



**Health
Innovation**
Oxford & Thames Valley



Office for
Life Sciences



Q3 Report 2025/26

For the quarter ending 31 December 2025



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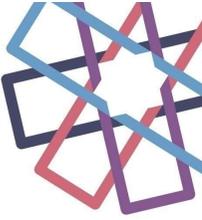


Chief Executive's summary

The New Year had a good start with the British Medical Journal highlighting our work in evaluating and supporting the adoption of stroke AI in all stroke units in England as one of the top 10 pieces of good news in 2025¹⁻³. Our real-world analysis of the effect of stroke AI on increasing thrombectomy rates and reducing delays in treatment demonstrates the importance of evaluating the impact of new technology and service pathways on patient outcomes, workflow efficiency and productivity as they are adopted by the NHS. The evaluation was made possible because of the high-quality data captured by the national stroke sentinel audit across all stroke services in England over many years. In that context as we plan our future work we are examining how we can best work with the Thames Valley and Surrey Care Records and the Secure Data Environment rich data resources to optimise delivery of our work to populations most in need and understand the impact to inform decision-making about wider spread and adoption in the NHS.

Our three case studies this quarter illustrate how our work is addressing key NHS priorities, namely: improving maternity care through an education programme to improve preterm birth outcomes; using digital therapeutics in depression to improve mental health outcomes; and engaging a wide range of lesser heard groups in our work to reduce health inequalities.

In 2026 we are expecting to see a call for health and local government systems to apply to be designated Regional Health Innovation Zones. The concept was first proposed in the Innovation Ecosystem Programme that reported in 2024⁴ and has taken some time to evolve into a clear initiative. The intention is these areas will drive collaboration to redesign services and more rapidly adopt new technologies, identify how they can be safely and effectively scaled across the NHS through locally piloting major changes, and that industry investment will be attracted to collaborate with the NHS. The Thames Valley has unique capabilities in developing new technologies and approaches from its academic and commercial partnerships already in place with NHS organisations. We will be working with our NHS partners, the Thames Valley Chamber of Commerce⁵, Equinox⁶ and other partners to further enhance collaboration across the Thames Valley.



At a recent national meeting that I attended a senior leader in the NHS commented that the changes needed in NHS services to deliver the improvements required and expected by the public could not be achieved by incremental improvement alone, and that bolder more innovative approaches were needed. This requires well designed local initiatives utilising solutions developed with academia and industry that operate outside traditional organisational boundaries.

Clear governance, commissioning and evaluation plans need to be in place that enable rapid scaling of successful initiatives through commissioners, provider collaboratives and national clinical networks using the modern service frameworks. Our focus as a Health Innovation Network will be on identifying potential scalable solutions, designing and evaluating early adoption, and working with the national Health Innovation Network and NHSE/DHSC leaders and networks to achieve wider adoption of high value solutions.

Gary Ford

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

1. [https://www.thelancet.com/journals/landig/article/PIIS2589-7500\(25\)00109-8/fulltext](https://www.thelancet.com/journals/landig/article/PIIS2589-7500(25)00109-8/fulltext) Kiruba et al. Artificial intelligence imaging decision support for acute stroke treatment in England: a prospective observational study. *Lancet Digital Health* 2025;7:100927
2. <https://www.bmj.com/content/391/bmj.r2607> Good news from 2025.
3. <https://www.england.nhs.uk/2025/12/life-changing-ai-support-helping-stroke-patients-get-a-second-chance/>
4. <https://www.england.nhs.uk/long-read/the-innovation-ecosystem-programme/>
5. <https://www.thamesvalleychamber.co.uk/>
6. <https://www.oxfordequinox.com/>



Case study 1: Pilot implementation of cervical length ultrasound education for obstetrics and gynaecology resident doctors in the Thames Valley

Programme/theme: Patient Safety / Maternity and Neonatal / Preterm birth

Summary

In the summer of 2025, a pilot programme comprising a series of cervical length ultrasound education days was introduced in the Thames Valley Deanery to support best clinical decision-making in identifying pregnancies at increased risk of preterm birth. The aim of this initiative is to improve prediction and prevention of preterm birth and optimise the condition of babies born too soon, making sure they receive the right care in the right place at the right time. This approach should also reduce avoidable transfers to hospitals with specialist newborn care services and unnecessary hospital admissions, optimising access to high-risk maternity beds and services for highest-risk pregnancies.

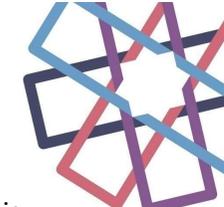
In the first six months of the programme, preterm birth specialists enabled more than 30 NHS maternity doctors to perform a cervical ultrasound scan, improving round-the-clock access to this test in acute settings, such as maternity triage. Until now, these scans were only undertaken by specialists in fetal medicine units and sonographers in outpatient maternity ultrasound settings.

After completing the course the proportion of resident doctors who felt able to perform cervical length assessment under indirect supervision rose from 11% to 54%.

This initiative was made possible by the generosity of more than 170 pregnant volunteers. The collaborative programme is coordinated by the Maternity and Neonatal Patient Safety team at Health Innovation Oxford and Thames Valley (HIOTV), which is commissioned by NHS England to implement the preterm birth optimisation pathway. HIOTV is now considering the sustainability and longevity of this innovative project. Data is being gathered to assess its impact on preterm birth prediction and prevention.

Opportunity identified

Preterm birth is a significant healthcare challenge globally, is the biggest single cause of neonatal mortality in the UK and a leading contributor to deaths in childhood. Over the last decade successive UK governments have committed to reduce preterm births. NHS England's Saving Babies Lives Care Bundle ([updated in 2023](#)) sets out a range of interventions aimed at improving outcomes for these babies, including cervical length scanning.



An ultrasound scan measuring the length of the cervix is the most effective way of identifying those at increased risk of giving birth prematurely. This scan is currently only available as a screening test to asymptomatic women with known risk factors for preterm birth, even though approximately two-thirds of preterm births occur in pregnancies with no known risk factors for preterm birth.

The pilot cervical length ultrasound education course is designed for resident doctors in obstetrics and gynaecology. It aims to strengthen the prediction of spontaneous preterm birth through targeted learning and use of the nationally recognised and accredited [QUiPP app](#). The QUiPP app previously utilised a point-of-care test called Fetal Fibronectin (fFN) to quantify the risk of preterm birth. However, the production of fFN has been discontinued internationally.

The new course aims to address this gap in care in an acute situation. As a result of acquiring this new skill, doctors will be able to generate an individualised risk of preterm birth between 16 and 34 weeks of pregnancy. Ultimately, this will support best clinical decision-making and improve outcomes.

Alignment with Government priorities

- **Treatment to prevention** – preventing preterm birth is better than optimisation.
- **Hospital to community** – admitting and discharging the right patients.

Health inequalities – Preterm birth rates are highest among Black babies (8.7%) and second highest among Asian babies (8.1%) in England and Wales (2021). The rate in the overall population in 2021 was 7.6%. In this initiative we made a concerted effort to reach a broad and diverse cross-section of the pregnant population. This included using social media platforms such as Facebook and translating recruitment posters into the most common languages in each catchment area. The posters were translated into six languages, including Urdu and Tetum (spoken by people from East Timor). (sources: [House of Lords Birth Committee July 2024](#) / [MBRRACE-UK State of the Nation Report](#) (covering data for 2021-2023))

Network support

The Maternity and Neonatal Patient Safety team at HIOTV secured funding to support this pilot and developed it with obstetricians, midwives and other experts in preterm birth. Recruitment of pregnant volunteers is a key element of the programme, and we are grateful to the Neonatal Parent & Family Engagement Lead, Thames Valley and Wessex Operational Delivery Network, and to the Specialist Midwife for Equality, Diversity and Inclusion at Oxford University Hospitals who co-produced the recruitment posters with us. The HIOTV team co-ordinated and evaluated feedback from each day, and engaged with partner organisations to share and promote this innovative project.

QUiPP **Health Innovation** **NHS Oxford University Hospitals**

KARIK ITA-NIA ISIN RUA NE'E ENTRE SEMANA 16-34?

Ami odesse eskaniamentu transvajial (internal) salsiondi gratuita hani seretis ne'utak parte husi Inovasaun Saude ba Programa Tratamentu Oxford nian.

Odes ne'o saba tratamentu nivel nasonal, hune'o ami mak ita o'nhodi dozovotvo tratamentu seguransa ida ne'o.

Despeza viajen ne'ebé razoiavel sei selu fia fall ba ita.

Ami prezisa Ita tanba...
Ami prezisa treina doutor barak liu tan atu sikat ho labos, brevik mi sarak o'ho.
Ma ne'o ma'e manisa eade saba kerdika ema sira ne'ebé nia ruku leon liu atu partu melek nia trepa (partu melek semana 37 husi nia tan nua).

Ida nee envolva...
Marka konsulta ho durasaun minutu 20 ho mediku estajeru (doutor estajeru ne'ebé especializadu ita obstetrisia), ho supervisaun direta husi klinika ida ne'ebé ma'espertisa no especializadu ita partu serevante, ita ne'ebé ita sei sikat ita saba seretis nia nasa o'nesi.
Sai ofensee akompaniante profesional ida sa ita halarak.
Ita sei hetan imajen eskaneamentu bebe gratuita ida.

Loron sira ne'ebé disponivel ita futan Jufo, Setembru, Outubru, 2025

Ospital John Radcliffe
Oxford, OX5 2EU

Atu partisipa, ka atu hetan informasaun ke'an favor manda email ka digitaliza kodigo QR ne'e: pretermteam@ouh.nhs.uk



Impacts to date

4 education days between June and November 2025 (2 more planned in Q4 25/26)

2 NHS locations: Oxford University Hospitals (John Radcliffe) and Buckinghamshire Healthcare (Stoke Mandeville)

30+ obstetrics and gynaecology resident doctors certified to carry out an additional cervical scan

170+ pregnant volunteers contributed real world experience

Scalability/Next steps

There is considerable interest in this project with a waiting list of registered doctors within the HIOTV network. HIOTV has facilitated opportunities for external clinicians to observe these learning sessions and is encouraged at the commitment to deliver the programme in their own regions. HIOTV is working closely with the South London HIN which has secured funding and plans to roll out a similar course based on our model.

We are considering the sustainability and longevity of this innovative project. Data is being gathered to assess its impact on preterm birth prediction and prevention.

Feedback

This initiative was welcomed by obstetrics and gynaecology resident doctors as a highly relevant training opportunity, closely aligned with everyday clinical duties. Prior to the course, more than half of participants (57%) reported a need for additional training in the use of cervical length measurement as a point of care test. Resident doctors valued the blended structure of the programme, which combined pre-course self-directed theoretical learning with on-the-day knowledge revision focused on a standardised scanning technique, alongside supervised hands-on practice with pregnant volunteers.

