

## Session 2:

# A system-wide approach to innovation adoption: Dorset Innovation Hub

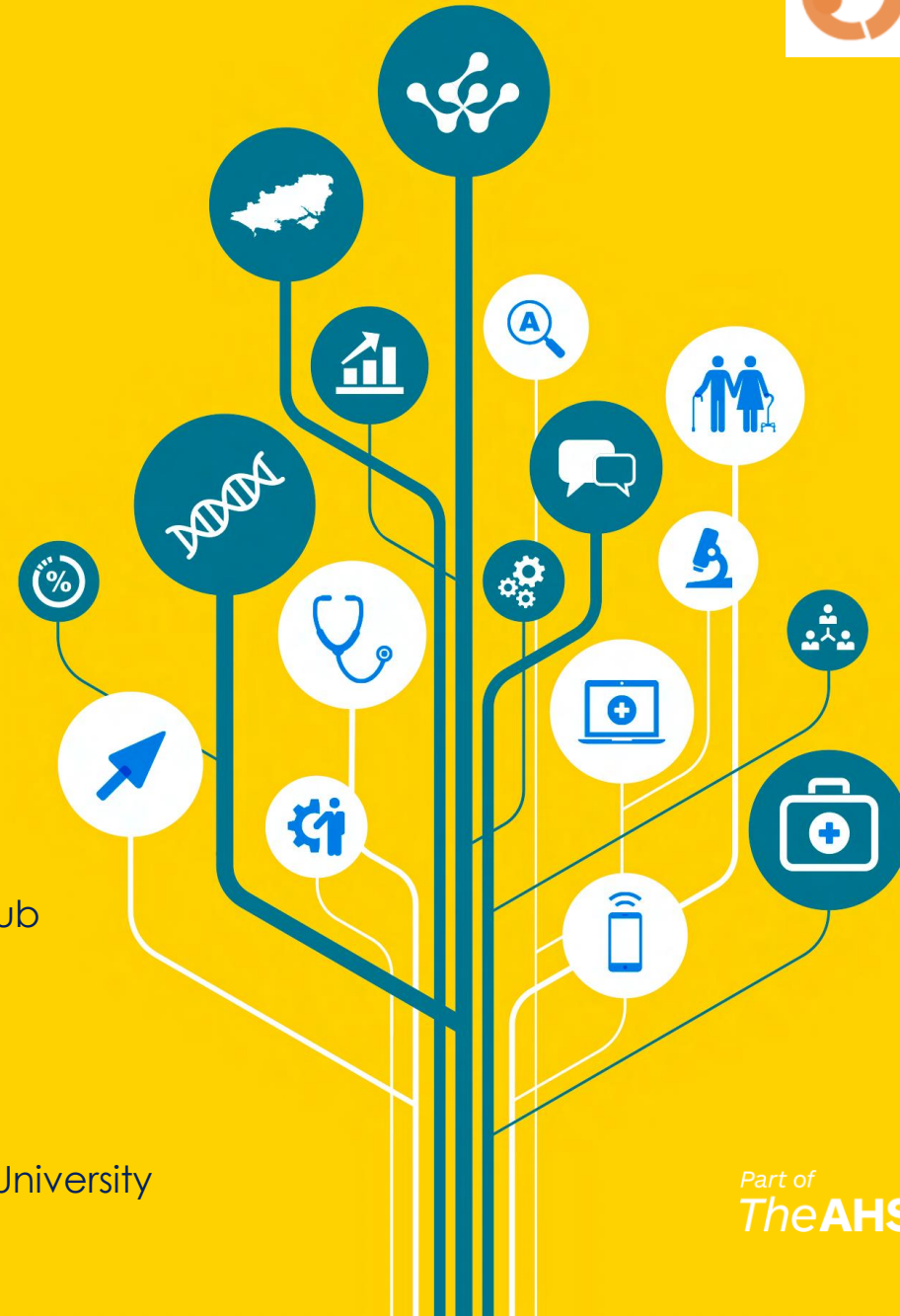
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# Introduction

