



**Health  
Innovation**  
Oxford & Thames Valley

# Business Plan

2026/27



Office for  
Life Sciences



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## Chief Executive's Introduction

Our annual Business Plan for the year ahead outlines an expanding portfolio of work to deliver increasing impact across our Thames Valley partners and more widely in the NHS. This is enabled through an increase in our NHSE Innovation research and Life Sciences Strategy and Office for Life Science core commissions which with the NHSE patient Safety Collaborative commission support just over half of our work. Our remaining income is from NHSE, industry commissions and grants and partner contributions. This income has increased significantly with the establishment of the Respiratory Transformation Partnership, a novel national partnership between NHSE respiratory team, four industry partners, Health Innovation Oxford and Thames Valley and the wider national Health Innovation Network which will drive transformation and improvement in the management of asthma and COPD across England.

Our primary aim is to identify and support the development of innovation in health and life sciences that address priority needs and work with our partners to achieve adoption and spread of proven solutions across the Thames Valley footprint to improve the health outcomes of our citizens. We aim to achieve national impact through partnership working with the national Health Innovation Network and NHS England/Department of Health and Life Sciences to accelerate the adoption of our most impactful work. To achieve Thames Valley wide impact usually requires programmes of work that operate over 1-2 years, and for national impact 3-4 years. We have a number of examples of translating local excellence into national impact, with our introduction, development, evaluation and national adoption of stroke AI imaging being a recent example. This was highlighted by the British Medical Journal as one of the top ten best news stories of 2025.

The NHS restructuring and financial pressures are a challenging environment to drive the adoption of new ways of working. However the creation of Thames Valley ICB contiguous with our boundaries creates an opportunity to achieve greater alignment with NHSE commissioning and provider collaborative structures across the footprint, which we can be the Innovation Engine of the ICB.

**Professor Gary A Ford, CBE, FMedSci**

**Chief Executive Officer, Health Innovation Oxford and Thames Valley**

## Overview

The 2026/27 Business Plan describes our priorities, sets out our innovation and improvement support services and a portfolio of innovation projects. It is best to treat it as a snapshot in time as many of the activities we will undertake in 2026/27 are subject to grant awards and contracts that are under review and discussion. We are in dialogue with commissioners, innovators and the local systems daily and will continue to seek funding opportunities to improve the health of the local population, add value to innovators and support transformation of local services.

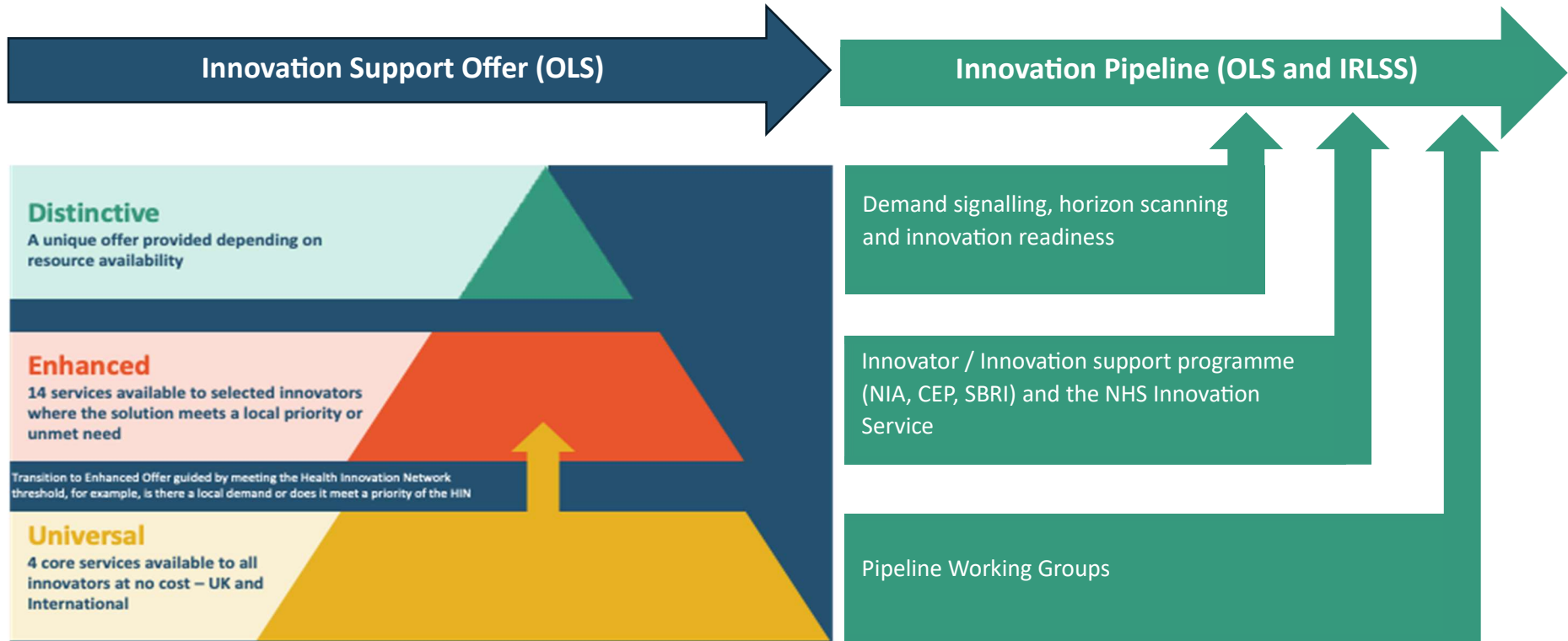
### **Our business plan is developed through:**

