



**Health
Innovation**
Oxford & Thames Valley

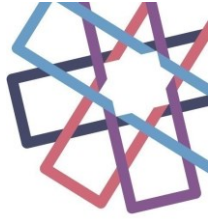


Office for
Life Sciences



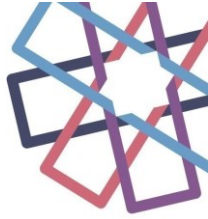
Annual Report 2025/26

Including Q4 (January - March 2026)



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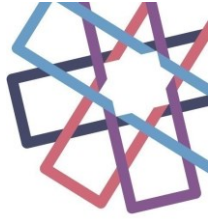
Chief Executive's summary

The end of a successful year saw the launch of the Respiratory Transformation Partnership by Minister Dr Zubir Ahmed, described in detail in one of our quarterly case studies. With the support of an additional commission from the Office for Life Sciences our team has led the development of an innovative £10M partnership between NHS England, four life science industry partners and the Health Innovation Network that will transform care for asthma and COPD patients, drive more rapid uptake of NICE-recommended therapies for respiratory disease and support UK economic growth by increasing life science R&D investment. This novel partnership illustrates the unique position health innovation networks occupy and our ability to forge effective partnership working of the NHS with multiple life science companies and achieve impact across England through alignment of resources from numerous stakeholders.

We continue to develop a three-year strategy with our partners to agree our areas of focus and role in the Thames Valley ecosystem. The creation of the Thames Valley Integrated Care Board aligning with our boundary will facilitate development of our transformation and innovation adoption programmes to achieve impact across the Thames Valley.

For the year ahead we will be delivering four national Health Innovation Network programmes commissioned by NHS England. These are improving the early detection and management of chronic kidney disease; supporting the adoption of NICE-recommended hybrid closed loop insulin infusion systems ('artificial pancreas') to improve the lives of people with Type 1 diabetes; supporting the adoption and evaluation of Automated Voice Technology AI scribing to increase efficiency/quality of working life of health care professionals; and supporting the development and adoption of the NHS App. We will also work with other health innovation networks to develop models of care to improve Women's Health and continue our work in heart failure.

This month I had the opportunity to attend a prehospital stroke conference in China celebrating the success of their 10-year programme rolling out the Chinese 120 equivalent of the FAST stroke awareness campaign, which had led to significant increases in the delivery of thrombolysis and thrombectomy across China¹. There were a number of conclusions I drew from the meeting relevant to achieving adoption of innovation at scale. The first is that service innovations developed to address a local challenge often have national and international relevance, but the local health systems have few incentives to spend time and resources achieving wider impact. FAST was developed in Newcastle in 1998 by my stroke team to enable suspected stroke patients to be diverted by ambulance crews to the city hospital that had a stroke service but no emergency department and was subsequently developed as the national stroke public awareness tool^{2,3}. The national and international adoption of FAST could have been driven more rapidly had national adoption scaling structures been in place in the late 1990s. Second is that local adaptation is necessary in ensuring an innovation fits the local system and culture - a point often made in the implementation science literature. Third, that government/national policy

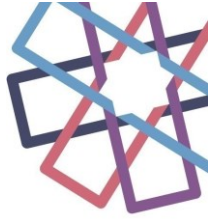


support to change programmes is critically important to success. Fourth, that robust and timely evaluation of the impact of adoption on patient and health system outcomes is necessary to ensure intended outcomes are achieved. Finally, that solutions to service challenges often exist in other health systems. Ryan's rule implemented across Queensland, Australia in 2013-15 was a forerunner of Martha's Rule adopted across England⁴. A similar pilot 'Call 4 Concern' system had been trialled by Royal Berkshire Hospital in 2010⁵. The Chinese 120 stroke awareness programme was an excellent illustration of these principles, which we embody in our work as a health innovation network.

Gary Ford

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

1. Yuan et al. Analysis of time to the hospital and ambulance use following a stroke community education intervention in China. *JAMA Network Open* 2022;5(5):e2212674
2. Harbison et al. Rapid ambulance protocol for acute stroke. *Lancet* 1999;353:1935
3. Harbison et al. Diagnostic accuracy of stroke referrals from primary care, emergency room physicians, and ambulance staff using the face arm speech test. *Stroke* 2003;34:71-76
4. <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/patient-safety/duty-of-care/ryans-rule/development>
5. Odell et al. Call 4 Concern: patient and relative activated critical care outreach. *Br J Nursing* 2010;19:1390-5



Case study 1: Transforming respiratory care: New partnership model aligns national ambition with local action

Operational planning guidance/Government priorities

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

Clinical area

Respiratory – whole pathway from diagnosis to long-term management.

Population

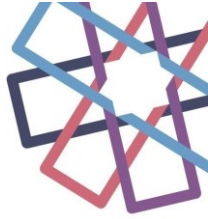
People living with asthma, COPD and other respiratory conditions.

Summary

The Respiratory Transformation Partnership (RTP) is a landmark national collaboration to improve care for people with asthma, COPD and other respiratory conditions. Over the next two years, funding from Industry have been secured and it is anticipated that the RTP will receive substantial funding from Government departments and four industry partners. The RTP was launched in March 2026 by Dr Zubir Ahmed, the Health Minister for Innovation and Safety. This was the first ever ministerial launch of a HIN programme. It combines national ambition with local action. Strong clinical leadership is at its heart. It will lead to earlier diagnosis, more consistent equitable care, along with a reduction in hospital admissions and premature deaths. It will support the economy by helping people stay healthy and in work.

The RTP marks a shift from crisis-driven care to a proactive data-enabled approach which will transform thousands of lives through personalised condition management. It closely aligns with Government priorities to provide the right care closer to home as well as the Ten Year Health Plan and the Life Sciences Sector Plan. It will also contribute to productivity improvements, workforce development and economic growth, and create a scalable blueprint for transformation across the NHS enabled by innovation.





Problem being addressed

Too many lives are blighted as a result of inadequate care and support for respiratory disease, adding avoidable pressure to NHS services.

Respiratory disease:

- is the third leading cause of death in the UK
- affects approximately one in five people during their lifetime, with asthma and COPD the most common long-term respiratory conditions
- accounts for around 20% of all deaths
- contributes to approximately 8% of hospital admissions and 10% of inpatient bed days
- costs the UK economy an estimated £188 billion annually

The economic burden is also significant, with respiratory conditions costing the UK economy an estimated £188 billion annually.

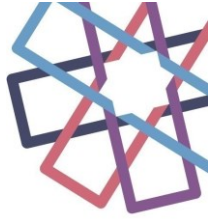
Health inequalities remain a defining feature of respiratory disease. People living in the most deprived areas face significantly higher rates of emergency admissions and premature mortality from respiratory disease.

With the right guidance, timely care and targeted support, asthma and COPD are treatable.

Network support

Health Innovation Oxford and Thames Valley (HIOTV) identified an unmet health need and built on its existing relationships with clinical leaders, OLS and pharma companies to create a new coalition to address it. HIOTV is now leading the RTP on behalf of NHSE and the Health Innovation Network.

There are clear national guidelines, but systems find it difficult to make the changes needed to ensure equitable access to new therapies and better care pathways. Having built trusted long-term relationships health innovation networks are able to provide national coordination and leadership as well as supporting locally-led delivery.



Impact so far

An initial project supported through the NHSE Pathway Transformation Fund (PTF) ran for six months to the end of March 2026. Initial figures for the first four months (two-thirds of the programme) show:

- 1500+ diagnostic test carried out (spirometry and FeNO)
- 2200+ confirmed diagnosis of asthma and COPD
- 900+ structured reviews completed for COPD patients

Scalability/Next steps

The programme is based on local partnerships throughout England.

The next step is a focus on six deprived former coalfield areas in the Midlands and north of England which are disproportionately affected by respiratory disease.

This model is highly applicable and transferrable across other clinical pathways.

Feedback quote/testimonial

“This government is bringing together the NHS, industry and local health innovation networks to make sure patients get the treatment they need, closer to home, before their condition reaches crisis point.” Health Minister Dr Zubir Ahmed

“By working across partners and systems we can support earlier identification of disease, improve access to effective treatments and help people manage their conditions closer to home.” Professor Gary Ford, Chief Executive, Health Innovation Oxford and Thames Valley

“Seeing a patient in clinic - he was literally gasping for breath, who was struggling to navigate the system and not being heard ... and almost on the brink of giving up. To then ... be able to give him more treatment was just so rewarding.” Practice nurse, Yorkshire

Contact

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Case study 2: Evaluating a point-of-care sepsis test in an NHS setting

Operational planning guidance/Government priorities

- Analogue to digital
- Patient safety

Summary

Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs, with the immune system going into overdrive. In the UK, there are 48,000 sepsis related deaths each year – that's about five people every hour (The UK Sepsis Trust). There is no single, definitive test to diagnose sepsis. Health Innovation Oxford and Thames Valley (HIOTV) conducted a feasibility study evaluating the LIT™ Sepsis Test, a novel point-of-care diagnostic developed by Seroxo, to support early detection and monitoring of sepsis.

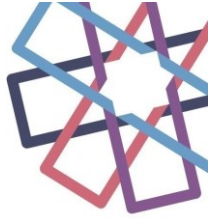
Interviews with senior NHS clinicians highlighted the limitations of current tools such as NEWS2 and expressed cautious optimism about LIT™ as a complementary tool, particularly for patients with ambiguous presentations. We also gathered feedback from patients. Further clinical and economic evidence is required prior to adoption.

Problem being addressed

Sepsis remains a major cause of avoidable harm, mortality, and litigation in the NHS. It is life-threatening and leads to approximately 245,000 hospital admissions within the UK each year (The UK Sepsis Trust). There is no single, definitive diagnostic test for sepsis. Reliance on physiological scoring systems can lead to missed diagnoses or overtreatment. There is a need for rapid diagnostic support tools to improve risk stratification, guide treatment decisions and optimise NHS resources. The LIT™ Sepsis Test is a rapid point-of-care test that measures neutrophil function from a finger-prick blood sample in approximately ten minutes, supporting early sepsis detection as well as monitoring response to treatment.

What did we do?

HIOTV led the study design, delivery and analysis, patient and public member involvement, and supported stakeholder engagement across multiple NHS trusts.



We conducted a feasibility study to assess the acceptance, perceived usefulness and potential barriers to adoption of the LIT™ test within NHS A&E and AMU departments, using the Lean Assessment Process (LAP) methodology. LAP is a structured framework integrating both qualitative and human factors approaches to assess the clinical relevance and implementation potential of emerging technologies. Interviews were conducted with 11 stakeholders working in A&E and AMU services across eight NHS trusts. Their insights were thematically analysed to understand the perceived benefits and barriers to adoption of the LIT™ test.

We incorporated clinician and public involvement through several workshops. These revealed critical insights about the importance of timely and clear information sharing. Patients expressed frustration over the lack of communication, with one stating, *“The consultant said, ‘you are lucky to be alive.’ I didn’t want to hear this. It was frightening.”* Clinicians acknowledged the need for sensitive communication, emphasising that health literacy must be considered. Both groups showed optimism about the potential of the LIT™ test to improve diagnosis, while also raising concerns about its accuracy and practical implementation.

What has been achieved?

