



**Health
Innovation**
Oxford & Thames Valley



Part of the
**Health
Innovation
Network**



Q2 Report 2024/25 →

For the quarter ending 30th September 2024

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Chief Executive's summary

The last quarter has been an eventful time for the NHS following the election of a new government, publication of the [Darzi report](#), and the announcement of three strategic shifts in [health: hospital to community, sickness to prevention, analogue to digital](#).

Lord Darzi's report lays out a stark analysis of the current position of NHS services and the challenges that need to be addressed. It is to be hoped the additional investment in the NHS announced in the budget will bring improvements and underpin delivery of the forthcoming [10-year NHS plan](#). Darzi highlights in his report the need to innovate care delivery in primary care and mental health services, and use technology to unlock productivity in the NHS. A continuing challenge is that many potential solutions already exist but have not been widely adopted. The failure to rapidly scale much innovation of value across the NHS has been identified as the major challenge by the Innovation Ecosystem Programme (IEP).

The three strategic shifts are already a major focus of our work. We have supported improving cardiovascular disease prevention from our inception and have agreed this is a key priority for research and innovation priority with our partner Integrated Care Boards. We recently published an [evaluation of virtual ward 'Hospital at Home' services provided in the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System](#) showing these services were associated with a major reduction in emergency readmission following discharge. Developing and utilising digital innovation is key to empowering and supporting patients to manage their conditions, and enabling NHS staff to work more efficiently and effectively is critical to enabling the NHS to respond to current and future demands. An example is an analysis we undertook of the [impact of the national roll-out of stroke AI brain imaging](#) which associated its use with a large increase in patients receiving stroke thrombectomy.



The IEP is timely in the context of the development of the 10-year NHS plan with its findings aligning with themes in the Darzi report and government strategic shifts. The programme reported the initial findings to the Life Sciences Council in October highlighting the delivery of change needed in four key areas: prevention, personalisation of therapy, productivity improvement and population approaches to designing future healthcare services. Five areas of focus are outlined as necessary to deliver this change: clear leadership for research and innovation, clarity in responsibility of multiple structures involved in delivery, acceleration of research and innovation adoption in exemplar areas, cultural change and workforce capability, and more effective collaboration between industry, academia, the NHS and patients. The Health Innovation Networks (HINs) will play a key part in delivering change by: funding high potential innovations and supporting innovators, testing high-promise innovations in NHS priority areas of need, and spreading innovation at scale through national implementation programmes.

I am delighted that Peter Ellingworth has commenced as Chair of our network. Peter brings a wealth of knowledge and experience of the health tech industry, innovation policy and partnering between industry and the NHS and was involved in the early discussions establishing Academic Health Science Networks (now HINs) in 2013. I would also like to take the opportunity to thank our first and outgoing Chair Nigel Keen who provided excellent leadership of our Board for more than 11 years since we were established.



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





Case study 1

Theme/Patient pathway: Diagnostics/Dementia

Evaluation of AI tool to identify patients at high risk of dementia

Routine clinical, laboratory and brain imaging tests are typically performed when older adults are admitted to hospital with the results recorded in the electronic patient record (EPR). To enhance care for those at risk of cognitive decline, a team at the University of Oxford is developing the Oxford Digital Biomarkers for Dementia (OxDBD), an AI-driven tool that leverages the EPR data to produce a risk score and identify those at high short-term risk of dementia. By enabling early intervention and personalised care plans, OxDBD aims to significantly improve patient outcomes.

Health Innovation Oxford and Thames Valley conducted a feasibility study and engaged with key stakeholders working in the dementia pathway to explore the potential utility, level of acceptance and barriers to adoption of the OxDBD risk score to identify older adults at risk of cognitive decline and dementia.

What is the challenge?

In England 70% of hospital bed days are taken up by adults aged over 65 following unplanned admissions, of which 25% have an established diagnosis of dementia. These patients are often severely unwell and are particularly vulnerable to deconditioning, leading to longer hospital stays and increased risk of complications. This situation places immense pressure on healthcare resources, straining hospital capacity and impacting the quality of patient care. The challenge lies in effectively managing this growing population while reducing extended periods of hospitalisation and unnecessary readmission, which not only affect patient outcomes but also burden an already overstretched healthcare system. Addressing this issue is critical for improving care of older patients and optimising hospital efficiency.

What did we do?

Health Innovation Oxford and Thames Valley carried out a comprehensive feasibility study to evaluate the acceptance and potential challenges of adopting the OxDBD risk score into EPRs. This AI-driven tool aims to identify patients at risk of cognitive decline using routinely collected clinical and imaging EPR data. To gather valuable insights, the study engaged 17 expert stakeholders, including GPs, acute care consultants, geriatricians, old age psychiatrists, managers and commissioners from 14 NHS organisations across England.

Through in-depth discussions and thematic analysis, the team identified key factors that could impact the tool's implementation, such as clinical workflow integration, training needs and potential resistance to AI in diagnostics. This collaborative effort highlighted both the enthusiasm for innovative dementia care solutions and the practical barriers that must be addressed to ensure widespread adoption.



The study provided crucial insights to refine OxDBD and tailor its rollout to meet the needs of healthcare professionals and patients alike.

What has been achieved?

Stakeholders have shown a positive interest in the potential of the OxDBD risk score in alerting them to patients at risk of cognitive decline who might benefit from evidence-based care plans tailored to individual risk profiles. Additionally, they noted that the OxDBD risk score may help raise awareness about dementia amongst non-specialist clinicians and prioritise patients for access to diagnosis and post-diagnosis support. The study also offered valuable insights into challenges relating to successful implementation. The insights gathered lay a foundation for future development efforts, guiding the path towards more effective and efficient care delivery for individuals at risk of dementia and for the 100,000 people in England living with an undiagnosed form of dementia.

What people said



“The feasibility study has provided invaluable insights into the views of a wide range of stakeholders across the UK.

This information not only supports the case for our AI tool, but, crucially, it will enable barriers to implementation to be identified and addressed early in tool development thereby substantially enhancing the likelihood of successful adoption and commercialisation.”

*Sarah Pendlebury, Professor of Medicine and Old Age Neuroscience,
University of Oxford, Consultant Physician and OUH
Clinical Lead for Dementia/Delirium, Oxford University Hospitals*

What next?

A study is currently ongoing at Oxford University Hospitals NHS Foundation Trust and Buckinghamshire Healthcare NHS Trust to develop a digital algorithm for the OxDBD that will use data collected routinely during admission to identify patients at high short-term risk of dementia.

Contact

Florence Serres, Project Manager
florence.serres@healthinnovationoxford.org





Case study 2

Theme/Patient pathway: Innovation support and health system engagement

Panels help match innovations with local health needs

Health Innovation Oxford and Thames Valley (HIOTV) works closely with NHS partners to help them identify and articulate unmet health and care needs and pave the way for more targeted and effective solutions. To support this, we set up Innovation and Insight Panels (IIP) in 2023, providing a platform for innovators to present adoption-ready innovations to senior figures within local health systems. With backing from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), the panels focus on specific themes - so far these have included respiratory care, opioid safety and the use of digital tools. They offer insights and aid decision-making around suitability for real world evaluation (RWE), pilot programmes or local adoption. The panels have given innovators valuable direct feedback, potential expressions of interest and help to better understand the region's innovation needs.

What is the challenge?

Securing the adoption of innovative technologies in the NHS is challenging due in part to a lack of awareness among healthcare providers and commissioners about available innovations and their potential benefits. Even when promising innovations are identified, the NHS often struggles with the capacity to implement change and budgets and effective governance to approve adoption. HIOTV aims to enhance collaboration, foster innovation, and address critical needs within the NHS and social care sectors. The IIP process aims to bridge the gap between innovators and the NHS by helping local healthcare providers find new technologies that address unmet needs as well as supporting the evaluation and adoption of the most promising solutions. The process also provides innovators with valuable direct feedback on their products and services which they can find difficult to achieve on their own.

What did we do?

