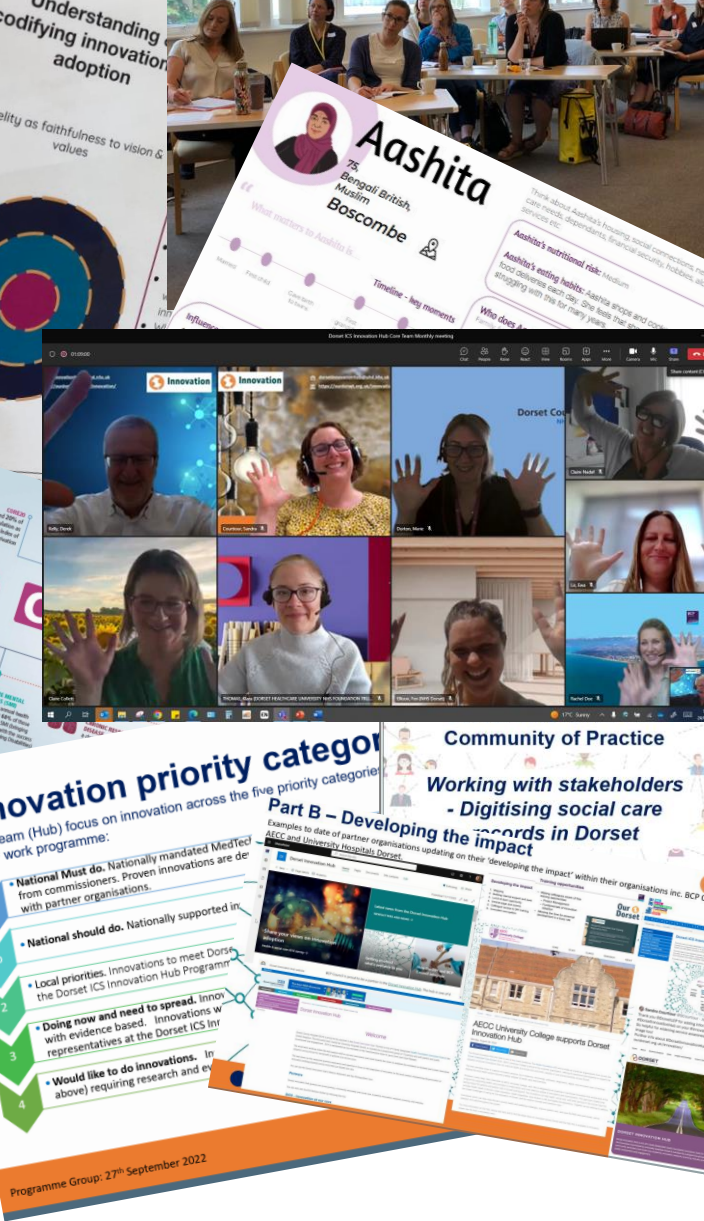


# Innovation Hub

End of Health Foundation  
Programme report and next steps

28th May 2024





# Contents

Programme overview (slide 3)

- Local context and what we set out to do (slide 4-6)
- What we've achieved through the programme (Reflecting on progress 'wheel') (slide 7) and a foray of mini deep dives into:

- Developing the impact (slide 9)
- Developing the impact connectivity (slide 10)
- Benefits realisation (slide 11)
- Education programme (slide 12)
- Project work programme (slide 13-14)
- Patient and public involvement (slide 15)
- Communication (Slide 16)

- Learning about effective adoption of innovation, e.g. what's needed to enable, processes, structures, roles (slide 17)
- Key enablers and challenges? (slide 18-19)
- Where hub now on this journey, where next? (slide 20)
- Key priorities for the 2024/25 (slide 21-22)



# Programme Overview

In this our final report on the progress of the Dorset Innovation Hub Health Foundation Adopting Innovation grant, we have provided a high level overview of work undertaken to date. Following the end of the successful Health Foundation Adopting Innovation grant, the Dorset Innovation Hub is a central service in NHS Dorset. The grant was undertaken at a time of ongoing significant pressures and evolving changes within the Dorset system and nationally. Therefore, as such we focus our work on areas where there is a clear need and 'pull' in the system.

The final project plan confirms 97% completion against deliverables (evaluation workstream has an extension to end July 2024).

In this report we focus on key questions posed by the Health Foundation including:

- Where our hub started / local context, what your hub has achieved through the programme (Reflecting on progress 'wheel'),
- Learning about effective adoption of innovation,
- Key enablers and challenges?
- Where hub now on this journey, where next?

The Dorset Innovation Hub is a place-based system partnership that draws together partners to provide expertise to spread and adopt prioritised innovation across Dorset. It continues to be a privilege to work with partner organisations and through 'developing the impact' increasing understanding of improvement and innovation activity and see the developing connections and capability. We do this together, building understanding, trust, learning from one another with inquisitive inquiry. All this with the desire to strengthen our system and improvement approaches with a clear focus on improving the lives of those living in Dorset.



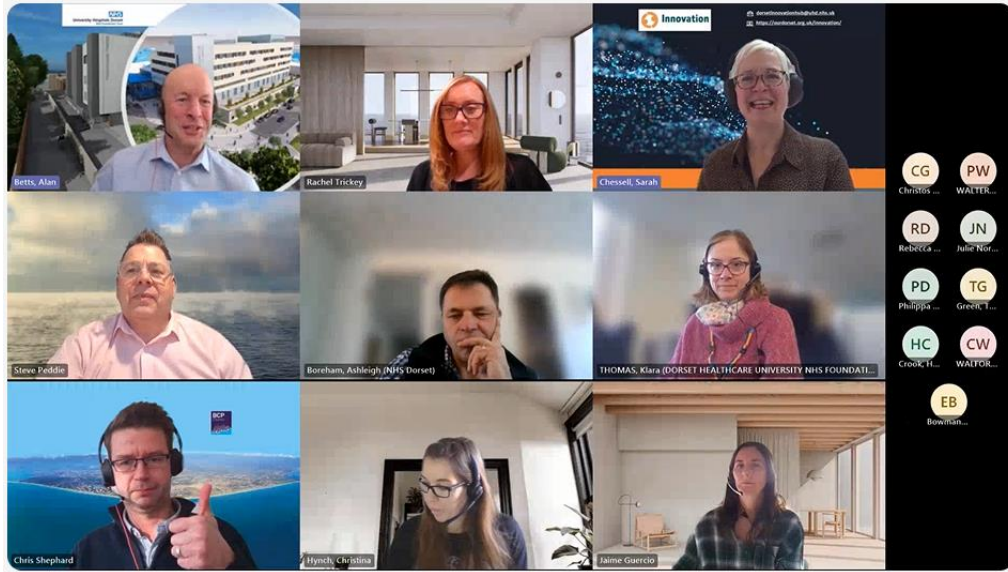
What an amazing way to spend #NHS75 day - welcoming new colleagues @tinahynch & Mary-Ann Robertson who joined colleagues from partner organisations of #DorsetInnovationHub Today's focus on next steps Malnutrition project, @Innovation\_Unit @HealthFdn learning event & @NHS\_Impact 🙌



