

# The Yorkshire and Humber Health Innovation and Education Cluster A Collaborative Approach

## **"Turning best practice into common practice."**

This briefing summarises how we are 'turning best practice into common practice'. We work across the region to drive innovation through education, to improve services and outcomes for patients. We will explain how we work and what is unique about our approach to the adoption and spread of innovation across the region. We are working across 3 theme areas: Long Term Conditions, Maternal & Infant Health & Care and Patient Safety.

We have included some of the outcomes of our work as examples - for further details on these and many more change programmes, resources, achievements and outcomes please visit: [www.yhhiec.org.uk](http://www.yhhiec.org.uk)

## **What Is Innovation?**

The recent Innovation, Health and Wealth report (DH, 2011) define innovation as:

*"An idea, service or product, new to the NHS or applied in a way that is new to the NHS, which significantly improves the quality of health and care wherever it is applied." (pg. 9)*

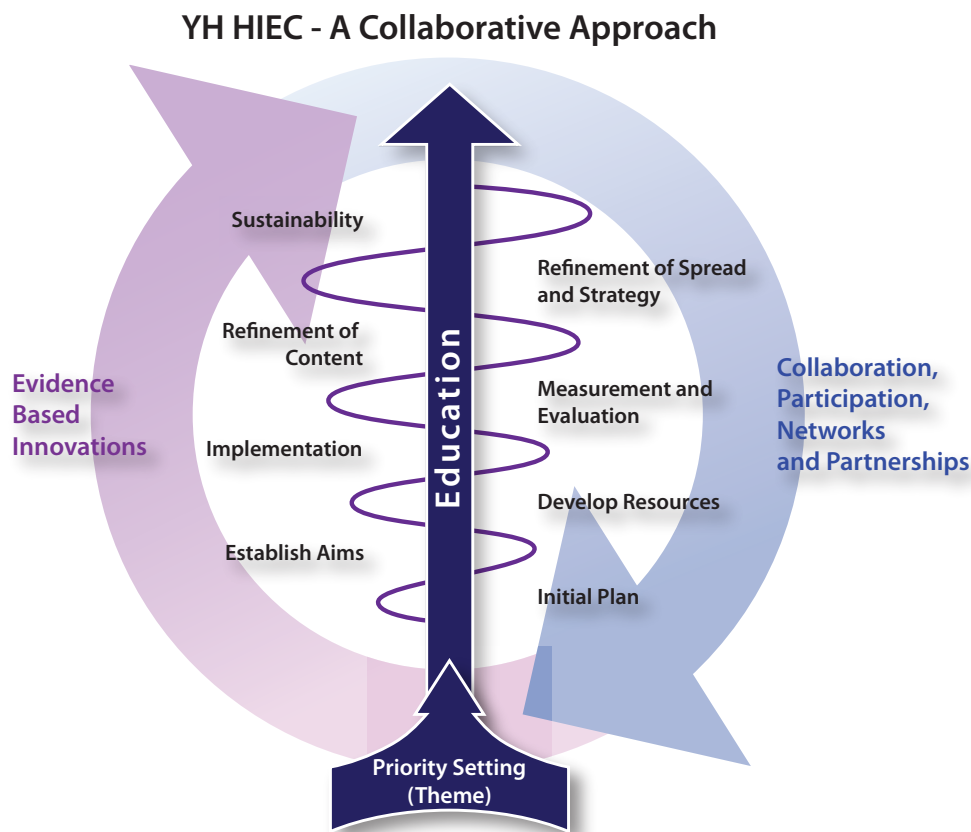
Furthermore, for an innovation to achieve maximum impact it needs to be:

*"Replicable – and replicated – across similar settings. So innovation is as much about applying an idea, service or product in a new context or organisation, as it is about creating something entirely new" (pg. 9)*

## How We Work

We have drawn upon the best existing evidence on how to achieve change and service improvement at scale, this learning underpins our work and the approach that we have taken. We think that equipping individuals and teams to make changes in their own environment, and supporting them to do so is the best way to achieve sustainable change at pace and scale across the NHS. We work with multi-disciplinary teams and across different sectors and tailor our resources and support for specific settings. We engage staff and service users throughout our work.

What is unique about our approach is that we work collaboratively across sectors and disciplines and use education resources to create real and sustainable change that makes a difference to the quality and outcomes of services for patients. We are not creating new innovations as such; we have created new ways of ensuring that the innovation is used in practice across the region. The diagram (below) pulls together the different elements of our model of working.



Core aspects of the model are:

### An enabling approach

- We drive the adoption and spread of innovation from start to finish. Our themes are not one-off initiatives they are systematic programmes delivering sustainable improvements in a managed way.

