

Practical Steps on the SHA's Duty to Promote Innovation: A Starter for Ten Around Service Delivery Innovation

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Summary of Key Points

- ◆ Strategic Health Authorities have a legal obligation to secure innovation and continuous improvement in the commissioning and provision of healthcare – a duty to innovate.
- ◆ Existing activities focused on new science, technology, and research include the work of regional NHS Innovation Hubs, the NHS National Innovation Centre, the NHS Institute for Innovation and Improvement, individual healthcare research projects, Academic Health Science Centres, the Centre for Evidence, Regional Development Agencies, and the National Endowment of Science, Technology and the Arts and Design (NESTA).
- ◆ Unfortunately, the health service often takes 21st century technology and embeds it in service delivery processes that have seen little fundamental innovation in decades.
- ◆ We offer 10 practical suggestions for ways that SHAs can get started immediately with regard to their duty to innovate, specifically focused around service delivery innovation.
- ◆ SHA Boards need to consider what they want to do regarding the duty to innovate and we provide key questions to frame this planning.

Introduction

Strategic Health Authorities have a legal obligation, under section 8 of the NHS Act 2006, to secure innovation and continuous improvement in the commissioning and provision of healthcare. High Quality Care for All, Lord Darzi's recent report also positions innovation as an important component in the next phase of NHS reform. The development of competencies, including one to 'promote improvement and innovation' as part of the World Class Commissioning agenda, creates an important role for commissioners of local services in supporting innovation.

The purpose of this paper is to:

- ◆ provide a high level overview of current innovation activities in health
- ◆ identify a number of options that SHAs might consider pursuing to support innovation within their communities in order to begin the journey towards achieving their 'duty to innovate'.

Current Innovation Activities and Environment

Science, technology and research are important components of any system for innovation and there are several existing activities that focus on these areas.

Regional NHS Innovation Hubs are already providing important support to health staff who have developed innovative solutions to current challenges, in order to protect the intellectual property inherent in an innovation. The innovation hubs have significant expertise in seeking appropriate partners to work with NHS inventors and deliver new innovations on a commercial scale.

The NHS National Innovation Centre aims to provide linkages and support for innovations via:

- ◆ a web-based portal through which ideas and descriptions of unmet needs can be channelled and linked with partners outside the NHS
- ◆ a mechanism to link regional innovations with appropriate national programmes to leverage central support
- ◆ a set of tools to aid prioritisation and relative strength assessments (and hence investment) decisions relating to innovations.

The NHS Institute for Innovation and Improvement supports the NHS to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world-class leadership. We will say more about the Institute's work in service delivery innovation in the next section of this report.

There is also a wide variety of research being undertaken, some jointly with academic centres and health organisations, which has the potential to transform technologies, treatments and health services.

Increasingly, health research in the NHS will be influenced by the Government's strategy Best Research for Best Health, ensuring that the core work of researchers continues to contribute to innovation in health services. Academic Health Science Centres will focus on world-class research, teaching and patient care.

Other organisations such as Regional Development Agencies and the National Endowment of Science, Technologies and the Arts and Design (NESTA) are all engaging with the changing face of innovation within the public sector and are aligning their innovation policies to support the current vision.

Ten Practical Ways for SHAs to Support Innovation

By both building on and pushing beyond these existing activities, SHAs can get started immediately and take practical steps towards fulfilling their duty to innovate.

Link to existing processes and structures for innovation.

As noted above, there are many existing processes and structures that encourage innovation in pharmaceutical research, devices, surgical procedures, and diagnostic and treatment protocols. As a minimum, SHAs could strengthen links into these and encourage more rapid spread of useful innovations that result from these processes.

For example, an SHA might draw upon expertise of their local NHS Innovation Hub to support staff in the region to get advice on their innovative ideas for new products and devices that could improve the lives of patients, carers, the public and staff. Similar links to Academic Health Centres and the Centre for Clinical Excellence could also be explored and strengthened to bring the best clinical thinking to patients.

However, it must be noted that the health service often takes 21st century technology and embeds it in service delivery processes that have seen little fundamental innovation in decades. Therefore, we encourage SHAs to consider focusing on service delivery innovation by considering the nine additional and practical suggestions below in connection with the duty to innovate. These additional suggestions range from least intensive to most intensive. The NHS Institute for Innovation and Improvement can provide more information and substantial help to SHAs wishing to pursue these options.