HIOTV worked with BOB ICB to identify key themes where there are clear unmet needs, then identified and assembled a body of innovators with suitable technologies with the potential to address those needs. HIOTV has so far delivered three clinically focussed workshops to connect innovators with key stakeholders within the NHS. These workshops covered respiratory care, opioid safety and the use of digital tools. They provided regional NHS stakeholders with a comprehensive overview of innovations at the “develop” and “deploy” stages of the innovation pipeline, focusing on market-ready solutions with the necessary regulatory approvals. Innovators received valuable feedback from healthcare professionals, procurement experts and system managers, which helped them to refine their projects and align them with the needs of the NHS.



Additionally, these sessions enabled HIOTV to broker targeted partnerships between innovators and relevant healthcare stakeholders, ensuring that the most promising innovations are identified and supported and further collaborations developed.

What has been achieved?

All innovators taking part in the IIP received constructive feedback from stakeholders during the panel and in a detailed report derived from informal scoring by panelists. This allowed both the innovators and panelists to review how the presentation and projects were received by other members on the panel. The detailed feedback enabled further product development to fit system needs, outlined how the system works for increased engagement and helped innovators to better define their unique selling point. One real world service evaluation has been taken forward, undergoing protocol finalisation and procurement sign-off. Another evaluation is in the initial discussion stages to determine health economic viability, with the potential of an economic analysis being conducted at a pilot site. Further research opportunities in primary care and in the wider health service have been identified with our academic partners and joint working on future bids for grant funded work has been agreed. The panels demonstrate NHS provider and commissioner partner priorities in their consideration of potential innovations in existing and new pathways of care. This enables HIOTV to better align its work to the needs of the local health system.

What people said



“I found the IIP very useful in the sense that it connects you directly with several decision- makers within the ICB who are more difficult to reach for us as a start-up company. We were well supported in terms of content and practical organisation. The feedback and follow-up were well supported.”

Elena Smets, Product Manager, ArtiQ



“The Innovation and Insight Panels allow us the flexibility to review a large number of possible solutions for healthcare challenges in our local system. By bringing the users and purchasers of the potential solutions together with those creating the innovative products and services, we facilitate better understanding for all the participants on the key drivers and determinants of change and improved outcomes.”

Matthew Lawrence, Head of Industry and Innovation, HIOTV

What next?

HIOTV will continue to work with BOB ICB and other health systems to identify and convene future IIPs, and to provide appropriate support to innovators that have been involved in the IIP process. Future panels are planned to focus on maternity, mental health and severe mental illness, cancer, hypertension and cardiovascular disease.

Contact

Matthew Lawrence, Head of Industry and Innovation
matthew.lawrence@healthinnovationoxford.org





Case study 3

Theme/Patient pathway: Diagnostics/Women's health/Net zero

Polycystic ovary syndrome test has potential to improve patient experience and reduce NHS carbon footprint

A new blood test has been developed to help diagnose polycystic ovary syndrome (PCOS), a common condition affecting women of reproductive age. The simple test can be incorporated into routine phlebotomy appointments, eliminating the need for an invasive ultrasound scan and an additional hospital visit. By simplifying the diagnostic process, the test can reduce waiting times, improve the patient experience and lower the carbon footprint. The test also contributes to addressing health inequalities. Health Innovation Oxford and Thames Valley (HIOTV) worked with Roche Diagnostics which developed the test to explore and quantify its potential environmental benefits.

What unmet healthcare need does this innovation address?

PCOS affects an estimated one million women in the UK aged 25-45, although an estimated 70 per cent are undiagnosed. It is caused by an imbalance in hormone levels. Women with PCOS are more susceptible to complications such as fertility issues, preeclampsia during pregnancy, diabetes, cardiovascular disease, endometrial hyperplasia (a precursor to cancer), depression and sleep apnoea. Early and accurate diagnosis of PCOS enables timely support, mitigating future health risks and enabling women to better manage their symptoms. Currently an internal ultrasound scan can help confirm diagnosis. But patients can face a lengthy wait of many months followed by a trip to hospital for an uncomfortable procedure. As a result, some do not attend their appointment. The condition is more prevalent in South Asian women. Therefore, there are health equality benefits to streamlining and simplifying the diagnostic process.

What did we do?

Roche Diagnostics have developed the Elecsys Anti-Müllerian Hormone (AMH) Plus immunoassay blood test which is a potential alternative to the transvaginal ultrasound scan currently used in confirming polycystic ovarian morphology (PCOM) as an aid to diagnosing PCOS. The new test can be integrated into existing phlebotomy appointments, eliminating the need for an additional hospital visit. Health Innovation Oxford and Thames Valley (HIOTV) worked with Roche to explore and quantify the environmental benefits of the blood test. This collaboration was aimed at understanding the potential carbon savings derived from adopting this innovative diagnostic method.



How is this contributing to environmental sustainability?

It is estimated that the carbon footprint of an outpatient appointment is the same as 63 blood tests. Replacing an ultrasound scan at a hospital with a blood test at a local clinic therefore has the potential to significantly reduce NHS carbon emissions. The new diagnostic pathway, which integrates a blood test into the existing phlebotomy appointment, eliminates the need for an additional outpatient appointment. The Greener NHS team predicts that one outpatient appointment, including emissions from patient and staff travel, electricity and gas for the building, along with embedded emissions in the goods and services used to provide the appointment, equates to 22kg of CO₂e. Set against this is 0.346kg for a single blood test. The estimated overall carbon reduction for the NHS related to switching to the blood test is approximately 3,000 tonnes of CO₂e.

What people said



“A simple blood test to help diagnose PCOS can help join the dots up a bit sooner and might make the path to diagnosis a lot shorter. I hope that no one has to wait eleven years like I had to wait.”

Rachel Morman – PCOS Patient & Chair of patient organisation Verity PCOS



“It is well over time that we should have tests like these for conditions like PCOS, which has been so poorly recognised and supported over the years. Being able to do a blood test gives us a great alternative option for many women.”

Dr Anne Connolly – GP



“We collaborated with Health Innovation Oxford and Thames Valley to thoroughly understand and demonstrate the impact from the environmental and sustainability perspective.”

Julia Eades – Senior Market Access Manager, Women’s Health, Roche Diagnostics

What next?

The next steps are to inform healthcare professionals and commissioners, and women generally, that this simple blood test is now available as an alternative to a more invasive transvaginal ultrasound. This model could serve as a blueprint for integrating similar sustainable practices in other areas of healthcare delivery, supporting the NHS towards its ambition to achieve net zero by 2040.

Contact

Amelia James, Environmental Sustainability Lead, Health Innovation Oxford & Thames Valley
amelia.james2@nhs.net





Operational Review

Engagement with clinical leaders, managers, and patient groups continues to strengthen. Our portfolio is strongly aligned with the priorities of the local NHS systems and the needs of the many healthcare innovators that we support. We completed the second round of quarterly planning and priority meetings with BOB and Frimley in September, and we are beginning to shape the business plan priorities for 25/26. We continue to focus on how the three organisations can collaborate systematically to oversee a pipeline of innovation, aligned to ICB priorities with HIOTV operating horizon scans, supporting innovator engagement and undertaking commissioned real world evaluations.

The new government has said that it will publish A ten-year plan for the NHS next spring. HIOTV's portfolio is well aligned to the Secretary of State for Health's three goals: **Illness to prevention, Hospital to community, Analogue to digital.**

HIOTV will continue to focus a large part of its resources and portfolio on prevention (CVD - eg lipid management, asthma, COPD, matneo safety, deterioration - eg Martha's Rule [see main report], polypharmacy, transforming wound care). We will also continue with a strong portfolio in mental health, cancer, urgent and emergency care, frailty, medicines optimisation. HIOTV published the findings of a year-long evaluation of virtual wards for BOB ICB – we will continue to support technologies that support community care. The Transforming Wound Care programme is making progress but has stalled a little across Frimley with the industrial action in primary care – wound care takes as much as 70% of community nursing time and improving outcomes with less time will free up resources for out of hospital care. Digital and AI solutions make up a large portion of the portfolio and we are undertaking many real world evaluations (see case study 1 – Identifying patients at high risk of dementia) and bringing promising innovations to the attention of local clinical leaders (see case study 2 – Innovation and insight panels).