The HIOTV feasibility study demonstrated the potential for earlier and more accurate identification of sepsis risk using LIT™. If validated, it could support:

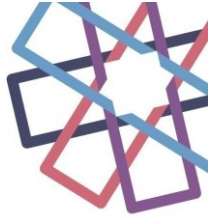
- Timely decision-making, leading to prompt treatment
- Improved patient monitoring
- Consistent management of sepsis across NHS pathways.

Clinicians indicated that the LIT™ test could be cost-effective if it reduces unnecessary admissions, length of stay, or inappropriate antibiotic use, particularly when targeted to selected patient groups rather than blanket screening.

Both clinicians and patients saw potential value in the LIT™ test as a diagnostic support tool. Further studies exploring its integration with existing workflows and guidelines, and potential economic impact, are also planned.

Scalability/Next steps

Our findings will enable Seroxo to better understand the value proposition and barriers to adoption of the LIT™ test in A&E and AMU settings and serve as a roadmap for continued development towards adoption in the sepsis pathway. Further pilots in other settings such as Intensive Care Units will explore the test’s usefulness in other NHS pathways.



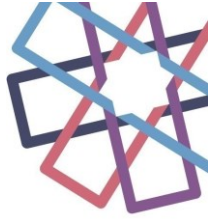
Feedback quote/testimonial

“HIOTV delivered an outstanding feasibility study for Seroxo’s LIT™ test, applying the Lean Assessment Process with rigour, insight and professionalism. Their team was highly responsive and collaborative, engaging clinicians and patients across multiple NHS trusts to generate meaningful real-world feedback. The thematic analysis was thorough and balanced, clearly identifying both opportunities and barriers to adoption.

“Importantly, their clinician and public involvement workshops surfaced valuable insights around communication and implementation that will directly inform next steps. HIOTV’s work has significantly strengthened our clinical strategy, and we would highly recommend them to any organisation developing innovative healthcare technologies.” David Sarphie, CEO, Seroxo

Contact

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Case study 3: Exploring digital innovation in prostate cancer care

Summary

Health Innovation Oxford & Thames Valley (HIOTV), in partnership with Treatment Technologies & Insights (TTI) and Bayer Plc, undertook a collaborative project from August 2023 to June 2025 to assess the feasibility, implementation readiness and adoption requirements for Wave Health Pro - a digital health platform customised to support men living with prostate cancer. Wave Health is a proactive patient risk management software (app and portal) that operationalises patient-reported data to optimise care coordination. The platform is owned by TTI. Bayer Plc partially funded prostate cancer-specific development work and supports marketing of the disease-agnostic product in the UK on TTI's behalf. Wave Health is a standalone product, not connected with any medicinal products.

The platform enables patients to track symptoms, medications, laboratory results, side-effects and lifestyle information with personalised guidance via a mobile application. Clinicians can remotely monitor patient-reported outcomes through a connected care portal to support communication, clinical decision-making and identification of potential deterioration. The shared patient-clinician interface supports earlier intervention and proactive risk stratification, while enabling patients to play a more active role in managing their condition.

The work highlighted key preconditions for digital health solutions to succeed in prostate cancer care, including UK-specific clinical and economic evidence, regulatory readiness, NHS IT system integration and clear funding models.

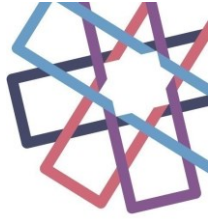
Declaration of interests and roles: Wave Health is manufactured by Treatment Technologies & Insights (TTI). Health Innovation Oxford & Thames Valley was sponsored by Bayer Plc to conduct an independent feasibility study on the TTI technology. Bayer Plc partners with TTI solely as the UK marketing agent for the prostate cancer version of Wave Health and is not responsible for the product's content or functionality.

Why this matters

Prostate cancer is the most common cancer in men, with over 52,000 new diagnoses annually in the UK¹. As survival improves, more men need personalised, long-term support amid increasing service pressures.

Wave Health Pro offers a scalable and customisable digital solution which is purpose-built for prostate cancer but adaptable across conditions, promoting self-management, enhancing communication between patients and clinicians and enabling remote monitoring. This aligns with the NHS

¹ <https://prostatecanceruk.org/get-involved/campaigning/our-manifesto-for-the-next-government#:~:text=harder%20to%20treat-.The%20problem,health%20care%20inequalities%20even%20worse>



Long Term Plan's vision for digitally enabled, data-driven care². By improving communication and automating routine tasks, the platform facilitates care coordination, reduces clinician workload and optimises resource use, driving measurable gains in efficiency, patient engagement and overall quality of care. Bayer's collaboration with Wave Health reflects its commitment to innovations that enhance patient experience and outcomes, underpinned by real-world evidence and sustainable adoption³.

Although this project concluded prior to the publication of the NHS Medium-Term Planning Framework (2026/27-2028/29)⁴, its findings remain highly relevant, as the Framework now reinforces the importance of digital monitoring and electronic PROMs as core enablers of productivity, patient-centred care and digital transformation across the NHS.

What we did

The project was delivered in three phases which aimed to assess stakeholder needs and feasibility of the technology, plan for implementation and engage with the sector to explore the potential of digital solutions in prostate cancer care.

- **Phase 1 - Feasibility study**

Using the Lean Assessment Process (LAP) methodology, the HIOTV Strategic and Industry Partnerships (SIP) team interviewed 15 clinical and commissioning stakeholders across seven NHS trusts. Analysis of responses and human-factors mapping highlighted a strong unmet need for digital tools in prostate cancer follow-up. Stakeholders viewed Wave Health Pro as a potential advancement in efficiency and patient-centred care but emphasised the need for UK-specific real-world and economic evidence to demonstrate impact.

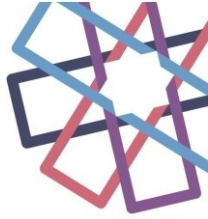
- **Phase 2 - Implementation planning**

Building on the findings from Phase 1, Phase 2 aimed to progress from feasibility to implementation readiness. Using an engagement-based approach, the HIOTV Clinical Innovation Adoption (CIA) team held discussions with several NHS trusts to identify opportunities to pilot the technology and assess its potential impact within prostate cancer care. These discussions confirmed strong clinical interest and recognition of the platform's potential to enhance patient follow-up and service efficiency. However, uncertainty around sustainable funding beyond pilot phases was also identified as a key barrier to adoption. Trusts expressed willingness to adopt the platform if long-term funding were to be available, highlighting the need for a clear, sustainable commercial model extending beyond short-term pilots and demonstrating measurable value for the wider healthcare system. The team noted that TTI was working through regulatory requirements while some aspects required additional work to facilitate

² <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-executive-summary>

³ https://www.mckinsey.com/-/media/mckinsey/dotcom/client_service/pharma%20and%20medical%20products/pmp%20new/pdfs/beyond_the_pill_creating_medical_value_through_technology_enablement.ashx?utm_source=chatgpt.com

⁴ [NHS Medium-Term Planning Framework \(2026/27-2028/29\)](#)



access to the NHS market. In response, the project pivoted to focus on identifying key enablers for NHS adoption and clarifying what would be required for the platform to achieve NHS market readiness. This shift generated valuable learning which was translated into a tailored innovation support package for the industry partner, comprised of a Due Diligence Report, Population Health Analysis, a Treatment Pathways Review and an Implementation Toolkit. These outputs addressed regulatory, clinical, population and implementation considerations for Wave Health Pro and were developed through desk-based research, drawing on published evidence, policy documents, national datasets and NHS digital health frameworks. Phase 2 gave Bayer Plc and TTI a clear understanding of NHS adoption requirements and offered a clear roadmap to implementation as the Innovation Support Package outlined practical steps required to progress towards adoption readiness.

- **Phase 3 - Sector engagement**

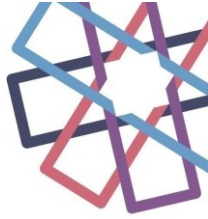
To sustain momentum and build national awareness, HIOTV hosted a webinar series on innovation in prostate cancer care. The sessions brought together clinicians, service managers and innovation leads from across the UK to discuss service challenges and explore how digital and patient-centred solutions can improve pathways and outcomes. The webinars showcased examples of innovation in diagnosis, treatment and follow-up care, fostering collaboration and shared learning across sectors. By facilitating national dialogue, this phase contributed to the national conversation on digital transformation in prostate cancer care.

Key findings and recommendations

The work identified clear opportunities alongside systemic barriers. Wave Health Pro aligns with NHS priorities for personalised, digital-first care. Platforms of this kind can empower patients, enable remote monitoring and free up clinical capacity. Population analysis suggests significant potential for scale, positioning prostate cancer care as a suitable pathway for early adoption of digital health solutions. Stakeholders were positive but cautious. NHS organisations require robust UK-specific evidence, including health-economic data, before committing to sustained use. Funding uncertainty remained the central concern: many Trusts asked, *“If we try it, can we keep it?”*, and integration with IT systems, workforce readiness, workflow fit and regulatory clarity (including UKCA marking) as key adoption requirements prior to piloting.

To progress from interest to adoption, it was recommended Wave Health Pro:

- look to generate real-world UK evidence and economic data to demonstrate value
- develop flexible pricing models aligned with NHS budgets
- ensure seamless technical and workflow integration within clinical pathways
- clarify its regulatory status and achieve data governance compliance.



Establishing clear market positioning that highlights the platform’s unique benefits further strengthens its adoption case across the NHS.

Feedback

“This collaboration has been instrumental in strengthening how Wave Health aligns with NHS priorities, particularly around digitally enabled, data-driven care and proactive patient management. The insights gained have helped ensure the platform supports scalable, sustainable adoption while delivering meaningful value for both patients and healthcare systems.” – Wave Health CEO & founder Matt Lashey

Conclusion

The project assessed the feasibility, implementation requirements and adoption challenges for Wave Health Pro within NHS prostate cancer pathways. It confirmed the need for UK-specific evidence, regulatory clarity and sustainable funding before large-scale deployment can occur. The findings provide a practical understanding of the steps required for Wave Health Pro and similar digital health solutions to move from concept to implementation across the NHS.

Acknowledgements

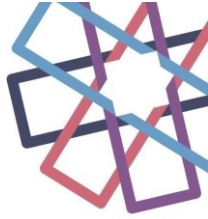
We gratefully acknowledge Bayer Plc and TTI for its partnership and flexibility and thank the clinicians and contributors who shared their insights and experience throughout the project.

Contact

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Case studies included in the three other quarterly reports produced in 2025/26 can be found on the HIOTV website:

<https://www.healthinnovationoxford.org/about-us/documents/quarterly-reports/>



Operational Review

Performance across the portfolio and commissions in Q4 and for the whole of 2025/26 has been strong. We have delivered against the national programme trajectories and our local projects. Our engagement with the BOB and Frimley healthcare systems is comprehensive and flexible. HIOTV takes part in or convenes more than 20 clinical groups in the region that we serve.