Encourage deliberate use of methods and tools for service innovation.

The basic tools of service improvement (e.g., process mapping, data collection, control charts) have become widely used since their introduction into the health service in the early 1990s. Similar tools to support creative rethinking of service delivery processes have now been described in publications from the NHS Institute such as *Thinking Differently* and *Making a Bigger Difference* (available in two versions, one for service provider organisations and one for commissioners). Over 12,000 copies of *Thinking Differently* have already been distributed free of charge within the NHS and both front line staff and leaders have provided enthusiastic feedback following masterclasses on these tools.

SHAs could sponsor regional masterclasses and collaboratives on these methods to encourage their use, in much the same way that the basic tools and methods of service improvement were spread within the service a decade ago. Several SHAs are already pursuing such a strategy in partnership with the NHS Institute.

*Companies that want to succeed at innovation will need new insights.
New viewpoints. And new roles.*

Tom Kelly - IDEO

Encourage and monitor the development of organisational culture for innovation.

Literature and experience in the private, public and third sectors tell us that innovative ideas emerge and grow more readily in some organisations than in others. The NHS Institute's forthcoming publication *Creating the Culture for Innovation* provides a seven-element model that summarises the key dimensions of organisational culture for innovation gleaned from literature and experience (see box). This framework has been used by healthcare organisations in both the UK and US, and is supported by an online staff survey tool that can be used to assess the culture of teams, departments, and organisations. The Institute is currently looking for partner organisations to further test these tools and the guidance they provide for leaders who wish to enhance the culture for innovation.

SHAs could actively encourage both commissioners and providers to support further development on this topic and they could include some sort of assessment of culture for innovation as part of their normal fitness for purpose reviews of organisations and their Annual Innovation Report.

Dimensions of organisational culture that support innovation

- ◆ Risk taking
- ◆ Resources for innovation
- ◆ Tools and methods for innovation
- ◆ Collaborative team working
- ◆ Widely shared knowledge
- ◆ Inspiring targets
- ◆ Recognition and rewards

In partnership with Trusts, PCTs and the local population, establish specific focuses for service delivery innovation.

Exposure to education on innovation tools and methods will increase the likelihood of them being used. However SHAs could enhance this across their regions by overseeing the establishment of target areas for service delivery innovation. These areas could be extended from existing strategic plans and public engagement work; it need not be a separate effort. For example, regions could take a second look at the plans that emerged from the recent Next Stage Review and simply ask in relation to each goal:

- A. Are there existing best practices and clear approaches to achieving this goal that we simply need to execute well across the region? Or...
- B. Do we need to fundamentally rethink our approach to this issue and try out some never-before tried ideas in order to achieve our vision?

Strategic goals that fall into category B (or that need a combination of A and B) could then become the region-wide focus for innovation over several years.

In addition to (or instead of) leveraging off strategic plans, the SHA could, similarly, lead a region-wide dialogue to identify traditions and paradigms that are embedded in current service delivery processes. These might need to be challenged in order to reduce costs, provide better access, or improve outcomes of care. For example, a region might decide to do a fundamental rethink of the paradigm of GP as gatekeeper. Where and how might we safely and effectively eliminate this gatekeeper role in order to reduce costs, speed up access to care, and create a better experience for patients? Starting with a deep understanding of the patient experience would provide insights about how this could be achieved (also see item 7).

Regardless of the source of the focus areas, the SHA could then, in partnership with Trusts, PCTs and other providers (including third sector), help to develop a region-wide approach to these areas that might involve a mix of the various other strategies described here.

Sponsor regional service delivery innovation recognition programmes.

The SHA provides a natural regional home for formal, higher-profile efforts to recognise service delivery innovation and innovators. Competitions could be organised around specific focus areas (see item 3 above), patient groupings (e.g., innovations in the delivery of care for people with diabetes), settings (e.g., innovations in community service delivery), or along any other logical lines; the more the better as the duty to innovate applies across the whole spectrum of care.

Further, following the philosophy of the late W. Edwards Deming and that used in national competitions such as the US Malcolm Baldrige National Quality Award, we suggest that, instead of having a single winner in a category, a better way to promote innovation might be for an SHA to establish high standards for what qualifies as a true 'innovation'. It could then recognise all that meet that criteria, or note publicly and challengingly that no one has yet met the criteria, if that is the case.

