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

Respondent ID: 150

Organisation name: Yorkshire & Humber Health Innovation & Education Cluster

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NHS Chief Executive Innovation Review – Response from the Y & H HIEC Board

Sir Ian Carruthers has been asked by Sir David Nicholson to lead a national call for ideas, evidence and recommendations for accelerating the spread of innovation in the NHS. The call for ideas asks 5 key questions and requests details of relevant examples, published papers or other evidence that we have found useful. It was agreed at the July 2011 Board meeting that the Y & H HIEC would submit a response.

1. Learning from elsewhere about adoption and spread
What can the NHS and NHS Commissioning Board learning from local, national and international best practice to accelerate the pace and scale of adoption of innovation in the NHS?

The Yorkshire and Humber HIEC are implementing innovation across the region at pace and scale. We are using education to support the adoption and spread of innovation in three theme areas. We have launched innovative educational materials to support the practical implementation of innovation. We have done this to achieve real and sustainable service change to improve quality and/or increase productivity. All NHS organisations and Higher Education Institutes across the region are members and we have worked with them to shape and deliver our work.

Key learning from our work:

- Driving innovation through education is important to achieve spread at scale. Using education as a tool to develop the workforce maximises the benefits from integrating evidence and research findings. With ~60% of the NHS budget used to fund workforce (NHS Choices, 2010), it is critical that the workforce is equipped and skilled to spread innovation in their practice.
- Driving innovation through education is a way to ensure that the workforce is able to implement and spread innovation is a sustainable way – we have developed several creative ways of achieving this (please see attached information).
- The adoption & spread of innovation must be commissioned, not just the innovation. There is a significant ‘journey’ between innovation and implementation, it is important that the ‘journey’ is systematically managed to create real service changes (please see attached information).
- Facilitating collaborations between sectors and establishing partnerships is critical to achieve spread at scale. New innovations do not necessarily require new networks, engaging with existing networks and communities with a focus on working together to support service change is important (please see attached information).
- Partnership working is critical to ensure appropriate understanding of both the problem, and the development and implementation of the solution. Buy-in from both senior leaders and staff on the ground is crucial to ensure sustainable change.
- Shared learning supported by metrics can be collected to draw out generic lessons regarding adoption & spread.
- A key barrier to adoption and spread is insufficient adaptation to local context. Top-down enforcement of innovation priorities is not successful. Adoption and spread must always be linked to local priorities.
Our education materials increase knowledge, but focus also on how to implement the knowledge into practice.

The ‘journey’ from evidence to implementation is a complex one, which requires a wide range of skills to search and review the evidence base to: identify the need or problem, determine what possible solutions there are, determine how they should be implemented (including consideration of the methods of change), and how to monitor and measure impact.

An innovative approach to both the method and content of the education facilitates spread and increases impact.

2. Actions at national level in the NHS
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?

Create a statutory duty to innovate and to support adoption and spread, including a duty to provide evidence of impact. For the adoption and spread of innovation to be taken seriously, it must be a central feature of the NHS architecture e.g. a core duty of the NHS Commissioning Board. This will support the commitments to innovations outlined in the NHS Constitution.

Create a crucial role for the Local Education & Training Boards (LETB) to drive adoption and spread of innovation. We have learned that working in partnership across sectors to drive innovation through education is vital to achieve sustainable change. LETBs will be real partnerships (including HEIs) with real ownership at a local level, and would be very well positioned to drive the adoption and spread of innovation at scale in the NHS alongside priority setting for commissioning. Given that the SHAs are forming clusters, it is important to ensure that the oversight of innovation remains as close to service delivery as possible. LETBs could offer a ‘home’ for SHA funded innovation activities to ensure continued successful engagement across the patch and a close connection to service delivery.

Create a requirement for Local Education & Training Boards to demonstrate and provide evidence that the education that they commission is innovative, that the education draws upon the latest evidence and that they can demonstrate they are commissioning education and training that meets the priorities on the NHS (e.g. impacts upon quality, safety, productivity).

Create effective working across Clusters by using the shared services model for communication and engagement to support the implementation, spread and diffusion of innovation.

Create formal responsibility for innovation, adoption and spread within the Clusters. The Cluster Operating Model requires an Executive Director to be responsible for Quality. Innovation should have the same credence with a named Executive Director with responsibility for discharging a statutory duty to support adoption and spread.

Create a requirement for accredited providers of NHS services to play an active role in supporting innovation, adoption and spread by amending the standard contracts to incorporate this responsibility. This would facilitate spread across all providers of NHS services, not just NHS ones.

3. Actions at local level in the NHS
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 throughout the NHS?

A coordinating function is important to achieve adoption and spread, because of the broad range of knowledge and skills required at each step in the process of implementing innovation. A coordination function is also important to ensure adoption and spread occurs in a systematic and managed way that meets the needs of the local NHS. This would include a requirement to facilitate collaboration between sectors and to draw out and identify generic lessons regarding how to achieve spread at pace and scale.

The adoption and spread of innovation must be championed by senior leaders, and facilitated at all levels throughout the organisation. There must be a willingness to support the organisation and cultural change required to enable the workforce to be more innovative.

4. Actions by NHS partners

What specific actions do you believe others, such as industry, academia, patient groups or local authorities could take to accelerate adoption and spread and what might encourage them to do so?

A willingness to engage with innovation, adoption and spread in a coordinated way to enable more systematic spread and sustainability across the health system and to support them in meeting a statutory duty to support innovation, adoption and spread.

5. Any other comments

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

The Yorkshire & the Humber Health Innovation & Education Cluster (HIEC) is 1 of 17 HIECs funded nationally to support the adoption and spread of evidence based innovation. The Y & H HIEC is a membership organisation that is driving innovation through education to improve the quality of the services patients receive and the way they receive them, this is how we are turning best practice into common practice. We are taking evidence based innovations and supporting the adoption and spread of them across the region using education, development and training. We are working on programmes that scale up and build upon our work funded from the Yorkshire & Humber SHA Regional Innovation Fund.

Further information regarding our work, including evidence for our learning is attached in our annual report, this provides the basis of and evidence for the key learning outlined in section 1. Please do contact Dawn Lawson dawn.lawson@yhhiec.nhs.uk or 07508 098778 with any queries.
Briefing – August 2011

What is Y & H HIEC?

The Yorkshire and Humber HIEC is implementing innovation across the region at pace and scale. We are using education to support the adoption and spread of innovation in three theme areas. We have launched innovative educational materials to support the practical implementation of innovation. We have done this to achieve real and sustainable service change to improve quality and/or increase productivity. All NHS organisations and Higher Education Institutes (with a health faculty) across the region are members and we have worked with them to shape and deliver our work.

The Yorkshire & Humber HIEC is a membership organisation and our vision is to work towards turning best practice into common practice.

What is different about Y & H HIEC?

We are driving innovation for health and service improvement through education in a way that hasn’t been done before. We are working in partnership with health, education, industry and the voluntary and third sectors to contribute to the QIPP agenda and improve health and the quality of services for patients, whilst reducing cost. We are using education as a mechanism to spread and diffuse evidence based practice at scale across the region. This approach has significant potential to drive improvement in a sustainable way.

The HIEC’s 3 themes are: Long Term Conditions, Maternal & Infant Health & Care and Patient Safety. We are also working closely with other organisations and networks within the innovation pathway, including the South Yorkshire Collaboration for Leadership for Applied Health Research & Care (CLAHRC).

A key part of our work is to support the spread and adoption of evidence based innovation across the region. To help us do this we organise and/or attend regular and varied engagements to speak to key stakeholders about HIEC work at meetings, networks, events and conferences regionally, nationally and internationally.
Achievements in our first year

Significant progress has been made in establishing the HIEC and beginning the work of adoption and spread of best practice across the region, a summary of key achievements includes:

- Design and delivery of education, training and learning tools to support the adoption of innovation and spread across our themes:
  - An introductory Telecare and Telehealth e-module - an e-learning starter package available free to anyone in the health and social care sectors in Yorkshire and the Humber who would like to know more about Telehealth and Telecare and the opportunities they present. [http://www.telesolutionsea.co.uk/yorkshire](http://www.telesolutionsea.co.uk/yorkshire).
  - A Telehealth Implementation resource - designed to support each stage of development from first idea to operational service delivery. The toolkit is available on-line at [http://yhhiec.org.uk/telehealthtoolkit/](http://yhhiec.org.uk/telehealthtoolkit/).
  - Telemonitoring & Teleconsultation Workbooks are the first in a series of “How to” resources for Managers and Clinicians. They are currently on the web-site [http://yhhiec.org.uk/workbook-consultation/](http://yhhiec.org.uk/workbook-consultation/) in draft form as we are looking for user feedback before we publish.
  - The Improving maternal and infant health and care: at admission in labour and promoting attachment and breastfeeding in neonatal units - Evidence into Practice report is now available. The report is currently being designed as a toolkit which we will use in implementing the enclosed recommendations. Over the coming months we will be designing training resources to support the recommendations and the toolkit will be the place to access these resources. [http://yhhiec.org.uk/wp-content/uploads/2011/06/11060109_Master_EiP_Report.pdf](http://yhhiec.org.uk/wp-content/uploads/2011/06/11060109_Master_EiP_Report.pdf)
  - Unit 1 of a 5 unit module, online multi-disciplinary breastfeeding education resource across Yorkshire and Humber. Unit 1 contains core material appropriate to all potential target groups, including health visitors, midwives, GPs, service commissioners and those who need only basic knowledge [http://www.york.ac.uk/healthsciences/cpd/specialist-areas/maternity/infant-feeding/](http://www.york.ac.uk/healthsciences/cpd/specialist-areas/maternity/infant-feeding/).
  - TAPS Training and Action for Patient Safety is a practical training programme which involves online learning and multi-professional clinical team action. It engages frontline staff in developing innovative solutions and can be used to deliver results for local safety priorities. [http://www.nhstaps.org/](http://www.nhstaps.org/)

- Establishment of effective governance structures across the HIEC which bring together key stakeholders to inform and enrich the outcomes of our work centrally and at theme level.
- Delivery of HIEC web-site which will be developed to become a best practice hub to further support sharing of innovation information across the NHS and HEIs and be the cornerstone of our communications strategy.
- Alignment with the QIPP agenda to ensure support of key stakeholders priorities.
- Engagement with stakeholders through existing networks and channels to maximise adoption and spread.
- Membership of and links into existing regional networks.
- We are working on programmes that scale up and build upon our work funded from the Yorkshire & Humber SHA Regional Innovation Fund e.g. Patient Safety TAPS programme into care homes.
A look to the year ahead

We are delighted there has been significant progress in our first year, but we do not under-estimate the diverse and significant challenges ahead. The NHS landscape is currently turbulent and maintaining engagement over the next year will be challenging. We have an engagement strategy focussed on keeping abreast of a changing landscape and engaging through existing networks where possible, to make our work as accessible as we can for current and emerging stakeholders.

We have never had such emphasis placed on innovation as we have seen recently given the scale of the efficiency challenges over the next 5 years. It is therefore crucially important to understand how to most effectively disseminate and spread evidence based innovation in a sustainable way in order to support NHS leaders and organisations to meet the current challenges faced by the NHS. The purpose of our work is to create a dynamic partnership between evidence, education and practice. From the work of the 3 themes we will draw out generic lessons relating to how this dynamic partnership is established and maintained, and how this partnership is crucial to ensure adoption and spread at pace and scale across the region.

Through a formal, independent evaluation and as part of our day to day work we will begin to share the generic learning around adoption and spread across the HIEC; looking at the different models each of the themes is using to achieve large scale adoption and spread of innovation to pull out transferable lessons in terms of what does and doesn’t work.

We look forward to playing an increasingly important part in supporting the QIPP agenda and contributing to the Y & H SHA Healthy Ambitions work.