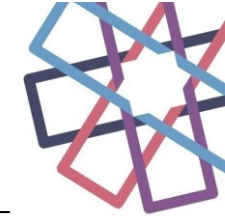
In Q4 we developed our business plan for 2026/27 to align strongly with the priorities of our local system. Our ICB partners have approved the business plan. Our portfolio is also aligned to the government's "three shifts" with 31 projects fulfilling the sickness to prevention shift, 22 in hospital to community and 29 in analogue to digital. We will continue to focus on productivity gains – in 2025/26 we worked with over 2500 staff to upskill, develop and train the workforce to embed efficiencies, safety principles and digital skills, unlocking workforce time and streamlining processes. We have engaged with over 250 members of local systems to co-produce pathway transformation plans, review initiatives and develop solutions that are fit for purpose and sustainable within local systems – this remains critical to successful delivery. Engagement with our community, ensuring the voice of the patient is embedded into our work has been strong in 2025/26, with over 240 people taking part in workshops, community outreach initiatives, and discussions that have shaped the way we work, and design solutions. We emphasize the importance of patient and public involvement in all programmes where appropriate and will continue to focus on this in 2026/27. Our business plan is a snapshot in time and will invariably change as the system and priorities evolve in year. We will ensure to continue alignment with local requirements, shaping programmes with local system partners.

Funding remains challenging in the system, and we support the local NHS providers, ICBs and innovators to apply for grants, including partnering on bids for UKRI and NIHR funding with university groups, university spinouts and SMEs in the region. We also seek support from industry to bring more funding into the system to support local evaluation and adoption. Attracting funding outside our NHSE and OLS commissions is vital to sustain HIOTV and in 2025/26 we secured over £1.4M of funding from grants and industry sources. Overall HIOTV broke even this year, delivering against budget and forecast. We are actively working on a pipeline of opportunities with innovators and local systems and, subject to successful outcomes of grant applications and negotiations, many of these will be added to our programmes for delivery.

Highlights

In 2025/26 we completed 33 projects, ranging from large national programmes to QI and evaluation support for our partners and innovators. We published 12 case studies in 2025/26 detailing the impact of our work. We supported 343 innovators through the year, across all support levels - from signposting to in depth partnerships.

Work continued at pace in the **Respiratory Transformation Partnership (RTP)** programme in Q4, this is an ambitious new national coalition which will have a life-changing impact on thousands of people affected by asthma and lung disease. The programme was formally launched by Dr Zubir Ahmed, the Health



Minister for Innovation and Safety in March. The RTP will redesign care across the full pathway – from early diagnosis through to long-term management – supporting earlier identification, equitable access to treatment and more coordinated care. Delivered by Health Innovation Oxford and Thames Valley on behalf of the Health Innovation Network, the programme aims to improve outcomes while reducing avoidable admissions and pressure on services. Read more in the first case study above.

Alongside the launch, there was an in-person partner event in January to start to 'build the partnership together' and to form the foundation and development for the subsequent steering group and workstreams - feedback from attendees has been very positive. In addition, a kick-off meeting took place for the six Pathway Transformation Fund sites in former mining communities.

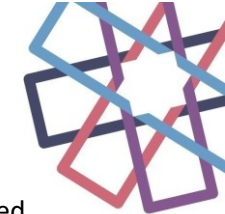
In Q4 the first of the **Heart Failure** learning bites video series launched, achieving over 650 cumulative YouTube views to date. The resource also received national recognition through inclusion in the Health Innovation Network Heart Failure Blueprint for Healthcare Professionals (2026). Following this success, an additional learning bite video is currently in progress.

Our work in **Medicines Optimisation** progressed well through 2025/26 with the **Repeat Prescribing Programme** supporting Frimley and BOB ICBs to strengthen repeat prescribing processes, reduce medicines oversupply and improve prescribing efficiency through practical tools, shared learning and data-driven approaches. During Q4, HIOTV continued to facilitate closer alignment between Frimley and BOB as they prepare to work more closely within a single Thames Valley system. BOB ICB continued to support practices through a structured QI approach focused on reducing oversupply, while Frimley began aligning to a similar model. Both systems continued to use the oversupply dashboard (ePACT) to support local monitoring, identify practices with the highest levels of oversupply and inform locally-led action plans. Overall, the programme strengthened collaboration across systems, supported greater use of data to drive repeat prescribing improvement, and established a clear foundation for more aligned working across Frimley and BOB as they move towards organisational integration as a single ICB from 1 April 2026.

Following the conclusion of the **OSCAR study**, findings have been submitted for potential publication in several journals. A manuscript entitled "Exploring the implementation and integration of structured medication reviews in primary care: A qualitative evaluation using normalization process theory" has been successfully submitted and is being considered for publication in the British Journal of General Practice.

[“Understanding Structured Medication Reviews delivered by primary care pharmacists in England: a national cross-sectional survey”](#) was published in BMJ Open in Q4.

Earlier in 2025/26 we concluded the **Polypharmacy** programme, that aimed to increase confidence among the region’s primary care prescribing workforce to safely stop medicines identified to be inappropriate or unnecessary, change patient expectations - to anticipate having a shared decision-making conversation about their medicines regularly, especially as they get older and a contribution to the evidence base around how to help patients to feel more empowered to open up about their medicines issues. The programme delivered training to over 1400 healthcare professionals.



In February we concluded the series of **Cervical Length Ultrasound** educational days with a total of 46 doctors trained and 266 pregnant volunteers scanned over six days. Feedback from both volunteers and those attending the training has been overwhelmingly positive, with one volunteer commenting “The doctors in the room were very welcoming, they all introduced themselves, very informative about what was involved in the procedure- they put me at ease! I found it interesting to see my bladder/baby -I realised how close baby & bladder are which explains all the trips to the toilet! It was a very pleasant experience, very relaxing atmosphere.”



We held our annual **maternity and neonatal shared learning event**, with a full house of attendees and a varied and packed agenda – everything from using virtual reality to alleviate phobias relating to treatments in pregnancy and birth (such as needles) to cultural approaches to safety. Feedback from the day included:

‘I have honestly seen so much value in all of it. Thank you. I feel seen as a professional during a really difficult time’

‘I enjoyed hearing about new projects that are being undertaken in the network. Good learning from one another’

‘It gave me a sense of community and the collaboration within the region’

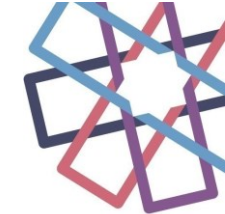
Our exploratory work to define a **Women’s Health** programme saw Katherine Edwards present at the Thames Valley Chamber of Commerce meeting on Women’s Health, attend the South East Learning Improvement Network and visit Tower Hamlets Women’s Health Hub – an exemplar model. This area of work is a key area of focus for 2026/27.



OUP successfully launched **Martha's Rule** across all sites and all departments in Q4 – this marks an important milestone in the Martha’s Rule programme. In 2025/26 our regional partner NHS trusts have made excellent progress. Three were involved in phase 1 of the programme (2024/25), comprising four sites. Wycombe Hospital and OUP joined in phase 2, an additional five sites. Martha’s Rule has been added to the NHS Standard Contract, requiring all acute hospitals to have implemented the three components of Martha’s Rule by March 2027.

We will continue to support pilot sites in 2026/27 with 1:1 QI coaching and support as well as continuing our programme of community of practice events. Support in next year will focus on adoption and spread of all components, including to maternity and emergency departments.

The Martha’s Rule in Mental Health end-of-pilot year webinar attracted over 50 attendees from across the country, with four pilot trusts presenting. We have submitted the end of year report to NHSE, including our findings for the year and recommendations for the future of this work.



Innovator support in Q4 remains strong. The Tympa pilot went live in eight pharmacies in the Frimley area, with 12 referrals and three completed appointments within the first week (System stakeholders: ICB, Frimley Trust, pharmacies, referring GP surgeries). The service represents a collaborative initiative between NHS Frimley, TympaHealth Technologies Ltd, Health Innovation Oxford and Thames Valley and Frimley Health NHS Foundation Trust. Its purpose is to provide a one stop community pharmacy pathway for adults presenting with hearing loss, earwax impaction or other minor ear health conditions suitable for management outside secondary care. This pilot forms part of a national expansion of the TympaHealth model following the success of the South West London pilot and seeks to validate its application at system level within Frimley ICS.

We also completed a health economics study for AffeX-CT developed by Afferent, a non-invasive device that uses the concept of transcutaneous autonomic neuromodulation via electrical stimulation through auricular innervation for use in the management of treatment-resistant hypertension and blood pressure reduction. In addition, we concluded the Late Stage Accelerating FemTech Partnership with Health Innovation South London. All ten companies in the programme received support from HIOTV including mentorship and expertise in health economics and real-world evaluation. We will maintain links with companies as they apply for further grant funding from UKRI.

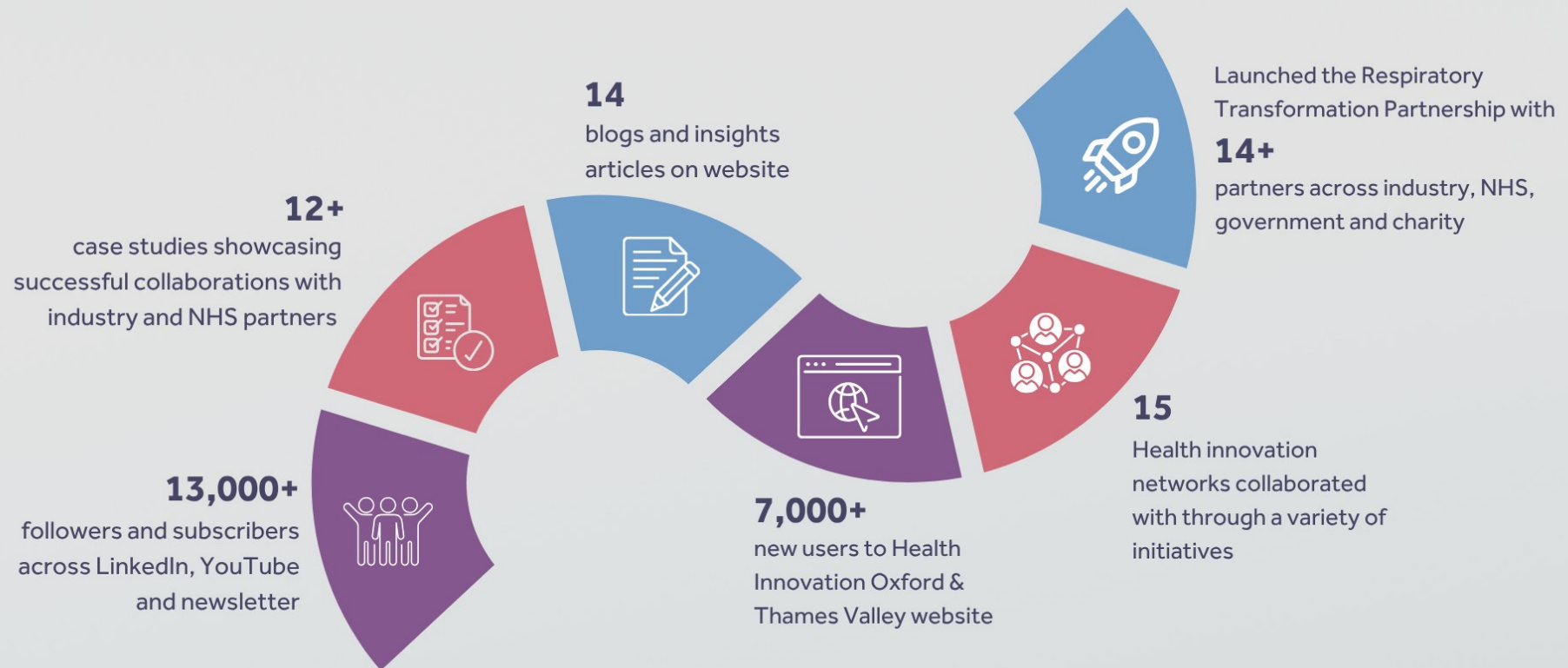
Q4 saw the launch of a combined southern HIN on-line respiratory event, showcasing five adoption-ready innovators to system stakeholders across the south including ArtiQ, Breathe RM, my mhealth, TidalSense and Sentinel Respiratory.

