



**Health
Innovation**
Oxford & Thames Valley



Office for
Life Sciences



Q1 Report 2025/26

For the quarter ending 30 June 2025

Contents



- [Chief Executive's Summary](#)
- [Case Study 1: Designing and evaluating an integrated care model for Long Covid and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome services](#)
- [Case Study 2: From paper to precision: Evaluation demonstrates benefits to patients and services of digitising consent](#)
- [Case study 3: AI assistant improves patient experience and supports productivity gains](#)
- [Operational Review](#)
- [Programme Risks \(Amber and Red\)](#)
- [Q1 Highlights](#)
- [Appendix A: Risk Register](#)
- [Appendix B: Case Studies Published in Quarterly Reports \(2020 – 2025\)](#)

Chief Executive's summary

The 10-year health plan has now been published with a bold vision and no surprises¹. The focus on moving more care out of hospitals to the community is necessary if the NHS is able to provide effective care to the large increase in older people living in rural and coastal areas remote from hospitals that will occur in the coming years. The development of effective neighbourhood teams will be critical to delivering this shift, although there is limited evidence for the effectiveness of this model in the NHS context of multiple independent legal entities in primary care, that need to be brought together through complex contracting mechanisms. The plan extols the belief that focusing on preventing illness and making better use of technology will improve the populations health and secure a sustainable NHS. A clear delivery plan for the plan is needed which is expected to be developed over the coming months. The success of the 10YHP will require a change in culture across many health care professionals, with a willingness to work across traditional organisational boundaries with a mindset of working for the wider NHS and community rather than a single employing organisation.

It is gratifying to see the Life Sciences Sector Plan (LSSP) that was published shortly afterwards gives greater recognition to one of the major challenges the NHS will face in delivering the aspirations of the 10YHP – the adoption at scale across the NHS of innovation and new ways of working². Despite the Sinker review of the innovation ecosystem³ identifying this as the major challenge facing the NHS, the 10YHP fails to acknowledge or articulate how it will address this long-standing challenge. A recent blog by the Health Foundation highlights the under-funding of support for adoption at scale and the historic imbalance in funding towards research and early-stage innovation⁴.



1. <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

2. <https://www.gov.uk/government/publications/life-sciences-sector-plan>

3. <https://www.england.nhs.uk/long-read/the-innovation-ecosystem-programme/>

4. <https://www.health.org.uk/features-and-opinion/blogs/priorities-for-supporting-health-care-innovation-an-analysis-of-funding>



This has led to the ironic situation where the UK is world leading in life science research but has repeatedly failed to capture the benefits at scale for NHS patients through effective implementation or maximise the commercialisation opportunities from research e.g. we invented magnetic resonance imaging but have the lowest provision of MRI scanners/million population amongst comparator countries and the companies that provide MRI scanners to the NHS are based abroad.

The LSSP describes a clear set of six headline actions that if delivered will have a major impact on improving health and economic growth. The Health Innovation Network commissioned an independent report from Frontier Economics demonstrating the adoption of innovation at scale could boost economic growth by £246 billion each year and attract £32 billion in foreign direct investment⁵. The two plans provide a framework for shaping the future work and focus of Health Innovation Network for the coming years.

Our first case study this quarter highlights the benefits of developing sustainable more effective clinical pathways across an integrated care system taking learnings from individual services in managing Long Covid and ME. Our second case study shows the productivity and quality gains that arise from using digital technology in place of analogue documentation in consent procedures. Our third case study is again an example of utilising digital technology for patient follow up using an AI assistant and shows the benefits of establishing effective long-term collaborations with the most promising innovators and companies.

In addition to working with our partners to support improving health and wealth of the Thames Valley we seek to have national impact working with the wider Health Innovation Network and leading national service transformation and improvement programmes working with NHS England national teams and leaders. Our patient safety team developed, and is now leading, an NHSE commission for Avoiding Brain injury in Childbirth. Our Strategic and Industry Partnerships team is developing a Respiratory Transformation Partnership with £2.6 million being approved by NHSE to support ten sites across England to improve COPD pathways and an expected commission from the Office for Life Sciences to improve access of asthma and COPD patients to NICE approved respiratory therapies including current and future biologic drugs.

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

5. <https://www.gov.uk/government/publications/life-sciences-sector-data-2024/life-sciences-competitiveness-indicators-2024-summary>

Case Study 1: Designing and evaluating an integrated care model for Long Covid and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome services



Theme/Patient pathway: Pathway transformation, evaluation

Summary

An evaluation of the Long COVID (LC) and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) services across Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB), identified significant challenges in the current service landscape, including inconsistent referral pathways, long waiting times, health inequalities and fragmented data collection. As part of the project, we developed an integrated model of care for each place which put forward potential solutions that could address these issues. The integrated models were supported by targeted recommendations for a more streamlined, equitable and patient-centered service delivery approach.

The integration of LC and ME/CFS services presents a significant opportunity to enhance patient care, strengthen workforce capacity, and improve overall system efficiency. While early projections indicate potential wide-ranging benefits including increased capacity, reduced costs and productivity gains, continued evaluation, strategic planning, and sustainable investment will be essential to ensuring the long-term success of a unified service model. By addressing existing challenges and building on early successes, BOB ICB can establish a more resilient, equitable and patient-centered care pathway for individuals with Long COVID and ME/CFS.

What is the challenge?

Since the rapid introduction of Long COVID (LC) services across BOB ICB in 2020, new multidisciplinary models have successfully treated patients, leading to reductions in recovery time and improved clinical and NHS resource utilisation ([NIHR 2020](#), [Wang 2024](#), [O'Mahoney 2023](#), [Astin 2023](#)). These improvements highlight the advantages of coordinated care and structured pathways designed to meet the complex needs of LC patients. ME/CFS patients, however, often face long waiting times, fragmented care, multiple referrals and extensive investigations before receiving appropriate management. This inefficiency not only delays treatment but also places a greater burden on NHS resources.

Clinical leads have identified similarities in symptom presentation between LC and ME/CFS, presenting an opportunity to apply the same structured approach to ME/CFS services as has been implemented for LC. Establishing a clear pathway, incorporating multidisciplinary team (MDT) assessments, and providing access to a jointly provided range of rehabilitation support could significantly improve patient care and resource efficiency.



What did we do?

HIOTV followed a two-phase approach to support implementation and assess impact.

These were:

Design - Co-designed and supported the implementation of a place-based integration model, informed by insights into existing service challenges.

Evaluation - Used a mixed methods approach to assess the early impact of the integration model during implementation.

A core element of the project was the analysis of services to compare differences in patient care and service structures. This allowed us to design an integrated pathway, recognising variability in existing service provision, resources and commissioning arrangements. Semi-structured patient interviews and staff surveys were conducted to explore experiences of services as well as perspectives on integration. A health economic analysis was undertaken to evaluate current costs, patient outcomes and model the potential system-level benefits of integrated service delivery. Qualitative and quantitative data was analysed separately and then integrated, allowing for comparisons and joint interpretation to provide rich insights.

What has been achieved?

Throughout the evaluation services reached varying stages of integration, however several early achievements were observed:


- Shared referral systems are reducing bottlenecks and improving triage accuracy.
- Integrated MDTs are facilitating holistic, patient-centred treatment planning.
- Shared specialist roles are increasing service flexibility and reducing disruption during staffing gaps.
- Joint group sessions are improving treatment accessibility and efficiency.

Predictive modelling and early implementation insights suggest a strong case for integration, with projected system-wide benefits including:

- 18% increase in total patient capacity (216 more patients supported annually).
- 5.3% overall cost reduction, despite a small increase in ME/CFS-specific service costs.
- Productivity gains of £129,000 (ME/CFS) and £79,200 (LC) annually.
- Social care savings of £102,100 (ME/CFS) and £189,250 (LC) annually.
- 9% cost reduction in LC services while treating more patients.
- 50% increase in ME/CFS patients supported.

These benefits are being supported by improved referral processes, increased multidisciplinary team (MDT) collaboration, and reduced GP consultations per patient, suggesting improved self-management and reduced reliance on primary care. While predictive modelling shows strong potential, quantitative impact is still emerging due to the early stage of service integration and data collection. However, qualitative insights already suggest meaningful improvements in access, care coordination and patient experience, particularly in places which have begun to implement shared triage, integrated MDTs and shared access to medical expertise and diagnostic resources.

What people said

“We value the comprehensive coordination, analysis and evaluation that Health Innovation Oxford and Thames Valley has provided as our  system partners. The Long Covid and ME/Chronic Fatigue Syndrome integrated care model design and evaluation provide key insights and recommendations for services within Buckinghamshire, Oxfordshire and Berkshire West to progress service integration which has the potential to reduce disparities and improve patient care, workforce sustainability and system efficiency.”

Paul Swan, Integrated Respiratory Delivery Network (IRDN) and Long Term Conditions Oxfordshire Lead, BOB ICB

What next?

All Places within BOB ICB have started the journey towards an integrated LC and ME/CFS service. Secured funding and the evaluation recommendations will support further progress towards embedding fully integrated services.

Each service has been provided with a place-level integrated model alongside an integration plan with key priorities and recommendations for change. In addition, they have received site-specific evaluation data and data collection tools that can help data collection practices in future.

HIOTV is developing a summary report to support other systems which may be interested in learning from this project to establish their own integrated service. The document is an implementation guide that provides a roadmap to integration through a phase-based approach and targeted recommendations.

