Impact Report 2025-26

Part of the Health Innovation Network

Office for Life Sciences

NHS

Health Innovation WEST MIDLANDS

Transforming health care through innovation

In October 2025 Health Innovation West Midlands moved to take up residence in the Precision Health Technologies Accelerator on the Birmingham Health Innovation Campus.

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We have arranged the contents of this report into sections that reflect our priority areas of work.

Foreword

It is a pleasure to introduce Health Innovation West Midlands' Impact Report for 2025-26, the first for both of us as Chair and Chief Executive.

This has been a year of significant progress for the organisation and for the wider health and care system across our region. Throughout the year, we have continued to bring partners together to identify, test and spread innovation that improves outcomes for patients, reduces inequalities and supports sustainable services.

2025-26 has also seen Health Innovation West Midlands strengthen its understanding of the region's health and life sciences economy. Analysis commissioned during the year revealed that the West Midlands is one of the UK's most diverse and fastest-growing health innovation ecosystems, home to 391 companies, more than 34,000 jobs and over £16 billion in turnover. With established strengths in MedTech, life sciences, advanced manufacturing and digital health, alongside world-class universities and NHS partners, the region is well positioned to drive both better health outcomes and economic growth.

One of the standout areas of impact this year has been our commitment to tackling health inequalities through meaningful and evidence-led action. We are proud to be supporting the first open access delivery of Black Maternity Matters in Birmingham, a groundbreaking programme developed in the West of England to address the poorer outcomes experienced by Black mothers and their babies in NHS maternity and neonatal services. By bringing this work to the West Midlands, we are enabling our local perinatal workforce to engage directly with anti-racist learning and, crucially, to turn that learning into action for Black mothers and their babies in our communities. This is a powerful example of how innovation, when rooted in collaboration and lived experience, can drive real change.

Our industry-focused programmes highlight the impact of innovation in addressing key NHS pressures. Dermicus is one such example, supporting the development of an artificial intelligence tool that could help people with suspected skin cancer get answers faster while easing demand on NHS dermatology services. We continue to work closely with our Integrated Care Board colleagues, as a trusted innovation partner, recently working together to submit bids for the Obesity Pathway Innovation Programme, demonstrating our ability to collaborate effectively and deliver results.

Jonathan Pearson, Chair

This year has also seen Health Innovation West Midlands take a significant step forward in empowering clinicians to lead innovation from within the system. We were proud to lead the launch of the first cohort of Clinnovate WM, a new digital health innovation programme designed to equip frontline clinicians with the skills, tools and support to turn real-world clinical challenges into practical, NHS-ready digital solutions.

Delivered in partnership with Cogniss, Clinnovate WM brings together innovators from across the region's NHS trusts and specialties, enabling them to develop, test and validate patient-facing digital tools without the need for coding expertise. This programme exemplifies our commitment to unlocking the creativity of the workforce, accelerating digital adoption, and ensuring that innovation is directly shaped by the needs of patients, clinicians and services across the West Midlands.

Alongside this progress, 2025-26 has been a year of significant transition for the organisation. After 12 years of outstanding service to the Health Innovation Network, including the last two as Chief Officer, Tim Jones retired from Health Innovation West Midlands. Tim's leadership has left a lasting legacy, shaping both the organisation and its role within the wider health and care system, and we would like to place on record our sincere thanks for his commitment and contribution.

This year has also seen Health Innovation West Midlands strengthen its influence beyond delivery, through an active and purposeful programme of public affairs and stakeholder engagement. We have worked closely with regional Members of Parliament to showcase the role of health innovation in improving patient outcomes, tackling inequalities and supporting economic growth across the West Midlands.

Health Innovation West Midlands is delivering impact today while building the foundations for a healthier, more equitable and more prosperous future.

We are particularly pleased to have a place on the West Midlands All Party Parliamentary Group Advisory Board, alongside a range of other influential figures from across the region.

This growing national and regional profile reflects both the credibility of our work and the importance of ensuring that the West Midlands' voice is heard in shaping future health and innovation policy.

As you will see throughout this report, the past year reflects both momentum and ambition. Health Innovation West Midlands is delivering impact today while building the foundations for a healthier, more equitable and more prosperous future. We look forward to continuing to work with our Board, partners, stakeholders and exceptional team.

Amanda Risino, Chief Executive Officer

Managing Deterioration

Spotting when someone's health is getting worse earlier, so action can be taken quickly to avoid harm or hospital admission.

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Martha's Rule: Giving patients, families and staff a voice on the ward

Hospital patients and their families across the West Midlands now have a direct way to call for urgent help if they feel a loved one's health is declining.

This safety net has proven its value: of the 537 cases where a review confirmed a patient was deteriorating, 224 patients received a change in their medical treatment and an additional 28 moved to intensive care or specialist wards for further treatment.

Since September 2024, we have led a coordinated programme across six Integrated Care Boards, 15 NHS trusts, and 21 hospital sites to ensure this life-saving initiative is applied consistently. The impact has been immediate: of the 1,191 escalation calls recorded, over two-thirds were reported by worried families and the remainder from patients or staff.

The need for this initiative follows the preventable death in 2021 of 13-year-old Martha Mills, whose family's repeated concerns were not acted upon. Failure to recognise clinical deterioration remains a leading cause of avoidable harm in hospitals, highlighting a critical need for reliable escalation processes that empower patients, families and staff to secure a timely clinical review.