Jaime Ella Guercio and 9 others



# Local context



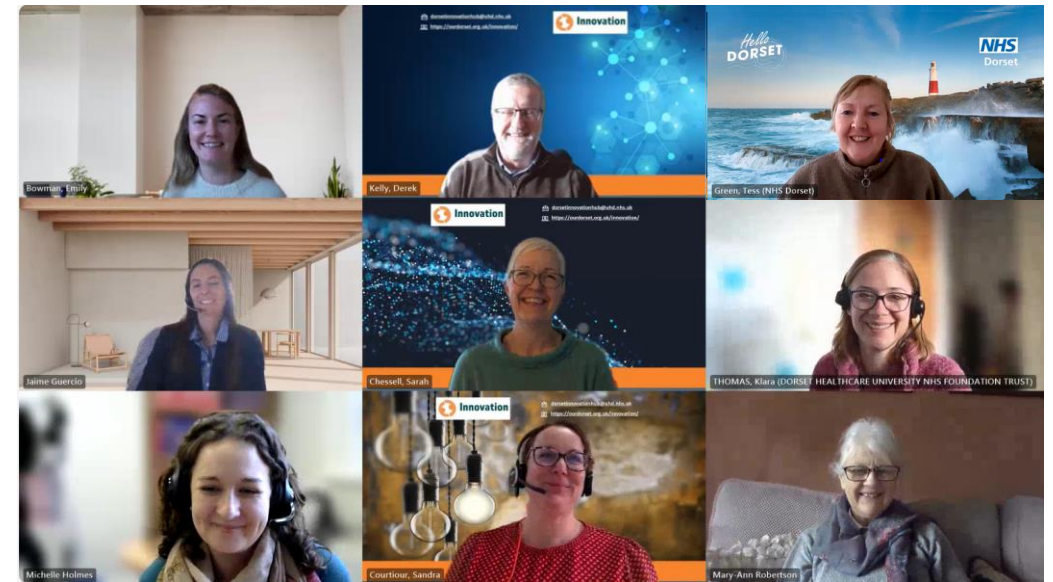
Programme Group

## 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



# Our Dorset



**AECC University College**

**ARTS UNIVERSITY BOURNEMOUTH**

**Arts University Bournemouth**



**Bournemouth, Christchurch and Poole Council**



**Bournemouth University**



**Dorset Council**



**Dorset Local Enterprise Partnership**



**Dorset Police**



**Dorset**

**NHS Dorset**



**NHS Dorset HealthCare University**



**NHS Dorset County Hospital**



**NHS University Hospitals Dorset**



**Voluntary and Community Sector Assembly**



# What we set out to do...

## DIH Work programmes update

**Innovation priority categories**

Care teams (what 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**

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 IX to XX levels of deprivation
4. Increase XX% of older people living well and independently in Dorset
5. Extend healthy life years in Dorset by XX

**REDUCING HEALTH INEQUALITIES**

**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, AECC and University Hospitals Dorset.

**Dorset Innovation Hub**

**AECC University College supports Dorset Innovation Hub**

**Dorset ICS Innovation Hub**

**BCP Council is proud to be a partner in the Dorset Innovation Hub**

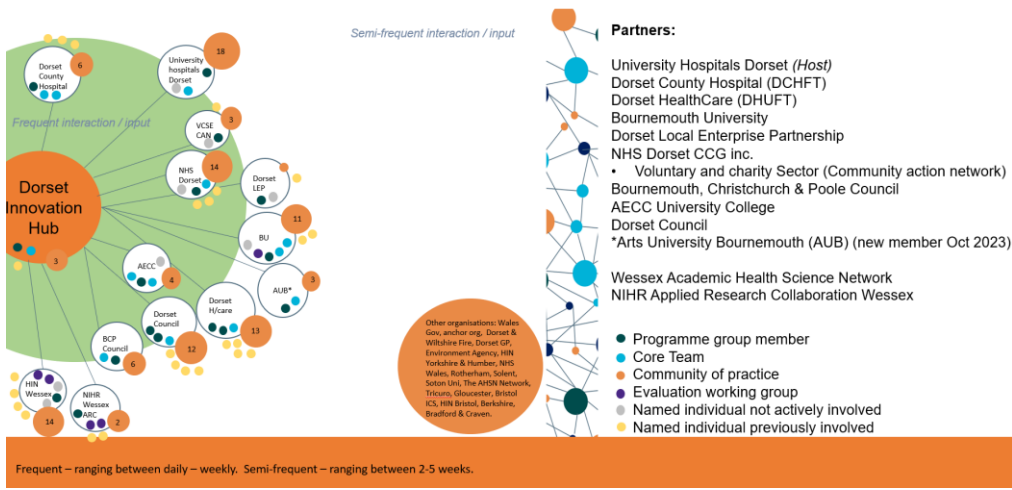
**University Hospitals Dorset**

**Dorset Innovation Hub Summit**

Using innovation to support communities to live their best lives

Tuesday 18<sup>th</sup> 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**  
Vector of Innovation & Improvement, Health Foundation

