

Dorset Innovation Hub

End of Health Foundation Programme brief report overview

11th March 2024



Contents

- Where your hub started / local context
- What your hub has achieved through the programme (Reflecting on progress ‘wheel’)
- Learning about effective adoption of innovation, e.g. what's needed to enable, processes, structures, roles
- Key enablers and challenges?
- Where hub now on this journey, where next?





Innovation



**AECC University
College**

**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**

NHS
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)**

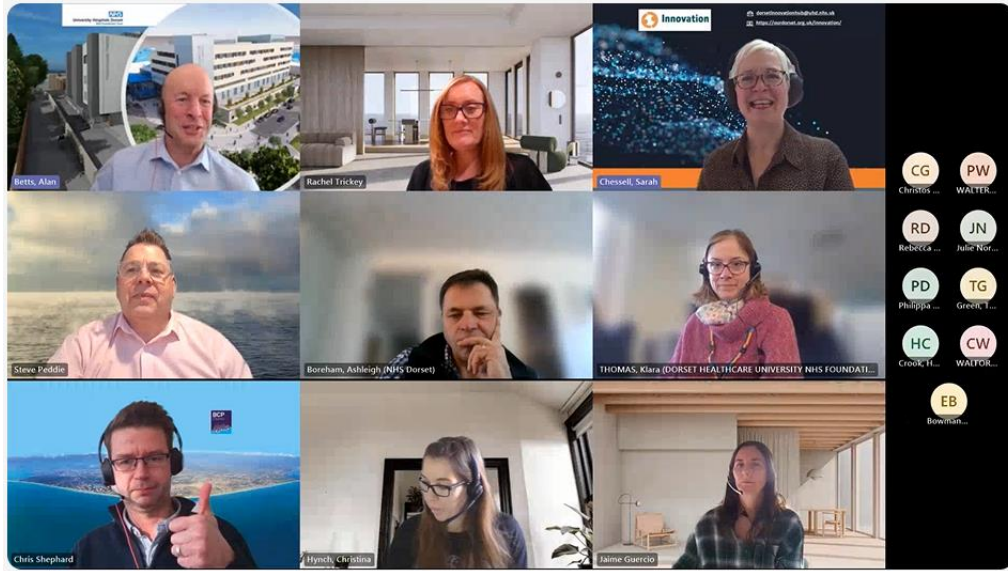


**Health
Innovation
Wessex**



**Voluntary and
Community
Sector Assembly**

Where your hub started and local context



Programme Group

Innovation core team - small but perfectly formed! :

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

Programme group –

Likened to a mini ICP, representatives from all partner organisations who oversee:

- Development and approval of programmes e.g. key distinguishers, priority projects, communication strategy.
- Receive and approve, reports, e.g. quarterly performance reports inc. risks, issues and mitigating factors.



Core team

What we set out to do...

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 priority work programme.

The Five Year Forward Plan: The Famous Five Outcomes

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

CORE20 PLUS 5

20% reduction in health inequalities

2021/22 - Overview themes and learning points

Part B – Developing the impact

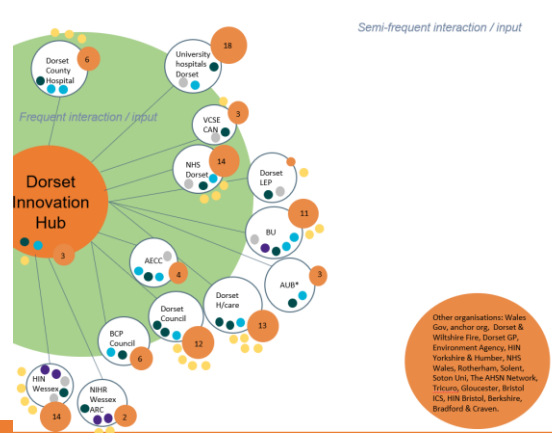
Examples to date of partner organisations updating on their 'developing the impact' within their organisations inc. BCP Council, Dorset LEP, AECG and University Hospitals Dorset.