- Local agreement with Integrated Care Boards (ICBs) based on local system needs and priorities, identified through joint planning
- The services we provide and projects we support, commissioned by NHS England, the Office for Life Sciences (OLS) and locally by NHS system partners, industry partners or grant funders, including coordinated adoption and spread of national priorities agreed across the Health Innovation Network and our national commissioners, focusing on innovation, transformation and patient safety.
- Innovator support, through either OLS commission funding or with the support of grant funding

- The horizon scans we undertake for the ICB, the Innovation and Insight Panels we convene, and the pilots and evaluations we support
- Engaging with groups in the community to assess patient and public acceptance of innovation and improve access
- Considering how best to communicate to our stakeholders, in particular the local NHS frontline and healthcare innovators and supporting the national Network to publicise our work and the work of the wider Network
- Collaboration with HI Kent Surrey Sussex and HI Wessex to share learning across the South East, e.g. in CVD, patient safety and mental health.

As in previous years, the Business Plan has evolved through working closely with our national commissioners – Office for Life Sciences and NHS England, our system partners and the life science industry, focussing on priority clinical areas including cancer, CVD/stroke, maternity and neonatal safety, mental health and respiratory, elective recovery, urgent and emergency care alongside additional local priorities, and cross-cutting themes embedded into our work. We continue to focus on digital and diagnostic innovation that can quickly transform patient pathways, outcomes and productivity. Our portfolio maps to the three government ‘shifts’: sickness to prevention, hospital to community and analogue to digital as well as to ICB priority areas.

# Innovation Support and Innovation Pipeline Management



## From demand signal to system adoption

Next year, our innovator support and management function aims to move towards active pipeline coordination for partners in the Thames Valley: shaping demand, curating solutions, proving value, and enabling deployment at pace for the benefit of NHS and system partners.

We will operate as a trusted system intermediary and honest broker, translating NHS need into clear market signals, supporting innovators to respond with credible solutions, and working with partners to ensure those solutions are adopted, scaled, and sustained.

## A managed pipeline, not a loose funnel

We manage innovation through a pipeline approach, working with innovations that have clear potential to meet system needs and deliver measurable value. We endeavour to ensure where possible that our approach is needs-led and driven by evidence.

Under the OLS commission, we will again support **350 different innovators** in 26/27 across four levels of engagement, from early sign posting through to deployment and scale. Our role is to help innovators understand *where to focus, what good looks like, and how to prove value in real NHS settings*.

## Our role across the innovation pipeline

We structure our support around a number of connected stages:

### 1. Signal demand clearly- shaping the market around real NHS need, through local system engagement

We aim to work with our ICB and system partners to articulate clear problem statement and a clear and credible set of **priority demand signals** aligned to system pressures, clinical priorities, and national policy direction. These signals provide strategic direction to the innovators, funders, researchers, and industry partners we support. Our aim is to give assurance to the innovation sector that there is very real possibilities of market activity, reducing noise and focusing effort where it matters most.

*Our vision is that this signalling supports:*

- Smarter innovation investment
- Faster alignment between need and solution
- Reduced duplication and misaligned development

### 2. Find and shape solutions- targeted horizon scanning and pipeline curation

We will continue to strengthen horizon scanning and Innovation Insight Panels to actively identify innovations aligned to our priority signals — across medicines, diagnostics, digital and AI. This will be supported by enhanced marketing and engagement tools to widen reach while maintaining focus.

*What's different:*

- Clear visibility of the innovation landscape and adoption readiness of themes of solutions
- Earlier engagement with system partners to test relevance
- Clear routing into the right level of support

### 3. Develop and prove value- supporting evidence generation and proving value

We will continue investment in our **health economics and real-world evaluation capability**, supporting innovators to generate the evidence decision-makers need, including clinical, economic, operational, and workforce impacts. This includes:

- Early value propositions aligned to system priorities
- Real-world evidence and health economic modelling
- Access to local data infrastructure and evaluation expertise

*We aim to get to the stage where innovations are not just interesting, but are **adoptable, scaleable and sustainable***

### 4. Deploy and scale- turning evidence into adoption

Using intelligence from adoption and spread, we will support deployment at local, regional level working with NHS partners, industry, and other Health Innovation Networks.