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Case study 2: From paper to precision: Evaluation demonstrates benefits to patients and services of digitising consent

Theme/Patient pathway: Analogue to Digital

Concentric is a digital consent platform which aims to replace outdated, paper-based consent processes, improving efficiency, patient experience and clinical safety. It was already being used in some specialties at Oxford University Hospitals (OUH) and Buckinghamshire Healthcare (BHT). In 2024, the national Health Technology Adoption and Accelerator Fund (HTAAF) enabled these two NHS Trusts to extend and accelerate its use.

Health Innovation Oxford and Thames Valley (HIOTV) performed a mixed-methods impact assessment across two selected clinical pathways. This included a stakeholder engagement study in both Trusts, preliminary health economic analysis at OUH focusing on the ophthalmology pathway, and hypothetical health economic analysis at BHT within the obstetrics and gynaecology pathway.

The impact assessment highlighted significant benefits:

- **Operational efficiency** - digital consent reduced time per episode by more than seven minutes at OUH, streamlining clinic workflows and increasing patient throughput
- **Cost savings** - projected savings of £5.64 per consent episode, totalling £167,437 over three years in the OUH ophthalmology pathway through reduced staff time, and reduced costs
- **Medicolegal risk reduction:** Fewer incomplete or lost forms reducing the risk of litigation

Patient-centred care: Patients can review consent forms at home, supporting shared decision-making, improving satisfaction and experience and benefiting the environment

Implementation was largely successful, although issues such as Wi-Fi connectivity were identified and required ongoing IT support.

The deployment supports NHS priorities, including digitisation, reducing elective backlogs and improving productivity, making a strong case for wider adoption of digital consent tools like Concentric.

What is the challenge?

Obtaining informed consent is critical to safe, high-quality care, but the traditional paper-based process is often inefficient and inconsistent. Paper-based consent poses challenges, including misplaced or incomplete forms, treatment cancellations on the day, and time-consuming documentation. These issues create delays, increase risk and place an additional administrative burden on staff. Modernising to a digital consenting process improves safety, reduces variation and enhances efficiency, while also supporting better patient communication and aligning with wider NHS goals for digital transformation.

What did we do?

HIOTV led a comprehensive evaluation to assess the impact of the Concentric digital consent platform at OUH and BHT. The impact assessment included four distinct studies: **stakeholder engagement** at each Trust, **preliminary health economic analysis** at OUH and **hypothetical health economic analysis** at BHT, developed for their respective clinical pathways.

To understand the real-world impact, the stakeholder engagement study involved clinical and administrative staff familiar with the system. A focus group at OUH included 11 stakeholders from ophthalmology, while at BHT, one-to-one interviews were held with obstetrics and gynaecology staff. Thematic analysis of these discussions explored usability, integration, shared decision-making, and perceived impact on safety and efficiency.

In parallel, HIOTV conducted a preliminary health economic analysis at OUH. Data received from OUH was used to compare paper and digital systems across multiple parameters, including staff time, operational disruptions and documentation errors. At BHT, a hypothetical analysis based on a literature review and stakeholder insight projected the financial benefits of digital consent.

What has been achieved?

The adoption of Concentric has delivered measurable improvements at both OUH and BHT.

At OUH, the preliminary health economic analysis within ophthalmology found that the average time for a consent episode was reduced by over seven minutes, with staff performing eye injections reporting a significant time saving from 10-15 minutes per patient to just three minutes. This has improved patient flows, reduced waiting times and freed up clinicians to spend more time with patients. No day-of-treatment cancellations or missing consent forms were reported while using the digital system, showing an improvement in reliability and safety.


At BHT, the hypothetical health economic analysis of the obstetrics and gynaecology department suggested that approximately 14 consent-related cancellations each year could be avoided, resulting in estimated annual savings of over £72,000. A further £4,455 could be saved annually through reduced paper use and document handling. The system has also helped staff reduce administrative and cognitive load by providing a standardised, accessible process. Most significantly, the hypothetical health economic analysis projected annual savings exceeding £2 million in medicolegal claims alone.

Improved documentation accuracy, secure storage and reduced risk of incomplete paperwork have strengthened clinical governance and staff confidence in the consent process. These results demonstrate that digital consent not only improves operational efficiency but also enhances patient experience and safety, supporting wider NHS priorities around digital transformation and sustainable service delivery.






What people said

 "BOB ICB commissioned HIOTV to do an evidence-based evaluation of the nationally funded roll out of Concentric in OUH and BHT. Thanks to their evidence we can see the technology has firmly proven itself at scale across our region."

Henry Wright, Head of Digital Transformation, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

 "We're hugely appreciative of the work that's gone into this evaluation — the most in-depth analysis to date of digital consent's impact within the NHS. By exploring cost-effectiveness, efficiency and user acceptance across two distinct trusts and specialties the findings carry real weight for others looking to follow suit. As the evaluation states, this serves as a blueprint for future digital transformation efforts."

Dr Dafydd Loughran, Co-founder and CEO, Concentric Health

What next?

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. There is potential to transform millions of consent episodes.

- **Investment justification:** Digital consent aligns with Department of Health and Social Care (DHSC) priorities to move from analogue to digital. It also addresses the elective backlog and improvements in workforce efficiency.
- **Scalability and ROI:** The system is cost-saving, clinically beneficial and scalable across multiple specialties.

Next steps: Future adoption strategies should focus on regional rollouts, embedding digital consent within electronic health record systems, and ensuring IT infrastructure readiness to maximise long-term benefits.

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Case study 3: AI assistant improves patient experience and supports productivity gains



Summary

Since 2018 Health Innovation Oxford and Thames Valley (HIOTV) has been a key partner in shaping the development of an artificial intelligence (AI) assistant for use in routine clinical conversations as an alternative to face-to-face appointments. It has demonstrated potential to improve patient experience and outcomes, streamline care delivery and ease the strain on hospital resources. HIOTV support started with successful funding applications and has gone on to include feasibility studies and evaluation in the NHS, ensuring it is safe, effective and patient-focused, demonstrating value and building a strong foundation for wider adoption. For patients without complications it means fewer journeys to hospital appointments, improving convenience and bringing environmental benefits too. It is already in use in more than a dozen NHS organisations and has safely handled tens of thousands of appointments.

The latest focus is on developing a multilingual version of the automated voice system known as Dora which will help to address health inequalities. Tens of thousands of appointments have been conducted with Dora which is now in use in more than a dozen NHS locations, predominantly related to follow-up calls after cataract surgery. This is the most common operation in the NHS with 400,000 procedures carried out every year in the UK.

Problem being addressed

Meeting the needs of an ageing population, managing lengthy waiting lists and overcoming workforce pressures can only be achieved through smarter working. Automated voice systems offer the potential to address these challenges particularly in high volume, low complex routine care, freeing up face-to-face appointments for those who really need them.

Ufonia, a medical technology company, has developed an AI assistant called Dora which undertakes routine telephone calls with patients. It is designed to make care more convenient, reliable and consistent, and increase hospital capacity by releasing clinicians to spend more time meeting patients' needs. Dora has effectively and safely conducted more than 60,000 NHS appointments and demonstrated potential to improve patient outcomes, streamline care delivery and ease the strain on hospital resources.

Operational planning guidance/Government priorities

- Analogue to digital
- Hospital to community
- Health inequalities
- Net zero
- Patient safety

Clinical area

Initially ophthalmology – but potential to adopt in many other patient pathways.

Population

Predominantly older patients to date who require cataract surgery.



Network support

HIOTV has provided extensive and wide-ranging support in the development of Dora dating back almost a decade. Dora is now in use in more than a dozen NHS organisations and has safely handled tens of thousands of appointments.

We carried out a feasibility study to explore Dora's utility in clinical practice and the potential barriers to adoption at two NHS trusts in our region. We interviewed clinical stakeholders about how the technology would integrate into the care pathway. The results were discussed with clinicians and commissioners to gain insights into how the potential barriers could be overcome.

We developed a health economics model comparing the cost of the Ufonia platform with the current standard care (nurse-led telephone calls). The structured qualitative and quantitative analysis provided robust conclusions which have helped Ufonia gain further interest and investment.

We conducted a real-world economic analysis study into Dora's potential for identifying post-operative cataract surgery patients who require further assessment. Clinical data from the trial was collected from patients' electronic health records up to three months after surgery. The cost analysis aimed to provide an overview of the potential cost savings from using Dora in the cataract post-operative care pathway at Oxford University Hospitals (OUH), and to evaluate the cost-effectiveness of autonomous calls compared to existing standards of care.

We also explored patients' experiences of the existing pathway and their views on Dora. The latest focus is on a multilingual version, see below.


Public and patient involvement

More than one million people in the UK face language barriers in healthcare. In the most recent element of the partnership with Ufonia we are joint applicants on a two-year government-backed research grant funded by the National Institute for Health and Care Research (NIHR) Invention for Innovation (i4i) to facilitate the development of a multilingual Dora, improving access, reducing healthcare inequalities and empowering patients by giving more of them the opportunity to receive care in their preferred language (there are ten options in addition to English including Bengali, Polish and Spanish). It is being tested in the cataract pathway at Moorfields Eye Hospital, London. This is the first clinical trial of a multilingual telephone-based AI conversational system. HIOTV is leading on public and patient involvement, ensuring patients play an active role in shaping the technology. This has involved running focus groups to explore how multilingual AI conversations can be culturally sensitive and appropriate.

Scalability/Next steps

The focus is broadening to look at potential applications at other stages in the clinical pathway and in other clinical areas. These include triage of head and neck cancer and osteoporosis.