We worked in partnership with Health Innovation East Midlands, West Midlands Critical Care Network, West Midlands Children's Network, East Midlands Adult Critical Care Network and East Midlands Paediatric Network to make this regional rollout possible, using a structured approach that connected frontline teams with senior leaders. We co-hosted a Midlands-wide Community of Practice that allowed hospitals to share learning rapidly, which reduced the variation between different organisations and helped the programme scale safely. Our team also provided vital quality improvement expertise, helping hospitals pilot the project on a smaller scale first and providing much-needed reassurance to staff who were concerned about the extra workload.

This work has created a genuine cultural shift, with some participating trusts already reporting fewer medical emergency calls, and a reduction in NEWS2 5+ scores (captured locally by sites), because they are detecting deterioration earlier. Inequalities data also demonstrates 16% of calls involving ethnically diverse individuals and 34% from the most deprived groups, aligning with population demographics. By co-developing implementation guides that were later adapted nationally, we have been able to ensure that Martha's Rule is not just a pilot, but a sustainable and equitable process. We are now preparing for Phase 3 of the work, which will look to ensure sustainability of this improvement work and expand into other specialist areas.

"Health Innovation West Midlands helped us achieve a more consistent approach to Martha's Rule across services patients access without borders. They brought quality improvement methods, reassured teams about workload and made bringing in change easier. I felt supported and well informed throughout."

Amy Boden, Deputy Chief Nursing Officer, Royal Wolverhampton NHS Trust

A whole system approach to managing deterioration

Vulnerable residents in the Black Country are staying safer in their homes and avoiding the stress of unnecessary hospital visits thanks to a joined-up approach that has cut emergency department attendances by 20%.

The Prevention, Identification, Escalation, and Response (PIER) framework has successfully prevented 2,033 unnecessary trips to A&E by ensuring staff can spot the signs of a resident getting poorly much sooner.

This has fundamentally changed the end-of-life experience for many, with 98% of nursing home residents in the programme now able to spend their final days in their preferred place of care rather than in a hospital bed.

Deterioration is a major cause of preventable harm with research suggesting 3% of all hospital deaths could be avoided through earlier intervention. There is a clear case for integrated, cross-system strategies that bring together social care, primary care, and acute hospitals.

Our unique contribution was moving deterioration care out of silos and integrating it into the wider system response. Led by our Patient Safety Collaborative, we used a structured seven-phase improvement method to harmonise different services supporting the Black Country as our accelerator site to co-develop a unified strategy for the region. We enabled the creation of a shared "deterioration dashboard" that combined data from care homes, GPs, and ambulances for the first time, allowing risks to be identified at a system-wide level. Our team was consistently supportive, helping local staff showcase their work on regional and national stages. Sarah Sherwood from the Black Country Integrated Care System highlighted that this collaborative effort had been "pivotal" in ensuring citizens receive the right care at the right time.

Thousands of residents have received medical treatment closer to home and by improving real-time data visibility, we have reduced variations in care and strengthened how different health organisations work together across the sector. This work is part of a broader programme where we supported 18 Integrated Care Systems across five NHS regions to test and implement the PIER framework. The success and learning from this approach has now influenced national policy, with the PIER framework included in the NHS Modern Service Framework for 2026–27, ensuring that these high standards become the expectation for the entire country.

"Health Innovation West Midlands have been extremely positive, supportive, engaging and ensured we have been able to showcase our work locally, regionally and nationally."

Sarah Sherwood, Quality Improvement Lead Nurse, NHS Black Country Integrated Care System

Precision Health

Shifting care from treating illness to predicting and preventing it, with more personalised support for each person.

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Unlocking the power of genomic innovation

A pioneering mapping exercise led by us, and in partnership with the Central and South Genomic Medicine Service, has successfully identified over 200 emerging genomic innovations, paving the way for more personalised and precision healthcare across the region.

Until now, genomic activity has been fragmented and difficult to track at a system level, often leading to duplicated efforts and missed opportunities for vital technology to reach the frontline. By identifying 219 relevant innovations, we have created a vital baseline that will allow the NHS to prioritise support and accelerate the adoption of these advanced diagnostics and treatments.

Information on new genomic breakthroughs is often scattered across multiple datasets and organisations. This lack of visibility can slow down the transition from clinical analogue processes to digital, data-driven diagnostics. Genomics is an essential part of the shift from 'treatment to prevention', as it enables earlier diagnosis and the ability to tailor care to a patient's specific genetic makeup. For the patient, this means improving diagnostic accuracy and reducing adverse reactions to medications. Without a clear map of what is available and where the barriers to implementation lie, many of these benefits remain out of reach for the general population.

By drawing on multiple data sources and engaging with a wide range of stakeholders, including partner health innovation networks like Health Innovation Wessex, the team was able to capture the scale, spread, and development stage of every innovation identified. The methodology was designed with input from patient and public involvement and engagement (PPIE) experts to ensure that equitable access was at the heart of the analysis.

This project has started a blueprint for the future of precision medicine

This project has started a blueprint for the future of precision medicine. By documenting the methodology, we have ensured that this mapping can be repeated, allowing us and our partners to monitor how the genomic landscape evolves over time. The findings provide the intelligence needed to shift care from hospital settings into the community, supporting more equitable and targeted treatment for patients across all disease areas.

If you are one of our system partners and would like to see a copy of the report, email opportunities@healthinnovationwm.org.

Cardiovascular, Renal and Metabolic

Helping people manage related conditions like heart disease, diabetes, kidney disease and obesity earlier and better, to reduce hospital visits and improve long-term health.

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Bridging the Gap: Heart Failure Champions improving care across the West Midlands

Specialist Heart Failure Champions are now working across all six West Midlands Integrated Care Systems, helping to identify at-risk patients sooner and keep them out of hospital.