Dorset Innovation Hub Summit

Using innovation to support communities to live their best lives

Tuesday 18th June 2024 Dorset Museum, Dorchester

DIH Mapping current connectivity – @ Nov 2023



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

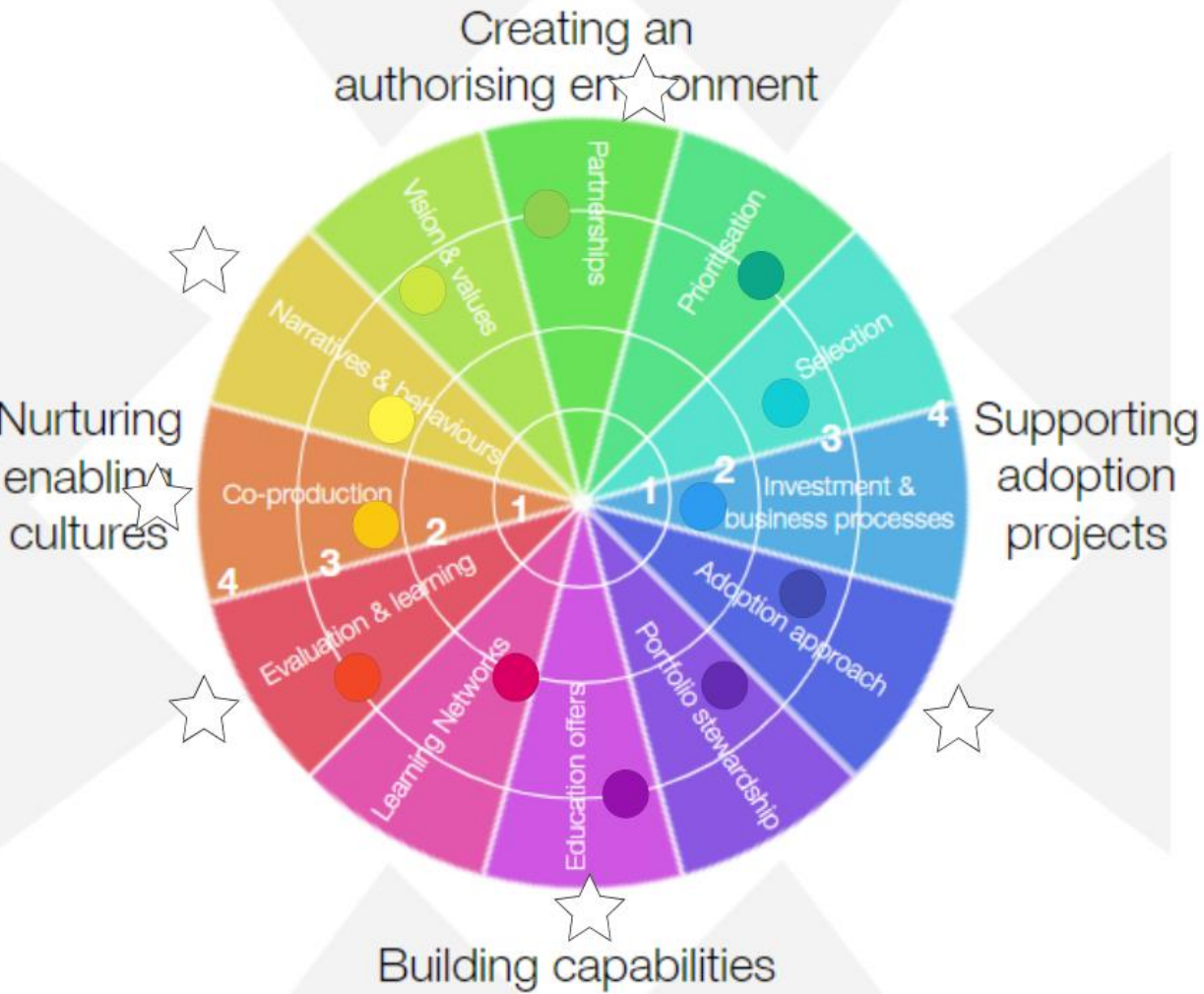
Keynote speakers include:

- Malte Gerhold, Director of Innovation & Improvement, Health Foundation
- Patricia...
- Christina Cornwell, Senior Associate Innovation Unit

