**Innovation Health and Wealth: *Accelerating Adoption and Diffusion in the NHS* (DH 2011) – Summary and implications for the Trust**

“Searching for and applying innovative approaches to delivering healthcare must be an integral part of the way the NHS does business...Our ambition must be for an NHS defined by its commitment to innovation, demonstrated both in its support for research and its success in the rapid adoption and diffusion of the best, transformative, most innovative ideas, products, services and clinical practice” (Sir David Nicholson, NHS Chief Executive Officer, p4)

**Introduction**

Innovation, Health and Wealth (IHW) is a key document laying out the conclusions of a recent review of how the adoption and diffusion of innovations could be accelerated across the NHS. The report will inform the strategic approach to innovation in the reformed NHS. The clear message is that if we are to meet the significant challenges of improving quality and reducing costs across the NHS we will need to create a ‘system for innovation that continually scans for new ideas and takes them through to widespread use’. The 2012/13 NHS Operating Framework makes it clear that innovation will be critical to securing the long term sustainable transformation required of the NHS and must be made a priority. This message is equally as applicable to the context of a single organisation as it is to the NHS as a whole.

Evidence from other sectors indicates that any organisation that wants to innovate needs to have a system in place to make innovation happen (Centre for Public Innovation 2012). Anyone can innovate, given the right circumstances, but innovation ‘doesn’t just happen’ on its own. Strong leadership, support and incentives and a degree of risk taking are required to enable innovation to happen, as are clear accountability for delivery and a degree of internal (as well as external) pressure for change. To make innovation ‘core business’ for the Trust we need to create an ‘organisational readiness’ for innovation and mobilise teams and individuals – this means developing our leaders, building improvement skills across the organisation, ensuring senior support for new thinking and creating opportunities of time and space for all staff and the people who come into contact with our services to generate and develop new ideas and to spread what works. Healthcare innovation is about rethinking how we deliver care, how we develop patient pathways and how we rethink and reframe some of our traditional attitudes and approaches. Technology can of course be a powerful enabler to these developments and is an area of innovation encouraged by IHW.

Innovation, Learning and Teaching is one of the strategic drivers in the Trust strategic framework. IHW represents an organisational development challenge and opportunity relevant to our strategic framework for three important reasons:

* Innovation transforms patient outcomes
* Innovation can improve quality and productivity
* Innovation is good for economic growth and organisational sustainability.

Creating a ‘culture of innovation’ within the organisation is a key theme of IHW and the paper outlines the key characteristics of innovative organisations (p23).

**The delivery agenda**

IHW presents eight ‘high impact’, game changing themes for National action, which will together achieve a systematic change in how the NHS operates:

