

## Case Study: Innovation in Dorset – Dorset Innovation Hub – strategic system partnership

This case study has been developed as an output from the NHS Dorset participation in the Health Foundation Accelerating Innovation System (AIS) initiative. The AIS is a 12-month discovery initiative undertaken with nine Integrated Care Boards (ICBs) and their regional health innovation networks. The AIS focused on increasing the health and care systems' understanding of the different roles ICBs, with their regional health innovation network, play in supporting the adoption and spread of health and care innovations. Full details of the AIS initiative outputs are available at: [Accelerating Innovation Systems: Supporting ICBs to drive system-wide innovation adoption | Innovation Unit](#)

This case study highlights the key points of challenge and opportunity we sought to address, our response, progress and impact to date, key lessons and insights for ICBs as we evolve towards the regional and ICB model blueprint.

### **What is/was the challenge/opportunity you sought/are seeking to address?**

In 2019, partner organisations in Dorset across community, primary, secondary care, local authority including social care, academia, police, the third sector, business and Health Innovation Wessex agreed to work together to establish the Dorset Innovation Hub (DIH) strategic system partnership. Representatives from the partner organisations articulated that there was a clear perceived need to address the challenge of uncoordinated approaches to health and care innovation adoption in Dorset. It was felt that these uncoordinated approaches meant that whilst there were pockets of excellence, there was a clear need to further develop skills and experience in innovation adoption and a culture of 'silo' working that limited the ability to adopt innovation which impacts negatively on the population of Dorset.

The Dorset Innovation Hub strategic system partnership was established, initially supported by a 2.5-year grant under the Health Foundation's [Adopting Innovation Programme](#). The DIH draws together partners to provide expertise to spread and adopt prioritised innovation across Dorset to improve the lives of local communities. By partners providing benefit in kind, we develop and enable strategic system thinking, develop and deliver an education programme to increase capability, and support the needs in Dorset providing facilitative support to staff working on priority innovation adoption projects. By increasing awareness and capability, it was felt that partner organisations could 'develop the impact' of innovation in their organisations to help shape and develop their own workforce, services and need. Furthermore, in nurturing a community of practice that fosters collaborative system thinking, working together on key priority projects, we increase opportunities for innovation adoption to improve the outcomes for the population in Dorset. During the Health Foundation grant period, the DIH was hosted by University Hospitals Dorset (UHD). On completion of the grant, the DIH transferred as a 'business as usual' service hosted by NHS Dorset ICB (from May 2024 to date).

The announced abolition of NHS England (NHSE), changes to the Department of Health and Social Care (DHSC) and formation of ICB clusters, subsequent evolving geographical local and regional changes with devolution are recognised challenges. In addition, it is acknowledged that one of the challenges with what ‘we set out to do’ with the DIH was the COVID 19 restrictions, and then further challenges when we moved the strategic partnership from the original provider host to NHS Dorset ICB (in May 2024) due to organisational changes. That said, being part of the AIS initiative has offered a unique opportunity for NHS Dorset ICB to pivot the focus of outputs and learning as reflected in this case study.

**What are you doing to respond and why? Who is involved?**

The Dorset Innovation Hub moved to a ‘business as usual’ service hosted by NHS Dorset ICB in May 2024. Utilising the networking and learning in the AIS initiative, we took stock of the current innovation functionality and established the NHS Dorset Centralised Research & Innovation Service; with the vision to establish the conditions to facilitate and sustain research and innovation adoption across NHS Dorset and the Dorset Integrated Care System (ICS) for the benefit of our community.

The NHS Dorset Centralised Research & Innovation Service team enables research and innovation activity within the ICB and ICS by providing hands on support to adapt, adopt and sustain proven innovation and develop ideas into new services and products that will benefit our local community. We do this through facilitative advice, tailored support for prioritised research and innovation projects, resources and tools, and the innovation education programme.

The NHS Dorset Centralised Research and Innovation Service is overseen by the Head of Research and Innovation who is also responsible for the day-to-day oversight of the Dorset Innovation Hub. The DIH strategic partnership has been likened to a mini-Integrated Care Partnership (ICP) and is made up of 12 partner organisations from community, primary, and secondary care, local authority including social care, academia, police, the third sector, and business (see figure 1 below).

