



**Health
Innovation**
Oxford & Thames Valley



Part of the
**Health
Innovation
Network**



Business Plan 2024/25

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Chief Executive's Introduction

Our 12th annual business plan will deliver the requirements of the NHS England Master Licence Agreement, and the Patient Safety and Office for Life Sciences commissions. Our portfolio of work aligns with the priorities of our two Integrated Care Boards (ICBs)- BOB (Buckinghamshire, Oxfordshire and Berkshire West) and Frimley.

I completed my term as Chair of the AHSN Network on 30 September 2023. From 1 October 2023, the 15 AHSNs were renamed Health Innovation Networks and relicensed for a further 4.5 years. This includes a six-month break clause on 30 September 2025 to enable any changes required by our commissioners following the NHS Innovation Ecosystem Programme containing recommendations on changes needed to improve innovation adoption in the NHS which is due to report in May 2024. With Dr Sam Roberts, CEO of NICE, I co-chair the workstream 'Learning by doing' which is working with health innovation leadership and local systems to understand successful implementation of innovation in different localities and support the piloting and evaluation of innovative clinical pathways such as virtual wards.

Our programme supports local ICBs adopt health innovation (drugs, devices, diagnostics, digital, service design) and service transformation improving patient safety, funded through, respectively, our NHS England core and patient safety commissions, and industry innovator engagement through our Office for Life Sciences commission. We undertake horizon scanning, real world evaluation and support accelerated implementation of high value innovation through our core commission, locally NHS partner commissions, external grants and industry partnerships. Patient involvement, health inequalities, workforce innovation and net zero are cross cutting themes in all of our work. Our aim is to support innovators and develop a pipeline of innovation and improvement projects for the local NHS systems to benefit their populations.

Our portfolio comprises broadly equal numbers in three areas; supporting innovators at the "Discover" stage, undertaking real world evaluations of early adoption of innovation, and supporting ICB-wide deployment of health innovation/service change. Most of our projects involve clinical areas that have a major impact on population health and NHS priorities; notably cardiovascular disease, mental health, maternity/neonatal care, respiratory, cancer, elective recovery and medicines optimisation.

Nigel Keen, our Chair since we started in 2013, will be retiring from the Board later this year. We are in the process of appointing a new Chair. I would like to express my gratitude for the long-standing support from Nigel and Health Innovation Oxford and Thames Valley Board colleagues, and to our host Oxford University Hospitals NHS Foundation Trust to our team.

Professor Gary A Ford, CBE, FMedSci

Chief Executive Officer, Health Innovation Oxford and Thames Valley

Overview

Our Business Plan 2024/25 describes our priorities and sets out our innovation and improvement support services and a portfolio of innovation projects.

Our work is split between:

- Local activity agreed based on local system needs and priorities, identified through liaison with ICBs and NHS South East Regional Medical Directorate.
- Coordinated adoption and spread of national priorities agreed across the Health Innovation Network and our national commissioners, focusing on innovation, transformation and patient safety.

The services we provide and projects we support are commissioned by NHS England, the Office for Life Sciences (OLS) and commissioned locally by our system partners, industry partners or grant funders.

We work with three Integrated Care Boards (ICBs): Buckinghamshire, Oxfordshire, and Berkshire West (BOB) ICB, Frimley ICB and, in collaboration with Health Innovation East, Bedfordshire Luton and Milton Keynes (BLMK) ICB. Under the new licence Health Innovation East has responsibility for supporting BLMK, however, we have agreed to continue supporting them with polypharmacy, and Milton Keynes University Hospital with maternity/neonatal safety, Patient Safety Incident Response Framework (PSIRF) and SPECTRA (sickle cell). This business plan has evolved through working closely with our ICB partners and focussing on priority clinical areas of CVD/stroke, mat/neo, mental health and respiratory, alongside additional local priorities, and cross-cutting themes embedded into all our work for 2023/24. Many of the projects are supporting primary care to prevent ill-health.

In addition to their own local priorities, ICBs have national priorities – financial sustainability, urgent and emergency care and elective recovery. We have mapped our projects against the priorities of BOB and Frimley in **Appendix 1: Strategic Alignment with ICB priorities**. Much effort will be made to realise cash-releasing savings in the local systems. Very few of the innovation adoption and improvement projects we support will deliver in-year cash-releasing savings. They tend to be either ‘spend to save’ (e.g. taking preventative action now to delay or prevent ill-health), or they benefit the system by freeing up resources, e.g. admission avoidance or saving bed days. It is crucially important the systems invest in innovation and improvement to mitigate demand and make the most of scarce resources even with the pressure to deliver in-year cash-releasing savings.

The Patient Safety Collaborative commission may include an expansion of work in mat/neo safety and supporting the roll-out of Martha’s Rule which, when fully implemented, would give patients, families, carers and staff round-the-clock access to a rapid review from a separate care team if they are worried about a person's condition.

Whilst they are an important segment of our funding, the national commissions have decreased by 49% in real terms since 2018. To ensure that we can sustain our operations to benefit the local systems and the innovators we support we are actively growing the portion of the portfolio funded outside of the nationally funded commissions. The services we provide include industry innovator support, real world evaluation, clinical pathway redesign, patient safety and quality improvement, community involvement during innovation development and deployment, workforce innovation and impact, net zero strategies for innovators and NHS systems and health equity including addressing inequity of access in developing and deploying innovation.

Portfolio Summary

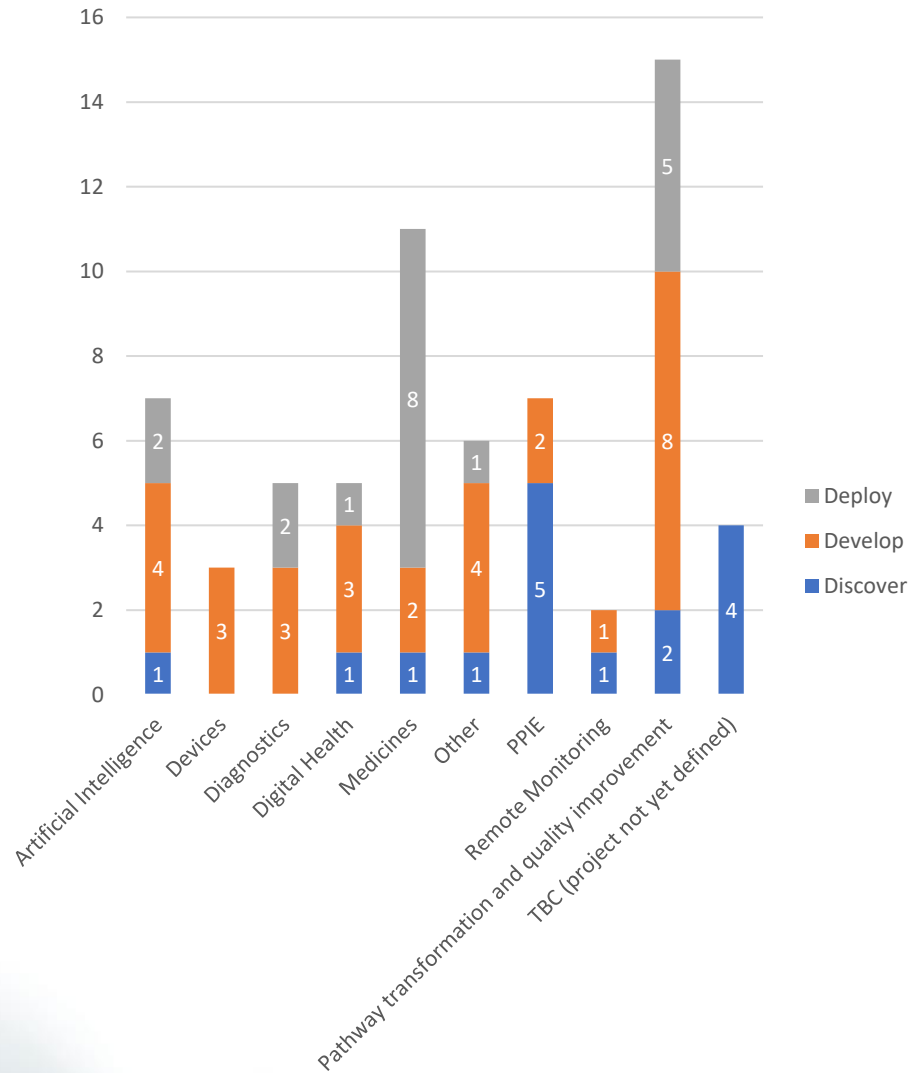
Cancer	BOB	Frimley	BLMK*
Remote monitoring/Virtual Wards Evaluation (Discover)	•		
Ibex Breast Cancer AI tool (Discover)			
Serexo Breast Cancer point of care testing (Discover)			
Cardiovascular/Stroke			
Acre-CT (FatHealth) (Develop)			
AffeX-CT for drug resistant hypertension (Develop)			
Cari-Heart EVA (Develop)	•	•	
Chronic Kidney Disease (Deploy)	•	•	
Medical iSight Thrombectomy training project (Develop)			
Pre-hospital video triage evaluation (Deploy)	•		
Obesity (Develop)			
Virtual TIA Outpatient Clinics (Deploy)	•	•	
Lipid Optimisation - Familial hypercholesterolaemia (CVD programme) (Deploy)	•	•	
Blood pressure optimisation (CVD programme) (Deploy)	•	•	
Heart Failure (CVD programme) (Deploy)	•	•	
Network Wide Inclisiran Workstream - Collaborative lipid fund (Deploy)	•	•	
Network Wide Inclisiran Workstream - System transformation fund (Deploy)	•	•	
CardioSignal (Discover)	•		

*Under the new NHS England licence Health Innovation East is responsible for supporting BLMK. However, Health Innovation Oxford and Thames Valley will continue to support BLMK in a few areas to ensure continuity where we have established strong links.

