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

Respondent ID: 239

Organisation name: N/A

Type of response: Online
Respondent ID:
239

Your name (completed by):
Lynne Bowers

Email:
Lynn61110@Gmail.com

Telephone:
01432 277847

Organisation name:

Please choose the description below that best fits your organisation’s main role:
Foundation Trust

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?
The widespread use of technology e.g. podcasts, virtual networks etc and social media at operational level - the answers come from the 'street'
Investment in staff - people need protected time to access conferences (even if only live streams), publications, social media sites. There should be some face to face interaction too. Key staff are confined to the coal face with little or no time funded for CPD over and above mandatory training.
Protected time to be innovative - multi tasking and fatigue are not conducive to innovation.

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?
Guidance for the organisation to create a culture where it is OK to have protected time for innovation or best practice cascade; access to information for all staff at all levels; access to time and forum to encourage and present innovation. We have fantastically innovative staff in spite of the organisational structure. The silo thinking we are seeking to overcome frustrates innovation, exhausts or alienates many staff who then disengage.
Orientate a limited number of national bodies e.g. NHSI, NLA to collate and disseminate innovation.
These partners already try very hard to engage with NHS - largely limited by the availability of NHS colleagues. However if partnership working within each sector worked optimally so that there was one point of contact for each would make it easier for NHS. There remains an innate distrust of other partners, current policy to build engagement is vital to overcome this historic cultural trait. More joint funded posts

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

There is an overwhelming amount of information available so a simple and bite sized approach is needed particularly with staff who perhaps have had limited exposure to the techniques described above. Any strategy however needs to ensure a critical mass (of staff) to be achieved quickly - colleagues are war weary with 'the next best thing'. It is important during transition that the facilitative role in innovation of SHAs is maintained and improved within the sub national structure and that the post listening NHS continues to build on the recognition of the role of networks in accelerating the adoption and speed of innovation. The Professional bodies have a key role too.

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?

Providers and CCGs need to be empowered to do so. Other corporate and operational pressures consume available time and skills. Perhaps new posts - Director of Innovation should be created with ring fenced funding to deliver; equal power to any DoF and with 21stC Leadership skills. This could be a Board position that could be open to all clinical (and managerial) backgrounds both on FTs and Clinical Commissioning Groups.