Educational materials coming soon

- Emerging results of work to rapidly deploy telehealth in two sites within Yorkshire and Humber.
- E-learning resource on behavioural change for staff working with patients around telehealth.
- Emerging results of work across all neonatal units and hospital and community maternity services in the region to address two key topics; feeding and attachment in neonatal units and admission in labour.
- Launch of Interactive Situational Awareness Tool (SAVVI) on four key patient safety scenarios.
- Emerging results of work with NHS organisations to improve implementation of NPSA alerts.
- Y&H HIEC evaluation.
- Generic lessons on how to achieve adoption and spread of innovation across the region.

Further information is available at: www.yhhiec.nhs.uk or 01274 383410
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Foreword 2010-2011

I am delighted to write this foreword as HIEC Board Chair as it is with great satisfaction that I reflect on the previous 12 months, on the significant progress and achievement in establishing the Y & H HIEC and on beginning complex programs of work in earnest.

Innovation has never before been as important to the NHS as it is currently, in fact it is now recognised as essential to the future of the NHS (DH, 2011). Innovation is critical for helping us to respond to the current challenges in the NHS, we not only have to do things better, we have to do things differently. We have to unlock and harness the synergies between research, education and patient care in order to secure the quality and productivity gains we need going forward.

The sole purpose of the Y & H HIEC is to drive systematic adoption and diffusion of innovation; this is the ‘difficult bit’ of innovation. The Y & H HIEC has developed an ambitious plan of work to deliver the transformation of services to achieve increases in quality and productivity that are so important to the NHS going forward. We are using education as a method to spread innovation. We are doing this properly – as you will see set out in this report – we are doing this in a systematic, managed way, always driven by evidence.

Over the previous year I am delighted to have chaired stimulating meetings of the HIEC Board. The HIEC Board brings together commissioners and providers of education and service to think creatively about how to achieve significant change across the region. I am grateful to colleagues who have given their time and ideas generously to help us consider potential options for the future of the HIEC. I am also grateful that they have constructively challenged us to deliver to the best of our ability and circumstance.

Finally, I extend my thanks to the HIEC Team for their commitment and achievement over the last year and for their continued resolve to ensure that we really do turn best practice into common practice in Y & H. We have lots more to do and I am looking forward to the year ahead.

Allan Wittrick
Chair, HIEC Board
Executive Summary

I am delighted to welcome you to our first annual report in which we share details of our impressive progress during the first year. The HIEC is about driving innovation through education to improve the quality of the services patients receive and the way they receive them. Our challenge is to do this at pace and scale, and always in an evidence-based way. The HIEC comprises 3 themes: Long Term Conditions, Maternal & Infant Health & Care and Patient Safety.

The Long Term Conditions theme is working to enable more people to manage their own care with independence and dignity. In the first year they have launched a new online resource for tele-health pioneers, launched a tele-health and tele-health e-learning module and have embedded the module in the undergraduate curricula in 2 universities in the region and supported and extended the work of the regional tele-health programme.

The Maternal & Infant Health & Care theme is working to ‘get it right from the start’ and make a difference to the care of mothers and babies. In the first year they have undertaken two region wide ‘evidence into practice consultations’ to inform the work of the theme, launched a multi-disciplinary online breast feeding programme and have established active regional multidisciplinary networks and partnerships including universities, NHS and voluntary sector partners.

The Patient Safety theme is working to use innovative training methods to improve patient safety education. In the first year they have expanded a team based training programme (TAPS) fivefold, launched an online educational package that provides an introduction to patient safety and are acting as a broker for a common patient safety curriculum in medical schools across the region.

We have established the HIEC over the previous year and we have an engaged Board, Executive Team and Teams within each Theme, a strategic and business plan and we have become a key partner in several region-wide strategic groups, supporting their work with our evidence-based approach. Our priority is to learn from the work of our themes to enable us to understand how to drive the adoption and spread of evidence based best practice across the NHS organisations in the region, in this way we strive to be more than the sum of our parts.

A better understanding of spread is crucial given the challenges the NHS faces over the next 5 years. The NHS needs to make savings because of growing demand and must achieve up to £20bn of efficiency savings by 2015 through a focus on quality, innovation, productivity and prevention (DH, 2011). It is therefore crucially important to understand how to most effectively disseminate and spread evidence based innovation in a sustainable way in order to support NHS leaders and organisations to meet the current challenges faced by the NHS. This is where the value of the HIEC resides.
The Y & H HIEC has attracted over £1.6m in additional funding which contributes to and enables us to scale up our work. In return we anticipate realising significant QIPP savings with the next year and there will be savings beyond this. We are pleased to be working closely with the Yorkshire & Humber Strategic Health Authority which has supported the work of the HIEC with Regional Innovation Funding. The investment of £1m has enabled the work of the HIEC to be scaled up significantly. Our 3 themes relate directly to five pathways in Health Ambitions, the Y & H SHAs strategic plan in response to Next Stage Review.

Throughout the year we have continued to build our profile and relationships across the region and have recently launched our website which will be a key tool in ensuring we engage with stakeholders going forward, as well as developing our logo and brand. We are working closely with other organisations and networks within the innovation pathway, including the South Yorkshire Collaboration for Leadership for Applied Health Research & Care (CLAHRC) and the regional intellectual property hub Medipex, for example we have submitted joint bids for funding and actively developing further joint bids.

It is important to recognise that the HIEC is working in a radically different way to how we have worked historically. We are contributing to the QIPP agenda by driving innovation through education; it is an exciting and timely vision. We are working in partnership by bringing together different sectors and wrestling with the constraints of each to drive evidence based innovation.

We will make clear our plans to go further faster and how we will extend the reach of HIEC products to reflect the changing nature of the workforce who will be delivering NHS services going forward. We have made excellent progress to date and look forward to the challenges of the coming year.
Achievements

Significant progress has been made in establishing the HIEC and beginning the work of adoption and spread of best practice across the region. The exciting and ambitious work undertaken by HIEC Central and the Themes is detailed in subsequent sections however, a summary of key achievements includes:

- Design and delivery of education, training and learning tools to support the adoption of innovation and spread across our themes:
  - An introductory Telecare and Telehealth e-module – an e-learning starter package available free to anyone working or studying in the health and social care sectors in Yorkshire and the Humber who would like to know more about Telehealth and Telecare and the opportunities they present.
  - A Telehealth Implementation resource (DVD) for commissioners and service providers – this resource is designed to support each stage of development from first idea to operational service delivery.
  - An evidence into practice consultation exercise to inform a blueprint for change in admission in labour and breastfeeding and attachment/bonding in neonatal units which engaged with over 400 people including midwives, obstetricians, neonatologists, neonatal nurses, managers, commissioners, public health practitioners and the voluntary sector.
  - Unit 1 of a 5 unit module, multi-disciplinary breastfeeding education distance learning resource across Yorkshire and Humber. Over 150 people are registered, and around 50 more have applied
  - TAPS Training and Action for Patient Safety is a training programme helping multi-professional clinical teams to develop innovative solutions to address common patient safety problems. TAPS is practical, involves online learning and team action. It engages frontline staff and can be used to deliver results for local safety priorities – including CQUINs and QIPP. The TAPS programme has been delivered to 35 clinical teams to date and the learning from these is available.

- Establishment of effective governance structures across the HIEC which bring together key stakeholders to inform and enrich the outcomes of our work centrally and at theme level.

- Delivery of HIEC web-site which will be developed to become a best practice hub to further support sharing of innovation information across the NHS and HEIs and be the cornerstone of our communications strategy.

- Alignment with the QIPP agenda to ensure support of key stakeholders priorities.
• Engagement with stakeholders through existing networks and channels to maximise adoption and spread.

• Regular and varied engagements to speak to key stakeholders about HIEC work at meetings, networks, events and conferences regionally, nationally and internationally.

• Membership of and links into existing regional networks.

• Attracted additional Regional Innovation Funding to extend reach of our work e.g. Patient Safety TAPS programme into care homes.
Challenges

The purpose of the HIEC is to bring together different sectors to work in partnership across the Y & H SHA area. As one of the largest HIECs, it has been a challenge to map out the existing networks and to tap into them; progress has been made but there is further work to do to ensure we avoid duplication and to ensure we are engaging with the appropriate groups.

The HIEC represents an ambitious vision of developing significant partnership working to turn best practice into common practice, to achieve this we are working across sectors and boundaries which means we have to spend time understanding how the different sectors work. This has been tricky given the changes experienced by all the sectors that we are working with and has progressed relatively slowly as a result.

It has been challenging to maintain engagement at a time of significant change in the NHS landscape, once again progress has been made but we are conscious that maintaining engagement will be crucial going forward to ensure effective spread and uptake of our work. We have appointed a full time business and communications manager to support this work and have recently launched our website, which is undergoing further refinement to ensure it is a best practice portal that is easily accessible and of value to NHS staff. We are reviewing our membership and stakeholders and will ensure the HIEC Board and our future engagement reflects the changing landscape as far as we can. We are also targeting our communications to ensure our audiences are receiving information in a way that is easily accessible and speaks to their current priorities.

We are seeking to engage with GP commissioners, National Commissioning Board, Health and Well Being Boards and other new stakeholders emerging from the changing landscape, as they are defined and developed; Identifying the appropriate time and way to interact with them is an on-going piece of work.
A look to the year ahead

We are delighted there has been significant progress in our first year, but we do not under-estimate the diverse and significant challenges ahead. The NHS landscape is currently turbulent and maintaining engagement over the next year will be challenging. We have an engagement strategy focussed on keeping abreast of a changing landscape and engaging through existing networks where possible, to make our work as accessible as we can for current and emerging stakeholders.

We have never had such emphasis placed on innovation as we have seen recently given the scale of the efficiency challenges over the next 5 years. It is therefore crucially important to understand how to most effectively disseminate and spread evidence based innovation in a sustainable way in order to support NHS leaders and organisations to meet the current challenges faced by the NHS.

We are confident that there are elements of our work that will make much needed contribution to health and to the quality and cost improvement agendas, such that they will be sustainable beyond two years. For example, we are beginning to engage with GP commissioners to understand how we can support them in ensuring they are delivering evidence based innovative care.

The purpose of our work is to create a dynamic partnership between evidence, education and practice. From the work of the 3 themes we will draw out generic lessons relating to how this dynamic partnership is established and maintained, and how this partnership is crucial to ensure adoption and spread at pace and scale across the region.

Through a formal, independent evaluation and as part of our day to day work we will begin to share the generic learning around adoption and spread across the HIEC; looking at the different models each of the themes is using to achieve large scale adoption and spread of innovation to pull out transferable lessons in terms of what does and doesn’t work.

As a result of our work we have the potential to provide significant input as an ‘R & D’ arm of the new Provider Skills Network. The HIEC Board Chair and several Board Members are participants in the Regional Workforce Programme Board, which is developing the model for the Provider Skills Networks.
We are awaiting clarification relating to the National Commissioning Boards role and who will be responsible for driving innovation, as there is potential to provide regional expertise in relation to adoption and spread of evidence based innovation.

We look forward to playing an increasingly important part in supporting the QIPP agenda and contributing to the Y & H SHA Healthy Ambitions work.
HIEC core objectives

Introduction to the Y & H HIEC
The Yorkshire & Humber HIEC is a membership organisation that is driving innovation through education to improve the quality of the services patients receive and the way they receive them. We are also looking at innovation and how it can support prevention in health and care.

Our vision is to improve health and care through the rapid and universal introduction of proven innovate best practices and technologies in healthcare delivery, education, training and development – turning best practice into common practice – and for the region to become a national and international leader in the field, helping to spread excellence in education and in service nationally and internationally.

Further details of our aims, themes, members and governance arrangements can be found in appendix 1.