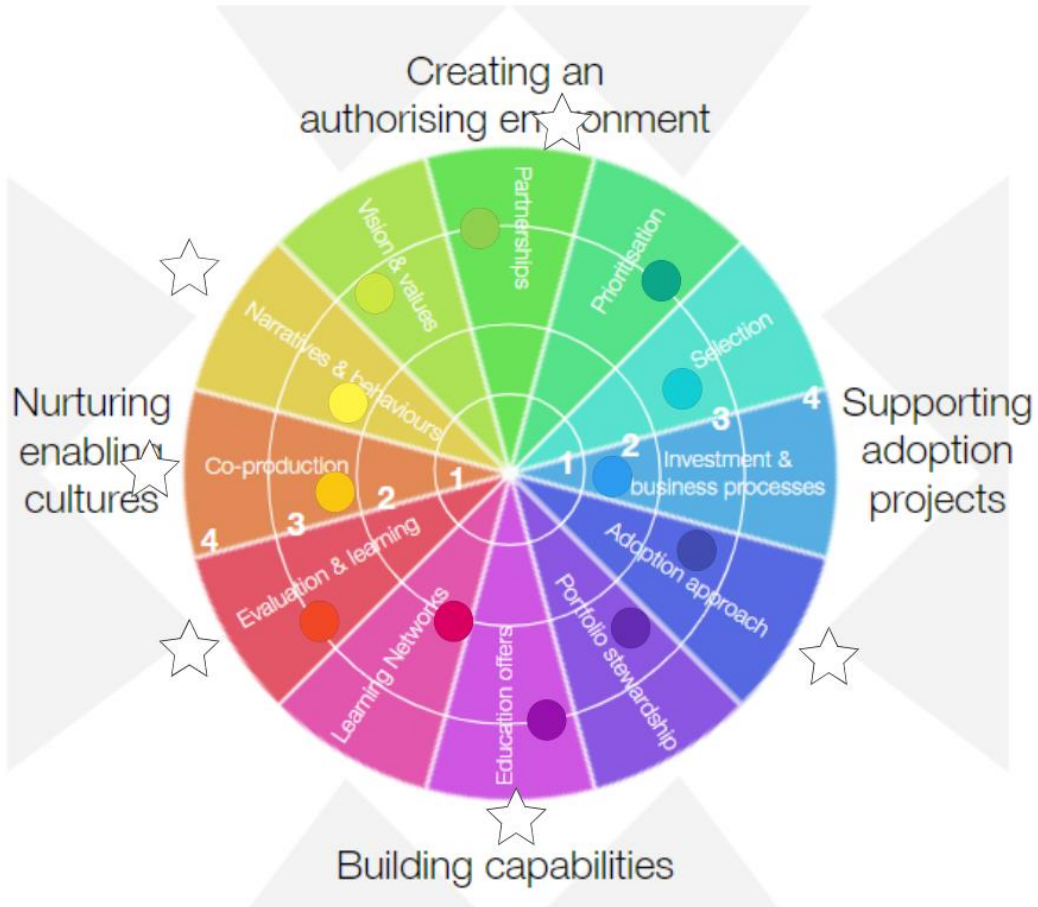
**Patricia**

**Christina Cornwell**  
Senior Associate Innovation Unit

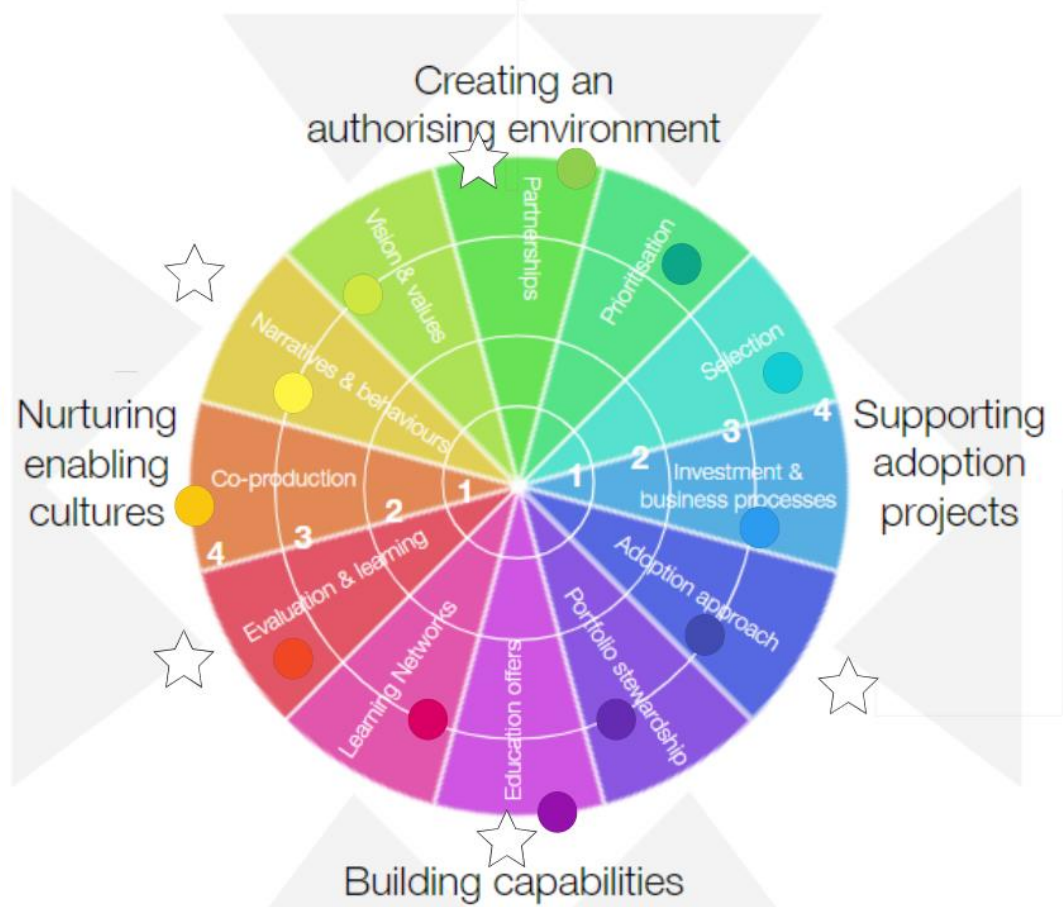


# What we've achieved to date...

## Progress 2022 & priorities for 2023



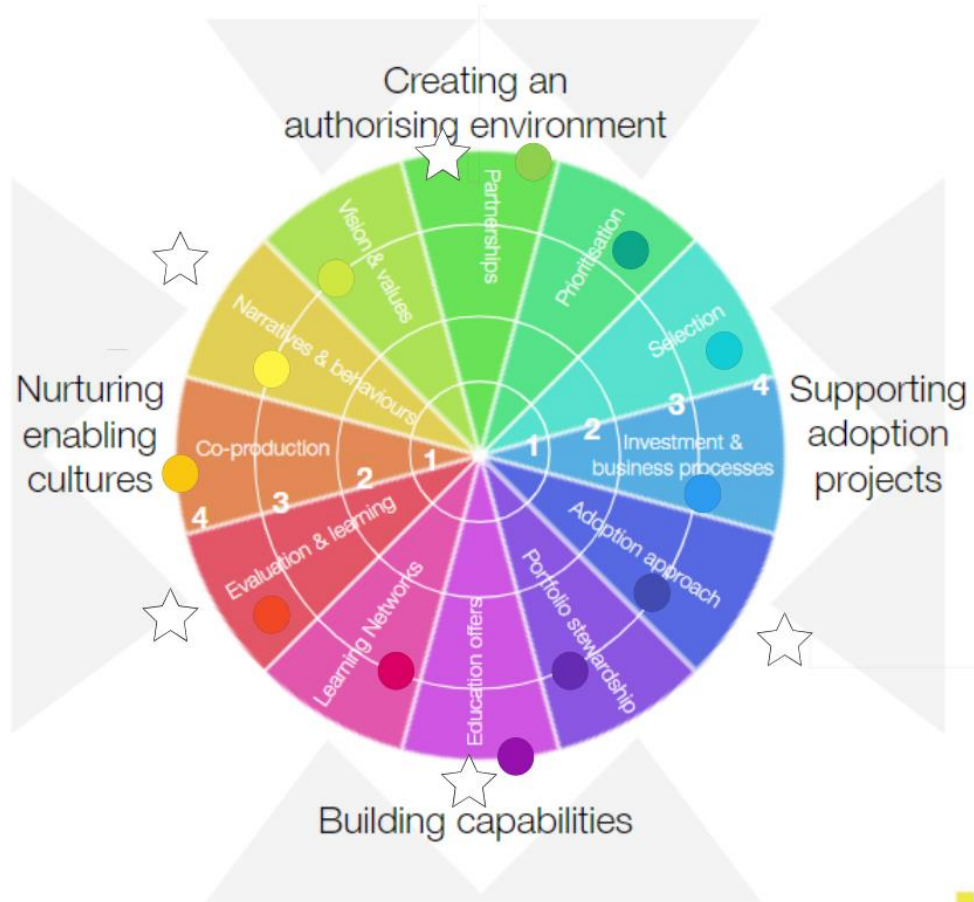
## Progress 2023 & priorities for 2024



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

**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: 24<sup>th</sup> January 2024

**Part B – Developing the impact** Innovation

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.

Developing the impact

Training opportunities

Our Dorset

Dorset ICS Innovation Hub

Share your views on innovation adoption

AECC University College supports Dorset Innovation Hub

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

Santra Choudhary @BCPCouncil Jan 15  
Thank you @DorsetLEP for adding information and link to the #DorsetInnovationHub on our innovation webpage. So helpful for widening service awareness and understanding. Beautiful page! Further info about #DorsetInnovationHub available at [www.dorset.nhs.uk/innovation](https://www.dorset.nhs.uk/innovation)