- In order to drive adoption and spread of innovation our approach is both systematic and synchronised:
  - Individuals, teams and organisations are at different stages of implementing innovations. In order to be successful, initiatives and resources need to be designed and delivered in a way that recognises and responds to this.
  - In order to increase adoption and spread a combination of influencing, support and resources need to be delivered at the same time within all aspects of the related system, including recognition of the problem, evidence to inform interventions, engagement of leaders, staff and service users, education to sustain change, and on-going support for change.
- We have an inclusive approach to our board and our membership which strengthens our governance, but also means we have sign up from senior leaders in health and education across the region. Working in partnership helps to smooth the road for implementing our programmes and continues to be a good opportunity to learn from other sectors and organisations.
- We support and manage the planning, design and delivery of our programmes. We monitor progress and adapt our work streams as we go along to overcome barriers.
- We have launched innovative education resources to support the practical implementation of our programmes, we have done this to achieve real sustainable change to improve quality and/or increase productivity.
- When looking to increase spread and adoption at scale and pace across a region what is clear from our work is that individuals, teams and organisations have different challenges and expertise to address them. We have found that in order to be successful, our programmes and resources must be designed and delivered in a way that recognises and responds to this and can be flexible to individual circumstances.
- Expertise in advocacy is essential - nationally, regionally and locally and at all levels of the service from commissioners and leaders of provider organisations through to the practitioners making the changes.
- In order to facilitate adoption and spread a combination of effective leadership so that teams are working towards a new vision, along with appropriate support and resources are key. This includes effective engagement with staff so that they recognise and agree what the challenge is, they understand the evidence to inform the solution and both staff and service users understand the programme which is underpinned with education resources to support the change.
- We are seeking to implement innovation that supports sustainable improvements in the quality of services patients receive.
- We are not looking to deliver one off interventions that impact for a short time and then end. Our approach is about being adaptable to suit the situation/organisation. We are also supporting staff to develop skills which can be used in other situations. Staff are learning:
  - How to identify problems and work to find solutions – as a way of working.
  - How to own both the problem and the solution and to understand how to overcome barriers to change.
  - How to use tools with their own experiences – Our work in Patient Safety through TAPS and using Behaviour Change to improve NPSA alerts along with that of the Maternal and Infant Health and

Care “Getting it right from the start” project all develop understanding of innovation science that can then be transferred to other issues.

- In order to sustain the adoption and spread of existing work and encourage shared learning and transferability, we are working across organisations to create communities of practice which will remain when YHHIEC programmes and specific interventions end.
- Working across the health economy – we work across sectors, disciplines and settings engaging commissioners and staff at all levels. We are focussing on the issue not the discipline so that the innovative approaches and ways of working can be transferred to different issues and embedded as common practice.

## Education at the heart of what we do

- The value of the HIEC as a model is that it blends research, evidence, innovation and education to deliver tangible improvements for patients.
- Driving innovation through education is important to achieve spread at pace and scale, it can bring about changes in behaviours and attitudes and mobilise individuals and teams to implement innovation in their practice.
- Using education as a tool to develop the workforce maximises the benefits from integrating evidence and research findings. With ~ 60% of the NHS budget used to fund workforce (NHS Choices, 2010), it is critical that the workforce is equipped and skilled to implement innovation to make improvements in their practice.
- Our education resources range from e-learning introduction packages to full on-line modules and toolkits, alongside tailored education and training programmes that run over a number of weeks/months.
- Our education work is grounded in educational theory to help to promote knowledge and understanding and to develop sustainable change.

## Collaboration, participation, networks and partnerships

- We collaborate with our members through every stage of the journey which delivers a number of benefits:
  - We have worked collaboratively across the region to identify the priorities the HIEC would address. It was important to gain support for our work from practitioners and senior managers, so that our work would add value in their organisations. For example, the Patient Safety Theme has developed an education tool for junior doctors called SAVI. SAVI is now being incorporated into the Junior Doctors Passport in Bradford, because we worked in partnership with the Universities’ and clinicians designing this resource.
  - We are working in partnership with the commercial sector to develop education tools such as the Long Term Condition Theme’s introduction to Telehealth and Telecare e-learning resource. We developed this in partnership with Virtual College, which enabled us to develop the resource quickly, without any upfront funding and the resource remains free to colleagues in Yorkshire and Humber.

