



Health
Innovation
Wessex



England

Innovation and Research Ecosystem Programme Compendium: Learning by Doing

March 2024

Practical solutions and
recommendations for national
blueprint



Health Innovation
West of England



Health
Innovation
South West

“For the Innovation Ecosystem Programme to be impactful, its emerging hypotheses and ideas need to be tested robustly with a range of key stakeholders. The Health Innovation Wessex Rapid Insight and Learning Collaborative methodology for facilitating this testing has proven invaluable, generating rich insights and learning to refine key Innovation Ecosystem Programme outputs.”

Dr Samantha Roberts
Chief Executive, National Institute
of Health and Care
Excellence (NICE)



Executive Summary

The Innovation, Research, Life Sciences and Strategy (IRLSS), NHS England, along with Health Innovation Wessex, Health Innovation South West, and Health Innovation West of England delivered three Learning Collaboratives with local system and Health Innovation Network partners.

Building on our rapid insight analysis (December 2023) which explored the resonance of the [9](#) innovation adoption hypotheses, this slide deck provides a comprehensive overview of the outputs from Workstream 1b: Learning by doing collaboratives as part of the Innovation Ecosystem Programme.

Working within local systems, we have distilled learning from local projects during a series of learning collaboratives to deepen our knowledge and understanding of opportunities and barriers to the spread and adoption of innovation.

This document and summary report provides:

- [14](#) recommendations broken down into:
 - [4](#) for the national innovation ecosystem programme blueprint (Workstream 3); and
 - [6](#) national and [4](#) local enabling activities.
- Practical ideas to aid in the prioritisation of solutioning efforts, summarised into [5 common solution ideas](#).



Executive Summary continued

In addition to these practical recommendations and solutions, our analysis also surfaced some key enablers and emerging themes for review to aid the **realisation of a vibrant innovation ecosystem**.

Across the 3 learning collaboratives, there was strong agreement that the below are the key enablers for success:

- ✓ **Ensuring innovation adoption is integrated across both health and social care.**
- ✓ **A mature local system.**
- ✓ **Innovation adoption support across national and regional teams, working together with local systems and providers.**
- ✓ **Alignment with future NHS operational and commissioning frameworks.**
- ✓ **Targeted cultural change activities.**

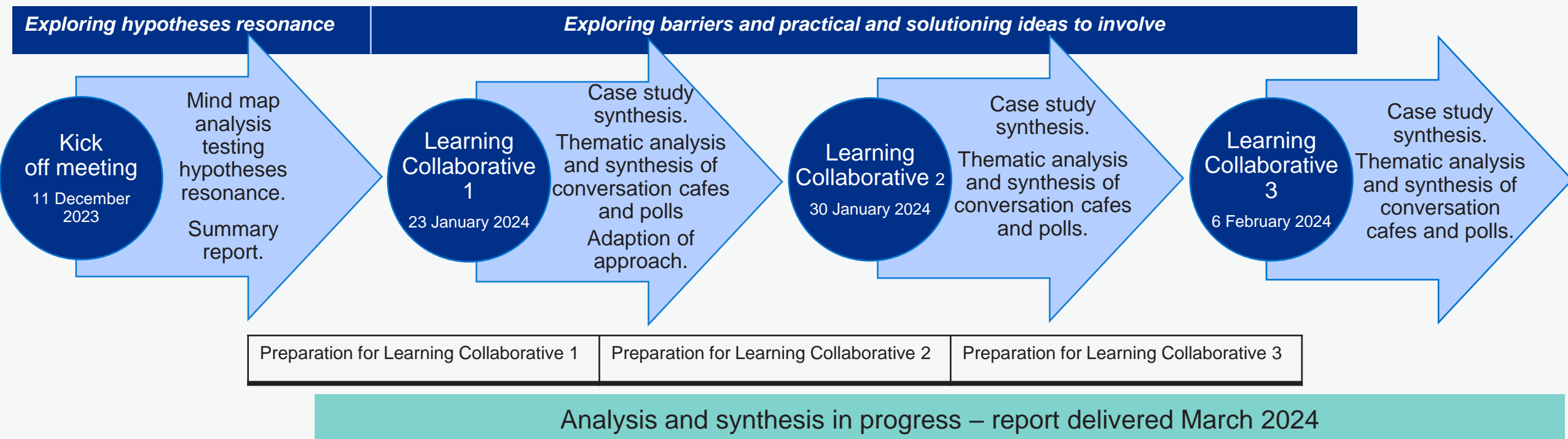
With practical recommendations and solutions, focussed on the top 5 areas of prioritisation:

