Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 58

Organisation name: British Standards

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Dear NHS Chief Executive Innovation Review Team

As a Business Innovations and Skills (BIS) innovation partner organization BSI understands the upside and downside of innovation well. We also know how to get the best out of innovation whilst discarding areas which impact on safety and poor performance. BSI holds the library of thousand of standards which ensure good quality testing by manufacturers especially medical devices, management standards and guidance material. The cost of managing innovation is relatively small considering the consequences of allowing poor quality innovation to make its way into the NHS. We always look to the X-ray as a good example of where good innovation needs to be developed/managed and why the risks in medical devices and all products are better served by using medical and non medical staff such as academics, engineers, technical experts and users including peripheral users so all risks are laid to rest.

PART 1
Evidence of adoption and infusion. The only way to ensure that sound processes with low risk of problems is through independent development of best practice. This way you ensure that there is no bias. Recently BSI and DH (and the NPSA) developed PAS 5748 Specification for the planning, application, and measurement of cleanliness in hospitals.

Issues and Solutions

A. RESPONSIBILITY: No one knew who was responsible for specific cleaning duties (it was announced that everyone was responsible) but because the responsibility was split 3 ways: 1. Facilities management, 2. Medical staff, 3. Contactors / subcontractors, if there was a problem the executive team experienced finger pointing and fragmented reporting of the level of cleanliness at any point in time. The answer was quite simply to make people responsible for different duties and therefore improve reporting and actual levels of cleanliness.

B. TRAINING: All staff needed better training to ensure that cleaning could not be ignored via a contractual loop hole e.g. “I have never been told to clean up clutter in my area” or “I’m not allowed to clean and dispose of bodily fluid spills”. In time we expect that any contractors and staff will need to be trained as new contracts include PAS 5748.

C. RISK ASSESSMENT: To provide proof and ongoing improvement it was necessary to develop a risk assessment scalable for each functional area and for the hospital as a whole. This minimizes risk to patients, all staff and visitors and allows for simpler and more robust reporting.

The reason it was PAS 5748 was innovative is because it was developed as a Publicly Available Specification and it was developed independently at low cost to DH compared to the Information Standard which cost 2 million plus. It was also developed with the public, Unions, medical staff, contactors, NHS executives as well as being available for open and transparent comment. It would have been challenging for DH to do this alone as some businesses see DH as an ATM and conversely they see BSI as a facilitator and guardian of best practice and there is no wriggle room in our standards.

PART 2
Evidence of adoption and infusion. By DH using existing national standards and blending them with guidance from DH we were able to facilitate very quickly and effectively business continuity management and resilience into the NHS. It started as PAS 76 at BSI and when it went national it was developed to be called BS 25999. The department after some meetings saw this as an opportunity to use existing nationally accepted best practice rather than coming in from a different angle and paying a fortune to start again. All trusts now use the software and the standard along to monitor preparedness and resilience. Quite simply a saving of many millions as each trust was going to develop this from scratch and the typical cost would have been around 150-200k in consultancy and IT development costs. The actual cost to Dh is 1% of that figure.

Given these examples managing innovation saves a fortune by using existing best practice. Why?
Developing technical information and ignoring existing nationally accepted information costs the department many millions every year. By writing specification for buildings they will only be followed by a select few and the rest will concentrate on what they have been taught at university ISO, CEN, BS standards and Eurocodes and therefore this limits the number of potential suppliers and also places the tendering organizations in the driving seat. Not a world class place to be because this has a major impact on business continuity and budgets.

- Money for developing these technical specifications should be used for healthcare provision, because most of them already exist as an ISO, CEN or BS standard. The actual cost to each trust is minimal £40-90 per standard – you might need 50-100 every 5 years and as a government organization you get a 50% discount.
- Money from savings through a bigger and more willing supply chain will also save you money and can be used for healthcare provision.
- Managing innovation by divorcing yourself with a fully independent partner allows you to engage with stakeholders and test houses and people who will tell you if the product is poor or excellent. It also supports the fact that the NHS is a brand and as a brand will not take unnecessary risk and will protect its brand especially if it intends to export it.
- In my experience if BSI’s processes were used in DH especially in the IT sector it would invariably save the public purse a lot of money by aligning the expectations of DH and the suppliers and stakeholders. IT innovates almost annually and hardware and software needs to be ready for change and minimum standards need to be developed before signing any payments to suppliers. These savings can be used for healthcare provision.

Organizations who use BSI to protect their brand and their supply chain by managing innovation include; Rolls Royce, BAE, DWP, BIS, Cabinet Office, DEFRA, HSE. Please note that MOD and NHS are missing form this list. In terms of spend these are the departments which need innovation management and BSI is the only organization who does this seamlessly.

There is a product BSI is testing at present which will provide an ECG without plugs being placed on the chest of the patient. Now this is an invention and possibly one of the most cost and time saving medical devices. But BSI will test thoroughly and let you know whether this is actually innovative or not. We are using existing standards for this.

I hope this helps and some of which may sound passionate but in our experience we are very good value for money.

Kind regards

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Professional Services