Following the programme, resident doctors described a significant improvement in confidence when managing women presenting to maternity triage with symptoms of threatened preterm labour - most participants (79%) reported independent use of the QUIPP app to support clinical decision-making. The proportion of trainees who felt able to perform cervical length assessment under indirect supervision (reflecting typical out-of-hours practice for senior residents) increased from 11% to 54%, with a further 7% reporting progression to independent practice. A quarter of participants (28%) reported a continued need for direct supervision, highlighting the importance of ongoing support to ensure sustainable implementation of this skill in clinical practice. Feedback was overwhelmingly positive with the course described as “incredibly knowledgeable” and the practical hands-on training incorporating “direct feedback from experienced specialists” identified as the most valued aspect of the programme.



“It was really reassuring that everything is ok with my cervix at this stage of my pregnancy.” -Pregnant volunteer Jenny Anslow

“I volunteered through seeing the patient recruitment poster on Facebook. I was keen to support the training/research. I also wanted to get some advice about the procedure as I have never had an internal scan before – so was unsure what to expect.” - Pregnant volunteer Senzeni Nyoko

“I was attending another appointment and noticed the Romanian translated poster in the patient lifts. It grabbed my attention as it was offering a free scan. I thought having an additional scan would help with my fear of things ‘going wrong’.” - Pregnant volunteer Irina Popa

“It was so beneficial to be able to have the opportunity to scan real patients with real-time feedback from experienced senior clinicians. I learnt a lot, and this will certainly have a positive impact on how I manage patients.” - Dr Elizabeth Kostov, Oxford University Hospitals

“This programme is a great example of effective collaboration across our region.” - Dr Aparna Reddy, Consultant in Obstetrics and Fetal Medicine, Buckinghamshire Healthcare

Contact: Eileen Dudley, Senior Programme Lead Patient Safety & Maternity/Neonatal Safety Improvement Programme Lead
eileen.dudley@healthinnovationoxford.org



Clinical faculty at one of the Oxford sessions - left-right, back row: Maria Ivan, Maternal Fetal Medicine, Subspecialty Trainee; Oxford Aparna Reddy, Consultant in Obstetrics and Fetal Medicine and Preterm Birth Obstetric Lead, Bucks Healthcare; Eileen Dudley, Senior Programme Lead Patient Safety & Maternity/Neonatal Safety Improvement Programme Lead, Health Innovation Oxford and Thames Valley (HIOTV). Front row, left-right: Katy Hoare, Preterm Birth Specialist Midwife; Tara Gradwell, Programme Support Officer, HIOTV; Professor Lawrence Impey, Consultant in Obstetrics and Fetal Medicine; Ruth Curry, Consultant in Obstetrics and Subspecialist in Fetomaternal Medicine and Lead for Preterm Birth



Case study 2: Supporting commercialisation activities for a digital therapeutic to treat adults with depression

Themes: Mental health/Digital

Summary

Health Innovation Oxford and Thames Valley (HIOTV) worked with Otsuka Pharmaceutical Europe to understand how their digital therapeutic, Rejoyn (formerly known as CARE for MDD), could most effectively be embedded within NHS patient pathways.

Rejoyn is a digital therapeutic intended for the treatment of depressive disorder episodes in adults. It is intended to be used alongside usual care provided by a Healthcare Professional. Rejoyn addresses all three of the government's three priority shifts.

HIOTV conducted a feasibility study and engaged with key stakeholders in the NHS depression pathway to assess the clinical need, perceived potential benefits, acceptability and barriers to adoption. HIOTV also designed and delivered a pilot across primary care.

In order to do this, HIOTV:

- **Recruited NHS sites** to offer Rejoyn to eligible patients
- **Engaged clinical champions and patient representatives** to guide delivery
- **Collected and analysed feedback** from both patients and healthcare professionals through interviews and usage data
- **Gathered insights and identified practical barriers and enablers** to adoption in different care settings

What is the challenge?

Almost two million people are referred by their GP to NHS Talking Therapies services every year. More than one million contacts are made with these services annually. Not all people with depression respond to current treatments. New treatments could meet the needs of more patients.

- NHS mental healthcare is under high and increasing pressure, driven by growing demand (including from economic and social factors), and pressures in both primary and secondary care which are unlikely to abate in the short to medium term.
- There is significant unmet need across the UK in anxiety and depression, particularly among specific patient cohorts.
- The rise in demand is likely to continue given ongoing social and economic trends and changing attitudes to mental health.
- Both service providers and patients are seeking non-pharmaceutical alternatives for the treatment of depression.



Alignment with operational planning guidance/Government priorities

- Analogue to digital
- Treatment to prevention
- Hospital to community
- Health inequalities
- Net zero

Clinical areas

- Mental Health
- Primary Care

What did we do?

HIOTV carried out a feasibility study to gain an understanding of the clinical need for Rejoyn in the NHS depression pathway and to collect views of clinicians on the perceived usefulness, level of acceptance and potential barriers to adoption. Findings from the feasibility study led on to delivery of a pilot across primary care.

Facilitating patient and public involvement was crucial to this and involved three steps:

1. Patient and public representation on the Project Advisory Board
2. Patient engagement workshop:

The aim of the workshop was to gather insight into the barriers and facilitators to accessing a digital treatment, gain feedback on the proposed code distribution process for accessing Rejoyn and review a first draft of the patient literature documents. Nine participants attended the half day workshop, a mix of clinicians, third sector and people with lived experience.



3. One-to-one patient interviews with consenting patients with lived experience of using Rejoyn during this pilot

Semi-structured interviews lasting up to one hour were conducted online. Interview questions were informed by the lived experience member of the steering group, expertise and insight from HIOTV and information requested by Otsuka. Interview questions explored overall experience, content and usability of the app to elicit challenges and suggestions for potential improvements.

Involving healthcare professionals (HCPs) and recruiting pilot sites was crucial in helping to explore and understand the fit and applicability of Rejoyn in NHS healthcare delivery settings.

A real-world evaluation where Rejoyn was offered to patients was supported by interviews with the HCPs who were involved, to gather their insights on the value that Rejoyn brought to both the healthcare system and to the patients themselves.

Findings

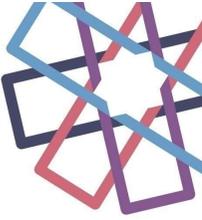
The pilot showed that primary care is the most suitable setting to offer a digital therapeutic for treating depression. GPs have greater flexibility in the treatments they can provide, and more patients could benefit.

Patients valued having a digital option they could start using quickly, especially as an alternative to medication. Clinicians saw potential for it to fill a gap in support for those with mild to moderate symptoms.

Some challenges were identified around tailoring patient information for the UK context and ensuring users receive regular clinical reviews during use. Findings from this project suggest that to maximise the clinical and commercial value and to give patients the highest level of support possible from the start, it should be offered via primary care to patients who have an existing diagnosis of depression, but challenges exist in the tension between the amount of support that patients want / expect and that which GPs / HCPs are able to offer.

Findings also suggested that digital treatments like this could have a significant contribution towards the NHS net zero ambition with around one-quarter of the carbon impact of traditional face-to-face care.

HIOTV made recommendations to Otsuka for the positioning and support of the UK rollout of Rejoyn.



Health and care system success

Identification of primary care as preferred clinical setting.

What people said

“Through working in collaboration with Health Innovation Oxford and Thames Valley we have gained valuable insights into navigating NHS pathways which has heavily influenced the commercial launch of Rejoyn in the UK. The learnings, advice, support and guidance received from the team and the delivery of a pilot across primary care has led to a successful product launch and have helped contribute to Rejoyn being available to the NHS as part of a commissioned service.”

Simon Wake, Digital Health Implementation Lead, Otsuka

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

Elcie Chan, EU Commercial Director – Digital Health, Otsuka

Contact: Florence Serres, Project Manager, Strategic and Industry Partnerships florence.serres@healthinnovationoxford.org



Case study 3: Wide-ranging approach to engaging seldom heard groups helps shape future NHS

Summary

A longstanding commitment to engage with people and communities is helping to shape the future NHS. Genuine co-production is embedded in our collaborations with the NHS and industry and helping to address health inequalities.

What we did

For more than five years Health Innovation Oxford and Thames Valley (HIOTV) has facilitated in-depth conversations with seldom heard communities. Through co-production and other participatory approaches these interactions are influencing the development of NHS services that are accessible to all.

Members of diverse communities have been involved in specific projects from start to finish. These interactions have taken a number of forms designed to encourage people to share their experiences, concerns and wishes. These included online chats, small in-person meetings and webinars. Outputs have included reports, animations and recordings.

Engagement has taken place with diverse groups including:

- People who have experienced mental illness
- People with learning disabilities
- People with sensory impairments
- Members of the LGBTQ+ community
- Gypsy/Roma/Travellers

Ongoing discussions are taking place with trans people and people experiencing homelessness with a particular focus on attitudes towards health and care data.

Between 2020 and 2023 HIOTV hosted ten webinars focusing on engaging seldom heard communities. In March 2025 an additional webinar on Gypsy, Roma and Traveller communities was added. Recordings of these sessions have now collectively had more than 3,000 views. The full [playlist can be found on our YouTube channel](#).



There has been a particular focus on exploring how healthcare data is perceived and, more importantly, how to build trust with communities which are often overlooked including [Gypsies, Roma and Travellers](#). Building trust is not just about data security; it's about respectful human interaction, acknowledging history and empowering individuals with clear information and genuine choice.

This work has fed into the development of the Thames Valley and Surrey Secure Data Environment (TVS SDE) which has been shortlisted in the HSI Partnership Awards 2026 (Data integration category). HIOTV leads the coproduction workstream, ensuring that patients and public contributors shape this programme from the ground up. This approach, prioritising transparency and trust, is embedded in all elements of the SDE from governance through to design and delivery, setting a benchmark nationally for secure, ethical data-driven transformation.

HIOTV was also commissioned by NHS England to find out what seldom heard groups who appear to be at greater risk of cardiac problems know and think about heart health. This involved us working with people living in an area of multiple deprivation in Slough, people from South Asian heritage who attend a mosque in Banbury, and Polish people in Birmingham.

Lessons learned

1. **Understand diversity:** No two communities are the same - understanding their specific challenges is critical.
2. **Address mistrust:** Past negative experiences, including misuse of data, profoundly impact willingness to trust the NHS.
3. **Respect transparency and choice:** People want clear answers - what data is collected, why, who sees it, what protections are in place, and what choices they have.
4. **Meet people where they are:** Explaining how *their* data can improve services for *their* communities builds willingness to share.