What is different about Y & H HIEC?
We are driving innovation for health and service improvement through education in a way that hasn’t been done before. Through working in partnership with health, education, industry and the voluntary and third sectors to contribute to the QIPP agenda and improve health and the quality of services for patients, whilst reducing cost. We are using education as a mechanism to spread and diffuse evidence based practice at scale across the region. This approach has significant potential to drive improvement and improve health and care in a sustainable way.

In short we take evidence based innovations and encourage the adoption and spread of them across the region using development, education and training.
For example, there is an emerging evidence base for the implementation of telehealth and telecare to improve patient experience, quality care and deliver efficiencies, particularly for patients with long-term conditions; through an e-learning module introducing telehealth and telecare and a more extensive toolkit (containing resources for those considering or wishing to implement telehealth, telecare, telemonitoring etc.). The HIEC is raising awareness and understanding about the opportunities this innovation can offer and offering a one stop shop for practical information, implementation advice and the evidence base.

Throughout this report we refer to outcomes and products these are the education, training and delivery tools we are using to drive the adoption and spread of innovation including e-learning, toolkits, team based learning etc.

**HIEC collective core objectives**

The Y & H HIEC has developed an ambitious plan of work to deliver the transformation of services to drive the increases in quality and productivity that are so important to the NHS at the current time. To achieve this we are working in different ways than we have traditionally done, forming new partnerships and involving a greater number of stakeholders in times of unprecedented change. We are keen to ensure we derive maximum learning and benefit from the HIEC funding and have agreed 10 objectives to measure the impact of our work across the region. We have summarised the objectives and progress below.

To ensure that the HIEC successfully harnesses the synergies between research, education and patient care, 10 core objectives have been agreed. Details of the objectives, a brief note on progress and gives an indication of future actions are provided in Figure 1.

**Figure 1: 10 Core objectives, progress and plans**

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<th>Core objective</th>
<th>Progress &amp; actions</th>
<th>Future actions</th>
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<tbody>
<tr>
<td>1. To create a ‘spearhead’ of organisations from the NHS, higher education and other sectors committed to ‘turning best practice into common practice’</td>
<td>The HIEC Board brings together NHS and higher education colleagues. We recognise that as a result of the changes in the NHS landscape the configuration of the Board may have to change. Each Theme has a Steering group that brings together a broad range of stakeholders to ensure multidisciplinary and multi-sector expertise shapes and supports the work of the theme. Each theme works with a range of Trusts, universities and other organisations, including the voluntary and commercial sectors and existing regional strategy groups, to deliver a planned programme of development to agreed priorities.</td>
<td>Review Board membership in light of changes in the NHS landscape to ensure appropriate composition going forward. Step-up efforts to publicise and market HIEC products and achievements across the region (Business &amp; Communications Manager now in post). Collate examples of impact that demonstrate the importance of unlocking the synergy between research, education &amp; patient care. Broaden the range of partners engaged in theme working</td>
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<td>Core objective</td>
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<td>2.</td>
<td>To forge new relationships with and learn from commercial and not-for-profit organisations regarding the adoption and diffusion of innovation.</td>
<td>Ensure effective learning from these relationships as they progress and to ensure this learning feeds our work over the coming year. Identify new partners going forward as the changes in the NHS landscape progress. Facilitate and support the discussions regarding an international network to share best practice regarding adoption and spread. Early discussions with colleagues from Jönköping, Sweden regarding establishing and international network to share best practice regarding adoption &amp; spread.</td>
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<td>Theme level relationships have provided an avenue to learn from other colleagues. HIEC will be co-partners on several bids working with commercial companies and Medipex to support adoption and diffusion in the NHS. Working with Medipex (IP Hub) to take products to market. Visited Jönköping, Sweden with other colleagues from Y &amp; H to understand international aspects of adoption and spread.</td>
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<td>3.</td>
<td>To identify, develop, test and prove methodologies which rapidly spread effective new practices to all parts of the NHS and healthcare education, and which support the development of organisational cultures in which innovation is adopted with commitment and enthusiasm</td>
<td>Learning from the HIEC Evaluation will inform the extent to which our work is spread across the region. It will also inform our understanding of generic lessons regarding adoption and spread.</td>
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<td>On going. Work streams of themes are working towards this as they develop new ways of working and interacting with colleagues, new products and educational materials. For example the Long Term Conditions theme has developed new educational material with a commercial organisation that will be available free of charge to NHS staff in the Y &amp; H region. The Patient Safety and Maternal &amp; Infant Health &amp; Care theme are in discussion with colleagues regarding standard curricula across HEIs for work relating to their theme. The HIEC participates in numerous meetings and network events in order to develop and maintain a high profile and promulgate the work. Informal feedback from colleagues and participants in our work is strongly positive, in particular our collaborative approach to working has been well received for example, MIHC breastfeeding coordinators.</td>
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<tr>
<td>Core objective</td>
<td>Progress &amp; actions</td>
<td>Future actions</td>
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<tr>
<td>4. To mobilise key ‘influencers’ in the NHS and higher education in Yorkshire &amp; the Humber to support and drive the adoption and spread of innovation locally.</td>
<td>Early conference in May 2010 to launch the HIEC. Attendance at key regional leadership events. Key senior multidisciplinary partners are involved in our Board and theme-level work, from a range of sectors. Theme teams are creating a network of ‘champions’ within organisations. Use of remaining resources to maximise the spread and impact of HIEC products, materials and resources.</td>
<td>Effective engagement strategy going forward during a changing environment. Ensure attendance and promotion of HIEC work at key opportunities. Further conference for senior leaders to showcase the work of the HIEC. Understand how to secure financial support for HIEC products via mainstream educational processes to support sustainable innovation in workforce.</td>
</tr>
<tr>
<td>5. To focus particularly on how education and training can change culture and practice in the NHS with regard to adopting effective innovation.</td>
<td>Several multidisciplinary, cross-sectoral programmes already launched with regional and national endorsement, accredited by universities and offering CPD credits form national organisations. HIEC educational material, resources and products are designed to achieve this. Educators involved in developing educationally-sound, evidence-based, flexible, distance-learning programmes for multidisciplinary learning that can be used at scale. Regular discussions with education commissioners and managers regarding opportunities to achieve this within existing provision and budgets.</td>
<td>Measure and monitor outcomes to determine impact. Develop and test other programmes Further develop inclusion of programmes in pre-registration programmes.</td>
</tr>
<tr>
<td>6. To focus on the adoption and diffusion of new practices which increase the quality and productivity of the NHS.</td>
<td>Several products already launched. HIEC educational material, resources and products are designed to achieve this. Network development is enhancing the uptake and spread of knowledge and of multidisciplinary, cross-sectoral ways of working.</td>
<td>Measure and monitor outcomes to determine impact.</td>
</tr>
<tr>
<td>Core objective</td>
<td>Progress &amp; actions</td>
<td>Future actions</td>
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<tr>
<td><strong>7.</strong> To concentrate initially on 3 themes: Long Term Conditions, Maternal &amp; Infant Health &amp; Care, Patient Safety; with other themes being added from year 3, so as eventually to cover the full spectrum of the SHA Strategic Plan, Healthy Ambitions.</td>
<td>3 themes have been established with all key staff now in post.</td>
<td>Review progress and outcomes against agreed plans. In light of the changing NHS landscape, keep abreast of strategic priorities and align accordingly. Change to national plans for ongoing funding may reduce the potential to work more broadly.</td>
</tr>
<tr>
<td><strong>8.</strong> To access Regional Innovation Funding to support theme level projects.</td>
<td>Completed, £1 million gained, projects underway.</td>
<td>Review progress and outcomes within agreed the RIF SHA reporting framework.</td>
</tr>
<tr>
<td><strong>9.</strong> To disseminate lessons learnt – regionally, nationally, internationally.</td>
<td>Abstracts accepted for national and international conferences.</td>
<td>Increasingly focus on dissemination in the second year as we will have real learning to share. Papers will be written for national and international dissemination.</td>
</tr>
<tr>
<td><strong>10.</strong> To link and collaborate effectively with other initiatives and networks (e.g. both CLAHRCs) so as to support the dissemination and spread across the region of the learning and benefits which they generate.</td>
<td>Reciprocal membership of SY CLAHRC HIEC Board. HIEC presented at the international SY CLAHRC conference. Shared staff between long-term condition theme and SY CLAHRC.</td>
<td>Further joint working with Medipex, IP hub to commercialise products and to secure future funding.</td>
</tr>
</tbody>
</table>

In addition to the Collective Objectives as part of establishing the Y & H HIEC, 17 business objectives were agreed to be undertaken in year 1.
**HIEC Collective Year 1 business objectives**

The business objectives were agreed in order to establish a robust and timely foundation upon which the work of the HIEC could then build. The business objectives are detailed in Figure 2 along with a summary of progress and future actions.

<table>
<thead>
<tr>
<th>Business objectives</th>
<th>Progress &amp; actions</th>
<th>Future actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establish its Board.</td>
<td>Completed.</td>
<td>Review membership as a result of the changes in the NHS landscape.</td>
</tr>
<tr>
<td>2. Appoint a Director, 3 theme leads and 3 theme assistant directors and establish theme management teams.</td>
<td>Completed.</td>
<td>On going development of the HIEC team to ensure shared learning and development.</td>
</tr>
<tr>
<td>3. Develop close relationships at theme level between the theme leadership and management team and the core partners committed to working with that theme.</td>
<td>Agreements are in place, regular dialogue occurs and no problems identified.</td>
<td>Maintain and increase existing relationships to ensure effective working relationships across the regions, examples are given in the description of theme work.</td>
</tr>
<tr>
<td>4. Agree 3 year objectives with the Director, HIEC ‘central’ and the 3 themes including detailed KPIs.</td>
<td>Objectives agreed and reviewed at Board meetings.</td>
<td>Progress reviewed at each Board meeting, and business is managed and discussed at Executive Group meetings.</td>
</tr>
<tr>
<td>5. Establish mechanisms for measuring outcomes of innovation &amp; change.</td>
<td></td>
<td>Conduct robust evaluation to establish and monitor outcomes.</td>
</tr>
<tr>
<td>6. Establish best practice hub.</td>
<td>The HIEC website has now been established, which provides information on the HIEC work and access to useful resources (e.g. hosts tele-health toolkit), tools as well as signposts to other high quality information.</td>
<td>Further work to enrich content and increase traffic to site.</td>
</tr>
<tr>
<td>7.Establish evaluation and feedback hub.</td>
<td>Evaluation plans in place, evaluation on going.</td>
<td>Continued support and advice from evaluation team.</td>
</tr>
<tr>
<td>8. Establish behavioural change hub.</td>
<td>Evaluation to draw out generic lessons relating to adoption and spread.</td>
<td>Continue to ensure learning across themes as well as within themes.</td>
</tr>
<tr>
<td>9. Develop and implement a clearer framework for engaging local authorities.</td>
<td>Some limited engagement.</td>
<td>Emerging plans and activity as the changes in the landscape become clearer.</td>
</tr>
<tr>
<td>Business objectives</td>
<td>Progress &amp; actions</td>
<td>Future actions</td>
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<tr>
<td>10. Establish effective arrangements at theme level for engaging with organisations representing service users.</td>
<td>Voluntary sector strongly engaged in MIHC theme, for example close working with the Best Beginnings charity. HIEC will be supporting the spread of their educational DVD.</td>
<td>Regular review to ensure new groups are identified.</td>
</tr>
<tr>
<td>11. Increase commercial and third sector engagement by 5 organisations in each category.</td>
<td>Commercial sector strongly engaged in LTC theme.</td>
<td>Regularly review to ensure appropriate organisations are engaged.</td>
</tr>
<tr>
<td>12. Develop an effective approach to evaluate the collective value of the HIEC and its activities.</td>
<td>External evaluation currently undergoing procurement process.</td>
<td>Monitor progress against agreed milestones.</td>
</tr>
<tr>
<td>13. Begin to draw together generic lessons that facilitate adoption and spread of innovation.</td>
<td>Cross theme working and lessons from the evaluation.</td>
<td>Continue to ensure regular learning that feeds into our work.</td>
</tr>
<tr>
<td>14. Develop an appropriate model to indicate return on investment for HIEC products.</td>
<td>Working with the evaluation team to develop a model.</td>
<td>Review and refine as necessary.</td>
</tr>
<tr>
<td>15. Develop effective and high profile communications and marketing tools.</td>
<td>Business &amp; Communications manager now in post.</td>
<td>This is a key focus for HIEC Central going forward.</td>
</tr>
<tr>
<td>17. Identify and engage with other partners as appropriate to HIEC business.</td>
<td>Work to engage local authorities, voluntary sector, commercial partners across the HIEC Team. For example, the Long Term Conditions theme is developing a joint event with voluntary organisations to shape the work of the theme and to spread awareness of telehealth.</td>
<td>Continue to identify new partners.</td>
</tr>
</tbody>
</table>

Further details of the HIEC Central Team and function can be found in appendix 5. Further details of the work of the themes can be found in the following chapters.