Elective Recovery			
Concentric (Develop)	•		
PRO-MAPP (Deploy)	•		
Tympan Health (Develop)		•	
Ufonia - post cataract surgery (Dora AI) (Discover)	•		
Maternity			
Maternity and Neonatal Safety - Deterioration - Network Wide (Deploy)	•	•	•
Maternity and Neonatal Safety - Preterm Optimisation - Network Wide (Develop and deploy)	•	•	•
Oxysis (Develop)			
Medicines Optimisation			
AAC Medicines Pathway Programme (Develop and Deploy)	•	•	
AMR-UTI (Develop)			
Polypharmacy (Develop and Deploy)	•	•	•
Medicines Safety Improvement Programme (Develop and Deploy)	•	•	
Opioid Safety Innovation and Insight Panel (Discover)	•	•	
Structured medication reviews - OSCA study (Develop)			
Mental Health			
Dementia - digital approach (Develop)			
Digital CYP PLACEHOLDER – opportunity to shape programme to reflect regional need (Discover)	•	•	
Digital therapeutic for major depressive disorder - Otsuka (Develop)			
Neurodiversity PLACEHOLDER – opportunity to shape programme to reflect regional need (Discover)	•	•	
Oxford and Berkshire Suicide Prevention Project Evaluation (Discover)	•		
PDPOP (Develop and Deploy)	•		
Personality disorders (Develop)	•		
Regional MH projects PLACEHOLDER – opportunity to shape programme to reflect regional need (Discover)	•	•	
Safety on MH Inpatient Wards (Discover)	•	•	•
Other			
APOS Health (part of MTFM) (Deploy)	•	•	
Early Value Assessments (Develop)			

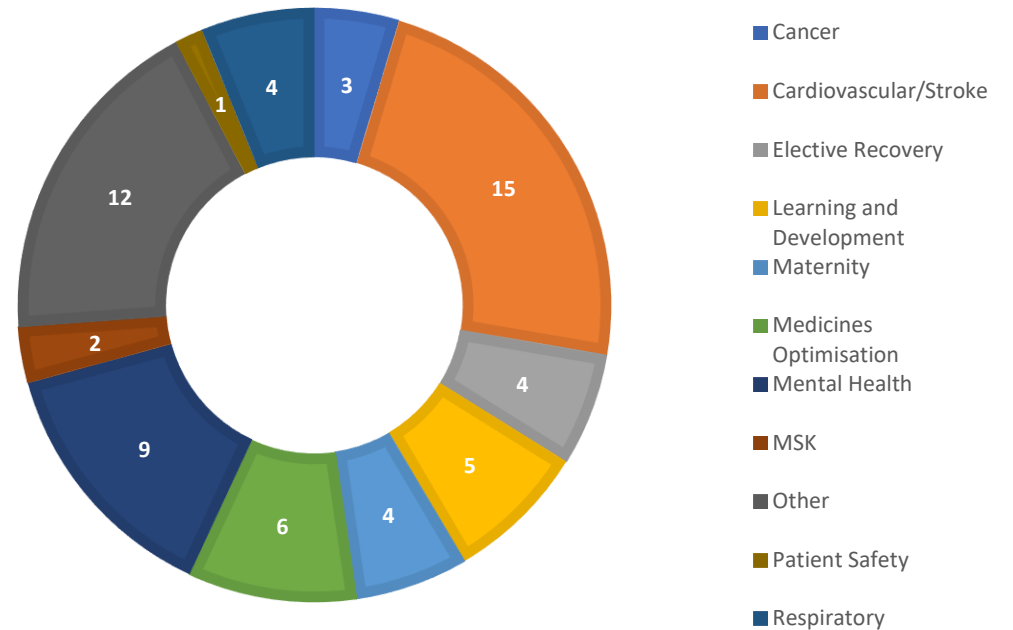
Frimley Trauma Informed Care Programme Evaluation (Develop)		•
GaitQ - Tempo for Parkinson's Rehabilitation (Develop)		
Innovation and Insight panels (Discover)	•	•
Bridging the Gap event (Deploy)	•	•
Transforming Wound Care (Develop and Deploy)	•	•
Neuro Rehabilitation (Develop)	•	
HIN NIPP Programme (Develop)	•	•
Long Covid BOB (Deploy)	•	
EVA - Virtual Ward (Develop)	•	
CAUTI/Bowel (Discover)		
Patient Safety		
Patient Safety Incident Response Framework (Deploy)	•	•
Respiratory		
Albus Home (Discover)		
Halie smart inhaler for improved adherence in difficult and severe asthma (Develop)	•	
MyAsthmaBiologics App (Develop)	•	
Tidalsense for improved diagnosis of COPD (Develop)		
Learning and Development		
BOB ICS - place based health inequalities programme (Discover)	•	
RSM Workforce Conference (Develop)		
Thames Valley and Surrey Secure Data Environment Development (Discover)	•	•
Thames Valley and Surrey Shared Care Records (Discover)	•	•
Working Together Partnership (Develop)	•	•
Musculoskeletal		
Spinal Injury (Develop)	•	
GRASP-OsteoporosisRx (formerly Bone Health) (Develop and Deploy)	•	•

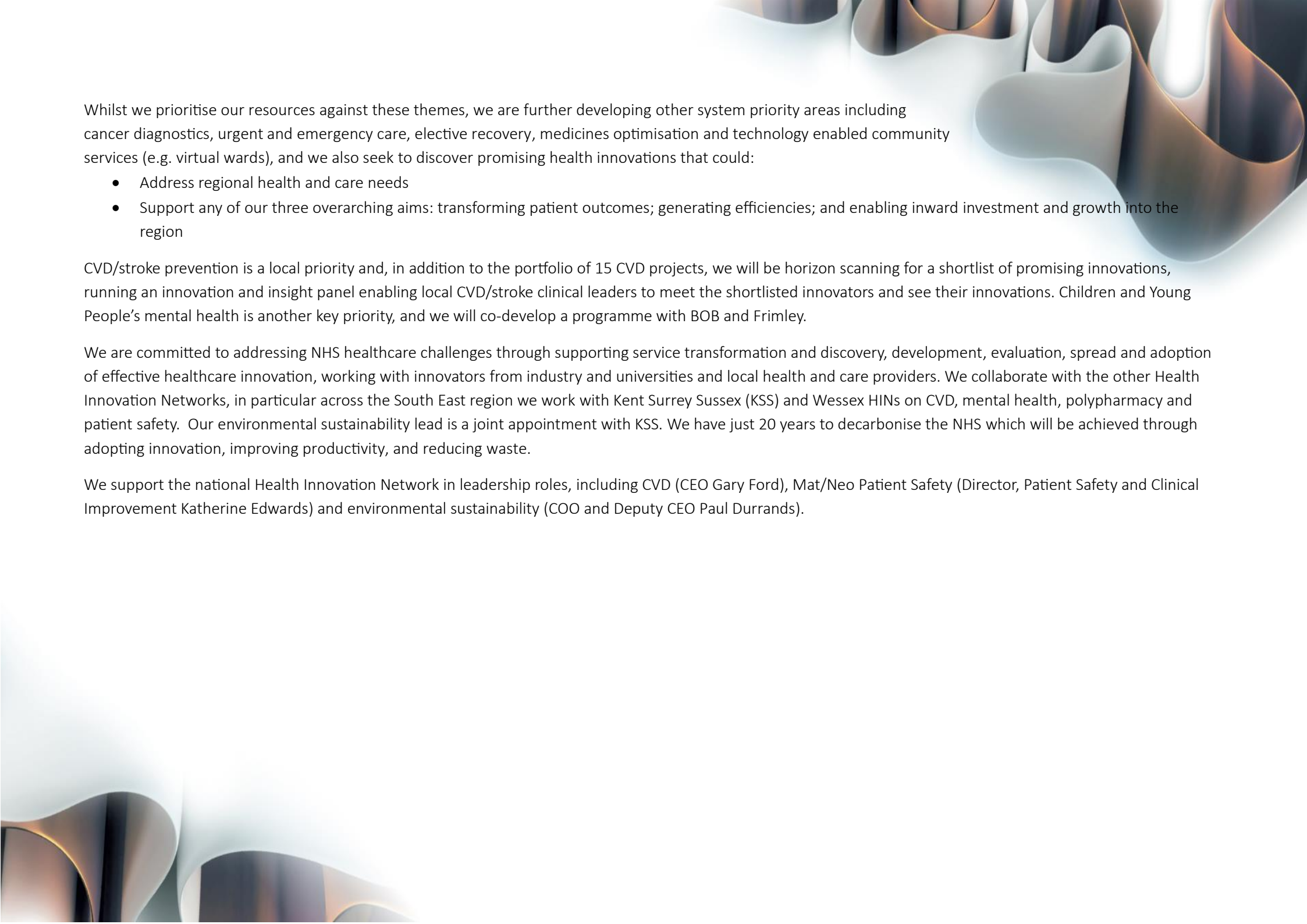
Projects for 2024/25, by technology theme;



Note that the majority of our 'Discover' stage projects are defined and delivered in year – we are continually engaging with new innovators to begin early-stage work.