- ✓ **Funding**
- ✓ **Collaborative working**
- ✓ **Education and upskilling**
- ✓ **Sustainability**
- ✓ **Information sharing: Emerging research and data**

We have mapped key enablers against the 4 key blueprint areas for Workstream 3:

WS3	Critical investment in data infrastructure and budget to allow smart use of data to inform R&I, including focus on Real World Evaluation (RWE)	Harmonisation of national vs local practice to remove unwarranted variation and drive better health outcomes	Need to evolve different and adaptable pathways and needs for medicines and devices	Workforce and culture – shift from firefighting to making R&I everyone’s business for patients, public, workforce and commissioners
Context of recommendations		<p>Ensuring innovation adoption is integrated across both health and social care</p> <p>Innovation adoption support across national and regional teams, working together with local systems and providers.</p>	<p>Alignment with future NHS operational and commissioning frameworks as key enablers.</p>	<p>Ensuring innovation adoption is integrated across both health and social care</p> <p>Targeted cultural change activities</p> <p>A mature local system</p>
WS1 overarching practical ideas themes	Longer term and sustained funding for innovation	Information sharing: research and data	Collaborative working	<p>Education and upskilling</p> <p>Sustainability</p> <p>Collaborative working</p>

Project overview



Demonstration of the strength of the Health Innovation Network in [learning by doing](#), [adaption](#), [agility](#) and [optimising our capabilities](#) to deliver a series of high-profile sessions that will contribute to [national policy development](#).

The aim of the Learning Collaboratives were to further explore [the nine hypotheses](#) that had been developed from eight national scale and adoption case studies, to deepen our insights into the existing barriers and potential solutions on how national policy can bring these hypotheses to life.

Approach

During our Learning Collaboratives, the [nine hypotheses](#) were explored; they were grouped into three areas of focus to enable in depth conversations between facilitators and attendees.

Learning Collaborative 1: **Pathway, Utility, Making the Case**

Learning Collaborative 2: **Leadership, Change Makers, Incentives**

Learning Collaborative 3: **Data, Evidence and Complexity**

We undertook a structured approach to explore practical and solutioning ideas by utilising the adapted liberating structure, conversation café facilitated approach, covering the following points:

- A brief **reflection** on what you have just heard and the solutions offered.
- Reflecting on your local experiences,
 - What **practical things** need to be done and considered to be done differently – and why?
 - What are the **barriers** in these things being achieved – what needs to happen to remove these barriers?
 - What is a **must-have** solution in the blueprint?
 - If you are finding it hard to identify **solutions**, why is this the case?

Our collaborative ethos

The three Learning Collaboratives were **interactive, with lively participation** and **debate during our conversation cafés**. This was achieved by adapting the liberating structures, conversation café approach to encouraging participants to:



Be **open, honest** and respectful of others' views and opinions



Ask **curious questions** of each other to delve deeper in the hypotheses



Consider collectively, what would **make the difference** to the innovation ecosystem **at local, regional and national** level?



Consider **practical solution ideas** to the challenges presented within innovation adoption



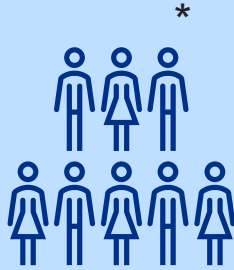
Be brave...

All ideas are valid – no idea is a bad idea

High level statistics from the Learning Collaborative



9 hypotheses explored



50 attendees:
Learning Collaborative 1
(**57** registered)

41 attendees:
Learning Collaborative 2
(**59** registered)

41 attendees:
Learning Collaborative 3
(**70** registered)

29 organisations represented:
Learning Collaborative 1



24 organisations represented:
Learning Collaborative 2

25 organisations represented:
Learning Collaborative 3

2 ARCs represented:
Learning Collaborative 1



3 ARCs represented:
Learning Collaborative 2

5 ARCs represented:
Learning Collaborative 3

70% HIN, 30% non-HIN
Learning Collaborative 1



60% HIN, 40% non-HIN
Learning Collaborative 2

75% HIN, 25% non-HIN
Learning Collaborative 3



5 real world case studies explored:
[Brain in Hand](#), [PReCePT](#) and [C the Signs](#), [HEAL-D](#) and the [Virtual Wards Programme](#)



Context of recommendations

Our recommendations capture the real-world views of local system leaders and health innovation network colleagues in terms of the next steps for national policy and local priorities, to enable the **realisation of a vibrant innovation ecosystem**.