The perfect storm driven by an ageing and ailing population drives demand for healthcare and is also shrinking the working population (the 16-65 age group is projected to decrease by 25% over the next 20 years).



To meet demand and prevent healthcare eating the economy and the planet the NHS needs to speed up adoption of innovation such as digital workflow tools, AI solutions (see case study 1) and point of care diagnostics (see case study 3 - a point of care test for polycystic ovary syndrome) to improve workforce productivity, and diagnosis, eg Brainomix 360 Stroke, Ufonia's Dora (see below), PRO-MAPP and AiSentia's imaging tool which gives improved CT scan images without contrast media (Appendix C contains many more case studies). In adopting new technology, the NHS needs to ensure health inequalities are addressed and that patient outcomes, safety and experience are not compromised.

The big question remains as to how the ICBs will fund adoption and spread once an innovation has been piloted and there is a strong benefits case from the evaluation. Much innovation funding is driven externally by free to issue schemes and funding opportunities from NHS England. We can help local providers and ICBs make the case for adoption but they need to ringfence a budget for innovation adoption so that implementation can move at pace. Most of the innovation HIOTV works on comes from industry – our systematic engagement with industry innovators is a strategic service for BOB and Frimley.

Supported by our senior finance manager, the team is doing well to close the gap this year and we are likely to break even again at year end. However, to fill the "leaky bucket", we continue to put a lot of effort into our business development activities. This includes partnering with industry (eg Boehringer Ingelheim with Frimley on chronic kidney disease), seeking local NHS commissions (eg BOB Health inequalities, evaluation of virtual wards, long Covid pathways) and applying for grants (eg SBRI). The senior team meets weekly to review opportunities and update the business development tracker. To mitigate increased costs under Agenda for Change in 2025/26 we will once again have to increase income outside of the core national commissions.

Q2 Highlights

In Q2, we have continued to support improvements in **heart failure care**, focusing on optimising pharmacological management of heart failure and exploring echocardiogram diagnostic innovations. Through a series of initiatives in collaboration with system partners, including the Integrated Cardiac Delivery Network (ICDN) and Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (BOB ICS), we have expanded our reach and provided vital resources and education to healthcare professionals within our region.

As part of our ongoing initiative to enhance **heart failure management** and upskill healthcare professionals in our region, we successfully hosted a webinar in Q2, in collaboration with ICDN and clinical leads from the BOB ICS. The webinar attracted 101 healthcare professionals and provided key updates on heart failure management within the BOB ICS region.



Topics covered included physiology of heart failure, pharmacology of heart failure medications with a focus on when to initiate treatment. The session also featured clinical case studies and a comprehensive discussion on the link between chronic kidney disease (CKD) and heart failure, aligning with one of the priorities of the cardiovascular disease (CVD) programme to improve management of CKD. The webinar was well-received with active engagement from attendees.

To complement the learning from this session, we will be distributing a heart failure pack, developed in collaboration with regional heart failure clinical leads and reviewed by Pumping Marvellous, the leading heart failure patient advocacy group. Additionally, a subsequent webinar focusing on heart failure in conjunction with frailty and polypharmacy will be held in Q3.

The interim report has been completed for the **Collaborative Lipid Fund** project: between March and July 81 secondary care patients were initiated on Inclisiran with a further 151 due to be started in the next few months. There was positive feedback from staff involved in the project and from patients. It will continue to run until at least December 2024.

In Q2 a joint approach to work with ICBs to streamline the **lipid testing** options available, learning from local examples such as Buckinghamshire, was agreed, with a collaborative autumn webinar series covering lipids, hypertension and heart failure.

Circulation to stakeholders across the South East is also planned.

A Caristo NHS adoption strategy workshop for **CaRi-Heart** (improved profiling for risk of heart attacks) was held after positive findings from a health economic study delivered by HIOTV. BBC South ran a piece on CaRi-Heart to illustrate AI in healthcare: <https://www.bbc.com/news/articles/c51yvlv8rrlo>

Q2 heralded the first meeting of the **Respiratory Biologics** sub-group: Project proposal to further drive uptake of severe asthma biologics and developing pathways to support COPD biologic adoption, in conjunction with NHSE, AZ, Asthma & Lung UK and the HIN Respiratory Clinical Working Group (CWG)

The success of the **Personality Disorder Inpatient Pathway** programme has resulted in PDPOP (Personality Disorder Positive Outcomes Programme) training being introduced into mandatory training for Oxford Health Community Directorate staff, with Berkshire also exploring commissioning.

As of August, the **Polypharmacy** project team had successfully delivered five bespoke training sessions in our region, with 231 healthcare professionals attending so far. Due to this success, five additional sessions are planned for this autumn.

The **Transforming Wound Care** Net Zero report has been completed, and found that by implementing best practices, the estimated carbon impact reduction is = 1,575,908 kg CO₂e which is a 63% reduction.

The **MatNeo** team completed their set of simulation-based education workshops related to preterm birth, with great feedback received about the sessions.

A new programme manager has been recruited to support the **Implementation of Martha's Rule** workstream. There are three



pilot sites within our region. Trusts have received additional NHSE funding to support initial implementation, this funding will support communications (including translation). One trust will employ a project manager for the duration of the pilot, and another is exploring procurement of an additional data management system to facilitate reporting of national metrics. The remaining pilot trust in our region plans to commence a limited pilot (2-4 inpatient wards) of all components in Q3. To avoid duplication of effort, HIOTV has joined the Thames Valley and Wessex Critical Care Network (as has HI Wessex), which it is anticipated will be the primary forum through which to support the pilot. We plan to also trial community of practice events specifically covering the HIOTV region to provide a more detailed (and in-person) opportunity to share learning.

The Community Involvement and Workforce Innovation team are undertaking coproduction workshops for the Secure Data Environment project. The team are working with Gypsy, Roma and traveller people, connecting with the charity Friends, Family and Travellers and exploring connections with Groundswell homelessness charity and the Harbour Project which works with refugees in Swindon. The next coproduction workshops are scheduled for Q3/4 (15th October and January 2025).

Innovator Support:

The final SBRI report for **Ufonia** economic evaluation was submitted on 30th June. Ufonia's Dora tool was featured on BBC website/radio/regional TV – as part of wider series on digital/AI in healthcare: Feature article - AI assistant eases NHS pressure in cataract care - <https://www.bbc.co.uk/news/articles/cprqg03qgzyo>

The **Otsuka CARE for MDD Operational Pilot** continues to progress well, all four identified primary care evaluation sites have "gone live" in Q2, each intending to deliver a six-month live phase and have 50+ patients using CARE for MDD. Each site is following a slightly different pathway for identifying and offering CARE for MDD to suitable patients, so rich insight is expected on the different ways in which the innovation has been introduced. Initial progress reviews with each site have shown that patients are keen to use CARE for MDD as an alternative way of managing mental health issues, and that the process of requesting and assigning the patient access codes is working well.

An economic evaluation on the use of artificial intelligence in stress echocardiography (NIHR funded) has been completed, based on future implementation of **Ultromics EchoGo** into the NHS's coronary artery disease (CAD) diagnostic pathway.

Discussions took place around future working opportunities with the HealthTech Research Centre (HRC) to address challenges in primary care.



Q2 2024/25 Communications and stakeholder engagement

This quarter began with our event exploring the challenges and opportunities presented by innovation in digital health and AI. More than 280 people attended ‘The Power of Digital Health Partnerships’ making it the largest single event we have hosted. You can catch up with all the resources from the day including video, images and case studies here:

<https://digitalhealthoxford.uk/>

Other highlights over the summer months included:

The appointment of Peter Ellingworth as our new chair

<https://www.healthinnovationoxford.org/news-and-events/news/new-chair-has-a-wealth-of-experience-in-partnerships-between-the-nhs-and-industry/>

Publication of our evaluation of ‘hospital at home’ services in the BOB ICS region

<https://www.healthinnovationoxford.org/news-and-events/news/thousands-effectively-treated-by-hospital-at-home-services-according-to-new-evaluation/>

Launching a series of short animated videos with BOB ICB raising awareness of health issues associated with cholesterol

<https://www.healthinnovationoxford.org/news-and-events/news/animated-videos-help-explain-cholesterol/>

We also worked with BBC South on a mini-series on digital health initiatives which included two we have supported: an [AI platform identifying people at risk of heart attack](#) and an [automated system which talks to patients before and after appointments](#).