Projects for 2024/25 by clinical area:





Whilst we prioritise our resources against these themes, we are further developing other system priority areas including cancer diagnostics, urgent and emergency care, elective recovery, medicines optimisation and technology enabled community services (e.g. virtual wards), and we also seek to discover promising health innovations that could:

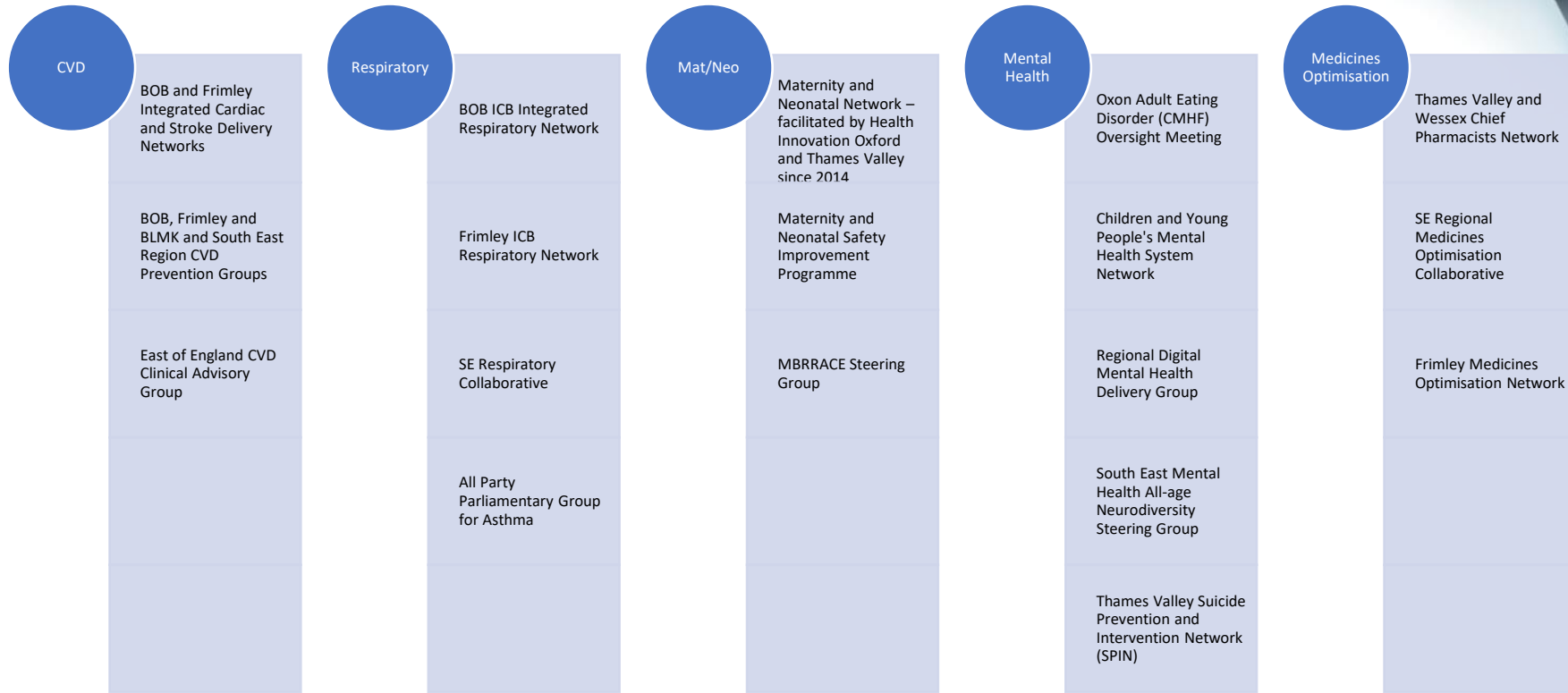
- Address regional health and care needs
- Support any of our three overarching aims: transforming patient outcomes; generating efficiencies; and enabling inward investment and growth into the region

CVD/stroke prevention is a local priority and, in addition to the portfolio of 15 CVD projects, we will be horizon scanning for a shortlist of promising innovations, running an innovation and insight panel enabling local CVD/stroke clinical leaders to meet the shortlisted innovators and see their innovations. Children and Young People's mental health is another key priority, and we will co-develop a programme with BOB and Frimley.

We are committed to addressing NHS healthcare challenges through supporting service transformation and discovery, development, evaluation, spread and adoption of effective healthcare innovation, working with innovators from industry and universities and local health and care providers. We collaborate with the other Health Innovation Networks, in particular across the South East region we work with Kent Surrey Sussex (KSS) and Wessex HINs on CVD, mental health, polypharmacy and patient safety. Our environmental sustainability lead is a joint appointment with KSS. We have just 20 years to decarbonise the NHS which will be achieved through adopting innovation, improving productivity, and reducing waste.

We support the national Health Innovation Network in leadership roles, including CVD (CEO Gary Ford), Mat/Neo Patient Safety (Director, Patient Safety and Clinical Improvement Katherine Edwards) and environmental sustainability (COO and Deputy CEO Paul Durrands).

Critical to delivery are the relationships we have established in our networks of clinical leaders, including;



Network Clinical Working Groups



Corporate activities

Developing the organisation

We continue to focus on supporting staff with health and wellbeing initiatives. Our programme of online team meetings helps to consolidate strong relationships across our teams. Every Monday the whole Health Innovation Oxford and Thames Valley team meets for an update by the CEO, COO, Programme Directors, Head of Communications, Head of Corporate Affairs and People and our Senior Finance Manager. Each month the whole team meets for a face-to-face morning session which often includes an in-depth presentation from a team and introductions to new members of staff. External contributors are also invited sporadically, to share insights. The senior team meets each week.

Diversity, inclusion and equality is fundamental to our core values, ensuring a positive and supportive culture, where all staff and communities feel empowered and respected. Health Innovation Oxford and Thames Valley remains committed to the Health Innovation Network diversity, inclusion and equality pledge, as empowering and supporting our staff to be positive role models for diversity, inclusion and equality is essential to reach our collective ambition. Our work aims to benefit all communities and reduce health inequalities, supporting the NHS Core20PLUS5 and other equality initiatives.

We are moving to a smaller office on the Oxford Science Park which is better suited to our needs and will result in an in-year cash saving.


Communications, stakeholder engagement and reporting

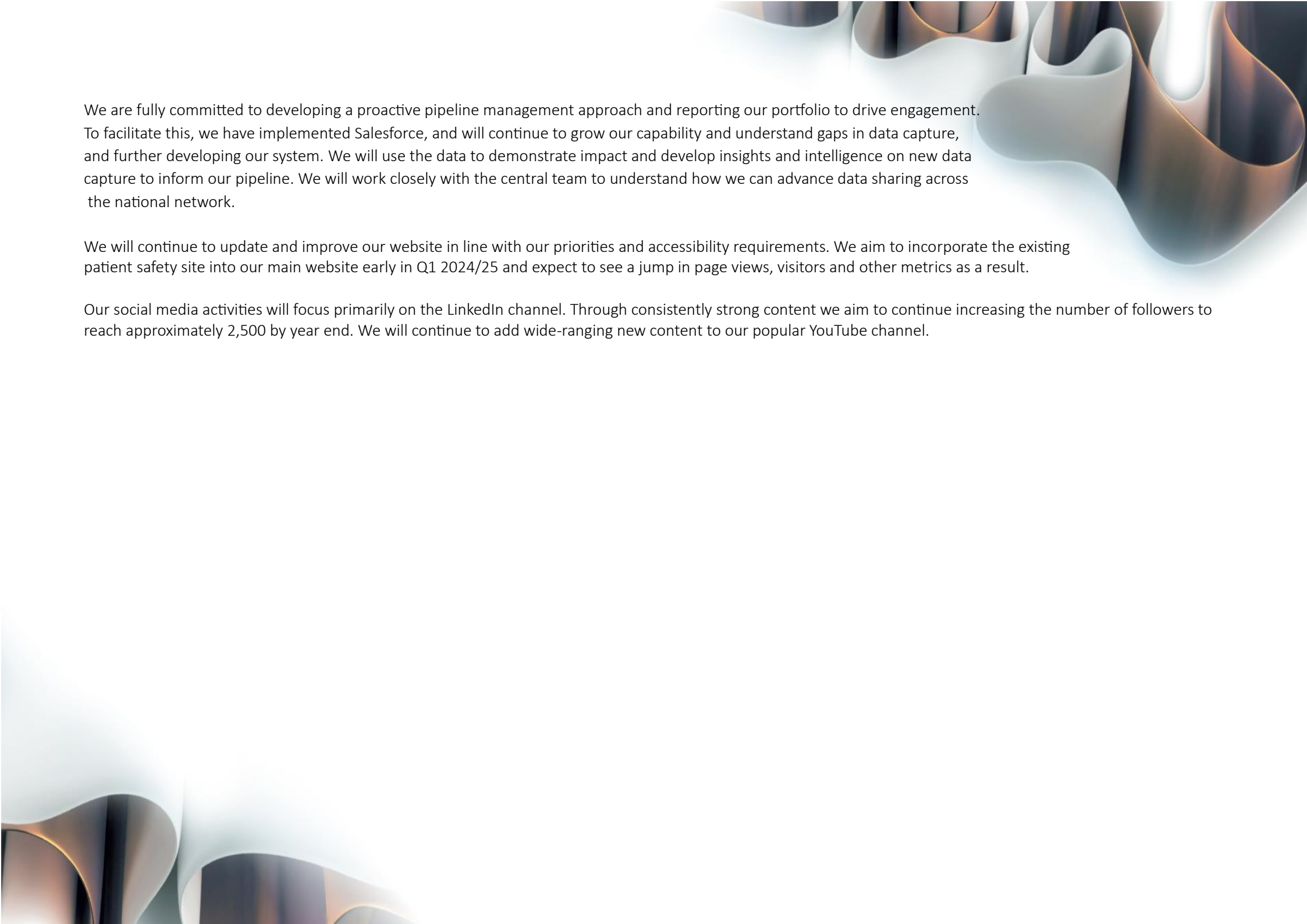
The Oxford HIN communications team supports the organisation's business plan objectives at a local, regional, and national level. We provide corporate and strategic communications support, as well as tailored project-based support for specific innovation projects.

This plan outlines how the Oxford HIN will support local health and care systems to deliver improved health outcomes in line with population needs and system priorities. This relies on effective collaboration, engagement and communication. We will continue to build relationships with communications teams within the integrated care systems in our region.

A key area of focus will be our major event at Newbury Racecourse on 2 July- 'The Power of Digital Health Partnerships'. This is a full day for innovators and healthcare system leaders focusing on addressing tomorrow's healthcare challenges and driving economic growth. We are developing this event with the Frimley and Buckinghamshire, Oxfordshire and Berkshire West integrated care boards.

Working with the national Health Innovation Network communications team and other individual HINs we will continue to offer collective targeted support. We have published more than 100 case studies in our quarterly reports – we will continue to produce these to highlight our impact at each of the Discover, Develop and Deploy stages of the innovation pipeline.