## What is it?

- Partnership of organisations that provide expertise to spread and adopt innovation across Dorset and throughout Wessex
- Work programme that ensures our work is focused on improving our citizens care, outcomes or experience
- People with lived experience, our staff and our wider population are central to the success of our Hub

## Who is it?

- Collaboration of partners from Dorset and Wessex, hosted by University Hospitals Dorset
- A core team from partners and a directly employed team hosted by UHD - funded by the Health Foundation





# How the hub works as part of the ICS



**AECC  
University  
College**



**Wessex  
Academic  
Health  
Science  
Network**



**NHS Dorset  
Clinical  
Commissioning  
Group**



**Bournemouth  
University**



**NHS Dorset  
County  
Hospital**



**NHS  
University  
Hospitals  
Dorset**



**Bournemouth,  
Christchurch  
and Poole  
Council**



**Dorset  
Council**



**Dorset Local  
Enterprise  
Partnership**



**NIHR Applied  
Research  
Collaboration  
Wessex (ARC  
Wessex)**





# Dorset ICS Innovation Hub

Overview utilises the six principles for effectively innovating (**Enabling innovation and adoption in health and social care - Developing a shared view (Feb 2021)** - Accelerated Access Collaborative (AAC), NHSE, Care Quality Commission (CQC), NICE and partners

Support your people

Develop culture where innovation can happen  
AAC / CQC

Be flexible when managing change

Develop and deploy innovation with the people who will use it

Focus on impacts and outcomes

Adopt the best ideas and share your learning

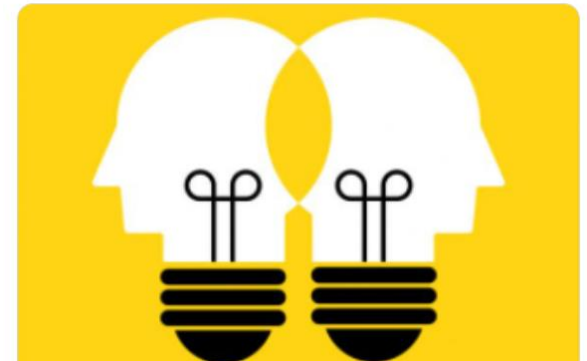


# How the Hub works

- 📌 Fully integrated into Dorset ICS, enabling innovation to connect with the detail of our system priorities, meeting the needs of all citizens.
- People with lived experience, our staff and our wider population are central to the success of our Hub.
- Our work programme has been being developed to ensure our work is focused on improving our citizens care, outcomes or experience.
- 📌 Focus on “Deploy” - adapt, adopt and spread proven innovation recognising we work as a system within complementary threads:
  - **Discovery**, e.g. clinical research / inventive innovation
  - **Develop**, e.g. inventive innovation / clinical research / QI
  - **Deploy**, e.g. spread and adopt innovation / QI / clinical audit

 UHD Strategy and Transformation Directorate (OAN)  
@OneNHSinDorset

We are delighted @UHD\_NHS to be hosting the #DorsetICSInnovationHub. 13 partners from primary, community, secondary and social care across Dorset working together to enable faster, more effective uptake of innovations and improvements in patient care. #innovation @ChessellSarah



**Programme group** - Representatives from all partner organisations who oversee the development of the programme

**Innovation core team** - are small but perfectly formed!\* and:

- Provide facilitative innovation advice and support (priority projects) working with the project sponsor and clinical teams
- Support work towards the strategy inc. e.g. education programme, governance
- Provide practical support including learning from experience

**Work programme 2021/22:**

- Prioritised balanced programme inc. **local priorities**, e.g.
  - palliative care and end of life,
  - children and young people transition to adult services,
  - automated processes,
  - community rehabilitation,
  - malnutrition in older people
- **National must do** - Medtech Funding Mandate (MTFM), e.g. Placental Growth Factor
- **National should do** - Rapid Uptake Products (RUP)
- **Doing now and need to spread**
- **Would like to do** – inc. inventive

Wessex AHSN team and NHS partners working in collaboration to assess and implement.