Supporting quotes

 “Health Innovation Oxford and Thames Valley has been an essential partner in ensuring Dora is not only safe and effective, but truly centred on the needs of all patients. Their leadership in public and patient involvement helped us build trust from the outset — by ensuring we listened to voices that are too often excluded, including people with learning disabilities, autism and underrepresented communities. Early on, they helped us understand how to approach sensitive topics, including conversations around cancer care.

More recently, they’ve supported us in developing Dora for patients who don’t speak English — running focus groups to explore how multilingual AI conversations can be culturally sensitive and appropriate. This inclusive, co-productive approach has shaped how we design and deliver Dora.

Crucially, HIOTV has also supported our early evidence generation and health economic evaluation — providing critical insights into Dora’s clinical effectiveness, safety, and cost-efficiency. This early-stage support enabled us to demonstrate value to the NHS and build a strong foundation for wider adoption.”

Aisling Higham, Medical Director, Ufonia

 “Since the trial, an updated version of Dora has been deployed at OUH as the default system for post-cataract surgery assessment for thousands of patients. We have now also expanded its use to pre-operative assessments, where Dora runs through a checklist of screening questions, including whether or not the patient wishes to have surgery for their cataract. The information is logged on our electronic medical records, thus speeding up the face-to-face nurse-led pre-assessment.”

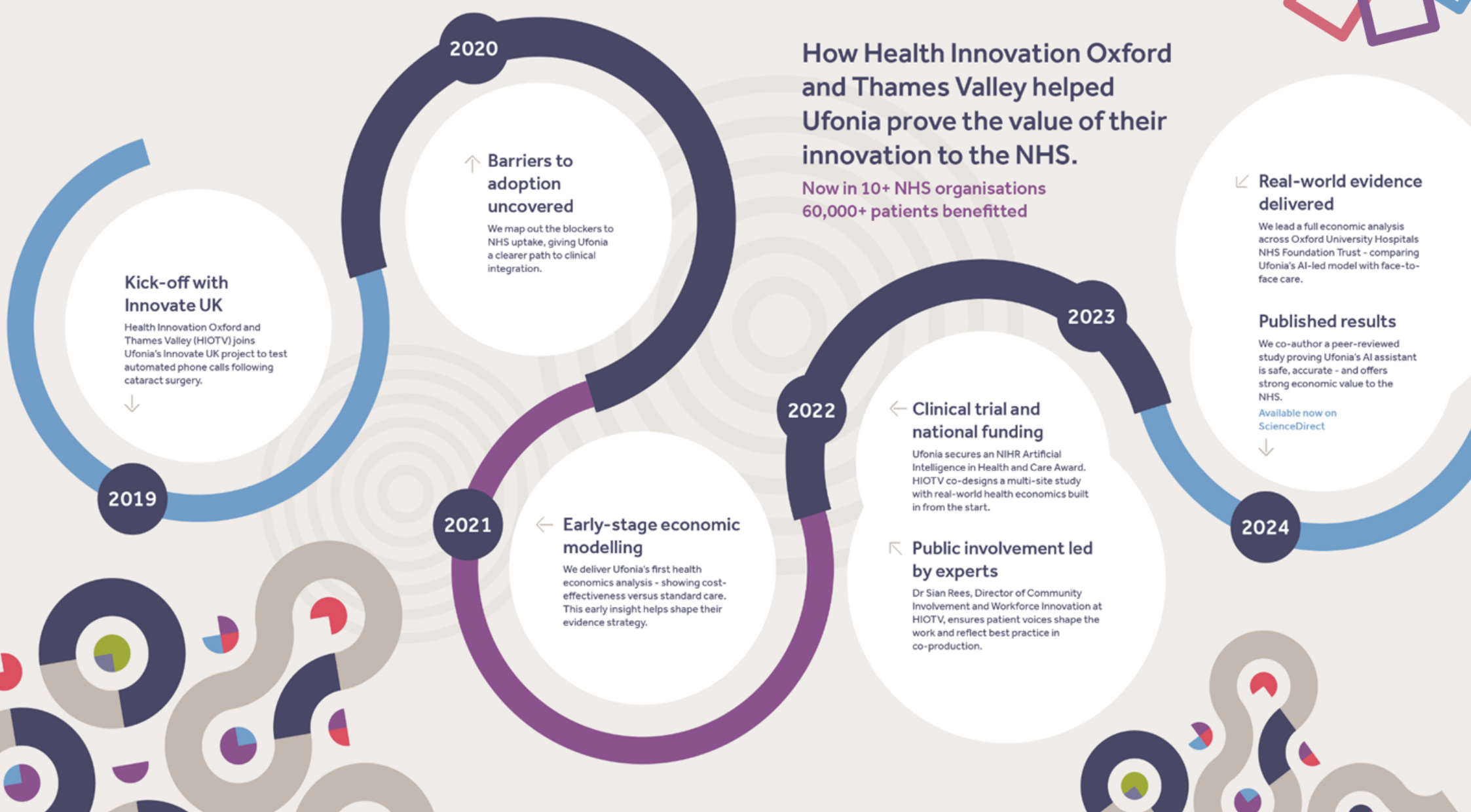
Kanmin Xue, Honorary Consultant Ophthalmologist and co-Principal Investigator at Oxford University Hospitals (OUH)

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How Health Innovation Oxford and Thames Valley helped Ufonia prove the value of their innovation to the NHS.

Now in 10+ NHS organisations
60,000+ patients benefitted

Kick-off with Innovate UK

Health Innovation Oxford and Thames Valley (HIOTV) joins Ufonia's Innovate UK project to test automated phone calls following cataract surgery.

2020

↑ Barriers to adoption uncovered

We map out the blockers to NHS uptake, giving Ufonia a clearer path to clinical integration.

2019

2021

← Early-stage economic modelling

We deliver Ufonia's first health economics analysis - showing cost-effectiveness versus standard care. This early insight helps shape their evidence strategy.

2022

← Clinical trial and national funding

Ufonia secures an NIHR Artificial Intelligence in Health and Care Award. HIOTV co-designs a multi-site study with real-world health economics built in from the start.

2023

↗ Public involvement led by experts

Dr Sian Rees, Director of Community Involvement and Workforce Innovation at HIOTV, ensures patient voices shape the work and reflect best practice in co-production.

↙ Real-world evidence delivered

We lead a full economic analysis across Oxford University Hospitals NHS Foundation Trust - comparing Ufonia's AI-led model with face-to-face care.

Published results

We co-author a peer-reviewed study proving Ufonia's AI assistant is safe, accurate - and offers strong economic value to the NHS.

Available now on [ScienceDirect](#)

2024

Operational Review

HIOTV has made a strong start to the new business plan year leading three national programmes. Katherine Edwards, Director of Patient Safety and Clinical Improvement, led the development of a £2.5 million NHSE commission for Avoiding Brain injury in Childbirth (ABC) which will be led by HIOTV and supported by all 15 HINs. Katherine's team was also successful in winning the commission to lead the rollout of Martha's Rule for mental health in conjunction with Berkshire Healthcare. James Rose, Director of Strategic and Industry Partnerships, has further developed the Respiratory Transformation Programme with £2.6 million being approved by NHSE to support ten sites across England to improve COPD pathways. Subject to final approval, OLS is also funding the programme. Discussions continue with the pharmaceutical industry. The programme is being seen as a new way for the NHS to work with industry to adopt innovation to improve patient care.

Q1 case study 1 is an evaluation of the Long Covid (LC) and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) services across BOB ICS. It is a great example of HIOTV supporting service integration and helping the system deliver patient benefits and significant productivity gains.

Case study 2 is a real-world evaluation of Concentric, a digital consent platform which aims to replace outdated, paper-based consent processes, improving efficiency, patient experience and clinical safety. The system is being used successfully at Oxford University Hospitals (OUH) and Buckinghamshire Healthcare. The evaluation demonstrated patient benefits and productivity gains to support the case for wider adoption across departments and providers. This is a great example of delivering against one of the three shifts – analogue to digital.

The third case study highlights our longstanding and wide-ranging support to develop an artificial intelligence (AI) assistant for use in routine clinical conversations. It is now in more than a dozen NHS organisations and has been used by tens of thousands of patients.

In Q1 we initiated or started planning for several significant new programmes:

HIOTV's Patient Safety and Clinical Improvement team bid successfully to run the national pilot of **Martha's Rule in acute mental health settings**. Local partner Berkshire Healthcare is the vanguard of mental health providers implementing Martha's Rule for mental health. Meetings are taking place to plan the pilot programme with NHSE. We will initially be working with up to nine pilot sites across the country.



Respiratory Transformation Partnership aims to tackle variation and improve access for patients with severe asthma and COPD. The programme will include accelerating uptake and access to severe asthma biologics and establishing a COPD biologics pathway and service. This programme aims to improve patient outcomes, reduce economic inactivity and healthcare costs, and position the UK as a global leader in life sciences. Significant activity has focused on agreeing funding, funding flow and establishing the expression of interest process for the Pathway Transformation Fund which is the first element of the programme to be launched. A Project Charter has been developed and agreed with NHSE to support the transfer of funds. The planned launch for the RTP PTF is 7 July. This will be followed by a national webinar on 14 July.

Highlights

The **Transforming Wound Care** programme was expanded, with Oxford Health onboarded in Q1, and Buckinghamshire Healthcare joining in Q2.