The NHS Institute's service delivery innovation assessment framework (contained in the publication *Making a Bigger Difference*) provides guidance that SHAs could use in establishing their own criteria and recognition programmes.

Provide support for innovation demonstration pilots.

In order to innovate, leaders and front line staff will need to do different work to that which they are already doing. Creating headroom and providing some resources to enable this different work to take place is necessary if we are to expect anything innovative to happen.

SHAs could work with providers in the region to:

- ◆ establish a service delivery innovation fund
- ◆ convene a board to oversee the fund and subsequent work of innovation pilot sites
- ◆ help broker partnerships with others
- ◆ communicate in ways that recognise innovators and encourage thoughtful risk-taking
- ◆ provide standards for evaluating innovation pilots
- ◆ encourage the use of a common set of innovation processes and tools
- ◆ develop innovation coaches
- ◆ and so on.

An 'Innovation Academy' might be one structure that could serve as a home for such an effort.

The NHS Institute, as well as others, has a wealth of information and experience to help SHAs develop such an initiative quickly. For example, the Institute's publication *Making a Bigger Difference* provides a framework for evaluating innovative ideas. The Institute has experience in training innovation facilitators using the tools described in *Thinking Differently* and is developing a structured and accredited development course for frontline staff to gain expertise in innovation methods.

Amplify the voice of the service user as a driver of service delivery innovation.

There can be many sources for innovative ideas. For years, private sector firms have used deliberate and structured approaches for tapping the powerful source of ideas that can come from customers.

While there is nothing wrong with the traditional methods of satisfaction surveys and focus groups, these typically only provide ideas for incremental improvement of existing products and services. Innovation comes from exploring the experience of those receiving services and the staff providing those services, who can then articulate needs and ideas which could transform services. The active participation of users in the process of co-design is core to both High Quality Care for All and public and patient involvement policy. The NHS Institute's guide, tools and film on experience-based design (*The ebd approach™*) illustrate one powerful method for engaging service users in co-design to reshape services around the deeper emotional needs of patients and their carers.

A brilliant ground breaking idea. It provides the opportunity to participate in two way communication, in a relaxed atmosphere, to share the experience in a frank and open manner. This vehicle is, in my opinion, a brilliant way to get the constructive feed back and detail and if it can contribute to a better understanding between staff and patients, then it can only be for the good, to improve the quality of service for every one. This route has been a far better experience, rather than patients filling in a questionnaire and telling you what they think you want to hear!

Patient

While existing providers should, obviously, be encouraged to incorporate the voice of service users more effectively in all their work, it must be accepted that one of the outcomes of innovation might be the establishment of completely different services, delivered by completely different providers. As the regional office of the NHS, and as an advocate for the local population, it is a legitimate role for the SHA to establish and oversee activities that involve service users and carers in generating innovative ideas that are not constrained by thinking only of existing services. These ideas could then be fed into regional strategic plans, or be handed off to commissioners for their consideration.

Exploring two perspectives of a public value framework could help to shape these discussions and combine the individual patients perspective with the local community views and the contributions of health professionals and others. The two perspectives are

- a) what does the public value (both as patients and communities)?
- b) what adds value to the public sphere?

SHAs could draw upon the work of the framework, developed as part of the NHS Institute's Public Value project, to support initiatives in this area.

Bring the 'voice of the future' down into the front lines of the care system.

Innovative private sector firms often use futurists and other 'horizon scanning' mechanisms to alert them to emerging trends in technology, demographics, finance, policy and other key areas. While the Department of Health and other central government agencies do a certain amount of this on a national level in their policy formulation processes, there is an opportunity to bring this thinking even closer to the front lines of health service delivery at a regional level. Front line clinicians and leaders could be marvellously creative and capitalise on what they already know about ways to improve the mission of their organisations.

For example, consider the neurosurgeon in a major teaching hospital who, through a chance conversation with a telecommunications engineer, became aware of emerging mobile phone technology that enabled him to review digitised brain scans on his mobile phone, no matter where he was. This reduced delays in care for his patients, and also improved his teaching of medical students who were now more inclined to seek his opinion on a scan since they knew it did not inconvenience him to do so. Imagine the potential for innovation if such information was systematically made available to front line staff throughout a region by the SHA via 'voice of the future' seminars, speaker series, roadshows, websites, broadcasts, or newsletters.

Oversee the development of non-traditional collaborations and partnerships with innovation experts and leading private sector and third sector firms to encourage innovation.