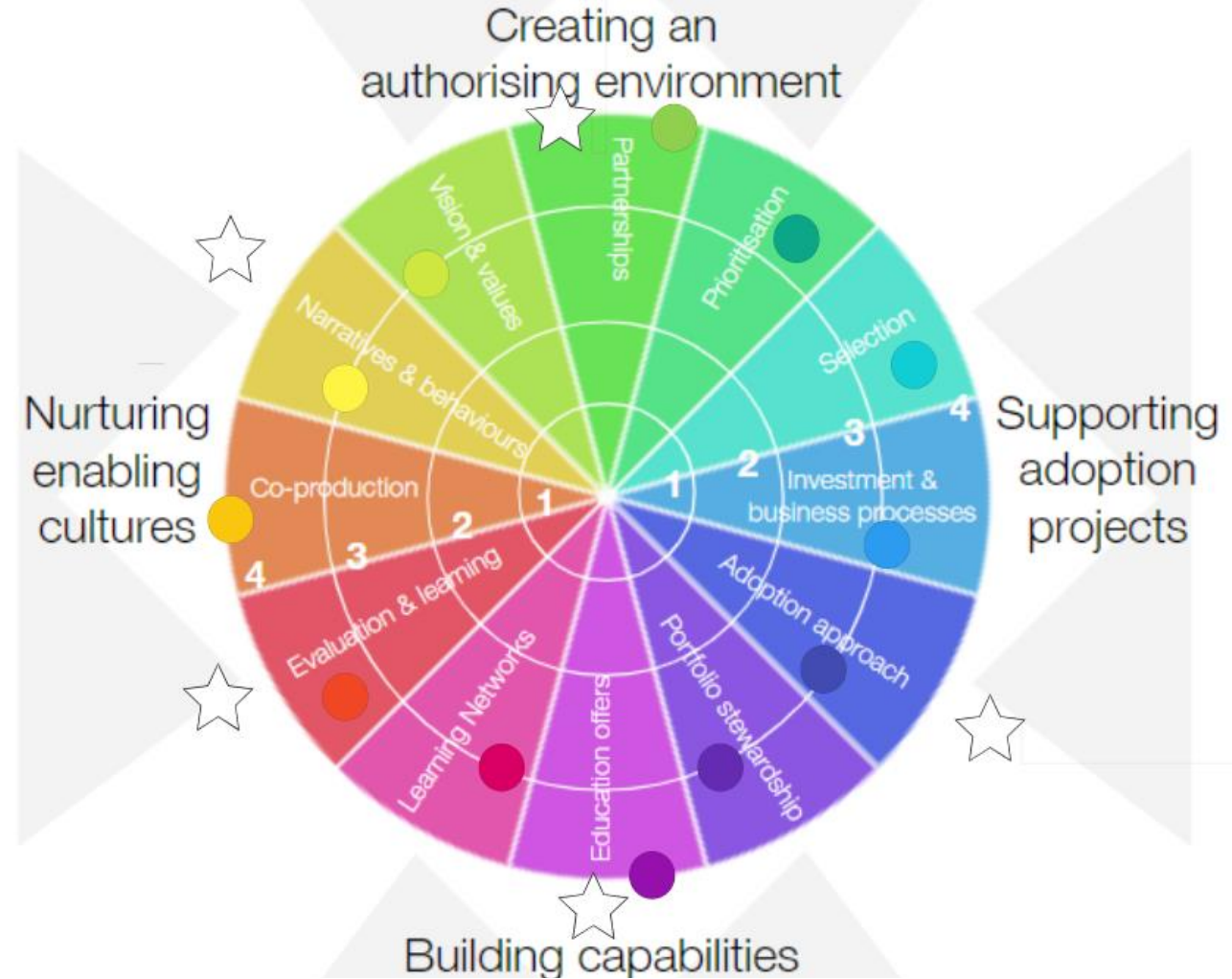
Frequent – ranging between daily – weekly. Semi-frequent – ranging between 2-5 weeks.

What we've achieved to date...

