

Dorset Innovation Hub (DIH)

Overview

The DIH is a partnership of all Dorset health and care organisations that **provide expertise to spread and adopt innovation across Dorset**. The DIH is one of four Health Foundation Adoption of Innovation Hubs funded to **establish and imbed a sustainable innovation impact and culture**. Considering sustainability post the Health Foundation grant - we are currently in discussion and approval of a sustainable DIH model (transition to NHS Dorset mid 2024).

In this our latest overview document, we outline briefly the wide-ranging work streams and projects undertaken to date by the DIH to **develop a sustainable innovation culture** and impact in Dorset. This includes defining innovation, the education programme, 'developing the impact' and patient and public involvement.

Sarah Chessell

Lead – Dorset Innovation Hub 18th October 2023

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How the Dorset Innovation Hub works



We will **improve** the lives of **100,000** people impacted by poor **mental health**.



We will prevent **55,000 children** from becoming **overweight** by 2040.



We will **reduce the gap** in healthy life expectancy from 19 years to **15 years** by 2043.



We will **increase** the percentage of older people living well and **independently** in Dorset.



We will add **100,000 healthy life years** to the people of Dorset by 2033.

- Fully integrated into the Dorset ICS, enabling innovation to connect with the detail of our system priorities and meeting the needs of all people in Dorset. The DIH is one of the vehicles to deliver the five year forward plan outcomes.
- People with lived experience, our staff and our wider population are central to the success of our Hub.
- 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
- Established collaborative working with our colleagues in quality to ensure effective working with the complementary golden threads of quality to ensure improvements for our people. This includes clinical research, inventive innovation, QI and clinical audit.





Innovation



AECC University College

ARTS UNIVERSITY BOURNEMOUTH

Arts University Bournemouth



Bournemouth, Christchurch and Poole Council

BU Bournemouth University

Bournemouth University



Dorset Council



Dorset Local Enterprise Partnership



Dorset NHS Dorset

NHS Dorset County Hospital NHS Foundation Trust

NHS Dorset County Hospital



Dorset HealthCare University NHS Foundation Trust

NHS Dorset HealthCare University

NHS University Hospitals Dorset NHS Foundation Trust

NHS University Hospitals Dorset

NIHR Applied Research Collaboration Wessex

NIHR Applied Research Collaboration Wessex (ARC Wessex)



Health Innovation Wessex



Voluntary and Community Sector Assembly

Mission Statement & Key distinguishers

Mission statement

“We support and sustain the adoption of the world’s best health and care innovations for the benefit of all citizens of Dorset”



Key distinguishers

1. We always work as a **system** to identify and prioritise opportunities to improve **quality of care** for people in Dorset

2. We prioritise resources where there is a **clear problem** to be solved, that links to our **ICS strategic priorities**, and where teams have **energy & motivation** to engage

3. We look **internally & externally** for **evidence-based** innovations with high potential to meet our needs

4. We consider **all types of innovation**, including new ways of working, new models of care, social, digital and technological innovations

5. We embed **patient and public involvement and engagement** in all we do informed by lived experience

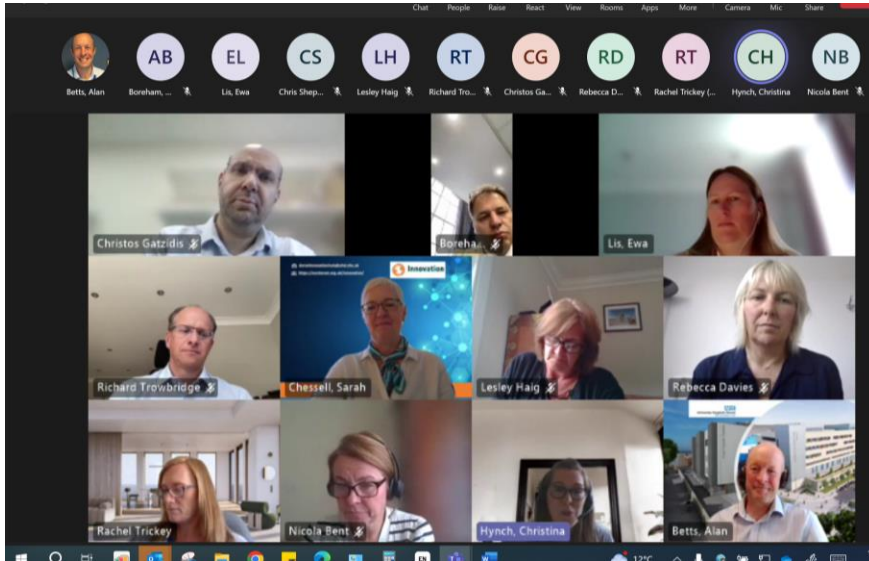
6. We work as a partnership to **nurture the conditions** needed to encourage staff to engage in innovation and adoption activity and value it as a **core aspect** of their role.

7. We signpost and provide the **tools and support** to **enable teams** to adopt innovation

8. We encourage staff to be **creative and open to new ideas** and to apply **rigorous approaches** to testing, monitoring and managing risks

9. We embed **evaluation** throughout our work, with a focus on **people’s experiences** and **outcomes** and wider **system benefits**

10. We consider the **impact and long term sustainability** of innovations we adopt in the **changing** Dorset system



Programme Group

Programme group - Representatives from all partner organisations who oversee the development of the programme, receive project updates, risks, issues and mitigating factors and quarterly performance reports.