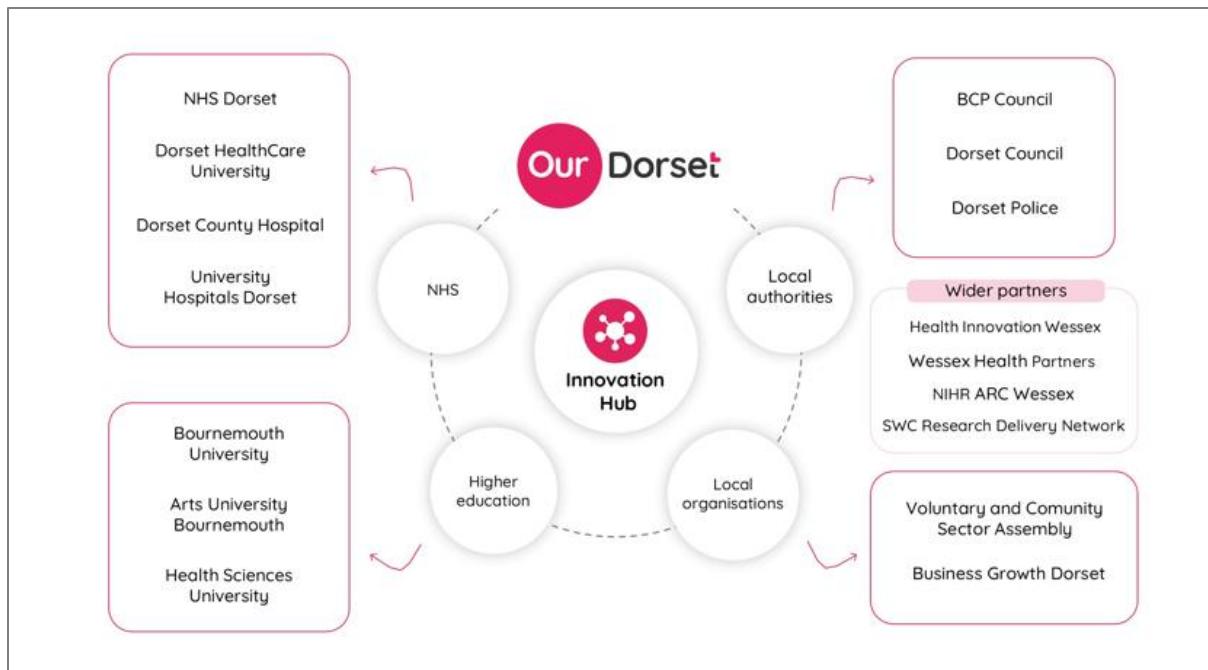


Figure 1: Dorset Innovation Hub strategic system partnership

Within the DIH there is an overarching Programme Group and Core Team, each of which contains at least one representative from each of the partner organisations. The purpose of the Programme Group is to develop and agree DIH work programmes, receive and comment on reports, as well as provide guidance and direction with development pieces of work. The Core Team provide day-to-day facilitative support for projects within the DIH work programmes.

The premise on which the DIH was built was that a strategic system partnership would enable the:

- Harnessing of innovation adoption experience, skills and knowledge in Dorset in a more cohesive and effective way
- Collaborative working across organisations in areas of need that are recognised as system priorities and mutual support on organisational priorities as part of the strategic partnership
- Building of networks to share information, enabling a more 'joined up' approach to projects

To achieve this the DIH has agreed work programmes which are designed to support the achievement of the [DIH mission statement and key distinguishers](#).

- **Workstream 1: DIH innovation opportunities to meet and support system priorities (local and national innovation programme)**
  - **Local priorities.** Tailored facilitative support for priorities local innovation adoption projects which meet system needs. Examples of projects include

Nutrition in Ageing People, Falls Prevention, and Improving Use of FeNO (fractional exhaled nitric oxide) Devices.

- **National priorities – medical technologies.** Tailored facilitative support for Dorset's NHS providers for the adoption of products covered by NHS England's [MedTech Funding Mandate \(MTFM\) policy](#). This is in partnership with Health Innovation Wessex.
- **Workstream 2: Development programme.** Development work is informed by annual review and assessment of DIH capabilities by individual DIH members (Programme Group and Core Team) using the [Innovation Unit's Maturity Wheel](#). These assessments are collated, mapped against the last assessment, and key priorities for development agreed (figure 2). Examples of development programme priorities for 2025/26 include:
  - Education programme
  - Participation in the Health Foundation's Accelerating Innovation Systems (AIS) initiative
  - 'Developing the impact'
  - Engagement and communications
  - Resource development e.g. common language