## 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.

## Standing agenda item – Programme Group and Core Team

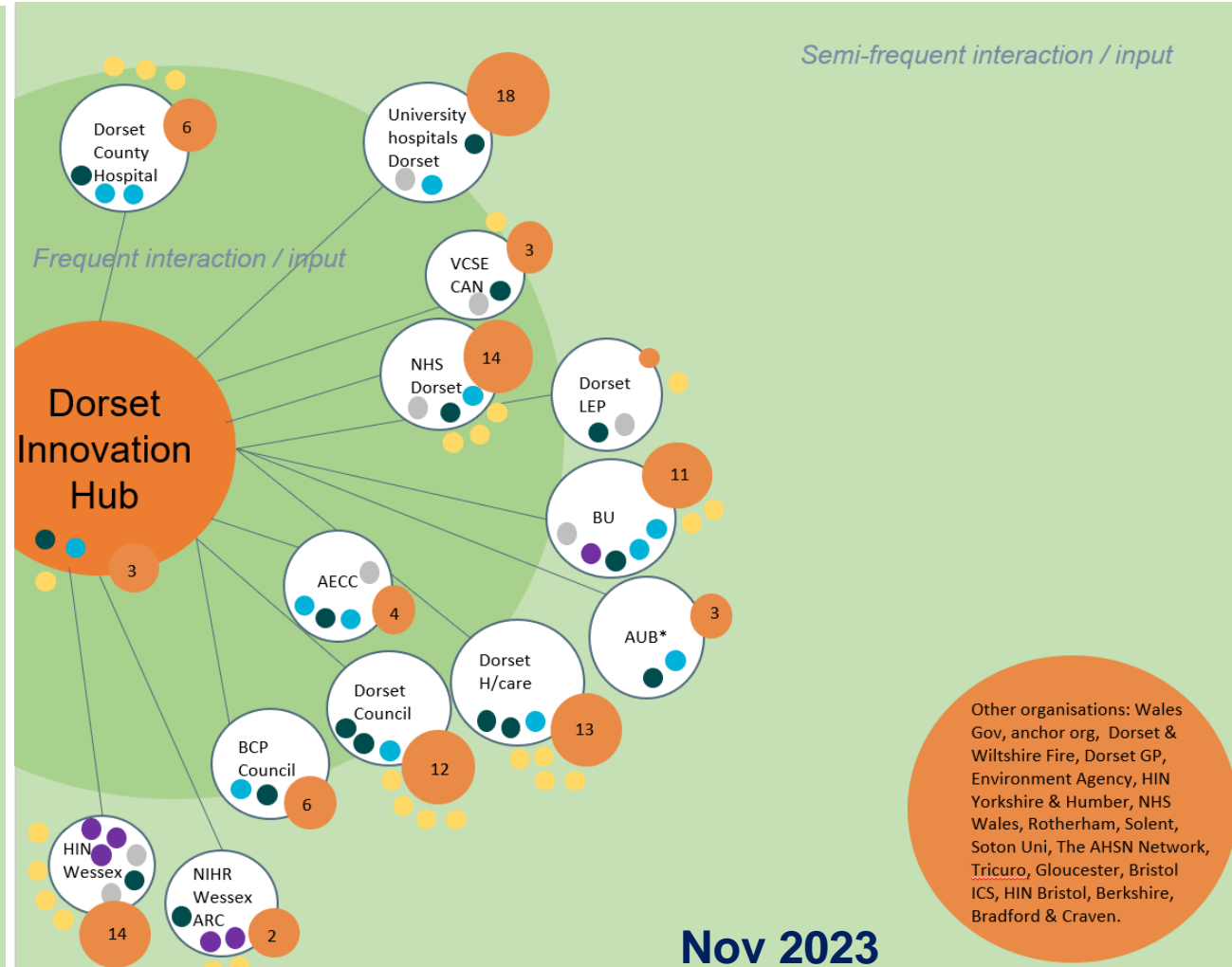
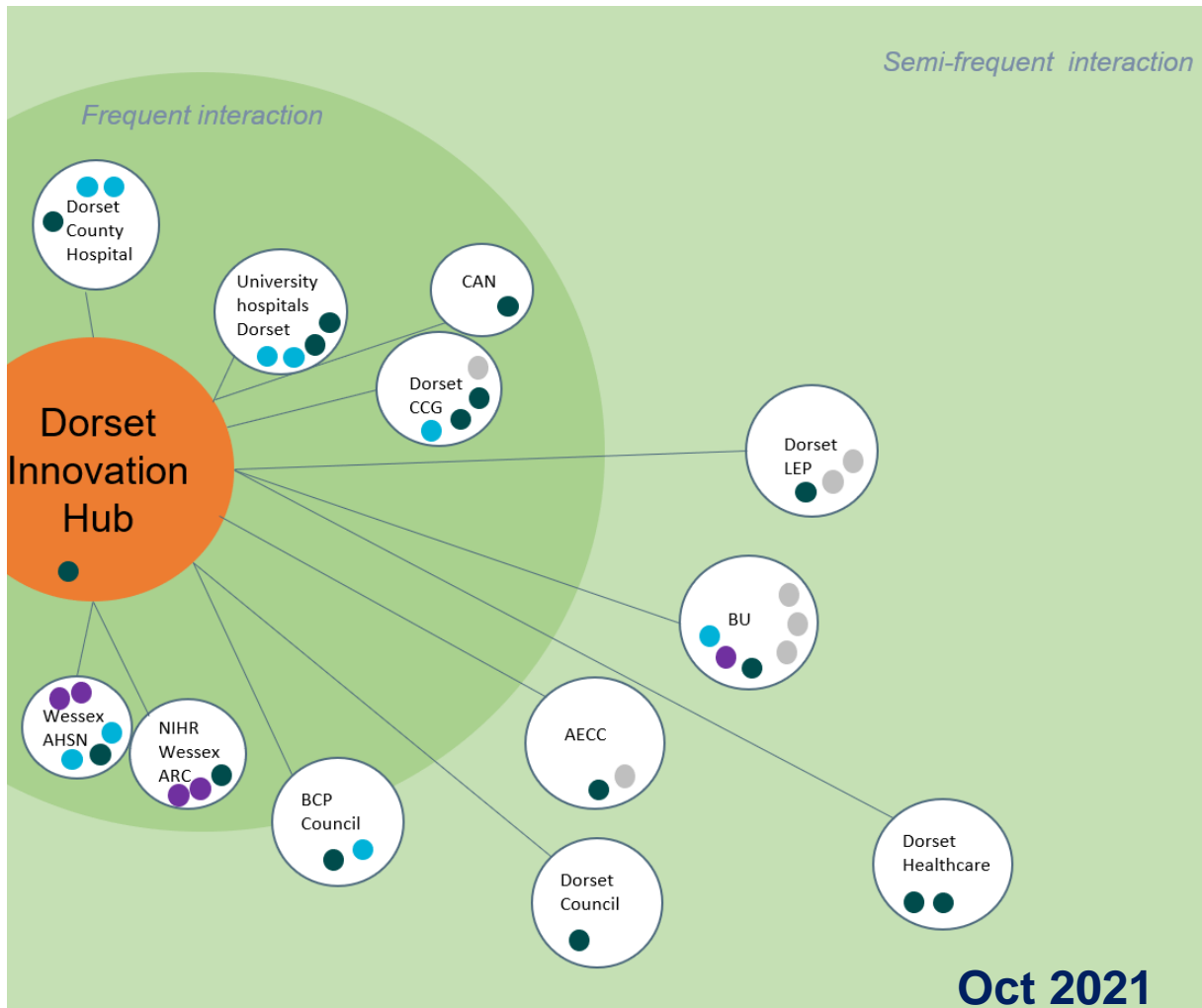
Partner organisations opportunity to update on their activities as part of 'developing the impact' inc. updates on:

- 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.

In brief, the above visualisation of connectivity provides an overview of the Dorset Innovation Hub partners and their types of involvement (see key below) with data capture in Oct 2021 and Nov 2023. Interactions ranging between daily to weekly are shown in the frequent interaction / input and semi frequent ranging between two to five weeks. The visualisation shows the developing and increasing network of connections and staff who are interacting with the Dorset Innovation Hub and creating a wider community of innovation practice.