We will build on recent regional innovation-sharing sessions to strengthen **cross-system learning**, accelerate spread, and support engagement with larger companies capable of scaling delivery.

*Key to all of our adoption work is developing blueprints and templated implementation models and cases for change, with a mind to being able to lift and shift innovations across borders for wider NHS and UK plc benefit.*

- Reducing barriers to adoption
- Supporting pathway integration
- Enabling equitable access and consistent outcomes

What this pipeline approach delivers

We hope our pipeline approach will allow HIOTV and its partner organisations to:

- **Signal demand with authority**, shaping innovation activity upstream
- **Align focus and effort of the innovation system with** real system challenges
- **Assess innovation maturity**, addressing adoption barriers early
- **Develop and scale learning** from adoption and implementation
- **Maximise benefits** for patients, health systems, innovators, and the wider economy
- **Tackle inequalities** in access, experience, and outcomes through consistent deployment

## Our national commissions: NHSE (core commission and Patient Safety Collaborative), Office for Life Sciences (innovator support)

Mandated IRLSS national programmes:

- **Chronic Kidney Disease (CKD)**- to improve earlier recognition of and prevent progression to dialysis (sickness to prevention)
- **Diabetes Outpatient Transformation** programme (sickness to prevention, hospital to community)
- investigating **AI enabled ambient scribing** (analogue to digital) to support workforce and productivity improvement. Workforce and patient education, and support to primary care champions will be a key component of these programmes.

Additional IRLSS commissions are:

- Cluster programmes, where a group of HINs are delivering a specific programme, leveraging productivity and efficiency from collective working, as well as providing opportunities for shared knowledge and learning. These programmes are currently being developed, however after discussions with our system, HIOTV will be focussing on Frailty, which will include Wound Care as a continued focus, and women's health.
- Regional programmes – delivered across the regional geography of the Oxford and Thames Valley, Wessex and KSS Health Innovation Networks. Two key regional programmes are being developed, responding to regional pressures.
- Local programmes delivered to address local needs. These align to local priorities, the three government shifts, and focus on delivering productivity gains in the system. In addition to the core commission, we also work with innovators and system partners to secure funding for local project delivery.

Patient Safety Collaborative (PSC) continues to focus on:

- Medicines Safety, with the aim to reduce the harm from psychotropics used for behaviour that challenges in people with learning disability.
- Martha's Rule, ensuring access to a rapid review from a critical care outreach team, that can be contacted by staff following concerns about a patient. In addition, all patients, their families, carers, and advocates must also have access to the same 24/7 rapid review from a critical care outreach team, which they can contact via mechanisms advertised around the hospital, and more widely if they are worried about the patient's condition.
- New programme, Avoiding Brain Injury in Childbirth (ABC). **Avoiding Brain Injury in Childbirth (ABC)** aims to reduce Avoidable Brain injuries in childbirth by March 2027 through improving clinical practice, communication and care for women and families and result in better outcomes and experiences. The programme is designed to help maternity staff improve clinical practice of two significant contributors to avoidable brain injury in childbirth. This programme aligns well with ICB priorities; Maternity and Neonatal, Inequalities.

## Respiratory Transformation Partnership (RTP) – network wide programme, led by HIOTV

In collaboration with Office for Life Sciences, NHSE and industry, HIOTV has developed a two year network wide programme, involving all 15 HINs to improve outcomes in Asthma and COPD. The programme has 4 workstreams, Asthma Neighbourhood, Asthma Biologics, COPD Neighbourhood and COPD Biologics. The programme will entail identifying and working with NHS partners across England to improve access to diagnostics and therapies to improve control of Asthma and COPD.

HIOTV is already working with 9 sites, funded by £2.6M of pathway transformation funding for COPD optimisation and a further 4 sites which will receive £1M for mining communities that have high rates of COPD. NHSE has signalled that £3.6M will be available for Asthma pathway transformation in 26/27.

Four industry partners are committing £4.6M over the next 2 years to support local systems.

RTP provides an opportunity to work in close partnership with our ICBs, regional respiratory networks and provider organisations to support pathway redesign, adoption of high-value innovation and reduction of unwarranted variation. This is the first network wide programme where there is significant funding going to support local systems with delivery.

## Locally defined portfolio

In the coming year, we will work with innovators, industry, researchers, NHS organisations, and system partners to develop a robust, needs-led innovation pipeline for adoption in the Thames Valley and nationally.

In addition, we offer our system partners support and experience in pathway redesign, patient safety and quality improvement, community involvement during innovation development and deployment, net zero strategies for innovators and NHS systems and health equity including addressing inequity of access in developing and deploying innovation. Local NHS systems can commission our Health Economics services.