The recommendations have been mapped across three clear areas of responsibility:

- 1. Policy makers:** ensuring national alignment with key policy areas is imperative to creating the conditions for successful innovation.
- 2. National stakeholders:** national leadership, ensuring alignment with key policy development,
- 3. Local stakeholders:** aligning innovations to place-based population needs and geography, alongside the ability to adapt and implement an innovation to meet these needs, is a fundamental ingredient for successful innovation adoption. We recommend this to be considered an additional success factor.

National recommendations to ensuring alignment with other key policy areas

Recommendations to be taken forward by the NHS England IRLSS team, by working with other policy makers and teams within NHS England and NIHR

- 1. Develop a national innovation adoption strategy** to include a toolkit with advice for ICSs on maximising the benefits of innovation adoption and knowledge mobilisation through the provision of generic innovation adoption requirements such as, an innovation business case template; standard guidance and tools for systems on evidencing innovation impact; consistent economic modelling approaches; data sharing agreements and information governance checklists.
- 2. Align innovation adoption with national operational and commissioning frameworks to standardise financial flows and commissioning processes.** This can be achieved by the development of generic business case templates to simplify processes and data requirements to support the trialling of innovation, spread, and adoption (and de-implementation); and risk sharing approaches for innovation. Ensure that innovation agenda is closely aligned with the NHS and care operational model, including defining outcome metrics which can be monitored. This will enable the development of an ICS approach, with a national mandate, that is relevant to local population needs, with a shared accountability for delivering.
- 3. Consider the development of a national best practice guide to procuring innovation** to make it easier for ICSs to procure digital and Medtech innovation, and to support innovators.
- 4. Utilise workforce policy and guidance levers to optimise innovation adoption.** To include, reviewing the agenda for change framework weighting on freedom to act, to enable staff to feel empowered to innovate and trial innovative approaches; identify and protect time in clinical/non-clinical roles to improve/innovate e.g. backfill funding to release clinical time to support the identification and implementation of innovation; and the development of guidance for job planning.



How **national** innovation **stakeholders** can **enable** the realisation of a vibrant innovation ecosystem

- 1. Develop a national framework for comparing evidence of digital and med tech innovations** to make it easier for systems to identify best practice solutions to adopt and scale.
- 2. Provide dedicated enabling support and investment** into ICB/S to support the spread and adoption of innovations across health and care at pace. This should include local innovation funding linked to population health need at ICB level aligned with longer term visioning at ICS level alongside national funding for 3-5 years.
- 3. Further enable and empower health and social care systems to create a culture of innovation through the development of learning health systems, that draw on local assets and contextual factors.** At ICS' level, develop an agreed approach: e.g. use of data analytics, evidence base, agreed metrics to evidence impact of innovations, data frameworks, and common language to enable adoption of innovation at pace based on local needs and context.
- 4. Encourage researchers to understand implementation/Innovation adoption and develop a systematic approach** for ICS engagement with researchers who are deploying and implementing innovations to optimise adoption and spread.
- 5. Further support and encourage the direction of travel in developing real live secure data environments and Integrated Care Records** that can be easily accessed within health and care systems e.g. national and local population level, accessible to all and owned by ICBs (including clinicians) to support identification of need and decision making. Include the further spread of secure data environments such as Wessex, North-East approaches.
- 6. Review the various Innovation Adoption Programmes supporting leadership development for innovation by** promoting and integrating where possible to simplify the offer e.g. Innovation Adoption Champions, Fellowships ([Topol Digital Fellowships](#)), [Clinical Entrepreneur Programme](#)



How **local** innovation **stakeholders** can **enable** the realisation of a vibrant innovation ecosystem

- 1. Ensure buy-in from leadership at all levels, across all organisations and sectors in ICB/S**, with provision of appropriate financial and workforce resources, upskilling staff to support implementation, adoption and spread. Upskilling of staff should include innovation adoption skills training within clinical and leadership roles; undergraduate/post qualifications; board level training.
- 2. Development of a local innovation ecosystem wide data sharing agreement**, with system wide charters to address common themes, with impact assessments, linking in with national guidance.
- 3. Curate credible, valued, and impactful** examples showing the benefits of innovation adoption to improve health outcomes as a result of working in an innovation ecosystem.
- 4. Develop and grow innovation and adoption cultures and capabilities within local ecosystems**, such as working with Health Innovation Networks to help empower leaders and change makers involved in supporting innovation adoption at scale across systems. This should include; the delivery of system wide innovation adoption training to both health and care partners at all levels, with a particular focus on Board leadership as a starter both at ICB and Provider level. Over time, provide a comprehensive approach to developing and enhancing skills to optimise innovation adoption and knowledge mobilisation.

Thank You



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