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

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

# 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. 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:

- 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).
- 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, we have developed a poster outlining clinical audit results to date which was presented recently at a conference.

## 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



### 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 multi-system disorder affecting 4-8% 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, haematology, 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 time maternal and fetal mortality and morbidity.

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 testing of PET.

Confirming suspected PET and managing these women is challenging. 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 time maternal and fetal mortality and morbidity.

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 testing of PET.

Confirming suspected PET and managing these women is challenging. 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 time maternal and fetal mortality and morbidity.

#### Methods

Retrospective audit looking at the use of the Soluble FMS like tyrosine kinase 1/placental growth factor (sLFT-1/ PIGF) and Pre-Eclampsia Test (PET). Ratio blood tests are used 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 gestational admissions, NICU admissions and severe maternal outcomes. The audit also looked at the use of urinary PCR test alongside this blood test.

Data from 13/03/22 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<sup>1</sup>, 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 NICE guidelines which show if PET ratio < 28 (low) there is a 0.4% risk of PET in 7 days and <10% risk of PET in 28 days, if PET ratio 28-85 (medium) there is a 20% risk of PET in 7 days, and if PET ratio > 85 (high), there is a 40% risk of PET in 7 days. Data on urinary dipstick results, urinary Protein-Creatinine Ratio (PCR), rates of hospital admission, rates of caesarian 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 overall 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 with low risk, in only 4.26% of the low-risk PET ratio women developed PET. In our study grouping women in this way was safe and added effective direct 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 guidelines and will be able to measure the sustainability of the test to the long run. The sLFT-1/ PIGF test is now recommended by NICE for ruling in and ruling out pre-eclampsia. 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 Rachel) 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 the education would be gathered to measure the effect of this.

NICE recommends further research on repeat testing and if this improves outcomes<sup>2</sup> and therefore for our further data collection we will look specifically at if those who had multiple tests had different outcomes.

#### References

- Alister E, Cunniff C, Green AL, Dhillon S, Lee J. Global and regional estimates of pre-eclampsia and eclampsia: a systematic review. *Eur J Obstet Gynecol Reprod Biol*. 2010;129(1-2):40-48. doi: 10.1016/j.eurjog.2010.02.006
- NICE. 2022. PGF based testing to help diagnose suspected preterm pre-eclampsia (DAG). <https://www.nice.org.uk/guidance/TA989>
- University Hospitals Dorset NHS Foundation Trust. 2020. Pregnancy Induced Hypertension (PIH) and Pre-eclampsia (PET) Protocol 1.

For further information on this study please contact:  
Dr Georgina Stuart-Mullin at [georgina.stuart-mullin@uhd.nhs.uk](mailto:georgina.stuart-mullin@uhd.nhs.uk)

#### Results

Figure 1: PET Risk Category based on sLFT-1/ PIGF Test

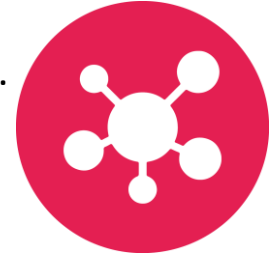
#### Figure 2: Frequency of Risk Markers at sLFT-1/ PIGF Test by PET Risk

#### Figure 3: Outcomes by PET Risk Category (sLFT-1/ PIGF Test)

#### Objective

Our objective was to review from a Trust perspective, the efficacy of sLFT-1/ PIGF 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**



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.

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 February 2025.
- **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://ourdorset.org.uk)

### 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/>

### Fundamentals of Innovation Adoption

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

**2024 dates: 16 April, 04 July, 26 Sept & 06 Nov**

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

Booking via [ourdorset.org.uk/innovation/](https://ourdorset.org.uk/innovation/) or [dorsetinnovationhub@uhd.nhs.uk](mailto:dorsetinnovationhub@uhd.nhs.uk)

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](https://rb.gy/1gz1t) #clinicalaudit #systemworking

### 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>

### Being More Involved in Innovation

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

Dorset AHP Symposium  
 19th April 2023

# Project work programme



**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.
- 3 Doing now and need to spread with evidence based. Innovations represented at the Dorset Innovation Hub.
- 4 Would like to do innovation (above) requiring research and development.

1a  
1b  
2  
3  
4  
Programme Group: 27th September 2022

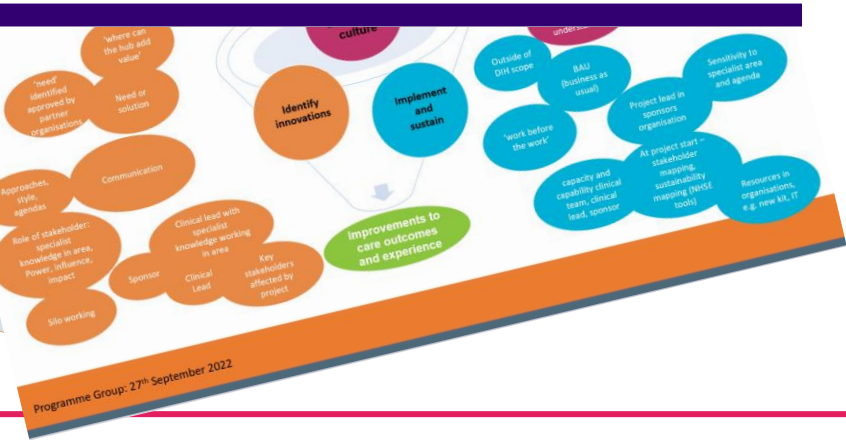
## The Five Year Forward Plan: The Famous Five Outcomes



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



**REDUCING HEALTH INEQUALITIES**  
 The Core20PLUS approach drive targeted action  
**20%**  
**CORE20**  
 Key clinical areas of health in Dorset  
 CRONIC RESPIRATORY DISEASE  
 EARLY DIAGNOSIS



The approach taken by the Dorset Innovation Hub (DIH) has been to provide facilitative support to enable the development and delivery of innovation adoption projects. To support this, [innovation priority categories](#) were agreed which covered national as well as local innovation adoption projects.