Innovator support webinars continued, with one on **NIHR funding webinar for SMEs** covering approaches to secure grant funding. This attracted over 200 attendees.



Key communications achievements

April 2025 - March 2026





Finance and risk management

HIOTV is forecasting to make a small surplus this year. Please note that there is significant pass through - grants of £2.9m have been issued to nine NHS providers as part of the RTP, and two HINs to support the Elective Care Pathway transformation for Breathlessness and Cough. In Q4 we received £1m from NHS England as a pass-through to distribute to NHS providers for improving respiratory care for ex-industrial workers, including miners. OLS also transferred £2m, which will be used as the anchor funding for RTP for the next two years.

See Appendix A for organisational risk register.

INCOME	Opening Plan	Outturn 2025/26	Variance
Commissioning Income - NHS England Master Licence	-2,123,269	-2,132,943	9,674
Commissioning Income - Office for Life Sciences	-1,148,088	-1,148,088	0
Commissioning Income NHSE - PSC	-846,025	-846,258	233
Other Income	-1,485,439	-5,558,242	4,072,803
Total income	-5,602,821	-9,685,531	4,082,710
HIN FUNDING OF ACTIVITIES			
Patient Safety & Clinical Improvement	1,001,485	1,013,281	-11,796
Clinical Innovation Adoption	1,363,697	1,621,628	-257,931
Respiratory Transformation Partnership		3,536,009	-3,536,009
Strategic & Industry Partnerships	1,282,491	1,362,868	-80,377
Community Involvement & Workforce Innovation	437,087	476,990	-39,903
Other Programme Costs	81,632	82,641	-1,010
Communications	159,179	159,929	-750
Programmes and themes	4,325,571	8,253,346	-3,927,775
Corporate Office	1,277,250	1,344,685	-67,435
Total expenditure	5,602,821	9,598,031	-3,995,210
To Fund Liabilities		87,499	-87,499
Net Surplus or Deficit	-0	-0	0



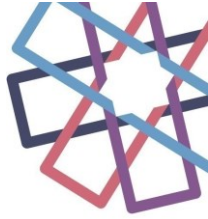
Projects: Q4 highlights

Programme highlights report by clinical priority area.

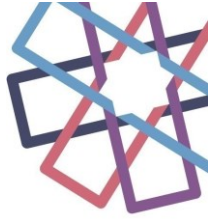
Government shift indicated by: **D** – Analogue to **Digital**, **C** – Hospital to **Community**, **P** – Sickness to **Prevention**.

Highlight colour indicates programme RAG status.

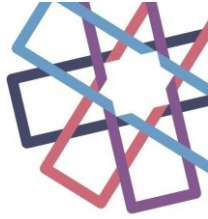
Theme/Status/Project	Q4 Update
Cancer	2
Active	1
Concentric (digital vs e-consent) D	<p>During Q4, project delivery transitioned to a new project manager, with the interview questionnaire subsequently revised to strengthen the quality and relevance of data collection. Identified stakeholders were approached and all planned interviews were completed within the quarter. Activity has now moved into analysis and write-up of responses.</p> <p>In parallel, engagement was undertaken with an additional supplier of a digital consent platform; however, as no participating site details could be shared, it was not possible to include representation from users of that product within the current scope of the stakeholder evaluation.</p> <p>Over the year, the project progressed from initial scoping into active stakeholder-based evaluation of digital consenting experiences within Trust settings. Project documentation was developed, interviews were completed, and analysis underway to generate early findings that can inform future publications.</p>
Early evidence on Capsule colon endoscopy (CCE) D	<p>Researchers at Queen Mary University of London have developed CE Track using antennas and software combined with AI algorithms to accurately locate capsule endoscopes inside the body. An early prototype was tested successfully in the laboratory using advanced human phantoms. The Capsule colon endoscopy (CCE) offers a less invasive alternative by using a swallowable camera to image the bowel.</p> <p>The proposal for a feasibility study examining the unmet need and barriers to adoption has been submitted. The feasibility study will be conducted using the LAP methodology. Preparatory work on the documentation for the barriers to adoption study will begin next quarter.</p>



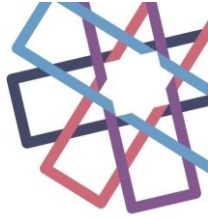
Complete	1
Digital symptom tracking for prostate cancer (Wave Health) D	<p>The Prostate Cancer project progressed successfully throughout the year, moving from delivery of a national webinar series in Q1 to full completion and closure by the end of Q4 - the project delivered all planned outputs, including webinars, governance processes, reporting requirements and dissemination materials, and has now been formally closed.</p> <p>“This collaboration has been instrumental in strengthening how Wave Health aligns with NHS priorities, particularly around digitally enabled, data-driven care and proactive patient management,” said Wave Health’s CEO & founder, Matt Lashey. "The insights gained have helped ensure the platform supports scalable, sustainable adoption while delivering meaningful value for both patients and healthcare systems.”</p>
Cardiovascular/Stroke	7
Active	5
AffeX-CT for drug resistant hypertension P	<p>During Q4, the literature review and initial model development were completed. The full economic analysis was conducted, including cost-consequence, cost-effectiveness, and cost-utility analyses, with key findings and recommendations outlined.</p> <p>A key outcome of this this work was the generation of early economic evidence, highlighting that further long-term and real-world data are required to fully assess value. The work provided clear recommendations to inform future research and evaluation design. The final report was delivered to the client, supporting the next steps towards further evidence generation and potential implementation.</p>
Buckinghamshire Healthcare Trust Lipid Management P	<p>Project is progressing as planned. The evaluation plan has been signed off by Bucks Healthcare. A data sharing agreement has been developed. Data is being collected.</p> <p>In 2025/26 the project moved from planning to delivery. HIOTV's role is to evaluate the effectiveness and impact of the project. The evaluation plan has been signed off and data is being collected. We expect this work to be completed by end of March 2027.</p>



<p>Heart Failure (CVD portfolio programme) D, C, P</p>	<p>Heart Failure Learning Bite Videos: Following the coordinated launch, the heart failure learning bite videos continued to gain traction, achieving over 650 cumulative views to date. The resource also received national recognition through inclusion in the Health Innovation Network Heart Failure Blueprint for Healthcare Professionals (2026). Development of the educational offer remains ongoing, with an additional learning bite video currently in progress.</p> <p>Heart Failure Pathway Mapping: Stakeholder engagement continued across primary, community and secondary care to further strengthen understanding of current pathway models, multidisciplinary working arrangements and opportunities for optimisation. This ongoing engagement is supporting the consolidation of insights to inform future system wide activity. Following proposal development in Q1, pathway mapping activity progressed throughout the year, including stakeholder engagement across primary, community and secondary care. This work has supported insight gathering into current pathway models, multidisciplinary working arrangements, and opportunities for improvement.</p> <p>Engagement has continued into Q4 with ongoing discussions with ICS stakeholders to understand how future support can best align with emerging priorities within the BOB ICS heart failure strategy.</p> <p>The year demonstrated a clear progression from proposal development and system engagement through to delivery of educational resources and collaborative activity and into ongoing system engagement and preparation for locally driven improvement work.</p> <p>In Q1, progress included presentation of an AI echocardiogram innovation scan to the BOB Integrated Cardiac Delivery Network. This supported system awareness of emerging diagnostic innovations and potential opportunities to address echocardiography capacity pressures and improve earlier identification within the heart failure pathway. This period also saw development of key programme initiatives, including the heart failure learning bite video series and a pathway mapping project to support the development and delivery of the BOB ICB Heart Failure Strategy.</p> <p>In partnership with Health Innovation Wessex and Health Innovation Kent Surrey Sussex, a three-part South East collaborative heart failure education series was delivered across Q2 and Q3.</p> <p>The webinars focused on priority themes including primary care management, patient experience, frailty and heart failure in younger populations.</p>
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	<p>Across the webinar series:</p> <ul style="list-style-type: none"> • 286 healthcare professionals were reached and upskilled • Representation was achieved across multiple professional roles within the heart failure pathway • Attendance was secured from several ICBs across the South East, London, South West and beyond • Feedback demonstrated strong perceived improvements in knowledge and practical understanding <p>The series reinforced continued system demand for collaborative education and provided valuable insight to inform future workforce development activity.</p> <p>Heart failure will remain an important area of focus within HIOTV's cardiovascular initiative. Future activity is expected to be shaped increasingly by local and regional priorities with continued engagement with ICS stakeholders to identify opportunities where targeted support may add value.</p>
<p>Medical iSight Thrombectomy training project D</p>	<p>The health economic analysis and corresponding report is underway. Earlier parts of the health economic analysis report i.e. introduction, methodology, literature review has been conducted. The model is in the process of being developed and populated with inputs.</p> <p>Planning for next patient panel with company and final workshop is also underway.</p> <p>Previous achievements over 25/26 have been a workshop was held with patients and carers which sought to understand both experience and what is important around communication. Themes from this workshop were used to co-produce all patient information for the research trial. The ethics committee commented on the robustness of the process.</p> <p>"The chair of the committee wanted to make a specific point about the facilitated workshop, and how impressed both the committee and the independent reviewer were with what the team had done. The commented that it was excellent work."</p>
<p>Intracerebral haemorrhage (ICH) Pathway Quality Improvement D</p>	<p>In Q4 the data access request has been approved by the data controller (HQIP) so we can now begin receiving SSNAP data. The working group is very close to finalising an ICH Stroke Management "prompt card" for use in ED and a related flowchart poster.</p> <p>Sites report that most users of the Brainomix app have accounts set up with just one example of a problem at one hospital in Sussex which is struggling to get a new account for their nurses (this is in hand). We are hoping that we will be able to "go live" in June 2026.</p> <p>Overview: In 2025/26 we focused on the design of the evaluation and successfully gained the clinical consensus required to redesign the Intracerebral Haemorrhage (ICH) stroke pathway.</p>



The project aims to improve patient outcomes by implementing "gold standard" care protocols (the ABC-ICH bundle) supported by Brainomix 360 AI detection and automated alerts. By bringing together clinicians from ED, Haematology, Neurosurgery, and Stroke units, we have established a unified framework for the BOB, Kent and Medway, and Sussex ISDNs.

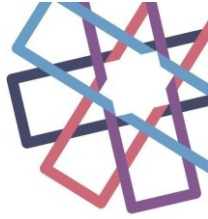
Key Achievements and Milestones: In the first half of the year, the project successfully established governance by recruiting clinical leads and holding a "Theory of Change" workshop. This transitioned into a period of heavy clinical engagement, culminating in a regional workshop where neurosurgeons and stroke consultants came to an understanding on appropriate referral criteria for neurosurgical review (a critical step in optimising NHS resources and reducing inappropriate referrals).