Take-aways

- **For healthcare professionals:** foster respectful interactions, understand cultural nuances, and provide clear, accessible information.
- **For people in engagement roles:** value the power of co-production and genuine partnership.
- **For the public:** appreciate the complex history and unique challenges faced by seldom heard communities.

Contact: Lucy Walters, Project Manager, Community Involvement and Workforce Innovation lucy.walters@healthinnovationoxford.org



Operational Review

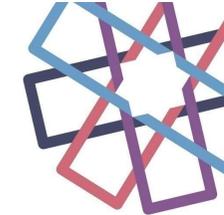
Performance is strong against our patient safety, IRLSS and Office for Life Sciences (OLS) commissions. HIOTV has been rated green for all its commissions each quarter since reporting started ten years ago. We are engaging the local system to ensure we align and support local priorities with current and future programmes. We have an indication of the national and additional programmes next year which will include developing a programme on women's health where there is significant interest in the ICB and Berkshire, which will have the Thames Valley's first Women's health hub to improve care quality and address economic inactivity.

HIOTV is putting a significant amount of time and senior resource into developing the Respiratory Transformation Partnership (RTP). In collaboration with the OLS and NHS England, we are finalising funded collaborative working agreements (CWAs) with four industry partners. This a new way of working and will ensure a coordinated national two-year programme across four workstreams to improve asthma and COPD care for many NHS patients. Our host Trust Board is very supportive of the programme and helping HIOTV manage the receipt and issuing of grants to the NHS systems. The governance of the programme is agreed and we have also instigated a time-limited group of all key stakeholders to handle external communications for when the CWAs are finalised and we can officially launch the RTP. Grants of £2.9m were issued to nine NHS providers following a competitive expression of interest process under the Pathway Transformation Programme and to two HINs to support the Elective Care Pathway transformation for Breathlessness and Cough.

HIOTV is forecasting to make a small surplus this year and has achieved its challenging target for attracting 'other income' from commissions outside of the national commission and grants. HIOTV's financial risk will reduce with the indicative improvement in national commissioner funding next year, providing careful controls on headcount and expenditure are maintained.

Highlights

Following a successful onboarding process in Q2, we have continued to support the nine pilot Trusts in the **Martha's Rule implementation in Acute Mental Health Inpatient services programme**. In Q3, this has included monthly online Community of Practice (CoP) events. Promoting a shared learning approach, these have focused on organisational feedback, with discussions around overcoming common challenges in piloting/implementation.



To share learning with Mental Health Trusts interested in implementing Martha's Rule, but not part of the national pilot, we have also held a further three open online drop-in sessions. These have been well attended, demonstrating active interest beyond the formal pilot programme. We held an additional national webinar to present initial learning within the pilot. This was open to pilot and non-pilot Trusts.

The Respiratory Transformation Partnership (RTP) (planning). Planning and initiation is going from strength to strength with Jonathan Fuld (National Clinical Director for Respiratory) presenting the project at the British Thoracic Society conference. Formal invitations to join the partnership were accepted by Asthma and Lung UK; British Thoracic Society; Primary Care Respiratory Society; Association of Respiratory Nurse Specialists; National Institute for Health and Care Excellence; National Respiratory Audit Programme and Association for Respiratory Technology and Physiology. The first evaluation design workshop with the clinical leads and patient and public reps for the wider RTP and a Pathway Transformation Fund Meet & Greet Session for all the sites was completed in November. Industry Market Engagement was completed in Q3.

The Healthcare Innovators Module, a partnership with Buckinghamshire New University (BNU), commenced delivery of the October 2025 cohort of the ALL7027 Healthcare Innovators Module, while also progressing preparations for the upcoming January 2026 intake. The programme continues to embed innovation, improvement and system leadership capability across the BOB and Frimley ICS workforce. A session entitled 'The NHS, Patients and the Public' was a new addition this quarter. It was introduced to encourage learners to critically consider the role of patients and the public in the design, implementation and impact of their initiatives. The session was well received and will now become a core component of future cohorts, reinforcing the programme's commitment to person-centred innovation.

Engagement across the ICB in the **BOB Regional Wound Hub Strategy programme** was strong, and supports developing a potential model for community-based wound hubs and commissioning structures. We have engaged with the ICB workforce lead to consider transformation impact. The Wound Hub model which is to align with revised community nursing framework is due for publication in 2026. HIOTV is collaborating to share expertise and real-world evidence generated from TWC and NWSCP programme evaluations and tested toolkits to enable concept development. Engagement with community, primary and secondary care colleagues to enable a system-wide approach to wound improvement work. Digitisation of wound data and pathway information sharing is on the agenda. This aligns clearly with the three shifts of the 10YHP – analogue to digital, hospital to community and sickness to prevention.

Significant progress was made in Q3 with the **Tympa Health** project - assessing the value of the Tympa platform in a real-world pharmacy setting. Eight pharmacies were recruited and completed Tympa training over two days. HIOTV has continued to work with Frimley ICB and the clinical lead to finalise information governance, implement the digital referral process, design the evaluation plan and prepare communications ahead of the service launch.



Net Zero: HIOTV published:

- 'From green to growth: How environmental sustainability is shaping HealthTech and MedTech funding' which features an interactive net zero self-assessment for businesses
- COP30: Everything you need to know if you work in the health sector (environmental sustainability and global net zero conference).

Amelia James, our Environmental Sustainability Lead, also co-hosted a webinar on Mindset-XR - 'The Art of Procurement: Net Zero, Social Value and the NHS System' - attended by 31 businesses - and delivered the keynote address at Newcastle University's 'Green Planet Connect' event, which brought together students and businesses across the 'farm-to-fork' supply chain.

The **Intracerebral Haemorrhage (ICH) Stroke** project aims 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 November we held a workshop on neurosurgery referral criteria for ICH stroke patients with the aim of reaching a consensus on appropriate criteria. Among those present were neurosurgeons from each integrated stroke delivery network (ISDN), stroke and ED consultants. Additionally in December we held ISDN level workshops for both Sussex and BOB which looked at standardising the ABC-ICH stroke care bundle across the networks. Stroke, ED, haematology, radiology and nursing colleagues were represented.

New projects include:

The **Urology LUTS Pathway** project was initiated: NHSE has designated Urology as one of five priority specialties for improving referral to treatment (RTT) performance. To support NHS providers, NHSE has commissioned HIOTV to review several Trusts with effective LUTS pathways. The goal is to develop a blueprint of scalable, sustainable models that other Trusts can adopt to drive improvement at scale.

Repeat Prescribing (planning). We hosted a workshop for BOB ICB to introduce the new Repeat Prescribing Toolkit, endorsed by the Royal College of General Practitioners (RCGP) and Royal Pharmaceutical Society (RPS) and developed following the National Overprescribing Review. Clare Howard, clinical advisor and lead author, joined us to share the toolkit's aim. 56 people attended from across general practice and ICB teams.

HIOTV is coordinating the delivery of an **Elective Care Programme** on behalf of NHSE, focusing on the reform of key identified respiratory pathways.

- Implementation of Optimal Sleep Pathway
- Scaling of Breathlessness Pathway with Health Innovation Yorkshire and Humber



- Optimising management of Chronic Cough with Imperial Collage Health Partners

This programme aligns with the national ambition to RTT time, waiting lists, variation and inequity in respiratory care provision.

Completed projects include:

The **mut-TNF** project

- Phase 1 provided early evidence on the potential clinical and economic impact of a Brain Blood Barrier (BBB) permeabilising approach in breast cancer brain metastases. The health economic evaluation demonstrated that mut-TNF could improve health outcomes while remaining cost-effective within accepted NICE thresholds, subject to assumptions on effectiveness and price. The analysis clarified key drivers of value, informed translational prioritisation and supported early decision-making around clinical development, pricing strategy and future NHS adoption. The economic framework developed through this project is scalable across tumour types where brain metastases present a similar clinical challenge. Next steps include integrating emerging clinical trial data, extending the modelling to other indications such as lung cancer and melanoma brain metastases and using the findings to inform early-phase trial design, pricing considerations, and future NHS adoption planning.
- Phase 2 provided early evidence on the potential clinical and economic impact of a BBB-permeabilising approach in breast cancer brain metastases. The economic framework developed through the lung cancer and melanoma brain metastases projects is scalable across tumour types where brain metastases present similar challenges. The findings support progression to further evidence generation, including incorporation of emerging clinical data, refinement of assumptions as evidence matures and use of the framework to inform early-phase trial design, pricing strategy and future NHS adoption planning for BBB-targeting therapies.

Ibex Breast Cancer AI tool. The PPIE work with Ibex has supported the innovator to develop patient-friendly leaflets and posters (co-designed with those with lived experience) which were used to support recruitment throughout the research phase. They recruited 129% of target patients and have good insights into the accuracy of the AI software to correctly identify breast cancer in 99% of the breast biopsy samples.

HIO TV has supported the company to hear the voices of those often unrepresented taking them from uninformed to informed. This has been through running patient focus discussion groups with men who have breast cancer and women from African and Caribbean heritage. We have supported them to understand what is important to patients which includes transparency about inclusion of diverse ethnicities in the training of the AI software. It is important to the public to know this so that they can trust the software to correctly interpret their sample whether male/female, young/old, African/Caribbean/Indian or any other ethnicity.



The roundtable event with 17 experts in pathology, technology, research, ethicists and members of the public has supported the company to consider how they might roll out the software into healthcare settings ensuring that it integrates easily with current systems, reduces workload (rather than increases it like some digital integration system) and being clear how it can support the workforce.

The mental health team at HIOTV was commissioned to conduct independent evaluations of activities within the **trauma-informed programme** delivered by the Surrey and Northeast Hampshire trauma-informed team. A number of case studies around implementing trauma-informed approaches have been developed and are now available here: <https://www.healthinnovationoxford.org/clinical-priorities/mental-health-2-2/trauma-informed-approaches/>

The team attended the BOB annual pharmacy conference, the Dying Well BOB strategy roundtable and the European Respiratory Society congress, where the team presented two posters: MyAsthma biologic app evaluation and TidalSense feasibility study.