- **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

Prioritised balanced programme. Our work programme has been developed to ensure our work is focused on improving people's care, outcomes or experience. This includes:

- **Local priority call 2021/22 – what is the need**, e.g. malnutrition in aging people
- **Local priority call 2022/23** - levelling up and spread of excellence (initiating Sept 2022)
- **National must do** - Medtech Funding Mandate (MTFM), e.g. Placental Growth Factor
- **National should do** – INHIP (Innovation national health inequalities programme)
- **Doing now and need to spread**
- **Would like to do** – inc. inventive



Core team



Developing the impact

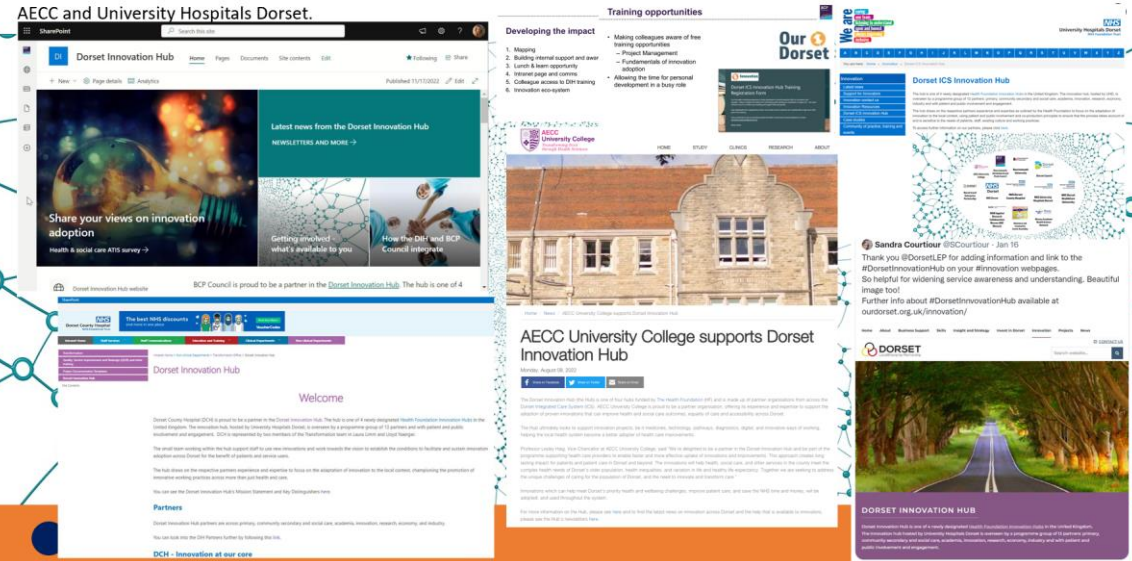


Defining 'developing the impact'

- Approved a year ago, 'developing the impact' has rapidly become central to our approach to imbedding innovation within Dorset.
- We work as a system team with staff from partner organisations facilitating innovation capability within their organisations, working with us to take forward projects (benefit in-kind) and imbedding innovation in their organisation.
- Through developing the understanding within partner organisations we are increasing involvement and awareness of innovation.
- Together we are 'developing the impact' and building networks across the Dorset system that meets the needs of individual organisations and improves the lives of people in Dorset.

Part B – Developing the impact

Examples to date of partner organisations updating on their 'developing the impact' within their organisations inc. BCP Council, Dorset LEP, AECG and University Hospitals Dorset.



Standing agenda item – Programme Group and Core Team

Partner organisations opportunity to update on their activities as part of 'developing the impact' inc. updates on:

- Processes and information regarding innovation on staff and student (where applicable) intranet sites
- Innovation activities to date including lunch and learns and training
- Key activities, case studies and opportunity to discuss and exploring area for collaboration and development.



Defining health and care innovation



ACCELERATED
ACCESS
COLLABORATIVE



The “Enabling innovation and adoption in health and social care - Developing a shared view” (Feb 2021) outlines:

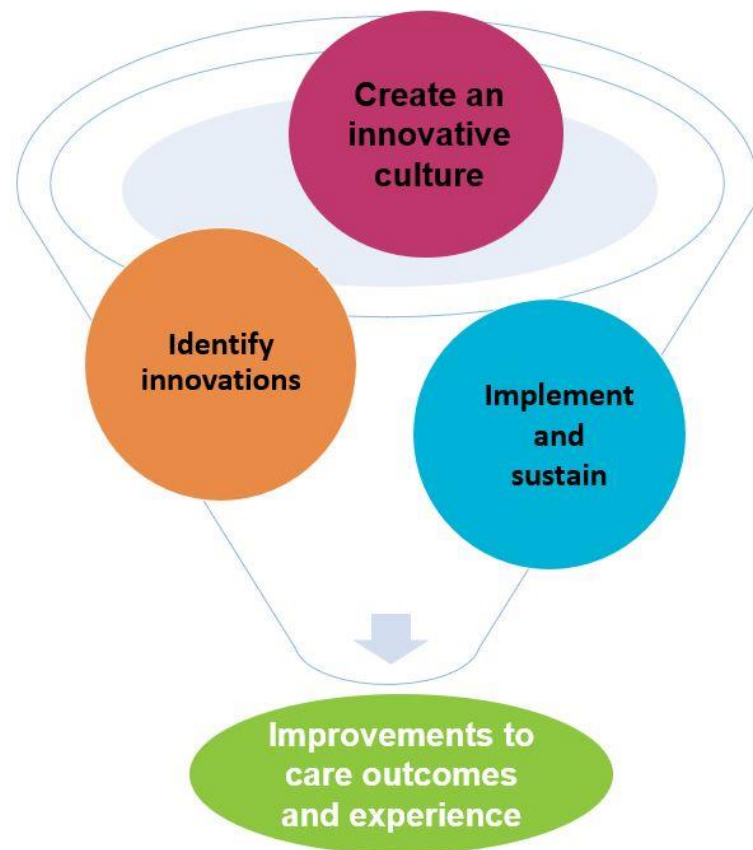
- “Over the longer term, health and care services will face continuing pressures as populations age and our health and social care needs become more complex.
- But at the same time there are opportunities to use new ideas and technologies to improve the way we deliver care, improve outcomes for people who use services and become more efficient”.