We promoted an updated online learning programme addressing risks associated with catheterisation alongside some of our regional NHS partners and NHS England <https://www.e-lfh.org.uk/programmes/continence-and-catheter-care/>

We also launched a new social media platform as an alternative to X/Twitter – you can now find us and some of our partners on Bluesky: <https://bsky.app/profile/healthinnovox.bsky.social>





Programme Risks (Amber or Red)

For full risk register, see Appendix A

National Inclisiran Workstream - Collaborative lipid fund



current quarter



next quarter

Strong progress in Q2, however RAG status is amber due to a delay in implementation in RBH – the project was approved by the RBH internal governance process in August 2024. A standard operating procedure has been developed and patients have been identified for review - the service will go-live in Q3.

MTFM, Spectra Optia



current quarter



next quarter

The Spectra Optia Project is on hold until funding is released by Spec Comms. This issue has been escalated at the national level. The local business case was approved in Q3 2023, but release of funds is required to allow implementation of the new pathway and recruitment of new staff. As soon as funds are released, implementation will begin. Until funding is released this project will remain blocked and red RAG status.

As a Health Innovation Network, we are working hard to support Specialised Commissioning to analyse the business cases in readiness for payment, and we have helped to secure a tariff increase from April 2025, which will enable a sustainable solution for the clinical services. In addition, we are currently working towards funding some of the more urgent staffing requests.

Data Availability



current quarter



next quarter

Challenges in delivering health economic analyses due to delays in data access are a common issue when working with real-world data in healthcare evaluations. The team is mitigating this risk by

- Using theoretical, scenario-based models allows for the continuation of health economic analyses, offering preliminary estimates that can later be refined once real-world data becomes available. This approach provides flexibility, maintaining project momentum without sacrificing analytical depth.
- Utilizing proxy data sources: Where possible, proxy datasets or historical data can be leveraged to build interim models, simulating real-world conditions.
- Engaging with data providers: Proactively engage with data providers or sources to expedite data access, particularly in cases where delays are caused by administrative bottlenecks.
- Establishing clear timelines and communication can help reduce delay.



Funding for Adoption in the NHS

● current quarter ● next quarter

Transitioning from the evaluation phase of innovative health solutions to securing substantive contracts for widespread adoption remains a significant challenge within the NHS. Despite the strong drive for innovation, there is often a lack of dedicated funding streams within NHS systems to support the broader adoption of proven technologies and innovations, particularly after the initial pilot or evaluation stages. This funding gap is largely due to the current financial constraints faced by many NHS Integrated Care Boards (ICBs) and Trusts. While evaluation programs are often supported through grants and innovation funds, funding the full-scale implementation of these innovations often requires budget reallocations or additional financial support that many local NHS bodies struggle to provide. The result is that many innovations, even when they demonstrate clear clinical and cost-effectiveness during the evaluation phase, encounter hurdles when moving towards full procurement and contracting.

Mitigation steps being taken by the team include

- Leveraging External Funding Sources: Seek funding from private sector partnerships and Life Science companies that benefit from NHS adoption of their products. Co-funding models between NHS and industry may help alleviate the financial burden on NHS systems in the short term.
- Collaboration with local, national and international funds focused on healthcare innovation. These entities are increasingly interested in supporting initiatives that improve healthcare access and patient outcomes.
- Advocate for Centralized Adoption Funds: Engagement with the Life Science Ecosystem to advocate for centralized funds or grants specifically designated to cover the costs of adoption and scaling beyond initial evaluations (for example Respiratory Biologics)
- Advocating for, in discussions with strategy leads, Trust execs and our board, the establishment of Innovation Adoption Fund to help Trusts and ICBs access resources to support substantive contract transitions, addressing the gap between innovation evaluation and full implementation.
- Encouraging Shared Savings Models: We have tried to develop financial models where cost savings from innovation adoption (e.g., reductions in hospital stays, emergency admissions) can be reinvested into further innovation. This could involve shared savings agreements where innovators and NHS systems both benefit financially from the cost efficiencies generated.
- Exploring implementation of outcome-based procurement models, where payments for innovations are tied to measurable outcomes, allowing the NHS to pay for success and thereby reducing the initial financial risk.



Financial Summary

Financial year ending 31 March 2025 as at 6 months ending 30 September 2024.

Forecasting to breakeven this year

Income	Opening Plan	Forecast	Fcast Variance	YTD Plan	YTD Actuals	YTD Variance
Commissioning Income - NHS England Master Licence	-2,162,229	-2,162,229	0	-1,081,115	-1,081,115	0
Commissioning Income - Office for Life Sciences	-824,599	-829,174	4,575	-412,300	-414,587	2,287
Commissioning Income NHSI - PSC	-692,230	-692,230	0	-346,115	-346,115	0
Other Income	-1,747,353	-1,951,350	203,997	-873,676	-841,424	-32,252
Total income	-5,426,411	-5,634,983	208,572	-2,713,205	-2,683,240	-29,965
HIN Funding of Activities						
Patient Safety	534,583	503,074	31,509	267,291	216,598	50,694
Clinical Improvement	344,117	360,679	-16,562	172,059	181,653	-9,594
Clinical Innovation Adoption	1,332,606	1,371,326	-38,721	666,303	680,341	-14,038
Strategic & Industry Partnerships	1,327,091	1,391,505	-64,414	663,546	685,647	-22,102
Community Involvement & Workforce Innovation	456,549	531,117	-74,568	228,274	199,067	29,207
Other Programme Costs	75,912	105,282	-29,370	37,956	52,133	-14,177
Communications	121,759	123,849	-2,091	60,879	59,791	1,088
Programmes and themes	4,192,616	4,386,833	-194,217	2,096,308	2,075,230	21,078
Corporate Office	1,233,795	1,248,150	-14,356	616,897	608,010	8,887
Total expenditure	5,426,411	5,634,983	-208,572	2,713,205	2,683,240	29,965
Net Surplus or Deficit	0	0	0	0	0	0

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





Q2 Programme and Project Updates

Theme/Status/Project	Q2 Update	BOB	Frimley
Cancer	3	0	0
Active	2	0	0
Digital symptom tracking for prostate cancer (Wave Health)	<p>Following several discussions with Royal Surrey, and other secondary care providers, it was not possible to secure a pilot site. This was due to uncertainty regarding cost of the product post pilot. It was agreed, in discussion with Bayer, that work would focus on developing reports that would support future implementation and provide guidance to TTI in engaging with NHS sites.</p> <p>The following documentation has been submitted to Bayer in Q2: Due diligence paper; Treatment pathway mapped against Wave Health; Implementation toolkit; A patient population analysis paper will be completed in early Q3.</p> <p>A series of 2-3 webinars is in the planning phase. The aim of these webinars will be to look at the challenges throughout the prostate cancer pathway, in particular diagnosis, treatment and follow-up/self-management aspects, and to highlight potential AI, digital or MedTech opportunities that could support Trusts.</p>		
Ibex Breast Cancer AI tool	<p>Patient Panel interviews took place and panel members appointed. 1st panel to take place early October. Workshop one men with breast cancer report written and approved by IBEX - shared with participants and wider.</p>		
Completed	1		
Seroxo Breast Cancer point of care testing	<p>This project was completed in July 2024. Report submitted to Seroxo and added to the overall NIHR final report.</p>		
Cardiovascular/Stroke	13	9	6
Active	12	8	6
ACRE-CT (FatHealth)	<p>The health economic report and NHS adoption report for the ACRE-CT device have been completed and sent to Caristo Diagnostics Limited. The health economic report provides a detailed evaluation of cost implications for implementing ACRE-CT in the NHS prediabetes and diabetes management pathway, outlining key economic considerations for successful adoption. The NHS adoption and spread report presents a strategic roadmap and recommendations for successful adoption and spread of ACRE-CT within the NHS. We are currently awaiting feedback from the Caristo team on both reports. The next step is to schedule a final discussion meeting to review the findings and recommendations in both reports once we receive their response.</p>		
AffeX-CT for drug resistant hypertension	<p>A meeting with the clinical trial statistician from Queen Mary University has taken place to review the data points outlined in the Health Economic Analysis Plan. The statistician confirmed that the required data points align with the data currently being collected in the trial. We are now awaiting dummy data from the team so we can start the health economic analysis. Processed real-world data is expected to be received in the third quarter of 2025-2026. Reporting is due March 2026.</p>		





