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

Respondent ID: 46

Organisation name: Northumberland, Tyne & Wear NHS Foundation Trust

Type of response: Email
Re:

I would be very happy to do so.

Here are some of my thoughts, based upon years of clinical experience within NHS and police organisations:

1. Adopt a common, clear, and concise language for innovation which transcends individual trust and educational influence. This must be national, NHS-led, initiative which trusts must embrace and accept without question. For example, nationally recognised and valued roles and responsibilities which are "ringfenced" from bureaucratic interference and made readily accessible to staff for advice and guidance. This MUST be easily accessible and clearly signposted, free from trust and organisational handicapping of their function through operational and political barriers, including working partnerships with other trusts and organisations potentially seen as competitors. Inclusion of service-user and carer groups would be essential in this role. The NHS is a complex organisation, or cluster of organisations, and a most confusing one which hinders understanding of who does what, and with whom. Innovation must transcend or bypass political and organisational confusion, such as "commissioners" or "clusters", and appear to be a simple pathway for those wishing to set out upon the journey.

2. Any frameworks to support innovation could make much better use of higher education resources- such as universities and colleges- in two principle ways:

   a) by integrating personal and professional (CPD) and study with innovation. Many NHS staff have an opportunity to study in higher education, and therefore an opportunity to access the very resources needed to develop their idea. Perhaps ways could be found to embrace that opportunity and develop lifelong links with staff wishing to innovate. Perhaps course content can specifically address how such links can be forged. Perhaps curricula can be designed to encourage innovation by identifying assignments and projects which stimulate critical appraisal of practice and coach students to become more innovative in their work- but then maintaining contact with the student and facilitating further development of their ideas? I feel that this is an opportunity which has been thrown away, as once a mark has been awarded for an assignment and a course completed, the student all too often loses contact with those best placed to help them innovate.

   b) by clarifying how NHS staff could access and utilise higher education to help them research and develop innovation in a supportive environment that guarantees best practice through both evidence-based and practice-based evidence. I am currently studying with Newcastle University, and my experience as a student is one of a large organisation which adopts a structure and terminology that seems designed to confuse and disorientate people. Quite frankly, I fail to understand the department names and the way in which they are supposed to work together to provide education and manage resources efficiently. Plain English and concise, coherent description are absent. One is left to wonder if it appears to be a deliberate attempt to justify role and responsibilities in the face of scrutiny. It just does not make sense and is not a logical, seamless structure. The question should be, "what can we do to help staff and students understand who does what and which department addresses which need?". If this question is not asked, then most NHS staff will
fail to understand where they can take their ideas and concepts for development with the support of individuals most qualified to help them. Thus, and opportunity to integrate clinical innovation with educational research and development will be lost, and the initial spark of an idea will wither and die.

3. Guaranteeing ownership of the innovation and the assurance that recognition will be fully awarded. People need to understand that they will be recognised for their work, and that they really can make a difference by exercising initiative, and innovating through creative means. Most people would welcome recognition, and thereby feeling valued for their contribution.

4. Focus upon a cultural shift, and one which also focusses upon individual core values. Sadly, it is now almost common-place to question the core values of those in health and social care. One is left wondering why some of our colleagues came into the professional, and why they feel qualified to care for others without any trace of compassion, empathy or concern. We need to carefully examine whom we employ and what we and society would expect of them. We need a balance of passion and innovation.

5. Identify how and why newly-qualified staff become jaded and apathetic. I can almost guarantee that the time-honoured influences of admin, paperwork and trust benchmarking will become prominent in their feedback, but perhaps there are other issues which only serve to reduce their initial passion and enthusiasm to dispair and apathy. How can the NHS nurture staff?

6. Improve the way in which change is managed within the NHS. This is currently managed in a most appalling way, which disempowers staff and renders them helpless.

7. Develop trust policies and procedures which allow adoption rather than hinder it.

8. Sponsorship of a centralised national(and inter-national) forum for innovation which is clinician-led and harmonises the NHS. Such forums appear to exist, but we need a single, moderated, forum which improves diffusion of ideas beyond mere speculation by providing the resources to foster ideas and concepts before introducing resources designed to develop innovation, support adoption, and facilitate dissemination. Such resources could provide a database, or repository, of information helpful to shape ideas and improve the success of innovation.