Since the programme expanded in March 2024, these specialist nurses have supported Primary Care Networks (PCNs) to improve the diagnosis and management of heart failure (HF) through targeted education and clinical reviews. The results are tangible, with hundreds of previously unidentified patients added to clinical registers to receive the specialist support they need.

Heart Failure Champions have provided a direct improvement in both the quantity and quality of life

The challenge is significant, as heart failure affects approximately 2% of the UK population and accounts for 5% of all emergency hospital admissions. Many patients are currently living with undiagnosed HF or are not receiving the full medication therapy available. This gap in care leads to poorer quality of life and frequent hospital readmissions, which places an often-avoidable strain on NHS resources.

We enabled this work by transforming a local pilot into a structured, region-wide programme. We provided the support needed to place specialists directly into primary care settings, where they act as a bridge between GP surgeries and specialist heart failure teams. We developed a comprehensive regional toolkit, hosted communities of practice for shared learning, and facilitated shadowing opportunities to upskill the local workforce. By providing this coordination, we ensured consistent high-quality care across the region, rather than being dependent on which GP surgery a patient is registered with.

Heart Failure Champions have provided a direct improvement in both the quantity and quality of life for patients. By identifying patients and ensuring those already diagnosed are on the best possible medication, the programme reduces the risk of sudden health declines. Beyond the clinical data, the impact is felt by staff who now feel more comfortable making complex clinical decisions and by patients who are better equipped to manage their own health at home. As the project continues into 2026, we will ensure these improvements are built into the long-term fabric of primary care across the West Midlands.

Key Impacts

7,879 people
at risk have been added to the Heart Failure register in 3 years

952 staff
attended 36 education and upskilling sessions in 3 years

5 of the 6
Integrated Care Systems in the West Midlands have shown a reduction in heart failure admissions over the last year

79.8%
of heart failure patients across the region now have annual reviews – an increase of 2.5%

Healthy Hearts: Improving cardiovascular prevention across the West Midlands

We have transformed cardiovascular care across the region by disseminating specialist risk-stratification tools and training over 300 clinicians to find unidentified patients at risk of heart attacks and strokes. By providing the expertise to standardise lipid management and blood pressure checks, we enabled 98% of the region's Primary Care Networks to adopt a more proactive approach to cardiovascular disease prevention.

The impact is significant with 52% of local surgeries now using specialist resources to optimise lipid management and blood pressure treatments, ensuring that those in the most deprived communities receive life-changing preventative care before a crisis occurs.

Cardiovascular disease (CVD) remains a major challenge, causing one in four premature deaths in the UK and acting as the single largest contributor to the gap in healthy life expectancy. In the West Midlands, five out of the six local health systems have higher rates of preventable CVD deaths than the national average. The problem often causes an unwarranted variation in care, particularly for people living in areas of high deprivation who are statistically more likely to suffer from severe heart-related conditions.

Building on six years of national and local expertise we created a unified regional strategy that bridged the gap between national priorities and frontline reality. This involved providing primary care teams with practical toolkits for identifying high-risk patients with high cholesterol or high blood pressure who were previously 'unidentified' from clinical registers.

The programme has led to a more equitable and proactive health system where a patient's postcode

A patient's postcode no longer determines the quality of their heart care

no longer determines the quality of their heart care. By shifting the focus from treatment to prevention, the initiative is stopping cardiac events before they happen and reducing the long-term strain on hospital emergency departments.

As the programme transitions into a wider 'Cardio-Renal-Metabolic' portfolio, we are ensuring that these successes are expanded to help patients living with chronic kidney disease and diabetes, making a long-term dent in the region's health inequalities.

Using analytics to support heart care

We have transformed how cardiovascular risks are identified by developing two bespoke dashboards that turn complex health data into clear, actionable maps for clinical teams. By providing these visual analytics, we enable primary care and specialist lipid services to target their resources exactly where they are needed most.

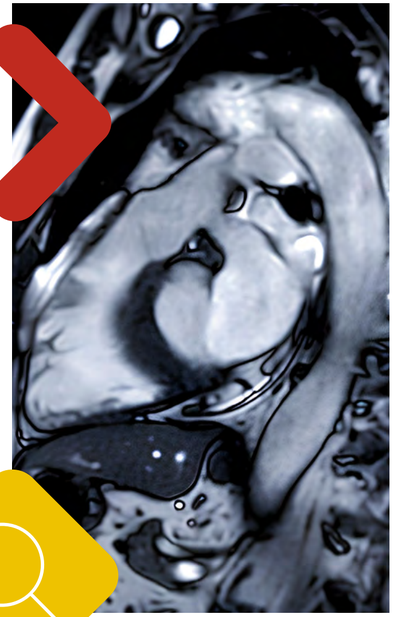
By identifying gaps in referral pathways, these tools enable specialist nurses to detect patients with familial hypercholesterolaemia (FH – a genetic condition that causes high cholesterol) earlier, helping to prevent future cardiovascular disease and supporting cascade testing and identification of family members who may also have the condition.

Cardiovascular disease remains a leading cause of premature death, yet many patients at the highest risk are not being identified or treated effectively. FH is often underdiagnosed, meaning many people are unaware of the health risks. The challenge for the NHS is "unwarranted variation," where the quality of care and referral rates often depend on which GP surgery a patient is registered with. Without a clear way to see where the gaps are, specialist services cannot easily identify which communities are being left behind.

Building on the success of our support to develop a pilot dashboard for Birmingham and Solihull Integrated Care Board to help practices understand their lipid prescribing levels and deprivation profiles, West Midlands FH Service commissioned us to build a version to provide detailed insights on FH referrals by practice and PCN, layering in population context such as ethnicity and deprivation. By providing this bird's-eye view, we made it possible for specialist nurses to target specific practices that needed the most help, directly engaging clinicians and driving up referral rates across the region.