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| **Themes** | **National actions** |
| 1. Reducing variation in the NHS and driving greater compliance with NICE technology appraisals (p15) | * New arrangements for value based pricing of new medicines from 2014, maintaining existing statutory funding directions * NICE to be re-established in primary legislation with an extended remit into social care and putting it ‘at the heart of arrangements for promoting quality in the reformed health and social care system’ * Requirement for all NICE technology appraisal recommendations to be incorporated into relevant local NHS formularies (where clinically appropriate) within 90 days * Introduction of a NICE compliance regime * NICE Implementation Collaborative (NIC) to be set up to support prompt implementation of NICE guidance |
| 1. Metrics and information on the evidence for and uptake of innovation to stimulate ideas, products and practices and share information about these (p17) | * Innovation scorecard to be developed and published to track compliance with NICE technology appraisals * Single web portal for innovation in the NHS * **Which?** consumer campaigns to raise awareness amongst the public and patients of healthcare innovations * Health and Social Care Information will set up a secure data linkage service by September 2012 to provide data extracts to support innovation measurement * Clinical Practice Research Datalink (CPRD) to be established within the Medicines and Health Care Products Regulatory Agency – secure data system to support research and life sciences communities |
| 1. Creating a system for delivery of innovation (p19) | * Build stronger relationships with academic and scientific communities and industry * Establish Academic Health Science Networks (AHSN) across the country – to ‘link up the system and drive up diffusion of innovation’ * ‘Sunset review’ of existing NHS/DH funded innovation bodies to ‘de-clutter the landscape’ * NICE to take on responsibility for evaluation of medical technologies and devices with immediate effect |
| 1. Incentives and investment to encourage and reward innovation (p20) | * Align financial, operational and performance incentives to support adoption and diffusion of innovation (including a shared savings formula and tariff for assistive technologies to incentivise their spread) * NHS Innovation Challenge Prizes to continue * Extended ‘never events’ regime * NICE guidance to support de-commissioning decisions * Specialised services commissioning fund to trial, test and evaluate high impact technologies |
| 1. Procurement for quality and value and making the NHS a ‘better place to do business’ (p22) | * Procurement Strategy (March 2012) to focus on supporting achievement of efficiencies * Increased investment in the Small Business Research Initiative * Update the intellectual property strategy to reward innovators and enable sharing of ideas |
| 1. Shifting culture and developing our people (p23) | * Innovation ‘hardwired’ into educational curricula, training programmes, CPD and competency frameworks at all levels * Joint industry and NHS training and education programmes for senior managers * NHS Innovation Fellowship scheme |
| 1. Leadership and accountability for innovation (p25) | * NHS Operating Framework makes innovation a priority * Increased Board level accountability for innovation * Clinical Commissioning Groups under a legal duty to seek out and adopt best practice and promote innovation * Innovation Pipeline Project – increase adoption and diffusion of proven technologies in areas of high clinical need |
| 1. ‘High Impact Innovations’ (p26) | * Systematic spread of ‘game changing’ proven innovations   + Assistive technologies (telecare/telehealth)   + Oesophageal Doppler monitoring   + Child in a chair in a day   + International and commercial activity growth   + Digital by default   + Support for carers or people with dementia * From April 2013 compliance with the high impact innovations will become a pre-qualification requirement for CQUIN * This year commissioners have included some high impact innovations into CQUIN plans within our core contracts |

Successful innovation enables an organisation to be more effective, more efficient and more competitive. The Trust recognises the value of innovation and developing a culture that promotes creativity, learning from elsewhere and research and development (all elements to be found in the Trust Strategic Framework). However, there are some areas that require further consideration:

* What is our baseline? Capturing the extent of our current innovation activity, capability and capacity in order to ‘plan to accelerate’
* How do we put in place a ‘system of innovation’ – building the culture and putting in place deliberate management of the innovation process itself:
  + Being clear about our goals for innovation
  + Being clear about what resources are available to make innovation happen
  + Making innovation measurable and demonstrating impact
  + Ensuring innovation is compatible with all the other processes and priorities in the organisation
  + Harnessing the innovation potential of patients, carers and staff – listening to and valuing their experience, knowledge and natural drive to ‘make things better’
  + Managing this whilst at the same time NOT building in unnecessary bureaucracy that stifles creativity and ideas

Systems of innovation in successful organisations tend to incorporate the following features:

* Regular processes that stimulate ideas generation – time and space for people to engage, external scanning / ‘borrowing’ from elsewhere, somewhere for staff to take their ideas, task-finish problem solving groups, pilots
* Processes that enable selection of the ‘right’ ideas for the organisation to take forward – involving a degree of risk taking and allowing for the fact that things may not work first time, space for development
* Support for implementation – time, space, funding (if necessary) and review and learning from what worked and what didn’t
* Mechanisms for spread / cascade and sustainability of the successful innovations

**Recommendations**

1. It is recommended that a ‘Leading Innovation Steering Group’ is established in order to oversee the Trust’s response to IHW and to coordinate the creation of an internal ‘system for innovation’ across the Trust.
2. It is recommended that an implementation plan is developed with the Executive Team with delivery the responsibility of the Leading Innovation Steering Group. A draft implementation plan is provided as an appendix to this paper – this is ‘work in progress’ subject to further development and approval by the Executive and is presented at this stage for information only.