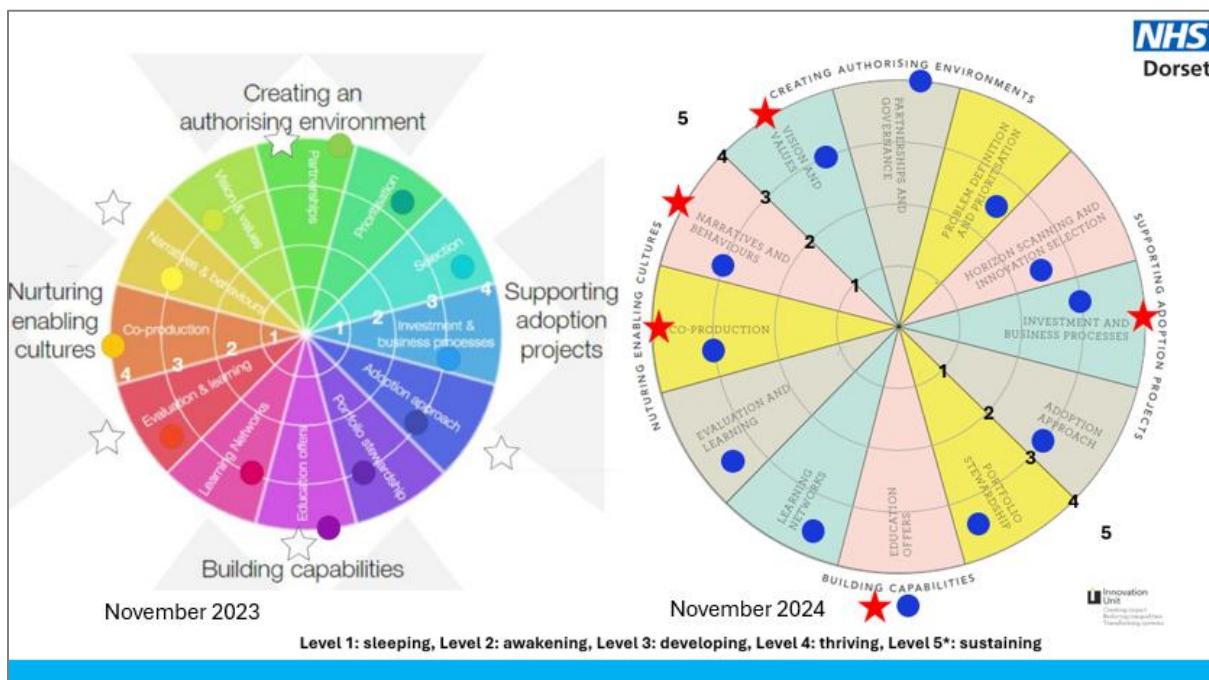


Figure 2: Example of DIH service capability assessments using the Innovation Unit Maturity Wheel.

### What progress/impact has been achieved so far?

For the purposes of this case study, the summary below focuses on the progress/impact under four key development priorities for the DIH: Education Programme, 'Developing the

Impact', Benefits Realisation, and participation in the AIS initiative. A more comprehensive report for DIH progress/impact is available as part of the latest [DIH Annual Report](#).

### *Education Programme*

A core component in building a culture and environment supportive of innovation adoption is education. The DIH education programme is an established core service element and is developed and delivered by the NHS Dorset Centralised Research and Innovation Service in partnership with Health Sciences University, a specialist university with campuses in Bournemouth and London. The aim is to support Dorset in building a foundation which increases capabilities, creates networks, and contributes towards a systematic approach to adopting innovation. The DIH Education Programme is currently comprised of:

- **Fundamentals of Innovation Adoption.** This one-day in person interactive training explores the challenges of innovation adoption and provides development opportunities in skills and knowledge to be better equipped to successfully adopt innovation into practice. Training is held three times a year, rotating locations between East and West Dorset to enable accessibility. Learning is supported with an online follow up session after the training to enable attendees to explore additional questions once they have had time to reflect.
- **Community of Practice.** These are one-hour online events which provide an opportunity to explore in more detail some of the topics which arise within the Fundamentals of Innovation training. It is aimed to run these events at least four time a year and previous topics have included:
  - Getting Bid Ready
  - Visualising Innovation – maximising impact through posters
  - Prioritising the Priorities
  - Demonstrating Impact – planning & measuring
  - Implementing Sustainable Change: recognising context and individuals.

These Community of Practice sessions are recorded and uploaded to the [DIH YouTube channel](#) as an accessible educational resource.