The **Repeat Prescribing** project has been initiated in response to recommendations in the National Overprescribing Review, “Good for You, Good for Us, Good for Everybody”, published by DHSC in 2021. In 2022/23, more than one billion prescription items were dispensed in primary care in England, and this number increases every year.

The report made 20 cross-system recommendations to help reduce overprescribing in England and to make patient care better and safer. Recommendation 7 asked the Royal College of General Practitioners (RCGP) and the Royal Pharmaceutical Society (RPS) to develop a national toolkit to help practice to improve the consistency of repeat prescribing processes and to support general practice (GP) practice reception and administration teams with training resources. The South East Region Overprescribing Group has included rollout of the repeat prescribing toolkit in their programme of work. HIOTV is working with HI Wessex and HI Kent Surrey and Sussex and their respective ICBs, to support implementation of the toolkit. The project is progressing according to plan with initial engagement and planning with both of our local ICBs completed.

HIOTV’s Clinical Innovation Adoption team is planning a new project, on **Intracerebral haemorrhage (ICH) Pathway Quality Improvement**. ICH accounts for 12% of all stroke admissions in the UK, equating to about 98,000 cases over the past decade. Outcomes for these patients remain poor: in-hospital mortality for ICH is approximately 29%, only modestly improved from about 33% a decade ago. Many ICH survivors suffer severe long-term impairments.



There is clearly room to improve ICH survival rates and reduce disability through better acute management. We aim to assess the impact of redesigning and subsequent consistent implementation of gold standard ICH care protocols, facilitated with the application of Brainomix 360 to improve speed of detection. It will also provide evidence-based guidance to optimise ICH care across the NHS. In essence, this project represents a significant opportunity to save lives, reduce long-term disability, and lessen the overall societal and healthcare burden of stroke. In Q1 we have successfully recruited stroke clinical leads for each of the three involved ISDNs; BOB, Kent and Medway, and Sussex. We have also secured help from an ED consultant and Haematology consultant. Steering and Working Groups have been established; a Theory of Change Workshop was held in June.

To support the Thames Valley & Wessex Haemoglobinopathy Network undertake patient experience feedback surveys, including analysis and write-up of findings the **Haemoglobinopathy Network - Patient Feedback** project commenced in Q1. This project was agreed at the end of Q4 2024/25, and work began at pace in Q1. A workshop was held in June for clinicians across the network to determine the key themes to be addressed in the survey. A request for patient participation to review the draft survey has been completed and IG leads across all hospitals in the network have been informed of the survey. In Q2 the team will meet with clinicians to review and finalise the survey.

The **Innovation Course- ALL7027- Negotiated Major Project** builds on a partnership between Buckinghamshire New University (BNU) and HIOTV. The initial collaboration from 2016 to 2023 was called the Adopting Innovation and Managing Change in Healthcare Settings programme. The course has evolved into a standalone module. This Level 7 module enables healthcare professionals to lead innovation, change initiatives or QI projects within their workplace setting. Five funded places have been offered to participants across the BOB and Frimley systems. A further cohort is due to start in Q3.

Progress on the new national **Heart Failure** project was made in Q1. Highlights include:

- Presentation of echocardiogram horizon scan to BOB Integrated Cardiac Delivery Network
- Development of proposal for heart failure 'learning bites' series, agreed with BOB ICB for development in Q2 ready for distribution in Q3
- Agreement with Wessex and KSS Health Innovation Networks to deliver a South East Collaborative learning series on heart failure. This will consist of three webinars focusing on patient experience of heart failure, frailty and case studies. This is planned to start in September.
- Proposal developed for pathway mapping project to support the development and delivery of the BOB ICB Heart Failure Strategy. This is being discussed at the ICDN on 2 July.



The **HIN Transforming Wound Care: Leg Ulcer Transformation Programme** is now live in Oxford Health and Buckinghamshire Healthcare. The project facilitates adoption of the TWC and NWSCP lower limb service model into community nursing services. In Q1 key stakeholders were identified from Trusts. All have attended the HIN central programme team introduction community of practice meeting and first clinical webinar (led by Julie Hewish). A planning meeting has been held with stakeholders to understand the primary aim of their organisations within the remit of TWC: LUT. Plans for Q2 will be to define the primary enablers for the programme, devise a logic model to outline key objectives and develop a milestone plan towards implementation. The HIN central programme team will host support webinars over the course of the one-year programme to which key stakeholders will be encouraged to attend. These are community of practice, data metrics and clinical webinars.

Supported by Bayer plc, the CIA team delivered two expert-led webinars in Q1 as part of the **Prostate Cancer** project. The webinars focused on addressing key challenges in prostate cancer care and exploring the role of technology and innovation in improving diagnosis, treatment and outcomes. A third webinar was also delivered independently by HIOTV and clinicians from the University of Oxford and OUH.

The sessions brought together clinicians from across the UK and continental Europe, including urologists, radiologists, oncologists, clinical nurse specialists and NHS service managers to explore prostate cancer care pathway challenges, showcase practical innovations including AI and digital tools, support peer learning and share best practice, and promote exemplar UK and international projects.

The **Thames Valley and Surrey Secure Data Environment** (SDE) development continued, with public partners, and healthcare staff members appointed for six committees through open advert. We continue to chair the data access committee and have membership of senior management team. The seventh workshop was completed, the focus area for this was sensitive data, with 25 attendees. The project was highlighted on BBC radio 4 ; this was a positive report, which discussed how the SDE will underpin research to improve diagnostics and ultimately lead to improved patient outcome. It featured OUH's Chief Digital and Information Officer **Ben Attwood**, lung cancer radiology expert Professor Fergus Gleeson and patient representative Non Hill.

In May 2025 HIOTV's Patient Safety and Clinical Improvement team facilitated two antenatal counselling education webinars associated with the **Optimisation of the pre-term infant workstream**. These were delivered by clinical experts to support healthcare professionals in developing the skills and confidence needed to communicate with parents and help them make decisions when faced with the prospect of preterm birth. They covered key elements of perinatal management of extreme preterm birth and were designed to increase health professionals' understanding and confidence in preterm antenatal counselling.



More than 300 people attended these online sessions which are now available as recordings. At the end of webinar two 77% of people who joined it said they were comfortable or very comfortable providing counselling in an extremely high-risk scenario, compared with 37% who felt the same way at the start of the session.

Approximately two thirds of preterm births occur in nulliparous (not given birth to a live baby) females with no risk factors. The **Cervical Length Scanning Basic Training Project** introducing point-of-care cervical scanning is an opportunity to provide equitable access to care and facilitate identification and intervention of people at the greatest risk. The pilot session of training for resident doctors on cervical scanning (to aid diagnosis of preterm labour) was completed at OUH – the sessions included 46 pregnant volunteers.

Three members of HIOTV attended the NHS ConfedExpo and supported the national HIN presence.

The HIN Innovator Impact Survey was completed, with a return of over £17 million in investment/sales leveraged from HIOTV's Strategic and Industry Partnerships team's support.

Discussions have taken place regarding advice and guidance on evaluation with multiple innovators during the quarter. These have occurred as part of HIOTV's own activities to identify suitable new real-world evaluations (RWE) for the region; in response to innovators who have approached us for support and in relation to identified needs from system stakeholders. Several discussions took place as part of scheduled HIN innovator surgeries at ConfedExpo.

A business case was finalised and submitted for approval in three Trusts for the EndoSign® Capsule Sponge test for surveillance of Barrett's Oesophagus – EndoSign® is already successfully supported by several other HINs, with adoption in limited regions. 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.

HIOTV continues to support allocation of funds to develop improved service provision for automated red blood cell exchange for sickle cell patients in Milton Keynes and Frimley (through the MedTech Funding Mandate - MTFM).

Strategic Health Economic Guide for Innovators was published on the HIOTV website.



Concluding projects:

The recruitment phase of the **Otsuka CARE for MDD** operational pilot has concluded, the final report available in Q2. We are continuing with health economics support for the follow-on outcomes study and for commercialisation of the product, now named "**Rejoyn**".

The **Polypharmacy Programme** concluded in March 2025. Q1 has focused on consolidating learning and writing up reports that capture the impact of the three-year programme, as well as interviews with past delegates conducted to enrich the Polypharmacy Training Evaluation Report with qualitative insights. Q1 work has laid the groundwork for key outputs scheduled for delivery in Q2 and Q3, including evaluation reports, impact summaries, and learning resources to support ongoing system-wide improvement including eight QI Posters, one summative report and one case study; three ICB Comparator Reports; a Polypharmacy Training Evaluation Report and a case study; the end of Programme Report.

Long Covid (LC), ME/CFS, Breathlessness Service Evaluation for BOB is complete. Substantive funding has been agreed by the commissioner to continue LC funding for the system and to continue implementation of the integrated model that the HIOTV CIA team helped design. This continued development of an embedded integrated model is a result of the benefits of integration shown in HIOTV's evaluation (see case study at the start of this report).

Outputs from the project include:

- Adult report: Long Covid and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Services Integrated Care Model Design and Real-World Mixed-Methods Evaluation for adult services
- Children and young people report: Long Covid and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Services Integrated Care Model Design: Children and young people's services
- Breathlessness diagnostic pathway pilot at the Oxford Community Diagnostic Centre Health Economics Assessment
- BOB ICS Long Covid and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Services Integrated Care Model Health Economics Assessment
- The health economic analysis for the Breathlessness diagnostic pathway pilot has been submitted as an abstract for poster presentation at the British Thoracic Society Summer conference.