**Reference:** <http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131299>

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**April 2013**

“We need to make innovation everybody’s job, from top to bottom of the NHS. We need to outlaw ‘not invented here’ and make a virtue of copying and continuous development and improvement...Ultimately it is the actions of front line organisations and staff in spreading and adopting innovative practice that will deliver a better service and better outcomes for patients. Our urgent task is to make sure this happens” (p14&13)

**Appendix**

Draft Implementation Plan – under development and subject to approvals by Executive

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| **Themes** | **Actions** | **Lead functions** |
| Reducing variation in the NHS and drive greater compliance with NICE guidance | Formulary processes should actively consider the impact of NICE technology appraisals and all NICE technology appraisal recommendations should automatically be incorporated into local formularies, where clinically appropriate  Demonstrate compliance with the NICE compliance regime when implemented nationally  Increase use of Rapid Improvement Events to involve staff and managers in addressing service issues | Meds Management  Governance  Improvement & Innovation |
| Metrics and Information to support innovation | Establish a baseline – conduct a snapshot ‘innovation culture survey’ and gather information on innovation capacity and capability as well as innovation activity underway  Continuous development and improvement of the Improvement & Innovation intranet pages and newsletters to enable staff to seek resources to help them put ideas into practice, enable staff to share their ideas and to publicise case studies of their improvements  DRAFT  Increased reporting on innovation activity  Build skills of front line staff in measurement for improvement  External promotion using social media / website and other publicity mechanisms | Improvement & Innovation  Communications |
| Creating a system for delivery of innovation | Launch a ‘6000 ideas’ campaign aimed at harnessing innovation potential of staff and service users and carers  Strengthen the Improvement Network to become a more active group  Work with divisional business managers / improvement leads to develop horizon-scanning / knowledge management processes to support innovation  Continue to build external relationships with innovation leaders in the NHS and outside the NHS  Explore opportunities for secondments or other development approaches such as ‘ideas labs’ and ‘task forces’ to create ‘development space’ in the Trust | Improvement & Innovation |
| Incentives and investment | Continue to make full use of existing schemes:   * Chief Executive’s award for innovation * Continuous Improvement Recognition certificates * Exceptional people awards * Improvement funding * Increase submissions for external awards / recognition schemes | Improvement & Innovation  Communications |
| Procurement | Review procurement processes in line with forthcoming NHS procurement strategy | Finance |
| Developing our people | Launch Improvement Champions development programme (Sept 2012)  Advice surgeries and ‘coaching for innovation’ for staff  DRAFT  Extend the programme of masterclasses trialled in 2011/12  Run ‘ideas labs’ to generate discussion and development of ideas on key topics or themes  Staff conferences – build innovation and improvement activity as a core element  Hold more share and learn / celebration events  Maximise opportunities within large scale improvement programmes (Productive Care, LIPS) to engage staff and service users in generating ideas and testing innovative approaches to service delivery  Develop an innovation competency framework for the Trust | Improvement & Innovation |
| Leadership for innovation | Increase training for managers as part of large scale improvement programmes (Productive Care, LIPS)  Productive Leader programme  Team working development programme  Leadership development programme – incorporate sessions on leading for innovation | Improvement & Innovation  Corporate Office  HR/OD |
| High Impact Innovations | From April 2013, compliance with the high impact innovations will become a pre-qualification requirement for CQUIN. This year commissioners are requiring evidence of two areas within the Community Services contract:   * 3 million lives – using assistive technology * Digital by default – reducing inappropriate face to face contacts using technology   It is therefore likely that a third area will be expected for Mental Health Services contract:   * Supporting people with dementia and their carers   Discussions are underway to agree how best to take forward these initiatives | Informatics  Improvement & Innovation  Divisions |
| Supporting and enabling actions | Communications plan to raise awareness of Innovation Health and Wealth, support implementation of recommendations and action and publicise innovation activity of the Trust (internal and external focus).  DRAFT | Improvement & Innovation  Communications |
| Extend the use of technology and social media across the whole programme of work and build staff skills and awareness of what is available and how to best use it | Improvement & Innovation |
| Strengthen links, networks and partnerships with other departments and external agencies that can support innovation within the organisation | Improvement & Innovation |
| Reporting on innovation:   * Increase reporting to Board on ‘innovation pipeline’ activity and outcomes * Include innovation reporting in existing Trust reports eg Annual report | Improvement & Innovation |