



Health
Innovation
Wessex

The Dorset Innovation Hub

A case study

July 2024

Short report



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Date of Report:

31/07/2024

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Disclaimer

This report presents the findings of an independent evaluation of the Dorset Innovation Hub.

Declaration of Interest Statement

Health Innovation Wessex supports innovators to bring their innovations to the NHS as well as providing an evaluation service more broadly to our members and others. On occasion, we evaluate innovations that we have also supported. Whilst these evaluations are independent, for transparency we disclose our dual role where applicable.

Health Innovation Wessex was a partner in the original bid submission to The Health Foundation and contributed in-kind funding to lead the local evaluation and to support other activities as part of the initial setup and development of Dorset Innovation Hub.

Acknowledgements

We would like to thank the staff of Dorset Innovation Hub, members of the Evaluation Working Group, patient and public involvement representatives and all those members of staff across the Dorset ICS partnership that contributed to this evaluation for their participation. We would like to acknowledge the specialist contribution of Dr Emily Rowe in designing the Social Network Analysis (SNA) and Mark Outhwaite for conducting the analysis and producing the SNA output.



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Summary

“...my experience is I think [of] the hub as a connector and a networker.”

[The Health Foundation](#) funded four innovation hubs launched on the 29 March 2022 as part of their Adopting Innovation programme to improve uptake of innovations. Implementation of one of the four, the Dorset Innovation Hub, is summarised in this short report. For more information see the full report and accompanying appendices. The case approach undertaken involved capturing signals of affect at a system wide level of DIH activities and impact.

To accelerate innovation adoption and affect innovation culture in an integrated care system (ICS) is complex and requires ongoing effort. This case study of DIH implementation demonstrated the challenge of the multiple contextual factors, such as ICS pressures and scale up of innovation adoption in complex social systems. The evolving multi-organisation partnership key to delivering desired impacts needs continuing support to maintain progress. This case study suggests more time is necessary to move from early adoption to achieve the planned impact on innovation culture and uptake of innovations in Dorset ICS.

Introduction

Dorset Innovation Hub, one of four innovation hub models funded by The Health Foundation, was launched on 29 March 2022. This report covers the period from 1 June 2022 to 31 March 2024.

The Health Foundation Adopting Innovation programme aimed to support faster and more effective uptake of innovations and improvements across the NHS by funding four regionally located innovation hubs. Hubs were expected to work through key system partnerships, provide matched in-kind support and funding, develop links into existing governance structures and gain leadership support, and identify local evaluation capability. Guided by six principles for innovation adoption ([Figure 1](#)) the DIH aimed to facilitate the discovery, development and deployment of proven innovations and create an innovation culture within their integrated care system with the expectation that it would result in greater uptake of innovations. Integrated care systems in England were in early development at the beginning of this programme.



Figure 1 The Health Foundation principles for consideration¹

Case study approach

This longitudinal case study sought to capture signals in the system to identify changes resulting from DIH support for proven innovations. These signals provide indications rather than attribution for this system-based evaluation. Two to three individual innovation cases were planned to observe whether expected benefits of implemented innovations were replicated and whether DIH support had accelerated their adoption. Data collection activity included:

- Attitudes to Innovation Survey (ATIS) - an objective measure of the wider workforce's attitudes to innovation
- Social media analysis - an analysis was undertaken of the DIH communications activity on social media platform X (formerly Twitter)
- Understanding influencers and their influence – interviews with senior leaders in influential roles and a social network analysis
- DIH activity measures – collated events such as innovation education events and other events related to DIH activity
- How local priorities were identified
- Innovation-specific cases
- Reflections from the Patient and Public Involvement and Engagement (PPIE) representatives.

To develop capability in the workforce and encourage co-operation and greater integration between the ICS partner organisations, DIH's mechanisms of action were to facilitate, connect and network. The longer-term impacts

¹ Taken from Adopting Innovation, Dorset Evaluation Event, Gill Clayton on behalf of The Health Foundation



expected were improvements to the innovation adoption culture within Dorset ICS, demonstrated by greater interest and knowledge within the workforce and with improved uptake of innovations *at pace*.

Findings of DIH activity to influence innovation culture are synthesised and described here using an evidence-based framework, i-PARIHS (integrated – Promoting Action on Research Implementation in Health Services)². This explanatory framework examines the key features of successful implementation - in particular, facilitation - and provides a way to frame DIH implementation findings in this evaluation. This framework defines expert facilitation (as provided by DIH) which needs to manage implementation in complex health and care systems.