**Governance & review process**

The HIEC Board review progress against HIEC objectives at bi-monthly Board meetings. In addition, there are quarterly review meetings with the Y & H SHA to review progress against the collective and business objectives. Further detail of the financial governance arrangements can be found in appendix 5.
How the Y & H HIEC is impacting upon quality, safety and productivity in Long Term Conditions

The aim of the Long Term Conditions Theme

The Health Innovation and Education Cluster Long Term Conditions theme aims to enable more people with long term conditions (LTC) specifically heart failure and respiratory conditions, to manage their own care with independence and dignity, by making best use of new technology and turning best practice in this area into common practice. Working in partnership with a wide range of stakeholders, our work supports health and social care service providers in a variety of ways. The HIEC’s focus is on education as the means of driving change and improvement as we recognise that cultural and behaviour changes are crucially important when implementing new technology. The educational ‘products’ draw on current evidence are informed by findings from the South Yorkshire Collaboration for Leadership in Applied Health Research and Care (SY CLAHRC) and other research initiatives.
Highlights of the impact of the Long Term Conditions work

An introduction to Telecare and Telehealth: free e-learning module now available

A key impact of the Long Term Conditions Theme is the work to lay the foundation for the rapid and widespread adoption of telehealth solutions in the Yorkshire & the Humber region, raising awareness and appetite for telehealth and its associated pathway and behaviour changes across a broad range of audiences. To support organisational and cultural development at scale, the Theme Team have worked with Virtual College Ltd to produce an engaging, interactive e-learning module ‘An Introduction to Telecare and Telehealth’. This has been a collaborative project including the University of Hull, Sheffield Hallam University and the Advanced Digital Institute.

The module is an interactive package comprising around two and a half hours of study. Learners can work at their own pace and receive a certificate of completion for their CPD portfolio. Approximately 250 people have registered during the pilot stage and feedback to date has been excellent. The learning package will be continually updated as new material emerges. The module is available at: www.telesolutionsea.co.uk/yorkshire.

It is a significant step forward in developing the undergraduate curriculum that the University of Hull and Sheffield Hallam University are integrating the module into their undergraduate courses for nurses, social workers and allied health professionals. This will significantly support organisational and cultural development as newly qualified students will be equipped with the skills and knowledge to support service users in self-managing their conditions with confidence and dignity. Furthermore, the Royal College of Nursing has already approved and accredited the module for use with nurses.

Introducing Telehealth at Scale and Pace: a new online resource for ‘Telehealth Pioneers’

Members of the Regional Telehealth Network have worked with Paul Rice and Tribal Consulting to develop a new telehealth development resource. Designed primarily for commissioners and service providers it contains background information on telehealth and explores the application of tele-coaching, tele-monitoring and tele-consultation.

Outlining research evidence and business cases for each of these approaches, the resource illustrates the deployment of telehealth technology using a range of UK and international case studies. The resource is designed to support each stage of development from first idea to operational service delivery.

The resource is designed to support emergent commissioners, provider organisations and individuals to access the information required to introduce new technology-enabled service models for people with long term conditions. The resource is available at: www.yhhiec.org.uk.
Anticipated contribution to Quality, Innovation, Productivity & Prevention

Quality
The work of the theme will support the introduction of new service models incorporating technology that will improve the patient experience, reduce the likelihood of exacerbations and unnecessary emergency admissions at lower cost.

Innovation
New care pathways incorporating tele-health are by definition innovative i.e. they replace previous service models. The work of the HIEC is drawing upon the latest evidence to ensure the newer service models are the best they can be.

Productivity
New care pathways incorporating tele-health enable more intelligent dispatch of clinical staff to patients in greatest need and when coupled with mobile technology increase workforce productivity through eliminating unnecessary journeys and ensuring right care right time right professional for the patient’s immediate level of need. Exact figures of cost savings will be determined once the patient pathway is identified.

Prevention
New care pathways incorporating tele-health increase levels of understanding and self-management on the part of patients empowering them and their carers to more effectively look after themselves thus avoiding exacerbations.

Priorities for the coming year
The Theme’s foci for the coming year are to drive further adoption and spread of technology-enabled pathways for people with long term conditions and to seek to develop a sustainable footing for the work beyond the remaining HIEC core funding. As such, work will expand to include a wider set of stakeholders, including patients and third sector organisations, and the development of educational and advisory products and services which are sustainable.
How the Y & H HIEC is impacting upon quality, safety and productivity in Maternal & Infant Health & Care

The aim of the Maternal and Infant Health and Care theme is to promote adoption and diffusion of evidence-based best practice at scale across the region and to address inequalities in health and care, through innovation, education, and collaborative working. The strapline for the theme is ‘Getting it Right from the Start’, in recognition of the potential to make a difference for mothers and babies and have a positive impact on their health in the longer term.

Highlights of the impact of the Maternal & Infant Health & Care Team work

Strong multidisciplinary, cross-sectoral partnerships and networks have been developed across the region, giving a strong foundation for supporting future work. The theme’s priorities and work programmes are informed by colleagues in practice, education, and commissioning.
Two region wide evidence into practice consultation exercises

Two region-wide evidence into practice consultation exercises were conducted to examine two topics requested by our stakeholders: care during admission in labour, and breastfeeding and maternal-infant attachment in neonatal units. For each of the two topics, key evidence-based actions were identified, derived from systematic reviews and recent studies and were incorporated in electronic questionnaires. Over 350 completed questionnaires were received. These key evidence based actions were also examined during two ‘diagonal slice’ workshops involving over 80 people to identify key barriers and strategies for implementation, as well existing examples of best practice.

Participants in this regional consultation suggested strategies, bright ideas to support implementation of evidence-based actions, and examples of existing best practice; a few examples are given here:

**Care during admission in labour – strategies and examples of best practice**

“Antenatal birth preparation for women and families encouraging those suitable to stay at home to do so, enhancing relaxation and fundamental belief and confidence in birth as a liberating process”

“Encouraging midwives to believe in themselves to have the ability to trust women – sometimes women are kept in labour ward because they may go into labour in the next few hours – these women should be supported and encouraged to have the confidence to be in their own environment in the early stages of labour”

**Promoting breastfeeding and attachment in neonatal units – strategies and examples of best practice**

“Encouraging the importance of breast milk in preterm (babies) and highlighting the importance of donor milk if expressed breast milk not available”

“Breastfeeding workshops, more use of peer support and mothers in antenatal education”

“Rotate (staff) onto transitional care unit”

“Audit skin to skin contact and breastfeeding outcomes and feedback results to all grades and disciplines of staff”
This region-wide evidence into practice consultation has resulted in the production of an evidence-based blueprint for development and change, which will be disseminated in April 2011.

**Multidisciplinary online breastfeeding education programme launched**

We have launched a distance learning, multidisciplinary, breastfeeding education programme. It is very different from other education provision in this area, designed to meet a substantial learning need, and address a key public health priority which will tackle inequalities in health. It is endorsed by relevant organisations including UNICEF Baby Friendly Initiative, RCOG, RCM, and all voluntary groups in the field. The programme covers the challenges of infant feeding, practical support, common problems, and change management and leadership.

There are five units, which are calculated to take approximately 10 hours each to complete. The five units of study together can comprise an accredited module offering 20 credits at level six (honours degree level), and will be a part of the continuing professional development provision for qualified staff. Further work is underway to adapt the resource for use in undergraduate/pre-registration programmes, and Masters level study. It is being offered free of charge to 400 staff in the region as a pilot – around 200 people are currently registered. It is intended that it will then be commissioned for regional staff, and marketed nationally and internationally.

**Anticipated contribution to Quality, Innovation, Productivity & Prevention**

**Quality**

The work of the theme will support improvements in breastfeeding rates including increased breastfeeding for babies in neonatal units and their mothers, decreased interventions in labour, improved parental experience, improved maternal-infant attachment, improved safeguarding, improved short and long term health outcomes, and improved staff knowledge and skills.

**Innovation**

The theme is using innovative ways to improve risk assessment, particularly for vulnerable women and to improve the quality of experience of patients. A key way to achieve this will be working effectively and systematically in a cross-sectoral and multidisciplinary way, and with the active engagement of service users and the voluntary sector.
Productivity

A short-term estimate of savings is that approximately £1m could be saved annually by a 1% reduction in caesarean sections across Y & H. In a recent economic analysis, the provision of trained support for mothers of babies in neonatal units resulted in an improvement per infant in Quality Adjusted Life Year (QALY) that ranged from 0.009-0.251 and cost savings per infant in hospital that ranged from £66-£586, depending on the birth weight sub-population. In a region with circa 6500 neonatal admissions a year, short-term cost savings could be over £1 million annually, with considerably larger longer-term cost savings.

Prevention

An increase in breastfeeding rates, with subsequent range of health improvements including prevention of infant, childhood and adult diseases has the potential to be a large saving. We are currently conducting a cost analysis in an externally-funded research study to examine the scale of such savings. We are conducting work with practitioners to identify best practice in working with women from particularly vulnerable groups, to improve outcomes and address inequalities.

Priorities for the coming year

The focus for the coming year is to utilise the remaining HIEC Core funding to extend and deepen the work of the theme and consolidate the extensive networks already established. We will work at scale with two Neonatal Networks (16 units) and in community and labour ward settings across the region to introduce, cascade and embed best practice. We are also working with key partners and have identified additional educational programmes that can support the adoption of spread across the region. We will work towards increased collaboration in education provision across universities in the region.
How the Y & H HIEC is impacting upon quality, safety and productivity in Patient Safety

The aim of the Patient Safety Theme

The work of the Patient Safety Theme focuses on providing a multi-disciplinary workforce with the knowledge, tools, skills and motivation to invent, adopt and spread safer ways of working. We aim to use innovative training methods and materials to support effective patient safety training at undergraduate, postgraduate and continuing professional development levels.

Highlights of the impact of the Patient Safety work

Making online patient safety training available to health professionals across the region – towards common induction package.

There are two components to this work. The first involves an on-line educational package (www.nhstaps.org) that provides an introduction to patient safety.
This package has been developed as part of the Training and Action for Patient Safety (TAPS) programme and includes 1) resources (publications and intervention materials); 2) a series of brief demonstrations highlighting the inevitability of error; 3) a multiple choice with guided learning on patient safety epidemiology, research and policy and 4) a series of case studies from primary, secondary and mental health care which encourage people to identify patient safety problems, solutions and appropriate measurement tools. Following feedback from participants and the need to make this a standalone learning resource the package has been modified. We are currently exploring with the SHA and Postgraduate Deanery how best to make this available to staff.