By the close of the year, the project has moved into the "Readiness" phase. Key deliverables include the production of ICH Stroke Management "prompt cards" and flowchart posters for Emergency Departments. Furthermore, data access via HQIP has been approved, enabling the team to begin analysing SSNAP data to evidence the impact of these interventions.

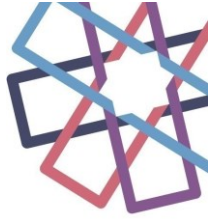
Technical Integration and "Go Live": The Brainomix 360 AI platform is already in place across all evaluation sites due to its current use in the ischaemic stroke pathway, and creating the new accounts needed for additional staff groups (stroke nurse specialists) is largely complete, with most clinical users now having active accounts. The Brainiac ICH module is ready for deployment. Automated alerts will serve as the trigger for the timely initiation of the ABC-ICH protocols. The project is currently on track to "Go Live" in June 2026, marking the transition from the design phase to active implementation.

Sustainability and Risks: A significant risk has been identified regarding the cessation of NHSE funding for ISDNs at the end of the 2025/26 financial year. While clinical leads have shown exceptional commitment by offering to continue in a voluntary capacity, the loss of funded protected time may impact the pace of project oversight.

Conclusion and 2026 Outlook: The project successfully moved from concept to a state of operational readiness. The focus for the coming year will be the June 2026 deployment, followed by a rigorous evaluation of SSNAP data to measure improvements in treatment speed and patient outcomes.



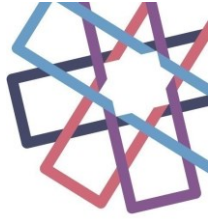
Complete	1
Familial hypercholesterolaemia (FH) (CVD portfolio programme) D, C, P	In Q4 arrangements were made to continue the funding of the service. No further support is required from HIOTV.
On Hold	1
Apoplex Stroke Risk Analysis Project	This project remains on hold due to lack of capacity at the RBH.
Dermatology and Wound care	5
Active	5
BOB Regional Woundcare HUB Strategy D, C, P	<p>This project is rated amber as ICB re-structuring may cause delivery timeframes may be delayed. In Q4 however, good progress has been made, with the team have continued to coach and support ICB colleagues in constructing a commissioning strategy for community-based hubs to deliver expert-led assessments, diagnostics and management plans for those people with leg ulcers in line with the national wound care strategy.</p> <p>HIOTV has drafted a project intention paper with the support of the system collaborative working group. This incorporates workstreams such as digitalisation of wound data; workforce; operational and clinical parameters.</p> <p>HIOTV are supporting the drafting of a system-wide implementation plan for a digital wound data management system and have been asked to support ICB commissioners in the revision of the local commissioning service agreements for the lower limb in primary care. Setting the national clinical and assurance frameworks.</p>
Leg Ulcer Transformation: Buckinghamshire Healthcare NHS Trust C, P	<p>The team have coached and supported senior leadership teams towards identifying opportunities for improvement. Currently there are opportunities relating to lower limb ulceration and pressure ulceration. The project has required high level engagement from the Trust leadership teams which due to capacity this has remained in the discovery phase despite appetite to move forwards.</p> <p>HIOTV have made new collaborations with the Trust integration lead and will meet with them in Q1 26/27 to discuss wider opportunities for engagement and improvement.</p>
Leg Ulcer Transformation: Oxford Health NHS FT D, C, P	<p>Oxford Health DN team have identified two sites on which to deliver the lower limb clinics. Launched one pilot site in November 2025. HIOTV have supported the development of the project plan and logic model to deliver the implementation phase.</p> <p>Community nursing teams have identified their patient population and now have the clinical structure (including</p>



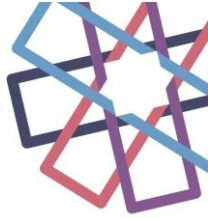
	<p>the national data metric) to deliver lower limb assessments and diagnostics for housebound patients in a clinic environment.</p> <p>Next quarter the pilot sites will have recruited a clinical administrator to support with booking appointments and to undertake data reporting. HIO TV to support with executing the implementation plan and considering the wider support system under the neighbourhood framework.</p>
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.
The carbon footprint impact of lower limb improvement within the acute sector, C, P	<p>HIO TV are working with the NHSE and Oxford University Hospitals to draft a publication to demonstrate the carbon footprint and NetZero benefits gained within the wider lower limb pilot work within the trust to improve lower limb care for inpatients including the application of compression therapy. Final publication has been drafted in Q4 and is awaiting final editing and will then aim to publish in an advanced nursing journal by Q2 26/27.</p> <p>This publication summarises the approach to a one-year project which set out to understand the patient journey from community to inpatient wards and the approach to those with lower limb ulceration on admission. HIO TV supported the workshops with collaboration of acute and community colleagues to map the entire patient journey and the potential clinical carbon hotspots within this. With the support of the nursing directorate sustainability team we were able to understand the pre-post pathway implementation improvements and the impact within the NetZero agenda.</p>
Diabetes	1
Complete	1
QI diabetes project with people who experience homelessness P	The coaching for the project is now complete. The team held a workshop at Luther Street with community nurse and podiatry colleagues to share their learning and consider cases around complex diabetes. The workshop was well attended with good feedback and engagement.



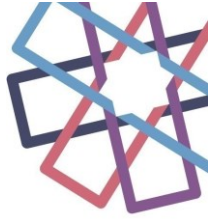
Elective Recovery	1
Active	1
Value assessment of the Tympa Platform in a real-world Pharmacy setting C	<p>The project has been live since the end of Q3, with eight community pharmacies receiving referrals from their local GP surgeries. Project updates have been held with all pharmacies to ensure the pathway is fully understood and to address any questions or concerns.</p> <p>The rate of referrals has been steadily increasing and the rate of inappropriate referrals has been decreasing, as users become more familiar with the pathway.</p> <p>New ICB and clinical analytics resources have been added to the project and semi-structured pharmacy HCP interviews have commenced.</p>
Gastroenterology, Kidney and Liver	2
Active	2
Cyted Endosign C, P	<p>The project remains of interest list for BOB provider Trusts, but other priorities are taking precedence. Maintaining contact with both providers and Cyted for when priorities change.</p>
Takeda Crohn's Disease - Clinical Decision Support Tool (VDZ-CDST) P	<p>The Takeda VDZ-CDST Statistical Analysis Report was completed, internally reviewed, and submitted to Takeda during this quarter. The analysis has been well received, with strong alignment on the overall methodological approach, analytical framework, and key findings.</p> <p>All primary, secondary, and exploratory analyses were delivered in accordance with the pre-specified SAP, including CDST-based stratification and outcome evaluations across timepoints. Data preparation, validation, and consistency checks were completed to ensure robustness of results.</p> <p>Ongoing discussions are currently taking place with Takeda and OUH to clarify specific aspects of data construction (including CDST component derivation and dataset-provided variables). These discussions are refinement-focused and relate to upstream data definitions rather than analytical methods and therefore do not impact the validity or interpretation of the analyses.</p> <p>The project remains on track, with final alignment and closure expected shortly.</p>



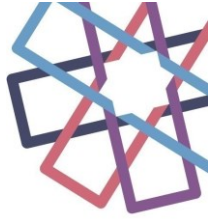
	<p>During the year, the Takeda VDZ-CDST project progressed from SAP development through to full statistical analysis and reporting. Two SAPs were developed and submitted to Takeda: (1) a detailed version aligned with the protocol, and (2) a simplified version reflecting updated requirements and discussions with Takeda.</p> <p>Following SAP approval, all analyses were completed in line with the agreed framework, and the Statistical Analysis Report was finalised, internally reviewed, and submitted to Takeda, where it has been well received.</p>
Haematology	1
Active	1
Haemoglobinopathy survey - Patient Feedback Survey P	<p>Survey was launched in October 2025. To date we have more than 80 responses. We are actively working collaboratively with the Haemoglobinopathy Co-ordinating Centre for Wessex and the Thames Valley to try and ensure effective distribution of responses. The survey will close in September, with an interim report being prepared in June.</p>
Injuries and Emergencies	1
Active	1
Health Economic Evaluation of RBfracture AI technology for fracture detection on X-Rays D	<p>The data collection by OUH is currently underway. Data is to be received in June to conduct the health economic analysis. Currently, bi-weekly update meetings are being attended.</p>
Maternity and Reproductive Health	4
Active	4
Avoiding Brain Injury in Childbirth (ABC)	<p>Training has been delivered to 5/6 organisations - a total of 56 staff, a mix of obstetricians, midwives, and anaesthetists with responsibility for leading PROMPT training and simulation-based education. Our one trust on a support programme is fully engaged and does not require any added support. RBH/Oxford/ Bucks Healthcare/Frimley Park & Wexham Park; training completed. MK was scheduled for Q1-date clashes with the doctor's industrial action/ working on rescheduling but still aiming for Q1.</p> <p>Training has been positively received with excellent engagement and an understanding of the importance of a standardised approach to the management of IFH. Trusts who have been delivering training before this programme commenced (citing 'a make do' approach with existing equipment) have now got an enhanced understanding of the technical challenges and have a better appreciation for the physical difficulties obstetricians</p>



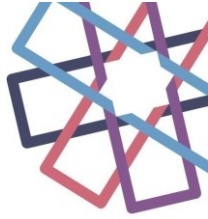
	<p>face such as the restricted access for manual elevation. The look of surprise on many faces has been very satisfying for the clinical faculty.</p> <p>Pre and post training surveys have been completed, and we have agreement to write a network guideline to support best practice.</p>
<p>Early recognition of deterioration or women and babies workstream D, P</p>	<p>Oxford and Bucks Healthcare (BadgerNet) digital/clinical leads have attended the System C UAT sessions with both organisations committed to implementing MEWS this year.</p> <p>OUH are happy to implement from a digital perspective and work is underway to set up an MDT working group to focus on education, training, guidelines, governance and de-implementation. RBH and Milton Keynes (CERNER) are aware that MEWS is available for implementation. Milton Keynes is progressing with the ticket for both tools submitted and awaiting action by their IT team. RBH implementation of MEWS was discussed at their recent governance meeting. They are awaiting an update on the EPR aspects, including cost. Frimley (EPIC) The build for MEWS is complete and they have presented it to their internal senior teams.</p> <p>We plan to meet with the PDM team in Q1 to discuss next steps.</p> <p>Bucks Healthcare: Aiming for implementation in the summer 2026</p> <p>NEWTT2:</p> <p>Oxford: The neonatal consultant clinical leads have ratified NEWTT2 for implementation at their guideline meeting and a MTP working group with maternity colleagues (digital, governance, education) is in place. Go live is likely to be around May but there may be slippage if capacity is a problem – this will be closely monitored.</p> <p>Bucks Healthcare: Implemented and positive feedback. Roll out was smooth - but the change from the BEOWs (Baby EWS) did have some complications which were successfully managed. The Bucks Healthcare PDM made a video for all staff to introduce NEWTT2, in June 2024. They then focussed training on the Nursery Nurses who were most likely to use this. They completed 2.5 hours of training for them, including practical sessions and how to fill in and escalate when triggers are identified, and an in-situ simulation to consolidate.</p> <p>Frimley have now implemented.</p> <p>Milton Keynes is progressing with implementation.</p>



