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

Respondent ID: 173

Organisation name: SHA Innovation Leads group

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NHS Chief Executive Innovation Review
Response from SHA Innovation Leads

Introduction
This paper represents the collective response from the SHA Innovation leads group to the call for ideas and evidence to inform the NHS Chief Executive Innovation Review. Each SHA lead has offered three key pieces of learning which have been distilled down to three recurrent themes.

Theme 1. Reframing
Outline of proposal
Reframing what we mean by innovation and by the duty to innovate or promote innovation. This should include:
- Building a common lexicon so that all stakeholders are able to talk in a common language.
- Frame innovation as one approach to securing improved outcomes
- Being clear what is expected of bodies that hold a duty to innovate and what governance arrangements attach to the duty they hold.
- Defining the relationships between key players – NHS, industry, academia, the research community, training and education and others.
- Defining rules of engagement - with industry, with the 3rd sector and the Community and voluntary sector, with research bodies, listening and incorporating recommendations from these bodies to enable collaboration and open competition.

Who the proposal is targeted at:
This proposal is targeted at the DH with the audience for the product being all NHS bodies and those with whom the NHS could work to deliver innovative care and services.

Intended response: - What we want the DH to do differently
- Reassess how the innovation landscape can be simplified and produce a map of how the system will work as a whole.
- Publish a document that reframes innovation as set out above.
- Establish guidelines for ‘innovation governance’ in anticipation of or in collaboration with the NCB
- Define the roles, responsibilities and accountabilities for the bodies in the new NHS structures – CCGs, Health Education England, sector organisations etc.
- Build a system that supports risk sharing partnerships between the NHS, Industry and Academia (see below). This will include working with industry to revise codes of conduct which should receive endorsement from bodies representing SMEs as well as larger players.

Intended response: What SHAs could do differently
Actively provide assurance and governance with respect to innovation. Ensure emerging structures (CCGs etc) embrace innovation and reflect delivery of innovation in their structures and plans. Local Education and Training Boards have a key role to play in embedding innovation through education and training and are well positioned to support the NHSCB in delivering its innovation role.

Intended response: What industry could do differently
Respond to the reframed relationship with the NHS and work to the rules of engagement which should include the development of innovation partnerships with the NHS where industry provide funding, development expertise and commercialisation and the NHS
provides identification of need, development expertise and a route to market. ABPI and ABHI codes of conduct will require updating to reflect a partnership of ‘different equals’ approach.

**Intended response: What academia could do differently**
Respond to the reframed relationship with the NHS and work to the rules of engagement. Systems should be established whereby research establishments join NHS / industry partnerships to lead focused research with a system that allows cost recovery from an equity stream post commercialisation.

**Theme 2 Leadership**

**Outline of proposal**
- ‘Innovation leadership’ should be embedded in all NHS structures from executive level to operational management levels and including clinical leaders
- Innovation leaders should receive training in innovation and improvement
- Part of the role of leaders will be to drive the delivery of best clinical outcomes
- Leaders will be accountable for supporting adoption and spread within their respective organisations and will support invention where appropriate.
- Leaders will be part of newly created Innovation Networks that parallel clinical networks. These networks will be changed with developing local innovation plans that support the strategic direction of partners and would be held accountable for the delivery of the plans.
- Networks will bring together the local innovation landscape (providers, CCGs, HIECs Workforce and education etc) and act as an expert resource as well as being a delivery support mechanism
- Networks will need expert and dedicated leadership – they could be part of LETBs as structures that are non-partisan and bridge the provider and commission functions.
- Leaders should ensure that innovation remains ‘everybody’s business’ and that the workforce as a whole is empowered and enabled with respect to innovation (particularly adoption and spread)

**Who the proposal is targeted at:**
NHS Wide

**Intended response: - What we want the DH to do differently**
Define roles and role expectations.
Undertake innovation training that equips key personnel for their strategic role with respect to innovation.

**Intended response: What SHAs could do differently**
Provide system leadership whilst roles and systems are established. Support the development of Innovation Networks and the provision of support. Ensure support is available at a regional level for turning best practice into common practice at a regional level through the provision of manpower, advice, mentoring for leading large scale change etc.

**Intended response: What industry could do differently**
Be part of the innovation networks. HIECs would be members

**Intended response: What academia could do differently**
Be part of the innovation networks
Create and provide innovation education and training.

**Theme 2 Incentivising the System**

**Outline of proposal**
• There should be a rebalancing of the current focus on rewarding ‘new’ to a focus on also rewarding spread and adoption of best practice.
• Theme 1 above (reframing) should include steps to remove perverse incentives (silo budgets and benefits dislocated from cost) and stimulate pooled innovation budgeting across the health and social care system with shared benefits
• With respect to upper quartile clinical performance and patient outcomes a ‘deliver or explain’ regime should be instituted with good performance recognised both financially (e.g. CQUIN, CNST and in terms of Trust reputation.
• Commissioners should be kept informed of leading edge practice and performance and be supported in incorporating challenging but deliverable targets that stimulate adoption of innovations as solutions to achieve delivery. The Innovation Networks would meet this need
• See theme 1 for proposals to build new risk sharing / profit sharing relationships with research and industry
• Dedicated innovation funding is crucial - Networks should be responsible for utilisation any locally generated or nationally allocated innovation funding
• Pull from industry can be created by both local and national ‘innovation challenges’ (SBRI) which will require framing and delivery support (possibly from network leadership)

Who the proposal is targeted at:
Public and private sectors and the entire innovation landscape

Intended response: - What we want the DH to do differently
Financial team to explore existing and new financial arrangements that both stimulate and facilitate innovation partnerships across boundaries. There will be a place for a ‘network of network leads’ with bi-directional communication with DH and NCB. The DH could support national innovation challenges / SBRI calls (whilst recognising these will need a locality in which to be developed and delivered). The DH could continue to take the lead for national innovation events such as the EXPO.

Intended response: What SHAs could do differently
Provide system leadership around implementation and use of new financial arrangements

Intended response: What industry could do differently
More actively stimulate and respond to pull for the health and social care system and be prepared to risk take (or share).

Intended response: What academia could do differently
Be part of the innovation networks

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