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

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Organisation name: South Devon Healthcare NHS Foundation Trust

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What can the NHS and NHS Commissioning Board learn from national and international best practice to accelerate the pace and scale of adoption of innovations throughout the NHS?

Innovation in its different forms will demand different strategies to help accelerate change. Innovation is poorly understood by most people in the NHS. Some feel additional focus is unnecessary or even a distraction from the real work. The culture of the workforce is largely, but not exclusively, in favour of the status quo. Senior clinicians can be great innovators but also very effective resistors of change. Managers, particularly middle managers have necessarily become very target-driven and are excellent at fire-fighting but often uncomfortable with allowing the workforce the autonomy required to enable innovation(1)

A close relationship with the science and skills of “Improvement” is required to enable the implementation of any innovations in processes related to either pathway improvement or product introduction (or both).

Broadly the types of innovation could be considered as “Processes” or “Products” and different strategies may be appropriate for each. There is an emerging system through Innovation Hubs/Trusts Innovation leads etc to deal with products but process change will need a different approach. The NHS Institute for Innovation & Improvement has been successful at promoting strategies for organisations and individuals to adopt to enable innovative ways of working.

There is now an extensive research literature from various academic sources on the processes underpinning innovation in healthcare, both in terms of its initial adoption and its spread with attention increasingly turning to the sustainability of innovations and how to ensure that they endure beyond the initial enthusiasm and the pilot phase. This growing interest may be of help to provider and commissioner organisations and emerging literature will help them to create structure around innovation. More longitudinal research is needed to identify the factors which help sustainability. Academic Business schools are starting to collaborate to raise the profile of the potential for simulation and modelling to improve our understanding of the potential system-wide impacts of complex innovations and the potential of simulation/modelling to support better
discussions between stakeholders responsible for planning and implementation health services change as they look at the issues of Innovation in Healthcare with initiatives such as www.cumberlandinitiative.com. (Prof J Barlow - personal communications) (2,3).

Internationally, we should be learning from both high and low economy countries, perhaps particularly the latter where the needs â€“ resources gap is the widest and the need for inexpensive products is great (4).

The Innovation Hubs at SHA level have been of varying success and have functioned in different ways. They have been predominantly â€“ productâ€™ orientated but could extend their roles, working with the HIECs and providers to create a stronger focus around innovation and more clarity about the innovation landscape â€“ what is where and for what purpose? They could extend their interest to support innovations in pathways and processes. Funding is currently welcome but limited â€“ one of the lessons of the more successful Modernisation Agency projects was that start-up money was often required in order to make a process change and this is now difficult to find as Trusts, unlike most successful companies, do not normally set aside an â€“ Innovationâ€™ budget. Innovation will not happen if people are risk averse and failure must be allowed to happen for successful innovation to develop.

The introduction of new innovations frequently means that training also has to be provided â€“ some of this function has been provided by TFI (previously THOTH) but with a very limited remit and output. Alignment with national priorities is not always obvious and output could be improved in both quantity and timeliness.

New products have great difficulty in getting through to practice as many companies repeatedly testify â€“ NTAC, the National Technology Adoption Centre again has limited capacity and knowledge of its existence is sparse. The funding mechanisms attached to introducing some of their recommended products has not helped bring them into common use. Organisations such as the above are not connecting well with many organisations, as Innovation leads generally do not exist.

Companies, particularly innovative smaller companies struggle to survive if they cannot sell their products quickly enough and need test sites and some surety around their investments, particularly at times when acquiring venture capital is increasingly hard. Support for some of these smaller companies to access such capital may help bring more products to market. We have experienced direct difficulty over the trialling and implementation of one particular product promoted by NTAC because of this.

Innovation is the lifeblood of successful companies â€“ not only adopting what is known but creating new ideas. The NHS could learn from the very best of companies and academic business schools in order to create a structure which is similar and answer the questions â€“ how does â€“ innovationâ€™ happen in these companies? â€“ what is the â€“ structureâ€™ that enables innovation? â€“ what people have what time and resources available to them to dedicate to new ideas? â€“ how is the culture for innovation developed? â€“ what training/education is given to promote innovation? â€“ how are innovations and best practice shared? â€“ how are innovations embedded? â€“ what are the links between innovation, education and R&D?

NICE, while very important tends to focus on certain areas of healthcare â€“ though the remit is
widening. Without NICE endorsement or relevant Health Technology assessments, it is difficult to convince funders to invest in new ideas, products or processes. Some connection between NICE/HTA recommendations and local funding would help to speed up adoption.

Internationally, we should be learning from both high and low economy countries, perhaps particularly the latter where the needs “resource” gap is the widest and the need for inexpensive products is great. We should also be looking at what infrastructure in innovation is present in the highest performing organisations in healthcare in the world eg Jonkoping in Sweden; all employees here have training in their “Qulturum” to embed a culture for improvement within the organisation. As yet there is a paucity of innovation departments/centres in the world of healthcare but the Sydney Garfield Institute at Kaiser Permanente and the Mayo Clinic are notable. All NHS employees can access the KP “Innovation Learning network” (ILN) at www.innovationlearningnetwork.org. The Innovation Centres in Denmark are also doing interesting work. A formal international collaboration might be a helpful way forward.

Some interesting partnerships could be made between large (non-healthcare) corporations and healthcare providers with a shared agenda eg safety so that each can learn from the other. One example in Holland enabled a hospital to learn better safety practices from a high risk chemical plant and the latter (who had an extremely low incident frequency) were reminded of the consequences of failed safety procedures by observing the less safe healthcare environment. This led to innovative practices being developed and implemented.