\* Core team. Not in the photo: Laura Limm DCHFT, Joe Sladen, WAHSN.

# Innovation priority categories

Core team (Hub) focus on innovation across the five priority categories, providing facilitative support to realise the agreed yearly work programme:

1a

- **National Must do.** Nationally mandated MedTech Funding Mandate (MTFM) innovations are evidence based with NHS approval and funding expected from commissioners. Proven innovations are developed and evidence based but require further deployment. Innovation team assist implementation with partner organisations.

1b

- **National should do.** Nationally supported innovations that align with Dorset ICS/Trust priorities including the Rapid Uptake Products (RUP).

2

- **Local priorities.** Innovations to meet Dorset ICS priorities will be identified via open call to partners, discussed and agreed by partner representatives at the Dorset ICS Innovation Hub Programme Group.

3

- **Doing now and need to spread.** Innovations in use in a partner organisation but not widely deployed across Dorset ICS. Proven innovations developed with evidence based. Innovations will be identified via open call to partners, discussed and agreed by partner representatives at the Dorset ICS Innovation Hub Programme Group.

4

- **Would like to do innovations.** Innovation team provide advice and support. These innovations may be part of the discovery and develop phase (see above) requiring research and evaluation prior to deployment.

  
Adopt the best ideas and share your learning  
AAC / CQC

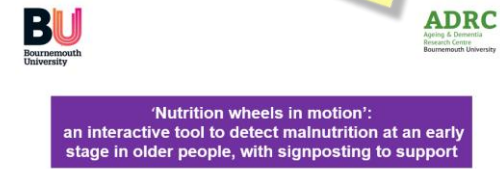
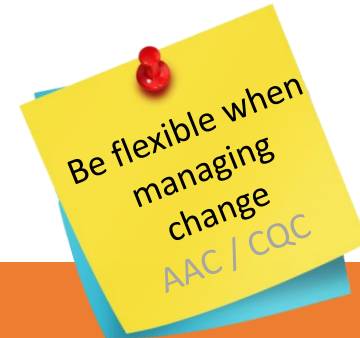
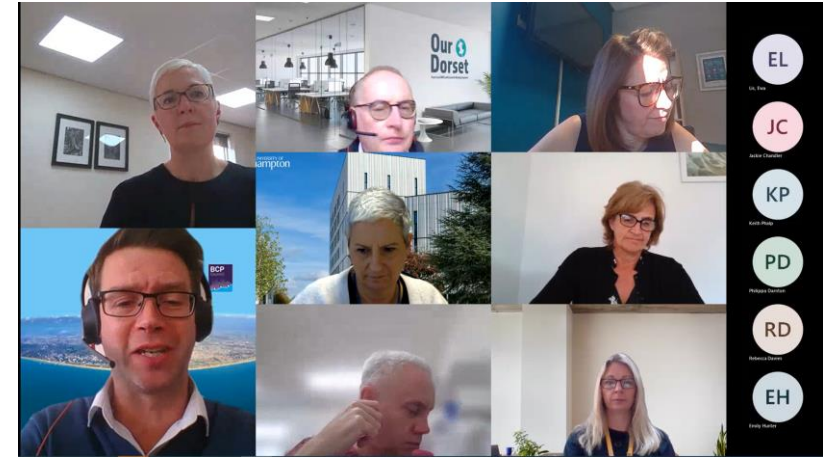
# Achievements

- Developed an integrated Dorset ICS innovation hub with **energy and enthusiasm from all partners**
- **Programme group** (established October 2020) represented by all ICS partners oversee the programme of development.
- Full integration into the Dorset ICS, our hubs focus enables innovation to connect with the detail of our system priorities, **meeting the needs of all citizens**.

