Meeting of BNSSG ICB Board

Date: Thursday 3rd October 2024
Time: 12:30 – 15:30
Location: Virtual, via Microsoft Teams

Agenda Number:	6.2	
Title:	**Developing a System Framework for Innovation, Improvement and Transformation**	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	Yes
	Other (Please state)	No

Purpose: Decision

Key Points for Discussion:

This paper provides an update on the work that has been undertaken since May when the Board agreed the mandate to develop a BNSSG's innovation, improvement and transformation approach, in line with best practice and the national policy framework (NHS IMPACT).

Following an extensive discovery process undertaken over the summer, and codesigned with system transformation leads, this paper proposes the development of a framework for system-wide innovation, improvement and transformation within BNSSG and describes a 12 point plan to develop this. The aim of the framework would be to scale and spread evidence-based change within the integrated care system, improving outcomes for the population.

The paper proposes testing the approach with a Healthier Together 2040 programme cohort to support the development of the framework which will be iterated and improved as the implementation of HT2040 progresses.

The framework encompasses the entire system and has four key components: Leadership and Culture, a Transformation Academy, Focused Priorities, and Governance and Understanding System Transformation Load.

Recommendations:	The Board is asked to - consider the discovery and the recommended 12 point approach to develop a framework. - endorse the next steps to develop a system leadership compact. - agree to pilot the approach with a strategic priority cohort such as those identified via the Healthier Together 2040 process.
Previously Considered By and feedback:	A system away day was convened on September 13 to develop the core components of the framework outlined in this report.

	An editorial group comprised of system transformation leads has overseen the development of this paper. This was discussed with the ICB Executive Team on 25/9/24.
Management of Declared Interest:	No conflicts of interest identified.
Risk and Assurance:	There is a risk that innovation, improvement and transformation activities are not aligned to the Board's priorities, or that best practice is not being embedded consistently. This paper proposes the development of a framework which will address these risks.
Financial / Resource Implications:	The proposed approach will have resource implications. These include: - Opportunity Costs - Training and Development - Project Management
Legal, Policy and Regulatory Requirements:	This paper identifies the statutory duties and policy requirements associated with this area. The recommendations in this paper comply with these.
How does this reduce Health Inequalities:	Use of evidence based innovation, improvement and transformation techniques can help reduce health inequalities by understanding and addressing disparities in access, quality and outcomes. This is by identifying and addressing gaps, tailoring interventions to meet the specific needs of populations and measuring whether the projected benefits are delivered.
How does this impact on Equality & diversity	Evidence based innovation, improvement and transformation techniques promote equality and diversity by understanding and addressing bias and discrimination, creating culturally competent practices, reducing disparities in access and outcomes and enhancing accountability and transparency.
Patient and Public Involvement:	No requirement for public involvement in the paper, but codesign is an integral part of innovation, improvement and transformation practice. As such, strengthening user focus is a key recommendation of this paper.
Communications and Engagement:	This proposed approach is the result of collaborative efforts by system transformation leads, who have drawn upon their expertise and insights. Additionally, the development of this paper has been informed by findings from exploratory conversations with stakeholders conducted over the summer.
Author(s):	The editorial group for this paper were: • Deborah El Sayed – Chief Transformation and Digital Officer, BNSSG ICB • Kate Lavington - Head of Design, BNSSG ICB • Mel Reeks - Interim Joint Director for Strategy and Transformation, Sirona care & health • Ellie Wetz - Associate Director Innovate Healthier Together, HIWE • Helen Gilbert – Director of Improvement, NBT • Helen Edelstyn, Head of Project Development, BNSSG ICB

Sponsoring Director / Clinical Lead / Lay Member:	Deborah El Sayed – Chief Transformation and Digital Officer

Agenda item: 6.2

Report title: Developing a System Framework for Innovation, Improvement and Transformation

1. Background

Mandate for this work

In May 2024 the ICB Board agreed a mandate need to develop BNSSG's innovation, improvement and transformation approach in line with best practice and the national policy framework (NHS IMPACT). The Board endorsed the first stage of the proposal which was that we would not attempt to adopt a single methodology for all organisations within the system. But we would commit to the foundational shared principles that had been designed by the Transformation Directors and leaders across the system.

The Board approved the proposal and agreed that a framework for system wide innovation, improvement and transformation should be developed. The scope being defined as follows:

- Considers the emergent **Healthier Together 2040 strategy** and how our approach to transformation will support and enable the progress and success of this initiative.
- Responds to the guidance identified through the **NHS IMPACT Approach** applied by NHS England.
- Provides an overview of the whole system innovation, improvement and transformation efforts and resource allocation.
- Provides a practical series of next steps.