Additionally, five posters were taken to ISPOR, a global health economics conference (10-12/11/25 in Glasgow):

- **Evaluating augmented reality software for mechanical thrombectomy** Using the Lean Assessment Process methodology: Identifying clinical needs, stakeholder acceptance and adoption barriers in the NHS
- Integrating **stakeholder willingness-to-pay** Using the Van Westendorp Price Sensitivity Meter into cost-effectiveness analysis: a mixed-methods pricing framework
- **Lean assessment process methodology for RMD-Health**: Evaluating clinical need, usefulness, adoption barriers, and early economic value of AI in NHS rheumatology referrals
- Evaluating cost-consequences and digital transformation through **Concentric** consent, an **impact assessment** at Oxford University Hospitals NHS Foundation Trust

Communications and stakeholder engagement

Much of our communications focus over the past quarter has been behind the scenes preparing for the launch in early 2026 of the Respiratory Transformation Partnership, a unique national collaboration which aims to improve outcomes, reduce inequalities and strengthen NHS sustainability through earlier diagnosis and improved access to advanced therapies.

An initial funding round through this programme provided [our highest-ranking social media post](#) of Q3, helping to take us past 4,000 followers on LinkedIn.

The next best social media post in terms of engagement related to the [publication of our landmark study in the Lancet Digital Health into the impact of stroke AI imaging](#) across the NHS in England. Our study was the largest real-world evaluation into AI imaging.



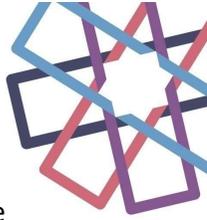
We were able to highlight more of our expertise in evaluation through [positive feedback from Concentric Health](#) regarding our work assessing their digital consent tool following its introduction at two NHS trusts within our region.

We coordinated production of display materials ahead of ISPOR Europe 2025 in Glasgow, the leading global conference for health economics and outcomes research. [We presented five posters](#) supported by an ongoing communications campaign.



Finance and risk management

	Opening Plan	Forecast 2025/26	Fcast Variance	YTD Plan	YTD Actuals	YTD Variance
INCOME						
Commissioning Income - NHS England Master Licence	-2,123,269	-2,132,943	9,674	-1,592,452	-1,599,707	7,255
Commissioning Income - Office for Life Sciences	-1,148,088	-1,148,088	0	-861,066	-861,065	-1
Commissioning Income NHSI - PSC	-846,025	-846,258	233	-634,519	-632,193	-2,326
Other Income	-1,485,439	-5,785,283	4,299,844	-1,097,322	-4,535,112	3,437,789
Total income	-5,602,821	-9,912,572	4,309,751	-4,185,359	-7,628,077	3,442,718
HIN FUNDING OF ACTIVITIES						
Patient Safety	631,031	612,486	17,711	471,651	449,501	22,150
Clinical Improvement	370,454	397,975	-26,687	278,466	299,781	-21,315
Clinical Innovation Adoption	1,363,697	1,699,116	-335,418	1,019,224	1,054,178	-34,954
Respiratory Transformation Partnership		3,585,728	-3,585,728	0	3,261,958	-3,261,958
Strategic & Industry Partnerships	1,282,491	1,374,196	-91,705	952,130	1,026,199	-74,069
Community Involvement & Workforce Innovation	437,087	511,830	-74,743	325,343	368,200	-42,858
Other Programme Costs	81,632	290,371	-208,740	61,224	61,981	-757
Communications	159,179	159,452	-273	119,384	119,589	-205
Programmes and themes	4,325,571	8,631,154	-4,305,583	3,227,421	6,641,387	-3,413,966
Corporate Office	1,277,250	1,281,419	-4,169	957,938	986,690	-28,753
Total expenditure	5,602,821	9,912,572	-4,309,751	4,185,359	7,628,077	-3,442,718
Net Surplus or Deficit	-0	0	-0	0	0	-0



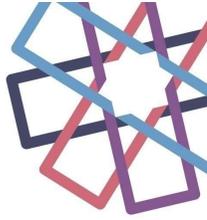
HIOTV is forecasting to make a small surplus this year. Please note that there is significant pass through this year as a result of the RTP. Grants of £2.9m have been issued to nine NHS providers under the Pathway Transformation Programme and to two HINs to support the Elective Care Pathway transformation for Breathlessness and Cough.

In Q4 we will receive £1m from NHS England as a pass-through to distribute to NHS providers for improving respiratory care for ex-industrial workers, including miners. OLS will also transfer £2m, which will be used as the anchor funding for RTP for the next two years.

For 2026/27, OLS has indicated it will sustain the £0.3m uplift we received this year, Martha's Rule for mental health will continue (£0.1m) and IRLSS has indicated a further £10m to be spread amongst the 15 HINs to deliver two additional national programmes next year (HIOTV will opt for continuing Transforming Wound Care and Women's Health). Together this amounts to about £1m for our national commission income next year that had not previously been forecast. We have already secured £0.5m "other income" next year as well as RTP. The requirement to attract further "other income" next year can be reduced to £0.5m-£0.7m next year from the challenging task of £1.5m we set and achieved in 2025/26 from additional commissions and grants.

See [Appendix A](#) for organisational risk register.

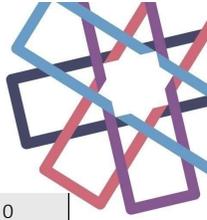
Dr Paul Durrands ACA CMILT, Chief Operating Officer and Deputy Chief Executive Officer, Health Innovation Oxford and Thames Valley



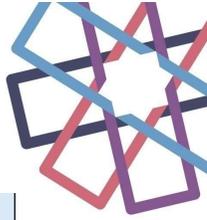
Projects: Q3 highlights

Highlight report by clinical priority area (numbers indicate the number of projects in each part of the portfolio).
 Government shift indicated by: D – Analogue to Digital, C – Hospital to Community, P – Sickness to Prevention

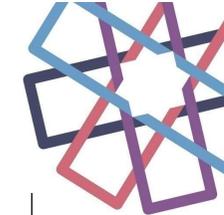
Theme/Status/Project	Q2 Update	BOB	Frimley
Cancer	5	1	0
Active	2	1	0
Concentric (digital vs e-consent) D	<p>Preliminary validation project to understand the views of stakeholders and experiences with the electronic consenting platform they are currently using within their Trust.</p> <p>Project documentation, including project proposal, participant information document, and semi-structured interview questionnaire have been drafted and reviewed by project partners. Stakeholder interviewees have been identified, with interviews scheduled for next quarter.</p>		
Digital symptom tracking for prostate cancer (Wave Health) D	<p>Prostate Cancer Case Study (External): A short external-facing case study summarising the Prostate Cancer project was drafted and submitted to Bayer and TTI for review. Feedback was received from both organisations and incorporated into a revised version, which has been resubmitted. The project team is currently awaiting final confirmation of comments prior to approval and external sharing.</p> <p>Final Project Report (Internal - Bayer): The final Prostate Cancer Project Report was completed and submitted to Bayer for internal use, marking the completion of the core reporting requirements for the programme.</p> <p>Overall, Q3 has focused on consolidation and completion activities, with the majority of deliverables achieved and only minor administrative actions remaining to fully conclude the project. Final approval will be secured from Bayer for the post-webinar communications and case study, enabling dissemination via agreed channels. Once these actions are complete, the project will be formally closed.</p>	●	



Completed	2	0	0
Ibex Breast Cancer AI tool D	<p>The PPIE work with Ibex has supported the innovator develop patient friendly leaflets and posters (co-designed with those with lived experience) which were used to support recruitment throughout the research phase. They recruited 129% of target patients and have good insights into the accuracy of the AI software to correctly identify breast cancer in 99% of the breast biopsy samples.</p> <p>HIO TV have supported the company to hear the voices of those often unrepresented taking them from uninformed to informed. This has been through running patient focus discussion groups with men who have breast cancer and women from African and Caribbean heritage. We have supported them to understand what is important to patients which includes transparency about inclusion of diverse ethnicities in the training of the AI software. It is important to the public to know this so that they can trust the software to correctly interpret their sample whether male/female, young/old, African/Caribbean/Indian or any other ethnicity.</p> <p>The roundtable event with 17 experts in pathology, technology, research, ethicists and members of the public has supported the company to consider how they might roll the software out into healthcare settings ensuring that it integrates easily with current systems, saves workload (rather than increases like some digital integration system) and being clear how it can support the workforce.</p> <p>This project is closed 31st December 2025.</p>		
mut-TNF - University of Oxford Health Economics (Phase2) P	<p>The cost-effectiveness (CEA) health economics report demonstrating the value of mutTNF across the lung and melanoma cancer pathways has been completed and delivered to the Department of Oncology, University of Oxford.</p>		



Cardiovascular/Stroke	7	5	3
Active	6	4	3
AffeX-CT for drug resistant hypertension P	During Q3, the team reviewed the data shared by the trial team and identified additional data requirements needed to support economic model development. These requests were communicated to the trial team. In parallel, the literature review and initial model development are ongoing. The next steps will be to complete the analysis and finalise the report, which will be shared with the client by the end of Q4.		
British Heart Foundation Lipid Management P	Project progressing as planned. Support provided to BHT with planning patient focus groups. Evaluation will commence in Q4.	●	●
Heart Failure (CVD portfolio programme) D, C, P	<p>South East CVD Collaborative heart failure webinar series: Two further sessions of the South East Collaborative heart failure webinar series were delivered during Q3, developed in partnership with Health Innovation Oxford and Thames Valley, Health Innovation Wessex, and Health Innovation Kent Surrey Sussex.</p> <ul style="list-style-type: none"> - 16 October: Patient experience (85) - 27 November: Frailty, end of life, and younger patients (80) <p>Both sessions were well attended and received very positive feedback from participants, concluding the 2025/26 webinar series.</p> <p>Heart failure learning bite videos: The heart failure learning bite videos have now been completed. Preparations are underway for a coordinated launch in January 2026, in collaboration with BOB ICB and supported by primary care and medicines optimisation teams. A comprehensive communications strategy has been developed, making use of social media, newsletters, and wider network channels to maximise reach. Additional videos will be released throughout January to supplement the initial set.</p> <p>Heart failure pathway mapping: Stakeholder engagement activity continued throughout Q3, with further interviews and discussions taking place across the BOB ICB system. These activities are contributing to the insight-gathering phase that will inform the next stage of pathway mapping and support the development of the BOB ICB heart failure strategy.</p>	●	●