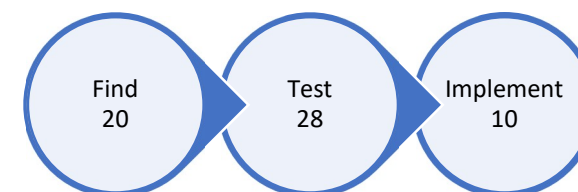
## Portfolio summary

Our projects are split across clinical areas, and map to government shift as follows:

Clinical Area	Total projects	ICB Engagement Y/N	Sickness to prevention	Hospital to community	Analogue to digital
Blood and immune system conditions	1		1	0	0
Cancer	2		1	0	2
Cardiovascular conditions	6		2	1	3
Cardiovascular/Stroke	2		0	0	2
Diabetes and other endocrinal, nutritional and metabolic conditions	1		1	1	1
Disease Agnostic Solution	6		1	0	2
Elective Recovery	1		0	1	0
Eye conditions	1		0	1	1
Fertility, pregnancy and childbirth	4		2	0	1
Gastroenterology, Kidney and Liver	1		0	0	0
Injuries and Emergencies	2		0	0	2
Medicines Optimisation	1		0	0	0
Mental Health	1		0	0	1
Mental health and behavioural conditions	5		3	1	0
Musculoskeletal Disorders	2		0	0	2
Neurological Disorders	1		0	0	1
Non-clinical area	3		0	0	2
Respiratory Disorders	6		4	4	4
Respiratory: COPD	1		1	1	1
Urological conditions	1		0	0	0
Women's Health	1		0	0	0
Wound Management	9		6	6	4
<b>Grand Total</b>	<b>58</b>		<b>22</b>	<b>16</b>	<b>29</b>
	<b>% Projects</b>		38	28	50

For each of the clinical priorities we have a pipeline of innovations at different stages of the innovation pathway. We regularly review our portfolio to ensure projects continue to align to the health and care needs of ICBs, local system partners and regional and national commissioners.

Note that 'Find' projects often have no ICB involvement as they are early-stage innovation assessments, however, case studies will be shared for technologies on completion of these projects.



## Cross-cutting themes

### Patient safety – enabling safer systems of care

The safety of patients is a critical thread running through all our programmes. In addition, we deliver patient safety-specific programmes covering a multitude of care settings including acute care, maternity and neonatal units, mental health trusts, primary care, community services and care homes. These all link to the NHS England National Patient Safety Improvement Programme (PSIP), which focuses on improving the safety of patients across systems.

HIO TV has expertise to support the development of new safe ways of working and spread proven ways of improving safe patient outcomes, both locally and through working with the national patient safety team.

### Coproduction, community involvement and health equity

Working with people and communities and promoting health equity is central to national and local policy. The HIN is committed to routinely listening to, and involving, diverse groups of people, letting them know what we have heard, and how we have acted on their views. We will do this by:

- Providing advice and support to, or delivering work for, NHS, academic, industry and HIN colleagues to ensure projects include effective community involvement activities, resulting in coproduced projects.
- Working with our partners to ensure that health equity is included in project design, from inception to evaluation.
- Delivering person-centred evaluation activities.
- Developing our Health Equity Panel to become an effective support to colleagues, alongside continue to build long-term relationships with a range of people and diverse communities.
- Continuing to deliver our well-reviewed programme of webinars and workshops to support others to work with seldom heard communities, and to deliver best practice in coproduction.

- Developing the role of our Local Link Partners to support two-way communication between our Network colleagues and local communities.

### Workforce

The health and care workforce is under significant and increasing pressure. We will continue to work with our health and care colleagues to understand the challenges as they see them; the need for workforce-focused innovation and to deliver adoption and evaluation that includes their views and perspectives.

### Research and development

This theme supports collaboration between the NHS and higher education institutes, working with the National Institute for Health and Care Research (NIHR) and other research infrastructure across Oxford and the Thames Valley. The theme is led by the CEO, Professor Gary Ford, and the R&D group is chaired by Professor Keith Channon, Director of the Oxford Academic Health Partners and HIO TV Board member, and has representatives from universities, NHS trusts and the NIHR research infrastructure from across this region and beyond. It will continue its focus on three areas:

- As an information sharing forum with the aim of promoting collaboration in research and innovation development
- the development of focus on understanding and responding to ICB priorities with the view to ensuring the value of research and innovation in priority and strategy development,
- the development of understanding in specific areas of interest to members e. in the development of research capability and capacity across the workforce.

### NHS net zero

We support NHS systems and innovators to decarbonise healthcare services through developing and adopting innovation to deliver NHS net zero policy.