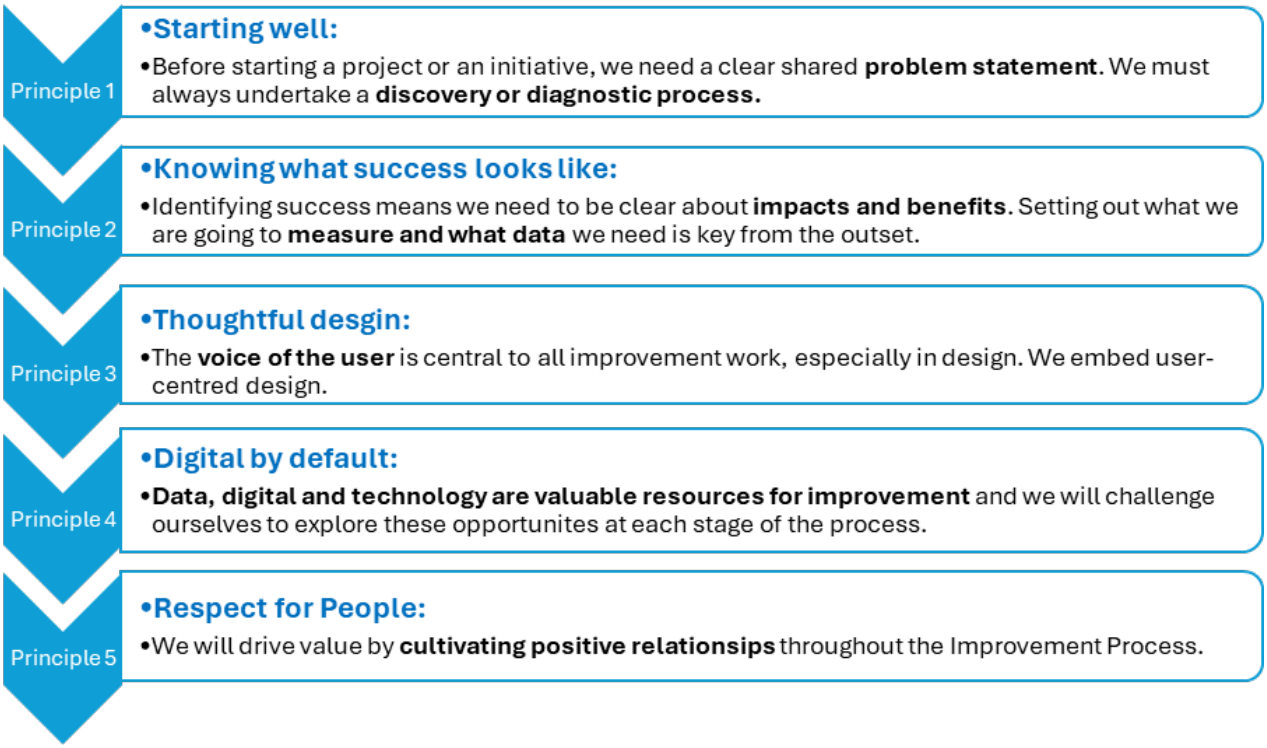
The Three Horizons Model is a simple and intuitive framework for thinking about the future. It comprises 3 elements: Horizons 1, 2 and 3, with Horizon 2 including two subsections, H2 Plus and H2 Minus..

- Horizon 1(H1): the dominant system at present, it represents 'business as usual'.
- Horizon 2(H2): the entrepreneurial view, a pattern of transition activities and innovations.
- Horizon 3 (H3): The visionary view, which introduces a completely new way of doing things.
- Horizon 2 Plus (H2 Plus): Aims to deliver Horizon 3 vision.
- Horizon 2 Minus (H2 Minus): Elements that support Horizon 1.

The approach described in the paper aligns to the adoption of the **Three Horizons Model**[1]In particular, the mandate aims to focus on the H2 element, which helps to create the roadmap and how we move from the current (H1) to the future state (H3).

[1] Three Horizons: an introduction (youtube.com)

The principles agreed in May 2024 are set out below and the NHS Impact mandate is included at Appendix 1 for reference.



What do we mean by innovation, improvement and transformation and why does it matter?

Transformational change in our system and within the NHS and LAs has, for many years, been identified as critical to meet our objectives and the expectations of our population. The NHS Improvement Directors Network is clear that "we are not going to performance manage our way out of the current situation".

The national focus on NHS IMPACT and establishment of the NHS Improvement Board reflects the need to give greater leadership attention to this area of work. At the national conference of NHS IMPACT leaders on 19 September, the NHS England Chief Executive said:

> *'Boards need to be on board as improvement really matters'* (Amanda Pritchard)

Transformational change places huge demands on leaders. They must inspire skeptical workforces, and be highly visible in their organisations, yet also manage external stakeholders. They must be approachable and empathetic and maintain their own energy and sense of optimism. And through it all, they need to deliver against a demanding set of performance targets which leave very little room for maneuver. This requires not only a diverse set of capabilities, but also boldness to take risks.

The first step in our discovery process to develop a system wide approach, was to be clear on our collective views about:

- What is holding us back from delivering on our ambitions and what are the key opportunities
- What is the step change a system wide framework could give us
- If we were focused on the H2 component, how would we work on our biggest priorities together
- What specific next steps we think will really make a difference to how successful we are at innovation, improvement and ultimately transforming the experience of the people we serve?

This paper draws together collective wisdom from across our system, the NHS, other ICSs and care systems from across the globe to answer these core questions.