We are tackling health inequalities and ensuring that specialist care reaches the most vulnerable

By highlighting where high-risk populations are not being referred, we are directly tackling health inequalities and ensuring that specialist care reaches the most vulnerable. These tools have now become essential for strategic planning, helping the NHS move from reactive treatment to proactive prevention.



Community Health

Moving care closer to home, with services working together locally to provide more coordinated, convenient support.

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Safer Prescribing: Reducing the burden of problematic polypharmacy

We have strengthened patient safety across the region by training 171 clinicians to identify and reduce inappropriate prescribing, helping to tackle the global challenge of problematic polypharmacy.

By delivering our bespoke virtual Polypharmacy Workshops we have enabled over 90% of participating clinicians to report a significant increase in their confidence and skills when conducting complex medication reviews.

At the launch of the National Overprescribing Review, it was revealed that 143,000 people over 85 in England were prescribed 10 or more medications. Our proactive approach is vital for protecting this vulnerable group, ensuring their care is personalised and their risk of avoidable hospital admission is significantly reduced.

The scale of problematic polypharmacy, where a patient is taking several medicines on a long-term basis, is a significant driver of healthcare costs and patient harm. Adverse drug reactions account for approximately 16.5% of unplanned adult hospital admissions, costing the NHS an estimated £2.21 billion annually. For many patients, particularly older adults with multiple long-term conditions, the sheer number of daily medications can become a burden that leads to confusion, side effects, and a reduced quality of life.

We enabled this work by adapting the national Action Learning Set model into a locally delivered programme of virtual sessions. Our support involved providing primary care teams with the technical skills to use NHS Business Services Authority data tools, allowing them to prioritise high-risk patients for structured medication reviews. We facilitated 10 training cohorts between 2023 and 2025, focusing on the Three Pillars of polypharmacy: population health management, clinician education, and public behaviour change.

Our proactive approach is vital for protecting this vulnerable group

By bridging the gap between national safety frameworks and frontline practice, we provided clinicians with a safe space to develop the shared decision-making skills needed to have meaningful conversations about deprescribing with their patients.

Through these interventions, multidisciplinary teams are now better equipped to move from prescribing by default to a more proactive model of prevention by review. As the national programme concludes, we will focus on embedding these practices into routine primary care, ensuring that safer prescribing remains a permanent standard for patients across the West Midlands. This work ensures that for the region's most vulnerable residents, their treatment remains effective, safe, and manageable.

Driving national improvement in psychotropic medicines safety through MedSIP

In 2025–26, Health Innovation East Midlands and Health Innovation West Midlands were jointly commissioned as the national lead Patient Safety Collaboratives, working with NHS England to lead delivery of the Medicines Safety Improvement Programme (MedSIP).

The programme supports people with a learning disability who are at risk of behaviour that challenges to avoid harm from psychotropic medicines.

Using a seven phase whole system approach to change, the programme established a national learning and support infrastructure across 15 Patient Safety Collaboratives, enabling 22 local systems across England to progress through the approach and lay the foundations for high-quality improvement. The work has delivered the first national psychotropic outcome measures of their kind, supported by agreed clinical system searches, standard operating procedures and governance, alongside a national data dashboard providing baseline insight to drive local and national improvement. Nationally coordinated delivery has also supported shared learning through a FutureNHS resource repository, sustained collaboration with expert stakeholders, and early signs of impact, with provisional modelling suggesting 21 severe harms were potentially avoided up to October 2025.

By working collaboratively with NHS England programme teams, including STOMP/STAMP (Stopping over medication of people with a learning disability and autistic people and supporting treatment and appropriate medication in paediatrics), and national partners such as the Royal College of Psychiatrists, the programme has strengthened coherence, credibility and rigour across improvement activity. This alignment has supported clearer national direction and improved confidence in programme outputs.

A strong emphasis has been placed on shared learning. Five National Action and Learning Collaborative webinars were delivered to support sharing across systems. Additionally, a national Innovation Exchange showcased 10 innovations to more than 260 attendees. Learning has been shared across all 15 Patient Safety Collaboratives through a well-structured FutureNHS platform, giving teams access to practical tools, resources and examples of emerging practice.

Data, measurement and insight have been a further cornerstone of the programme. Health Innovation East Midlands Analytics and Evaluation Service provided analytical and technical expertise to support the co-development of two national outcome measures and the creation of a national dashboard. This has given NHS England, Patient Safety Collaboratives and local systems improved visibility of the target population and a way to measure improvement and model avoided harm.

Early national level impact is beginning to emerge. Systems across England have co-developed draft action plans and report increased readiness to deliver measurable improvement. In parallel, strengthened learning infrastructure and coordinated programme leadership are helping to reduce duplication and accelerate the spread of effective approaches.

Through 2026-27, the lead Patient Safety Collaboratives in partnership with NHS England will continue to support NHS organisations to deliver a whole system approach to change, building on this national infrastructure to embed change ideas and create the conditions for sustained improvement, with the long term aim of reducing medicines related harm and improving quality of life for people with a learning disability at risk of behaviour that challenges.

Improving medicines safety for people with a learning disability

In 2025-26, we worked with partners across the Coventry and Warwickshire Integrated Care System to support the National Medicines Safety Improvement Programme (MedSIP).

More information on the national programme can be seen on page 28). The work focused on people with learning disabilities who are prescribed psychotropic medicines in response to challenging behaviour, with the aim of understanding how prescribing and review practices operate across the system.

By using a structured system mapping approach, the programme sought to address known complexity and variation across health, social care and community services, and to create a shared foundation for safer, more coordinated practice.