Q2 Programme and Project Updates

Theme/Status/Project	Q2 Update	BOB	Frimley
Blood pressure optimisation (CVD portfolio programme)	<p>In Q2 we continued to support our ICBs on improving a) hypertension detection and b) hypertension management. We are developing a self-assessment toolkit for practice to support them with identifying and implementing sustainable changes to their hypertension pathways. This toolkit contains links to practical resources that can support quality improvement.</p> <p>We worked with BOB ICB to plan and deliver a webinar in July 2024 which highlighted best practice and some effective case studies from across the ICB. This was attended by 60 staff and received positive feedback.</p>	●	●
Brainomix AI Stroke Evaluation	A draft paper "Impact of Artificial Intelligence Imaging Decision Support Software on Treatment of Acute Ischemic Stroke in England" has been written and has been circulated for comment.	●	
Chronic Kidney Disease	The collaborative working programme plan has been presented and agreed at an internal BI (industry partner) meeting, following which financial approval can be sought. A meeting with the ICB, BI and HIOxTV is scheduled for early Q3 to discuss and agree the programme KPIs. The programme plan is to be presented at the Frimley Meds Ops Board in Q3.		●
Familial hypercholesterolaemia (CVD portfolio programme)	<p>In Q2 BOB ICB approved a business case to support with the delivery of nurse-led FH cascade testing across Oxfordshire and Buckinghamshire. The HIN developed the original business case.</p> <p>BOB ICB is managing the implementation of the new service, and the HIN have agreed to support with evaluation in the short-term.</p>	●	●
Heart Failure (CVD portfolio programme)	<p>In Q2, we have continued to support improvements in heart failure care, focusing on optimising pharmacological management of heart failure and exploring echo cardiogram diagnostic innovations. Through a series of initiatives in collaboration with system partners, including the Integrated Cardiac Delivery Network (ICDN) and Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care system (BOB ICS), we have expanded our reach and provided vital resources and education to healthcare professionals within our region.</p> <p>Phase 1: Supporting Optimal Pharmacological Management: As part of our ongoing initiative to enhance heart failure management and upskill healthcare professionals in our region, we successfully hosted a webinar in Q2, in collaboration with ICDN and clinical leads from the BOB ICS. The webinar attracted 101 healthcare professionals and provided key updates on heart failure management within the BOB ICS region. Topics covered included physiology of heart failure, pharmacology of heart failure medications with a focus on when to initiate treatment. The session also featured clinical case studies and a comprehensive discussion on the link between chronic kidney disease (CKD) and heart failure, aligning with one of the cardiovascular disease programmes priorities to improve management of CKD. The webinar was well-received with active engagement from attendees.</p>	●	●





Q2 Programme and Project Updates

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Heart Failure (CVD portfolio programme) (continued)

To complement the learning from this session, we will be distributing the heart failure pack, developed in collaboration with regional heart failure clinical leads and reviewed by Pumping Marvellous, the leading heart failure patient advocacy group. Additionally, a subsequent webinar focusing on heart failure in conjunction with frailty and polypharmacy will be held in Q3.

Phase 2: Supporting Diagnosis and Self-Management: BOB ICS is currently exploring the potential of AI echocardiogram technology to help address the significant delays in diagnostic capacity for heart failure. The focus is on identifying available AI echocardiogram solutions and determining how these technologies can best be integrated into the diagnostic pathway, with an initial focus on secondary care and potentially community diagnostic centres. A major challenge for heart failure care in BOB ICS is the long waiting lists for echocardiograms and this is exacerbated by a shortage of accredited sonographers and accredited clinicians.

In Q2, we have initiated a horizon scan to assess available AI echocardiogram technologies and explore how these can be implemented to address the diagnostic challenges. We aim to present our findings to the ICB in Q3 and will also investigate opportunities for industry funding to support the deployment of AI echocardiograms in our region.

Innovation for Health inequalities (InHIP)

Initial discussions are progressing well around a programme looking at barriers to access for carers and the impact of this on CVD outcomes. Planning is underway and will be shared with the Frimley CVD group in December. We will share the blueprint for the Frimley programme with BOB colleagues to ensure that knowledge and approach can be shared across the region, however we are also exploring additional project options with the BOB team. We aim to complete the planning phase in Q3, with delivery commencing in late Q3/Q4.



Lipid Optimisation

Progress on the lipid management programme continued as planned in Q2.

The three South East HINs are taking a collaborative approach to educational events and the first of these, on lipid management, took place on 26th September with over 90 attendees.

The BOB ICB CLF project continued, currently 111 patients have been initiated on Inclisiran through this project.

Work continues with BOB ICB on supporting lipid management improvements - this includes pathway work, sharing case studies and creating implementation resources to support with Inclisiran administration in primary care.

The cholesterol animations created by CIWI team have been translated into 7 languages (funded by BOB ICB) and these have been launched across the South East.

Several conversations were held with industry partners around potential support for ICBs in our footprint.



Medical iSight Thrombectomy training project

Feasibility study is underway, interviews with relevant stakeholders are being conducted and transcribed. Data are being consolidated and report will be put together. Health Economics will follow in April/May 2026.

Interviews held with patient and public members for panel and workshops. 6 public members appointed to the patient panel which will convene Oct 2024. The rest invited to take part in a workshop in Feb 2025.

Regular project meetings with company to design and deliver milestones to time.





Q2 Programme and Project Updates

Theme/Status/Project	Q2 Update	BOB	Frimley
National Inclisiran Workstream - Collaborative lipid fund	<p>Strong progress in Q2</p> <p>OUH: 70 patients have been initiated on Inclisiran to date (36 have had two injections). Good LDL-C reductions have been seen, in a sample of 10 patients the average LDL-C reduction was 56% (range 42-71%).</p> <p>BHT: 86 patients have been reviewed to date and 41 patients initiated on Inclisiran. 22 patients have been optimised on other therapies.</p> <p>RBH: This site has been slower to implement. The project was approved by the RBH internal governance process in August 2024. A standard operating procedure has been developed. Patients have been identified for review and the service will go-live in Q3.</p> <p>During Q2 a survey was carried out with key staff involved in delivering the project so that learnings could be captured. These will be included in a case study.</p>	●	
Pre-hospital video triage evaluation	The PVT pilot evaluation report is currently being written up. A first draft will be shared with the steering group on 21 October before submission to NHSE on 31 October.	●	
On Hold	1	1	
CardioSignal	Launch of phase 2 of the project is planned for Q3.	●	
Dermatology	1	1	1
Active	1	1	1
Transforming Wound Care	<p>Real world evaluation report now in final draft. TWC central team final review before sign off. Publication date aiming for the 30th October 2024 which will be followed by legacy planning with NHSE towards understanding the future opportunities to adopt TWC as a long-term programme.</p> <p>The central team continue to support the National Wound Care Strategy programme in resource update and hosting negotiations and progress has been made towards the publication of the OUH NetZero project supported by HIN Oxford and Thames Valley and NHSE.</p> <p>BOB ICB: Senior programme manager input with supporting the BOB transformation team with: Consolidation of the BOB dressing and hosiery formularies to release efficiencies in procurement; working with GP leads to revise the local commissioned service agreement for lower limb ulceration to raise the measures to nationally recommended pathways and outcomes; Vascular nursing referral form pilot in phase two: education meetings set in November for the DN in two localities. Pilot invite letter sent to General Practice Managers. This is in collaboration with the BOB Vascular Network and will allow skilled nurses to refer patients with suspected peripheral arterial disease and/or delayed ulcer healing directly for assessment.</p>	●	●