Familial hypercholesterolaemia (FH) (CVD portfolio programme) D, C, P	The evaluation is commencing, following signing of the DSA.	●	●
Medical iSight Thrombectomy training project D	An updated health economic analysis plan (HEAP) was sent to Medical iSight outlining the methods for the health economic analysis in October 2025. The key update for this second version was the structure of the MAROG-INR pilot study and the specification of the arm of the study where data will be retrieved from. The earlier parts of the health economic analysis report, i.e. introduction, methodology, etc. and the literature review part of the health economic analysis are currently being conducted.		
Intracerebral haemorrhage (ICH) Pathway Quality Improvement D	We held a neurosurgery referral criteria for ICH stroke patients workshop in November with the aim of coming to a consensus on what the appropriate criteria are. Neurosurgeons from each ISDN, along with stroke and ED consultants were present. Additionally in December, we held ISDN level workshops for both Sussex and BOB which looked at standardising the ABC-ICH stroke care bundle across the networks. Stroke, ED, haematology, radiology, and nursing colleagues were represented.	●	
Initial Strategyzer Workshop – Haemalytica C	The workshop was conducted in September at the University of Reading, attended by Ashley Aitken, Matthew Lawrence and Haemalytica. The workshop gave the company business model and customer options to look into and explore. A short report covering the session was created and sent to the company, along with a feedback form. The project is now complete, and the company have come back to us asking us to partner with them on a PDA Award, working on the health economics work package.		
On Hold	1	1	0
Apoplex Stroke Risk Analysis Project	This project is on hold due to lack of capacity at the RBH, we will review this in Q4	●	



Dermatology and Woundcare	8	7	1
Active	7	6	1
Accel-heal evaluation C, P	Clinical evaluation data collection has now been completed. HIOTV discussion relating to post implementation evaluation and signposting the innovator for health economic studies to support implementation. Work group meeting continue to establish case studies and opportunities for adoption.	●	
BOB Regional Woundcare HUB Strategy D, C, P	Wider stakeholder engagement across the ICB in developing a potential model for community-based wound hubs and commissioning structures. Engagement with ICB workforce lead to consider transformation impact. Wound hub model to align with revised community nursing framework due for publication in 2026. HIOTV collaborating to share expertise and real world evidence generated from TWC and NWSCP programme evaluations and tested tool kits to enable concept development. Engagement with community, primary and secondary care colleagues to enable a system-wide approach to wound improvement work. Digitalisation of wound data and pathway information sharing on the agenda.	●	
Leg Ulcer Transformation: Buckinghamshire Healthcare NHS Trust C, P	Successful engagement from stakeholders within the Trust on understanding current population data and providing intelligence relating to gaps in services. Workforce planning is a focus with engagement from the ICB workforce lead. Planning for 2026 underway, aspirations to continue on the Transforming Wound Care: Leg Ulcer Transformation programme.	●	
Leg Ulcer Transformation: Oxford Health NHS FT D, C, P	Logic Model and Data Metric completed. Data integration issues need resolution through addressing interoperability challenges between community nursing data collection and reporting systems. Data analysis to inform model and adoption of dedicated clinic frameworks. Estates identified and workforce structure in planning. Engagement with ICS wider strategy and stakeholders.	●	
Lower Limb pathway pilot - Delivery of compression therapy in OUH inpatient wards D, C, P	Primary HIOTV case study published. Data Metric template now successfully aligns with the Trust and tissue viability service coding system. Monthly data collections beginning to demonstrate consistent impact. Trust board level engagement and interest in a Trust-wide digital solution to wound data collection.	●	



	Evaluation proposals underway for eKare wound data management system with financial commitment from Trust. Primary aim is to align with and follow implementation protocols demonstrated by community-trust in Oxfordshire. Primary goal for 2026-2027 is to develop opportunities for adoption of tested model of compression application across the Trust inpatient services. Trust participated in a national phenomenological study relating to workforce perception of applying compression therapy. Preliminary thematic analysis outcomes presented to the working group. To explore opportunities for workforce engagement and development. 2026 -2027 will also see opportunities to develop the communication and information sharing pathways between community and secondary care services using digital solutions.		
NHS Frimley Woundcare Strategy D, C, P	HIO TV continues to work with NHS Frimley quality standards team to ensure that the transforming wound care (TWC) programme protocols and pathways are ready for transition. TWC programme test and evaluation site continue to support the wider programme of work across the HIN Network, sharing experiences and implementation protocols to new adopters.		●
The carbon footprint impact of lower limb improvement within the acute sector, C, P	Regular working group meetings are taking place to integrate the sustainability and clinical elements of the case study towards the publication. The NetZero element has now been completed, awaiting integration with the clinical transformation. Draft dissemination and communication strategy led by OUH/HIO TV underway. On target to publish early 2026.	●	
Completed	1	1	0
BOB Wound and Health Population Study C, P	The data has now been collected and analysed. The formal report is in draft. No additional HIN activity required. Outcome will support on-going planning towards the ICS wound hub strategy.	●	
Diabetes	1	1	0
Active	1	1	0
QI diabetes project with people who experience homelessness P	The QI project is continuing on track, the team have administered their midway measurement survey which shows that overall staff confidence in all areas has improved since their baseline measure. The team have also received positive qualitative feedback about the case discussion and quick time learning sessions.	●	



	<p>They are now considering a final PDSA cycle for the next session and then embedding this into practice.</p> <p>The team are writing up the work as a QI project and using the Kirkpatrick Model to inform their overall evaluation of the sessions. They are also planning to share their learning and experience from this project within a collaborative workshop day next year with colleagues from across the system with a focus on supporting those with diabetes and complex mental health.</p> <p>QI coaching from HIOTV continues monthly.</p>		
Elective Recovery	1	0	1
Active	1	0	1
Value assessment of the Tympa Platform in a real-world Pharmacy setting C	<p>Significant progress was made in Q3. Expressions of interest were circulated, and eight pharmacies were recruited and completed Tympa training over two days. HIOTV has continued to work closely with Frimley ICB and the clinical lead to finalise information governance, implement the digital referral process, design the evaluation plan, and prepare communications ahead of the service launch. The NHS Frimley pharmacy service is expected to go live by the end of Q3. HIOTV also continued to engage with BOB ICB colleagues with a view to expanding the rollout into the BOB area as a phase two initiative.</p>		●
Gastroenterology, Kidney and Liver	1	1	0
Active	1	1	0
Cyted Endosign C, P	<p>The business case has now been included in the Surgery, Women's and Oncology (SUWON) division strategy at OUH along with an implementation plan - awaiting decision.</p> <p>Competing priorities are still delaying presentation of the business case at BHT and RBFT, driven by a very large number of actions through following JAG audits.</p> <p>BHT are also in the process of design and build of a £20 million endoscopy unit as part of a 5 storey new hospital.</p>	●	
Haematology	1	0	0



Active	1	0	0
Haemoglobinopathy survey P	The survey is live and will remain so until October 2026. Data from Q2 showed more than 26 adult and 20 children surveys were completed.		
Injuries and Emergencies	1	0	0
Active	1	0	0
Evaluation of RBfracture AI technology for fracture detection on X-Rays D	Monthly calls have been taking place since August 2025 for the Radiobotics and OUH team to provide HIOTV on study updates. A decision is still underway regarding the potential extension of the project and delay to the timelines of the health economic analysis due to the possible delayed availability of data.		
Maternity and Reproductive Health	4	4	4
Active	4	4	4
Avoiding Brain Injury in Childbirth (ABC)	<p>Four Clinical Lead's have been identified, three from Oxford University Hospitals NHS FT and one from Royal Berkshire Hospital NHS FT each will provide 4hrs (1PA) per month. A series of on line meetings are planned facilitated by the Perinatal Deterioration Operational Group (PDOG) for the HIN's Faculty.</p> <p>NHSE informed the team that the T3 train the trainer days (due to have taken place in November) had been postponed due to unforeseen circumstances.</p> <p>New dates have now been rescheduled for January 2026 and have been shared with the faculty leads.</p> <p>ABC Impacted Fetal Head training day will take place on Weds 21st January</p> <p>ABC Impacted Fetal Deterioration training day will take place on Thurs 22nd January.</p> <p>All of our Clinical Leads have confirmed that they can attend the revised training dates at the RCOG. We are working with them to schedule T3 to T2 training beginning with IFH and then IFD.</p>	●	●



<p>Early recognition of deterioration or women and babies workstream D, P</p>	<p>Oxford - Discussions are ongoing with their digital and midwifery and neonatal teams regarding implementation of NEWTT2. NEWTT2 can be turned on in BadgerNet, but as NNU remain on paper they need to ensure Maternity on BadgerNet and NNU on paper remain aligned. Regarding MEWS implementation, they are keen and will come on board in Q4 when dates are available from System C.</p> <p>Buckinghamshire Health Trust: Went live with NEWTT2 Dec 1st having taken part in the testing phase on paper since April 2025. and initial feedback is positive. They will come on board with MEWS in Q4.</p> <p>Frimley Health: EPIC-NEWT2 is being implemented across all inpatient maternity areas. Their EPR system has been designed to ensure full compliance with all relevant parameters. Mews has been built in Epic. The team have a meeting scheduled with the Trust Lead for Deteriorating Patients to review the new build, and we hope to begin demoing it after that. Their aim is to roll it out by December, though this will depend on the approval of the new guidelines</p> <p>Milton Keynes and RBH have been advised that Cerner have released MEWS and NEWTT2 for implementation and planning depending on trusts contracts.</p>	<p>●</p>	<p>●</p>
<p>Optimisation of the pre-term infant workstream D, P</p>	<p>Cervical Length Scanning Basic Education and Training Project: We facilitated the fourth education and training day on Sunday 23rd November at Oxford. Faculty has remained unchanged to preserve the fidelity of the education and training. This cohort of 7 registered doctors were able to perform and observe cervical length ultrasound measurements thanks to the generosity of 41 pregnant volunteers. As a token of appreciation for participation pregnant volunteers were provided with a free baby picture where clinically possible.</p> <p>Pregnant Volunteer quotes- At each session we like to speak with some of our pregnant volunteers to find out how they found the experience and their thoughts on this quality improvement project.</p>	<p>●</p>	<p>●</p>



Volunteer 1- Erin 23wks third pregnancy

Reason for attending the training day: "Through the MNVP Facebook page, I see the previous post with the link to volunteering to have a cervical length Scanning for training. I have already had a transvaginal scan, so I wasn't worried about having another one. "

Scan Experience: My experience was very positive, I found the doctors really nice, they explained everything to me and informed me that all the members of staff in the room were all consultant level and were furthering their education & scan skills around Cervical Length- I felt it was helpful to be part of a teaching hospital educational day.

"It was educational for me to hear the consultants talking about each part of my anatomy as they were scanning. Of course, most importantly, was that I got some pictures of my baby!?"

It's important to get feedback from the registered doctors that attend these educational days;

"Thank you again for organising such a useful course. The day was so well run, and it was so beneficial to be able to have the opportunity to scan real patients with real-time feedback from experienced senior clinicians. I learnt a lot, and this will certainly have a positive impact on how I manage patients."