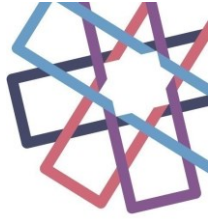
<p>Optimisation of the pre-term infant workstream D, P</p>	<p>Cervical Length Ultrasound as point-of-care-testing: This course aims to address a significant gap in care namely that CL scanning has traditionally been limited to asymptomatic pregnant people with known risk factors for preterm birth despite 2/3rds of preterm birth occurring in pregnancies with no known risk factors. The project delivered an education and competency programme in transvaginal cervical length (CL) ultrasound scanning for 46 Obstetrics & Gynaecology resident doctors across 6 NHS maternity units in the Thames Valley Deanery. It addressed a system-wide safety gap by standardising practice and strengthening perinatal optimisation in line with SBLv3, ensuring the right people, receive the right care at the right time in the right place.</p> <p>We facilitated a Simulation Based Education programme for a MTP team on March 30th at the Canterbury Christchurch University Campus based on the model we have rolled out in the TV network. 5 Trusts, 8 participants attended from across KSS.</p> <p>During 2025/26 perinatal engagement and commitment is strong, and we are pleased to see a significant improvement in the recording of intrapartum IVABx (antibiotics) which is a key focus for our network; an impressive improvement from 10% in 2021/22 to 61% in 2025/26.</p> <p>Accurate data recording for RBH for this measure has been very challenging but with the appointment of a new Specialist Preterm Birth Midwife we are working to improve this.</p> <p>Overall, the implementation of the pathway is well understood, and data shows that the % of elements met has increased from 59% in 2021/22.to a brilliant 72% in 2025/26. The programme remains a standing agenda item on the quarterly MatNeo network meetings and in the monthly perinatal optimisation working group meetings.</p> <p>Annual MatNeo SLE: March 18th; 74 attendees, delegate feedback appreciated "the creation of such an open and honest atmosphere 'engaging & informative/love listening to innovation'/'continue the amazing mix in the programme' & I can honestly see the value in it all", "I feel seen as a professional during a really difficult time."</p> <p>The Cervical Length Ultrasound project was presented both by our project team and by Dr Manju Chandiramani, Preterm Birth Specialist, Consultant Obstetrician, South London HIN.</p> <p>A poster has been accepted for the British Maternal & Fetal Medicine Society Conference in Leeds (March 26-27). We have submitted the work for consideration to the NHS Excellence Awards. A paper is being prepared for the American Journal of Obstetrics & Gynaecology.</p>
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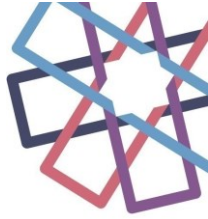
Complete	1
Perinatal Culture Leadership workstream	<p>In this final quarter, focus shifted towards consolidating progress, strengthening capability, and supporting sustainability of culture and leadership work across the region. Efforts centred on clarifying and embedding the roles of Perinatal Leadership Teams (PLTs), Culture Coaches, and Culture Champions, alongside increasing capacity through both regional and locally delivered training. Additional Culture Coaches were trained through a combination of face-to-face and virtual sessions, with continued rollout of the MOMENTS framework, including train-the-trainer approaches and facilitated sessions delivered locally and regionally at Professional Midwifery Advocates training day.</p> <p>Alongside capability building, there was a strong emphasis on capturing and celebrating impact. Case studies were developed to highlight how culture-focused interventions have influenced staff experience and safety culture, with learning shared through posters, regional events, and webinars to increase visibility and spread.</p> <p>A key priority this quarter was supporting sustainability beyond the programme lifecycle. PLTs and Culture Coaches were supported to reflect on their learning, identify priority areas for ongoing culture improvement, and apply the NHS Sustainability Model to specific projects. This enabled teams to identify practical actions to embed and sustain culture change, with a growing emphasis on local ownership and integration into existing structures.</p>
Medicines Optimisation	4
Active	1
Psychotropics in Learning Disability P	<p>In January 2026 BOB brought stakeholders together in Aylesbury to undertake system mapping activities and Frimley met again with The Advocacy People group to talk about the programme and lived experience at their Learning Disability Partnership Board meeting. Insights from stakeholder consultation and workshops have been presented back to working groups and used in wider system engagement work.</p> <p>Both BOB and Frimley started submitting the first programme prescribing metric in January 2026. Both systems have now moved into Phase 4 of action planning and turning opportunities into actionable changes. Frimley plan to meet with stakeholders again in April to refine ideas and BOB have prioritised a bundle of improvements targeting prescribing in primary care.</p>



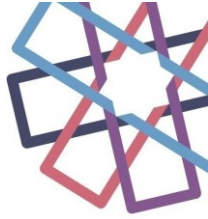
Complete	3
Repeat Prescribing	<p>During Q4, HIOTV focused on supporting closer alignment between Frimley and BOB ICBs as they prepare to work more closely within a single Thames Valley system. HIOTV facilitated discussions between both systems to encourage a more coordinated approach to repeat prescribing improvement, including shared learning on oversupply reduction and use of the Repeat Prescribing Oversupply Dashboard.</p> <p>Since April 2025, BOB ICB has supported practices to review repeat prescribing processes through a structured Quality Improvement approach focused on reducing oversupply. Following joint discussions facilitated by HIOTV, Frimley ICB is now looking to align with a similar approach.</p> <p>The Repeat Prescribing Oversupply Dashboard, developed by NHSE using NHSBSA ePACT2 data, has been shared with both systems to support local monitoring and identification of practices with the highest levels of oversupply. Clarification has been provided on the interpretation of dashboard data where required.</p> <p>Improvement activity is progressing as locally led work within practices. Practices are reviewing repeat prescribing and ordering processes, identifying local actions and monitoring progress within each system.</p> <p>Discussions have also taken place regarding how the Oversupply Dashboard can best align with local approaches as Frimley and BOB move towards a more integrated system-wide model.</p> <p>The Repeat Prescribing Programme progressed steadily throughout the year, with a focus on supporting Frimley and BOB ICBs to strengthen repeat prescribing processes, reduce medicines oversupply and improve prescribing efficiency through practical tools, shared learning and data-driven approaches.</p>
OSCAR study. Collaboration with the ARC.	<p>Following the conclusion of the study, findings have been submitted for potential publication in several journals. These are: The manuscript titled, 'Impact of structured medication reviews on prescribing in English Primary Care'. This is being reviewed for publication by the British Journal of General Practice.</p> <p>The manuscript entitled "Exploring the implementation and integration of structured medication reviews in primary care: A qualitative evaluation using normalization process theory". This has been successfully submitted online and is presently being given consideration for publication in the British Journal of General Practice.</p> <p>Understanding Structured Medication Reviews delivered by primary care pharmacists in England: a national cross-sectional survey. This has been published in BMJ Open: https://pubmed.ncbi.nlm.nih.gov/41033757/</p>
Mental Health	3
Active	3
Dementia - digital approach D	HEAP development is underway, including analytical framework, costing, and statistical methods. Final refinement and quality assurance are in progress, with completion expected in early April.



<p>Martha's Rule implementation in Acute Mental Health Inpatient services Programme</p>	<p>Throughout Q4, we have continued to support nine mental health trusts in piloting the adaptation of Martha's Rule. This has continued through monthly online Community of Practice (CoP) events, and 1:1 meetings providing QI coaching and general project support. We have met with each pilot Trust 2-3 times over Q4 and reached a milestone of 50 1:1 meetings overall.</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. We have also run a national webinar to directly share the approaches taken by several of our trusts.</p> <p>A requirement of the pilot was for trusts to include physical health deterioration within scope of Martha's Rule; however, it was left open to trusts to choose to include mental health deterioration or not. Currently six trusts are including physical health deterioration, with the remaining three focusing on both mental health and physical deterioration. Of the three components, mental health hospitals have found the patient wellness component the most straightforward to progress. They have found components two and three harder to progress to testing. This is primarily due to complexity and spread of services, and lack of comparable independent team specialising in care of deteriorating patients, (i.e. CCOT in acute care).</p> <p>Overall, across the small number of trusts piloting, there have been no patient wellness escalations. A small number of concerns (<5) were raised via the independent review escalation process, these were subsequently managed through existing escalation routes (i.e. were not considered to be Martha's Rule escalations relating to deterioration).</p> <p>We have shared progress through regular reporting directly to NHSE and submitted the end of pilot year one report. In the absence of quantitative outcome data (aligned to national programme metrics), this report summarises learning to date. It has recommended an extension to the pilot of one year to allow further capture of learning and quantitative data as more trusts start active piloting.</p>
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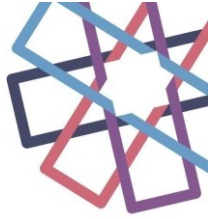
<p>South East Prison Mental Health Transfers and Remissions</p>	<p>The project stakeholders meeting was held in January and was well attended. The project deliverables were reviewed and are now mostly ready in both the pre-referral and referral workstreams for testing in practice.</p> <p>A coaching meeting is due at the end of quarter to consider how to evaluate the deliverables in practice.</p> <p>The measurement for the project is still in development with the team creating the dashboard, however there is backdated data that can be utilised as a baseline for the project, and the team are now considering how to approach phase 2 of the project looking at the remission process.</p>
<p>Musculoskeletal Disorders</p>	<p>1</p>
<p>Active</p>	<p>1</p>
<p>RMD-Health - University of Reading D</p>	<p>Within the NIHR Grant, we are responsible for Work Package (WP) 5, which entails two key deliverables:</p> <ol style="list-style-type: none"> 1. Feasibility Study Report 2. Health Economics Report <p>The feasibility study will be conducted now, and health economics in two years time. The feasibility study will incorporate the LAP methodology to identify stakeholder views on the RMD-Health risk stratification tool to be used in the referral of patients. Interviews will take place with GPs to gather key insights, including views on the current pathway, product perception, individual perspective and perceived usefulness.</p> <p>Q4 saw no active work for the team, who are waiting for data to be collected by the University of Reading and sent to HIOTV to conduct the health economic analysis.</p>
<p>University of Oxford CAT&MAUS D (planning)</p>	<p>Computer-Aided Tracking and Motion Analysis with Ultrasound (CAT&MAUS): Development and Validation of a Novel Joint Assessment System for Orthopaedics. CAT&MAUS combines conventional medical ultrasound with attached probe-tracking hardware and software to visualise the position and orientation of bony anatomy in 3D-space. It overcomes the described limitations of current technology and the patellofemoral joint is an ideal model for initial clinical validation and translation. Planning is underway for the project initiation in Q1 2026/27 with aims to evaluate the potential cost savings and health outcomes associated with the implementation of CAT & MAUS for supporting the diagnosis of patellofemoral joint problems and determine the cost-effectiveness of adopting CAT & MAUS compared to the standard of care for patellofemoral joint problems in the care pathway.</p>