NICE National Institute for
Health and Care Excellence



Difference between improvement and innovation



“Improvement, including formal quality improvement (QI) using a structured method, is often used to describe incremental change within an existing service model, whereas innovation can be used to mean disruptive change that creates a new service model.

Furthermore, innovation is often viewed as a discrete, one-off change, whereas improvement is often viewed as iterative and ongoing. Nevertheless, both innovation and improvement tend to involve one or more interventions.....”

Taken from the [Health Foundation – The spread challenge report](#)

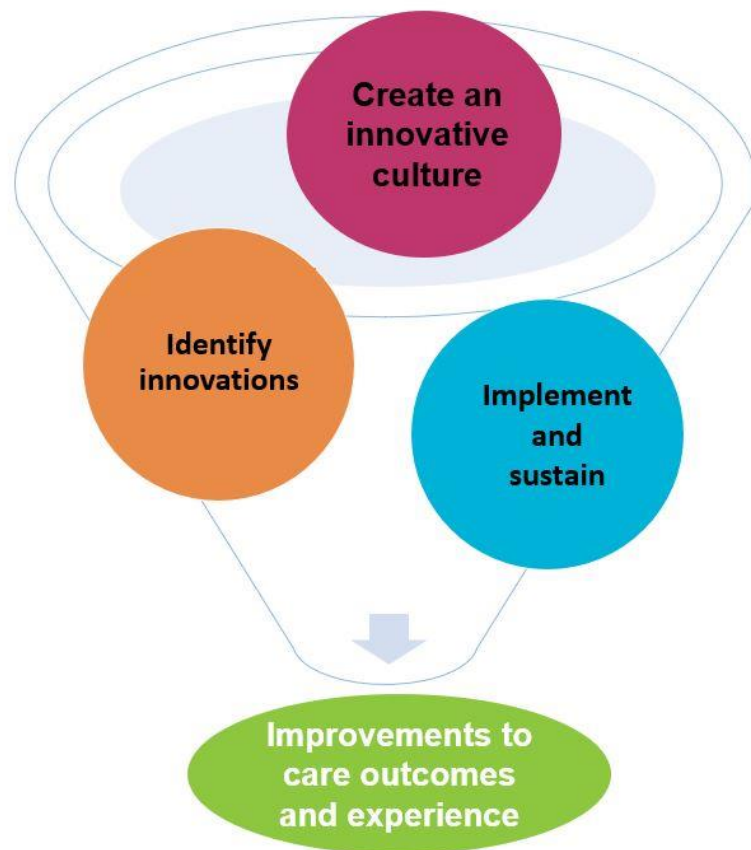
Defining health and care innovation

“the **term innovation** to cover both **invention** (creating new ideas, products, services or models of care) and **adoption** (implementing what has worked elsewhere)”.

[Enabling innovation and adoption in health and social care \(cqc.org.uk\)](http://cqc.org.uk)

The focus of DIH is innovation adoption

“**Innovation adoption** is the intentional introduction of new approaches, practices, treatments, technologies and services within a health and care role, team, organisation, or system, which are designed to improve and support communities to live their best lives”



National example of a proven innovation and implementation

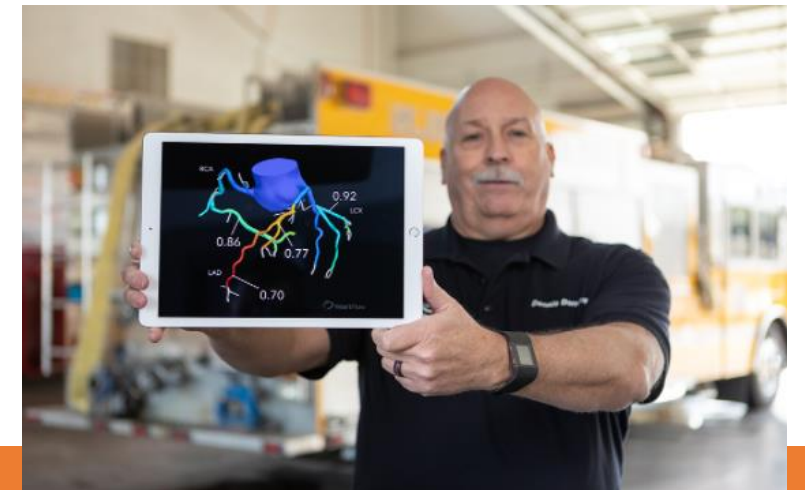
Description: HeartFlow FFRCT estimates fractional flow reserve from coronary CT angiography (CCTA) for patients with stable, recent-onset chest pain, therefore avoiding invasive investigation and treatment.