Progress 2022 & priorities for 2023

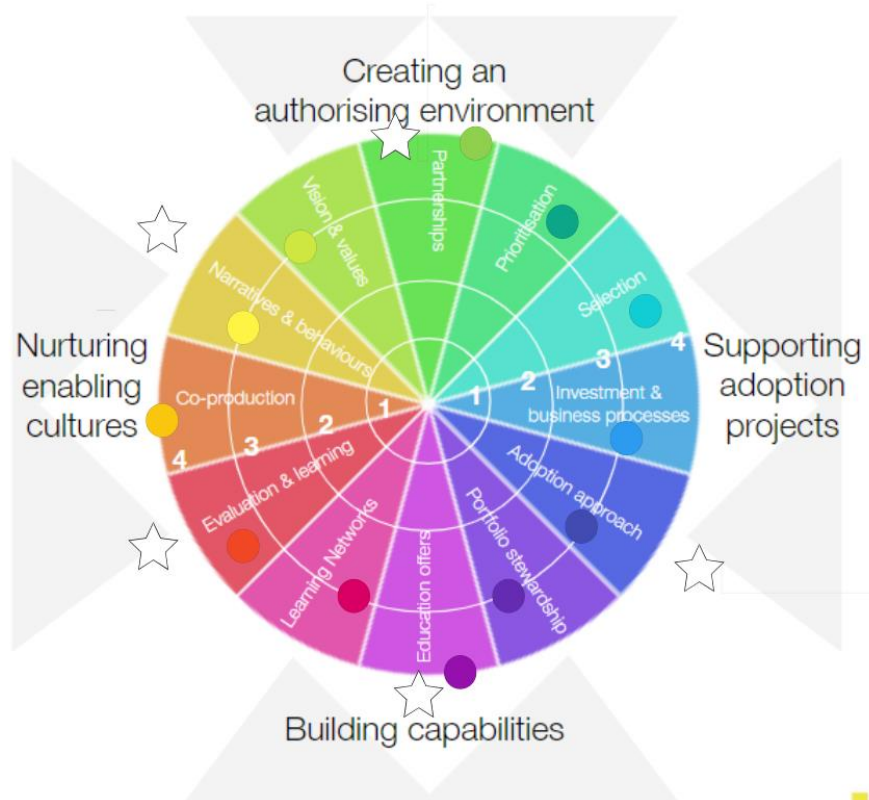


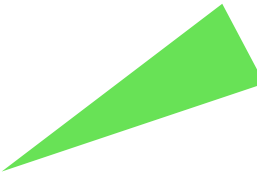

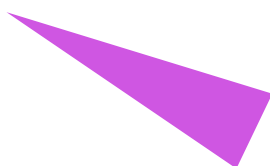
Progress 2023 & priorities for 2024



Level 1: sleeping, Level 2: awakening, Level 3: developing, Level 4: thriving, Level 5*: sustaining

Mini deep dive



-  Developing the impact
-  Benefit realisation
-  Education programme





Developing the impact



Update DIH Summit - 18 June 2024 Innovation

Update DIH Summit - 18 June 2024

Designed to share that bookings for #DorsetInnovationHub Summit 2024 are now formally open! Amazing line up of speakers, workshops & chances to network. Great opportunity to learn more about innovation adoption both nationally & locally. See you there! www.dorset.nhs.uk/dorset-innov

Dorset Innovation Hub Summit

Using innovation to support communities to live their best lives

Tuesday 18th June 2024 Dorset Museum, Dorchester

Summit speakers include:

- Richard Harding
- Michelle H...
- Christine...

Dorset Innovation Hub Summit

18th June 2024 at Dorset Museum, Dorchester

Dorset Innovation Hub Summit

18th June 2024 at Dorset Museum, Dorchester

- Agenda update:**
- Richard Harding, Hartree National Centre for Digital Innovation
 - Improving opportunities for nutrition and well-being support of older people
 - 'Our voices' What its like to work with you. Understanding the perspectives of people accessing health and care
- Bookings formally open from 02 Jan 2024
- Personal invites to be sent to senior colleagues active in improvement (innovation)
- Please can you add to the chat that you are attending or not, and accept MS Outlook meeting invitation
- Programme Group members support**, e.g. introducing keynote speakers, hosting workshop, some be part of Q&A panel
- Summit as the next development day session**
- PG and core team brief meet-up at end of day
 - Separate invite to be sent
 - Opportunity to celebrate the day and our work to date

DIH Core Team: 24th January 2024



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, AECC and University Hospitals Dorset.