Q2 Programme and Project Updates

Theme/Status/Project	Q2 Update	BOB	Frimley
Dermatology	1	1	1
Active	1	1	1
Transforming Wound Care (continued)	<p>OUH evaluation of eKare wound data management system now awaiting approval from digital leads. Proposed working group to consolidate the evaluation process awaiting feedback from the Trust.</p> <p>Oxford Health FT evaluation of electrostimulation wound therapy, Accel Heal is now underway and early reporting shows a positive impact to patient healing rates and symptom management.</p> <p>A new proposal for a collaborative lower limb pilot between DN and Podiatry services is in the discovery phase.</p> <p>Frimley ICB: Continuation of developing and embedding the wound care strategy. 6 month evaluation of the TWC test and evaluation site in Yateley including cost-benefit analysis of the TWC TES site.</p> <p>Work continues with the new PCN to adopt the lower limb model tested by Yateley. The PCN are trying to recruit a skilled PN to lead on this.</p>		
Elective Recovery	3	3	1
Active	2	2	0
Concentric (HTAAF)	<p>The HTAAF concentric project consists of two work streams in both sites (OUH & BHT): 1. Reporting (to AAC) 2. Impact Assessment. For reporting it is anticipated OUH can provide relevant metrics to be shared with BOB ICS. BHT are still yet to go live, therefore no metrics will be collected for BHT in Q2. Impact Assessment activities are progressing, including planning Preliminary Health economic analysis for OUH and BHT, and completion of a focus group (stakeholder engagement study) at OUH.</p>	●	
PRO-MAPP	No HIN work was carried out for PRO-MAPP in Q2.	●	
Completed	1	1	1
Innovation and Insight Panel - Improving productivity with digital solutions	<p>Three innovations were selected for an Innovation and Insight Panel at our Bridging the Gap event on 2 July 2024. We connected innovators with a range of stakeholders within the BOB and Frimley regions. Innovators were able to provide a comprehensive overview of their innovations to the panellists and directly answer any questions. Panellists were asked to provide feedback for all innovations which was then provided to the innovators to help them refine their projects and align them with the needs of the local system.</p> <p>Innovations: Surgery Hero; Neu Health, and Mendelian</p>	●	●





Q2 Programme and Project Updates

Theme/Status/Project	Q2 Update	BOB	Frimley
Gastroenterology, Kidney and Liver	1	1	0
Active	1	1	0
TrueColors-IBD	<p>HEAP: First draft version of the HEAP was reviewed, with the aim is for the report to be finalised by Mid-October.</p> <p>A workshop was held on 24th September 2024. 14 people attended including 6 from TC-IBD, 3 from Oxford HIN, 5 OUH attendees and 1 GSST attendee. The workshop report is currently being developed to outline the insights gathered. Key insights surrounded the usability, usefulness, barriers to adoption and intention to promote the platform. Qualitative and quantitative data was gathered from the stakeholders through discussions, questions asked in Slido and a Q&A at the end of the session.</p>	●	
Maternity and Reproductive Health	4	3	3
Active	4	3	3
Early recognition of deterioration or women and babies workstream	<p>NHSE hosted MEWS & NEWTT2 Shared learning paper pathfinder sessions in October x3 sites shared feedback on MEWS & x3 sites shared feedback with NEWTT2.</p> <p>Challenges were shared around the implementation & facilitation of rolling out the paper tool with identified challenges around staff culture and the adaptation to completing another set of observations. Overall good engagement and shared positive outcomes from having the tools in place with some trusts sharing solid data.</p> <p>Good engagement from trusts, presentations of trusts that have been piloting the MEWS & NEWTT2 Tool. Positive feedback around the implementation of the pilot tool including some identified challenges.</p> <p>Midwifery Digital Leads from each of our trusts are engaged. Oxford and Bucks were pathfinder sites ; Oxford for MEWS and Bucks for MEWS and NEWTT2.</p>	●	●
Fit4Labour CTG - Willingness to pay study (Oxsys)	The project officially commenced in the first week of October 2024.		





Q2 Programme and Project Updates

Theme/Status/Project

Q2 Update

BOB

Frimley

Optimisation of the pre-term infant workstream

We have created a first draft media video interviewing a family who have had a recent experience of an extreme preterm birth (baby born at 23weeks). This was a successful case study where the elements of the preterm optimisation bundle were followed along with joint collaboration between two different hospital sites (Stoke Mandeville, Level 2 Unit & Oxford University Hospitals Level 3 Specialist Unit) to ensure the infant was born in the correct place was a success.

The Overall objectives of sharing this video are

1. to demonstrate the value of effective regional team working in maternity services ensuring more babies are born in the right place.
2. Share the story of a successful preterm birth.

October attending the Royal College of Midwives (RCM) awards for the project; Multi-professional simulation-based education; a critical tool for managing preterm birth, shortlisted for the Excellence in Midwifery for Education & Learning category.

Action Learning Set sessions have been ongoing (x2 sessions during Q1) with good engagement from our local trusts, these will take place on a monthly basis over the next six months.

Implementation of in-situ PTB simulation training amongst multi-professional staff groups with some complex scenarios.

Antenatal Counselling Workshop for medics took place in September at OUH with over 40 members of staff attending; this covered the BAPM framework of perinatal management of the extreme preterm <27weeks & estimating the outcomes as well as attendance from a psychological perspective with one of our regional network lead psychologists.

Monthly optimisation QI virtual huddles continue with some valuable shared learning amongst trusts.

Perinatal Culture Leadership workstream

MOMENTS Training two session took place with PCLP lead & PSC Director attending looking forward to using this in practice going forward. PCLP Lead Ani Scigala-Ali now in place started in October & will attend the MOMENTS Training

Culture Coach Development Meeting took place in September lead by Frimley's workstream lead. Discussion was had around the support that is needed from us as a HIN. Some identifiable suggestions were provided by those who attended, some of which included; more support for Band 7 managers, more local celebrations of good work initiatives and looking at the importance of psychological safety amongst teams.

QUADS have been identified for each trust and we will work with them and provide support at their request.

Dedicated work with MK; network lead attended an in person visit to support issues highlighted in previous slide around exception reports & working with their DOM to support QIP going forward





Q2 Programme and Project Updates

Theme/Status/Project	Q2 Update	BOB	Frimley
Medicines Optimisation	5	3	3
Active	5	3	3
AMR-UTI	Two meetings have taken place with the team from Reading University to confirm the final clinical pathway for the POC-AST testing device. We are currently awaiting confirmation from them before proceeding with the health economic analysis. The final report is due in March 2025.		
Falls inducing medicines in Frailty	We identified individuals from both our ICSs and other relevant organisations who had been involved in projects relevant to this pipeline work and we had completed 5 semi structured interviews by end of the quarter. Attended all bi-weekly national briefing meetings.	●	●
HI Dashboard	The Polypharmacy HI Dashboard continues to be updated monthly with ePACT2 prescribing data.	●	●
OSCAR study. Collaboration with the ARC.	Attended an all investigators meeting where an overview of the initial analysis was presented, and new results were discussed. There was also discussion on influencing policy change, publication timelines and further extension of the study.		
Polypharmacy	<p>In Q2, three polypharmacy training sessions were delivered by Health Innovation Oxford and Thames Valley for BOB; Frimley and BLMK ICB. In total there were 115 attendees. In total, from Apr 24 - Sep 24; 7 local training sessions have been delivered; 299 people have been trained. Initial feedback indicates an increase in confidence of attendees in identifying and managing polypharmacy.</p> <p>In total up to Q1 24/25 (awaiting Q2 data) 83 prescribers have attended the nationally delivered Polypharmacy Action Learning Sets. Health Innovation Oxford and Thames Valley have also supported to deliver 16 Communities of Practice. The national and Oxford and Thames Valley funding calls to support polypharmacy quality improvement initiatives has awarded funding to a total of 8 sites across Oxford and Thames Valley (7 locally funded; 1 nationally). Sites include Primary Care Networks and GP Practices. Contracts have been signed with these sites.</p> <p>Progress on the polypharmacy programme has been presented at the BOB Medicines Optimisation Collaborative Leadership Group and the Frimley Health and Care Integrated Care System Medicines Board. Oxford and Thames Valley Health Innovation Network has agreed to a national extension of the polypharmacy programme until Sept 2025.</p>	●	●