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 assessing and moving to implementation



Local example of proven innovation and 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 a 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.



DIH Work programmes update



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 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.
- 2 • Local priorities. Innovations to meet the Dorset ICS Innovation Hub priorities including the Rapid Uptake Products (RUP).
- 3 • Doing now and need to spread with evidence based. Innovate with representatives at the Dorset Innovation Hub.
- 4 • Would like to do innovation (above) requiring research and development at the Dorset Innovation Hub.

The Five Year Forward Plan: The Famous Five Outcomes



The Five Year Forward demonstrates how Health is going to contribute to delivering the ICP Strategy and deliver the annual operating plan and recovery priorities

- 1 Prevent XX people suffering from mental health conditions
- 2 Prevent XX number of children becoming obese
- 3 Move the three most deprived areas in Dorset from XX to XX levels of deprivation
- 4 Increase X% of elderly people living well and independently in Dorset
- 5 Extend healthy life years in Dorset by XX

REDUCING HEALTH INEQUALITIES

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

20%

CRONIC RESPIRATORY DISEASE

CRONIC RESPIRATORY DISEASE (CRD) is a leading cause of death and disability in Dorset. It is a group of conditions that affect the lungs and airways, making it difficult to breathe. The most common types are asthma and Chronic Obstructive Pulmonary Disease (COPD). CRD is a long-term condition that can worsen over time. It is caused by a combination of factors, including genetics, environmental factors, and lifestyle choices. CRD is a leading cause of hospital admissions and emergency services use in Dorset. It is important to take action to reduce the impact of CRD on health and wellbeing.



As part of the DIH governance framework, a yearly DIH prioritised work programme has been established and evolves to meet the current needs in the Dorset system:

- Open Call ‘area of need’ 2021/22 – Five priorities originally identified (Palliative and end of life care, community rehab, CYP transition to adults, automated processes, malnutrition in ageing people). Three moved to commissioning, one outside the remit of the DIH, and the malnutrition project is in progress.
- Open call ‘spread of excellence’ 2022/23 – Project proposed in discovery phase, and therefore agreed to wait for the publication of the Dorset ICS five year forward plan and take forward area of prioritised need.
- 2023/24 - Dorset ICS five year forward plan – mapping currently being undertaken. DIH programme group will consider 2-3 innovation priorities identified as ‘area of need’ (gaps) to deliver against the five outcome measures.
- Local priorities – Respiratory (FeNO) implementation and impact

Benefit Realisation

Building on our previous updates, benefits realisation is an established integral part of the DIH project and evaluation framework. As part of the DIH project framework benefit realisation is built into all stages of the initiative. We utilise tools inc. logic model, system data, e.g. Diis, benefit realisation framework and where appropriate clinical audit and patient experience (survey/interview). Utilising these tools enable the identification of clear deliverables and direct and indirect benefits to the Dorset partner organisation/system and people of Dorset. This includes:

Benefits Realisation

Why is it an important exercise to complete?

- Justify the investment of time and money
- Enables the identification of unexpected negative impacts
- Provides a framework to bring different stakeholders together to articulate common goals and prioritise actions
- Aids future resource allocation and service planning inc. Med Tech sustainability discussions

Soluble FMS like tyrosine kinase 1/placental growth factor (sLFl-1/ PlGF) and pre-eclampsia (PET) ratio: A determinant of maternal & fetal outcomes?

Dr. Georgina Stuart-Mullin, Dr. Rebecca Wiltshire, Dr. Asha Gibbs, Sandra Courtiour, Miss Latha Vinayakarao

Introduction

Pre-eclampsia is a common complex multisystem disorder affecting 4.6% of pregnancies worldwide, being associated with over 500,000 fetal/neonatal and over 70,000 maternal deaths globally each year. It is characterised by new hypertension (>140/90 mmHg) after 20 weeks accompanied by either proteinuria, acute maternal kidney injury, liver dysfunction, neurological symptoms, haemolysis, thrombocytopenia or fetal growth restriction.

Confirming the diagnosis can be especially challenging in women with pre-existing hypertension or proteinuria. In addition, there is a variable spectrum of severity and rate of disease progression. Close monitoring and blood pressure treatment can be employed to prolong pregnancy, but the ultimate 'cure' is delivery, the timing of which can be challenging to limit maternal and fetal morbidity and mortality.

NICE recommends soluble FMS like tyrosine kinase 1/placental growth factor (sLFl-1/ PlGF) ratio testing alongside clinical assessment to aid diagnosis and inform management. As of July 2022, the sLFl-1/ PlGF test is now recommended by NICE for ruling in and ruling out pre-eclampsia¹.

University Hospitals Dorset (UHD) is an NHS Foundation Trust located on the south coast of England serving a population of over 800,000. Within the Trust, St Mary's maternity hospital acts as the high-risk care centre for East Dorset with over 4000 deliveries per year. The unit has specific guidelines regarding assessing risk of PET, confirming suspected PET and management once diagnosis is established, these utilise a PET risk ratio based on sLFl-1/ PlGF and Protein Creatinine ratio (PCR) with the aim of providing safe standardised evidence-based care².

Methods

Retrospective audit looking at the use of the Soluble FMS like tyrosine kinase 1/placental growth factor (sLFl-1/ PlGF) and Pre-Eclampsia Toxaemia (PET) Ratio blood tests antenatally to assess if the Low, Medium and High-risk categories could accurately predict the risk of developing PET as well as predicting outcomes such as inpatient admissions, NICU admissions and severe maternal outcomes. The audit also looked at the use of urinary PCR tests alongside this blood test.