## Corporate activities

### Developing the organisation

We continue to focus on supporting staff with health and wellbeing initiatives. Our online team meetings support strong relationships across our teams. Each week the whole HIOTV team meets for an update by the CEO, COO, Programme Directors, Head of Communications, Head of Corporate Affairs and People and our Senior Finance Manager. Each month the whole team meets for a face-to-face morning session which often includes an in-depth presentation from a team and introductions to new members of staff. External contributors are also invited to share insights. The senior team meets each week. Diversity, inclusion and equality is fundamental to our core values and the values of our host OUH, ensuring a positive and supportive culture, where all staff and communities feel empowered and respected.

All staff undertake mandatory training as part of their commitment to being OUH employees. The OUH My Learning Hub offers online training courses for staff. All staff have an annual appraisal.

We remain committed to the Health Innovation Network's diversity, inclusion and equality pledge, as empowering and supporting our staff to be positive role models for diversity, inclusion and equality is essential to reach our collective ambition. Our work aims to benefit all communities and reduce health inequalities, supporting the NHS Core20PLUS5 and other equality initiatives.

HIOTV has committed to align to the NHS net zero targets. These measures not only contribute to environmental sustainability, but also demonstrate a commitment to corporate responsibility, cost savings and long-term viability. Our carbon reduction plan outlines our current emissions and how we plan to reach net zero.

### Planning and reporting

We are fully committed to developing a proactive pipeline management approach. To facilitate this, we continue to develop our business intelligence system, Salesforce, growing our capability, and understanding gaps in data capture to improve data quality and insight. We will use the data to demonstrate impact and intelligence to inform our pipeline. We will continue to work closely with colleagues across the Network, NHSE IRLSS, PSC and OLS teams to ensure all data capture and processing work is meeting the needs of commissioners as well as the Network nationally and locally.

### Communications and stakeholder engagement

The HIOTV communications team supports the organisation locally, regionally and nationally. We provide corporate and strategic communications support, as well as tailored project-based support for specific innovation projects, often in partnership with local health and care systems.

We convene or take part in 20 clinical groups in the Thames Valley. We are active at the national level where we take part in business development groups, patient safety groups (e.g. national MatNeo lead), CVD etc. We work closely with our counterparts in other HINs, especially those in the South. For example, in partnership with five other we are running a respiratory innovation showcase – presenting five innovations in respiratory care to an NHS audience.

We have published more than 100 case studies in our quarterly reports – we will continue to produce three of these each quarter to highlight our impact with partners in improving health and fostering economic growth.

Our website has been updated to better support our various audiences, helping them find relevant information by introducing signposting to the homepage and answering their questions through newly developed FAQs.

We will continue to update and improve our website in line with the government’s three shifts, accessibility requirements and audience needs.

Our social media activities focus on the LinkedIn channel. Through consistently strong content we aim to continue increasing the number of followers and engagement levels. Through both social media and our website, we are introducing more educational content, particularly for innovators, to position us as thought leaders and strategic partners. We continue to update our Innovator Toolkit, which was one of our most highly viewed web pages last year. We will also continue to add wide-ranging new content to our popular YouTube channel.

We will be busy with the launch and ongoing comms relating to the Respiratory Transformation Partnership (RTP) which is due to launch in March 2026. The RTP is a unique opportunity to meet the challenge of improving respiratory health, and quality of life for tens of thousands of people. The NHS is working alongside four major industry partners, the Office for Life Sciences, specialist organisations, innovators and patient groups to improve outcomes for all communities through earlier diagnosis and better access to the most effective treatments. It is led by HIOTV. We are supporting this with speaker opportunities at key events throughout the year where speaking slots will help us communicate key messages of the RTP and other priorities

## Financial Plan

2025/26

A surplus of £0.1m will be achieved this year which covers the increase in HIOTV's potential liabilities. We set the most challenging target for Other Income this year to fill the funding gap; the target of £1.5m has been achieved. RTP and associated commissions have brought in £0.7m. Other income includes £2.6m Pathway Transformation Funding pass through. Excluding passthrough, 33% of income is from outside of the NHSE/OLS commissions

2026/27: We have been informed that there will be a £1m improvement from our national commissioners in 2026/27:

- £0.6m increase from IRLSS commission - additional and regional programmes
- £0.3m OLS that was non-recurrent in 25/6 will be repeated in 2026/27
- £0.1m sustained Martha's Rule in mental health (TBC)

£0.4m "other Income" has already secured for 2026/27 from NHSE commissions and grants. Respiratory Transformation Partnership (RTP):

- RTP income £0.4m for HIOTV in 2026/27 from £2m OLS funding received in January 2026
- RTP - £840k will be paid out to 14 HINs (£60k each for 2 years support)
- RTP - £1m "miners" funding will be distributed to 4 sites at the beginning of the financial year