We are fully committed to developing a proactive pipeline management approach and reporting our portfolio to drive engagement. To facilitate this, we have implemented Salesforce, and will continue to grow our capability and understand gaps in data capture, and further developing our system. We will use the data to demonstrate impact and develop insights and intelligence on new data capture to inform our pipeline. We will work closely with the central team to understand how we can advance data sharing across the national network.

We will continue to update and improve our website in line with our priorities and accessibility requirements. We aim to incorporate the existing patient safety site into our main website early in Q1 2024/25 and expect to see a jump in page views, visitors and other metrics as a result.

Our social media activities will focus primarily on the LinkedIn channel. Through consistently strong content we aim to continue increasing the number of followers to reach approximately 2,500 by year end. We will continue to add wide-ranging new content to our popular YouTube channel.

Financial Plan

	23/24 Forecast	24/25 Plan
INCOME		
Commissioning Income - NHS England Core	-2,090,000	-2,162,229
Commissioning Income - Office for Life Sciences Core	-1,112,582	-824,600
Commissioning Income - NHSI PSC	-412,084	-333,300
Other Income	-1,546,793	-2,053,594
Total	-5,161,459	-5,373,723
PROGRAMMES		
Patient Safety Collaborative	429,542	377,976
Clinical Improvement	333,947	381,876
Clinical Innovation Adoption	1,337,307	1,333,564
Strategic and Industry Partnerships	1,073,082	1,327,091
Community Involvement & Workforce Innovation	419,576	456,549
Other Programme Costs	74,080	75,912
Communications	117,490	121,812
Total Programme Expenditure	3,785,024	4,074,780
Corporate Office	1,376,435	1,298,943
Total Expenditure	5,161,459	5,373,723
Net Plan	0	0

Outturn for 2023/24 is breakeven.

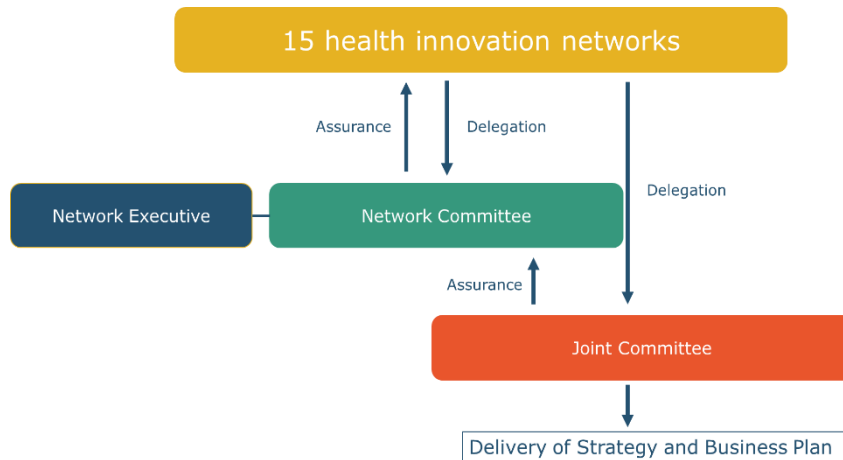
Since 2017/18 the NHS budget has grown by 54% and Agenda for Change has increased by 32%. Using Agenda for Change as a proxy for inflation, since 2017/18 NHSE/OLS income has decreased by 49% in real terms.

2024/25 – no one-off £0.3m from OLS and Agenda for Change budgeted to increase by £0.2m

2024/25 £1.6m other income target (2023/24 £1.2m)

To mitigate a £0.3m increased cost pressure in 2025/26 we will increase “other income” target to £2m

Governance



Each Health Innovation Network is independently governed.

In 2022/23 the then AHSN Network implemented a governance structure to facilitate joint decision-making and oversight, strategic development and relationships with commissioners.



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

Health Innovation Oxford and Thames Valley is hosted by Oxford University Hospitals (OUH). The OUH CEO is Deputy Chair of the Board, and our staff are employees of OUH. Full details of the Board can be found here: <https://www.healthinnovationoxford.org/about-us/our-people/specialty/oxford-hin-board/>



Oversight Groups	Director	Chair of Oversight Group and member of the Board
Patient Safety and Clinical Improvement ^A	Katherine Edwards	Steve McManus, CEO, Royal Berkshire
Clinical Innovation Adoption	Tracey Marriott	TBC for 2024/25
Strategic and Industry Partnerships	James Rose	Peter Ellingworth, CEO, Association of British HealthTech Industries
Research and Development	Gary Ford	Professor Keith Channon, Director of the Oxford Academic Health Partners
Community Involvement and Workforce Innovation	Siân Rees	Co-chairs: Dr Minoo Irani, Medical Director of Berkshire Healthcare NHS Foundation Trust and Karen Owen, Public Co-chair

^APatient Safety and Clinical Improvement Oversight Group has a Mental Health sub-group

Further information on governance and review forums can be found in [Appendix 2: Governance and Review forums 2024/25](#)

Cross-cutting themes

Tackling health inequalities and building community involvement

Working with people who use NHS services reminds us of what we are here to do. Together we can co-produce programmes and roll out innovations and improvements that achieve better outcomes for patients. Involving patients, carers and communities – particularly the marginalised or seldom listened to- in our work is not only the right thing to do, but it also builds trust, demonstrates good governance and helps to create a healthcare system that is safe, effective, patient-centred, timely, efficient and equal.

Through innovation and improvements to health systems, treatment pathways and care environments, we are determined to widen access to care and create health equity across the population. We are aligned with the NHS Core20PLUS5 initiative in our focus.

Whilst addressing health inequalities is embedded through all our work, we are also committed to building from the first year of the Innovation for Healthcare Inequalities Programme (InHIP), embedding learning from the projects that are completing this year, and looking at alternative projects going forward.

We will do this by:

- Developing the role of our place-based link partners to support two-way communication between our communities and our Network colleagues.

- Building long-term relationships with people from a range of communities, especially those who find it harder to influence local services and systems.
- Listening to them, acting on what we hear and telling them afterwards how their ideas have changed or influenced the innovation.
- Advising NHS colleagues and industry partners on effective approaches to community involvement and supporting them to deliver community involvement activities.
- Continuing to convene the regional Working Together Partnership, made up of organisations with a shared interest in supporting and developing patient, public and community involvement, co-production, and person-centred care. We coordinate a programme of joint learning and development in public involvement to maximise resources, avoid duplication and provide a larger platform than any single organisation working alone could achieve.
- Improving our communication through the Involvement Matters quarterly newsletter (which brings together involvement opportunities and news across the Thames Valley) and by increasing our social media presence.
- Supporting public and community involvement in the development of local shared care records, and secure data environments.

Workforce

Existing models of care will not close the gap between increasing demand for NHS and social care services and capacity challenges. Workforce innovation is vital to meet changing needs and expectations of the population in an increasingly technological world.

We will do this by:

- Working closely with innovators and the health and social care workforce to ensure we address their multi-faceted challenges and undertake real world evaluation to design new pathways in collaboration with the workforce to address these challenges.
- Evaluating other health networks' training and projects to understand barriers and enablers in greater depth.
- Collaborating and co-designing with health and wellbeing leads and senior responsible officers nationally to identify how to support and sustain this service and those who run it. This in turn will promote improved staff wellbeing, recruitment and retention.

Research and development

This theme supports collaboration between the NHS and higher education institutes, working with the National Institute for Health and Care Research (NIHR) and other research infrastructure across Oxford and the Thames Valley.

The theme is led by the CEO, Professor Gary Ford, and the R&D group is chaired by Professor Keith Channon, Director of the Oxford Academic Health Partners and HIOTV Board member, and has representatives from universities, NHS trusts and the NIHR research infrastructure from across this region and beyond.

Its terms of reference have recently been reviewed and it will continue its focus on three areas:

- As an information sharing forum with the aim of promoting collaboration in research and innovation development;
- the development of focus on understanding and responding to ICB priorities with the view to ensuring the value of research and innovation in priority and strategy development; and
- the development of understanding in specific areas of interest to members; e.g. in the development of research capability and capacity across the workforce. Consideration will be given to establishing a task and finish groups to support this.

Patient Safety; enabling safer systems of care

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

Health Innovation Oxford and Thames Valley has expertise to support the development of new safe ways of working and spread proven ways of improving safe patient outcomes, both locally and through working with the national patient safety team. The existence of Patient Safety Specialists and the advent of the Patient Safety Incident Response Framework (PSIRF) provide an opportunity to refine the approach for patient safety improvement with Integrated Care Boards).

NHS Net Zero

COO and Deputy CEO Paul Durrands chairs the national Health Innovation Network Environmental Sustainability Advisory Group. Amelia James, joint Environmental Sustainability Lead with KSS HIN, supports local NHS systems and innovators to decarbonise healthcare services through developing and adopting innovation to deliver NHS Net Zero policy.

Objective 1: Embed net zero into governance, delivery and employees

- Presenting at events such as the Health and Research Groups, Kent Community Trust, Sussex Innovation Fellows, Bridging the Gap, Innovator Workshops and Green Hospital events.
- Complete annual carbon reduction plans.
- Working closely with SE Greener NHS colleagues to look at regional support.
- Delivering annual net zero training and education to colleagues.

Objective 2: Supporting innovators

- We look to support innovators on a whole range of needs from developing their understanding on net zero, helping embed their organisation into the NHS and connecting them with Sustainability Leads to reviewing their sustainability strategy and carbon reduction plans.
- Review and update our Net Zero Innovator Guide annually with up-to-date information.
- Support SBRI competitions and Innovate Awards.
- Run bi-yearly joint Net Zero Innovator Workshops with KSSHIN covering net zero in the NHS, procurement changes, responsible business themes and where to begin as an innovator.