"I would also add that not only was this a valuable learning experience, but it was also a really nice day to catch up with colleagues and meet new peers too. Thanks again- it was worth all of your efforts!

Good luck with future courses!

Feedback received from Dr Lizzy Kostov , ST6 Obstetrics & Gynaecology at the John Radcliffe Hospital.

We have two more training days planned in the next quarter, both of which are fully subscribed. To date we have scanned a total of 177 pregnant volunteers throughout the 4 educational training days that we have ran since we started the pilot back in June 2025.



	<p>The launch of our Health Innovation Oxford & TV MatNeo newsletter - Autumn issue 1: On the 22nd October we released the first edition of our regional network MatNeo Newsletter, with the aim to provide our stakeholders with important network updates, examples of good practice, collaboration opportunities, training, events and lots more.</p> <p>The Diagnosis of Labour, a framework for best practice was presented to the South East Learning & Sharing Autumn Webinar on the 18th November, presented by Eileen Dudley project lead & Samantha Fleming, Consultant Midwife at RBH.</p>		
<p>Perinatal Culture Leadership workstream</p>	<p>We have continued to strengthen engagement with perinatal culture and leadership teams across all Trusts. This work has taken place during a period of significant clinical pressure, staff changes, and increased public and media attention. Despite these challenges, regular opportunities for joint working are now in place. Perinatal Leadership Teams have focused on clarifying their cultural priorities and strengthening links with local change teams and Culture Coaches. Clear, focused projects have been identified for Culture Coaches to take forward, with support from leadership teams.</p> <p>Trusts are increasingly embracing the role of Culture Coaches and Culture Champions, with a range of local models emerging to support this work. In some Trusts, the role is being integrated into professional development pathways, helping to embed culture improvement into everyday practice. Culture Coaches are supported through regular contact with the PCLP Lead, access to regional peer support through a Community of Practice, and national learning resources. Ongoing efforts are focused on increasing the number of Culture Coaches across the region, supported by regular regional training delivered in partnership with Kent, Surrey and Sussex Health Innovation, alongside opportunities for tailored team or Trust-level development.</p> <p>Tools and frameworks introduced through the programme are beginning to be more widely used. Elements of Appreciative Inquiry and the MOMENTS framework are part of Culture Coach training. This quarter, a MOMENTS train-the-trainer session was delivered to Professional Midwifery Advocates from one Trust, with further training planned for PMAs from other Trusts.</p>	<p>●</p>	<p>●</p>



	<p>Progress has also been made in aligning culture and leadership work with wider maternity and neonatal programmes. The MatNeo Newsletter was launched to connect culture work with other improvement priorities and will be shared quarterly. Strong links with the MatNeo lead have created opportunities to embed culture from the start of newly commissioned programmes, such as the ABC Programme. Connections have also been made with staff involved in induction of labour and diagnosis of labour projects, exploring barriers and enablers to behaviour change and cultural improvements.</p> <p>The PCLP Lead continues to work closely with regional colleagues on equity, diversity, and inclusion, ensuring that culture improvement efforts contribute to broader system goals. Collaboration with BOB and Frimley Local Maternity and Neonatal Systems has increased the visibility of culture work and opened opportunities for system-wide working and shared learning. Links with MNVPs have also been established, with plans to deliver a culture-focused training session during their upcoming training day.</p>		
Medicines Optimisation	4	3	3
Active	3	2	2
Repeat Prescribing	<p>During Q3, delivery progressed across key repeat prescribing priorities, with a focus on system engagement, cross-ICB alignment and agreement of shared areas of focus.</p> <p>In October, a workshop was delivered for BOB ICB to support the next stage of learning and practical application of the Repeat Prescribing Toolkit. The session was supported by Clare Howard, clinical advisor and lead author of the toolkit, who provided expert insight into its purpose and practical use within local systems. The workshop was well attended, with 56 participants from across General Practice and ICB teams.</p> <p>In parallel, a series of discussions were held with Frimley and BOB ICBs to identify priority focus areas for repeat prescribing improvement. In the context of the forthcoming ICB restructure, both systems agreed to move forward with joint meetings and a more aligned approach, recognising the need to coordinate priorities ahead of becoming a single organisation. Shared focus areas have now been agreed.</p>	●	●



	<p>Further discussions explored how the Repeat Prescribing Oversupply Dashboard, underpinned by NHSBSA ePACT2 data, can be used to support data-driven decision-making. The dashboard enables the identification of practices with the highest levels of oversupply, facilitates targeted engagement with practices to address inefficiencies, and informs the development of focused action plans to reduce oversupply, improve prescribing efficiency, and optimise patient care.</p> <p>Ongoing engagement is supporting both ICBs to agree action plans aligned to the identified priorities, including defining intended outcomes and determining how ePACT2 data will be used to monitor progress.</p> <p>Overall, Q3 has strengthened cross-system collaboration and established a clear, aligned foundation for repeat prescribing improvement activity as the ICBs move towards organisational integration.</p>		
<p>Psychotropics in Learning Disability (planning) P</p>	<p>BOB and Frimley have both moved into Phase 3, bringing stakeholders together to the local system challenges that lead to psychotropic prescribing for behaviour that challenges in people with learning disability. Both systems are progressing DPIAs to be in place ahead of beginning data submission in January.</p> <p>BOB have held an in person lived experience workshop in collaboration with local VCSE organisation My Life My Choice, and from this are developing a real world case study to demonstrate challenges that present in primary care and missed opportunities for medication reviews. They will be piloting in Aylesbury and have a professional and carers stakeholder event planned for January to map out local causes of high-risk prescribing.</p> <p>Frimley held their in-person professionals and carers stakeholder event in November in Maidenhead. This had good attendance across sectors, and the group explored local causes of high-risk prescribing, local psychosocial and environmental interventions, and what a good support offer might look like. Outputs from this event are being analysed and fed back to the core working group ahead of developing the shared vision for improvement work.</p>	<p>●</p>	<p>●</p>



	Frimley have a tentative date for a series of lived experience workshops in January in collaboration with local VCSE organisation, The Advocacy People.		
OSCAR study. Collaboration with the ARC.	<p>An abstract, titled Impact of structured medication reviews on prescribing and deprescribing in English Primary Care: an observational cohort study, has been accepted for poster presentation at the International Conference on Deprescribing (ICOD) April 2026.</p> <p>The study has been submitted to the BJGP for consideration for publication.</p> <p>An extension to the OSCAR study is being planned. The first meeting for this is scheduled for 2nd Feb.</p>		
Complete	1	1	1
Polypharmacy P, C	<p>Progress has been made on the Polypharmacy Quality Improvement (QI) Summative Report. The first full draft has been completed and internally reviewed and is now being submitted for final review and proofreading. Following this stage, the report will be shared with the QI project leads to incorporate any final amendments prior to publication. Completion is anticipated in Q4.</p> <p>The Polypharmacy Training Evaluation Report is nearing completion. Work has progressed to enhance methodological robustness and streamline the content by removing duplication and repetition, alongside consideration of suitable publication routes. In parallel, a condensed version of the report is being developed to support wider dissemination. Both outputs are expected to be completed in Q4.</p> <p>The first draft of the End of Programme Report has been completed and is currently undergoing review. Finalisation and submission are anticipated in Q4.</p> <p>Overall, Q3 has focused on advancing final reporting outputs and formalising governance arrangements, with all remaining deliverables on track for completion in Q4.</p>	●	●



Mental Health	6	2	3
Active	4	2	2
Dementia - digital approach D	No work allocated for HIOTV this Quarter. There will be discussions around the HEAP next quarter.		
Martha's Rule implementation in Acute Mental Health Inpatient services Programme	<p>Following a successful onboarding process in Q2, we have continued our programme of support to pilot Trusts. In Q3, this has included monthly online Community of Practice (CoP) events. Promoting a shared learning approach, these have focused on organisational feedback, with discussions around overcoming common challenges in piloting/implementation. We have continued our series of 1:1 meetings, providing QI coaching and general project support, meeting with each pilot Trust 2-3 times over Q3.</p> <p>To share learning with Mental Health Trusts interested in implementing Martha's Rule, but not part of the National pilot, we have also held a further three open online drop-in sessions. These have been well attended, demonstrating active interest beyond the formal pilot programme. We held an additional national webinar to present initial learning within the pilot. This was open to pilot and non-pilot Trusts.</p> <p>Progression to actively piloting continues to be slow, although there has been increased momentum this quarter, with most pilot Trusts now having plans to commence piloting early in Q4.</p> <p>We have shared progress through regular reporting directly to NHSE, colleagues within the Health Innovation Network through presentations and NHS colleagues involved in Martha's Rules maternity pilots.</p>	●	●
South East Prison Mental Health Transfers and Remissions	<p>The business case to provide funding to support the work going forward has been successful including the request for ongoing QI coaching from Health Innovation Oxford and Thames Valley.</p> <p>The project team facilitated an in-person workshop in London around the 'Who Pays Guidance' in November.</p>	●	●



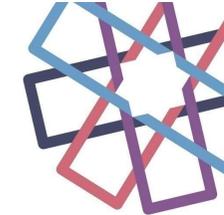
	<p>There was good representation from stakeholders from across the system, including first attendance of a lived experience representative and PICU providers.</p> <p>HIO TV coaching continues and two pilot prisons are working up their first tests of change as a result of the workshop in November.</p> <p>The project team and HIO TV coach are considering measurement within this project, availability of data, processes for collecting and communicating this to stakeholders.</p> <p>The next project leads meeting is due at the end of January where the project deliverables will be the main agenda and working these up into tests of change.</p>		
Completed	2	0	1
Otsuka Care for MDD Operational Pilot C, D	<p>Following publication of the final report, a wrap-up meeting has been held between the Otsuka and HIO TV teams and a case study published. Discussions are ongoing to define a separate piece of work to determine how HIO TV can support publication of the findings of this project.</p>		
Trauma-informed case study series	<p>This work is now complete. The series of case studies is available via the trauma-informed webpage with accompanying transcript: https://www.healthinnovationoxford.org/clinical-priorities/mental-health-2-2/trauma-informed-approaches/.</p> <p>The final case study in this series on custody suite design has been completed. Due to unforeseen developments, it is not available publicly, but it has been shared internally with the Surrey and Northeast Hampshire trauma-informed team.</p>		●
Musculoskeletal Disorders	1	0	0
Active	1	0	0
RMD-Health - University of Reading D	<p>The health economic analysis plan (HEAP) was finalised and sent to the University of Reading and RBFT in October 2025.</p> <p>A case study is currently being developed for the feasibility study for RMD-Health.</p>		
Neurological Disorders	1	1	0