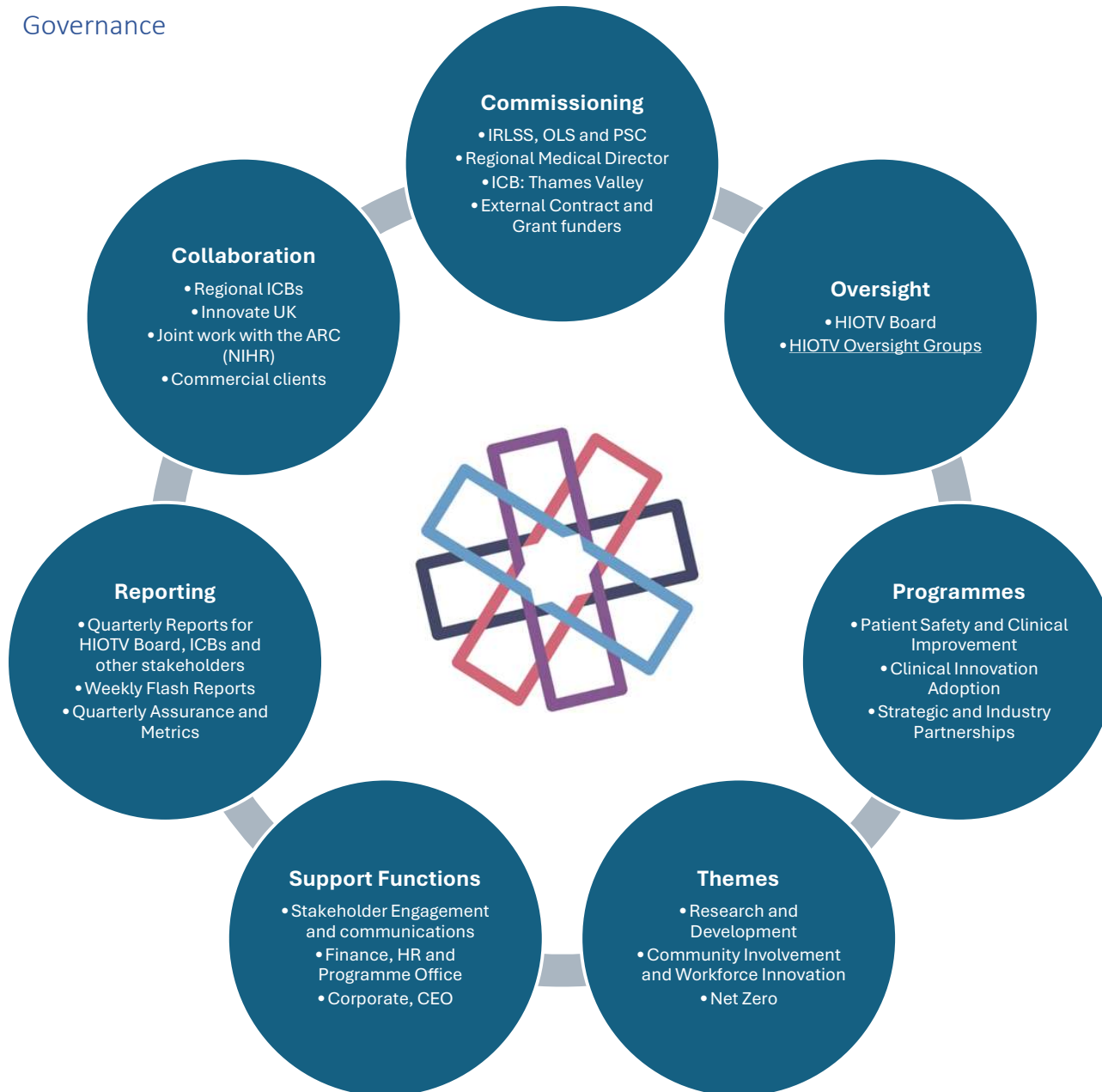
- RTP – potential Pathway Transformation Funding of £3.6m (pass through) has not been included in budget
- RTP - £2m from industry partners for 2026/27 will be passed through to local systems to support delivery of RTP

In 2026/27 HIOTV needs to fill a funding gap of £0.4m to generate a surplus of £0.2m to cover the increase in potential liabilities. This is achievable from the business development opportunities in the pipeline. HIOTV's reserves are sufficient to cover potential liabilities which will increase to circa £3m by March 2027. Vigilance on costs must continue to ensure HIOTV remains in financial balance and can address potential liabilities to mitigate against financial risk to host OUH.