- 3 Member of the Dorset Citizen's Panel and **developed patient and public approach** approved by the programme group.
- 3 Recognise that life is not normal at the moment, **we are working in an agile way** to take forward the programme. This includes ensuring work is clinically led, minimises impact by facilitating and adapting approaches accordingly on a case by case basis.

- Recognised **good communication** streams in place and working together effectively.

- 3 **Community of practice**. Established and open to all Dorset health or social care staff.



Professor Jane Murphy  
Bournemouth University







# Achievements

- Defined innovation, **enabling clarity and support** for those that are taking forward innovation.
- Established collaborative working with our colleagues in quality to ensure effective working with the **complementary golden threads of quality** to ensure improvements for our citizens. This includes clinical research, inventive innovation, QI and clinical audit.
- Developed an innovation education programme approach which employs a dosing matrix to help **build knowledge from basic awareness to in depth skills**.
- Citizen focused benefits realisation**, inc. outcomes, experience, length of stay and access. BR included in project initiation document including key performance indicators.
- MedTech Funding Mandate (MTFM)**. Developed processes including, SOP and finance agreements with CCG. Currently **assessing uptake and compliance by clinically auditing against NICE standards**. Developing sustainability processes and case study for HeartFlow and PLGF and will then utilise principles for further case studies.
- Wessex AHSN team, NHS partners, NICE and the NHSE team round table meeting to support collaboration, discussion and implementation of the MTFM - PLGF.

## Innovation education programme - Approach

Utilises specialist innovation training and existing recognised training e.g. NHSI QISR and Our Dorset QI Lite

Employs a dosing matrix to help build knowledge from basic awareness to in depth skills

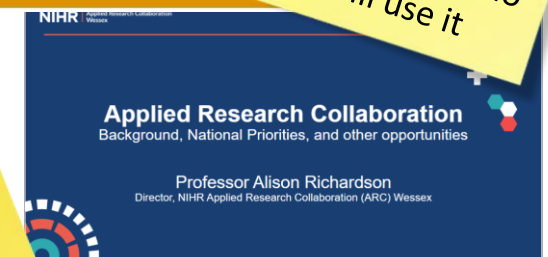
Will take a number of principles into account



Our Digital Vision #DigitalDorset

Develop and deploy innovation with the people who will use it

Be flexible when managing change  
AAC / CQC

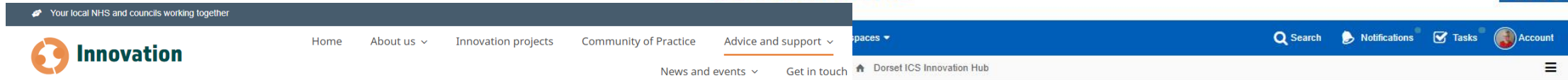




# Achievements



- Underpinning our Communication Strategy, we have:
- Developed our Dorset website (public facing front door): [Innovation – Our Dorset ICS Innovation](#)
  - Key information inc: about us, innovation projects, resources, training, advice and support
  - FutureNHS platform. 3 levels: core team; programme group (PG) and community of practice



## Advice and support for implementing your project

Alongside the Community of Practice where we will enable people to have access to a range of best practice documents and guidance and to share your own knowledge and guidance, Dorset Innovation Hub will also provide advice and guidance to help adopt and spread innovation.

## Dorset ICS Innovation Hub

Welcome to the Dorset ICS Innovation Hub workspace. We are developing this space to provide all those interested or involved in innovation with resources, presentations and ongoing support. Please also use this space to connect, learn and collaborate with peers.