Resources are now available via the dedicated webpage: Evaluating an integrated model for Long Covid and ME/CFS services



The early-stage economic evaluation of mutant TNF (mutTNF) as an adjunct to standard care in breast cancer brain metastases (BCBM) project completed, findings from the work showed that adding mutTNF to standard treatment improves patient outcomes and reduces healthcare costs and suggests mutTNF is a valuable adjunct therapy for BCBM. The final Health Economics Report was submitted to the Department of Oncology, University of Oxford, and an abstract based on the economic evaluation findings has been prepared and submitted to ISPOR 2025.

The **OUH Vascular/Community/Primary care electronic patient referral pilot** is now complete. HIOTV is continuing to collaborate with the working group to support a case study for the work achieved. Outcomes of the project include:

OUH vascular clinic now has an advanced nurse practitioner running new diagnostics vascular clinics for people presenting with lower limb wounds.

All community nursing teams, and primary care nursing teams can refer patients who meet the criteria directly to the vascular clinic via an electronic referral system.

All nursing teams were provided with education relating to lower limb assessment and appropriate referrals supported by the OUH vascular teams.

Improved communication and collaboration between nursing and vascular services.

Improved escalation and referral pathways for patients with suspected peripheral arterial disease in the lower limb.

HIOTV supported with education, pilot evaluation considerations and implementation of NICE/NWSCP lower limb guidance.

Communications and stakeholder engagement

We published our 2024/25 impact report, largely drawn from the Q4 report but also including key numbers and case studies from the full year in line with the government's three health shifts: from hospital to community, from treatment to prevention and from analogue to digital. Our impacts included:

- 10,578 NHS patients benefiting from our collaborations
- 2,520 staff trained
- £4.9 million investment leveraged

[You can read the report here](#)



In May we joined one young family as they told their inspiring preterm birth story to the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). Luna arrived safely at OUH thanks to effective collaboration between maternity units supported by HIOTV.

[Read Luna's story here](#)

We joined other HINs in promoting the findings of 'Defining the Size of the Innovation Prize', a new independent report commissioned by the Health Innovation Network and published in June. It demonstrates the potential of health innovation to deliver better outcomes for patients, reduce pressure on the NHS, improve productivity and boost the economy.

[Read more about the 'size of the prize' report:](#)

Programme Risks (Amber or Red risks only)

MTFM, Spectra Optia

AMBER current quarter

GREEN next quarter

With the allocation of funds being announced by NHSE specialised commissioning, teams at both sites have been preparing for the implementation of the new service. Clarification was sought for one Trust as to how funds will reach their intended destination. HIOTV's COO escalated the issue to Frimley ICB's CMO. Frimley ICB has agreed that the ICB will receive and transfer the funds across to Frimley Health NHS Foundation Trust.

No new risks have been added to the organisational risk register; the register has been reviewed and updated in Appendix A: Risk Register and submitted for discussion at July's HIOTV Board meeting.

Finance

HIOTV is on track to breakeven this year as per plan. We started the year requiring £0.7m additional income to breakeven; £0.5m was secured in the quarter. Leading the Avoiding Brain Injury in Childbirth commission, winning the bid for Martha's Rule in Mental Health, and, the development of the Respiratory Transformation Partnership, subject to final approval by OLS, have contributed to the improved financial position. We have experienced cost pressures to cover sickness absence and maternity leave. Work continues to secure further income for this year and 2026/27.



Financial Summary

Financial Year Ending 31 March 2026



	Opening Plan	Forecast 2025/26	Forecast Variance	YTD Plan	YTD Actuals	YTD Variance
INCOME						
Commissioning Income - NHS England Master Licence	-2,123,269	-2,123,269	0	-530,817	-530,817	-0
Commissioning Income - Office for Life Sciences	-1,148,088	-1,148,088	0	-287,022	-287,021	-1
Commissioning Income NHSI - PSC	-846,025	-846,258	233	-176,525	-171,500	-5,025
Other Income	-1,485,439	-1,704,619	219,180	-374,300	-420,177	45,877
Total income	-5,602,821	-5,822,234	219,413	-1,368,664	-1,409,515	40,851
HIN FUNDING OF ACTIVITIES						
Patient Safety	631,031	604,034	26,997	152,758	158,562	-5,804
Clinical Improvement	370,454	378,386	-7,932	92,614	95,018	-2,404
Clinical Innovation Adoption	1,363,697	1,347,814	15,883	330,277	334,801	-4,524
Strategic & Industry Partnerships	1,282,491	1,360,394	-77,903	311,645	346,716	-35,071
Community Involvement & Workforce Innovation	437,087	595,667	-158,580	101,854	110,441	-8,587
Other Programme Costs	81,632	82,642	-1,010	20,408	21,144	-736
Communications	159,179	158,420	760	39,795	39,865	-71
Programmes and themes	4,325,571	4,527,356	-201,785	1,049,351	1,106,546	-57,195
Corporate Office	1,277,250	1,294,878	-17,628	319,313	302,969	16,344
Total expenditure	5,602,821	5,822,234	-219,413	1,368,664	1,409,515	-40,851
Net Surplus or Deficit	-0	0	-0	-0	0	-0

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

Q1 Programme and Project Updates



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

Theme/Status/Project RAG	Q1 Update	BOB	Frimley
Cancer	2	1	0
Active	2	1	0

Digital symptom tracking for prostate cancer (Wave Health) **D**

HIOTV, supported by Bayer plc, successfully delivered two expert-led webinars in Q1 2025/26 as part of the Prostate Cancer Project. The webinars focused on addressing key challenges in prostate cancer care and exploring the role of technology and innovation in improving diagnosis, treatment, and outcomes. A third webinar was also successfully delivered independently by HIOTV and clinicians from University of Oxford and Oxford University Hospitals Trust.

The sessions brought together clinicians from across the UK and Europe, including urologists, radiologists, oncologists, clinical nurse specialists, and NHS service managers. The first webinar aimed to raise awareness of the Wave Health/TTI platform and its potential for enhancing patient and clinician experience.

Objectives of the Series: Explore prostate cancer care pathway challenges; Showcase practical innovations, including AI and digital tools; Support peer learning and share best practice; Promote exemplar UK and international projects



Ibex Breast Cancer AI tool **D**

Planning underway for a pathology and health inequalities roundtable event in September. This will be a face to face event with senior inequalities specialists and pathologists. Planning for 3rd patient panel.

Cardiovascular/Stroke	8	4	4
Active	6	4	4

AffeX-CT for drug resistant hypertension **P**

In Q1, the SIP team received and reviewed the dummy tables provided by the trial team. Several RSG (Research Steering Group) meetings were held to discuss progress and align next steps. It has been confirmed that trial data will be available by mid-September, later than the initially anticipated August timeline. The team has agreed that the health economics analysis will primarily be literature-based, supplemented by real-world data as outlined in the HEAP (Health Economics Analysis Plan), where available. The literature review and modelling work are scheduled to commence in Q2, pending receipt of the trial data.

Q1 Programme and Project Updates



Theme/Status/Project	Q1 Update	BOB	Frimley
British Heart Foundation Lipid Management P	Q1 was a contracting and planning phase, the Trust signed the contract with BHT, and planning started for project delivery. The HIN developed a draft evaluation plan.	●	●
CVD legacy work D, C, P	<p>24/25 was 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 has ended, our ICBs have indicated that they still require HIN support in this area, so we are continuing the legacy workstream to maintain momentum in this area.</p> <p>In Q1 we supported BOB ICB to deliver:</p> <ul style="list-style-type: none"> - Lipid management webinar for Bucks GPs - Hypertension digital sprint webinar <p>The HIN is also working with the ISDN to support stroke teams to improve lipid management for patients post stroke.</p>	●	●
Heart Failure (CVD portfolio programme) D, C, P	<p>Strong progress was made in Q1. Highlights include</p> <ul style="list-style-type: none"> - Presentation of echo-cardiogram horizon scan to BOB Integrated Cardiac Delivery Network. - Development of proposal for heart failure learning bites series, agreed with BOB ICB for development in Q2 ready for distribution in Q3. - Agreement with Wessex and KSS Health Innovation Networks to deliver a South East Collaborative learning series on heart failure. This will consist of three webinars focusing on patient experience of heart failure, frailty and case studies. This is planned to start in September. - Proposal developed for pathway mapping project to support the development and delivery of the BOB ICB Heart Failure Strategy. This is being discussed at the ICDN on 2nd July. 	●	●
Familial hypercholesterolaemia (FH) (CVD portfolio programme) D, C, P	Evaluation plan signed off by project team. Evaluation will start in Q2.	●	●
Medical iSight Thrombectomy training project D	The team held a patient focus discussion group held with 12 members of the public and 2 facilitators, from which a report was completed and sent to the innovator company. Ongoing work on co-designing consent form, patient information sheet and summary for the ethics committee submission. Literature summary re-work underway and for submission to the company Q2.		