Training could be available/developed for

- clinical leaders to champion and develop strategies for Innovation in their organisation
- Innovation Practitioners (as per NHS Institute of Innovation course) to act as a focus for staff interested in innovation, to
- help implement the process change that often needs to accompany the introduction of an innovative product
- help introduce new thinking for new and better pathways
- to run Innovation activities and workshops thereby creating a culture for innovation
- more Trust Innovations Leads (TILs) to support staff with ideas for product development
- interested individuals
- all middle managers to understand the management practices required to develop & support an innovation culture
- all healthcare workers in training as part of their curriculum with modules to include innovation, patient centred care and “lean” methodology and governance
- non-clinical staff

Example Innovation Strategy documents could help Providers and Commissioners develop their own local systems.

Formation of a national network for innovation could continue the work started by this exercise, involving patients, commissioners and providers.

Research into the introduction of innovations could be promoted to create a greater understanding of the process utilising the resources of academics/experts in the field of organisation development.

Events like EXPO have been extremely interesting and helpful but it can be quite difficult for delegates to leave an event like this with a list of what to actually “do” with the information gained “how to turn innovations into practice within provider organisations remains a challenge. A national portfolio of case studies of how the innovations seen have been adopted might prove helpful as a follow on from this event.
What specific actions do you think national NHS bodies, such as the NHS National Commissioning Board, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?

As above plus;

A strategy for stimulating Innovation as a responsibility of commissioners.

Training for managers, clinicians and the nonclinical workforce in Innovation and Improvement Science

A funding stream to support innovation at local as well as national/regional level.

Partnership working with healthcare companies would be in the interests of both them and provider organisations but there is a nervousness about what this means - better information about how potential relationships might work would be helpful.

HIECs, their role and function are probably not clear to many in the NHS. Coordination and clarity about innovation landscape would be really helpful, with bodies involved and their function described by them as part of a coherent picture of innovation.

Specific links with academics in Business schools would enhance knowledge, skills and research into innovation which would be helpful and could create relationships outside of healthcare (eg Innovation Club hosted by Prof John Bessant at Exeter University)

Connections with local industry/colleges through local/regional Development Agencies if health providers/commissioners were included in their remit, it might help to make productive links.

Much closer working with clients - ask patients to identify what is missing and what they would like to see in place. If these groups were able to make direct links into provider/commissioner innovation departments, new areas for exploration might be found and developed.

Do you have any further comments about accelerating the adoption and spread of innovation in healthcare?

A forum could be developed for the support and development of those interested in Innovation perhaps as a function of the HIECs who might also develop and organise the training outlined above.

The NHS Institute for Innovation and Improvement has proved invaluable in supporting innovation and the change in its status represents a potential loss of access to its products and training.

We would like to be able to follow up interesting comments and case studies. Can we contact you for this purpose?

Yes
Do you want to be kept in touch with the next steps in this process?

Yes

Do you want to be included in a wider community of interest?

Yes

**What specific actions do you think local NHS bodies, such as providers and Clinical Commissioning Groups, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?**

A local strategy for Innovation & Improvement should be developed, supported by an appropriate budget (see below).

The strategy should acknowledge clinicians’ concerns about the complex interface between innovation and the improvement in overall quality that results from reducing variation in care. Successful companies may invest up to 10% of their budgets to explore and invest in innovation. NHS providers should also be supporting and investing in innovation and to do this need to identify a budget to support innovation activities. Systems for identifying investments should be developed.

Areas for investment in innovation would normally (but not exclusively) be expected to align with locally agreed strategy and could be stimulated by individuals, teams, patients or joint primary-secondary care clinical commissioning groups. Commissioning groups should increasingly be expecting innovation to occur with provider units principally designing new ways of delivering higher quality care. An allocated budget should be managed in a way that allows for an agreed level of high, medium and low risk investments. Budget management should also allow for movement of resources as innovation does not always require investment but resources may need to be moved to allow innovation to occur. This is particularly relevant as more work moves from Secondary back into Primary Care.

Local, national or regional budgets could also support awards/prizes. For example, Aberdeen is reported to have run a scheme through which each year the best innovation idea was rewarded with a prize of Â£2000. This scheme has led to the development of several innovations with income of several million pounds to the hospital and university.

The form and function of innovation within provider organisations should include:

- a clinician with overall leadership and oversight of innovation within the organisation with board level access
- innovation recognised within roles in individual business units within the organisation responsible along with the clinical lead for “hunter-gathering” of ideas for development within particular clinical and non-clinical areas
- innovation practitioners and TILs (see above)
- innovation clinics, workshops and training supported by innovation practitioners
- support for product development (TILs)
- links to governance committees to identify areas of concern and potential for improvement
- the development of a patient forum/expert patients to identify areas for improvement
- alignment of innovation activities with the objectives of both Commissioners and Providers, ensuring cross community engagement and alignment with local objectives
- administrative support
- a Chief Executive and Board committed to promoting and supporting innovation in a tangible way.

The development of process simulation involving patients to promote and develop ideas for new practices has been very successful in this organisation and is strongly recommended. This has not previously been described and is a very powerful mechanism for rapid change in both patient pathway and staff culture. It helps staff to think and act differently and feel empowered to make
changes” this is potentially a huge area to be explored and developed.

Education and R&D departments should link very closely with innovation departments and
education should be used as the primary mechanism to drive and embed sustainable change.
Local links with appropriate academic organisations could be developed, particularly with Medical
Schools, and University Business and Psychology (Organisational development) departments.
A forum for local healthcare and non-healthcare businesses to link into provider units could be
very useful. Non-healthcare businesses could contribute to a greater understanding of ways of
driving safety and efficiency, particularly where there is “lean” expertise, innovative practices
and a willingness to work with local healthcare providers.