Dorset Innovation Hub

Latest news from the Dorset Innovation Hub

Share your views on innovation adoption

Getting involved... what's available to you

How the DIH and BCP Council integrate

BCP Council is proud to be a partner in the **Dorset Innovation Hub**. The Hub is one of 4...

AECC University College supports Dorset Innovation Hub

Developing the impact

Training opportunities

1. Meeting

2. Building shared support and awareness

3. Learn & learn opportunity

4. Internal sign and commit

5. Colleague access to DIH training

6. Innovation ecosystem

Dorset ICS Innovation Hub

Sandra Courtiour @Courtour - Jan 16

Thank you @DorsetLEP for adding information and link to the #DorsetInnovationHub on your #Innovation webpages. So helpful for widening service awareness and understanding. Beautiful image too! Further info about #DorsetInnovationHub available at www.dorset.nhs.uk/innovation/

Standing agenda item – Programme Group and Core Team

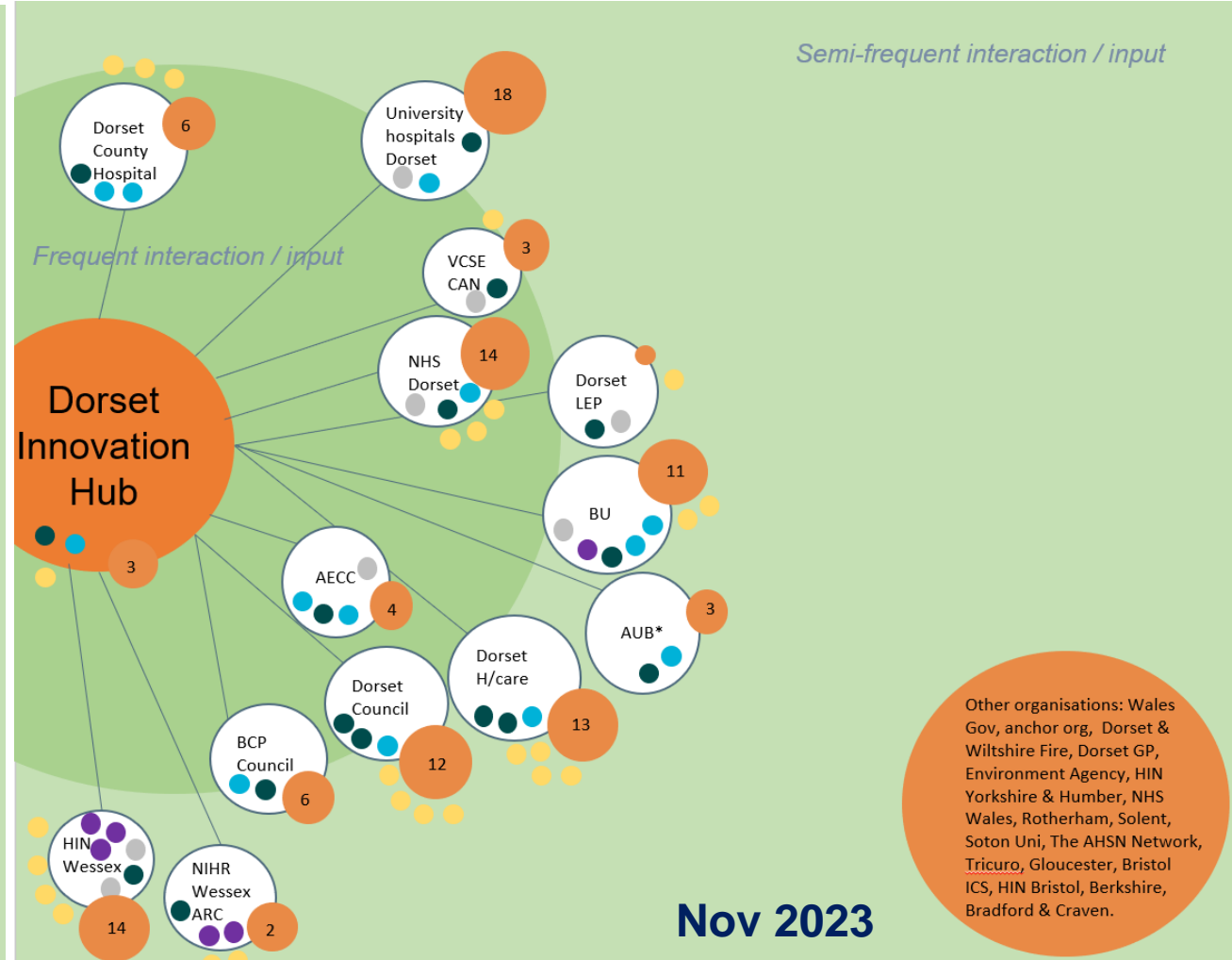
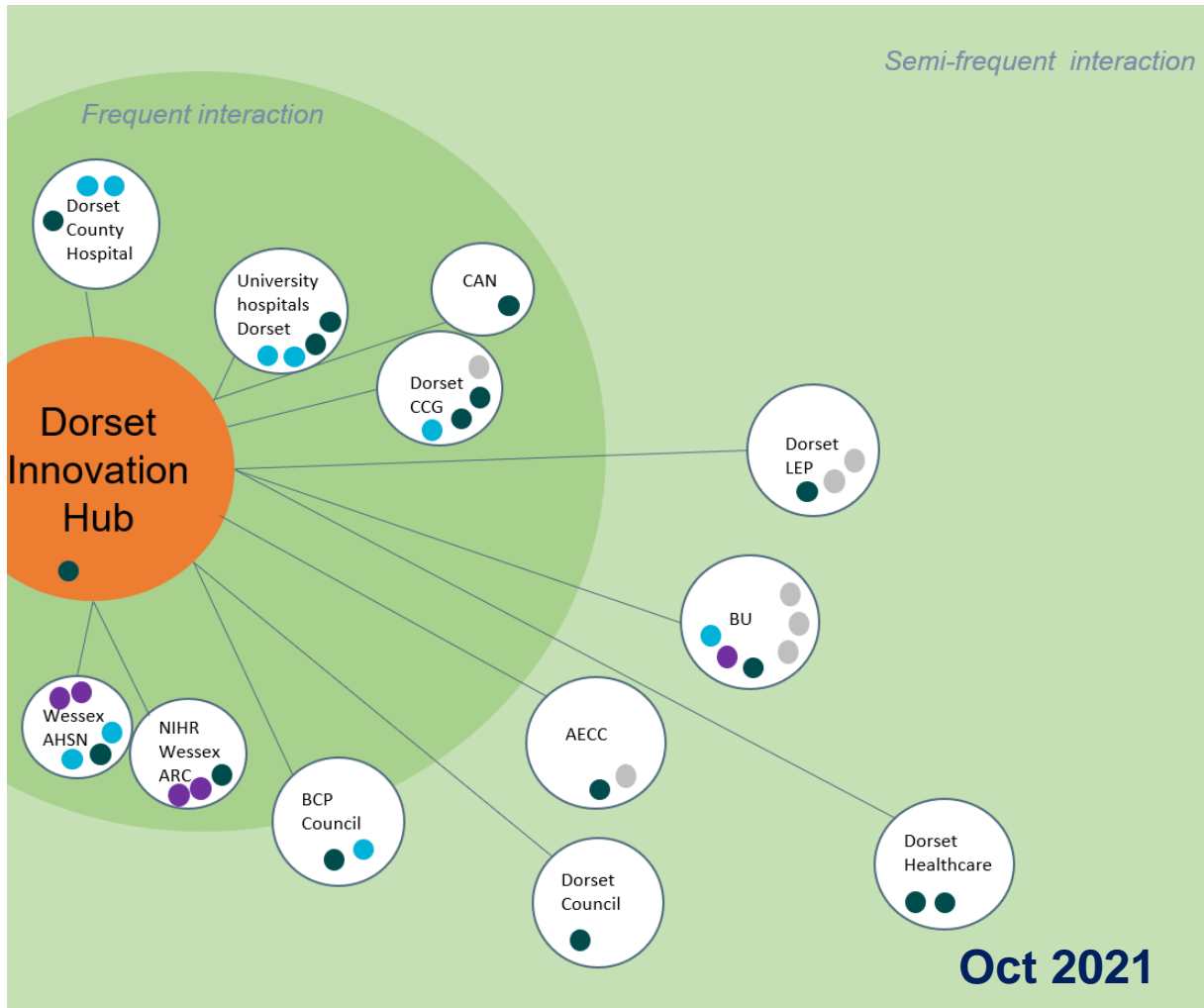
Partner organisations opportunity to update on their activities as part of 'developing the impact' inc. updates on:

- 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.





Developing the impact - Connectivity



Other organisations: Wales Gov, anchor org, Dorset & Wiltshire Fire, Dorset GP, Environment Agency, HIN Yorkshire & Humber, NHS Wales, Rotherham, Solent, Soton Uni, The AHSN Network, Tricuro, Gloucester, Bristol ICS, HIN Bristol, Berkshire, Bradford & Craven.

- Programme group member
- Core Team
- Community of practice
- Evaluation working group
- Named individual not actively involved
- Named individual previously involved

Frequent – ranging between daily to weekly. Semi-frequent – ranging between 2-5 weeks.



Benefit Realisation



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. DiS, 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
- Integral part of accountability within a project
- Demonstrates contribution to wider strategic objectives
- Enables monitor of sustainability once a project has ended
- Adds to the knowledge base for the innovation
- For DIH - Important component of the DIH evaluation / HF programme evaluation



- Status of reporting.** Due to 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).



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

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 sLFT-1/ PIGF and Protein Creatinine ratio (PCR) with the aim of providing safe, standardised evidence-based care.

Objective

Our objective was to review, from a Trust perspective, the efficacy of sLFT-1/ PIGF and PET ratios 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.

Methods

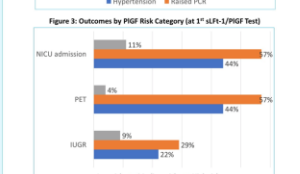
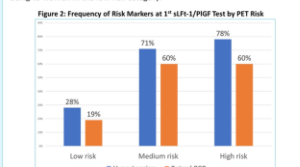
Retrospective audit looking at the use of the Soluble FMS like tyrosine kinase 1/placental growth factor (sLFT-1/ PIGF) and Pre-Eclampsia Toxaemia (PET) Ratio blood tests antenatally to assess if the Low, Medium and High-risk categories could accurately predict the risk of developing PET as well as predicting 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 sLFT-1/ PIGF 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 babies, therefore we only recorded data from singleton pregnancies.

Results



Of the 63 women audited, 47 (75%), 7 (11%) and 5 (8%) were assigned a low, medium and high-risk category respectively. 28% of low-risk women had hypertension at testing compared with 71% (medium risk) and 78% (high risk). Medium risk women had the greatest burden of inpatient admissions and also had higher rates of NICU admissions at 57% compared to 44% for high risk and 11% for low-risk women and had the greatest risk of actually developing PET. 57%, compared to 44% of high-risk women and 4% of low-risk women. The only woman developing a severe maternal outcome had a high-risk PET ratio and a PCR>30. All babies (n=62) born at 28 to 37wks were to women in the high-risk category compared to 85% (n=47) of babies born at >37wks being to women in the low-risk category.



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 sLFT-1/PIGF 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.

Recommendations

Our intention is to extend the data collection. By extending the sample window we will be better able to measure if results remain consistent with national guidance and will be able to measure the sustainability of the test in the long run. The sLFT-1/PIGF test is now recommended by NICE for ruling pre-eclampsia in and out, our study reflects NICE recommendations, therefore we will continue to use PET ratio as a prediction model, alongside clinical correlation, to rule in and out pre-eclampsia patients.