Data from 13/01/22 to 31/03/22 was gathered from BadgerNet and EPR, looking at 63 patients who had the sLFl-1/ PlGF blood test when presenting to maternity triage and to antenatal appointments during pregnancy. NICE guidance recommends further research before testing on those pregnant with multiple babies³, therefore we only recorded data from singleton pregnancies.

The data was then analysed looking at the PET risk ratio, dividing into low risk, medium risk and high risk as per UHD trust guidelines which state if PET ratio < 38 (low) there is 0.4% risk of PET in 7 days and <3% risk of PET in 28 days, if PET ratio = 38-85 (medium) there is a 20% risk of PET in 7 days, and if PET ratio >85 (high), there is a >50% risk of PET in 7 days. Data on urinary dipstick results, urinary Protein-Creatinine Ratio (PCR), rates of inpatient admissions, rates of caesarean sections, and rates of adverse maternal outcomes and NICU admissions, as well as the rates of developing PET after the test were all analysed for each group (low, medium, high).

Conclusion

This was only a small sample from our local unit, but the data aligned with national standards. Categorisation of women to a low-risk group based on sLFl-1/PlGF ratio and PET ratio correlated with a low risk of developing PET. Women in the high and medium risk groups were more likely to develop PET and experience adverse maternal and fetal outcomes. The PET ratio seemed most effective at successfully identifying those women who were low risk, as only 4.26% of the low-risk PET ratio women developed PET. In our study grouping women in this way was safe and aided effective clinical decision making.

Results

Figure 1: PET Risk Category based on 1st sLFl-1/ PlGF Test

Figure 2: Frequency of Risk Markers at 1st sLFl-1/PlGF Test by PET Risk

Figure 3: Outcomes by PlGF Risk Category (at 1st sLFl-1/PlGF Test)

Objective

Our objective was to review, from a Trust perspective, the efficacy of sLFl-1/ PlGF and PET ratio as an antenatal screening tool, used alongside the urinary PCR, to determine the likelihood of patients developing PET and associated severe adverse maternal and fetal outcomes.

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

- **Status of reporting.** Due to the current stage of initiatives supported by the DIH, benefits realisation will be reported over the coming months for Gammacore (cluster headaches) and malnutrition in ageing people (MaP). PLGF (Placental Growth Factor) update below. Recognising the type of initiatives, health benefits will include wider determinants of health, including living well and independently (MaP) and ability to continue to work (Gammacore).
- **Placental Growth Factor.** As part of the evaluation work of the implemented MedTech Funding mandate, the DIH team are working with the clinical and operational team and supporting undertaking a clinical audit of current practice against NICE guidance, benefits realisation evaluation against key indicators. As part of the work, with the clinical team, we have developed a poster outlining the clinical audit results to date (see snip left) which was presented recently at a conference.



Education Programme

A core component in building a positive innovation culture is training the workforce to increase innovation literacy, increasing capability and capacity. Our education programme is an established core element of the Dorset Innovation Hub and ensures Dorset's long-term approach to adoption, building a foundation towards a systematic approach to adopting innovation. To further enable this we have moved to an established sustainable model of delivery, working in partnership with the AECC and NHS Dorset.

Sandra Courtiour @SCourtiour · Aug 14
What is the driver for #innovation adoption? Is it based on system need or innovation push? 😊
Explore the influence of need identification on the success of a project with #DorsetInnovationHub in 'Fundamentals of Innovation Adoption' training on 28 Sept. eventbrite.co.uk/e/fundamentals...

Pinned Tweet
Sarah @ChessellSarah · 15h
Looking forward to running a breakout session at 1st Dorset AHP symposium tomorrow (19th April 2023) with @SCourtiour on behalf of the #DorsetInnovationHub Our focus is of course 😊 'being more involved in innovation' We look forward 2 meeting as many @DorsetAHPs as possible

Our education programme is aligned with NHS impact provide practical skills for innovators and adopters in different levels:

- **Awareness sessions** – one hour (virtual or face-to-face)
- **Fundamentals of Innovation** delivered four times a year (face to face).
- **Community of practice** – includes bite size training (slide 16)
- **Practitioner Unit** – six-day unit being developed and will be delivered in October 2024.
- **Ad hoc on requests, e.g.**
 - **'Improving patient care by adopting medical technology'** National Quality Improvement and Clinical Audit Network (NQICAN) in collaboration with Dorset Innovation Hub and the AHSN Network.
 - **'Being more involved in innovation'** breakout session for the Dorset Allied Health Professionals (AHP) Symposium.
- We are a **registered provider** with the CPD accreditation service with accreditation for fundamentals and the DIH Summit.
- For full details of DIH training and other key training opportunities go to: [Training – Innovation \(ourdorset.org.uk\)](https://ourdorset.org.uk)



Fundamentals of Innovation Adoption
Thursday 28th September 2023, 10:00 to 16:30
Vespasian House, Dorchester

Give yourself the best opportunity to adopt innovations successfully and sustainably across the health and care system

Join the Dorset Innovation Hub at these free training events, and develop skills, build knowledge and obtain resources to be better equipped to successfully adopt innovations into your practice.