Q1 Programme and Project Updates



Theme/Status/Project	Q1 Update	BOB	Frimley
Planning	2	2	0
Apoplex Stroke Risk Analysis Project	In Q1 the HIN met with the ISDN to agree the scope for the evaluation. An evaluation plan is in development, and we anticipate the project will commence in Q2.	●	•
Intracerebral haemorrhage (ICH) Pathway Quality Improvement	The project has just begun. We have successfully recruited stroke clinical leads for each of the three involved ISDNs (BOB, Kent and Medway, and Sussex ISDN). We have also secured the help from an ED consultant and Haematology Consultant. We have established a Steering Group and Working Group and held a Theory of Change Workshop mid-June.	●	•
Dermatology & Woundcare	10	9	1
Active	7	6	1
Accel-heal evaluation C, P	Progress meeting held on the 9th May with innovator. The evaluation of 10 patients has demonstrated encouraging results. The next step is to build a business case for placing the product on the BOB specialist wound technology formulary. HIN support with considering the investment to save elements. Next meeting with working group planned for the 10th of July 2025	●	•
BOB Woundcare Strategy D, C, P	Successful wound strategy round table event with key stakeholders held on the 7th May 2025. Summary document of the outcomes attached to this account. Next step is a working group meeting to formulate a wound strategy framework on which to build commissioning structures for wound clinic models across the system. The HIN supporting with the clinical expertise and TWC RWE experience to guide the models of care and the governance frameworks to support this. The recent onboarding of two community Trusts on to the Transforming Wound Care; Leg Ulcer Transformation programme will aim to support evidence for population health data and clinic models. Next 1:1 meeting with commissioners scheduled for the 4th July 2025.	●	•
BOB Wound Population and service provision Study C, P	Primary analysis has been completed by our industry partner collaborators and offers impactful data relating to cost savings secondary to improvements in lower limb care. Next step is for the HIN to formulate this in to a tangible working document for commissioner colleagues. This will also support the BOB wide wound strategy and system-wide framework.	●	•
Leg Ulcer Transformation: Buckinghamshire Healthcare NHS Trust C, P	Key stakeholders identified from Buckinghamshire HealthCare Trust. All have attended the HIN central programme team introduction community of practice meeting and first clinical webinar (led by Julie Hewish). Planning meeting has been held with stakeholders to understand the primary aim of the organisation within the remit of Transforming Wound Care; Leg Ulcer Transformation. Wound care clinics already established by the tissue viability team in two localities can be reconfigured to accommodate the lower limb principles and adoption model of the programme. Plans for Quarter 2 will be to define the primary enablers for the programme, devise a logic model to outline key objectives and, develop a milestone plan towards implementation with the HINs support. The HIN central programme team will host a series of support webinars over the course of the 1 year programme to which key stakeholders will be encouraged to attend. These are community of practice, data metric and clinical webinars.	●	•

Q1 Programme and Project Updates



Theme/Status/Project	Q1 Update	BOB	Frimley
Leg Ulcer Transformation: Oxford Health NHS FT D, C, P	Planning meetings with stakeholders over the course of Q1. HIN support requested with structuring the clinical and operational models of the lower limb clinic. Wider aspirations to deliver all wound care within the community setting in line with the ICB district nursing commissioning structures. Stakeholders have attended the preliminary community of practice and clinical webinar meetings with the Transforming Wound Care; Leg Ulcer Transformation central team. Community clinic already reporting wound data, accommodating house bound patients supported by NHS transport. Primary aim is to secure data quality and understand system coding potential.	●	.
Lower Limb pathway pilot - OUH inpatient wards D, C, P	All ward staff in the pilot now competent in compression therapy. Q1 data available from OUH TV team has begun to demonstrate positive impact to people admitted with lower limb wounds. The HIN has undertaken an analysis of the data towards predicting skill retainment and workforce capacity. Case study documenting the journey so far in draft format. New lower limb pathway has been launched. Progressive steps include refining the data metric and recruiting additional test sites	●	.
NHS Frimley Woundcare Strategy D, C, P	The Improvement lead has now left the organisation, but HIOTV continue to maintain existing relationships with NHS provider stakeholders and the new QI lead. Current focuses relate to dressing formulary consolidation with associated clinical pathways awaiting approval and launch. HIOTV PM liaising with TWC test and evaluation site manager to co-author an article relating to the successes of the TWC programme in a primary care setting - accepted by the British Journal of Community Nursing. Adoption and spread site in Surrey Heath have now recruited a new lower limb lead. Data metric under the local commissioning agreement under review.	.	●
Planning	1	1	0
Order of St John Care Trust - Transforming Wound Care C, P	Progress meetings held with stakeholders. Efforts towards initiating data workup to understand need and direction for the project. HIOTV PM have been invited to an NHSE led Model Hospital project to incorporate care home data into the national dashboard on which the stakeholders sit. Current HIN involvement to be ascertained.	●	.
Complete	2	2	0
OUH Vascular/Community/ Primary care electronic patient referral pilot D, C, P	The project is now completed. HIN continuing to collaborate with the working group to support a case study for the work achieved. Impacts include: The OUH vascular clinic now have an advanced nurse practitioner running new diagnostics vascular clinics for people presenting with lower limb wounds; All community nursing teams, and primary care nursing teams can refer patients who meet the criteria directly to the vascular clinic via an electronic referral system; All nursing teams were provided with education relating to lower limb assessment and appropriate referrals supported by the OUH vascular teams; Improved communication and collaboration between nursing and vascular services; Improved escalation and referral pathways for patients with suspected peripheral arterial disease in the lower limb. HIN supported with education, pilot evaluation considerations and implementation of NICE/NWSCP lower limb guidance.	●	.
Transforming Wound Care Adoption - Lower Limb Clinic Oxford Health FT D, C, P	The Trust have now onboarded to the new Health Innovation Transforming Wound Care: Transforming Leg Ulceration programme. Therefore, a new project has been created to capture this.	●	.

Q1 Programme and Project Updates



Theme/Status/Project	Q1 Update	BOB	Frimley
Diabetes	1	1	0
Active	1	1	0
QI diabetes project with people who experience homelessness P	The QI project team have undertaken diagnostic and understanding work with the wider practice team to understand staff knowledge and confidence around areas of diabetes care for the practice population and potential change ideas. Following this they are working through the Model for Improvement, creating an aim and driver diagram to share with the wider team and a measurement strategy using a confidence survey. They are planning to collect their baseline measure by the end of June.	●	•
Elective Recovery	2	1	1
Active	2	1	1
Concentric (HTAAF) D	Following the publication of the report, Concentric was invited to exhibit on the Health Innovation Network (HIN) stand at Confed Expo. Communications were developed in support of this activity to promote the findings of the report, including the production of an infographic. In addition, a case study was completed and published on the HIOTV website. An abstract has also been submitted for ISPOR.	●	
Tympa Health C	A key stakeholder meeting was held, and all parties confirmed their commitment to delivering the pilot within the North Frimley area. Preparatory activities are currently underway in advance of the implementation phase. These include pathway mapping, development of clinical protocols, contract negotiation, financial modelling, and ongoing discussions relating to information governance. Engagement with primary care and information governance colleagues has been re-established to support these initial stages.	•	●
Gastroenterology, Kidney and Liver	2	2	0
Active	1	1	0
Endoscopy Capsule Sponge Sustainability Report C, P	Liaising with Dr. Anjan Dhar to gather findings from County Durham and Lister Hospital.	●	
Planning	1	1	0
Cyted Endosign C, P	The first draft of the business case was completed in Q4 2024 and submitted to system stakeholders for review, with a second draft being completed in Q1 2025 following feedback. The business case is an overarching proposal for adoption of the capsule sponge test (CST) within all three provider Trusts in the BOB region, nuanced for local drivers and implementation pathways, for which approval will be sought by each of the local endoscopy service managers. A hiatus was built into the business case approval process to allow for each of the endoscopy services to undergo their repective Joint Advisory Group (JAG) audits, which the Endosign business case will be used to support.	●	•

Q1 Programme and Project Updates



Theme/Status/Project	Q1 Update	BOB	Frimley
Haematology	2	0	1
Active	2	0	1
MTFM - Spectra Optia C	With the allocation of funds being announced by NHSE specialised commissioning, teams at both sites have been preparing for the implementation of the new service. Clarification was sought for one Trust as to how funds will reach their intended destination, it has now been agreed that the ICB will receive and transfer the funds across.		●
Haemoglobinopathy Network - Patient Feedback	A lot of activity has taken place this quarter, specifically around the development of the surveys: - a workshop was held in June for clinicians across the network to determine the key themes to be addressed in the survey - request for patient participation to review the draft survey - IG leads across all hospitals in the network have been informed of the survey - meeting with clinicians scheduled for beginning of Q2 to review and finalise the survey		•
Infection and Inflammation	1	0	0
Active	1	0	0
Presymptom InfectiClear Feasibility Study P	The team has been linking with the company to co-design the patient focus discussion group. In June a mini survey was designed and shared at Banbury Mosque around blood test experience. An on-line patient focus discussion group took place with 6 members of the public (including seldom heard representatives). The focus of the discussion based around what is important for patients regarding blood tests, what communication is important and what information they would like to receive before or after a test. A literature review was completed, to map the clinical pathway of infection and sepsis management in acute clinical settings. All documents submitted to support the feasibility study were reviewed, and the mapped pathway was presented to the Pre-symptom team, with final agreement reached. Pre-read materials and the stakeholder discussion guide were finalised. The team also compiled a list of potential stakeholders for the study. A series of stakeholder interviews were conducted to gather insights into the pathway, with one final interview scheduled for early Q2. Thematic analysis of the interviews has begun, and initial drafting of the feasibility report is underway. The project is progressing well, with the final report expected to be submitted in Q2		•
Injuries and Emergencies	1	0	0
Active	1	0	0
Evaluation of RBfracture AI technology for fracture detection on X-Rays D	A health economics analysis plan was developed to guide the economic evaluation of RBFracture, a software tool designed to assist healthcare professionals in diagnosing fractures. The analysis aims to assess the cost-effectiveness of RBFracture compared to standard clinical practice. The objectives include: Evaluating diagnostic accuracy and clinical effectiveness Assessing impact on patient outcomes and healthcare resource use Analysing direct and indirect costs in the fracture diagnostic pathway Conducting a budget impact analysis		•