### National Innovation Adoption Projects

The priority focus of the DIH national work programme has been to support the local delivery (across Dorset) of the products identified within the [Med Tech Funding Mandate policy](#).

### Local Innovation Adoption Projects

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:

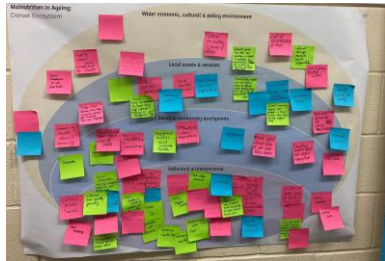
- Open Call 'area of need' 2021/22 – Five priorities originally identified (palliative and end of life care, community rehab, CYP transition adults, automated processes, nutrition in ageing people (NAP)). Three moved to commissioning and outside the remit of the DIH with the NAP project in progress.
- 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 - DIH programme group will consider 2-3 innovation priorities identified as 'area of need' (gaps) to deliver against the five outcome measures.
- Ad hoc local priorities – Respiratory (FeNO) implementation and impact



# Project work programme

## Local Programme – [Nutrition in Ageing People \(NAP\) Project](#)

- Collaborative approach - nutrition in ageing people is one of the priorities as identified and approved by DIH partner organisations.
- NAP Steering Group established to plan, develop and deliver products and services required to support nutrition and wellbeing in older adults. Membership from all partners across the Dorset ICS.
- To support the project two development sessions have been held:
  - Identifying the need (Nov 2022) – key themes and principles developed through ecosystem mapping & persona development
  - Identifying the innovation (Jun 2023) – two innovations presented and explored. Priority area of focus agreed - a collaborative lunch club project in a geographical area of need.
- Population health data (DiiS) explored and existing services mapped with primary geographical area of interest agreed.
- Collaborative working with charity partners to develop lunch club model and identify/obtain funding to enable implementation.



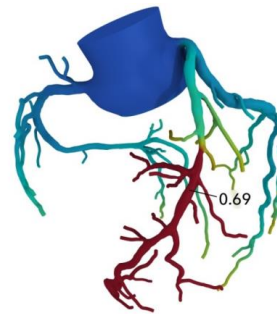
## National Programme – [Med Tech Funding Mandate \(MTFM\)](#)

Dorset Innovation Hub (DIH) team works to support this programme by:

- Reviewing new or updated MTFM policy when published to assess implications and impact for the Dorset system
- Identify leads (clinical and operational) and establish project team
- Facilitative support to project team through activities such as: establishing baseline activity, liaison and confirmation of funding requirements with NHS Dorset, completion of governance approvals needed, ensure compliance with local SOPs, analysis of impact (benefits realisation).

MTFM product implementation supported by DIH include:

- Placental Growth Factor-based tested at University Hospitals Dorset
- gammaCore at Dorset Headache Clinic
- HeartFlow at Dorset County Hospital
- Rezum at University Hospitals Dorset



# Patient and public involvement (PPI) programme



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 has been developed to ensure our work is focused on supporting people to live their best lives. Key points along our journey within this programme include:

- Development of role description and advertisement of PPI roles
- Recruitment of 3 PPI representatives (Oct 2022); started working with Dec 2022
- Initial recruitment to support the Evaluation Working Group (EWG) and the Nutrition in Ageing People (NAP) Project
- Development of [PPI page on the DIH public website](#)

## Training & Support

- Initial training provided Dec 2022 which covered; getting to know each other, the DIH, background information on the EWG and the NAP project. Additional training provided as needed / identified e.g. NHS Dorset Joint Forward Plan, use of FutureNHS.
- Meetings supported with a brief and debrief and 2-monthly catch-up meetings held
- Documents managed via FutureNHS

## Additional work supported by our PPI reps

- Attendance at IU Learning Event & HF Celebration Event
- Development of additional personas to support NAP project
- Evaluation piece to support the local evaluation undertaken by HI Wessex
- Creation of a 'Your Story' piece to be utilised as a teaching and experience resource
- PPI presentation to the DIH Programme Group 13 March 2024

## Next steps & Future work

- One of the workshops at the DIH Summit (18 June 2024) is being led by the PPI reps
- Increased involvement in the NAP project including collection of evaluation data
- Further recruitment together with update to role description

## Meet the Dorset Innovation Hub PPI Representatives



Anne

[Read more about Anne](#)



Debbie

[Read more about Debbie](#)



Deborah

[Read more about Deborah](#)



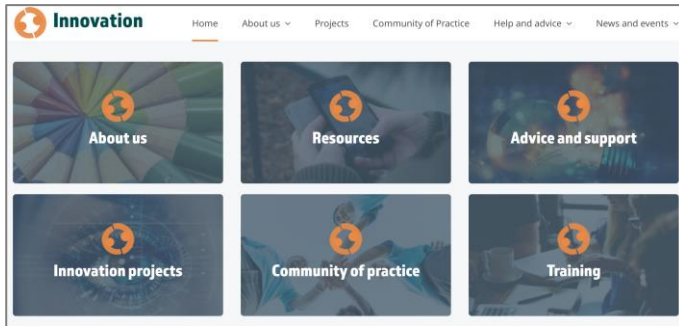
# Communication



From the beginning of the Dorset Innovation Hub (DIH), there has been a recognition of the central role of communications to support the achievement of the DIH objectives. As such a communications strategy was developed to ensure a joined-up and comprehensive approach to communications across all DIH partner organisations. The objectives of DIH communications being to; raise awareness of the DIH, raise awareness of the delivery of innovations, enable engagement with ICS partner organisations, support community involvement, create a learning system for innovation, and create a feedback/response loop for DIH to continually improve its approach. Some of our key channels to achieve this have been:

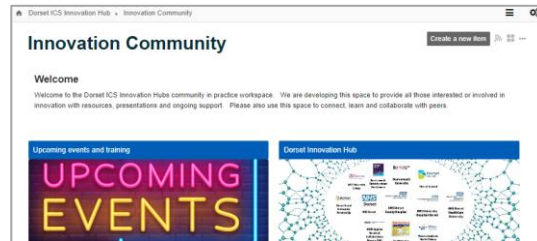
## Website

This is the DIH front door and contains a wealth of information from who we are to case studies as well as news, events, training and resources.