- We have developed resources collaboratively with the people who will be using them. For example, both staff and patients led the design of SAVI resource; as a result we have a resource that is relevant and useful. The Maternal and Infant Health and Care theme allowed staff and parents a voice in describing their engagement in the work and their views shaped both the program of work and the priorities for implementation.
- When co-designing interventions to enable teams to identify their challenges, they are far more willing to engage with the work, we have found it is possible to move further faster when the teams were supported to develop their own solutions, drawing upon available evidence. This creates a sense of ownership and unlocks far more willingness to implement the changes. Our Maternal and Infant Health and Care team conducted a region wide consultation with input from over 400 colleagues to inform the implementation of their work. Their priorities are to promote breastfeeding and attachment in neonatal units and to reduce caesarean section rates across the patch. As a result of this engagement all 18 neonatal units and 24 Maternity units are now deeply engaged in the programme of change.
- We engage with service users throughout our work. For example our Long Term Conditions team recently worked with the Yorkshire and Humber voluntary sector to bring together health staff, carers and service users with Telehealth providers. The aim was to raise awareness and find out how existing technologies could be adapted for patients with neurological conditions. Another example is our MIHC advisory Group which is co-chaired by a service user and a practitioner.

## Evidence based innovations

- All our work draws upon an evidence base at every stage; we use evidence to help identify an area as a priority or a challenge, we use evidence to identify potential solutions and how we might best implement our work. This evidence comes from a range of sources including good quality research, as well as input from government, individual organisations, charities etc. regionally, locally, nationally and in some cases internationally.
- We are gathering evidence regarding our impact and effectiveness as a core part of our work. We are gathering evidence to understand where we have been successful and to understand any challenges that we have had. We are seeking to create a continuous feedback loop in order to refine the practices and further build on existing evidence. We have commissioned an independent organization to deliver a review of the progress of the HIEC entity based on the current views and thinking of key stakeholders and to develop and assess the application of an ROI model to apply to the HIEC Theme programmes. More detailed work is also on- going in each of the themes to examine processes and outcomes, and the views of staff and patients / parents.
- Part of the value of our work is that we relate the evidence base with the lived experience as we implement our work. For example, the Patient safety theme are working to reduce the harm caused by misplaced nasogastric feeding tubes demonstrated this. The original problem was diagnosed as the misreading of x-rays when the actual issue, as identified when behavior change theory was applied within a multi-disciplinary team, was that the x-rays may not be necessary to begin with. This type of feedback learning means that we fully understand the situation that we are seeking to change and we understand the behaviours that we need to change. This is critical to achieve the outcomes you anticipate.
- Although a robust evidence base is important, we do take a pragmatic approach. We do not always have all the evidence at all the stages from the very start. Part of the strength of the HIEC approach is sharing what actually works from existing evidence and refining/developing and evaluating this as part of the process.

## What is a Health Innovation and Education Cluster (HIEC)?

HIECs were established to support health care providers, higher educational institutions and industry to work together at a regional and local level to drive innovation and improvements in patient care, and raise the quality of healthcare education and training. The Members of the HIEC for Yorkshire & the Humber applied to and were approved by the Department of Health to establish a HIEC at the end of 2009. There are 16 other HIECs in England, operating either at regional or sub-regional level.

HIECs have their origin in Lord Darzi's 2008 report High Quality Care for All. This described HIECs as bringing together '... many partners, across primary, community and secondary care, universities and colleges, and industry. They will be collaborations that set shared strategic goals for the benefit of member organisations. Their members will run joint innovation programmes that reflect their local needs and distinctiveness. They will also promote learning and education between their members. Bringing NHS organisations and higher education institutions together will enable research findings to be applied more readily to patient care.'

The HIECs are nationally funded but locally led.

## The Yorkshire and Humber HIEC

The Research, Innovation, Education and Implementation landscapes in the NHS are all complex in their own right. The YH HIEC works collaboratively to try to work across these complex systems to deliver improvements to the NHS through the spread and adoption of evidence based research and practice.

The Yorkshire and Humber HIEC includes all regional NHS organisations and universities with healthcare faculties, making it one of the largest in the country.

The YH HIEC collaboratively identifies priorities for the NHS in Yorkshire and Humber which have an existing evidence base in terms of research or implementation and aims to increase adoption and spread primarily through the education and training of the NHS workforce. We are currently working across three priorities identified by key stakeholders in early 2010 these are Patient Safety, Maternal and Infant Health and Care, and Long Term Conditions (focussing on Telehealth and Care). In addition we are taking the learning from across these themes to pull together generic lessons which can be applied to the implementation of future priorities.

## References

Department of Health (2011) Innovation Health and Wealth, Accelerating Adoption and Diffusion in the NHS, Department of Health. Gateway number: 16975.

For more information visit [www.yhhiec.org.uk](http://www.yhhiec.org.uk)