Objective 3: Supporting systems

- Provide regional support to ICB and Trust Sustainability Leads.
- Continue to distribute and engage on our Asthma Toolkit

Innovation adoption and real-world evaluation

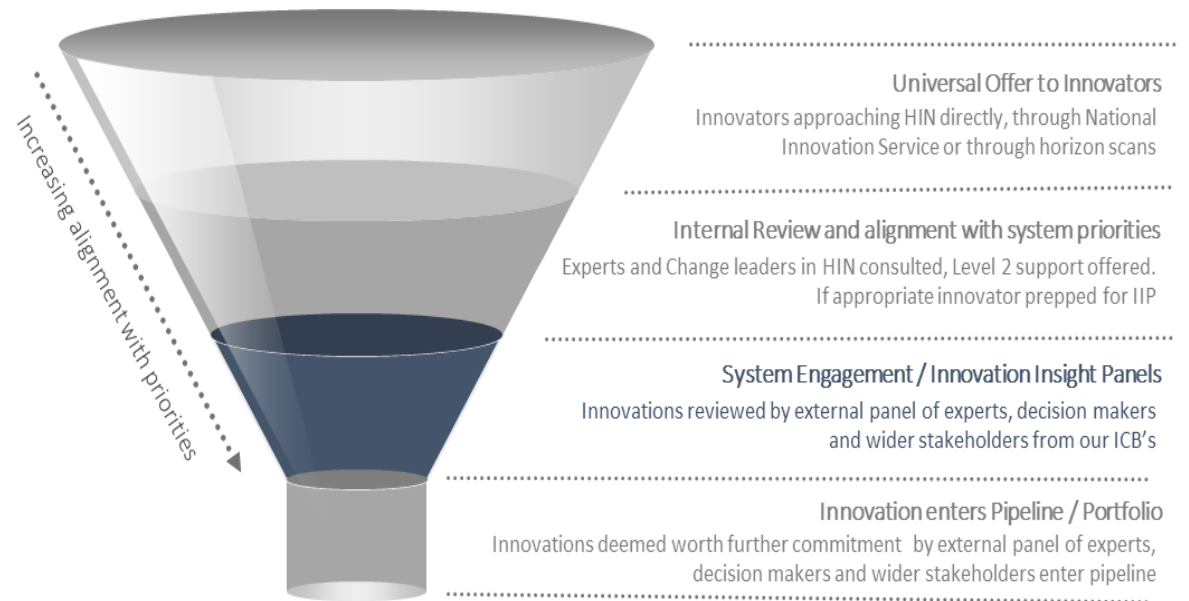
We will support over 325 Innovators in 2024/25. We manage innovation through a pipeline approach, working and supporting innovations that have potential to meet our systems' needs. The Office for Life Sciences commissions us to work with and support innovators and industry.

Our focus is to ensure:

- the innovations we work on have potential
- there is good system support for the innovations we work on

This pipeline approach allows us to:

- articulate a set of priority signals that provide strategic direction to agencies and industry involved in invention, innovation, and improvement. (*Demand signalling*)
- align direct discovery and translational work with the major challenges facing our health and care systems. (*Horizon scanning*)
- identify and assess innovation adoption to ensure that barriers to adoption are addressed. (*Innovation maturity*)
- use the intelligence from adoption and spread to identify and bring together the levers that support scaled adoption. (*Knowledge management*)
- realise more of the benefits available for patients, health economies, innovators, and the wider economic development and, tackle inequalities of access, experience and outcomes.



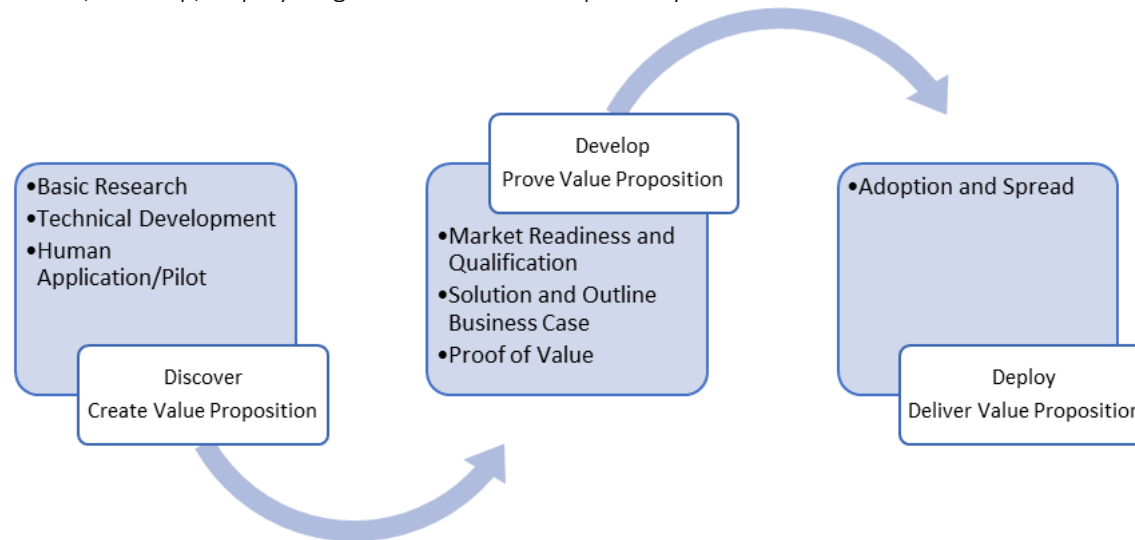
Supporting our local systems with a portfolio of innovation and improvement projects

For each of the clinical priorities we have a pipeline of innovations at different stages of the innovation pathway.

We regularly review our portfolio to ensure projects continue to align to the health and care needs of BOB and Frimley ICBs, local system partners and regional and national commissioners.

All projects in the portfolio are defined and developed locally. Where projects are marked as network-wide projects this indicates that several Health Innovation Networks across the country are also participating in these initiatives. We work locally to deliver key programmes and come together nationally to facilitate wider impact and ensure improvements benefit more patients more quickly.

Each of our projects is assigned a Discover, Develop, Deploy stage on the innovation pathway which indicates the nature of the work being undertaken:



The portfolio of currently scoped projects follows. Our pipeline is under continual development and during the year ahead we anticipate developing new projects, whilst our involvement in others may end as we hand them over to local systems.

Under the new NHS England licence Health Innovation East is responsible for supporting BLMK. However, to ensure continuity, Health Innovation Oxford and Thames Valley will continue to support Milton Keynes University Hospital in mat/neo safety, PSIRF, SPECTRA, and BLMK with polypharmacy.

Cardiovascular and Stroke

	BOB	Frimley	BLMK
<p>Acre-CT (FatHealth) – Develop</p> <p>FatHealth uses Artificial Intelligence to improve Cardiometabolic Risk Evaluation – it uses CT (ACRE-CT) which detects fat tissue inflammation and applies new artificial intelligence techniques to routine computed tomography ('CT') scans. FatHealth can identify people who may be at risk of developing diabetes, and people with diabetes who are at high risk of death from cardiovascular disease.</p> <p>We will evaluate the acceptability and assess barriers to adoption of ACRE-CT alongside a health economics study to determine the cost implications and adoption challenges of the technology.</p>			
<p>Affex CT for drug resistant hypertension – Develop</p> <p>This project aims to develop the tAN (Autonomic neuromodulation using trans-cutaneous vagal stimulation device) into an effective treatment strategy for hypertension by 1) undertaking a randomized, double-blind, sham-controlled study to evaluate the safety, acceptability and efficacy of tAN in hypertension; 2) building a pre-production tAN device compliant with the regulatory medical, safety and electrical standards; 3) undertaking a health economics study to determine the cost implications and adoption challenges of the technology.</p> <p>We will evaluate the acceptability and barriers to adoption of Autonomic neuromodulation using trans-cutaneous vagal stimulation in uncontrolled hypertensive patients (SCRATCH –HTN) and to completing a health economics study.</p>			
<p>Cari-Heart EVA – Develop</p> <p>This is an early-stage project, currently at application stage to create a partnership with Trusts in the region and the Provider collaboratives to evaluate the impact of Cari-Heart in practice.</p>	•	•	
<p>Chronic Kidney Disease – Deploy</p> <p>We are currently exploring the feasibility of a primary care-based project to improve assessment and management of CKD, utilising ACR test alongside eGFR.</p>	•	•	
<p>Medical iSight Thrombectomy training project – Develop</p> <p>Medical iSight is developing software (1View) which when used together with augmented reality glasses provides a specialist surgeon with clearer visual information in the form of a 3D image of the patient's brain which includes navigational guidance of the optimal route to the clot. This improves the speed (by 30%+), safety and effectiveness of MT.</p> <p>We will undertake a barrier to adoption study to explore the perceived usefulness and barriers to using 1View in the stroke pathway in Q1. The report will inform the data collection for trial study and the health economic analysis.</p>			
<p>Pre-hospital video triage evaluation – Develop</p> <p>Evaluation of pre-hospital video triage with paramedics to support the early identification of patients with acute stroke to ensure they are admitted to the right place first time.</p>	•		
<p>Brainomix AI Stroke Evaluation – Develop</p> <p>The formal evaluation of Brainomix will be completed in March 2024 however, dissemination of information will take place of 2024/25.</p>	•		•

Obesity – Discover			
We recognise that CVD is a multifactorial disease, with patients presenting with a number of co-morbidities, including obesity. We are scoping projects in this area, allowing for sustainable reductions in CVD burden, leading to better patient outcomes.			
Virtual TIA Outpatient Clinics – Develop			
National dissemination of findings during 2023/24 to support transformation of TIA Clinics. This will continue in the next financial year.	•	•	
Lipid Optimisation -Familial hypercholesterolaemia (CVD programme) – Deploy			
Ongoing network wide activity, with local deployment for our region	•	•	
Heart Failure (CVD programme) – Deploy			
Heart failure is a new programme started in Q3 2023/24. We engaged with ICDNs and ICB CVD leads to gauge levels of engagement. We will be progressing with heart failure activities in Q4, including rolling out the Oxford Heart Failure toolkit.	•	•	
Network Wide Inclisiran Workstream - Collaborative lipid fund – Deploy			
Ongoing network wide activity, with local deployment for our region.	•	•	
Network Wide Inclisiran Workstream - System transformation fund – Deploy			
Ongoing network wide activity, with local deployment for our region.	•	•	
CardioSignal – Develop			
Cardiosignal is currently a very small-scale pilot with two practices in BOB testing an app that uses the gyroscope in the phone to detect the movement of the heart. It is widely used across Europe but currently is not widely used in the UK. The aim is to develop this further in 2024/25.	•		

Maternity and Neonatal

	BOB	Frimley	BLMK
Maternity and Neonatal Safety - Deterioration – Deploy			
New National Maternity Early Warning Score (MEWS) tool designed to focus on early identification, escalation, and response to deterioration in pregnant women and the Neonatal Early Warning Trigger & Track (NEWTT2). This year will be the digital integration stage	•	•	•
Maternity and Neonatal Safety - Preterm Optimisation – Develop			
Optimisation of the preterm baby is a key priority outlined in Maternity and Neonatal Safety improvement Programme (MatNeoSIP) and in the BAPM Perinatal Management of Extreme Preterm Birth before 27 weeks. There are 11 elements within the optimisation care bundle which trusts are required to work together on, for example, place of birth, optimal cord management, normothermia, steroid and magnesium usage and early colostrum and breast milk which will ensure that the preterm baby has the best possible outcome.	•	•	•
We are working collaboratively with a diverse group of stakeholders to improve outcomes for this preterm infants and experience for the families and staff who care for them.			