## Partners

- AECC University College
- Bournemouth, Christchurch and Poole Council
- Bournemouth University
- Dorset Council
- NHS Dorset Clinical Commissioning Group
- NHS Dorset County Hospital
- NHS Dorset HealthCare
- NHS University Hospitals Dorset
- NIHR Applied Research Collaborative Wessex
- Wessex Academic Health Science Network



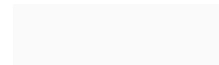
### Sign up to the North-South Medtech Summit

3 November 2021



### Beneficial Changes Network – Annual Improvements Submission

10 September 2021





# National example of a proven innovation & implementation

**Description:** HeartFlow FFRCT estimates fractional flow reserve from coronary CT angiography (CCTA) for patients with stable, recent-onset chest pain, therefore avoiding invasive investigation and treatment.

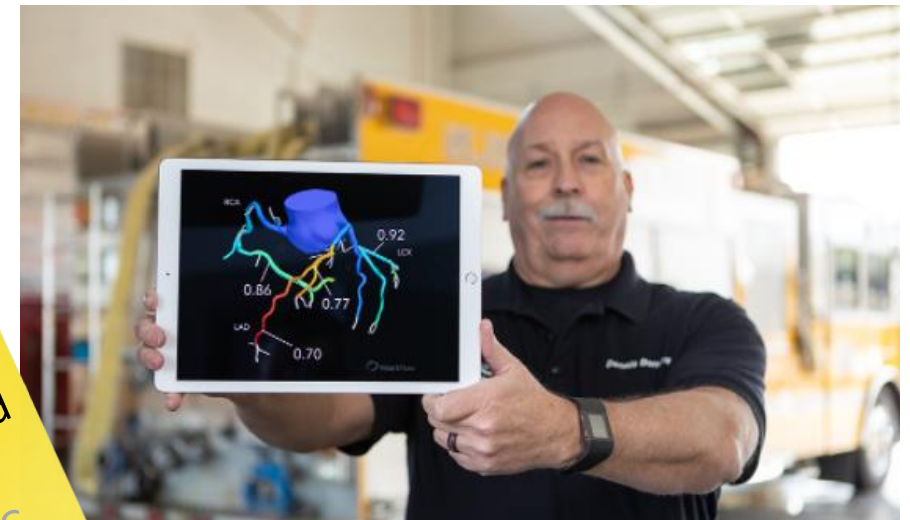
## **🔗 Patient benefit (as stated by NICE):**

- Replaces need for an invasive procedure in a specialist cardiology procedure suite.
- Reduced length of stay.
- Reduced hospital visits as multiple diagnostic tests such as exercise tests and stress tests are not required.
- Faster diagnosis.
- Reduced waiting times for patients waiting for a procedure in the specialist cardiology procedure suite.

## **🔗 Implementation in Dorset:**

- Mandated by NHS England from 1st April 2021
- Poole and Bournemouth Hospital sites early adopters (pre-mandate)
- Dorset County Hospital implementing

Wessex AHSN team and NHS partners working in collaboration to assess and implement.



Focus on  
impacts and  
outcomes  
AAC / CQC



# Local example proven innovation & implementation



**Description:** Dorset Covid Oximetry at home (CO@H) model is a primary care led service, providing a system wide, reactive, and proactive model. Daily on boarding of patients from all GP settings, urgent care and ED into a single telehealth hub, located within Dorset Health Care, provides Dorset with the first system wide coordinated response to caring for people with Covid, promoting self monitoring and escalation quickly on deterioration.

## 🔗 Patient benefit:

- CO@H team identifying deteriorating patients and improving outcomes.
- Delivery across Dorset demonstrated immediate benefits during COVID-19, supporting clinicians to remotely monitor their patients effectively and efficiently.
- Dorset fast adopter and actively led and contributed to regional and national forums, sharing insights, developing resources for benefit of the wider NHS.