During this interactive training you will:

- Explore the definition of innovation in health & care
- Learn about the key steps in an innovation project
- Develop skills in using supportive frameworks and tools
- Use local case study example to apply learning

To book a place please visit Eventbrite
For more information contact: dorsetinnovationhub@uhd.nhs.uk or visit <https://ourdorset.org.uk/innovation/>



Being More Involved in Innovation

A 'breakout session' delivered on behalf of the Dorset Innovation Hub
Dorset AHP Symposium
19th April 2023

Sarah @ChessellSarah · Aug 11
Delighted that #DorsetInnovationHub in partnership with @nqican @AHSNNetwork @WessexAHSN @YHAHSN are running practical workshops to support successful implementation of medical technologies. Further details & to book rb.gy/1gz1t #clinicalaudit #systemworking

Sarah @ChessellSarah · May 30
The more complex an #innovation the greater the adoption challenge. Analysing & understanding complexities of an innovation enables us to be respond to this challenge.
Learn more at #DorsetInnovationHub training 'Fundamentals of Innovation Adoption'.
eventbrite.co.uk/o/dorset-innov...



Improving patient care by adopting medical technology

Find out how you can use clinical audit, wider improvement and evaluation tools to support successful implementation of innovation to improve patient outcomes

Join us for this first of three practical workshops that provides real world learning from N-QI-CAN and AHSN Network teams supporting the adoption of medical technologies in the NHS.

Thursday 5 October 2023
10:00 - 12:00

Online webinar - Further information & booking via: <https://rb.gy/1gz1t>



Understanding complexity

- The NHS and social care is a **complex adaptive system**
- Means high levels of interdependence and connectivity, competing and changing demands, unpredictability, uncertainty, myriad relationships – as well as the need to work with emergence.
- Periods of very rapid change can occur but with constant often competing pressures the system, being a complex adaptive system, tends to inertia

Always aim to reduce complexity

- The more complex an innovation the greater the adoption challenge
- The innovation may be simple but putting it into practice may be

Meet the Dorset Innovation Hub team and develop skills in frameworks and tools supportive of innovation adoption

Fundamentals of Innovation Adoption

Online – 20th & 27th June 2023
In person – 28th September 2023
Online – 7th & 14th November 2023

How can we ensure that proven innovative solutions are taken up successfully across the health and care system?

Booking via Eventbrite



Patient and public involvement (PPI)



It is recognised that people with lived experience, our staff and our wider population are central to the success of our Hub. Our DIH PPI work programme is being developed to ensure our work is focused on improving our citizens care, outcomes or experience.

The DIH are members of the NHS Dorset Patient Engagement Group and work with a network of service users and patients and organisations, e.g. Voluntary and Community Sector Assembly (VCSA), Community Action Network, Help and Kindness, BU PIER, Wessex PIN, and established PPI expert groups inc. Dorset Blind Association, Access Dorset.

On 24th January the DIH PPI group including one DIH PPI representative attended the Innovation Unit 'Coproduct' learning event. Reimbursing expenses are made in line with the NHS England policy 'Working with our patient and public voices (PPV) partners'.

Work to date will be presented to the programme group over the next couple of months to raise awareness and we are preparing to appoint additional PPI representatives over the next six months to further widen our PPI programme.

Coproduct To date our developing PPI programme includes advertising, appointment and training for three PPI representatives who are an active part of the Evaluation Working Group and Malnutrition in Ageing People priority projects. This includes attending the steering group and development sessions to implement an innovation in an area of need.

As part of the programme, brief and de-briefs are held for each meeting or event which include opportunities for exploring approaches and development of work. Meetings are held face-to-face, online via zoom and documents accessed via FutureNHS.

Community of Practice

The aim of the DIH Community of Practice is to generate a space for innovators to develop their skills, share best practice and share their experiences, which is hoped to be achieved through completion of the following objectives:

- Create a series of virtual events that engage with the health and care community
- Generate interest in innovation and empowerment within the health and care community to share their knowledge
- The Community of Practice is seen as a safe space to share failures and problems without repercussions
- Creation of a space to include a library of resources
- Create a space for innovators to share new opportunities and best practice

This represents, of course, a long-term piece of work that will require the necessity to be flexible and fluid to respond to positively to workforce needs; but progress to date includes:

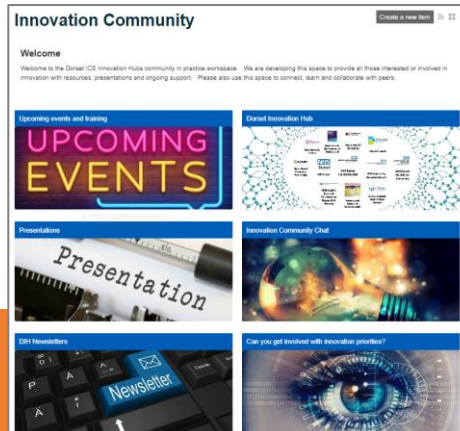
Community of Practice Strategy

- Formally outlines DIH approach to the development of an innovation community
- Includes monitoring and assessment plan together with proposed measurement of success
- Details which and how channels will be utilised to enable the DIH programme and ambitions



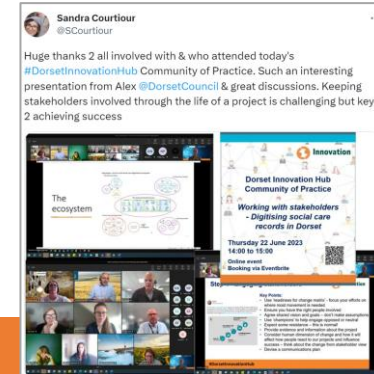
Innovation Community on Future NHS

- Accessible online platform to share knowledge and materials and collaborate more effectively.
- Creation of a chat forum to initiate and enable discussion among members.
- Facilitate individuals / teams' connections
- Currently (at 01/08/23) 60 members