The second component of this work is the development of SAVVI: Situational Awareness Video – Vital Insights. The aims of this web-based resource are to introduce the key concepts of situational awareness (information gathering comprehension and projection) and why it is important for safety and to improve skills in situational awareness for critical safety tasks amongst all staff but particularly new doctors and nurses. SAVVI will be hosted on a website to ensure interactivity and to record performance and will focus on four scenarios: 1) deteriorating patient; 2) prescribing a high risk medicine; 3) handover/safety briefing; 4) diagnostic overshadowing in primary care. To date, we have undertaken work with clinical teams to develop the draft scenarios and we have commissioned Mezzo Film Company to work with us to meet an end of July deadline for completion.

The Training for Action in Patient Safety Programme (TAPS)

The Training and Action for Patient Safety (TAPS: www.nhstaps.org) programme was launched with a pilot in Bradford engaging 11 teams (total 55 participants, including 16 junior doctors) from hospital (4 teams), mental health (3 teams) and general practice (3 teams) organisations. Teams undertook individual online patient safety training and tackled a work-based project to address a patient safety issue in their working practice. An evaluation demonstrated that 8 out of the 11 teams demonstrated improvement in patient safety practices and proxy-outcomes through weekly patient safety measures, the workshops and online learning elements were well-received by participants, and there were small but significant improvements in some safety culture dimensions. Moreover, interviews with team members highlighted the importance of the transferrable skills learnt by participants, and the unexpected benefits in terms of closer team working.

Broker for a common curriculum

Lack of standardisation of processes and equipment across health organisations in our regions can introduce additional risks for patient safety. This was the priority that delegates at the HIEC launch conference (May 2010) highlighted as the most important. Moreover, there is no common patient safety curriculum in medical schools, or other professional training routes. The HIEC is in a position to support medical schools and others to share best practice for patient safety. An initial meeting with representatives from all three medical schools in the region, convened by the HIEC, established good-will in this area and set out the scope of further discussions.
Anticipated contribution to Quality, Innovation, Productivity & Prevention

Quality
A recent evaluation of a TAPS pilot has demonstrated significant improvements in safety and quality of care. The TAPS programme will extend to provide training for a further 30 teams and further support the spread of the solutions developed where there is potential for high impact. A large part of the work of the theme is to deliver skills training to improve the quality of healthcare and to facilitate more effective responses to NPSA alerts.

Innovation
The different projects that are part of the work of this theme are designed to deliver innovative solutions to local patient safety problems. Theme innovations will be highlighted and spread through Yorkshire & Humber. The development of a standard common induction package for junior doctors is an innovative low cost response to meeting the patient safety training needs of new staff, as is a networked evidence based response to NPSA alerts.

Productivity
Patient errors result in lost productivity in the health service through delays and rework, in addition to potential harm to patients. Estimates suggest that between 300,000 and 1,400,000 adverse events occur each year in the NHS and that about half of those that occur in the context of inpatient admissions are preventable (Department of Health. An organisation with a memory: A report from an expert working group on learning from adverse events in the NHS. London: Department of Health, 2000. The cost to the NHS is an estimated £2bn per year in the extra time patients have to spend in hospitals, £1bn in the costs of associated infections and more that £400m in clinical negligence claims (Department of Health), 2000, op.cit.)
Prevention

The work of the patient safety theme focuses primarily on preventing error by empowering staff in their teams (giving them the knowledge and skills) to identify patient safety problems and to develop and implement solutions to these problems and measure their effectiveness. The early evaluation data is showing positive results. Moreover, feedback from participants suggests that the team working component of this module serves to improve communication and collaborative working within the team more generally.

“it made the nursing and the medical staff [talk]…. it grew us together…. it made us a team in which we hadn’t quite been a team before”. (Nurse, Acute trust)

Priorities for the coming year

The focus for the coming year is to utilise the remaining HIEC Core Funding to expand the reach of the TAPS programme, by offering the programme to care homes or subject specific TAPS programmes such as pressure sores. There is potential to extend the common induction package to different groups of professionals such as midwives. We will progress and evaluate major initiatives including, implementation of NPSA alerts, delivery of TAPS programmes, patient safety induction materials (online learning and SAVVI) as well as commercialise one product. We are developing the patient safety section of the HIEC website to become more effective and provide responsive signposting resource for our HIEC partners.
Equality Impact Assessment

Equality Impact Assessment (EqIA) is a tool, aimed at improving the quality of local services by ensuring public bodies systematically consider the actual or potential impacts of their policies and practices on certain communities or population groups. HIEC Y&H is aware of their legal duty to consider the impact of its programmes in relation to disability, ethnicity and gender and as part of a centrally funded initiative to extend this to consider age, sexual orientation and religion or belief.

Each of the three HIEC themes considers EqIA in their work but for the purpose of this report we have highlighted some key areas where our work impacts on equality issues in the NHS to support the wider DH EqIA across the HIEC initiatives. These are:

- The Long Term Conditions Theme work with rapid implementation sites are working with NHS East Riding of Yorkshire, which was chosen partly to address the issue of telehealth exclusion of people with cognitive impairment.
- Our telehealth work is designed for people with specific illnesses e.g. CHF and COPD which in its broadest sense means targeting of groups suffering from health inequalities as the condition affects the elderly, smokers and those living in areas of high deprivation etc.
• A number of our current outcomes/products are educational tools for staff, we work with different providers to deliver these and ensure they are as accessible as possible to all.

• The Maternal and Infant Health and Care theme are working with all maternity units and all neonatal units in the region to improve outcomes in a number of ways. At the same time, we are aiming to tackle inequality on a number of fronts through ongoing and timely risk assessment and identifying the needs and wishes of particularly vulnerable women.

• Ensuring there is clear communication and language, availability of face to face interpreters for women whose first language is not English or language line, visual aids to support understanding, appropriate and sensitive support for users with learning disabilities / physical disabilities, access.

• Targeted support for vulnerable women and their families – this ideally commences in the early antenatal period and is a continuum.

• Environmental considerations – the need to support women’s access e.g. to breast pump equipment regardless of their ability to pay.

• Normalising birth, making labour ward environments less clinical / hostile / frightening.

• Reducing clinical interventions – whatever a woman’s situation and socio-cultural status.

• We have ensured that hospitals and GP practices within regions of high deprivation are recruited to our Training and Action for Patient Safety Programme (e.g. Bradford and Hull).

• As we move towards delivering patient and carer focussed resources we are aware of the equality to access issues and are striving to look at innovative ways to address these through the technology available.
Stakeholder engagement

Introduction
The Y & H HIEC has undertaken considerable and meaningful stakeholder engagement as is outlined below. In order to achieve wide reaching impact we have developed and maintained a high profile, though in the current changing landscape in the NHS we recognise that we have much more to do.

Membership Model
The Y & H HIEC is the only membership organisation that includes all NHS organisations across the region. The HIEC not only engages NHS colleagues, but also Higher Education Institutions and other innovation and research into practice initiatives and networks. This is crucial in enabling us to deliver our ambitious and radical work plan, we are trying to create a more dynamic relationship between education, research evidence, improvement science and the services provided to patients and our key strength to help us to deliver this our membership model.

Further details regarding the membership model can be found in appendix 1.
Launch Conference

As a way to mobilise the Y & H HIEC membership and to spread understanding of the HIEC and what it will do, we held a regional wide launch conference in May 2010. This half day event attracted over 130 delegates from across the region and it was an opportunity to learn about the HIEC and participate in an opportunity to shape the work of the HIEC going forward. As well as hearing from key members of the HIEC team, the workshop discussions explored key issues identified by delegates as important in ensuring effective adoption and spread of good innovations in practice across the region. Many delegates contributed individual ideas and volunteered to participate in on-going networks and activity to support the HIEC. The Theme Directors made good use of the ideas and comments which have informed future programmes and work streams.

Example of region wide consultation

The HIEC Team has various mechanisms for engaging with its stakeholders across the region, we are members of a wide range of boards, steering groups and regional committees (including SY CLAHRC Board, Sheffield Teaching Hospitals Innovation Board, Yorkshire Quality & Safety Steering Group, Y & H SHA Quality Improvement Team and the Y & H SHA RIF Panel) as well as convening our own multi-disciplinary and cross sectoral groups.

Strong principles in the Maternal & Infant Health and Care Theme are participation, collaboration and stakeholder engagement, and we have conducted 2 region wide consultation exercises that resulted in over 400 colleagues being involved, from a wide range of disciplines and sectors including providers and commissioners in clinical care, public health, education, and the voluntary sector.

These consultations have been very well received by those involved who were delighted to be given the opportunity to contribute to such an important stream of work across the region. A sample of quotes of delegates views on the consultation exercise are detailed below:

Regarding the opportunity to participate in the consultation:

“Excellent – every midwife should fill this in – I think it would be very telling – I do however think that most midwives really do care about the women and the support they give them – there is a lot of good work being done on some of those labour wards”

Most respondents felt the questionnaire was:

“Well constructed and user friendly” and that the “Questionnaire was about the right length”
Regarding the topic areas, respondents to the promoting breastfeeding and attachment in neonatal units’ topic voiced frustration that:

“Neonatology has moved so far forward in terms of resuscitation and technology but once the baby breathes, the next most important decision you make for the baby is what you put in its mouth! Insufficient emphasis on this I think. I forgot to say the best option it to wait for mum’s colostrum if she wishes to breastfeed. A lot of units do not do this and give formula if colostrum is unavailable immediately. The baby is usually on a drip so doesn’t need formula straight away”

Respondents to the normal birth theme felt strongly that with the right support and ethos a positive change could be made on the labour ward and in the community:

“There is so much research available indicating what needs to be done to support normal birth now we need the system and its administrators to be pushed to do the right thing. Midwifery band 7 midwives and above must be forced to change the system we work in to allow midwives to practice midwifery and stop supporting midwives as obstetric nurses. We need lots and lots of senior midwives in clinical practice doing the job and leading the way, showing day to day how to do the job of midwifery”

“...the increase in birth intervention is a potential hazard to public health that can impact on all women and their families”

Engaging with senior leaders

The HIEC Team have attended, spoken at or contributed to multifarious local, regional, national and international events. This is in addition to using existing innovation and senior leaders’ networks to raise the profile of HIEC and demonstrate what we are achieving. HIEC Board members are senior leaders within their sectors and facilitate the spread of HIEC work in their organisations and sectors.

The HIEC Team attended the recent NHS Innovation Expo in London on 9th and 10th March 2011. It was an excellent opportunity to network with colleagues and promote the work of the HIEC and understand the national drivers for innovation across the NHS.

Abstracts have been accepted to speak at a number of national and international conferences, for example an international conference on maternal and child nutrition, in June 2011 and a national conference on Managing Long Term Conditions in May 2011.

The HIEC Director was delighted to speak to at the international conference ‘collaborating to improve our health service through research and its implementation’ organised by the South Yorkshire Collaboration for Leadership in Applied Health Research & Care (CLAHRC).
Launch of website
The HIEC website has been launched and is the cornerstone of our strategic communication plan going forward. The website will promote the work of the HIEC Team, and the wider lessons and good practice in adoption and spread of innovation. The website will include functionality for stakeholders to comment on our plans and work and will be crucial in helping to ensure that the HIEC becomes more than the sum of its parts.

The website will be a best practice hub in that it will host a range of HIEC resources, products and educational materials and will sign-post to other useful resources.

Engagement moving forward
Over the next year the HIEC Team will be working hard to ensure the maximum reach of HIEC work across the region to build the HIEC brand and to create maximum contribution to the challenging QIPP agenda. This work is boosted significantly now there is a dedicated HIEC Business & Communications Manager in post.