- **Ad hoc requests.** For the DIH it is important to maintain capacity within the Education Programme to be able to respond to ad hoc training requests and needs as identified by our partner organisations. Examples of these include:
  - Innovation session as part of the Preceptorship programme at University Hospitals Dorset NHS Foundation Trust
  - Stakeholder identification and engagement workshop as part of the Dorset LEP (local enterprise partnership) One Health conference
  - Making Meaningful Change training session for BCP Council (covering Bournemouth, Christchurch and Poole).

### *Developing the Impact*

As a rolling programme implemented three years ago, 'Developing the Impact' has rapidly become central to the DIH approach to embedding innovation within Dorset. 'Developing the Impact' refers to the work undertaken by each of the DIH partner organisations to

develop an innovation culture, capabilities and raising awareness of innovation activities across their organisation. Together we are ‘developing the impact’ and building networks across the Dorset system that meet the needs of individual organisations and improve the lives of Dorset communities. DIH partner organisations provide updates and present at the DIH Programme Group and Core Team meetings that highlight the innovation activities in their organisation and collaborative working. Figure 3 provides a visual summary of some of the delivered ‘Developing the Impact’ presentations.



Figure 3: Visual summary of ‘Developing the Impact’ presentations from DIH partner organisations

### *Benefits Realisation*

Established as an integral part of the DIH project and evaluation framework, this ensures that benefits realisation is built into all stages of an innovation adoption initiative. To support benefit realisation exercises, tools and resources have been created which include checklists, logic model templates, guides, data source lists, planning templates, and benefit realisation table templates. Specific training sessions have also been held for Programme Group and Core Team members to support and disseminate the DIH benefits realisation approach. Examples of utilisation of the DIH benefits realisation approach include evaluation of implementation at UHD of two MTFM products, gammaCore (an innovative treatment for cluster headaches) and PIgF (a blood test to detect pre-eclampsia in pregnant women). These have been written up as case studies which are available via the [DIH website](#).

**What are the key lessons/insights from this case study for ICBs as they shift towards the new ICB model blueprint?**

We firmly believe that we learn something new every day, and so, the following points provide several key lessons and insights to date. These have been developed and informed in conversation with NHS Dorset ICB and the DIH partners during development sessions:

- Research and innovation should be integrated as a core functionality in organisations creating a culture of improvement as outlined in the Life Sciences Sector Plan. Whilst the ICB blueprint states that research and innovation should transfer out to region over time, the regional blueprint states that both ICB and regional roles are vital; with strong links needed to maintain research focus and integration. NHS Dorset ICB Research and Innovation Centralised Service uses a population health management approach, enabling NHS Dorset ICB to undertake priority local and national research and innovation that supports Dorset's ambition to be the healthiest place to live and where the Dorset population can live their best lives.
- Facilitating system working or a strategic system partnership such as the DIH isn't a quick win. It requires constant attention, nurturing, listening, collaborating and understanding the evolving needs and requirements of partner organisations.
- Once established, a shared vision and the desire to take forward improvement e.g developing the impact, public engagement and impact is key to enable focus on using innovation to support communities to live their best lives.
- Stand firm with the approach of undertaking a small number of projects that are agreed priorities and undertaking them well to enable appropriate actions and reporting including, e.g. benefits realisation.
- Facilitate using place-based working with staff within their organisation, using a good project management approach and be clear what the actual 'need' or problem is rather than a perception. Ensure capability within your project team, have a clear senior responsible officer, co-produce where feasible, use population health management approaches to understand the data and take the time to pause, listen, understand and collaborate.
- And last, but by no means least... Believe in what you are doing and be tenacious. Give yourself thinking space and capacity to enable you to build relationships and collaborations, understanding legitimacy, respecting one another's roles and working where there is a clear prioritised need and the appetite for change exists.

**Further information is available on:**

- NHS Dorset ICB brief overview of the Dorset Innovation Hub strategic partnership as part of the AIS programme: [Key Reports & Documents - Innovation](#)
- The work and activities of the Dorset Innovation Hub: [Dorset Innovation Hub Website](#)
- The Dorset Innovation Hub partners: [Dorset Innovation Hub Partners](#)
- Health Foundation's [Adopting Innovation Programme](#)
- The Innovation Unit's Maturity Wheel: [Innovation Unit's Maturity Wheel](#)

- Innovation Unit - Accelerating Innovation Systems: Supporting ICBs to drive system-wide innovation adoption [Accelerating Innovation Systems: Supporting ICBs to drive system-wide innovation adoption | Innovation Unit](#)