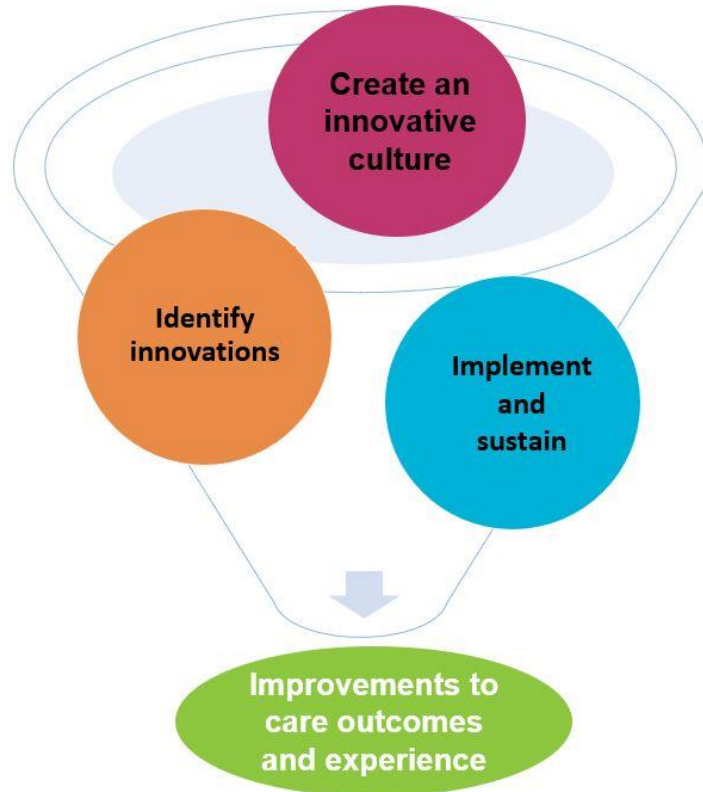
Community of Practice Events

- Online 1hr events run quarterly
- Based on a theme e.g. learning from covid, working with stakeholders, & complexities of implementation
- Contains a training element, illustrated by a local case study presentation & supported by a Q&A panel discussion.



Key priorities for next 6 months

We are in a 'period of transition to sustainability' with delivery continuing on the core elements of the DIH functionality. Focus of work for the next time period are:



- **Welcoming and supporting new members (core and programme group)** to get up to speed with the work of the DIH, maintaining the links with the DIH and organisation and support involvement where specialist knowledge best placed.
- **'Developing the impact'** – central evolving approach to imbedding innovation within Dorset through developing the understanding within partner organisations, increasing involvement and awareness and building the networks across the Dorset system
- **Discussion and approval of sustainable DIH model and transition** post the HF grant
- **Implementation of innovation work programmes**
- **Benefits realisation** – Continue to develop the integrated programme of BR in all projects including ensuring as part of good project management
- **DIH Summit 18th June 2024 – with key focus on** using innovation to improve the outcomes for people in Dorset (local and national speakers and workshops)
- **Education programme** - Continue development practitioner level Unit

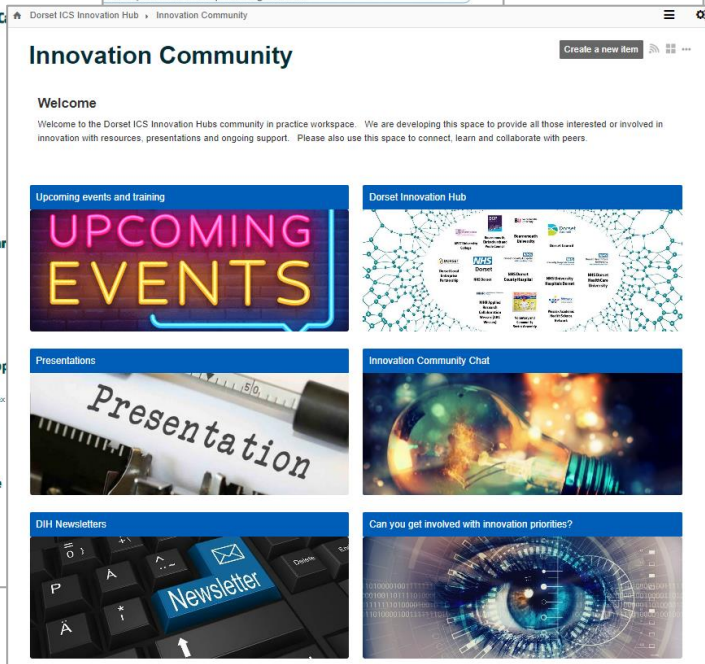
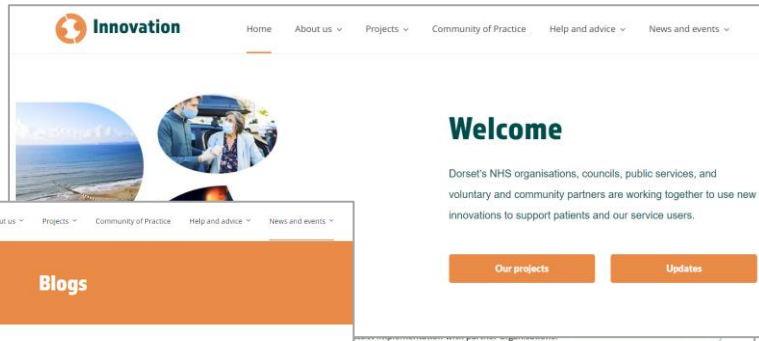