## 🔗 Implementation in Dorset:

- CO@H model accessible to all 18 primary care networks (PCNs) and the three acute trusts within Dorset.
- Expected that, remote monitoring and digitally enabled pathways will be of huge benefit to Dorset's population to support individuals living with long-term conditions beyond Covid and will be a fundamental component of future care delivery models soon, making Inhealthcare a sustainable and adaptable innovative solution.

Wessex AHSN team and NHS partners working in collaboration to assess and implement.





# Wessex AHSN - Our local evaluators



## Key update points:

- Evaluation Working Group established, scoping undertaken
- Theory of Change and logic modelling development
- Resourced by in kind funding – WAHSN, NIHR Wessex ARC, DIH Core team, BU, CCG
- Currently developing full evaluation proposal. Commence evaluation April 2022

## What are the key questions?

### Q1. Has the Hub supported adoption of proven innovations at pace that respond to local needs and challenges? Which entails

- Features of the DIH structure and organisation that showed benefit to the Dorset ICS system
- How these features enabled the adoption of proven innovations at pace in Dorset ICS
- Identifying local challenges and how were they managed/addressed
- Describing the experience of both patients and staff of implemented proven innovations
- Capturing the expected and any unintended consequences of the DIH (strategy)

### Q2. Has the Hub enabled Dorset ICS to replicate expected benefits from proven innovations and if not, understood why not? Which entails

- Identifying the key factors that enabled proven innovation benefits to be replicated
- Identifying the key factors that inhibited proven innovation benefits to be replicated
- Describing the hub’s learning and adaptations to its strategy over the course of the programme

### Q3. Is there evidence of the approach (DIH strategy) becoming sustainable? Which entails

- Determining whether the DIH strategy became embedded and normalised in the Dorset ICS
- Determining whether attitudes to innovation adoption changed during implementation of the DIH

Case study design	DIH Programme	Innovation cases
In-depth multi-layered view Multiple data sources Seeks to explain what happened and identify mechanisms that produce outcomes	Development and exploration of programme theory Hub strategy to facilitate delivery of innovations to the local system and affect change in innovation culture	Track and describe the adoption pathway and compare and contrast cases Adoption in particular settings Describe adoption of an innovation across different contexts



# Key priorities for next 6-12 months

Recognising system remains under pressure, activities undertaken by DIH and core team to minimise impact to staff. As necessary work with clinical teams will be paused temporarily. Key priorities for the next 6-12 months are:

- Work programme 2021/22 – System priority projects i.e. palliative care and end of life, children and young people transition to adult services, automated processes, community rehabilitation, malnutrition in elderly. Finalise scope, agree PID's and support hours and work with sponsor and clinical teams to facilitate implementation.
- Develop Innovation Platform with partner organisations
- Innovation education programme
- Wave 2 - work programme 2022/23 – System priorities (inc. success to spread)
- Further develop community of practice
- Showcase event (autumn 2022)
- Increase comms - social media, case studies
- Evaluation workstream

## Malnutrition in Older People

Sponsor: Andy Dean (DHCFT)

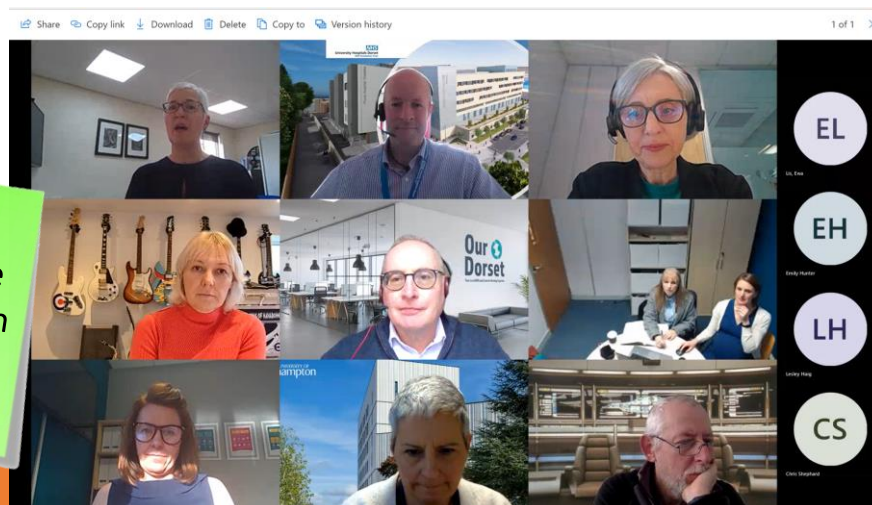
**Problem:** how to facilitate the early identification of older people at risk of malnutrition by non-healthcare professionals (e.g. in care homes, assisted living, community) in order to provide early intervention to reduce malnutrition, improve patient outcomes, cut numbers of malnutrition patients requiring hospitalisation and save money.