Dorset Innovation Hub context June 2021 to March 2022

Between June 2021 and March 2022, DIH organised its governance structures and identified members for its strategic programme group, and core team members who provide more direct support to the DIH team. The local NHS at this time was moving into Covid recovery and managing multiple pressures. NHS Dorset (Our Dorset) was established as an ICS on 1 July 2022 and needed to establish its own strategy and future five year forward joint plans. Innovation is defined in this context as:

Innovation 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 the health of the Dorset population.

Dorset Innovation Hub strategy from March 2022

The simultaneous embedding of an innovation support service (DIH) with the development of the integrated care system involved both navigating and negotiating the engagement of a wide range of partner organisations. DIH activities focused on engagement, knowledge transfer on innovation and adoption of innovation, networking, and connecting people at different levels within Dorset ICS. This included fostering the influence of senior leaders across ICS partner organisations and the development of a community of practice to affect the innovation culture and uptake within Dorset. Also, DIH sought to identify and address skill gaps amongst staff to increase innovation adoption and sought to reduce the burden of regulatory and information governance approvals to enable innovation to be adopted and spread. The DIH mission

² Harvey, G., & Kitson, A. (Eds.). (2015). Implementing evidence-based practice in healthcare: A facilitation guide. Routledge.

statement, as agreed by partner organisations via the programme group, states;

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

This mission is delivered through ten key distinguishers³ (values). These focus on priorities to improve care for people in Dorset which address a clear problem linked to ICS strategic priorities. Evidence-based innovations will be identified both inside the ICS and beyond. Evaluation will be embedded in DIH activities with a focus on people’s experiences and outcomes leading to wider system benefits. Finally, impact and long-term sustainability of innovations are key deliverables.

Implementation of the Dorset Innovation Hub

Findings from the evaluation describe DIH infrastructure and activity progress. The DIH governance structure, a strategic programme group and core team supported the DIH staff team and their activities. This infrastructure supported the development of a multi organisational partnership to build and cohere a network of key people across the ICS partner organisations to operate collectively on the innovation adoption agenda. Senior leaders within these organisations described as key influencers had their own networks mapped as part of the evaluation. This networking included a range of social structures operating at multiple organisational levels and showed these leaders often overlapped with each other. In addition, a social network analysis explored the connectivity between senior leaders which demonstrated a rich structure of connection between key people connected to DIH. The wider workforce, a target for DIH activity (innovation education programme) and influence, was invited to complete a survey of attitudes to innovation. One hundred and two responded, this suggests those that answered were receptive to innovation with 57% having a positive experience of innovation implementation.

Key activities such as the community of practice and Fundamentals of Innovation Adoption training are slowly growing and were reported as well received. Another key DIH activity, the oversight of the medical technology (MedTech) funding mandate (MTFM) innovations for University Hospitals Dorset (UHD) and Dorset County Hospital (DCH) seemed slow to progress with clinicians not supporting adoption in some cases. DIH involvement, reported anecdotally, may have accelerated uptake of some MTFM innovations; however, this was not measurable. Placental growth factor (PLGF) adoption at

³ https://ourdorset.org.uk/innovation/wp-content/uploads/sites/2/2022/09/DIH_mission_statement_and_key_distinguishers_14042022.pdf

UHD did receive significant support from DIH. Local priority calls to identify areas of local health priority received five submissions. After a thorough and lengthy decision process, nutrition in ageing (the Nutrition in Ageing People project) has become a demonstration case for DIH. This social community innovation of collaborative lunch clubs awaits funding to proceed to a pilot. Those interviewed suggest it demonstrates an example of collaborative activity. Other engagement opportunities and events were collected and included informal conversations and events that led to follow up actions as reported (appendix 3).

Three Patient and Public Engagement and Involvement (PPIE) representatives were involved in the evaluation working group and other DIH activities to bring their lived experience to the project. After a period of settling into their roles the three PPIE representatives reflected they were able to operate independently and contribute on an equal basis with other members of the steering groups. They address qualities needed for the PPIE role as well as the need for greater attention to the amount of information and technical language provided to facilitate their engagement.

Facilitation in social systems

The innovation hubs were themselves innovations. Implementation of DIH has shown the complexity and scale of the task to negotiate, educate, raise awareness, identify priorities and engage busy professionals at multiple levels across different organisations, with different cultures and priorities across the ICS. In addition, these different systems are under significant financial pressure, have workforce capacity challenges and other challenges. The integrated – Promoting Action on Research Implementation in Health Services framework indicates the role facilitation has in mediating recipients and context, and in this context multiple innovations, and the processes to support innovation adoption. Feedback and reflections suggest DIH has had an impact through its activities such as the community of practice and Nutrition in Ageing People project and made progress. Some senior leaders suggested that with a pivot towards an innovation function that is both central and recognised by those outside the system as well as the wider workforce inside the ICS would be useful at this stage of its development. DIH's facilitation role remains key to maintaining momentum and progressing innovation adoption.