People with a learning disability who experience behaviour that challenges are more likely to be prescribed psychotropic medication, often across multiple services. In Coventry and Warwickshire, responsibility for initiating, monitoring and reviewing these medicines is shared between different professional groups and organisations. While individual services are committed to delivering good care, this complexity can make it difficult to see how pathways work in practice, where responsibilities sit, and where risk may occur.

As part of MedSIP, we designed and delivered a multiphase, system mapping programme to reflect real-world practice rather than policy intent. This included a scoping survey with 49 responses from across sectors, followed by 21 semi-structured interviews with clinical, operational and commissioning staff. Findings were analysed thematically and used to develop a draft visual system map showing pathways, decision points and interactions related to psychotropic medicines and learning disability care.

We acted as an independent facilitator and system convener, bringing together partners from health, social care, commissioning and the voluntary sector. By capturing and drawing together perspectives from across the system, the mapping process made visible how services connect in practice, highlighting areas of variation, overlap and uncertainty.

This was used to facilitate an action planning workshop. Partners used the map to identify and prioritise potential improvement opportunities, focusing on areas of greatest perceived impact and feasibility, and aligning ideas with national MedSIP focus areas. This work supported the co-production of initial improvement actions and the early development of a whole system action plan.

Early impact has included improved cross sector engagement and a shared understanding of current pathways for people with a learning disability at risk of behaviour that challenges. Partners report greater confidence in using the system map to support structured conversations about medicines safety, accountability and next steps.

Formal evaluation has not yet taken place, but next steps include refining priority actions, identifying accountable leads and governance arrangements, and developing an initial measurement framework to support testing and implementation. The approach, tools and learning from this work are transferable and can be adapted for use in other systems addressing complex patient safety challenges.

Partners used the map to identify and prioritise potential improvement opportunities

Supporting Innovation at Scale: The Health Innovation Fund

Last year we launched our Health Innovation Fund which offered up to £50,000 per project to help new and innovative ideas that are ready for adoption and spread. The fund supports innovators, clinicians and system partners to test and develop promising healthcare solutions that can make a tangible difference for patients and communities across the region.

Delivered in collaboration with South Warwickshire University NHS Foundation Trust, Aston University and Keele University, the fund was open for applications from 1 August to 19 September. To support prospective applicants, we hosted an introductory webinar attended by more than 370 people, reflecting strong interest from across the system.

We take a proportionate, learning-focused approach to impact, supporting projects to build practical evidence on feasibility, acceptability, equity and scalability. Evaluation support is tailored to project maturity, and learning is shared across the system to support informed commissioning, adoption and scale up.

As part of the application process, projects were required to meet clear criteria. Innovations had to align with one of four strategic priorities — health infrastructure, health inequalities, integrated care, or productivity and workforce — and support at least one of the NHS's three national shifts: analogue to digital, hospital to community, or treatment to prevention. Applicants also needed to demonstrate a clearly defined, market ready innovation, include at least one local health or care service provider, and show that delivery was feasible within a 12 month timeframe, starting between December 2025 and January 2026.

In total, 213 applications were received. These were reviewed through three stages: eligibility and completeness, weighted scoring and three regional interview panels covering the north, south and central of the West Midlands. Each panel included health and care staff, academic partners and patient contributors. Overall, 15 projects were selected for funding and support.

The next two case studies highlight two of these funded projects, showcasing the breadth of innovation supported through the Health Innovation Fund.

Out of 213 applications 15 projects were selected for funding and support

Expanding culturally sensitive perinatal support

A grant from our Health Innovation Fund is tackling long-standing inequalities in maternity care by enabling the expansion of specialist, culturally appropriate support for women across Warwickshire. By scaling a proven Coventry-based model into neighbouring boroughs, we can start to address a critical 'postcode lottery' in perinatal mental health.

This initiative ensures that women from global majority backgrounds and newly arrived families, who often face language barriers and social isolation, can access tailored emotional support embedded within their routine midwifery and health visiting care.

The challenge was a significant disparity in support across the Coventry and Warwickshire region. While women in Coventry benefited from an established partnership with FWT (a centre for women) providing automatic referrals and culturally sensitive education, those in Warwickshire had limited access to similar resources. This gap became increasingly urgent with the rise of asylum-seeking women housed in temporary accommodation. These women are at a significantly higher risk of perinatal mental health difficulties yet often struggle to navigate traditional NHS pathways due to cultural barriers and a lack of tailored outreach.

We enabled this transformation by providing the strategic funding at the start of 2026 to bridge the gap between Coventry and Warwickshire. Our support has facilitated a pilot programme initially focused on supporting asylum-seeking families in Rugby, with a structured roadmap for expansion into Leamington Spa, Stratford-upon-Avon, and Nuneaton. By aligning this expansion with existing community midwifery and family centre networks, it ensured the model was not a standalone service but a sustainable enhancement to the Local Maternity and Neonatal System (LMNS) priorities.Evidence from the original Coventry model demonstrates the scale of potential impact: in a single year, the service supported 890

“This joined-up approach ensures that every mother is given the best possible start in parenthood

women, with over 550 receiving specialist mental health awareness and 150 engaging in intensive one-to-one emotional support. As the programme scales across Warwickshire, we are ensuring that trust is built, needs are identified earlier, and mental health crises are prevented. This joined-up approach ensures that every mother in the region, regardless of her background or location, is given the best possible start in parenthood.

“The support from Health Innovation West Midlands has enabled us to start addressing the real gap in culturally appropriate perinatal care across Coventry and Warwickshire.”