Q1 Programme and Project Updates



Theme/Status/Project	Q1 Update	BOB	Frimley
Maternity and Reproductive Health	3	3	3
Active	3	3	3
Early recognition of deterioration or women and babies workstream D, P	<p>NEWTT2: System C testing phase stakeholder meeting facilitated by NHSE Perinatal Deterioration team took place on 5th June, this was to enable delivery partners & patient safety collaborators who are touchpoints for implementation to discuss next steps.</p> <p>MEWS: Expectation is for a similar stakeholder meeting that was put in place for NEWTT2 to take place in September. Excellent engagement with our digital leads in our provider organisations.</p> <p>In May Luna & her parents were invited along with Eileen Dudley (Project Manager lead) to join the ICB Board to share their family experience with Luna being born very prematurely (born at 23 weeks). The family were amazing and shared their personal experience as well as being asked some questions from Rachel Corser Chief Nursing Officer, BOB ICB, around the care they received during their incredible journey.</p> <p>The Video produced by HIOTV has now been added to regional & national education platforms.</p>	●	●
Optimisation of the pre-term infant workstream D, P	<p>In May 2025 HIOTV facilitated two antenatal counselling education webinars delivered by clinical experts to support healthcare professionals in developing the skills and confidence needed to communicate with parents and help them make decisions when faced with the prospect of preterm birth. They covered key elements of perinatal management of extreme preterm birth and were designed to increase health professionals' understanding and confidence in preterm antenatal counselling. More than 300 people attended these online sessions which are now available as recordings. At the end of webinar two 77% of people who joined it said they were comfortable or very comfortable providing counselling in an extremely high-risk scenario compared with 37% who felt the same way at the start of the session.</p> <p>Cervical Length Scanning Basic Training Project: Introducing Point Of Care scanning is an opportunity to provide equitable access care / identification of low risk primigravida (first pregnancies) who account for approx. 1/3 of the preterm birth population. In June 2025 HIOTV facilitated a pilot training day at John Radcliffe Hospital by recruiting pregnant volunteers to help train doctors to accurately measure the length of the cervix. This is the best way to identify pregnant women at increased risk of preterm birth (birth before 37 weeks of pregnancy).</p> <p>The day involved 4 senior consultants as trainers and 8 registered doctors as trainees with a total of 46 pregnant volunteers attending, all of which were provided with a 20 minute scan appointment & a free picture of their baby.</p> <p>We plan to run a total of 5-6 training days to include colleagues within the HIN, the next scheduled date will be 7th Sept 2025 at Oxford.</p> <p>Inspired by the success of the pilot we are grateful to OUH EDI Specialist midwife Corina Okiki for her perspective on inclusivity for recruitment of pregnant volunteers as we progress with this important training programme.</p> <p>Simulation Education: Simulation based-education evaluation, we continue to work with Buckinghamshire New University on completing an interim report which will evaluate the importance & the impact of this training.</p>	●	●

Q1 Programme and Project Updates



Theme/Status/Project

Q1 Update

BOB

Frimley

Perinatal Culture Leadership
workstream

The Perinatal Culture and Leadership Lead continues to work closely with maternity and neonatal leadership teams across the region. This includes helping teams identify their local priorities for improving workplace culture and supporting the creation of dedicated change teams to lead this work. Structures are being put in place to make sure staff have regular opportunities to give feedback and be involved in shaping improvements.

We are reconnecting with existing Culture Coaches and strengthening links between them and local leadership teams. This quarter, a new regional Community of Practice for Culture Coaches was launched to provide a space for shared learning, support, and development. Leaders are being supported to recognise the value of the Culture Coach role and the wider resources available to help it grow.

The programme continues to work closely with other Health Innovation Networks to develop joint training, events, and resources for NHS providers. Mapping local maternity and neonatal services across the region has begun, to support better collaboration and identify where leadership and culture work can be strengthened together.

The Lead has completed training to deliver structured cultural conversations using the Appreciative Inquiry approach. Trusts are being supported to use these conversations and the MOMENTS framework to reflect on what is working well, and how to build on it to create more positive and inclusive working cultures.

We are working closely with regional maternity and neonatal colleagues to improve how we share key messages and positive stories from this work. Newsletter content and updates are being planned to showcase good practice and the real impact this programme is having on staff and families.



Q1 Programme and Project Updates



Theme/Status/Project	Q1 Update	BOB	Frimley
Medicines Optimisation	4	3	3
Active	4	3	3

Repeat Prescribing	<p>The project commenced in Q1 with strong foundational work to ensure successful delivery of webinar sessions focused on repeat prescribing for Frimley ICB and BOB ICB.</p> <p>A comprehensive project plan was developed, outlining milestones, timelines, and deliverables.</p> <p>Both ICBs have confirmed that Repeat Prescribing Toolkit (some elements of it) are included in their Prescribing Incentive Scheme (PIS) for 2025/26 and their interest in separate webinars tailored to their needs and aligned with the PISs.</p> <p>Engagement with Clare Howard and Frimley ICB Medicines Optimisation (MO) Leads was initiated via a kick-off meeting to plan the Frimley webinar.</p> <p>Event Planning progressed well with the Frimley Repeat Prescribing Webinar is confirmed for 17th July 2025, 60 healthcare professionals currently registered, with the BOB ICB webinar to follow in October 2025.</p>	●	●
OSCAR study C	<p>Two additional papers for potential publication have been commented on. These are:</p> <ul style="list-style-type: none"> - OSCAR quantitative analysis paper - SMR pharmacist interview paper 		
Polypharmacy P, C	<p>The Polypharmacy Programme formally concluded in March 2025. Q1 has focused on consolidating learning and writing up reports that capture the impact of the three-year programme. This quarter's work has laid the groundwork for key outputs scheduled for delivery in Q2 and Q3, including evaluation reports, impact summaries, and learning resources to support ongoing system-wide improvement:</p> <ul style="list-style-type: none"> - 8 QI Posters and 1 summative report and 1 case study - 3 x ICB Comparator Reports - Polypharmacy Training Evaluation Report and a case study - End of the Programme Report <p>QI shared learning event Transforming polypharmacy management, a quality improvement webinar, scheduled for 16th July. This event will share insights from funded QI initiatives and promote wider system learning and adoption.</p>	●	●
Psychotropics in Learning Disability (planning) P	<p>Both BOB and Frimley have formed core working groups to begin their project work. Clinical leads have been identified, and project governance has been agreed via existing ICB structures. Both areas are beginning to explore local assets and non-pharmacological interventions as well as key local contacts and organisations that could be consulted to ensure the local VCSE and patient voice is present in this work. Frimley have collated baseline cohort data, and BOB are deciding on their approach for identifying neighbourhoods for the pilot.</p>	●	●

Q1 Programme and Project Updates



Theme/Status/Project	Q1 Update	BOB	Frimley
Mental Health	7	2	4
Active	7	2	4
Dementia - digital approach D	<p>No Planned activity for Q1 - the health economics analysis plan will be delivered in Q2</p> <p>Following a successful bid to run the Mental Health pilot for Martha's Rule, we have launched this quarter. This process has included:</p> <ul style="list-style-type: none"> - Running an expression of interest process and selecting 9 Trusts to be part of the pilot programme - Hosting a launch webinar on 12th June - Inviting all participating Trusts to 1:1 meetings with the HIOTV project team (initial meetings will take place in Q2) - Providing onboarding information - Planning a community of practice - Drafting a measurement plan, awaiting approval by NHSE <p>Both the patient experience interviews, and healthcare provider (HCP) interviews concluded in Q1, and thematic review reports of experiences completed.</p>		
Martha's Rule implementation in Acute Mental Health Inpatient services Programme	<p>HIOTV have received the pseudonymised data set from within the CARE for MDD app from Otsuka. Quantitative analysis is now underway of this data to provide insight into how the different clinical pathways followed may have impacted on patient uptake and engagement.</p> <p>The final report has been drafted and will be completed once the quantitative analysis is complete, prior to submission to Otsuka.</p>		
Otsuka Care for MDD Operational Pilot C, D	<p>Health economics analysis plan (HEAP) finalised and shared with Otsuka to guide the economic evaluation of CT-152 within the GB Observational Study. Initial alignment meeting held with Otsuka to discuss implementation of the HEAP and explore next steps for economic analysis. Ongoing methodological support provided, including clarification of modelling approach, outcome selection, and NICE-aligned analytical strategies. Collaboration established to ensure continuity between the HEAP framework and Otsuka's previous internal analyses, facilitating coherent and policy-relevant outputs.</p>		
CT-152 Otsuka - Health Economics C, D, P	<p>A second face to face project day was held with stakeholders to complete process mapping of transfer and remission. Supporting project team to shape driver diagrams, refining aim statement and identifying change ideas. Further follow up sessions have been arranged online.</p>		
South East Prison Mental Health Transfers and Remissions	<p>Work continues on remaining three case studies. One podcast style case study is recorded and in final stages of editing and content agreed for a second audio case study. Continuing to work with the team to identify final suitable case study.</p>		
Trauma-informed case study series	<p>The evaluation is now complete, and the final report shared.</p>		
Trauma-informed approaches Training Year 2 evaluation			