2027/28: Unsecured gap is forecast to be £1m to achieve a surplus of £0.2m, assuming national commissioners sustain 2026/27 funding. Work to fill this gap must start in 2026/27

Health Innovation Oxford & Thames Valley Financial Plan	2025/26 Outturn (£)	2026/27 Draft Plan (£)
<b>Income</b>		
Core Commission- NHS England Core	-2,132,943	-2,835,141
Core Commission - Office for Life Sciences Core	-1,148,088	-1,273,012
Core Commission Income - NHSI PSC	-846,258	-1,007,047
Additional Commission - Respiratory Transformation Partnership	-4,216,172	-2,296,220
Other Income - Partner Contributions	-295,000	-295,000
Other Income - Programmes & Themes	-1,049,756	-795,204
<b>TOTAL INCOME</b>	<b>-9,688,217</b>	<b>-8,501,624</b>
<b>Programmes &amp; Themes</b>		
Patient Safety & Clinical Improvement	1,014,502	1,081,330
Respiratory Transformation Partnership	3,535,885	2,472,458
Clinical Innovation Adoption	1,621,651	1,201,571
Strategic Industry Partnerships	1,364,568	1,389,736
Community Involvement & Workforce Innovation	476,240	559,904
Other Programme Costs	82,442	85,369
Communications	159,928	164,866
<b>Sub-Total Programmes &amp; Themes</b>	<b>8,255,216</b>	<b>6,955,234</b>
Corporate Office	1,345,502	1,229,656
<b>Sub-Total Overheads</b>	<b>1,345,502</b>	<b>1,229,656</b>
<b>TOTAL EXPENDITURE</b>	<b>9,600,718</b>	<b>8,184,890</b>
To fund Liabilities	87,499	213,957
<b>NET INCOME/EXPENDITURE</b>	<b>0</b>	<b>-102,777</b>

## Governance



Each Health Innovation Network is independently governed, however we sit within an overarching network governance, to allow us to successfully leverage collaboration across the 15 Health Innovation Networks. Our local governance is summarised in the diagram.

Operating subgroups have oversight for different areas of the Network Business Plan activity, as well as overseeing contractual delivery and risk management. Each subgroup has defined terms of reference, a programme of work and reports to the Network Executive to support oversight and assurance.

Further information on governance and review forums can be found in Appendix 1: Governance and Review forums 2026/27

HION is hosted by Oxford University Hospitals (OUH). The OUH CEO is Deputy Chair of the Board, and our staff are employees of OUH.

HION Chair and CEO are members of the Network Committee and the CEO is a member of the Health Innovation Network Executive Committee.

Full details of our Board and governance can be found on our website:

<https://www.healthinnovationoxford.org/about-us/our-governance/board/>

## Appendix 1: Governance and Review forums 2026/27

Frequency	Forum
Quarterly	Health Innovation Oxford and Thames Valley Board
Quarterly	Health Innovation Oxford and Thames Valley Board Quarterly Regional NHSE Team, reviewing progress against agreed deliverables
Quarterly	Joint Planning meetings with ICB colleagues, covering progress, opportunities, joint planning and deep dive
Quarterly	Review meetings with BOB Clinical Network Leads and Director of Clinical Programmes
Quarterly	Mental Health sub-group of Patient Safety Oversight Group- Medical Directors Berkshire Healthcare and Oxford Health with HIN Mental Health Lead and Director of Patient Safety and Clinical Improvement Monthly
Quarterly	Regional Director of Primary Care Transformation with HIKSS and HI Wessex
Monthly	Calls with members of senior team with Primary Care Leads
Monthly	Many other local groups and networks for members of Oxford HIN team, e.g. CVD Lead, Mental Health Lead, Oxford HIN Patient Safety Collaborative Oversight Group
As needed	National Health Innovation Network groups – Patient Safety Leads, Commercial Directors, CVD, Respiratory, MatNeo, Business Development, Programme Operations, Metrics Development and Oversight Group, Data Harmonisation Oversight Group, CPEG Many other groups and networks for members of Oxford HIN team, e.g. CVD Lead, Mental Health Lead, Oxford HIN Patient Safety Collaborative Oversight Group

## Appendix 2: NHSE Master Licence Agreement requirements mapping to Business Plan

MLA Requirement	Information	Further details (page number)
<b>Network-wide Innovation Spread Programmes</b>	We will continue to support the Network Wide programme for CVD. Work locally will have a sub-regional focus at ICB level allow for a targeted approach through population health data, case finding and support from the health innovation network to support the adoption of new pathways, innovations. There will be Network level oversight to allow for sharing of best practice, and innovative ways of working.	7,9
<b>Implementation methodology programmes</b>	<p>Whilst not a defined programme, we embed implementation methodologies into all our programmes.</p> <p>We will:</p> <ul style="list-style-type: none"> <li>Ensure appropriate adoption of any new evidenced based approaches and methods for implementation.</li> <li>Share case studies across the Health Innovation Network and also with wider audiences and include evidence of evaluation of approaches and methods through case studies.</li> <li>Evidence that adherence to evidenced methodology and approaches leads to effective spread of an innovation.</li> </ul> <p>Local activities to support this will include:</p> <ul style="list-style-type: none"> <li>Supporting work to create and provide outputs and resources to support the development of national and local system approaches to the spread and implementation of innovation.</li> <li>Providing expertise on spread activity and methodology and coordinating or aligning work on spread with the Authority.</li> <li>Programme Delivery: Consistent, tailored, and effective approaches to spread in place which are clearly articulated and communicated across the local and network wide system.</li> <li>Reporting and shared learning – we continue to develop our reporting processes to capture effectiveness of approaches and methods to enable and support continuous learning on approaches to spread, improving the effectiveness of approaches over time. This has been enhanced greatly through Salesforce adoption, and we will continue to build on this, and refine our systems.</li> </ul>	7,12
<b>Cross Cutting Themes</b>	Moving forwards, our ambition in 25/26 is to deliver cross-cutting themes through business-as-usual processes. Cross cutting themes are now integrated in all the Local, Regional and Network wide programmes.	12