Natasha Lloyd-Lucas, NHS Coventry & Warwickshire ICB

Spotting dental risks earlier for children with heart conditions

Another Health Innovation Fund grant is supporting a pioneering digital care pathway at Birmingham Women's and Children's NHS Foundation Trust to protect children with heart conditions from serious dental complications.

The funding has enabled the development of an AI-driven screening tool and the introduction of handheld intraoral scanners into routine cardiac clinics. This proactive approach allows clinicians to identify dental decay and infections at the earliest possible stage, significantly reducing the risk of life-threatening complications, such as infective endocarditis, for thousands of high-risk children across the region.

The challenge for the 7,000 children in the West Midlands cardiac dental cohort is that even minor tooth decay can lead to a dangerous infection of the heart lining. Many of these children have complex medical needs or undergo long hospital stays, making regular visits to a high-street dentist extremely difficult. As a result, serious dental issues, including cysts and severe decay, often go undetected until they cause significant pain or require emergency intervention. Historically, there has been a lack of integrated screening within cardiac pathways, leaving a critical gap in the preventative care of these vulnerable patients.

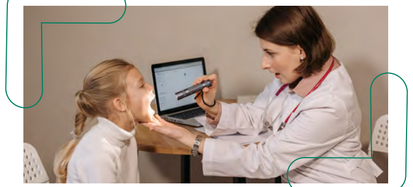
By supporting Consultant Paediatric Dentist Ajit Tanday to bridge the gap between dentistry and cardiology, our funding has facilitated a collaboration with Aston University to develop an AI tool that flags suspicious dental images for specialist review, alongside the rollout of handheld scanners that capture high-resolution images inside the mouth. To ensure the model is inclusive, there are plans for the development of patient-facing training videos and an app-based 'photo upload' feature, allowing parents to participate in screening from home while providing devices in-clinic for those without digital access.

The programme is ensuring that dental health is no longer an afterthought in cardiac care

By training ward nurses to apply protective fluoride treatments during long admissions and using AI to prioritise urgent cases, the programme is ensuring that dental health is no longer an afterthought in cardiac care. As the pathway prepares for full launch in later 2026, it remains focused on refining the model for wider regional adoption and ensuring that every child with a heart condition in the West Midlands is protected from avoidable dental harm and given a safer, healthier start.

"The support from HIWM has been instrumental in allowing us to integrate advanced technology into our clinical workflows, ensuring that we catch dental risks before they become life-altering complications for our cardiac patients."

Ajit Tanday, Consultant Paediatric Dentist, Birmingham Women's and Children's NHS Foundation Trust



Women's Health

Improving care for women at all life stages, including pregnancy, menopause and beyond, with safer, fairer and more personalised services.

Contents

Advancing maternity and neonatal excellence through regional sharing

Our region's strong maternity and neonatal safety network was further enhanced by two major learning events focusing on the life-saving impact of the Maternity and Neonatal Safety Improvement Programme, including the regional Perinatal Excellence to Reduce Injury in Premature Birth programme (PERIPrem) which supports and enhances the optimisation and stabilisation of the preterm infant programme.

We worked in partnership with Health Innovation East Midlands, the West Midlands Perinatal Network and the Midlands Perinatal Team to hold these events which brought together clinicians, system leaders, and parent partners to accelerate progress in protecting the West Midlands' premature babies. By showcasing successful quality improvement projects, from enhanced neuroprotection to improved early maternal breast milk, we have enabled a culture of shared learning, ensuring that high-quality, evidence-based care becomes the standard for every preterm birth.

While clinical tools like PERIPrem provide the framework for care, the challenge lies in maintaining consistent, high-quality implementation across a large and diverse region. Reducing unwarranted variation and providing equity of care across the region requires more than just a care bundle. It requires a unified perinatal workforce that is confident in the latest evidence and research. To truly improve outcomes for preterm babies, frontline teams needed a dedicated forum to move beyond their own units and share and learn with national experts and regional peers.

These network meetings, community of practices and webinars enabled this deep-level collaboration by designing a programme that bridged the gap between national strategy and frontline action.

Our unique support involved bringing together national leaders, such as Professor Karen Luyt and experts from the NHS Wales Executive, to share insightful data on the national impact of PERIPrem. We facilitated hands-on workshops where teams practiced critical skills, including antenatal counselling simulations and the application of the PIER (Prevention, Identification, Escalation, Response) framework. By acting as the regional facilitator, we provided the platform for clinicians to demonstrate outstanding local work, such as new tools for the early detection of fetal deterioration.

By embedding the parent voice through the PERIPrem passport and reinforcing the importance of a whole-system approach, we are ensuring that families receive safer, more equitable care. These sessions have transformed individual site improvements into a collective regional drive, ensuring that the successes of PERIPrem and the optimisation and stabilisation of the preterm infant are not just sustained, but continuously evolve. This collaborative effort ensures that every preterm baby in the West Midlands benefits from the very best evidence-based clinical thinking and a truly joined-up perinatal care pathway.

Real impact for mothers and babies

2,123 women
received magnesium sulphate in early labour preventing up to **57** cases of cerebral palsy, by protecting the baby's developing brain

Up to 162
premature babies benefited from delayed cord clamping

747 women
treated faster with antibiotics

Up to 224
lives saved with earlier intervention

Tackling avoidable brain injury in childbirth through clinical excellence

We have strengthened maternity safety across the region by establishing a specialist multidisciplinary clinical faculty to support delivery of the NHS Avoiding Brain Injury in Childbirth (ABC) programme.

Through the recruitment of seven expert obstetric and midwifery leads, we enabled the rollout of a 'train-the-trainer' model across all local NHS trusts, supporting frontline teams to deliver standardised, evidence-based training for managing obstetric emergencies, including fetal deterioration and impacted fetal head. This proactive, collaborative approach is building confidence and capability within maternity services, helping teams to recognise and respond more effectively to fetal distress and contributing to safer care for women and babies.