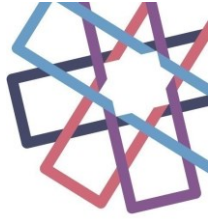
Ophthalmology	1
Active	1
Dora Multilingual AI Chat Bot D, C	<p>In Q4 the fourth patient focus group was held with women who speak Urdu at Banbury Mosque. We are continuing to work closely with Ufonia to ensure the nuance of language/dialect is incorporated in the software prior to the research trial commencing.</p> <p>During 2025/26 four community focus groups have been undertaken with the following languages: Turkish, Brazilian Portuguese, Polish and Urdu. Through conversations it became clear that the above groups do not feel truly represented by trained interpreters, and most noted the bias of family members. “Bringing family members to interpret is a huge mistake. We need something that is more impartial.”</p> <p>These focus groups are supporting the company to develop a multi-lingual version of Dora. This includes understanding the nuances of dialect and conversations in other languages.</p> <p>AI and Health Inequalities round table undertaken and a comprehensive AI and Health Inequalities literature search and summary produced.</p>
Community Involvement	3
Active	3
Thames Valley and Surrey Shared Care Records D	<p>We had one meeting this quarter. Topics for discussion included review of DPIAs and the SDE sensitive data policy.</p> <p>During 2025/26 we continued to be involved in the programme, as we have since its inception. The programme is fundamental to ensuring there is robust accurate data that can be used for individual care, population health management and ultimately for HIN projects. This year we continued to lead the Ethics and Engagement advisory group which is now shared with SDE. Highlights for the team include work on respect forms and with the ambulance service. In April 2025, the Ethics and Engagement Group appointed public partner Non Hill to co-chair these meetings alongside GP, Andrew Papanikitas.</p>



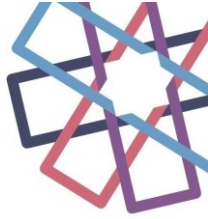
<p>Thames Valley and Surrey Secure Data Environment Development (SDE) D</p>	<p>The co production workstream delivered ninth coproduction workshop with 25+ attendees focussing on how we can link different types of data (health and care, local authority etc.) whilst maintaining trust and transparency. Outputs indicate further discussion and planning is required, especially when considering the inclusion of local authority data. Planning a workshop for early summer with Oxfordshire County Council and other local authority colleagues. Continued codesign of online training "Health Data Guides" course. Engaged with older trans community, with further discussions taking place in early Q1. Connected with Afghanistan and Central Asian Association in West London to support engagement work with refugees and asylum seekers, with plans to deliver these conversations in late Q1. Assessment of PPIE and communications approaches across TVS, West Midlands and Eastern SDEs.</p> <p>SDE programme wide work: Planning for next wave of recruitment to SDE committees in Q1. Continuation of Chairing responsibilities for the Service & Data Access Committee (SARC), including annual review and member survey.</p>
<p>Patient Safety</p>	<p>2</p>
<p>Active</p>	<p>2</p>
<p>Implementation of Martha's Rule</p>	<p>Regional Trusts are making consistent 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.</p> <p>Wycombe Hospital (a phase 2 site) launched these components in Q3 25/26. They report good progress, building on their experience in piloting in Stoke Mandeville Hospital (phase 1 site). Stoke Mandeville started piloting a paediatric Martha's Rule escalation response in this quarter.</p> <p>OUH joined as a phase 2 site in 25/26, following a pilot in two sites in Q2, they formally launched in this quarter across all four sites. This included all in-patient areas and the Emergency Department.</p> <p>The patient wellness approach has progressed 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). All phase 1 sites are actively piloting this component, adoption and spread is now at 20-40% in each of these sites, higher than the national average. A further phase 2 site (Wycombe Hospital) hopes to start piloting of patient wellness in Q1 26/27. OUH is scoping how to start piloting this component in Q1 26/27.</p>



	<p>It is likely that it will start with a small-scale paper-based pilot on 2-3 wards. Their aim is for full integration to their EPR system.</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 two Community of Practice sessions in this quarter, with a focus on project sustainability. Support in next quarter will focus on adoption and spread to maternity and emergency departments.</p>
PIER workstream D	<p>Following distribution of a stakeholder questionnaire, we have produced a consensus data set for deterioration metrics and predictors. These have been produced by a clinical expert group and endorsed by the HIOTV Deterioration Network group. Our next steps in 26/27 will be to approach the Chief Clinical Information Officer in each individual Trust in our region. We aim to confirm support from 2-3 Trusts to formally support the project and progress to pilot digital dashboards (using the consensus data).</p>
Research and Development	5
Active	5
Innovation Course - ALL7027- Negotiated Major Project C, P, D	<p>Q4 focused on the successful commencement of the January 2026 cohort of the Healthcare Innovators module, alongside the delivery of the first poster assessment session for the inaugural cohort. The programme continues to strengthen workforce capability in innovation adoption, change leadership, and quality improvement across the BOB and Frimley systems. Here are the highlights:</p> <p>The January 2026 cohort commenced this quarter, with the HIOTV supporting delivery through three taught sessions: Practical NHS session; Writing a Business Case within the NHS; The NHS, Patients and the Public</p> <p>These sessions continue to provide learners with practical tools and strategic insight to support the development of workplace based innovation and quality improvement initiatives.</p> <p>First poster assessment session was successfully delivered with over 20 innovation adoption and quality improvement initiatives were presented by students, demonstrating a high standard of work and a broad range of system focused projects with potential to deliver meaningful impact across health and care services.</p>



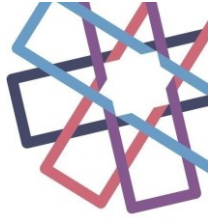
	<p>Next steps: Promote the upcoming September 2026 cohort Fill the five fully funded places for the HIOTV region This year marked a significant milestone for the Healthcare Innovators Module with the successful transition from the legacy programme, Adopting Innovation and Managing Change in Healthcare Settings programme, into a standalone Level 7 module delivered in partnership with Buckinghamshire New University. Across the year, the programme successfully launched and delivered multiple cohorts, supporting workforce development in innovation adoption, change leadership, and quality improvement across the BOB and Frimley systems and beyond</p> <p>.</p> <p>Key achievements during the year included:</p> <ul style="list-style-type: none"> • Successful launch of the first cohort in April 2025 • Recruitment and delivery of subsequent October 2025 and January 2026 cohorts • Delivery of core taught sessions by the HIOTV which are: Writing a Business Case within the NHS setting; Practical NHS session: Enablers and barriers to adoption in the NHS ; The NHS, Patients and the Public. • Delivery of the first poster assessment and presentation session in March 2026. Over 20 innovation adoption and quality improvement initiatives presented • Continued promotion across the region • A notable alumni achievement included a peer-reviewed publication arising from a learner-led project, demonstrating the programme’s ability to support real-world impact and knowledge dissemination. <p>Over the course of the year, the module has continued to build a resilient and future-ready workforce, equipping professionals with the confidence, tools, and language to lead change within complex NHS environments. The quality and range of learner-led initiatives presented throughout the year demonstrate the programme’s growing contribution to system-wide improvement, innovation capability, and leadership development.</p>
Complete	1
BOB ICS - place based health inequalities programme	<p>Work on this project is now complete. This work evaluated a 2-year piece of work undertaken by BOB ICB to improve health inequalities across the region and included many diverse projects with one or two demonstrating potential for spread and adoption. Key Recommendations:</p> <ul style="list-style-type: none"> • Strengthen strategic commissioning in Health Inequalities • Shift from activity to outcomes



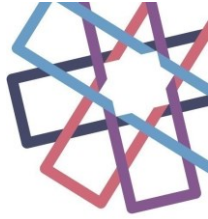
	<ul style="list-style-type: none"> • Foster trust through transparency • Built equity into system design • Invest and expand workforce capability • Reshape governance • Align with neighbourhood level change
Evaluation of Berkshire West Community Wellness Outreach Programme C, P	Evaluation is now complete and has been discussed at the Evaluation Task and Finish Group, and the Berkshire West Prevention Board. Final dissemination activities now underway
Late Stage Accelerating FemTech Partnership with HI South London C, P	<p>The programme finished in February 2026 with a showcase event in London at the Royal College of Obstetricians and Gynaecologists with a key note speech by MP Zubir Ahmed, the minister for health innovation and safety. HIOTV completed support to the two mentored companies and the final subject matter expert webinars on evaluation and health economics.</p> <p>HIOTV supported the programme from Q3 to Q4 delivering against the milestones from Health Innovation South London and UKRI. The 10 companies in the programme are in a restricted competition for grant funded support to carry out further development. HIOTV aims to continue support to the companies with health economics and evaluation support.</p>
Respiratory Disorders	7
Active	5
ArtiQ real world evaluation C, P, D	<p>Feedback from interested sites indicated that the original pilot duration presented challenges in terms of local capacity and resource, limiting their ability to commit to participation. Uncertainty around the future commissioning route also contributed to hesitation in progressing to pilot implementation. In response, discussions were held with NHS England and the supplier, ArtiQ, to explore funding options and review the proposed trial licensing period to improve feasibility for participating sites. Earlier in the quarter, the supplier provided full DTAC documentation, enabling further assurance discussions. Interest in piloting the solution has since re-emerged, with ongoing conversations focused on clarifying system need, understanding pathway fit, and agreeing measurable outcomes that would support a meaningful real-world evaluation.</p> <p>Over the year, the ArtiQ.Spiro project moved from reactivation and planning into active stakeholder engagement for a real-world evaluation in primary care. Expressions of interest were secured from several sites, introductory discussions helped refine the evaluation approach, and engagement with system partners identified both opportunities and barriers to implementation.</p>



	<p>While site participation has been affected by capacity constraints and commissioning uncertainty, progress has continued through supplier assurance and renewed exploration of pilot delivery.</p>
Elective Care Programme C, P, D	<p>Activity this quarter was focused on four themes:</p> <ol style="list-style-type: none">1. Continuation of the Elective Care Respiratory Pathways Programme 2026/27<ul style="list-style-type: none">• A Year 2 proposal has been approved by NHSE and the delivery model for 2026/27 is agreed.2. Action Learning Sets (ALS) for Vanguard Sites- Optimal Sleep Pathway<ul style="list-style-type: none">• Delivered three Action Learning Set (ALS) sessions for vanguard sites, organised into three geographically based groups of four trusts, to support collaborative learning and the implementation of the sleep pathway.• Strong engagement was maintained throughout the quarter, with 10 of 12 sites attending in January and 11 of 12 in February, and continued participation in March.• ALS sessions provided a structured forum for sites to share progress on pathway implementation, identify bottlenecks, and discuss practical solutions and lessons learned with peers.• Follow-up communications were issued after each session, including relevant resources, key discussion points, and areas for reflection to support sites in addressing identified challenges within their sleep pathways.3. Primary Care Referral Form Workstream<ul style="list-style-type: none">• Undertook scoping work with clinical leads (Dr Alanna Hare and Dr Martin Allen) and the Primary Care Respiratory Society (PCRS) to support the development of a standardised referral approach to sleep services. <p>Agreed key deliverables with PCRS, including:</p> <ul style="list-style-type: none">• Development of a comprehensive referral pathway and primary care referral template• Testing of the electronic referral template in primary care settings• Delivery of a national webinar on the diagnosis and management of sleep disorders, including guidance on using the referral template.• A PCRS conference session to introduce the work and support wider implementation.• Production of a practical sleep referral guide (including flowcharts and infographics) to be published in Primary Care Respiratory Update and made available in print, online, and as a standalone resource.