Innovation often occurs at the boundaries of organisations and 'fresh eyes' can often spot opportunities for innovation that those more steeped in the current way of doing things cannot see. Both SHAs and commissioners are already encouraging closer collaboration among health and social services providers (including the third sector) and this often provides fertile ground for new service delivery ideas. Obviously, such arrangements should continue and grow.

As the regional office of the NHS, the SHA could also take advantage of its position in the community to take the notion of collaboration and partnership a step further by bringing in private sector firms, universities, and national and international experts as additional provocateurs or catalysts for innovation. We have already seen the power of bringing in such fresh perspectives in small examples, such as the adaptation of lean thinking from private sector manufacturing firms into healthcare organisations. Or, in the Great Ormond Street Hospital's innovative partnership with the Ferrari pit crew who helped the hospital increase safety and efficiency during the transfer of post-operative children from theatre to intensive care.

The SHA could encourage local organisations to join NHS Live. This network, supported by the NHS Institute, brings people together to build capability and share new ideas. An SHA could lead on the formation of a consortium of 15-20 of the region's most innovative businesses and organisations who, in the spirit of good corporate citizenship, might lend their expertise to teams and initiatives in order to provide fresh approaches to long-standing health and social care issues. Such efforts could almost instantly provide greater capacity for innovative thinking in the health service, while more foundational staff education and development efforts proceed in parallel. For example, a recent collaboration between the NHS Institute, Walsall Hospital NHS Trust and five businesses from outside the NHS (Oracle, Royal Mail, Nationwide Building Society, Tesco and the design firm IDEO) led to generative relationships and a radical redesign of portering services at the Trust.

None of us is as smart as all of us.

Phil Condit - CEO Boeing

Establish regional centres to provide a physical space for ideas generation and simulation.

This is the most capital-intensive of our suggestions, but if funding is available it could provide a major impetus to service delivery innovation across a patch. Innovation space can be designed in ways that provide ideal accommodation for teams to generate ideas and test them out on a small scale using prototypes and simulations. Such facilities provide a visible symbol of an organisation's commitment to supporting innovation, a place where staff can come out of the day-to-day pressures of the work environment to think freely. And a place to test out ideas initially to make them even better before they are trialled in the real care environment.

Private sector firms such as P&G in the US and BT in the UK, as well as public sector organisations such as Royal Mail and the Department of Work and Pensions, have innovation spaces that could be used as models here. Healthcare organisations in the US such as Kaiser-Permanente and the Mayo Clinic have also recently constructed such spaces. At Kaiser's Sidney R. Garfield Center for Healthcare Innovation in Oakland, California, for example, teams can generate and test out new ideas in simulated hospital wards, primary care facilities and a home environment. They can use sophisticated simulation mannequins who can mimic patients in medical distress. In the UK, the NHS Institute maintains a simple, large open space that can be quickly mocked up with movable panels and various props to simulate all sorts of spaces. This simple facility has been used to help teams generate and test innovative ideas on topics such as infection control and hospital portering services. SHAs could similarly create such a space for regional use, perhaps partnering with local industry or universities (see suggestion 9).

Working with patient feedback and patient stories on the development of care pathways has radically transformed our approach. I use Individual stories that have emerged from this work regularly to talk to all staff about how we can truly focus on the real patient experience of the services we provide.

CEO

Conclusions and Questions for Consideration by the Board

We have provided an overview of recent policy initiatives and current activities around innovation and have suggested ten practical steps that SHAs could consider regarding their duty to innovate. The NHS Institute can provide further information and help on these items.

However, the first step is for SHA Boards to consider what they want to do regarding the duty to innovate. Some key questions that SHA Boards could consider include:

- ◆ Where do we place innovation among our various priorities?
- ◆ What work is already happening within our SHA regarding innovation?
- ◆ What are the relative proportions of current innovation efforts devoted to (a) clinical diagnostic and treatment thinking, (b) device and equipment development or acquisition, and (c) fundamental rethinking of service delivery? What do we desire these proportions to be?
- ◆ What should be our region's aspirations regarding the duty to innovate?
- ◆ How much resource (time, money and effort) are we prepared to devote to a more deliberate focus on innovation amongst our other priorities?
- ◆ Of the suggestions offered in this paper, which ones seem the best fit for our aspirations, resources and needs?
- ◆ What initial steps should we take in the coming year regarding our duty to innovate?

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