- Initial meeting (LH/DK/AD/JM). Exploratory discussion around challenges when implementing 'Malnutrition Universal Screening Tool' ('MUST') and 'Nutrition Wheel' in Dorset.
- Further meeting tba (LH/DK/AD/JM). To further define DIH supported project to assess problems with MUST and Nutrition Wheel implementation, horizon scan best practice for early identification of older people at risk of malnutrition, and generate evidence for corrective interventions.

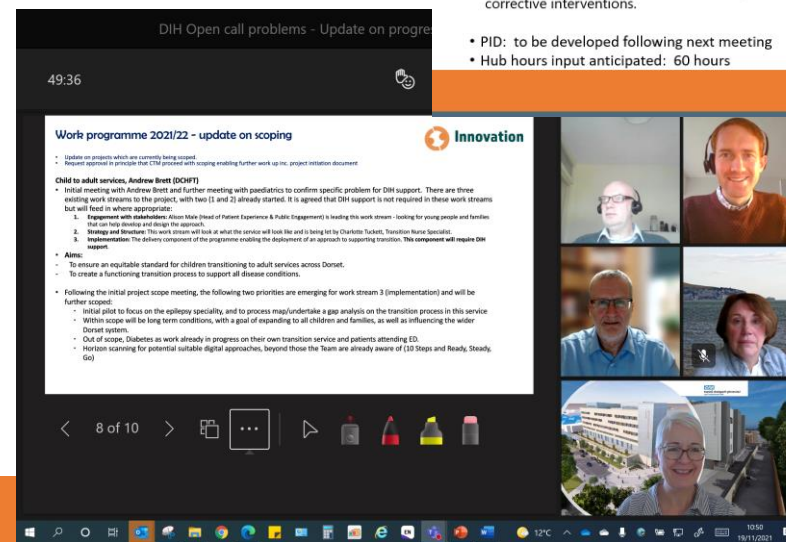


- PID: to be developed following next meeting
- Hub hours input anticipated: 60 hours

Develop culture where innovation can happen  
AAC / CQC



Programme group (not everyone on screen)



DIH T&FG Priority projects processes (not everyone on screen)



# In summary, the Dorset Innovation Hub:



- Is in a developmental phase, moving to delivery phase
- Is integrated into the Dorset system, enabling innovation to connect with the detail of our system priorities and meeting the needs of all citizens.
- Recognise that life is not normal at the moment, we are working in an agile way to take forward the programme. This includes ensuring work is clinically led, minimises impact by facilitating and adapting approaches accordingly on a case by case basis.
- Are developing a culture that encourages and supports continuous adaption and adoption of innovation that meets the needs of our population
- Undertake a balanced programme with a variety of projects from Dorset ICS priorities, e.g. national & local priority that supports different categories, e.g. health inequalities.
- Provide facilitative innovation advice and support (priority projects) working with the project sponsor and clinical teams on innovation projects
- As an integral part of all we do in the work of the DIH, we work systematically with the Wessex AHSN team and NHS partners to realise our ambitions



**Many thanks**

**Any queries, thoughts or questions?**