Active	1	1	0
Spinal Cord Injury	The final impact report was submitted to NHSE for review. This report demonstrates the positive impact of the team on patient outcomes and the wider health economy.	●	
Ophthalmology	1	0	0
Active	1	0	0
Dora Multilingual AI Chat Bot D, C	Brazilian Portuguese focus group took place in November. Excellent discussions around the importance of empathy in staff, trust in AI and making the patient feel visible in their care. The discussion group proof read the report and the lead for the group stated "We wanted to say how impressed we are with the way you captured the participants' voices. You reflected their reactions, experiences, concerns and uncertainties with great accuracy". Also in Q3, regular project meetings with Ufonia and discussions around timings of further focus groups.		
Community Involvement	3	2	1
Active	3	2	1
Thames Valley and Surrey Shared Care Records D	Ethics and engagement panel was held in Q3.	●	
Thames Valley and Surrey Secure Data Environment Development (SDE) D	Coproduction workstream: Design of online training "Health Data Guides" course being finalised, pilot roll out to take place in Q4. Completed seldom heard engagement work with young trans community in November, further engagement with older trans community taking place in Q4. Short animation showing views regarding data from people who have experienced homelessness produced, as part of wider engagement with homeless community. SDE wide work: Designed and organised whole SDE Stakeholder engagement event in December (c.70 attendees). Continuation of Chairing responsibilities for the Service & Data Access Committee (SARC). Helped with recruitment of Communications & Stakeholder engagement role for whole SDE.	●	
Toolkit to improve support for carers in primary care C, P	The draft toolkit and accompanying report have been prepared and shared with Frimley ICB colleagues for initial review. Carer feedback continues to be gathered and will be added into final versions of the report and toolkit		●



Patient Safety	2	2	1
Active	2	2	1
Implementation of Martha's Rule	<p>Partner Trusts continue to make good progress in embedding staff, patient, and family escalation pathway components of Martha's Rule. Three of our regional acute Trusts were involved in phase 1 of the programme (24/25), comprising four of five sites. Escalation components (for staff, patients and family) is now well established in adult in-patient wards on these sites. Wycombe Hospital (a phase 2 site) launched these components in this quarter. They report good progress, building on their experience in piloting in Stoke Mandeville Hospital (phase 1 site). Joining the programme in phase 2, OUH is actively piloting in two (of its four) sites, although call numbers remain low. Stoke Mandeville aims to start piloting a paediatric Martha's Rule escalation response in Q4.</p> <p>The patient wellness approach continues at a slower pace of implementation compared to Martha's Rule escalation. This is due to more muted stakeholder buy-in and lack of digital enablers (EPR backlogs for new work appear common). There is, however, now staged piloting (selected wards) across all four phase 1 sites. A further phase 2 site (Wycombe Hospital) hopes to start piloting of patient wellness in Q4. OUH currently has no plans as yet to start piloting this component, although it is hoped that this might gain momentum in Q4 following the appointment of a project manager secondment.</p> <p>We continue to support pilot sites with 1:1 QI coaching and support as required, facilitating communication between sites and the National team, and our programme of in-person Community of Practice events (2-monthly). We have held one Community of Practice in this quarter, which continued our focus on Health Inequalities.</p>	●	●
PIER workstream D	<p>Our proposed deterioration dashboard project has progressed, with production of a 'concept paper' outlining the potential scope and benefits. This was distributed to all acute Trusts in our region, inviting expressions of interest, and to support internal Trust discussions. To reinforce this, the outline project proposal was presented at the BOB Safety Quality Board (in Q2 as previously reported) and BOB Digital Clinical Advisory Group (Q3). This led to an in-person meeting to discuss in more detail and start a Delphi-type process to build the</p>	●	



	proposed regional consensus on deterioration data. We aim to continue this process in Q4 through a stakeholder questionnaire.		
Research and Development	5	2	2
Active	5	2	2
Innovation Course - ALL7027- Negotiated Major Project C, P, D	<p>This quarter focused on the successful delivery of the October 2025 cohort of the ALL7027 Healthcare Innovators Module, while also progressing preparations for the upcoming January 2026 intake. The programme continues to embed innovation, improvement, and system leadership capability across the BOB and Frimley ICS workforce. Here are the highlights:</p> <p>October 2025 Cohort - Teaching Delivery Following recruitment in Q2, five fully funded participants from across BOB and Frimley ICSs commenced the module in October 2025. As part of our contribution to the programme, we have delivered three taught sessions: Writing a Business Case for Innovation; Enablers and Barriers to Adoption in the NHS; The NHS, Patients and the Public. A new addition this quarter, The NHS, Patients and the Public session was introduced to encourage learners to critically consider the role of patients and the public in the design, implementation, and impact of their initiatives. The session was well received and will now become a core component of future cohorts, reinforcing the programme’s commitment to person-centred innovation.</p> <p>All sessions were delivered successfully, with learners reporting increased confidence and practical insight. Participants began shaping their projects, which include areas such as digital access, care pathway redesign, and medicines optimisation. Alumni Spotlight: Publication by Zoe Sherlock A key outcome this quarter was the publication of a peer-reviewed article by module alumna Zoe Sherlock, who completed the programme. Her article, titled ‘Enhancing the Safety of Adult Inpatients with Tracheostomy: A Multidisciplinary Quality Improvement Initiative’, was published in the Tracheostomy Journal in October 2025 and can be accessed here-</p>	●	●



	<p>https://trachjournal.scholasticahq.com/article/140912-enhancing-the-safety-of-adult-inpatients-with-tracheostomy-a-multidisciplinary-quality-improvement-initiative</p> <p>This marks a significant achievement, demonstrating the module’s ability to support real-world impact, leadership in practice, and scholarly dissemination. It also reinforces the potential of the programme to develop confident innovators who contribute meaningfully to clinical improvement and system learning.</p> <p>Promotion of January 2026 Intake The January 2026 intake was actively promoted through regional channels, including ICS leads, HIOTV stakeholder networks, and improvement communities. Applications are now being reviewed, and shortlisting is underway to select the next five funded participants.</p>		
BOB ICS - place based health inequalities programme	<p>The final report from the 2-year evaluation was submitted to BOB ICB and presented at their health inequalities forum. This concludes the evaluation, however we have offered to host a re-set workshop for them in the Spring.</p> <p>Key findings: Looking ahead, BOB ICS has an opportunity to align more closely with the NHS 10 Year Health Plan [6] by embedding prevention and equity into strategic planning and investing in neighbourhood level delivery. The recommendations from the evaluation include: Strengthening strategic commissioning: decide whether reducing health inequalities is a long-term priority. If so, funding should be embedded across all services. Commissioning should be guided by data and co-designed with senior Place leaders. Shift from activity to outcomes: future programmes should prioritise outcome-focused evaluation. This includes providing support to turn data into insights enabling a clearer understanding of what works for whom and why. Foster trust through transparent processes: rebuild confidence in commissioning through transparency, continuity, and shared decision-making. Understand that budget uncertainty can undermine outcomes. Build equity into system design: when one Place has demonstrated improved sustained outcomes, ensure there is the capacity to spread and adopt the innovation across the system.</p>	●	●



	<p>Create space for collective wisdom: establish structured opportunities for cross-regional learning such as thematic learning sets, shared digital platforms, and regular reflection sessions.</p> <p>Reshape governance: learn from thriving Place-based governance to re-form a central senior membership group with senior Place-based leaders, focused on decision making.</p> <p>Align with neighbourhood level change: in line with the NHS 10 Year Health Plan [6], future efforts should be focused on neighbourhoods as foundation for prevention. Resource local teams to lead, with strategic support across the system.</p>		
Evaluation of Berkshire West Community Wellness Outreach Programme C, P	Fieldwork and analysis complete. Draft report prepared and being discussed with BOB ICS colleagues. Data from Oxford University will be added in Q4		
Late Stage Accelerating FemTech Partnership with HI South London C, P	HIO TV successfully won a support contract with HI South London to deliver subject matter expertise workshops and mentorship to the 10 companies in the 2025/26 programme cohort. Prof Ford and Matthew Lawrence joined the programme leaders and the companies at the launch event in London in November. In December we delivered an interactive commercialisation workshop to the companies on UK healthcare opportunities. Two companies have been allocated to Prof Ford and Matthew Lawrence to mentor with one-to-one development meetings in December and into Q4.		
RateMyCare Evidence Generation D	Engagement with key stakeholders in the MSK and maternity pathway started and interviews were conducted to gain key stakeholders insights into the perceived usefulness of the RMC platform as a novel patient experience tool that can capture and analyse patient qualitative feedback in real-time. Interviews were transcribed and are being thematically analysed to be collated into a report that will highlight the perceived benefits and potential barriers to adoption of the RMC platform into NHS services. Interviews with patient representatives were also conducted and combined into final report to be delivered next quarter.		
Respiratory Disorders	6	4	2
Active	5	3	1



<p>ArtiQ real world evaluation C, P, D</p>	<p>During Q3, delivery of the real-world evaluation for ArtiQ.Spiro progressed through targeted stakeholder engagement and preparatory activity. An introductory evaluation meeting was convened with clinical and operational stakeholders, attended by three identified sites. This discussion provided an opportunity to outline the scope, objectives, and anticipated benefits of the evaluation. Constructive feedback was gained and helped to refine the proposed evaluation approach, with a further site submitting an expression of interest following the meeting.</p> <p>While formal confirmation of participation has not yet been received, the recent follow-up discussions with members of the Integrated Respiratory Delivery Network from BOB ICB have resulted in a clear and positive action plan. This includes renewed and more direct engagement with further high-throughput primary care sites across the region that are well-placed to support the evaluation. A clear call to action has now been issued, with a deadline of 31 January 2026 for sites to confirm participation, ensuring momentum is maintained and enabling the evaluation to proceed with a robust and representative cohort.</p>	<p>●</p>	<p>●</p>
<p>Elective Care Programme C, P, D</p>	<p>Activity this Quarterly Report was focused on three themes:</p> <p>Vanguard Site Recruitment - 31 EOIs received for the sleep workstream, 51 across all three workstreams. Following a review process and scored by HINs, clinical leads, and NHSE, 12 vanguard sites per workstream were selected and invited to the project.</p> <p>Sleep workstream - Stakeholder Engagement & Early Support</p> <p>Vanguard sites kick-off meeting held with strong engagement and high attendance and 1:1 discussion conducted with NHS Trusts to understand their pathway and the challenges within their service. Discussions were held with subject matter experts to shape evaluation metrics and data capture for the evaluation. Planning for ALS sessions, starting on January</p> <p>Implementation Preparation</p> <ul style="list-style-type: none"> - Finalised the programme branding with the external design agency and HINs - Finalised workstream materials for the Sleep Pathway Launch Event and the whole project - Sleep Pathway Launch Event on 10 December 2025 led by NHSE - well attended by key 		