Q2 Programme and Project Updates

Theme/Status/Project	Q2 Update	BOB	Frimley
Mental Health	12	2	0
Active	11	2	0
Dementia - digital approach	No agreed activity for HIN Meeting in Q2. Meetings will be planned for future publications. HEAP is delivered in Feb/March 2026. Final report will be delivered by Dec 2027.		
HEE trauma-informed approaches eLearning	The evaluation report is in the final stages of editing and design, to be publicly available by the end of the year.		
Improving the care of people with a diagnosis of personality disorder	The team continue to meet fortnightly to review the changes and consider what next. Currently the team are looking at the daily planning meetings and engagement meetings that occur on the ward and consulting with patients and staff as to how best to use and run these meetings. The length of stay on the ward for people with a diagnosis of personality disorder remains significantly reduced, average of 57 days over 2023 and currently average 15 days for 2024 so far. There has also been reduction in the number of incidents of self-harm on the ward and as a positive unintended consequence of this a financial saving of around £60,000 in the reduced use of secure transport to and from other hospitals. The team are working on a poster to showcase the project and have collected feedback from patients and staff.		
Otsuka Care for MDD Operational Pilot	<p>All four identified primary care evaluation sites have "gone live" in Q2, each intending to deliver a 6-month live phase and have 50+ patients us CARE for MDD. Each site is following a slightly different pathway for identifying and offering CARE for MDD to suitable patients, so rich insight is expected on the different ways in which the innovation has been introduced.</p> <p>Initial progress reviews with each site have shown that patients are keen to use CARE for MDD as an alternative way of managing mental health issues, and that the process of requesting and assigning the patient access codes is working well.</p> <p>Recruitment of secondary care and NHS Talking Therapies sites still poses challenges with no sites yet recruited, however it is becoming apparent that these setting lend themselves less readily to the use of CARE for MDD due to the nature of the service they offer and the profile of patients under their care. Unless a site can be recruited in the next few weeks, it is expected that efforts to recruit into these two clinical settings will be dropped in early Q3.</p>		
Personality Disorder Positive Outcomes Programme (PDPOP)	<p>Evaluation process has been completed with all interviews conducted, transcribed and analysed. The final report has been created and submitted to Dr Schaffer for comment. In line with Dr Schaffer's comments, the report has been re-organised and ordered to shorten the report (placing much of the evidence and process information as part of the Annex).</p> <p>An academic paper - based on the findings from the evaluation - has been submitted for consideration by an Academic Journal focussing on Primary Care.</p>		





Q2 Programme and Project Updates

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Trauma-informed approaches Framework evaluation	The evaluation report is in the final stages of editing and design and should be publicly available by the end of the year.		
Trauma-informed approaches Training Year 2 evaluation	Analysis and write up of the evaluation report continue, with a view to a draft report being shared with the project team by the end of the year.		
Trauma-informed case study series	Initial meetings for two case studies have taken place and two further potential case studies have been identified and will be followed up.		
Completed		1	0
All Age Neurodiversity innovation Horizon Scan	An online roadshow was conducted on 24 September 2024 with 3 innovators presenting (Healios, SPENCER3D, and XR Therapeutics) and over 110 attendees. Other events took place on 17 September (Wessex) and 30 September (KSS). The project is therefore complete, and the Horizon Scan document was signed off by NHS South East England on 30 September 2024. The material from all three roadshows is now available on NHS Futures, alongside the completed Horizon Scan document.		
Musculoskeletal Disorders		1	1
Active		1	1
MTFM - APOS Health	Collaborations with Supply Chain to establish local need. Contact made to regional ICBs, MSK service leads, local knee clinics, orthotists etc. No clinical need currently identified.	●	●
Neurological Disorders		1	0
Active		1	0
GaitQ - Tempo for Parkinson's Rehabilitation	HEAP v2.0 was finalised in June 2024 and sent to GaitQ. The HE final report will be completed in November 2025.		
Ophthalmology		1	0
Active		1	0
Dora Multilingual AI Chat Bot	Grant awarded in September 2024. Initial meeting with Ufonia to talk through timelines. Agreement to run focus groups with 5/10 languages being studied, yet to agree specific languages.		





Q2 Programme and Project Updates

Theme/Status/Project	Q2 Update	BOB	Frimley
Pain Management	1	1	1
Active	1	1	1
Reducing harm from opioids in chronic non-cancer pain workstream	Discussions with Frimley were slow due to availability over Q2 of some individuals with key knowledge of chronic pain pathway redesign ambitions and finalising ICS restructure. Meeting with Op Courage a promising connection to veterans (who form a large minority in Frimley area) turned out to not be a connection to pain cafes. However, Frimley thinking has regrouped and consists of 2 ambitions. Firstly, exploring the bio-psycho-social model of Pain Cafes and exploring possibility of a Directory of Services. Following the National Learning Session on the 26th of September Frimley ICB colleagues and ourselves have met with a potential local provider of Pain Management Courses; The Recovery College (RC). Discussions around collaboration to increase patient access to RC courses and assist them with course development will begin in mid-October.	●	●
Patient and Public Involvement	1	0	0
Active	1	0	0
Working Together Partnership	Meeting held with partners. Face to face meeting organised for Q3. Workshops/Webinar for Q4		
Patient Safety	3	3	2
Active	3	3	2
Implementation of Martha's Rule	<p>New programme manager recruited to support this workstream.</p> <p>There are 3 pilot sites (Trusts) within our region (one Trust plans to pilot across its 2 sites). Of all Trust sites:</p> <ul style="list-style-type: none"> - They have received additional NHSE funding to support initial implementation. All plan to use the funding to support communications (including translation). One will employ a project manager for the duration of the pilot, and another is exploring procurement of an additional data management system to facilitate reporting of national metrics. - 2 Trusts have existing components of Martha's Rule (1&2 in project description) already established, with an intent to start pilot of component 3 in Q3. The remaining pilot Trust in our region plans to commence a limited pilot (2-4 in-patient wards) of all components in Q3. - To avoid duplication of effort, HIOTV has joined the Thames Valley and Wessex Critical Care Network (as has HI Wessex). It is anticipated that this will be our primary forum through which to support the pilot. We have escalated queries and concerns from this forum to the national team. - We plan to also trial community of practice events specifically covering the HIOTV region to provide a more detailed (and in-person) opportunity to share learning. 	●	●





Q2 Programme and Project Updates

Theme/Status/Project	Q2 Update	BOB	Frimley
Patient Safety Incident Response Framework	Quarter 2 saw continued disruption at our ICSs due to restructuring (and the loss of Liam Oliver at BOB). However, we worked closely with Louise Jane (NHS E) who is supporting BOB’s PSIRF work and kept dialog going with Frimley while they appointed to roles. Q2 saw continued progress and useful intelligence gathering from providers in BOB area via local architecture of support meetings: BOB Patient Safety & Improvement Forum (bi-monthly and crucial), BOB SQG Board. System Quality Group, BOB QI network. We also supported Quarterly PSIRF/Patient Safety meetings for providers - OUH, OH, BHT, RBFT and BHFT. Other important developments included supporting BOB ICB Chief Nursing Officer and Deputy Chief Nursing Officer (as recruitment to PSIRF roles is unlikely before December). Planned and designed whole day PSIRF workshop for BOB & Frimley area providers and ICB staff (to be delivered in October). Planned and designed with L Jane (NHS E SE) ICB Board Patient Safety Development Day (to be delivered in October). Our PSIRF Lead enrolled on HSSIB A system approach to investigating and learning from patient safety incidents and attended National PSIRF Webinars and Patient Safety Webinars.	●	●
PIER workstream	A new programme manager has been recruited to support this workstream. HIOTV aims to restart its regional Deterioration Network, with an initial focus on acute care providers. This Network was paused Jul 23 (when the previous national Deterioration programme was paused). Progress to date includes: <ul style="list-style-type: none"> - Identification of a new chair for the network - Professor Peter Watkinson (Professor of Intensive Care Medicine and NHS consultant in intensive care at OUHFT); his research interests focus on identification of the deteriorating patient in hospital - Contacting previous and identifying new stakeholders (provider and ICB) - this has identified a strong appetite within the region for this network to restart - Intent for an initial restart in Q3 followed by a quarter meeting 	●	
Research and Development	3	3	0
Active	3	3	0
BOB ICS - place based health inequalities programme	25 semi-structured interviews have been undertaken with BOB ICS senior leaders, 4 focus groups undertaken at Place, with those undertaking projects funded by the health inequalities grant money (survey prior to these focus groups sent out). Theming of interviews and focus groups has been completed. The year one draft report is being written for presentation at the BOB ICB Health Inequalities Group in October 2024.	●	
Thames Valley and Surrey Secure Data Environment Development	Seldom heard work with Gypsy, Roma and Travellers group around use of their data. Recruitment of interim chair of the Service and Access Review Committee (SARC). Continuing membership to the programme board and senior management team. Recruitment for public partners commenced for 5 individual SDE committees. Interviews and appointments in Q3.	●	
Thames Valley and Surrey Shared Care Records	Work continues to organise and gather members of the ethics and engagement committee. Terms of reference agreed to enable the advisory group as merging with the Secure Data Environment group. New chair appointed.	●	