Oxysis - Develop

Following a successful project in with HIN Oxford support innovators at University of Oxford to understand the feasibility and utility of an AI solution for CTG monitoring, the team are preparing to do some more focused work around commercialisation, value proposition and adoption strategy in 2024/25

Mental Health

BOB Frimley BLMK

Dementia - digital approach – Develop

Oxford HIN has collaborated with University of Oxford on a study for Identifying older patients at high short-term risk of dementia and cognitive decline using routinely collected hospital electronic clinical and brain imaging data to improve care funded by NIHR. The study aims to produce risk scores for dementia and dementia subtype and accelerated cognitive decline in hospitalised older people (Digital Biomarkers for Dementia (DBD)). We will be conducting a feasibility study and health economics analysis report.

Digital CYP – PLACEHOLDER

We will collaborate with local ARC colleagues to develop a project to support the acquisition of data or evidence from one of the NICE Early Value Assessment technologies which meet the regional priority of CYP mental health support.

Digital therapeutic for major depressive disorder – Develop

This project aims to demonstrate the operational value of a new digital therapeutic for use in mental health in a real-world setting. CARE for MDD is a digital therapy designed for the treatment of major depressive disorder (MDD) in adults. It is delivered as a smartphone application containing a novel approach to treating depression and is designed to be used alongside existing therapy pathways.

The project will gather insight on how CARE for MDD can be embedded most effectively within NHS patient pathways and support decisions around design of a wider health economics evidence generation phase. It will also have a strong public and partner involvement, to ensure that patient input and voice is built into the pilot and evidence generation plans from the very start of the project.

Neurodiversity – PLACEHOLDER

We will collaborate with South East HIN colleagues to deliver an in-depth national and international horizon scan of all age neurodiversity digital innovation building on the high-level horizon scan developed by HIKSS in December 2023. The innovation horizon scans would include innovation solutions to support all parts of the neurodiversity pathway including for example scoping, pre and post diagnosis support, diagnostic approaches, screening etc and thorough due diligence and value propositions would be undertaken by HINs and could lead to the development of regional pilots. Subsequent roadshow/showcasing events for ICB colleagues and commissioners would also form part of such an offer.

Oxford and Berkshire Suicide Prevention Project Evaluation – Discover

BHFT and OHFT were awarded funds from HEE to appoint team-based suicide prevention leads to help advance practice in suicide risk assessment, formulation and planning through training, staff development, quality improvement and safety planning within teams. Health Innovation Oxford and Thames Valley has been commissioned to evaluate the outcomes of this initiative from Q3 in 2023/24.

	BOB	Frimley	BLMK
<p>PDPOP – Develop</p> <p>The Personality Disorder Positive Outcomes Programme (PDPOP) is a co-produced whole practice approach to training in primary care that aims to help all members of GP teams, including administrative, reception and clinical staff, to feel confident and skilled when interacting with patients who may have personality disorder. Health Innovation Oxford and Thames Valley was commissioned to conduct the independent evaluation of the PDPOP programme across 10 GP practices across the South of England in the year 2023/24.</p> <p>A second commission was awarded for an independent evaluation of the PDPOP programme in 4 further GP practices and the spread of the training in a different context of community teams, 1 in Oxford Health and 1 in Berkshire Health using the Kirkpatrick training evaluation framework.</p>	•		
<p>Personality disorders – Develop</p> <p>Patients with a diagnosis of personality disorder have over recent years occupied an increasing proportion of inpatient bed days. They form a disproportionate proportion of patients involved in incidents requiring restraint and frequently have long lengths of stay despite this not being therapeutic and contrary to the essence of NICE PD guidance. Testing processes to improve the therapeutic value of inpatient stays using QI methodologies will potentially be of value to the entire Trust and is an area of great interest across our wider providers.</p>	•		
<p>Regional MH projects – PLACEHOLDER</p> <p>We will pilot and evaluate an AI or machine learning mental health NIA to work with NHSE Regional Team and key stakeholders to support selection of innovation to pilot. The pilots across at least 2 sites in the south east would be evaluated through a mix of qualitative and quantitative methods over 12 months which would include scoping, co-design, evaluability assessment, IG approvals, data collection, development of commissioner guidance and learning review and dissemination via south east webinar, reports, presentations to ICBS and NHSE forum.</p>	•	•	
<p>Safety on MH Inpatient Wards – Discover</p> <p>Improving sexual safety on inpatient wards was originally part of the national mental health Safety Improvement Programme but the initiative was not started due to national concerns regarding lack of baseline data and pilot issues with the difficulty of engaging staff with the topic. However it is acknowledged that there are sexual safety issues on wards that in some cases can be traumatising or re-traumatising for patients and staff. One Oxford Health ward is enthusiastic to lead a project exploring how to improve sexual safety. As there is close to zero wards in England working on the issue supporting this project gives us an opportunity to generate learning of potentially national interest.</p>	•	•	•

Respiratory

	BOB	Frimley	BLMK
<p>Albus Home – Discover</p> <p>Albus Home monitoring device is developed by BreatheOx, a medical technology spinout company from the University of Oxford that has developed a small non-contact table-top device that monitors respiratory symptoms and environmental metrics without the patients having to do or wear anything. Early recognition and management of deterioration in asthma control can prevent attacks and emergencies.</p> <p>To deliver this evaluation we are partnering with Imperial College London, Asthma UK, Birmingham Women's' and Children's NHS Foundation Trust to validate the clinical utility of a non-contact tabletop monitoring device for the prediction and prevention of asthma attacks in children and to understand the potential utility, benefits, and barriers to adoption of the device.</p>			

Halie smart inhaler for improved adherence in difficult and severe asthma – Develop	BOB	Frimley	BLMK
The respiratory service at Royal Berkshire Hospital (RBH) receives patent referrals from both acute admissions and from primary care where the patient's asthma is not well controlled on standard therapy. The objective of this real-world evaluation is to understand whether use of the Hailie™ smart inhaler (Helicon Health) can help identify uncontrolled asthma patients that also have poor inhaler compliance and control, to allow provision of a better-informed intervention plan (rather than escalated treatment) to the benefit of both patient and the system.	•		
MyAsthmaBiologics App – Develop			
A deliverable from the AAC Asthma Biologics programme has been the development of a patient-centred digital remote monitoring solution. This has been developed in partnership with digital therapeutics company My mHealth. The App, referred to as MyAsthmaBiologics, is designed to support ongoing monitoring of patients on asthma biologics. This project is an evaluation of the adoption process and benefits of the App to both patients and the severe asthma services and will be conducted at University Hospital Southampton NHS Foundation Trust, Guy's and St Thomas' Hospital NHS Foundation Trust and North Bristol NHS Trust.	•		
Tidalsense for improved diagnosis of COPD – Develop			
The role of Oxford HIN is to conduct feasibility study is to explore the acceptability, usefulness and barrier to adoption of N-Tidal (manufactured by Tidal Sense) as a point-of-care diagnostic medical device that can be used in the primary care pathway to identify and diagnose COPD patients by combining the measurement of respiratory physiology using N-Tidal respiratory biomarkers, and interpreting the data using diagnostic AI algorithms in real time. The device aims to reduce the referrals for spirometry at secondary for confirmation and diagnosis of COPD			

Cancer

Digital symptom tracking for prostate cancer – Develop	BOB	Frimley	BLMK
Wave Health is a digital symptom tracker and has the potential to improve the management of prostate cancer by enabling earlier detection of changes in symptoms, facilitating earlier intervention and more personalized care. However, there are currently no standardized approaches for symptom tracking in prostate cancer, and the feasibility and barriers to the adoption of new technologies in the NHS need to be carefully evaluated.			
The innovators are currently seeking to understand how best to tailor the Wave Health offering to the NHS, and how to frame the value proposition to systems. We are collaborating to produce a barrier to adoption study to explore the perceived usefulness and barrier to adoption of using Wave Health in the prostate cancer pathway.			
Ibex Breast Cancer AI tool – Develop			
IBEX Galen Breast is a new artificial intelligence (AI) tool developed to help find cancer in tissue samples. This tool can support histopathologists to reduce workload, increase the accuracy and reliability of breast cancer identification, reduce the time taken to get results to patients- ultimately helping to address the national priority of faster cancer diagnosis.			
This study will evaluate Galen Breast in five NHS hospital histopathology laboratories over a twelve- month period, examining approximately 10,000 tissue samples. Oxford HIN's is delivering the PPI work package- we will engage with marginalised groups including men with a breast cancer diagnosis and BAME women to get their thoughts on the utility of this product, and running a roundtable with patients and clinicians on understanding and developing trust in AI.			

Seroxo Breast Cancer point of care testing – Develop

Diagnostics company Seroxo has developed and demonstrated a rapid bedside test that measures a key aspect of a patient’s immune system. The Leukocyte ImmunoTest™ (LIT™) is a portable blood test that requires a small drop of blood from a finger-prick and produces a result in ten minutes. It tells the doctors how well a patient’s immune system is functioning.