We will continue to engage with existing stakeholders and support increased engagement across the HIEC Team. As the QIPP agenda becomes increasingly important we will use this to further engage with senior leaders; making clear the part HIEC can play in meeting the challenge and making it as easy as possible for them to access the resources available. This will include:

- Tailored, benefits and evidence based communications.
- Using existing channels and networks to engage, embedding the HIEC in existing day to day work.
- Systematically mapping emerging stakeholders and their networks in order to make best use of them.

Further region wide events and engagement activities are planned over the next year to capitalise on the interest in the work of the HIEC across the region and to further increase the adoption and spread of the outcomes achieved in our first year.
References

Department of Health (2011) Innovation accessed on 29/03/2011

Department of Health (2011) Quality and Productivity accessed on 28/03/2011

An organisation with a memory - Report of an expert group on learning from adverse events in the NHS chaired by the Chief Medical Officer (2000)
Appendix 1: Introducing the Y & H HIEC

Our vision

The vision for the Yorkshire & Humber HIEC is to make the NHS in Y&H a national and international leader in the rapid and universal introduction of proven innovative best practices and technologies in healthcare delivery, education, training and development – turning best practice into common practice.

The HIEC will be the Y&H focus for the systematic and managed adoption and diffusion of proven innovative practices and technologies in healthcare delivery, education and training - across the region and beyond. Its emphasis will particularly be on using education, training and development to accelerate and consolidate adoption and diffusion. In addition, it will forge new - and develop existing – relationships between the NHS and higher education, and with commercial and not-for-profit organisations. In line with the SHA QIPP plans, the HIEC will exploit and roll out innovations developed by others, although this may involve testing innovations before their possible adoption.

Our themes

The HIEC is unique in the organisational landscape of healthcare and higher education as it sole purpose is to drive the Adoption & Diffusion (rather than the ‘Invention’ or Generation) of Innovation in the Region. Our theme based approach will enable us to focus on the delivery of clinical benefit for patients across a large number of very diverse organisations. The HIEC is focused around 3 themes: Long Term Conditions (led by Sheffield Teaching Hospitals NHS Foundation Trust), Maternal & Infant Health & Care (led by University of York) and Patient Safety (led by Bradford Teaching Hospitals NHS Foundation Trust). The HIEC will seek to create a more dynamic relationship between education, research evidence and innovation and the NHS and as such has twin targets for its activity: Health Services; Healthcare Education.

Our aims

The Y & H HIEC has developed an ambitious plan of work to deliver the transformation of services to drive increases in quality and productivity that are so important to the NHS at the current time. The Y & H HIEC will deliver the ‘difficult bit’ of innovation – adoption and spread. We will achieve this by working with and through commissioners of service and of education. We will do this properly – in a systematic, managed way, always driven by evidence.

The Y & H HIEC is an exciting yet challenging opportunity to build on the significant research strengths across Yorkshire & Humber, by turning the products of research and innovation into common practice in the NHS. We will develop a better understanding of the behaviour changes required to implement large scale change in the NHS and will use this learning and experience to enable generic lessons to be derived.
Our members

The Y & H HIEC is a single region-wide HIEC that includes all 35 NHS organisations and 8 ‘health-related’ universities in Yorkshire & Humber (please see appendix 1 for a full list). The regional intellectual property hub and the South Yorkshire Collaboration for Leadership in Applied Health & Social Care (CLAHRC) are both members of the HIEC Board. The HIEC is the only membership organisation that includes all organisations across the SHA area – this is a unique feature and a key strength in the challenging times ahead.

To ensure that we effectively engage with and are accountable to our members we have developed a 3 ring membership model (see Figure 3). The aim of this model is to enable the HIEC to achieve focussed leadership and engagement with a smaller number of organisations at theme level (core partners) and to collaborate effectively with a multiplicity of commercial, third sector, regional, national and international organisations without diluting accountability and leadership effectiveness.

Figure 3: HIEC 3 ring membership model

Our 27 members will initially be core partners with an active role in developing one or more of the themes. The HIEC is constructed specifically to ensure that the benefits it offers are available to and adopted by all relevant members at the earliest practice opportunity, although the initial beneficiaries will be the core partners – by virtue of them having contributed most.
Our governance arrangements

The HIEC is governed by robust yet streamlined arrangements as detailed in Figure 4. Currently the HIEC functions as an unincorporated association (governed by a Summary Constitution and united through Memoranda of Understanding with each member), with no powers to employ staff, own assets or resources or enter into contracts. These Memoranda of Understanding are not legally binding.

The main financial and contractual accountability for the HIEC is through the main host organisation, Bradford Teaching Hospitals NHS Foundation Trust (BTHfT) which enters into external contracts on behalf of the HIEC (e.g. with the SHA for DH set-up funds). The Y & H HIEC has quarterly review arrangements in place with the Y & H SHA. The Director of Workforce & Education sits on the HIEC Board.

BTHfT has sub-ordinate contracts in place with the theme host organisations to manage particular themes within the HIEC and deliver agreed outputs and outcomes. Financial resources flow through the BTHfT as host organisation and primary accountability for these will rest with their Board of Directors, CEO and Director of Finance. Whilst BTHfT is the host organisation, it is not the ‘lead’ organisation for the HIEC. To ensure transparency in the respect (and to emphasise the importance of PCT commissioners to the work of the HIEC), the Chair of the HIEC will always be a PCT CEO. The CEO of BTHfT is a member of the Board.

Figure 4: The Y & H HIEC Governance and Reporting structure

Formally established March 2010, hosted by Bradford Teaching Hospitals NHS Foundation Trust
Appendix 2: List of HIEC members

- Airedale NHS Trust
- Barnsley Hospital NHS Foundation Trust
- Bradford District Care Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Hull and East Yorkshire Hospitals NHS Trust
- Humber Mental Health Teaching NHS Trust
- Leeds Metropolitan University
- Leeds Partnerships NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust
- Medipex Ltd
- Mid Yorkshire Hospitals NHS Trust
- NHS Barnsley
- NHS Bradford and Airedale Teaching Primary Care Trust
- NHS Calderdale
- NHS Doncaster
- NHS Hull
- NHS Kirklees
- NHS Leeds
- NHS North Lincolnshire
- NHS Rotherham
- NHS Sheffield
- NHS Wakefield District NHS Primary Care Trust
- NHS North Yorkshire and York
- North East Lincolnshire Care Trust Plus
- Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
- Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust
- Rotherham NHS Foundation Trust
- Scarborough and North East Yorkshire Healthcare NHS Trust
- Sheffield Children’s NHS Foundation Trust
- Sheffield Hallam University
- Sheffield Health and Social Care NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- South West Yorkshire Partnership NHS Foundation Trust
- University of Bradford
- University of Hull (including Hull York Medical School)
- University of Leeds
- University of Sheffield
- University of York (including Hull York Medical School)
- York Teaching Hospital NHS Foundation Trust
- York St John University
Appendix 3: Board members

Chair: Alan Wittrick,
CEO, NHS Wakefield District

Andy Buck,
CEO, NHS Rotherham

Chris Butler,
CEO, Leeds Partnerships NHS Foundation Trust

Sir Andrew Cash,
CEO, Sheffield Teaching Hospitals NHS Foundation Trust

Richard Clark,
CEO, Medipex Ltd

Professor David Cottrell, Dean,
University of Leeds Medical School, University of Leeds

Dr Dawn Lawson,
HIEC Managing Director

Dr Rebecca Lawton,
Senior Lecturer in Health Psychology, Institute of Psychological Sciences, University of Leeds

Chris Long,
CEO, NHS Hull

Professor Bill McGuire,
Hull York Medical School and Co-Director HIEC Maternal & Infant Theme

Professor Sue Mawson,
Director, South Yorkshire CLAHRC

Professor Mary Renfrew,
University of York and Co-Director HIEC Maternal & Infant Theme

Miles Scott,
CEO, Bradford Teaching Hospitals NHS Foundation Trust

Sue White,
Sheffield Teaching Hospitals NHS Foundation Trust and
Director HIEC Long Term Conditions Theme

Professor John Wright,
Bradford Teaching Hospitals NHS Foundation Trust

Professor Rhiannon Billingsley,
Pro-Vice Chancellor, Sheffield Hallam University

Professor Trevor Sheldon,
Deputy Vice-Chancellor, University of York
### Appendix 4: Financial summary

#### HIEC budget report 2010 – 2011 budget - £993,000

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* Spend YTD does not reflect full year cost due to invoicing cycles etc.
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Please note that the figures include accruals for funding allocated in year 1 but not spent, actual spend and projections for future spend where they are known.

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Total underspend from 2010 – 2011: £230,152 (the figures reflect our current position, but there may be some movement following the end of the financial year).
## HIEC Budget Plan 2011 – 2012 - £962,000

### Staffing (including 1% incremental drift)

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* 1% incremental drift applied in lieu of national position. The additional £5,439 to be added to cash reserve if not needed.
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Appendix 5: HIEC ‘Central’ function and progress

The aim and purpose of HIEC ‘Central’
During the development of the Y & H HIEC it was recognised that there was a need to ensure that the HIEC collectively should strive to be ‘more than the sum of its parts’ by ensuring that we learn across as well as within the themes. Given the radical way of working and vast potential of HIEC to really make a difference to the QIPP agenda, it was also recognised that it was important that the HIEC is strategically positioned well for sustainability going forward. As such, a HIEC ‘Central’ resource and function was defined and agreed.

Introducing the HIEC ‘Central’ Team
The HIEC Team is led by Dr Dawn Lawson. Dawn is supported by Sharon Roper (Business and Communications Manager) and an administrator. The HIEC Executive Team comprises Dawn, Sharon, the Theme Directors and Assistant Directors, who meet monthly to oversee the business and performance of the HIEC as well as share learning and best practice across the work of the themes.

Function and impact of the HIEC Central

HIEC Central functions currently include:

1. Communication and marketing of HIEC (including website)
   The new HIEC logo is now in use, and the website has been launched. The website provides details of the HIEC work and access to useful resources, tools and signposts other sites and resources; it also hosts the Tele-Health Toolkit. We will also canvass stakeholder views and receive comments on our work. As ever there is more work to do to maximise functionality and ensure we have the content users need. Further high profile events are in the planning stages for the coming year.

2. Developing and maintaining effective relationships with HIEC members and stakeholders
   Engagement with a broad range of stakeholders is a key priority for the HIEC Central team who spend a great deal of time raising the profile of HIEC activities and promulgating our work. This includes developing and maintaining effective partnerships with HIEC members and now Sharon is in post this will increase significantly. We are exploring creative and innovative methods of engaging with our varied audiences using social media and networking to increase the spread of knowledge about our activities.
We work closely with our Strategic Health Authority colleagues to ensure that our work support and adds to that already in existence to ensure we avoid duplication. We are members of and integrated into several parts of the SHA work stream including innovation, quality improvement and knowledge transfer.

3. **Developing a strategic approach to applying for and accessing further funding**
   
   We work closely with the HIEC Board to identify and consider potential approaches to sustainability, and discuss this as every bi-monthly meeting.

   We work closely with other organisations and networks that work within the innovation pathway in the region, including Medipex, Yorkshire Health Innovation Network, Medilink, White Rose Consortium, and the NIHR CLAHRCs. This includes formally engaging and participating in boards and steering group meetings and less formal working relating to identifying funding opportunities.

4. **Developing a Strategic approach to sustainability planning**
   
   We are working in alignment with several of the organisations and networks who are currently considering options of sustainability to understand where we can work together to add value to the innovation pathway. This includes working with Medipex to commercialise HIEC products as part of the strategy to generate income going forward.

5. **Sourcing the evaluation and health economics support, ensuring a clear model for return on investment**

   Working with the HIEC Executive Team we have developed a specification for the evaluation that we require, this is currently going through procurement processes. This work will advise our work as we progress as well as evaluate our impact and outcomes within and across the themes.