9. Funds made available for innovation must be done so in a rapid and transparent way without the traditional budget-holder problems which defy common sense. Too many trusts and managers micro and macro-manage funds in an apparent effort to exert control and avoid criticism of failure.
Confidence should be increased in key staff being able to manage funds, and an acceptance that a failure to deliver can be a learning exercise in itself and yield valuable data which can facilitate development and future innovation.

Thank you.

Lorne Carlile
Clinical Education Practitioner
Northumberland, Tyne & Wear NHS Foundation Trust Bede Unit, Harton Lane, South Shields, Tyne & Wear NE34 0PL Tel. (0191) 4548446, ext. 1031

The information contained in this email may be subject to public disclosure under the NHS Code of Openness or the Freedom of Information Act 2000. Unless the information is legally exempt, the confidentiality of this email and your reply cannot be guaranteed. Unless expressly stated otherwise, the information contained in this email is intended for the named recipient(s) only.

If you are not the intended recipient you must not copy, distribute or take action or reliance upon it. If you have received this email in error, please notify the sender. Any unauthorised disclosure of the information contained in this email is strictly prohibited.

-----Original Message-----
From: Graham.Reid@dh.gsi.gov.uk [mailto:Graham.Reid@dh.gsi.gov.uk] On Behalf Of health.innovation@dh.gsi.gov.uk
Sent: 02 August 2011 14:35
To: Carlile, Lorne; health.innovation@dh.gsi.gov.uk
Subject: Spreading Innovation in the NHS

Dear Lorne, thank you for taking the time to write in.

Based on extensive research, we have listed some of the key barriers to innovation in the NHS (some of which you reference) on the DH website as part of the call for evidence and ideas - attached for ease of reference or click on: www.dh.gov.uk/innovation

(See attached file: NHS CE Innovation Report - website narrative - June FINAL.pdf)

I wonder if you have specific thoughts on what actions or mechanisms we could take to address some of the barrier you list which would support spread, across the NHS at pace and scale?

kind regards
Re: Spreading Innovation in the NHS - request for views

To whom it may concern,

Following the request for views and opinions pending the review, due to report in November by NHS Chief Executive Sir David Nicholson, please accept my views below.

The issue of innovation within the NHS is adversely influenced by two major factors: personal motivation, and the frameworks necessary to encourage and facilitate its recognition and dissemination. Thus, the issue should be considered as in terms of what barriers, and what facilitation exists to encourage innovation.

The first factor is one of human nature and culture. Many services users, carers, clinical, admin and ancillary staff have very good insight into ways of working (especially those with the experience to contrast and reflect upon previous developments) yet they rarely move beyond criticism or suggestion to develop their ideas due to workload, work-life balance, and/or apathy. I have witnessed many inspired suggestion and innovation become nothing more than "whats the point?", "no one listens", "it will never get very far", "I don't have the time", and the common-place "its not my job" or "I would take someone higher than me".
The fact is, many people are lacking the enthusiasm, drive, motivation, empowerment, or confidence to explore and develop their musings, despite the lip-service the NHS pays to "leadership". Added to this, is the issue of time and other resources to allow and encourage innovation. Of final note, is the lack of personal recognition and the desire for personal gain-the "whats in it for me" argument.

The second factor is one of organisational culture. In a system whereby individual trusts can re-organise to their hearts content, the need for communication and governance has never been grater- yet we still find organisational and operational systems and structures which seem to defy any attempt to offer streamlined, integrated frameworks to encourage and involve everyone in innovation. In a world where strange faces transiently occupy posts with meaningless and confusion job titles, performing barely understood roles within a complex and ill-defined organisation, we all struggle to identify and understand our own roles and what frameworks exist to helps us perform those roles. The simple fact is, that within the NHS- certainly at an operational level- we do not know where to take our ideas, and how we can possible understand the commercial, organisational, operational, and legal requirements that such changes may demand. In the face of such seemingly unsurmountable problems, most people will withdraw long before respective trusts may appear to want to channel innovative ideas and seize innovation for organisational glory rather than furthering the more noble ideal of advancing human care.

In short, it is my opinion that much innovation will die prematurely until we have a stable, coherent and clear framework to promote understanding of our own role and value within the process of innovation. This is something which must not remain at a top tier of NHS organisation, but must be implemented at the lowest level free from individual trust interpretation and interference.

Thank you.

Lorne Carlile
Clinical Education Practitioner