The aim of this study is to see whether the LIT™ can tell which patients have late-stage breast cancer (metastasis) and which have early-stage breast cancer or no disease. Oxford HIN is delivering the PPI work package and have helped with the design and dissemination of patient facing materials, held a workshop with women with secondary breast cancer to get their thoughts on the utility of the product, and ensured this project has patient and public insight in all areas including governance.

Medicines optimisation

AAC Medicines Pathway Programme – Deploy

HINs will be asked to support introduction of medicines and to implement drug-specific and generic initiatives across the local systems from Q2 for new medicines deployment.

BOB Frimley BLMK

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AMR-UTI – Develop

Oxford HIN is a collaboration partner for a Product Development Award funded by the National Institute of Health and Social Care Research (NIHR) i4i programme entitled “Point-of-care antibiotic susceptibility testing (AST) to aid urinary tract infection treatment using dip-and test microcapillary devices”.

The team is working on the feasibility study and health economic analysis to help develop the proof-of-concept microcapillary system into a point of care (POC) AST device for patients with suspected UTI. the report will explore usability, barrier to adoption and generate evidence of health economic and patient benefits.

Polypharmacy – Deploy

As of April 2022, Polypharmacy: Getting the Balance Right was been agreed as a national programme to be delivered by the Health Innovation Network. The programme continues in 24/25. The core principle of the programme is to support local systems address problematic polypharmacy through establishing a community of practice; A community of practice; Population Health Management (Pillar 1); Education & Training (Pillar 2) and Public Behaviour Change (Pillar 3).

• •

Medicines Safety Improvement Programme – Deploy

The National Patient Safety Medicines Improvement Programme is likely to be a continuation of the programme focused on reducing harm from opioids prescribed for chronic non-cancer pain, where they can do more harm than good when used long term or at higher doses. We are working with the national team and ICBs- we now have an ongoing programme with Frimley ICS and are working with BOB ICS to develop theirs. Focus is on system support, data for decision making, and directed proportional quality improvement support

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Opioid Safety Innovation and Insight Panel – Discover

The Innovation and Insight Panel initiative looks to bring key stakeholders across systems together around challenged clinical pathways. The aim of these panels is to identify the biggest opportunities for innovation and to review potential market-ready solutions that may be able to deliver impact. The Opioid Safety Innovation and Insight Panel took place in 2023/24, however there is ongoing work to progress innovator and stakeholder engagement activities.

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Structured medication reviews - OSCAR study - Develop

We have partnered with the ARC on a bid to carry out a real-time observational cohort study with integrated qualitative evaluation on optimising structured medication reviews (OSCAR study). The study aims to evaluate how national policy is impacting on the care of those with complex multimorbidity (4+ conditions).

Elective Recovery

Concentric – Develop

BOB Frimley BLMK

Roll out of digital consent in OUH and BHT. Concentric Digital Consenting will improve patient and staff experience, reduce potential risk of using paper consent, and release time and cost savings.

•

PRO-MAPP – Deploy

Following a successful real world evaluation of PRO-MAPP at the NOC, a directorate business case is being developed for continued use of PRO-MAPP at the NOC. Discussions around adoption and scale of PRO-MAPP across OUH and England are ongoing.

•

Tympa Health – Develop

The objective of this real-world evaluation is to establish the value of Tympa Health ear and hearing healthcare platform in a primary care pathway to both patients and the system within Frimley Health and Care ICB. A successful outcome will reduce patient waiting lists, provide patients with earlier treatment and an improved experience and reduce pressure on scarce secondary care resources. Findings and results from the evaluation will support decision-making around the ongoing adoption of the platform.

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Learning and Development

BOB Frimley BLMK

BOB ICS - place based health inequalities programme

BOB ICS has funded a two-year health inequalities and prevention programme directed at place-based improvements. Oxford HIN is undertaking an independent evaluation to ascertain how this funding has benefited the work undertaken by place-based leaders. It seeks to understand how ICS level funding can support using a variety of evaluation techniques including semi-structured interviews, observation, surveys and focus groups.

•

RSM Workforce Conference

Health Innovation Network and the Royal Society of Medicine are collaborating to host a workforce conference “Can we futureproof the health and care workforce”. This event will take place on Tuesday 16th April 2024, and will provide a forum for discussion of the workforce challenges facing the NHS. The conference takes and builds on the ideas in the NHS Workforce Plan by bringing together a unique mix of speakers bringing perspectives from policy, patients, other countries and industries.

Thames Valley and Surrey Secure Data Environment Development

Commissioning seldom heard work around secure data environments. During 2024/25 a communications and awareness campaign will be developed.

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Thames Valley and Surrey Shared Care Records

Continued support for coproduction of Shared Care Records, membership of committees and support to the Ethics & Engagement Advisory Group.

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Working Together Partnership

Oxford HIN convenes and chairs the Working Together Partnership. The group brings together infrastructure organisations from across the Thames Valley and Milton Keynes that have a shared interest in developing patient and public involvement, co-production, person-centred care and research. The group meets every six to eight weeks and delivers a range of training and development events.

MSK

Spinal Injury – Develop

BOB Frimley BLMK

National Spinal Injury Programme NHSE funded - doing evaluation work for 18months working with Spinal Injury Unit, OUH. As part of a national program to transform services for people with spinal cord injury (SCI), funding has been made available to enhance the rehabilitation, independence, and wellbeing of SCI patients and their carers. 5 hospital trusts have been successful in bidding for enhanced rehabilitation equipment at existing sites including Oxford University Hospital, University Hospital Southampton, Milton Keynes University Hospital, the National Spinal Injuries Centre (NSIC) and across the Sussex Trauma Network.

GRASP-Osteoporosis (formerly Bone Health) – Develop

The GRASP-Osteoporosis project (previously known as the Bone Health project) aims to reduce fragility fractures and improve the management of people with osteoporosis by identifying patients in primary care who would benefit from a medication review and ensuring they are treated appropriately. A new case-finding tool and review template has been created to easily identify appropriate patients on GP practice systems and support clinicians in carrying out reviews.

A pilot was run in eight GP practices across Oxfordshire during 2022-23. This resulted in significant improvements in coding for both osteoporosis diagnosis and QOF fragility fractures. It also led to more patients on osteoporosis medication, reducing their risk of fragility fractures. At the end of the pilot an additional 252 patients were on treatment. This equates to 13 fewer fractures within the next two years and a hospital cost saving of over £97,000. This project will be further spread during 2024/25

Other

BOB Frimley BLMK

APOS Health (part of MTFM) – Deploy

Apos Health now joins the MedTech Funding Mandate (MTFM) for national adoption for 2024/25. The MTFM policy was launched to support the commitments laid out in the NHS Long Term Plan to accelerate the uptake of selected innovative medical devices, diagnostics, and digital products. We will identify need for and roll out APOS health in Thames Valley.

Early Value Assessments – Deploy

The NIHR Invention for Innovation (i4i) Programme, in collaboration with the Office for Life Sciences (OLS) and the National Institute for Health and Care Excellence (NICE), invites applications for a funding call aimed at generating evidence in real world settings for those products that have been recommended for early use in the NHS through the NICE Early Value Assessment (EVA) process. RWE is being led by OLS as part of the UK Government's Life Sciences Vision and is backed by £10m of government funding.

Frimley Trauma Informed Care Programme Evaluation – Develop

BOB Frimley BLMK

The Surrey and NE Hampshire trauma-informed service received pilot funding in 2020 to run trauma-informed training. Following on from this a fully co-produced programme was developed with several activities to support adoption of a trauma-informed approach across the workforce within Surrey and NE Hampshire. Health Innovation Oxford and Thames Valley were commissioned to evaluate the activities of the year 1 programme that began in Q3 2022. Evaluation is underway of the following programme activities:

- Year 1 attendance and nonattendance data analysis
- Analysis of ProQOL and ARTIC questionnaires completed prior to training to give a baseline of workforce attitudes towards trauma-informed approaches and professional quality of life scores
- Year 1 training evaluation using initial feedback forms and a follow-up survey and action learning sets evaluation
- Year 1 Recovery College course evaluation with evaluation of an HEE e-learning module for social care staff.

A summary report of year 1 activities will be produced alongside a case study and deeper dive into a third sector organisation who have invested in a trauma-informed approach and have attended multiple trainings. Year 2 will be similarly evaluated to ensure sustainable results. We will also undertake an evaluation of framework reach and potential small pilot case study of an organisation using the framework. There is the potential for further evaluation work in specified services in 24/25 however this is yet to be explored and costed.

GaitQ - Tempo for Parkinson's Rehabilitation – Develop

GaitQ is developing a smart cueing system to address challenges faced by people with Parkinson's (PwP). It comprises two wearable devices, strapped on the upper calves, that deliver vibrational cues to users. The cueing pattern and pace can be varied over time and adapted to the user's individual walking style. The system can automatically activate and deactivate vibrational cues as and when needed; this decreases the likelihood of PwP becoming used to the cues and reduces the manual input required from the user. GaitQ will revolutionise the use of cueing in PwP's daily lives, helping them maintain their walking as they go about their everyday lives.

We are working to validate the clinical utility of using GaitQ for improvement in walking difficulties in PwP through the use of 'cueing' using their wearable device. Health economics analysis will be performed to evaluate the impact of reducing gait difficulties and/or falls on healthcare costs and quality of life scores. We will also gather insights from healthcare professionals on product acceptability and perception.

Innovation and Insight panels – Discover

The Innovation and Insight Panel initiative looks to bring key stakeholders across systems together around challenged clinical pathways. The aim of these panels is to identify the biggest opportunities for innovation and to review potential market-ready solutions that may be able to deliver impact. We will roll this out to a variety of pathways to help us more clearly articulate systems needs and improve collective decision making around the future Industry partnerships and the regions pipeline of innovation.

Bridging the gap event – Develop

Advancing Healthcare and Economic Growth through Digital Health Collaborations – an event to bring together the Oxford and Thames Valley innovation ecosystem to focus on Purpose-Driven Collaborations between the Innovators and NHS partners.