6. **Draw generic lessons relating to adoption and spread from the work at theme level**

   Working with the HIEC Executive Team we will focus on providing and facilitating learning within and across themes, the data from the evaluation work will facilitate this. Currently, there are discussions relating to as areas that themes can share expertise: behavioural change techniques, working with the commercial sector, working with the third sector, genuine and effective patient involvement in innovation, collaboration with HEIs regarding core or standard curricula.

7. **Corporate & financial governance**

   We have regular review, monitoring and reporting of the financial position; this includes regular discussions and meetings with the host organisation senior finance manager, HIEC Board and HIEC Executive. Quarterly contract review meetings are in place with the SHA.
8. **Performance management**
   A performance management framework is in place via the HIEC Board to oversee the progress of the HIEC Team; this includes assessment of progress, risk rating and discussion of mitigating actions where necessary.

9. **Business & strategic planning**
   Working with the Executive Group and other key stakeholders we develop and monitor progress against appropriate strategic and business plans.
Appendix 6: Long Term Conditions Theme

Introducing the Long Term Conditions Team
The Long Terms Conditions Team is led by Sue White. Sue is supported by John Brierley (Project Manager), Kay Phillips (Education Advisor), Paul Rice (T-Health Lead) and Joanne Woodward (administrator). In addition, Tim Ellis is bringing his expertise to the Team to lead and guide the Theme’s 2 rapid telehealth implementations. Tim has been the project manager for the DH Whole System Demonstrator project.

Engagement with stakeholders
The Long Term Conditions Theme consulted widely with stakeholders to establish its initial areas of focus and continues to engage closely with an extensive network across the NHS, academia, local authority, third and private sectors.

Strategic partnerships and collaborations
The Long Term Conditions Theme is closely aligned with the Regional Long Term Conditions and Telehealth Board, supporting the delivery of the Health Ambitions Long Term Conditions objectives and is an integral part of the Regional Telehealth Programme, leading on knowledge management elements of adoption and spread and supporting telehealth implementations.

The theme has worked collaboratively with Virtual College to identify and develop educational products that will support the adoption and spread of telehealth working.

The theme is collaborating with South Yorkshire Collaboration for Leadership in Applied Health Research and Care (SY CLAHRC) to develop a series of Master Classes to promote the adoption and spread of telehealth.

The theme team is part of a successful collaboration with the Universities of Sheffield & Leeds, SY CLAHRC, the Y & H SHA, Advanced Digital Institute and several NHS organisations that have secured funding from the Technology Strategy Board Assisted Living Innovation Platform to research and address obstacles to the mainstream adoption of telehealth in the region over the next 3 years. The theme team's role will be to support the project, by developing bespoke education and training to disseminate its findings. This will help to ensure that new evidence, insights and best practice are spread as widely as possible.
Details of additional funding received

The Long Term Conditions theme has been successful in attracting over £400,000 in addition to the core funding provided by the HIEC. Figure 5 details the additional income and indicates how important the work of the theme is to the regional tele-health programmes initiated by the Y & H SHA.

<table>
<thead>
<tr>
<th>Source of funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y &amp; H SHA Regional Tele-health Programme</td>
<td>1 full time resource x 12 months</td>
</tr>
<tr>
<td>Y &amp; H Regional Innovation Fund</td>
<td>£330,000</td>
</tr>
<tr>
<td>TSB ALIP</td>
<td>~£40,000 allocated for dissemination</td>
</tr>
</tbody>
</table>

Review of progress on theme objectives and contribution to HIEC Collective Objectives

The deliverables for the Long Term Conditions theme are detailed in Figure 6, along with an assessment of progress, RAG status and mitigating actions.

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Date</th>
<th>Progress</th>
<th>RAG status</th>
<th>Mitigating actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment of relationships with education commissioners and identification of resources to support priority areas</td>
<td>May 2012</td>
<td>Combined paper (across all themes) submitted to Commissioners; awaiting feedback on proposals and requested funding</td>
<td>Amber</td>
<td>Continue engagement through quarterly review mtgs</td>
</tr>
<tr>
<td>Analysis of factors which can support or prevent successful implementation</td>
<td>May 2012</td>
<td>Lessons learned are being gathered and incorporated into the RIF Toolkit (see below)</td>
<td>Green</td>
<td></td>
</tr>
</tbody>
</table>
### Core Deliverables Subject To Further Funding

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
<th>Details</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Development and adoption of 2 joint HIEC/technology company education   | Nov 2010   | 1. ‘Introduction to Telecare & Telehealth’ e-learning module developed & launched  
2. Next education product to support spread of best practice in LTC is under consideration | Green  | N/A                                                                                                                                |
| products. These products will be developed jointly with industry        | TBD        |                                                                                                                                                                                                       |        |                                                                      |
| Establishment of systematic engagement with users (patients,            | May 2012   | Under consideration; wide consultation with stakeholders has taken place.                                                                                                                                 | Amber  | Approach to be developed through RIF implementations (see below)   |
| carers, staff) with feedback loop to technology companies.              |            |                                                                                                                                                                                                       |        |                                                                      |
| An event or series of events which engage representatives from health   | Dec 2010   | First Telehealth Master Class – joint with CLAHRC – held 9th December  
Planning for NHS Expo underway  
Other events TBD                                                   | Green  | Green  
N/A                                                                 |
| and social care and business, to showcase current practice and          | Mar 2011   |                                                                                                                                                                                                       |        |                                                                      |
| technologies                                                           | Ongoing    |                                                                                                                                                                                                       |        |                                                                      |
| RIF Deliverables                                                        |            |                                                                                                                                                                                                       |        |                                                                      |
| Telehealth Implementation Toolkit                                        | v1 Jan 2011| Contract still to be finalised; “Beta” version released for comment; on track for v1 launch at end January                                                                                         | Amber  | Progress funding with SHA                                          |
| v2 Jun 2011                                                             |            |                                                                                                                                                                                                       |        |                                                                      |
| Telehealth Capacity & Capability Building                                | Product Definition Jan 2011  
Delivery thru’ 2011 | Funding still to be released  
Scope definition drafted                                                                                                                     | Amber  | Progress funding with SHA                                          |
| 2 x Telehealth Rapid Implementations                                    | TBD        | Funding still to be released  
Site selection underway and will be finalised in Jan; programme mgmnt support from Tim Ellis agreed                                         | Amber  | Progress funding with SHA                                          
Continue engagement with potential sites
Appendix 7: Maternal & Infant Health & Care Theme

Introducing the Maternal & Infant Health & Care Team

The theme is jointly led by Professor Mary Renfrew (University of York) & Professor Bill McGuire (Hull York Medical School). They are supported by Georgina Lessing-Turner (Assistant Director) and Pauline Holloway (Administrator). The theme Executive Group comprises the core team plus Helen Spiby (senior lecturer from the Mother & Infant Research Unit at the University of York). Cath Burke (senior midwife, seconded from Sheffield Teaching Hospitals NHS Foundation Trust) leads the work on the priority topic of normal birth; a post will be appointed soon to lead the work on maternal and infant nutrition. The Executive Group is supported by a multi-disciplinary, cross-sectoral Advisory Group which oversees the work programme and meets three times a year. Three sub-groups lead the work on priority areas.

Engagement with stakeholders

The multidisciplinary, cross-sectoral Advisory Group has membership from across the region and from disciplines and sectors including neonatology, public health, nutrition, midwifery, health visiting, nursing, education commissioning, the SHA lead for the topic, and the voluntary sector as well as universities across the region. Three sub-groups are in place and meet regularly, to examine and plan work on the key topic areas; normal birth, maternal and infant nutrition, and multidisciplinary education. Terms of reference have been agreed for all groups and appropriate chairs appointed (Advisory Group co-chairs; Rose McCarthy NCT and Leeds MSLC, and Julie Scarfe, Head of Midwifery, Leeds Teaching Hospitals NHS Foundation Trust: Maternal and Infant Nutrition sub-group; Professor Julie Jomeen, University of Hull: Normal Birth sub-group; Carol Paeglis, Y&H LSAMO: Education sub-group; Prof Gwendolyn Bradshaw, University of Bradford). A total of 65 colleagues attend the Advisory Group and sub-groups, offering broad engagement and multidisciplinary and multi-sector expertise to the theme, and supporting the work of the theme in their own work environments.

The sub-groups contribute to planning processes and dissemination of information. The normal birth and maternal and infant nutrition sub-groups, which have each met three times, have been key in informing our region-wide work and participating in the development of our outputs. The education sub-group is newly formed, has met once, and will work collaboratively to explore and develop creative ways of developing collaborative working across universities in the region.
Strategic partnerships and collaborations
We work with existing regional and national groups, all maternity and neonatal services across the region, and voluntary sector groups, and we are working collaboratively with all universities with health provision within Yorkshire and the Humber. We are therefore in a strong position to work at scale across the region. We work in alignment with the regional Healthy Ambitions programme Board for maternal and newborn health, and the newly-formed regional Maternity Forum, which is preparing for the new commissioning arrangements, and of which we are a key partner. The national Public Health Observatory for Children and Maternity is a partner, as are the two Neonatal Networks, the National Childbirth Trust, and the national charity Best Beginnings, and we work with and support regional groups including the Infant Feeding Coordinators and the Labour Ward Coordinators.

Details of additional funding received
The Maternal & Infant Health & Care theme has been successful in attracting an additional £625,000 for related work. Figure 7 details the additional income and indicates how important the work of the theme is to national and international improvement of maternity services.

<table>
<thead>
<tr>
<th>Source of funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y &amp; H Regional Innovation Funding</td>
<td>£330,000</td>
</tr>
<tr>
<td>UNICEF BFI – concurrent work on cost effectiveness of breastfeeding</td>
<td>£180,000</td>
</tr>
<tr>
<td>North East Yorkshire &amp; North Lincolnshire Comprehensive Local Research Network</td>
<td>£50,000</td>
</tr>
<tr>
<td>Y &amp; H SHA – distance learning breastfeeding programme</td>
<td>£65,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£625,000</strong></td>
</tr>
</tbody>
</table>