While many clinical teams already respond effectively, a key challenge in maternity care is achieving consistent responses across all units when a baby's wellbeing changes during labour. Rare but critical emergencies, such as difficulties during a caesarean birth, require a unified and predictable response to ensure the best possible outcomes for babies and their families. This highlights the vital need for a shared regional approach, one that supports frontline staff with standardised practices to ensure care is safe, dependable, and consistent across every NHS unit.

We were responsible for the regional delivery of this national programme by assembling a specialist clinical faculty. Our unique support involved appointing a strategic Clinical Lead Obstetrician with expertise in large-scale transformation, supported by two experienced obstetric clinicians and four midwives specialising in fetal monitoring and PROMPT (Practical Obstetric Multi-Professional Training). This faculty has successfully launched the Train the Trainer model across the region, supporting local clinical education teams to deliver high quality training that bridges the gap between national guidance and frontline reality. By acting as the regional facilitator, we provided the platform for clinicians to demonstrate outstanding local work, such as new tools for the early detection of fetal deterioration.

The momentum created through this collaborative regional approach will continue into 2026-27 with the rollout of the Intrapartum Fetal Deterioration Toolkit, ensuring sustained improvement in maternity safety and equipping trusts with the tools, confidence, and capability to deliver safer care for women and babies.

"Being part of the ABC Clinical Faculty has allowed me to educate others in improving maternity safety, develop my leadership skills, and contribute to reducing avoidable brain injury during childbirth."

Steph Barker, ABC Clinical Faculty Midwife

Improving care for premature babies

At Princess Royal Hospital in Telford, a simple but effective innovation is helping staff deliver safer, faster and more consistent care for babies born too soon.

The PERIPrem Trolley has been introduced to support care for premature babies at the critical moment of birth. Designed as part of the wider Perinatal Excellence to Reduce Injury in Premature Birth (PERIPrem) programme, the trolley brings together everything clinicians need in one place, helping teams deliver the right care without delay.

Before the trolley was introduced, staff often had to collect equipment, medicines and paperwork from different parts of the unit. This could slow down care at a time when every minute counts and increased the risk of important steps being missed. For babies born prematurely, these delays can make a real difference to outcomes, including the risk of serious brain injury or even death.

The PERIPrem Trolley changes this. It is a lockable unit with five clearly organised drawers containing all the essential equipment, medicines and documents needed during a preterm birth. This supports staff to reliably deliver the key care steps, which are known to improve outcomes for babies born early.

Working with Health Innovation East Midlands through the Midlands PERIPrem Partnership Group, we supported the introduction of the trolley with funding, quality improvement advice and implementation support. The trolley was introduced alongside simulation training, helping teams practise using it confidently in real life scenarios.

The impact has been immediate and practical. Having everything in one place has improved efficiency and reduced stress for staff during high pressure situations. Teams report greater confidence that all important steps of care are being delivered consistently, helping reduce variation and support patient safety.

The trolley has also helped strengthen teamwork. Midwives, neonatal nurses, doctors and other staff can work together more smoothly, knowing exactly where to find what they need. This supports clear communication and shared responsibility during preterm births.

While the trolley itself is relatively low cost, the potential benefits are significant

Families benefit too. The use of PERIPrem passports alongside the trolley helps parents understand the care their baby is receiving and encourages them to feel more involved, even during what can be an overwhelming and frightening experience.

Following its success, the PERIPrem Trolley has now been adopted as standard practice across Princess Royal Hospital. Trolleys are in place in delivery suites, antenatal areas and triage, ensuring they are available wherever preterm births may happen.

While the trolley itself is relatively low cost, the potential benefits are significant. By supporting reliable care and reducing variation, it contributes to better outcomes for premature babies and may help avoid the long term costs associated with serious brain injury and extended hospital stays.

Productivity

Using digital tools, AI and new approaches to improve efficiency, reduce waiting times and make better use of NHS resources, especially in musculoskeletal (MSK) care.

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Scaling AI innovation in skin cancer triage

An AI-powered, cutting-edge teledermatology tool designed to streamline cancer care pathways and increase capacity has accelerated its readiness for the NHS as a result of our work to support Dermicus.

By developing a comprehensive route-to-market strategy and by incorporating regulatory assessment, clinical engagement, and robust market analysis, we have enabled Dermicus to navigate the complexities of NHS adoption. This support is positioning the AI-enabled platform to help the NHS meet its Faster Diagnosis Standard, ensuring that high-risk lesions are prioritised for urgent review while safely filtering out benign cases that currently overwhelm secondary care.

The challenge facing dermatology services is unprecedented. In 2022, urgent suspected skin cancer referrals in England reached over 624,000, a 2.6-fold increase over the last decade. This surge in demand, coupled with a national shortage of specialists, has led to overstretched clinicians and routinely missed cancer targets. Currently, many specialists spend significant clinical hours reviewing lesions that are ultimately found to be harmless. Without a digital safety net to assist in triage, these 'low-risk' cases contribute to clinical bottlenecks, delaying diagnosis and treatment for those in most urgent need.

We supported this innovation through a highly detailed work package delivered as part of the NHS Scotland AI Skin Cancer Challenge. This involved facilitating expert-led workshops with international dermatologists to understand clinician attitudes towards using AI in teledermatology. We conducted a full regulatory review, covering essential standards such as Medicines & Healthcare products Regulatory Agency (MHRA) and Digital Technology Assessment Criteria (DTAC), and mapped the economic benefits, identifying significant potential gains in triage speed and operational productivity. By partnering with Health Innovation East Midlands to host a benefit-analysis workshop, we ensured the innovation is underpinned by a data-driven value proposition that resonates with NHS commissioners.