Q2 Programme and Project Updates

Theme/Status/Project	Q2 Update	BOB	Frimley
Respiratory Disorders	4	3	1
Active	3	3	1
Long Covid, ME/CFS, Breathlessness Service Evaluation BOB	<p>Design: Pathway maps and service descriptions have been completed for all adult LC and ME/CFS services. Information from the baseline assessment survey has been used to produce a thematic analysis of challenges, initiatives and ambitions at system and place level.</p> <p>In Q2, to support design of an integrated model, seven system level design and evaluation workshops have been held. The information gathered from the system workshops, pathway mapping and thematic analysis has been used to produce pre-workshop packs for each place and to deliver three place-based workshops. These workshops have combined staff from the LC and ME/CFS services and have been delivered for Buckinghamshire, Oxfordshire and Berkshire West place. Place based integration plans have been developed following these workshops to support implementation.</p> <p>Meetings have been held with the commissioner and clinicians to define the scope of the breathlessness pathway and children and young people elements of the project.</p> <p>Evaluation: Extensive work was been undertaken to understand the data availability and quality (data reconciliation activity); identify appropriate data sources; define the data collection methods; finalise the outcomes framework and continue work to ensure the data infrastructure and IG are in place with support from BOB ICS.</p> <p>The data reconciliation activity is now complete. The output is a system data map to highlight consistencies and inconsistencies in data collection practices. The outcomes framework has now also been finalised. This document highlights outcomes that can be used to assess impact of the integration (based on feasibility and value).</p> <p>To support qualitative evaluation, an initial draft for a workforce survey has been produced.</p>	●	
MTFM - Thopaz+	Little activity in quarter, HIN work will recommence if FHFT move forward with Thopaz+	●	●
MyAsthmaBiologics App	HIN Oxford evaluation activities have progressed following re-deployment of the app into trial sites with full Dendrite capability. Pharmaceutical industry partners have been consulted on the evaluation and the evaluation outcomes required to facilitate industry investment. The required HIN documentation for the evaluation is underway.	●	
On Hold			
Albus Home	The HIN element of the work on this project will begin in Q4 25/26.		





Q2 Programme and Project Updates

Theme/Status/Project	Q2 Update	BOB	Frimley
Other	5	2	0
Active	5	1	0
Carbon Reduction Plan 2023/2024	To align with the NHS's net zero targets, Health Innovation Oxford and Thames Valley have created a carbon reduction plan. This is our second plan, with the view to reduce our emissions to zero by 2045. Implementing a credible climate approach across the organisation means understanding where we are today, thus our baseline emissions are calculated to understand emission hotspots and target areas.		
Roche Diagnostics Sustainability Review	Health Innovation OTV completed a sustainability review for Roche Diagnostics' newly developed blood test which is an alternative to the transvaginal ultrasound employed in diagnosing Polycystic Ovary Syndrome. The implementation of the new		
Serexo Sepsis	Grant awarded in September 2024. Initial project meeting held to agree deliverables and timelines. Interview for patient by experience for the steering board. Patient appointed and first steering group due to take place in Dec 2024. Contacts of charities sourced for inviting focus group attendees in the New year		
Spinal Cord Injury	Continued worked with clinical team to refine and capture outcome measures. Deliverables this quarter include: <ul style="list-style-type: none"> - completion of work with clinical coding department to look at potential for gathering retrospective data - refinement of database for capturing patient outcome measures - meeting with Trusts therapy leads to seek views and agreement on repurposing funding to create a therapist role - paper written for OUH and NHSE approval to repurpose funding for therapist role - progress meeting with clinical lead and NHSE 	●	
Completed	1	1	0
Hospital at Home (Virtual Wards)	The evaluation project is now complete. A dissemination plan was created, and wider communications are planned from October 2024 across the HIN and the BOB system.	●	
Grand Total	62	35	19





Appendix A: Risk Register

#	Programme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date	Date mitigated	RAG
1	Corporate	Failure to establish culture of partnership and collaboration across the region	Insufficient engagement of clinicians, commissioner universities and industry.	Low	Med	Ongoing	Stakeholder and communication strategy for the HIN. Each project has an engagement plan, including patient involvement. We have very established networks of clinical leaders in the system. HIOTV convenes or takes part in more than 20 clinical groups in the region. HIOTV, BOB and Frimley hold joint planning meetings each quarter.	HIN Chief Operating Officer (COO)	Programme SROs	06-Sep 13	Ongoing	Green
2	Corporate	Failure to sustain the HIN	Programme activities cease	Low	Med	Ongoing	Non-recurrent income target for 24/5 achieved. Plans to increase non-recurrent income in 25/6 in development.	HIN COO	HIN COO	31-Jul 14	Ongoing	Green
3	Corporate	National Programmes delivery	Reputation Protect breach of contract	Low	Med	Ongoing	Robust engagement plans and project monitoring in place.	HIN COO	HIN COO	19-Feb 18	Ongoing	Green
4	Corporate	Diversity and inclusion	Perpetuate inequality either in our own team or in our work across the region	Low	Med	Ongoing	HIOTV signed up to the HIN D&I pledge. Unconscious bias training for staff. Ensure adhere to OUH policies on recruitment. Ensure programmes consider inequalities in programme design and implementation. Health Inequalities dashboards are live and aligned to Core20Plus5. Member of the BOB ED&I board.	HIN COO	Director for Communities and Workforce Innovation	June 2020	Ongoing	Green
5	Corporate	Failure to align and support developing ICBS with improvement and innovation agenda	HIN needs to align priorities and HIN work programmes with local needs. We need to be the innovation and improvement arm of our local providers and ICBS.	Low	Med	Ongoing	There is shared ambition to make BOB region more attractive to industry healthcare innovators. We have developed the 23/24 business plan in collaboration with BOB and Frimley ICBS, we review progress against plan quarterly, as well as reviewing strategic priorities to maintain alignment. MOU with BOB signed. Frimley happy to operate without MOU. Regular calls with BOB Primary Care Leads and LTC Lead. HIOTV convenes or takes part in more than 20 clinical groups in the region.	HIN COO	HIN COO	Sept 2021	Ongoing	Green





Appendix B: ICB priorities with HIN projects mapped

ICB Priority (national and local)	BOB	Frimley	HIN Projects
Urgent and Emergency Care (national)	•	•	8
Elective Care Recovery (national)	•	•	5
Financial Sustainability (national)	•	•	2
CYP Mental Health	•	•	2
Neurodiversity	•	•	1
Mental Health Services	•	•	10
Primary Care	•	•	11
Cancer	•	•	2
Stroke Services and Neurology		•	7
Cardiovascular Disease	•	•	12
Diabetes		•	2
Respiratory		•	10
Planned Care		•	7
Maternity and Neonatal		•	3
Inequalities*	•	•	13
Estates and Workforce*	•	•	7
Integrated Neighbourhood Team	•		1
Comprehensive Model of Personalised Care		•	6

Local activity is 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

Count of HIN projects includes all 24/25 projects that are the following status:

- Planning
- Active
- On Hold
- Completed

*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 C: Published Case Studies

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

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