## Innovation Community

Creation of this informal space within FutureNHS to enable health & care workforce to develop skills, learn from each other, share best practice and experience.



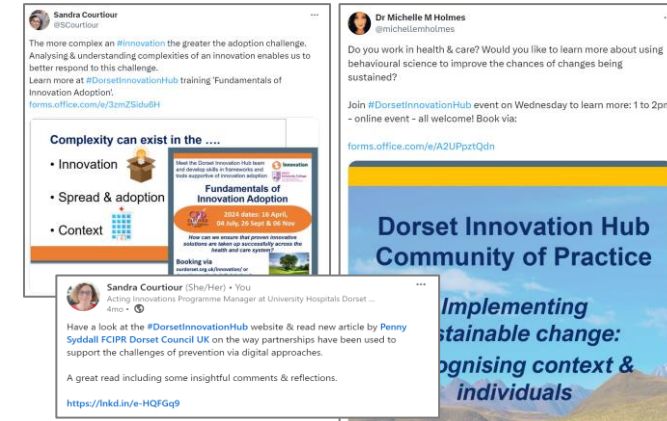
## Case Studies

Sharing learning and celebrating work of partners through case study development and publication



## Social Media #DorsetInnovationHub

Utilising the power of social media to raise awareness, spread messaging, and advertise events & training.



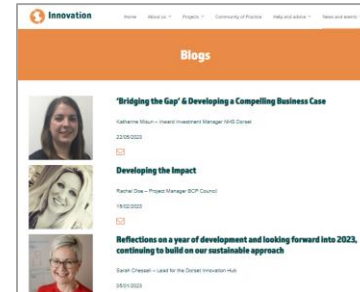
## Newsletters

Quarterly newsletters designed as an accessible way of sharing key pieces of information.



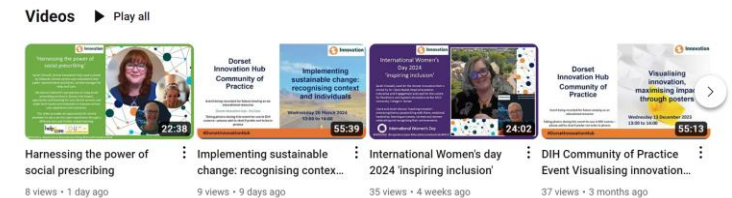
## Blogs

A series of short informal pieces on a focused topic relating to innovation adoption.



## Videos

DIH YouTube channel hosting a series of short videos designed to provide accessible information to support learning and understanding on key topics.





# 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



# Where is the hub now on this journey

- The Dorset Innovation Hub is a place-based partnership that draws together partners to provide expertise to spread and adopt prioritised innovation across Dorset
- Early days, with proof of concept and focus on evolving journey

## Where next?

- We have moved to 'business as usual' following end of the Health Foundation grant
- We are in a period of final programme reporting and transition to host NHS Dorset as a centralised service working with all Dorset partners on behalf of Dorset Integrated Care System
- Strengthened alignment with DIH and ICS priorities, and strengthened integration and connections into system wide project and programmes
- Further developing system relationships and connectivity inc. police, fire and ambulance
- Key priorities 2024/25 – see slide 21 and 22



# Key priorities for 2024/25 - projects



### Local priorities:

- Prioritised improvement work programme from the joint five year forward plan\*. Awaiting final clarity on priorities for 2024/25.
- Nutrition in Ageing people (collaborative lunch club) - PG 4<sup>th</sup> June update on progress
- FeNO - PG 4<sup>th</sup> June for approval

### National priority (MTFM)\*\*:

- Moved to BAU – Heartflow (UHD), PLGF (UHD), Urolift (UHD), PLASMA, Specta Optia
- Gammacore UHD (Implementing - benefits realisation)
- Rezum UHD and DCH (Implementing – benefits realisation)
- Securacath (UHD and DCH considering)
- Thopaz (UHD and DCH considering)
- XprESS (DCH – implementing, UHD – considering)
  
- Apos Health (new product – under initial consideration)

\*\* place-based support by DIH with teams inc. implementation and benefits realisation



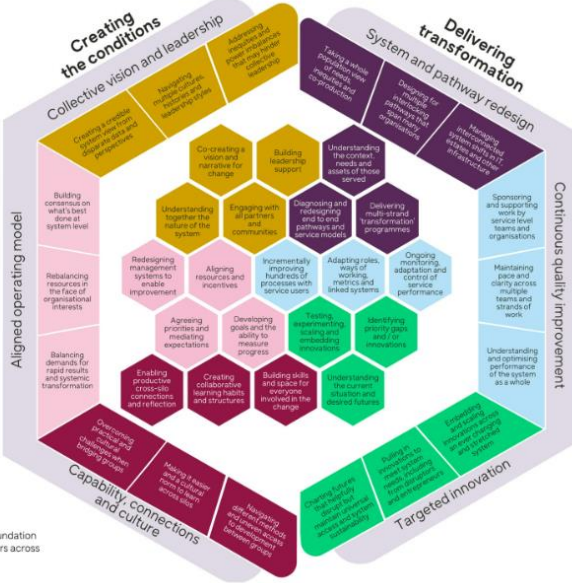
# Key priorities for 2024/25 - workstreams



- Review and rationalisation of priority projects and workstreams to streamline and further align with DIH, ICP, ICS priorities
- Ongoing review of maturity of workstreams to ensure focus on priority areas, e.g. adoption approach, benefit realisation, education, ‘developing the impact’, patient and public involvement.
- Investment and Business case. Process to be made more visible and SOP to be developed post Community of Practice event ‘Getting Bid Ready’ on the 10 July 2024.
- Further developing approaches inc. improvement focus, NHS Impact and the ‘improving across health and care systems’.
- Further developing system relationships and connectivity
- ‘Visualising innovation’ - celebrating the work of partners inc. DIH summit, promoting practical case studies and posters that show benefit realisation for Dorset population.



Improving across health and care systems: a framework



Q is led by the Health Foundation and supported by partners across the UK and Ireland