Further steps involve education (supported by Roche) of doctors and midwives on the usefulness of the test and practical application of results. The results of the audit will be presented and discussed at the local and potentially Wessex wide governance meeting. Ideally to further investigate sustainability, a data set following this education would be gathered to measure the effect of this.

NICE recommends further research on repeat testing and if this improves outcomes, and therefore for our further data collection we will look specifically at if those who had multiple tests had different outcomes.

References

- Abalos E, Cuenda C, Grosso AL, Chou D, Say L. Global and regional estimates of pre-eclampsia and eclampsia: a systematic review. *Eur J Obstet Gynecol Reprod Biol.* 2013; 170(1):1-7. doi: 10.1016/j.ejogrb.2013.05.005 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3879556/> <https://doi.org/10.1016/j.ejogrb.2013.05.005>
- NICE. 2022. PIGF-based testing to help diagnose suspected pre-eclampsia. <https://www.nice.org.uk/guidance/6849>



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.

Getting the right conditions

- At beginning focus on benefits not the innovation
- 'Focus on the *why* rather than the *what*: take a system needs focus [Pull, attractor] rather than an innovation focus [Push].
- This means explaining the benefits for patients, staff and carers and the system, to the adopters'.

<https://www.england.nhs.uk/spread-and-adoption/seven-interconnected-principles/benefit/>




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

innovation! We look forward 2 meeting as many @DorsetAHPs as possible

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

Improving patient care by adopting medical technology

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>




Being More Involved in Innovation

A 'breakout session' delivered on behalf of the Dorset Innovation Hub

Dorset AHP Symposium
 19th April 2023




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
- **Practitioner Unit** – six-day unit being developed and will be delivered from 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.
- **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://www.ourdorset.org.uk/training)



Learning about effective adoption of innovation, e.g. what's needed to enable, processes, structures, roles

- Place based working for/with organisations to facilitate support of legal requirements, e.g. CQC
- Golden thread of Improvement
- Complex systems within complex systems - Organisations at different stages of their journey
- Nurturing connectivity - its all about relationships
- Understanding the need – working with priorities
- Good project management inc. system approaches, baseline and benefit realisation
- Capabilities and empowerment



What have been the key enablers and challenges?

Key enablers

- Partners buy in, shared vision and desire to take forward improvement e.g developing the impact, patient and public involvement
- Focus on - using innovation to support communities to live their best lives
- Facilitating – placed based working with staff in / for their organisation
- Listening, collaborating, understanding, enabling and coproducing

Challenges

- COVID, ICS changes and wider programmes of work – Slow burn, building relationships and collaborations, understanding legitimacy and respecting one another's roles and working where there is the pull.
- Perceived and actual 'need' and thinking outside the box – Nutrition in ageing people project – community and social.
- Thinking space and capacity - focus on the 'pull' and small number of prioritised system projects



Programme Group & Core Team Activity

‘What has worked well & what would be better if’



Some examples of feedback points include

What has worked well	Would be better if
Strong passionate team	More of the right / committed people involved
Raising profile and generating interest	Messaging in system needs to be better
Training – professional with tailored approach and content	Delivery of impactful programme
Stuck to key distinguishers and not just adopted a UHD agenda	From outset system hosted
Persistence	Need time to support projects

Reviewing the feedback summarised in the above table, some themes that appear include:

- Need to demonstrate impact and value and to celebrate / promote this
- Build on system awareness of DIH & increase involvement of others e.g. clinicians & senior management in partner organisations
- Development / consolidation of DIH work programme

These themes showing correlation with the feedback from the core team in the morning activities.

Where is the hub now on this journey and where next?

- Early days, with proof of concept and focus on evolving journey
- Step change transition host to NHS Dorset (DIH central service).
- Further developing system relationships and connectivity inc. police, fire and ambulance.
- Ongoing review of maturity of workstreams to ensure focus on priority areas, e.g. adoption approach, integrated neighbourhood teams and working.
- Further developing approaches inc. improvement focus, NHS Impact and the 'improving across health and care systems'.
- 'Visualising innovation' - celebrating the work of partners inc. promoting practical case studies and posters that show benefit realisation for Dorset population.

