P, C, D</b>	<p>Design: To support design and qualitative evaluation an ICB-wide primary care workshop was held to gain GP views on and integrated pathway. 20 patient interviews were completed – 11 patients were from LC services, 9 from ME/CFS services.</p> <p>Testimonial meetings were carried out with LC and ME/CFS Service leads in Berkshire West and Buckinghamshire to gain qualitative feedback on the benefits they had seen through integration.</p> <p>Evaluation: The health economic analysis for the breathlessness pilot was completed and circulated to clinical teams. An abstract of this work has been submitted for poster presentation at the British Thoracic Society Summer conference. Thematic analysis of the workforce survey and patient interview responses were completed. Final reports were completed and circulated to the BOB ICB commissioner and members of the Design and Evaluation subgroup.</p> <p>The reports were:</p> <ul style="list-style-type: none"> <li>Long COVID and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Services Integrated Care Model Design and Real-World Mixed-Methods Evaluation for adult services</li> <li>Long COVID and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Services Integrated Care Model Design: Children and young people's services</li> <li>Breathlessness diagnostic pathway pilot at the Oxford Community Diagnostic Centre Health Economics Assessment</li> </ul> <p>BOB ICS Long COVID and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Services Integrated Care Model Health Economics Assessment Evaluation findings were fed back at a final design and evaluation subgroup. Work was started to pull together Place-level data packs for the 3 Places; a summary report; and an easy-read report. A web-page is being developed to enable sharing of relevant outputs and impact.</p> <p>As a result of this work substantive funding has been agreed by the commissioner to continue LC funding and, to continue implementation of the integrated model that we supported to design. This continued development of an embedded integrated model is a result of the integration benefits we have shown in our evaluation.</p>	●	
MTFM - Thopaz+	No local need for this MTFM product identified therefore formal HIN support for Thopaz+ has now ended.	●	●
MyAsthmaBiologics App <b>P, D</b>	In Q4, HIOTV completed interviews with healthcare professionals and patients across all trial sites. These interviews captured valuable insights into the app usability, utility, and acceptance in clinical settings. Analysis of the qualitative data is currently underway, with reporting to continue into Q1 2025.	●	

# Q4 Programme and Project Updates



Theme/Status/Project	Q4 Update	BOB	Frimley
Cancelled			
Hallie Smart Inhaler Real World Evaluation <b>P, D</b>	<p>Royal Berkshire NHS Foundation Trust partnered with Health Innovation Oxford &amp; Thames Valley and Helicon Health to conduct a pilot evaluation for the use of Hailie® Smartinhaler®. The Hailie® Smartinhaler® package is an inhaler sensor device and digital application that facilitates and tracks correct inhaler usage by patients. During the pilot evaluation, the device was to be used by patients with uncontrolled asthma referred to the clinical nurse specialist (CNS) clinic within the hospitals' asthma service.</p> <p>After several months of waiting for internal approvals at the Trust, the new guidelines published by NICE/BTS/SIGN meant that the project was no longer viable to the clinical team. A decision was made to cancel the project in March 2025.</p>	●	
On Hold			
Albus Home	The Health Economics project was planned for Q4 2025/26, but due to the unavailability of data for analysis, the study is on hold until data is provided.		
Net Zero and Sustainability			
Complete			
Carbon Reduction Plan	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 healthcare.		
Roche Diagnostics Sustainability Review	HIOTV completed a sustainability review for Roche Diagnostics' newly developed blood test which is an alternative to the transvaginal ultrasound employed in diagnosing Polycystic Ovary Syndrome. This has now become a case study which is being shared widely across our region and KSS. The implementation of the new test could potentially result in carbon savings for the NHS ranging from 9,793 and 14,689 tonnes of CO2e.		
Grand Total	65	42	25

# 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 HIOTV financially through income generation to mitigate against reduced central funding or policy changes	Improvement and innovation activities cease for the local systems HIOTV termination liabilities crystallise	Low	Med	Ongoing	Non-recurrent income target for 24/5 achieved. Increase of non-recurrent income in 25/6 in planned with pipeline of opportunities in the Tracker. COO meets Programme Directors and Senior Finance Manager weekly to review opportunities and analysis of wins/losses. Forecast to breakeven 2025/6. Keep liabilities and costs under review. Proportion of non-recurrent income means we have an ongoing task to deliver increased business development targets each year. Aim to produce surplus of £0.2m to cover increase in potential termination liabilities	HIN COO	HIN COO	31-Jul 14	Ongoing	Green
3	Corporate	National Programmes delivery	Reputation Protect breach of NHSE contract	Low	Med	Ongoing	Plans and engagement for national Heart Failure programme established and agreed locally	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 Network D&I pledge. Adhere to OUH policies. Ensure programmes consider inequalities Membership of BOB ED&I board.	HIN COO	Director for CIWI	June 2020	Ongoing	Green
5	Corporate	Failure to align and support developing ICBs with improvement and innovation agenda	Lack of alignment would mean HIOTV is not supporting ICB transformation priorities enabled by improvement and innovation	Low	Med	Ongoing	Business plans developed with BOB and Frimley ICBs and approved. 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	NHS funding for innovation Adoption not available	Patient, clinical and financial benefits not realised	Med	Med	Ongoing	Case for adoption has to be strong with realisable gains in productivity and/or cash releasing savings. Adoption of innovation with longer term benefits requires central support.	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 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. 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>