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•	•	

	BOB	Frimley	BLMK
<p>Transforming Wound Care – Deploy</p> <p>1.5% of the patient population have an active lower limb wound (730,000). People with diabetes are 23 x more likely to have a lower limb amputation however 50% of amputations are in those without Diabetes. The cost of wounds to the NHS is estimated at £3.1 billion with £96 million/yr spent on acute bed stays. Provider costs per patient case/yr is approx. £5673/pt vs £505/pt with optimised care. National wound care strategy recommendations aim to improve patient healing outcomes, reduce unwarranted variations in evidence-based care delivery across the ICS and reduce inequalities across the wound population. This is achieved through workforce development; patient collaboration; system process enhancement and the implementation of digital technology. Objectives are to deliver a collaborative ICS driven wound care strategy to improve the services caring for patients at risk of or have existing wounds. Frimley ICB have a draft strategy awaiting work group approval; BOB's strategy has been approved the EMC, strategic planning underway for both sites.</p>			
<p>Neuro Rehabilitation – Develop</p> <p>Pathway mapping of services in BOB ICB area providing neurorehabilitation services with the view of consolidating activities and redesigning pathways</p>			
<p>HIN NIPP Programme – Develop</p> <p>The NHS Insights Prioritisation Programme (NIPP), was commissioned by the Accelerated Access Collaborative (AAC) and the National Institute for Health and Care Research (NIHR), is designed to accelerate the evaluation and implementation of innovation that supports post-pandemic ways of working, builds service resilience and delivers benefits to patients. We have collaborated with Thames Valley ARC to evaluate virtual clinics for managing transient ischaemic attack and minor stroke – developing a safe and effective model for post pandemic working which will be further developed and shared.</p>			
<p>Long Covid BOB – Develop</p> <p>BOB ICB has 3 adult services at place-level with different configurations along with 1 children and young people's service which covers BOB and surrounding areas. All focus on multidisciplinary team (MDT) assessment and rehabilitation. The new Long Covid service models have successfully treated patients with an observed reduction in time to recovery, relapses and an improvement in clinical and NHS resource utilisation.</p> <p>Clinical leads believe that there is an opportunity to apply the same approach to patients with Chronic Fatigue Syndrome (CFS), Myalgic encephalomyelitis (ME), Fibromyalgia, Breathlessness and Functional Neurological Disorders. BOB ICB Long Term Condition leads hypothesise that through innovating and implementing the LC model for patient in these other cohorts, demand on healthcare utilisation can be reduced and capacity increased.</p> <p>The main objectives of the project are:</p> <ul style="list-style-type: none"> to understand the current pathway for two services (Chronic Fatigue Syndrome and Breathlessness) to gain the views of patients and staff for these two services to carry out a service evaluation of these two services before and after implementation of the new model based on LC service principles 			
<p>CAUTI/Bowel – Discover</p> <p>Working with staff from Oxford Health and OUH to review and refresh the CAUTI and continence e-learning package that was developed by the HIN back in 2017. Currently scoping the feasibility of developing a complementary module around bowel continence.</p>			
<p>Patient Safety Incident Response Framework – Deploy</p> <p>Supporting the implementation of the new NHS incident response framework which is replacing the previous Serious Incident Framework. Provides opportunity to support the system with local patient safety themes</p>			

Appendix 1: Strategic Alignment with ICB priorities

ICB Priority (national and local)	BOB	Frimley	HIN Projects
Urgent and Emergency Care – national priority	•	•	4
Elective Care Recovery – national priority	•	•	5
Financial Sustainability*– national priority	•	•	3
Children and Young People’s (CYP) Mental Health	•	•	2
Neurodiversity	•	•	2
Mental Health Services	•	•	9
Primary Care	•	•	7
Cancer	•	•	3
Stroke Services and Neurology		•	4
Cardiovascular Disease	•	•	15
Diabetes		•	0
Respiratory		•	4
Planned Care		•	2
Maternity and Neonatal		•	2
Inequalities*	•	•	6
Estates and Workforce*	•	•	7
Integrated Neighbourhood Team	•		2
Comprehensive Model of Personalised Care		•	1

*Note that these priorities are part of our cross-cutting themes - whilst we have projects that explicitly address these priorities, that are counted here, we also embed these themes into all projects, assessing both net zero and financial sustainability, inequalities impacts and workforce improvement throughout our portfolio.

Appendix 2: Governance and Review forums 2024/25

Frequency	Forum
Quarterly	Health Innovation Oxford and Thames Valley Board
Quarterly	Regional NHSE Team, reviewing progress against agreed deliverables
Quarterly	Reviews with Oxford HIN COO/Deputy CEO to BOB Place and System development Committee, covering progress, opportunities, issues and planning
Quarterly	Reviews with Oxford HIN COO/Deputy CEO and Oxford HIN Programme Directors with BOB and Frimley ICB Directors of Strategy and Transformation, covering progress, opportunities, joint planning and deep dive, (e.g. CVD or polypharmacy)
Quarterly	Mental Health sub-group of Patient Safety Oversight Group- Medical Directors Berkshire Healthcare and Oxford Health with HIN Mental Health Lead and Director of Patient Safety and Clinical Improvement
Monthly	Bi-monthly calls with COO and other members of senior team with BOB Primary Care Leads
Monthly	Monthly calls with members of Oxford HIN teams and BOB Deputy Director of Clinical Programmes (LTCs)
As needed	Catch up calls of Oxford HIN COO with BOB and Frimley Strategy Directors/Transformation Directors
	Many other groups and networks for members of Oxford HIN team, e.g. CVD Lead, Mental Health Lead, Oxford HIN Patient Safety Collaborative Oversight Group

Appendix 3: NHSE Master Licence Agreement requirements mapping to 23/24 Business Plan

MLA Requirement	Information	Further details (click to view)
Network-wide programmes	<p>We will continue to support the Network Wide programmes for CVD, and the regional programmes of Transforming Wound Care and Polypharmacy. Work locally will have a sub-regional focus at ICS levels allow for a targeted approach through population health data, case finding and support from the health innovation network to support the adoption of new pathways, innovations. There will be Network level oversight to allow for sharing of best practice, and innovative ways of working.</p>	19-23, 13
Horizon Scanning / Demand Signalling	<p>Clear articulation of NHS needs (demand signalling) and matching this to a systematic search for solutions (horizon scanning), is a priority for 2024/25, to allow the NHS to plan and prepare for the next generation of innovations and stimulate innovation in the highest priority areas.</p> <p>To address this locally, alongside a network piece of work, we will; understand and articulate our local system needs and disseminate research and innovation signals into local teams; signal to research communities and local innovators to establish innovation that meets current and/or future envisaged needs; build connections across the network to develop; build better understanding of innovations that are likely to be adopted to increase confidence in funding decisions.</p>	15, 9
Innovation Pipeline	<p>We support the innovation pipeline from identification to implementation to address areas of greatest need. Supporting and tracking the identification, development, evaluation and adoption of innovative solutions (including medicines, medical technologies, diagnostics, digital and artificial intelligence innovations) which can improve outcomes in population health and healthcare through prevention of ill-health, earlier diagnosis, more effective treatments, and faster recovery.</p> <p>Locally, we use innovation scans help local systems match needs to innovations and connect local needs to other systems that have adopted innovations.</p>	17

Innovation for healthcare inequalities programme (InHIP)

Most treatment pathways in the NHS utilise evidence-based, innovative interventions, medicines and medical technologies that help to improve the lives of patients across England. The Core20PLUS5 population groups in England experience significant healthcare inequalities in the form of reduced access to health and care innovations, poorer quality and experience of care and as a consequence poorer health outcomes. InHIP phase 1 started to tackle this challenge through a series of pilot projects. Now we need to harness the learning from these projects and continue to enable increased access to healthcare services and innovations to under-served populations. We are supporting local teams to understand and deliver tangible programmes of work that tackle healthcare inequalities, sharing learning within the ICB, to build PCN capacity and capacity to work in this way. Minimising Health Inequalities is also a key cross cutting theme - embedded into all our programmes.

MedTech Pathway

From Q1 there will be a Task and Finish Group coordinated centrally to start considering the rules-based pathway needed to develop a medical technology in a way that meets health and care system criteria. Health Innovation Oxford and Thames Valley will contribute to the Task and Finish Group, and scope local work resulting from the findings of the Task and Finish Group.

Implementation methodology programmes

Whilst not a defined programme, we embed implementation methodologies into all our programmes.

9

We will:

Ensure appropriate adoption of any new evidenced based approaches and methods for implementation.

Share case studies across the Health Innovation Network and also with wider audiences and include evidence of evaluation of approaches and methods through case studies.

Evidence that adherence to evidenced methodology and approaches leads to effective spread of an innovation.

Local activities to support this will include:

Supporting work to create and provide outputs and resources to support the development of national and local system approaches to the spread and implementation of innovation.

Providing expertise on spread activity and methodology and coordinating or aligning work on spread with the Authority.

Programme Delivery: Consistent, tailored, and effective approaches to spread in place which are clearly articulated and communicated across the local and network wide system.

Reporting and shared learning – we continue to develop our reporting processes to capture effectiveness of approaches and methods to enable and support continuous learning on approaches to spread, improving the effectiveness of approaches over time.

Innovation support programmes

We support innovators in three key areas: to enter and progress through the AAC led programmes; to reach adoption readiness of innovations and scale up by supporting innovators received through the NHS Innovation Service and other channels through the CEP, SBRI, AI Award, NIA programmes through the HIN Innovator offer; support early-stage development of innovations, evaluation, real world evidence, proof of value through the Innovation Pipeline to create cohorts of innovations that can supported through national scale up programmes like MTFM and HTAAF.

17,20

Locally, innovations that meet locally signalled demand are supported to build an evidence base that informs business cases for investment, enabling adoption and spread and pathway transformation benefitting patients and workforce productivity.

Med Tech Funding Mandate products

We will continue to support the adoption of the Med Tech Funding Mandate products. Adoption of the existing products across the region is good. One innovation has been added to the MTFM for 2024/25 - Apos Health. This has been selected because adoption can deliver in year cash releasing savings.

6, 26, 35