The Dermicus AI Engine could provide a fundamental shift in how the NHS manages dermatology productivity. Early evidence shows that the AI can process cases in as little as 12 seconds, maintaining high accuracy while safely ruling out benign lesions. This transition from 'analogue to digital' frees up vital consultant time, reduces unnecessary hospital travel, and ensures that the most suspicious cases move to the front of the queue.

As we move into 2026-27, we are focused on identifying pilot sites for real-world evaluation, ensuring that this technology becomes a permanent driver of faster, more equitable cancer care across the West Midlands and beyond.

"We were really pleased to work with Health Innovation West Midlands. Their insight, structured support, and understanding of the NHS landscape have been invaluable in helping us prepare for the next stage of our innovation journey and take our teledermatology AI Engine towards UK market adoption."

Daniel Eliasson,
Business Unit Leader for Mobile Telemedicine, Omda and Co-Founder of Dermicus

Supporting patient safety best practice across England

The NHS is changing how it responds to patient safety incidents, moving towards an approach that prioritises learning, improvement and compassionate engagement. To support this shift, NHS England commissioned a 12-month national programme to strengthen oversight of the Patient Safety Incident Response Framework (PSIRF), delivered in partnership with Health Innovation East Midlands and Morgan Human Systems Ltd.

PSIRF is designed to help organisations learn from incidents and improve patient safety. However, different approaches to oversight across the country highlighted opportunities to improve consistency, clarify roles and strengthen the sharing of learning and good practice.

Working with 39 of England's 42 Integrated Care Boards (ICBs), 20 provider trusts, NHS England regional teams and national PSIRF leads, we explored how PSIRF oversight was being delivered in practice. Through interviews, workshops, stakeholder insight groups and process mapping, we identified emerging challenges, areas of good practice and opportunities for improvement.

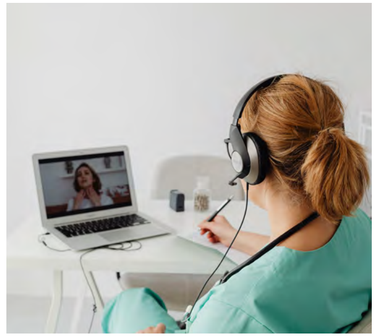
By creating a trusted environment for open discussion, we enabled leaders across the system to share experiences and identify practical solutions. We also delivered a series of national shared-learning webinars, generating almost 400 attendees and helping to spread learning and strengthen collaboration across regions.

The programme provided NHS England with a clearer understanding of the gap between national expectations and local delivery, shifting the focus from 'oversight as imagined' to 'oversight as done'. The findings informed the development of a new draft national PSIRF Oversight Roles and Responsibilities Specification and supported greater consistency in oversight approaches across England.

The impact of this work extends beyond the programme itslef

The impact of this work extends beyond the programme itself. It has formed the foundation for the new national PSIRF Insight to Improvement Programme, commissioned by NHS England and delivered across the country by all 15 Health Innovation Networks, led by Health Innovation West Midlands and Health Innovation East Midlands.

By strengthening consistency, clarity and shared learning, this work is helping to ensure that responses to patient safety incidents are focused on improvement and meaningful learning, ultimately supporting safer care for patients.



Innovator Support

Helping innovators to turn promising ideas into real-world impact across health and care.

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Scaling digital transformation across the Midlands

In 2025, together with Health Innovation East Midlands, we launched Grow, a new accelerator programme designed to spread high-potential digital solutions across the region.

By bridging the gap between 11 Integrated Care Systems (ICSs) and high-potential innovators, the programme is enabling a new cohort of digital tools to tackle the NHS's most pressing challenges: enhancing productivity and shifting care from hospitals to the community. Through tailored coaching and direct access to NHS leaders, we are ensuring that effective innovations move beyond local pilots to deliver consistent, large-scale benefits for approximately 11 million people.

The challenge for digital health innovators is navigating the sheer complexity of the Midlands' healthcare landscape. While many good ideas exist, they often struggle to scale across different regions due to fragmented procurement pathways and varying clinical priorities. Meanwhile, NHS staff are managing intensifying administrative pressures while working to transition away from traditional, hospital-centred care towards more proactive, community-based prevention. Without a coordinated regional mechanism to identify and embed ready-to-scale solutions, the NHS risks missing out on digital tools that could significantly reduce staff burnout and improve patient outcomes.

Our Grow support involves delivering an annual intensive, tailored package of one-to-one business coaching, connections to relevant subject matter experts and exclusive funding opportunities for real-world healthcare trials. In 2025, we focused specifically on tools that improve communication and productivity, such as virtual clinics and AI-driven administrative platforms. By attending high-profile showcase events like Digital Health Rewired 2026, we are providing the platform for innovators to present their solutions directly to the decision-makers capable of commissioning them at scale.

From tools that help people manage long-term conditions at home to communication platforms that solve chronic 'email overload,' the Grow programme is turning high-potential technology into frontline reality. By fostering a collaborative ecosystem across the Midlands, we are ensuring that clinicians spend less time on manual tasks and more time on patient care, creating a sustainable model for digital transformation that can be replicated nationwide.

"We were absolutely delighted to join the first cohort of the Grow Digital Health Midlands Accelerator. AirEmail aligns perfectly with the programme's focus on enhancing NHS productivity. Our solution addresses email overload, a chronic issue affecting one in two NHS staff and impacting an estimated 19 million patients annually whose care-related emails go unread."

Dr Ameet Bakhai, Founder of AirEmail

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