Q1 Programme and Project Updates



Theme/Status/Project	Q1 Update	BOB	Frimley
Musculoskeletal Disorders	1	0	0
Active	1	0	0
RMD-Health - University of Reading D	A feasibility study was conducted a feasibility study to assess the acceptance and potential barriers to adoption of RMD-Health, a machine learning-based risk stratification tool designed to support the rheumatology referral pathway. The tool aims to differentiate between Inflammatory Arthritis (IA) or Non-Inflammatory Conditions (NICs) at the point of referral improving diagnostic accuracy and resource allocation. Using the Lean Assessment Process (LAP) methodology, semi-structured inter-views were conducted with 15 clinicians across primary and secondary care. Topics included current challenges, potential ben-efits, and the evidence required to support adoption. The study explored stakeholder perspectives on the current referral pathway, the perceived utility of RMD-Health, and the practicalities of its implementation. The study was completed, and re-port was submitted.	.	.
Neurological Disorders	3	2	0
Active	3	2	0
Hyperacute Rehabilitation	Activities this quarter have focused on working with NHSE and clinical teams to develop financial models to show the impact the new service could have for both commissioners and providers. This has been presented to the NHSE national commission-ing team for consideration. Work has also commenced on developing an outcomes framework to ensure the KPIs, process metrics and data sources/requirements are understood, and are consistent across the NHSE SE region. Key activities this quarter include: - updated data analysis, including patient metrics, training feedback, and staff and patient survey responses	●	.
Spinal Cord Injury	- an abstract submitted to the International Spinal Cord Society annual meeting has been accepted as a poster presentation, plus it has been shortlisted for an award - an abstract submitted to the British Society of Physical & Rehabilitation Medicine annual conference has been accepted for oral presentation - review of activity and outputs with NHSE South East, and agreement that a final project close report will be submitted in Q2	●	.
Cancelled	1	0	0
GaitQ - Tempo for Parkin-son's Rehabilitation D	Gait Q has decided that the Health Economics work package will not proceed as they have changed their direction of develop-ment. This has been agreed with NIHR.		
Ophthalmology	1	0	0
Active	1	0	0
Dora Multilingual AI Chat Bot D	Turkish language focus group undertaken with 7 participants plus interpreter. Good insights into how members of the public feel misrepresented when using interpreters. Planning for Polish workshop in July. Contract signed. Regular update meetings attended. Planning for AI and health inequalities round table.		

Q1 Programme and Project Updates



Theme/Status/Project		Q1 Update	BOB	Frimley	
Community Involvement		4	3	0	
Active		4	3	0	
Working Together Partnership	D	Gypsy, Roma and Traveller webinar undertaken - 130 attendees. Writing for the public workshop undertaken with 30 members of the public and clinicians.	●	.	
Thames Valley and Surrey Shared Care Records		Continued organisation of the ethics and engagement advisory group. Appointed public co-chair for this group.	●	.	
Thames Valley and Surrey Secure Data Environment Development (SDE)		Appointed public and healthcare staff members for 6 x committees through open advert. Continue chairing the data access committee and membership of senior management team. Workshop 7 on sensitive data - 25 attendees. Story boarding for data guide course with digital unite.	●	.	
Seroxo Sepsis		i4i Connect Grant project: A literature summary on Sepsis and health inequalities complete as well as a workshop with clinicians and public members report. Both have been submitted to the company for approval. All Healthcare Professional interviews completed and report collating the views of clinicians on the level of acceptance and potential barriers to adoption of the LIT test in Accident and Emergency Department is underway	.	.	
		SBRI AMR 25 project: Literature searches and theming underway, a summary will be produced in Q2. Initial scoping was completed.			
Patient Safety		2	2	1	
Active		2	2	1	
Implementation of Martha’s Rule		Of the 3 acute hospital sites involved in the national pilot (phase 1): - 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. Of these 1 plans to pilot in maternity settings in the next quarter. - The 3rd pilot Trust has extended its service to all adult in-patient wards, excluding maternity - All sites have now commenced a Patient Wellness Questionnaire pilot within parts of their Trusts (not all wards/clinical areas). 2 additional sites have joined the pilot in phase 2 (starting Q1 25/26) - OUH (all 4 hospital sites) and High Wycombe Hospital. Both Trusts are already part of our Community of Practice. OUH launched a limited pilot of Martha's Rule in John Radcliffe and Horton General Hospital sites in Jun 25.	●	●	
PIER workstream	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. HIOTV has continued to progress this theme through our regional deterioration network, exploring themes of standardising approaches to sepsis, development of deterioration dashboards, and frailty. We have created working groups for sepsis and deterioration dashboards; both have met in the last quarter. Dashboards work will scope the identification of metrics to identify deterioration with greater accuracy than NEWS2. PIER is no longer funded as a workstream by NHSE.	●			

Q1 Programme and Project Updates

Theme/Status/Project	Q1 Update	BOB	Frimley
Research and Development	2	2	1
Active	2	2	1
Innovation Course - ALL7027- Negotiated Major Project	<p>This quarter marked the launch of the first cohort of the ALL7027 Healthcare Innovators Module, supporting workforce development in innovation, change and improvement. We also actively participated in the Continuous Improvement Showcase hosted by Buckinghamshire Healthcare NHS Trust, strengthening cross-sector engagement and showcasing our support for QI and innovation-change capacity-building across the region. Here are the highlights;</p> <ul style="list-style-type: none"> - First cohort of ALL 7027 Innovators Module: In April 2025, we launched the first ever cohort of the ALL7027 Healthcare Innovators Module in partnership with Buckinghamshire New University. This Level 7 module enables healthcare professionals to lead innovation, change initiatives or QI projects within their workplace setting. 5 funded participants from across BOB, Frimley systems have been offered. - The team delivered two well-received taught sessions: Writing a Business Case for Innovation and Enablers and Barriers to Adoption in the NHS. Feedback from participants described the sessions as highly valuable and directly applicable to their project work. students reported increased confidence in engaging stakeholders and progressing their innovations. - Continuous Improvement Showcase (June): In June 2025, we attended the Continuous Improvement Showcase at Buckinghamshire Healthcare NHS Trust, which brought together the Trusts Clinical Audit, QI, and Research & Innovation teams. Over 100 improvement posters and presentations were shared, showcasing impact across clinical services. Our team engaged directly with attendees to promote the ALL7027 module and highlight regional support for frontline innovation. 	●	●
BOB ICS - place based health inequalities programme	<p>Planning for the year 2 evaluation. Evaluation plan presented and approved at BOB ICB health inequalities and prevention board. 24 senior leaders approached for semi-structured interviews - all agreed and appointments in diary. Interviews now underway and aim to complete in July 2025. Planning for 3 x place-based focus groups to take place early September. Attending multiple health inequalities and prevention forums across BOB ICS. Regular progress meetings with BOB ICB director of health inequalities.</p>	●	●
Respiratory Disorders	4	4	0
Active	3	1	0
Albus Home	<p>The project was on hold for a few months. During that time, we discussed conducting an early economic study to assess potential cost-effectiveness, this work is set to commenced in Q2.</p> <p>Following a period on hold, this project is now back in the planning stage with renewed momentum behind running a real-world evaluation of the solution.</p>	●	●
ArtiQ real world evaluation	<p>An expression of interest document is currently being prepared to be shared with selected primary care practices that have high throughput and (objectively) require additional support. Engagement is underway with the Community Diagnostic Centre (CDC) to map the existing pathway within that setting and explore opportunities to evaluate the innovation. The EOI will facilitate the identification of suitable pilot sites and reinitiate the stakeholder engagement and implementation planning process for the evaluation.</p>	●	●
MyAsthmaBiologics App P, D	<p>Report writing for this project is ongoing. In addition, an abstract based on the study was submitted and has been accepted for presentation at the European Respiratory Society (ERS) Congress 2025.</p>	●	

Q1 Programme and Project Updates



Theme/Status/Project		Q1 Update	BOB	Frimley
Planning		1	0	0
	<p>Q1 activity has focused on:</p> <ol style="list-style-type: none"> 1. Project set up. Funding and contracts have been negotiated; the recruitment process for clinical leads for the programme and defining scope for patient representatives has started. The CIA project team have been stood up and a project plan has been developed. 2. Governance and delivery structure. Two workshops have been held to discuss and agree the governance structure and governance group membership with NHS England (NHSE). Expressions of interest for HIN participation have been circulated, and the first HIN Delivery Group has been held. 			
Respiratory Transformation		<ol style="list-style-type: none"> 3. Phase 1. Significant activity has focused on agreeing funding, funding flow and establishing the expression of interest process for the Respiratory Transformation Programme (RTP) Pathway Transformation Fund (PTF). A Project Charter has been developed and agreed with NHSE to support the transfer of funds. The planned launch for the RTP PTF is 7th July. This will be followed by a national webinar on 14th July. 4. Phase 2. Conversations have been held to confirm OLS funding and sign contracts. 5. Phase 3. Conversations have been held with the HIOTV Commercial Director and Industry Partners to agree match funding. 	.	.
Sustainability and Net Zero		2	0	0
Active		2	0	0
Sustainability Assessment of the Respiratory, Pathway and Asthma Biologics		We are meeting on 14th July to get an overview of the aims and desired outcomes of the programme, to create the outline of sustainability assessment.	.	.
HIOTV Carbon Reduction Plan		In progress, currently exploring emissions data.	.	.
		62	39	19

Appendix A: Risk Register

#	Programme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date	Date mitigated	RAG
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
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: Published Case Studies



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

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