Review of progress on theme objectives and contribution to HIEC Collective Objectives
The deliverables for the Maternal & Infant Health & Care Theme are detailed in Figure 8 along with an assessment of progress, RAG status and mitigating actions.
<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Date</th>
<th>Progress</th>
<th>RAG risk status</th>
<th>Mitigating actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure governance, planning, risk management processes in place.</td>
<td>Jan 2011</td>
<td>Executive meetings and bi-weekly team meetings in place with regular review. Terms of Reference ratified for the Advisory Group and Topic Sub-Groups.</td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td>Web presence established.</td>
<td>Jan 2011</td>
<td>HIEC Central web development underway – contributing to discussions. Aiming to launch in March 2011</td>
<td>Green</td>
<td>Input to HIEC Central discussions, material for web site sent to HIEC Central.</td>
</tr>
<tr>
<td>Relationship with education commissioners in place, resources identified to</td>
<td>Jan 2011</td>
<td>Approaches made, awaiting outcome of HIEC Central meeting.</td>
<td>Amber</td>
<td>Decision needed by commissioners.</td>
</tr>
<tr>
<td>support priority areas.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding education resources complete and available regionally and</td>
<td>Jan 2011</td>
<td>Unit 1 launched March 2011, 170 students registered. 400 free places offered to Y&amp;H. Units 2 and 5 about to undergo stakeholder review. Unit 3 in progress. Decision on longer term commissioning needed by Commissioners.</td>
<td>Green</td>
<td>Launch later than planned but delay resulted from stakeholder review and extensive national endorsement, and establishing robust admin systems for delivering at scale. Decision needed by commissioners.</td>
</tr>
<tr>
<td>nationally.</td>
<td></td>
<td></td>
<td>Red</td>
<td></td>
</tr>
<tr>
<td>Two ‘Evidence into Practice’ exercises complete, findings being used to</td>
<td>Jan 2011</td>
<td>Electronic consultation documents distributed and closed on 30th October. Normal birth responses total 161 and nutrition 205. Workshops 13th &amp; 14th October well received, well attended (&gt;60 people). Report delayed as a result of staff sickness. Out for stakeholder review, for dissemination early April.</td>
<td>Green</td>
<td>Delay reported to Exec and Board. Networks kept fully informed of developments, ready to use the report when it is released.</td>
</tr>
<tr>
<td>inform change.</td>
<td>Jan 2011</td>
<td></td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td>Two ‘Evidence into Practice’ exercises complete, findings being used to</td>
<td>Jan 2011</td>
<td></td>
<td>Amber</td>
<td></td>
</tr>
<tr>
<td>Deliverable</td>
<td>Date</td>
<td>Progress</td>
<td>RAG risk status</td>
<td>Mitigating actions</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>--------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Support identified for priority projects</td>
<td>Jan 2011</td>
<td>Support gained for Caesarean Section project, final report submitted.</td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td>Two projects in place:</td>
<td>Jan 2011</td>
<td>RIF approved, written contract received 17th February 2011. As contract delayed, posts only now in process of being advertised with delay to planned timetable.</td>
<td>Amber</td>
<td>Additional support offered by HYMS to support neonatal unit project set-up. Delay reported to Exec and Board. Funding has been agreed to extend project by three months to compensate.</td>
</tr>
<tr>
<td>Neonatal Units</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal Birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three projects underway, resources secured.</td>
<td>June 2011</td>
<td>(Related work) – Hull Goodwin doula project - full grant application made to NIHR SDO to evaluate/roll out. Final decision anticipated March commencing September if funded.</td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td>Joint working across universities towards postgraduate/CPD provision.</td>
<td>June 2011</td>
<td>Education advisory group established with first meeting 7th February 2011. Strong support for cross-university working.</td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td>On-going planning for future projects</td>
<td>June 2011</td>
<td>Plans in place with information from regional consultation to inform this. Scoping work on obesity and antenatal education in progress. Joint application for pilot grant to examine care of pregnant women, mothers and babies in prison, with Sheffield Hallam.</td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td>Outcomes (and measurement of outcomes) improving:</td>
<td>June 2011</td>
<td>Partnership with ChiMat agreed, work being planned. Agreement needed urgently re HIEC Central evaluation plans.</td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td>- Uptake of education opportunities by health staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Engagement in innovation activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Breastfeeding rates increased</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Caesarean section rates decreased</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 8: Patient Safety Theme

Introducing the Patient Safety Team
The Patient Safety Team is led by Dr Rebecca Lawton & Professor John Wright (Bradford Teaching Hospitals NHS Foundation Trust). Rebecca and John are supported by Beverley Slater (assistant director) and Carolyn Clover (administrative support). The team are based in the Bradford Institute for Health Research. The work of the team is overseen by the HIEC Patient Safety Steering Group which meets bi-monthly and has representation from service, universities, postgraduate deanery and strategic health authority.

Engagement of stakeholders
The Yorkshire Quality and Safety Research Group hosted a Patient Safety conference in May 2010. 110 delegates attended and listened to a variety of talks on patient safety research, practice and education as well as internationally recognised plenary speakers. Evaluation feedback was very positive. The work of the patient safety theme was presented at this conference. A second annual conference is planned for Nov 2011 in York. In November 2010 HIEC patient safety theme sponsored the Northern British Symposia for patientsafety, offering a prize to the poster that demonstrated the strongest evidence of innovation in patient safety. Both events were attended by health professionals, academics, patient panel members and health service managers.

Meetings have been held with Chief Executives or executive directors of NHS organisations in Bradford, North Lincolnshire, Doncaster, Sheffield, Leeds, Hull and York to discuss the TAPS programme in their area. There has also been telephone contact and meetings with training general practices and community and mental health trusts in the same areas.

Postgraduate Deanery foundation and specialty training leads have been contacted for their views on priorities and gaps in medical education. Furthermore, the HIEC has contributed to and hosted meetings to discuss the development of a common patient safety curriculum across medical schools in Leeds, Sheffield and Hull. This important work in progress is crucial in working towards ensuring education and training can change culture and practice by adopting effective innovation at scale across the region.

To date (February 2011) 33 multi-professional teams (approximately 165 health service professionals have participated in the TAPS programme. We have worked with our patient panel members (N=15) to consider priorities for the theme and have consulted with members specifically regarding the development of a situational awareness interactive web-based tool for new staff.
There is an active collaboration with Peaks Partnership Ltd, a specialist quality improvement company based locally within the Region, for the design and delivery of the Training and Action for Patient Safety (TAPS) programme. We are an active member of the SHA Quality Improvement Team where we report on a quarterly basis. We have a strategic partnership with Institute of Psychological Sciences, University of Leeds and are able to draw on the expertise of both the Human-Computer Interaction team and the Health and Social Psychology Research Group. We also actively collaborate with Universities of York and Newcastle via the Quality and Safety Research Group. We currently host two Patient Safety Leadership Fellows (funded by the Postgraduate Deanery) who are actively supporting the work of the theme.

**Demonstrable impact of quality and safety from TAPS**

The Training and Action for Patient Safety (TAPS) programme was launched with a pilot in Bradford engaging 11 teams (total 55 participants, including 16 junior doctors) from hospital (4 teams), mental health (3 teams) and general practice (3 teams) organisations. Teams undertook individual online patient safety training and tackled a work-based project to address a patient safety issue in their working practice. An evaluation demonstrated that 8 out of the 11 teams demonstrated improvement in patient safety practices and proxy-outcomes through weekly patient safety measures, the workshops and online learning elements were well-received by participants, and there were small but significant improvements in some safety culture dimensions. Moreover, interviews with team members highlighted the importance of the transferrable skills learnt by participants, and the unexpected benefits in terms of closer team working.

**Examples of improvements:**

- More reliable system for completing physical examination of patient admitted to mental health wards.
- Number of patients with recorded allergy status in general practice increased by 15%.
- Improved communication between GPs, pharmacists and hospital about prescription changes to dosette boxes.
- Preventative medication at correct dose throughout hospital stay (renal patients).
Example comments from participant interviews:

“(TAPS) has given me a structure. I can sit down now and analyse a problem ...you can see holes where you might not have... or pitfalls where you didn’t see them before.”

General Practitioner

“This is actually the people doing the measurement who have been doing the care... there’s no middle person....so you see it then you change it and then you do it again ...so it’s an immediate instant feedback process.”

Consultant, Care Trust

“...on a personal level firstly I have more insight into patient safety issues... and secondly, again on a personal note, I came to know about different interventions which could be done. So in that sense it improved my knowledge and I can use that knowledge to improve myself as well as the service with which I am associated.”

Junior Doctor, Care Trust

“It has made the nursing and the medical staff a team, when we hadn’t quite been a team before – it grew us together.”

Nurse, Hospital Trust

Those teams who have demonstrated the best innovation and improvement in patient safety are being invited to a spread workshop to assist with spreading their work within their own organisations and to other organisations. The TAPS programme is now being rolled out to health organisations in North Lincolnshire, Doncaster and Sheffield, and funding has been obtained to deliver a further three programmes in Leeds, York and Hull.
Details of additional funding received
The Patient Safety Theme has been successful in attracting more than £600,000 in additional funding from alternative sources to add to the work of the HIEC. Figure 9 details the additional income, which indicates how important the work of the theme is to several regional research indicatives and to commissioners of educational programmes.

<table>
<thead>
<tr>
<th>Source of funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIHR Patient Safety Centre grant</td>
<td>£30,000 Development of situational awareness interactive web-based tool</td>
</tr>
<tr>
<td>NIHR programme grant</td>
<td>£15,000 for patient involvement</td>
</tr>
<tr>
<td>Y&amp;H SHA/Postgraduate Deanery</td>
<td>TAPS pilot and rollout to first 3 health communities £240,000</td>
</tr>
<tr>
<td>Y &amp; H Strategic Health Authority Regional Innovation Funding</td>
<td>£333,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£618,000</strong></td>
</tr>
</tbody>
</table>

Review of progress on theme objectives and contribution to HIEC Collective Objectives
The deliverables for the Patient Safety theme are detailed in Figure 10 along with an assessment of progress, RAG status and mitigating actions.
<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Date</th>
<th>Progress</th>
<th>RAG risk status</th>
<th>Mitigating actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training programme implemented - pilot.</td>
<td>Jun 2010</td>
<td>Delivery of TAPS (Training and Action for Patient Safety) in Bradford completed June 2010. Demonstrable changes in 8 out of 11 sites. Legacy of sustainability and spread is the focus of current follow-up work. Full evaluation in progress.</td>
<td>Completed</td>
<td>n/a</td>
</tr>
<tr>
<td>Website established.</td>
<td>Mar 2010</td>
<td>HIEC sponsored TAPS website established <a href="http://www.nhstaps.org">www.nhstaps.org</a> Minor changes implemented as a result of learning from the pilot TAPS programme. On-going updating of content.</td>
<td>Completed</td>
<td>n/a</td>
</tr>
<tr>
<td>Mapping of innovation.</td>
<td>Jan 2011</td>
<td>Framework for mapping innovation will be updated with examples of innovations across the region on an on-going basis. Steering group agreement to focus on mapping provision of patient safety training in local NHS trusts.</td>
<td>Green</td>
<td>n/a</td>
</tr>
</tbody>
</table>
| TAPS roll-out to 3 health economies.           | Mar 2011 | • TAPS programme in North Lincolnshire completed February 2011.  
• TAPS Doncaster completed February 2011  
• TAPS Sheffield currently underway – completion due May 2011. 
• Evaluation of roll-out sites will take place April – Aug 2011. | Green           | n/a               |
<p>| One RIF-funded project submission.            | Sep 2010 | RIF proposal developed through discussion with steering group and SHA Patient Safety Lead. Funding agreed December 2010.                                                                                   | Completed       | n/a               |</p>
<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Date</th>
<th>Progress</th>
<th>RAG risk status</th>
<th>Mitigating actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Safety culture</td>
<td>(pilot)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) ROI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Safety improvements.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roll-out to 6 (further 3) health economies.</td>
<td>Mar 2012</td>
<td>Funding TAPS for a further 3 health districts agreed as part of the HIEC RIF proposal. Executive sign-up from Leeds, York and Hull NHS Hospital trusts – and delivery dates agreed. Recruitment of mental health and general practices in these three areas currently underway. NOTE: The York area may be a combined York/Scarborough TAPS programme.</td>
<td><strong>Amber</strong></td>
<td>Follow-up with the ‘lead contact’ at executive level – offering support for team recruitment. Contact with wide range of other local health organisations to include ambulance services.</td>
</tr>
<tr>
<td>Patient-led safety innovation projects implemented.</td>
<td></td>
<td>Superseded by RIF bid (see list of projects below)</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Develop one interactive learning technology for use in practice</td>
<td>July 2011</td>
<td>“Situational awareness” patient safety induction tool agreed as part of the RIF proposal. Findings from a systematic review (recently undertaken within the unit) have fed into developing scenarios to highlight factors contributing to error. Meetings have taken place with the film company. Four draft scenarios have been developed in consultation with clinical teams.</td>
<td><strong>Green</strong></td>
<td>n/a</td>
</tr>
<tr>
<td>One RIF-funded project submission.</td>
<td></td>
<td>Included projects are:</td>
<td><strong>Green</strong></td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Delivery of TAPS programme in 3 further districts (see above)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “Situational awareness” patient safety induction tool (see above)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Implementation of NPSA alerts</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>o Project Manager appointed</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>o Protocol written</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Recruitment of organisations underway</td>
<td></td>
<td></td>
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</tbody>
</table>