Reflections from senior leaders on the development of the Dorset ICS suggest it remains very NHS focused, and that the NHS is limited to managing those with complex care needs. In addition, the interface between acute, primary and social care does not work well, with social care requiring a greater focus. Therefore, there are opportunities to engage the wider ICS partnership in supporting those not needing acute complex care and this may also support delivery of social care. DIH has reached those who are favourable in their



attitudes towards innovation and are therefore engaged, and the next step is to widen that reach beyond those who are early adopters.

- The post evaluation rapid insight event identified both opportunities and challenges for DIH. These were:
- Opportunities
 - Improving culture e.g. opportunity created by good collaboration between partner organisations
 - Improving ways of working e.g. to move to an ICS central function
 - Building networks e.g. supportive culture development, building networks, joining up work across organisations, uses power of relationships developed
 - Training and education e.g. helps to bolster DIH work.
- Challenges
 - Financial pressures e.g. working in a financially challenged system
 - Operational pressures e.g. workforce capacity
 - Competing ICB priorities e.g. number of prioritised projects
 - Loss of momentum e.g. competing priorities across partner organisations and the challenges for DIH to maintain momentum.

Conclusions

The implementation of DIH demonstrated the challenge of the scale and complexity of the original ambition to accelerate innovation adoption and affect innovation culture in an integrated care system. This evaluation of DIH supported by the multi-organisation partnership demonstrated both the effort and challenge of the multiple contextual factors that included ICS pressures, and the time needed to scale up innovation adoption in complex social systems. Clinical opinion and decision making also impacted on the uptake of MTFM technologies.

Key insights have shown efforts to be maintained to continue progress as well as to harness the benefits of the evolving multi-organisation partnership. This programme was initially allocated only two and a half years to realise its objectives. This case study suggests that more time will be required to achieve the planned impact on innovation culture and adoption of innovations.



Key insights

- Core team and programme group members and others indicate that they are already receptive to innovations and innovation adoption and view their colleagues as also having a high score towards their attitudes to innovation. Other staff indicate they are motivated and receptive to innovations.
- Senior ICS leaders provide a rich background of expertise across different science, business and international sectors and most were leaders that could champion and deploy innovations.
- Senior leaders indicate that they can build networks of influence within the system to support innovation adoption.
- Senior ICS leaders are in positions where they can provide a 'helicopter' view of a system. They share a range of views from different perspectives and provide insights again from their standpoint. These views express how DIH fits within the ICS context, and the 'innovation space' that other organisations also sit within. They proposed DIH had an important role to play going forward, but consideration of its role is now needed within the context of future system wide developments.
- Activities such as innovation education and community of practice have become routine and are capturing a regular stream of people.
- The MTFM programme indicates challenges to adoption of these technologies. This case study suggests that implementation of MTFM innovations continues to take time. However, the role of the DIH to provide oversight, co-ordination and engagement to facilitate and assist where possible seems to indicate potential impact although this has not been measurable.
- Other events recorded provided a picture of DIH engagement and work behind the scenes to network and co-ordinate innovation events and activities, and to make contacts. Informal conversations by DIH and others on their behalf also provide opportunities not necessarily realised as yet but there are some indications of potential benefit. Under reporting of these events is likely.
- Communication, raising awareness and providing the opportunity for engagement was measured via data collated from social media platform X (formerly Twitter). This suggests DIH has become visible, and reposting is strongly suggesting a network of communicators has developed. However, most tweets are informative but do not invite wider engagement and conversation.
- Nutrition in Ageing People project has provided a demonstration of possible innovation development activity involving multiple partners across the ICS. Further progress is at least partly reliant on funding.
- PPIE representatives with support from DIH staff have become embedded within the DIH workstreams and consider they have reached a point of independence, adding value and comfort in role.



Key insights cont.

- Organisations come from different perspectives and priorities and are often challenged by their time availability. This can hinder multi-organisational engagement, and the active participation needed to gain cooperation between partner organisations. Also, personnel changes require repeated efforts to maintain the partnership and build the collective. However, the multi-organisation partnership continues to grow.
- This programme of work is likely to require more time than two and half years to achieve the impact on innovation culture across Dorset ICS as planned.