	<p>stakeholders</p> <ul style="list-style-type: none"> - Sleep evaluation metrics and data requirements agreed with subject matter experts. - Recruitment of 33n to deliver the neighbourhood extension activity, focusing on the breathlessness and cough workstreams, alongside PCRS. The key initial activity in this work is identification and recruitment of neighbourhood sites to participate (likely at PCN level) 		
MyAsthmaBiologics App P, D	<p>During Q3, reporting for the real-world evaluation of the myAsthma Biologic app was completed, bringing the agreed work packages for the project to a close.</p> <p>The evaluation identified potential value in supporting patient self-management and education, but overall impact was limited by delays, lack of full pathway integration and low sustained use.</p> <p>HIO TV continues to engage with clinical stakeholders to explore potential future work in this area.</p>	●	
Respiratory Pathway Transformation Fund - Local delivery C, P, D	<p>During Q3, activity focused on establishing local system engagement to support delivery of the Respiratory Transformation Partnership (RTP) objectives. The RTP seeks to reduce premature mortality, respiratory-related hospital admissions and bed days through large-scale system and pathway transformation, shifting care from reactive, crisis-driven models towards more proactive, data-enabled and efficient approaches that support earlier diagnosis, personalised management and timely intervention.</p> <p>Engagement was undertaken with key stakeholders across the local system to build awareness of the RTP and its underpinning principles, including consistent guideline-led practice within neighbourhood models, equitable access to evidence-based care, and the role of digital and data enablement in driving sustainable improvement. This activity has helped to establish a shared understanding of the partnerships joint model to support improved respiratory outcomes and NHS efficiency.</p> <p>A specific focus this quarter was initiating baseline activity for the asthma neighbourhood</p>	●	●



	development workstream. This included early discussions with system partners to understand current pathways in line with NICE/BTS/SIGN guidelines and variation in practice. Further preparatory engagement has taken place to align local systems with Asthma + Lung UK's forthcoming ICS respiratory review. The Health Innovation Network are seeking to provide complementary work at a provider level to identify the ideal clinical and delivery model for respiratory care, understand the reasons for variation, and provide insights that directly support the RTP programme development.		
Completed	1	0	0
Validation of the clinical utility of the Albus Home device C, P, D	The project officially commenced in August. The project team is currently undertaking the literature review and initial health economic modelling as part of the hypothetical analysis. The final report is planned for submission in Q3 25/26.		



Sustainability and Net Zero	2	0	0
Active	2	0	0
Sustainability Assessment of the Respiratory, Pathway and Asthma Biologics	Programme is on track, work will fully commence in Q4. One pager and metrics agreed.		
HIO TV Carbon Reduction Plan	All data received – document is now being drafted.		
Urology	2	0	0
Active	2	0	0
Urology LUTS Pathway	<p>NHSE approached HIO TV to undertake assessment of effective LUTS pathways, as part of the RTT elective recovery programme. A proposal was developed and presented to NHSE and GIRFT leads.</p> <p>Following approval of the proposal, the funding has been transferred to HIO TV via BOB ICB. The NCD for elective recovery has invited 10 Trusts to participate in this project (December 2025). Trusts have received a briefing document, outlining the project and activities they will be required to undertake, and the funding they will receive. The Trusts invited to participate are based in various regions across England, including one in Scotland. As of the end of Q3, 9 Trusts have responded to the invitation. all of whom have indicated they are willing to participate. Initial meetings have been held with 4 Trusts, with further meetings arranged for early Q4.</p>		



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	Medium	Ongoing	Increase of non-recurrent income in 25/6 of £1.5m planned and achieved. COO meets Programme Directors and Senior Finance Manager weekly to review opportunities and analysis of wins/losses. Forecast to breakeven 25/6. 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. National commissioners have indicated an improved position in 26/7 of circa £1m (sustaining OLS £0.3m non-recurrent uplift, Martha's Rule for mental health £0.1m, Additional National programme, £0.5m). £0.5m "other income" already secured for 2026/27. Other income target to fill the gap for 2026/25 £0.5 - £0.7m Aim each year to achieve £0.2m to cover increase in potential termination liabilities	HIN Chief Operating Officer	HIN Chief Operating Officer, Programme Directors and Senior Finance Manager	31-Jul 14	Ongoing	GREEN
5	Corporate	Failure to align and support ICBS and providers with improvement and innovation agenda and 3 shifts	Lack of alignment would mean HIOTV is not supporting ICB and providers transformation priorities enabled by improvement and innovation.	Low	Medium	Ongoing	Business plans developed with BOB and Frimley ICBS and approved. HIOTV will ensure alignment to merged ICBS Strategic Commissioning intentions and support local providers. 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. Need to expand links with providers at corporate level to align priorities and opportunities	HIN Chief Operating Officer	HIN Chief Operating Officer	Sept 2021	Ongoing	GREEN
6	Corporate	NHS funding for innovation Adoption not available	Patient, clinical and financial benefits not realised	Medium	Medium	Ongoing	Case for adoption must be strong with realisable gains in productivity and/or cash releasing savings. Issue flagged in submission to TV ICB design consultation. Adoption of innovation with longer term benefits requires central support.	HIN Chief Operating Officer	HIN Chief Operating Officer	Jan 2025	Ongoing	AMBER



Appendix B: Case studies published in quarterly reports (2018 – 2026)

All these case studies can be found within previous quarterly reports on the [Health Innovation Oxford and Thames Valley website](#)

	CASE STUDY TOPIC	
2025/26	<ul style="list-style-type: none"> Designing and evaluating an integrated care model for Long Covid and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome services (Q1) AI assistant improves patient experience and supports productivity gains (Q1) From paper to precision: Evaluation demonstrates benefits to patients and services of digitising consent (Q1) 	<ul style="list-style-type: none"> Developing safe effective protocols for compression therapy for leg ulcers (Q2) Reflective space: a trauma-informed case study of staff working in a primary care mental health team (Q2) Assessing a real-time 3D image analysis tool in the mechanical thrombectomy pathway (Q2)
2024/25	<ul style="list-style-type: none"> 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) Panels help match innovations with local health needs (Q2) Polycystic ovary syndrome test has potential to improve patient experience and reduce NHS carbon footprint (Q2) 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Evaluation of digital therapeutic for depression (Q4) Evaluation finds remote epilepsy diagnostic device could improve patient experience and save NHS money (Q4) Hundreds of NHS innovators helped by pioneering support programme (Q4) Video consultation offers potential for some outpatient clinics following transient ischaemic attack (TIA) (Q3) Investigating device supporting reduction of treatment-resistant hypertension (Q3) AHSN assesses innovation which could improve cannulation in newborn babies (Q1) 	<ul style="list-style-type: none"> Listening to communities: Conversations about heart health (Q3) Integrated approach transforms more lives of people with severe asthma (Q2) Evaluation of image analysis technology supporting dementia diagnosis (Q2) Evaluation of AI technology to diagnose and monitor rare chronic liver disease (Q2) Collaborative approach improves outcomes for preterm babies (Q1) Personalised approach improves patient experience before surgery and supports elective recovery (Q1)
2022/23	<ul style="list-style-type: none"> Partnership with NCIMI improves patient outcomes and generates economic growth. Evaluation highlights potential of new tool to transform diagnosis and monitoring of patients with rare chronic liver disease. Evaluation assesses home monitoring device which uses AI to predict and prevent asthma attacks in children. 	<ul style="list-style-type: none"> 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



	<ul style="list-style-type: none"> Evaluating AI-enhanced technology to identify patients at risk of developing diabetes Ten years supporting spread and adoption of innovation. 	<ul style="list-style-type: none"> Evaluating artificial intelligence – augmented decision support tool to assist triage of referrals into secondary mental health care
2021/22	<ul style="list-style-type: none"> Start-up companies get expert support from the 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 	<ul style="list-style-type: none"> Support from the Oxford AHSN helps digital innovators develop and roll out automated patient calls. Pulse oximeters for vulnerable communities. Elastomeric devices supporting hospital at home. Environmental benefits of PIGF test Collaboration develops environmentally friendly product addressing urinary incontinence Health checks at vaccine clinics
2020/21	<ul style="list-style-type: none"> Rapid national roll-out of home-based safety net benefits thousands of patients with COVID-19 Two-thirds of maternity units in England adopt test to rule out pre-eclampsia following roll-out led by Oxford AHSN AHSNs play key role in supporting patients with Covid-19 at home. Unique midwife education and training programme improves safety for mothers and babies in low-risk labour. Harnessing AI technology to speed up stroke care and reduce costs 	<ul style="list-style-type: none"> Spreading digital innovation in the NHS and supporting the workforce Keeping frail elderly people out of hospital - decreasing risk of Covid-19 infection Supporting stroke services through the pandemic Supporting NHS personal protective equipment needs (PPE) Improving timely observation of vital signs of deterioration in care homes Improving detection and management of atrial fibrillation (AF)
2019/20	<ul style="list-style-type: none"> Thousands more pregnant women benefit from test to rule out pre-eclampsia following national rollout. Supporting leadership and collaboration in medicines optimisation Paddle – Psychological therapy support app helps patients steer a course to recovery. Adoption and spread of a quality improvement programme to prevent cerebral palsy in preterm labor (PRECePT) Preventing prescribing errors with PINCER 	<ul style="list-style-type: none"> Feasibility study for introducing a new rapid point-of-care HIV test into sexual health clinics (Owen Mumford) Healthcare tech company’s expansion and Stock Exchange listing enabled by Oxford AHSN expertise. Oxford AHSN support enables AI company to leverage £700,000 of grant funding (Ufonia) The Oxford AHSN assists Fujifilm in real-world evaluation of point of care flu test
2018/19	<ul style="list-style-type: none"> Learning together through a regional patient-centered event to improve sepsis support and information. Improving detection and management of atrial fibrillation Understanding the impact of a new model of urgent care within a GP practice AHSN-led collaboration brings multi-million-pound investment to Buckinghamshire and supports SMEs to meet health and social care needs. Better diagnosis of pre-eclampsia improves patient safety and reduces burden on maternity services 	<ul style="list-style-type: none"> Patient forum helps improve NHS services for people with anxiety and depression. Healthcare tech company’s expansion and Stock Exchange listing enabled by Oxford AHSN expertise. Unique point of care blood test speeds up clinical decision-making improves quality of care and reduces costs. AHSNs come together to create new sepsis identification tool. Spreading best practice in dementia through webinar programme