Our cross-cutting themes of equality, diversity and inclusion, health inequalities; patient safety; patient and public involvement and engagement; net zero and sustainability, and workforce, help us to ensure that key NHS priorities are reflected in all our work, whether national or regional.

Supporting the reduction of health inequalities remains a priority as demonstrated through the InHIP Programme and our mechanism for tracking the CORE20Plus5 groups impacted within our programmes. Equality, diversity, and inclusion activity underpins our work to reduce health inequalities and is delivered within each of the health innovation networks.

We have made a commitment to embed meaningful patient involvement and co-production activities throughout the innovation pipeline from needs articulation, through design, testing and implementation and locally commissioned work. For network-wide and patient safety programmes, patient and public involvement and engagement is being embedded in all development and implementation plans.

In 2019, we developed our Patient Safety Plan: [Patient safety in Partnership: our plan for a safer future 2019-2025](#) in response to the [NHS Patient Safety Strategy](#). Our ambition remains to support the delivery of the NHS Patient Safety Strategy, and our vision is aligned to the national strategy: 'for the NHS to continuously improve patient safety.' We will achieve this through the Patient Safety Collaborative Commission from NHSE but also through the lens of patient safety in all our clinically led Outcomes Programmes, Pipeline and Health Inequalities work streams.

**Supplier NHS Innovation Pipeline**

We support the innovation pipeline from identification to implementation to address areas of greatest need. Supporting and tracking the identification, development, evaluation and adoption of innovative solutions (including medicines, medical technologies, diagnostics, digital and artificial intelligence innovations) which can improve outcomes in population health and healthcare through prevention of ill-health, earlier diagnosis, more effective treatments, and faster recovery.

5

**Horizon Scanning and Demand Signalling**

Locally, we use innovation scans and Innovation Insight Panels to help local systems match needs to innovations and connect local needs to other systems that have adopted innovations.

Clear articulation of NHS needs (demand signalling) and matching this to a systematic search for solutions (horizon scanning), is a priority for 2026/27, to allow the NHS to plan and prepare for the next generation of innovations and stimulate innovation in the highest priority areas.

5, 6, 7, 10

To address this locally, alongside a national work, we will continue to; understand and articulate our local system needs and disseminate research and innovation signals into local teams; signal to research communities and local

	innovators to establish innovation that meets current and/or future envisaged needs; build connections across the network to develop; build better understanding of innovations that are likely to be adopted to increase confidence in funding decisions.	
<b>Innovation support programmes/Real World Evaluation</b>	<p>We support innovators in three key areas: to enter and progress through the AAC led programmes; to reach adoption readiness of innovations and scale up by supporting innovators received through the NHS Innovation Service and other channels through the CEP, SBRI, AI Award, NIA programmes through the HIN Innovator offer; support early-stage development of innovations, evaluation, real world evidence, proof of value through the Innovation Pipeline to create cohorts of innovations that can supported through national scale up programmes like MTFM and HTAAF.</p> <p>Locally, innovations that meet locally signalled demand are supported to build an evidence base that informs business cases for investment, enabling adoption and spread and pathway transformation benefitting patients and workforce productivity.</p>	5, 6, 7, 10
<b>Network Governance</b>	<p><b>Continuous improvement across the Network</b></p> <ul style="list-style-type: none"> <li>• 26/27 will see the HI East team work with the Network Central Team, 15 health innovation networks and NHSE IRLSS and OLS teams to ensure all stakeholders are able to view the data most pertinent to their roles, as-well as helping to describe our national impact across all areas of work.</li> <li>• Locally, all 15 health innovation networks will continue implementation of local improvements in project management, customer relationship management and data capture processes to feed the Combined Dataset and drive local efficiencies.</li> </ul> <p><b>Data-driven communications and thought leadership</b></p> <ul style="list-style-type: none"> <li>• This year, we will consider how our economic growth and programme impact data can improve the way that we describe our role, knowledge, expertise and learning to a wider variety of key stakeholders.</li> </ul>	4, 17, 18