	<p>4. Implementation Support and Resources</p> <ul style="list-style-type: none"> • Developed a summary slide deck covering Sections 1–6 of the Optimal Sleep Pathway to support engagement and implementation. • Completed a horizon scan of market-ready innovations that could support delivery of the sleep pathway. • Initiated development of the implementation toolkit, including the collation of supporting resources to assist systems adopting the pathway. • Launched the Elective Care Respiratory Pathway programme webpage, providing access to implementation guidance and supporting resources. • Delivered a communications campaign for World Sleep Day, highlighting key resources available on the programme webpage and promoting awareness of the Optimal Sleep Pathway. <p>Over the year, the programme progressed from initial approval and setup to active delivery and preparation for scale. Early work focused on establishing national coordination, recruiting partners and clinical leads, and identifying participating NHS Trusts via Express of Interest. This transitioned into successful recruitment of vanguard sites across the three workstreams, alongside strong stakeholder engagement, launch events, and development of core materials, branding, and evaluation metrics.</p> <p>Delivery began in earnest with the implementation of the sleep pathway through Action Learning Sets, supported by high site engagement, while additional workstreams advanced through neighbourhood-level planning and referral pathway development. By year end, the programme had strengthened its implementation support through toolkits, resources, and communications, secured approval for continuation into year 2, and positioned itself to scale delivery, embed pathways, and evaluate impact nationally.</p>
MyAsthmaBiologics App P, D	This project is currently amber as it was scheduled to complete in Q4, however due to delays in final report review due to capacity issues this will now carry over into Q1 2026/27. The final report will now be published in Q1 2026/27.
Respiratory Transformation Partnership C, P, D	A partner event was held on 20 January, bringing together members of the steering group and aligned representatives prior to the formal launch to foster shared ownership of the Respiratory Transformation Partnership (RTP) vision and strengthen support for programme delivery. The event was well attended, with over 60 participants.



The Health Minister, Dr Zubir Ahmed, formally launched the RTP at an in-person event on 17 March 2026. This was supported by a press release from the Department of Health and Social Care: Asthma and COPD patients to receive better care closer to home (GOV.UK).

Planning commenced for a launch webinar aimed at engaging a wider group of respiratory stakeholders.

On 23 February, the RTP was also presented at Best Practice London.

Pharma Partnerships and Collaborative Working Agreement (CWA) Development: One-to-one meetings were held with Astra Zeneca, Chiesi, Sanofi and GSK to negotiate and agree project design and proposed workstream activities. CWAs with all four companies were agreed and signed off.

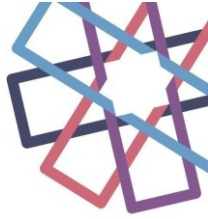
Workstream 1: Asthma Neighbourhood Development: Meetings were held to plan and design an in-person co-design workshop for workstream 1. This brought together stakeholders to co-design implementation-ready national framework of strategies to support delivery of the BTS/NICE/SIGN Asthma Guidelines. The event was attended by 40+ people.

The Asthma Guideline Baseline Survey designed by HIOTV was completed by 14 out of 15 HINs and will be analysed in Q1 26/27.

Workstream 2: Asthma Biologics Access: HIOTV held meetings with the National Respiratory Audit Programme (NRAP) to contribute recommendations for the RTP baselining requirements that could be included in the NRAP secondary care audit.

RTP clinical and workstream leads worked with NHS England to develop the Asthma Commissioning Standards. The aim of which is to provide commissioning guidance on integrated, and patient focussed asthma care in England. The target audience will be future commissioners (national and regional), providers, Health Innovation Networks and people involved working in transforming asthma care in England.

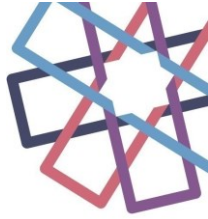
Workstream 3: COPD Neighbourhood Development: Learning from the PTF sites is helping to shape plans for this workstream. A meeting held with Ardens to discuss national standardisation of coding and templates for COPD reviews. Respiratory Medicine is a priority area for Ardens and therefore close working with Ardens and key stakeholders will continue in Q1, and this will be an important element of workstream 3. The workstream clinical lead has presented at different conferences and events including the Taskforce for Lung Health and Best Care Show.



Pathway Transformation Fund including Mining Expansion: The nine sites have continued to submit monthly metrics and highlight reports, demonstrating the progress and impact being made. A half-way catch up meeting was held with each site during the quarter; this was an informal meeting to discuss progress to date, address any data issues and capture feedback to date. Monthly community of practice sessions continue to be held, with site presentations and external expert speakers. Work has continued with the evaluation element of the PTF a workforce survey was conducted in early Q4, with 88 responses; a patient survey is in progress; telephone interviews with a small number of patients have started at the end of Q4 and will continue in April. There have been several meetings regarding the wider evaluation to be undertaken by the CSU looking at the impact on healthcare utilisation post-review. Changes have had to be made to this component due to the type of contract in place at several of the sites, and as such only a small number of sites will participate in the CSU evaluation. The remaining sites will undertake their own evaluation, using guidance from the CSU to enable the consistent data review and analysis across all sites.

Six sites were confirmed to carry out pathway transformation activity in mining communities. A kick-off meeting was held with these sites on 22nd Jan and the first mining community of practice was held on 12th Mar. To date, 2 out of 5 aligned HINs (1 HIN covering 2 sites) have agreed to support funded patient engagement and qualitative evaluation activity.

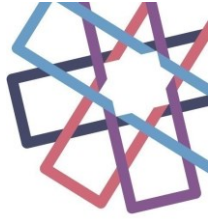
Workstream 4: COPD Biologics Readiness: NHSE commissioning documents were published in February. Engagement with regional and ICB continues, to understand current preparedness and challenges in introducing COPD biologics. The outputs from these meetings, plus responses from a short regional survey planned in early Q1, will contribute to the develop of FAQ document. Funding has been provided to NRAP to enable initiation of platform development, which will support prescribing and tracking of COPD biologics. Communication has been drafted regarding the timeline for platform development, which will be finalised in Q1 in collaboration with NRAP and NHSE. Suggested questions for inclusion in the NRAP secondary care audit were submitted to the NRAP team. Engagement with British Thoracic Society to understand anticipated timelines for consultation on the clinical statement and final publication."



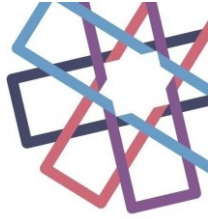
<p>Respiratory Transformation Partnership - Local delivery C, P, D (planning)</p>	<p>Respiratory disease is a significant burden on the health and wealth of the UK, with an annual economic burden of £188bn.</p> <p>Local delivery activity has centred on early system engagement and establishing a shared understanding of programme intent and opportunities. Key activity has included engagement with senior system leaders across ICB Respiratory Networks, Acute Trusts, GP federations, and Integrated Neighbourhood Teams (where applicable). These conversations have focused on introducing the RTP programme and its strategic objectives, understanding how respiratory priorities currently present within each organisation, exploring what delivery could look like across different footprints, including regional variation and specific local pockets of need, identifying existing transformation activity that the programme can align with or strengthen, and establishing early routes for collaboration across the system.</p> <p>Initial discussions have highlighted variation in local readiness, maturity of respiratory pathways, and differing opportunities depending on system structure. Some areas are already considering how RTP can support existing respiratory improvement priorities, while others are at an earlier stage of identifying where the programme best fits within wider system plans.</p> <p>The emphasis for local delivery in this phase has been relationship-building, contextual understanding, and creating space for systems to shape how the programme lands locally rather than applying a uniform delivery model.</p>
<p>Respiratory triple therapy sustainability C, P, D</p>	<p>During Q4, engagement took place with key system stakeholders to explore how Single COPD Triple Therapy solutions could align with local prescribing priorities, respiratory pathway development, and wider net zero commitments. Discussions focused on the opportunity to support appropriate patients with COPD to move from open triple therapy prescribing to a closed triple therapy approach using a single inhaler.</p> <p>Stakeholder conversations highlighted the potential for this approach to be incentivised through the PQS and deliver benefits across several areas.</p> <ol style="list-style-type: none">1. Simplifying treatment by reducing the number of inhaler techniques patients need to learn2. Supporting adherence through use of a single device3. Improving prescribing cost and efficiency by reducing the need for multiple products3. Contributing to environmental sustainability through reduced inhaler device use and lower propellant impact.



	<p>Engagement during the quarter focused on aligning the innovation with both respiratory optimisation and sustainability priorities across the system.</p> <p>To support wider awareness and consideration, the innovation was presented to both the South East sustainability leads group and the BOB system quality group. These activities helped position the innovation within broader conversations around sustainable respiratory care and future prescribing opportunities.</p>
Sustainability and Net Zero	2
Active	2
HIO TV Carbon Reduction Plan	All data received – document is now being drafted.
Complete	2
Endoscopy Capsule Sponge Sustainability Report D	Preliminary work completed on the innovation to support wider network adoption and spread. Work embedded in the delivery of the wider programme and complete.
Sustainability Assessment of the Respiratory, Pathway and Asthma Biologics C, P, D	<p>Sustainability Assessment completed for the programme.</p> <p>Healthcare contributes 4.4 percent of global greenhouse gases, with the NHS one of the largest single emitters worldwide. As climate change poses an escalating threat to health, the NHS has set ambitious net zero targets in alignment with the UK's broader climate policy.</p> <ul style="list-style-type: none"> • Respiratory care constitutes a significant share of NHS emissions. Inhalers alone account for 3 percent of the NHS's carbon footprint, largely driven by the use of metered dose inhalers containing hydrofluorocarbon propellants which have a high global warming potential. • The Asthma Biologics Programme, therefore, offers a key opportunity to embed sustainability within clinical pathways while simultaneously improving patient outcomes. Biologic therapies can reduce reliance on high-carbon inhalers, reduce demand for emergency and hospital services and lower the frequency of oral corticosteroid use. • To maximise impact, six recommendations are proposed: (1) Prioritise dry powder inhalers over metered dose inhalers where appropriate, (2) Embed sustainable prescribing within asthma reviews, (3) Activate decision-support tools within prescribing systems, (4) Expand direct-to-patient delivery of biologic therapies, (5) Utilise virtual consultations to reduce travel-related emissions and (6) Provide clinician training on sustainable respiratory care.



	<ul style="list-style-type: none">• Evaluation of the programme should be guided by metrics capturing clinical effectiveness and environmental sustainability, including inhaler prescribing patterns, hospital utilisation, corticosteroid use and the life cycle carbon footprint of biologic therapies.• Leveraging biologics not only enhances patient care but advances the NHS's net zero goals.
Urology	2
Active	2
Urology LUTS Pathway	<p>Meetings have been held with the 10 Trusts, and all are keen to participate in the project. Engagement with the IG teams has started and as of the end of Q4, 3 Trusts have the necessary IG approval in place to undertake the clinic activity audit and patient survey.</p> <p>Visits to discuss the current pathway have been undertaken in Bolton, Royal Berkshire, Frimley Health and Plymouth. Further visits have been scheduled in April to Newcastle and Liverpool. Engagement with the clinical teams is ongoing in the other Trusts to secure a date.</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. Programme Directors and Senior Finance Manager meet 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	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 CEO and Programme Directors	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 CEO and Programme Directors	Jan 2025	Ongoing	AMBER