Dorset Innovation Website

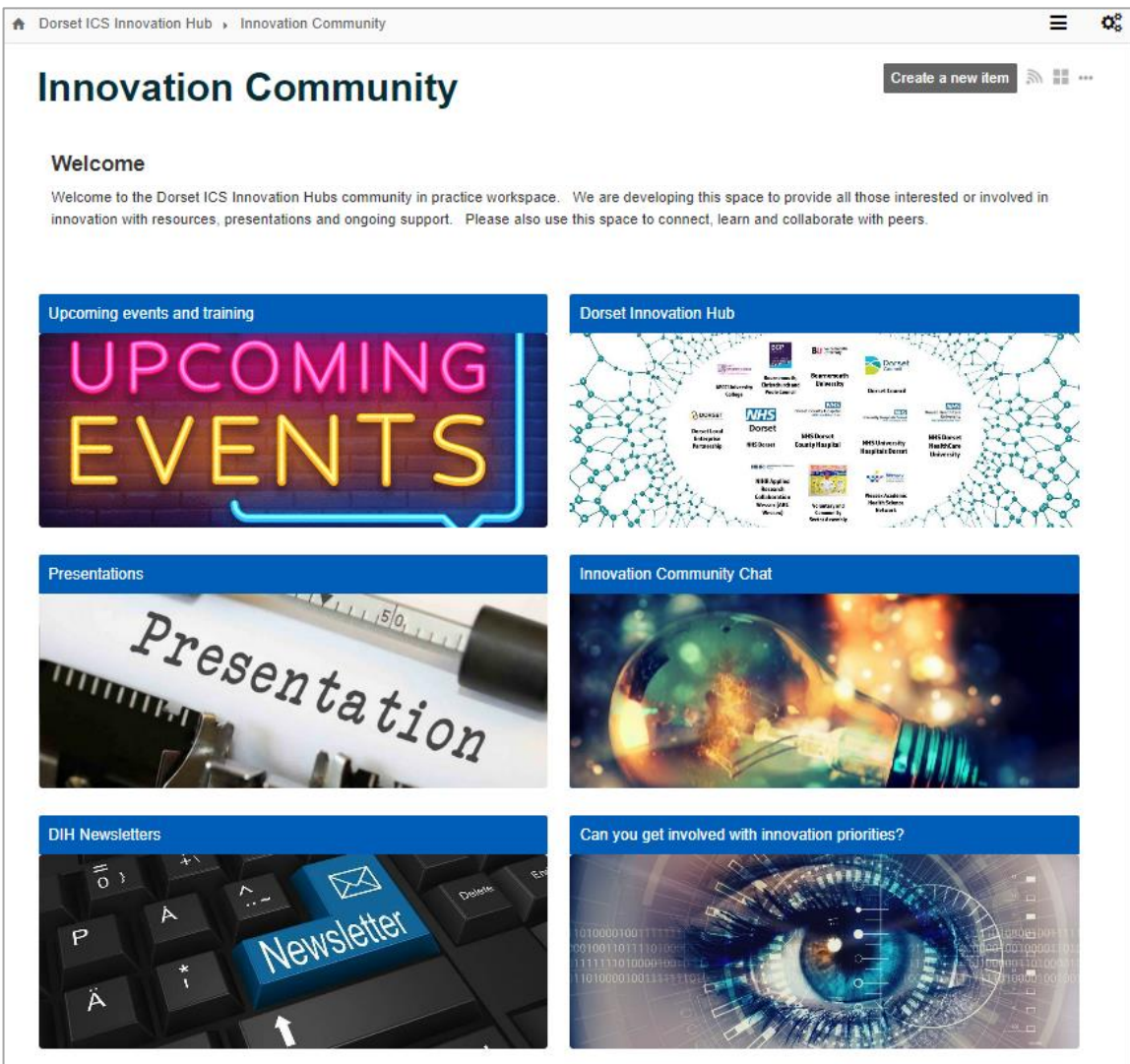


<https://ourdorset.org.uk/innovation/>

Contains key information including; about us, partner organisations, community of practice, key documents, case studies, training opportunities, resources, FAQs, newsletters, blogs, news and events.



Interested in finding out more?



The screenshot shows the 'Innovation Community' page of the Dorset ICS Innovation Hub. The page features a navigation bar with 'Dorset ICS Innovation Hub' and 'Innovation Community'. Below the navigation bar, there is a 'Welcome' section with a brief introduction. The main content area is divided into several sections: 'Upcoming events and training' with a 'UPCOMING EVENTS' graphic; 'Dorset Innovation Hub' with a network diagram; 'Presentations' with a 'Presentation' graphic; 'Innovation Community Chat' with a globe graphic; 'DIH Newsletters' with a 'Newsletter' keyboard key graphic; and 'Can you get involved with innovation priorities?' with a futuristic eye graphic.

Further information is available via:

Website: www.ourdorset.org.uk/innovation/

Queries, advice, or interested in getting involved in one of our priority innovation projects? Email us: dorsetinnovationhub@uhd.nhs.uk

Social media: Find out what we are doing or promote your work by following us on LinkedIn or X using: @chessellsarah and @SCourtior



<https://ourdorset.org.uk/innovation/>



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