'Transformation is a deliberate, planned process that sets out a high aspiration to make dramatic and irreversible changes to how care is delivered, what staff do (and how they behave) and the role of patients and citizens, that results in substantial, measurable improvement in outcomes, patient, citizen and staff satisfaction and financial sustainability'

Reference: The Health Foundation (2015). *Supplement Transformational change in NHS providers*.

First, some definitions

The terms innovation, improvement, continuous improvement and transformation are sometimes used interchangeably and can cause confusion and competing narratives. For the purposes of this work, we have considered the following standard definitions:

Innovation

- This involves creating something entirely new or signifcantly different that adds value. It could be a new product, service or process that didn't exist before.

Improvement

- This focusses on making existing processes, products or services better. It involves incremental changes that enhance efficiency, quality or performance.

Continous Improvement

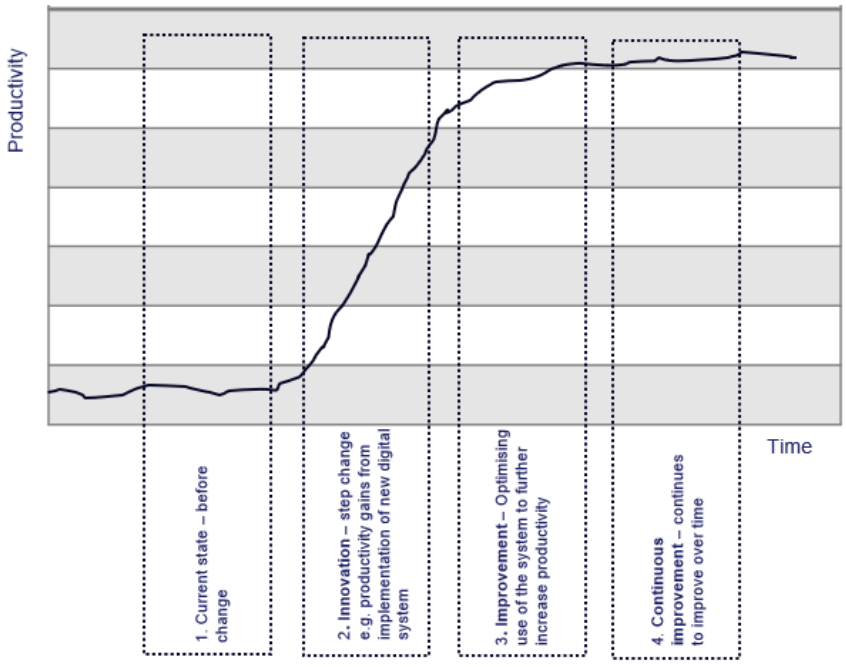
- This is an intentional process that builds improvement into day to day work.

Transformation

- This is a comprehensive change or set of changes that fundamentally alters the way a system works. It often involves a major shift in culture, strategy and processes to achieve long term goals.

Each plays a crucial role in the growth and success of our initiatives and so are part of the approach we are advocating for the system. However there is a distinct hierarchy in that transformation will only likely occur through a combination of both innovation and improvement actions and efforts. And only likely when they are in focus of a shared common purpose or direction.

A transformation programme will consist of several elements



Adapted from Kaiser Permanente

In developing our framework, it is important to factor scale into our approach so that we reflect any variations that are needed to respond to scale. For example, the approach needed to ensure a large scale multi organisational transformation will differ from improvement of a single care pathway. And it is important that we develop the flexibility within our framework to enable both.

> A Large-scale Transformation: "interventions aimed at coordinated, system wide change affecting multiple organisations and care providers, with the goal of significant improvements in the efficiency of health care delivery, the quality of patient care, and population-level patient outcomes."

Best, Allan et al. (2012). "Large-system transformation in health care: a realist review."

Role of the ICB

As an ICB our purpose is focused on driving and supporting improvements for our population. In most instances, innovation, improvement and transformation will be led by providers: delivered by health and care staff and driven by user needs. The role of the ICB in this is about creating an environment and conditions that fosters success. This includes: supporting the development of system wide innovation, improvement and transformation capabilities; prioritising initiatives that are aligned to strategic objectives; allocating resources to support these endeavours; providing oversight; and, sharing learning.

There are some specific statutory and legal duties on the ICB in respect of innovation, improvement and transformation. Whilst these are not the key drivers for this work**,** they are briefly set out in the table below.

	Innovation	Improvement	Coproduction
Statutory Responsibilities	**Innovation** (Section 14Z39 NHS Act 2023) Each ICB must, in the exercise of its functions, promote innovation in the provision of health services (including innovation in the arrangements made for their provision)	**Quality Improvement** (Section 14Z34 NHS Act 2023) Each ICB must exercise its functions with a view to securing improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness.	**Community Engagement (14Z51)** ICBs have a legal duty to involve people and communities in the planning of services and proposals having an impact on services. The legal duty provides a platform to build collaborative and meaningful partnerships that start with people and focus on what really matters to our communities. Senior leaders have a particular role in making this happen.
Policy Mandate		**NHS IMPACT** is the new single, shared NHS improvement approach. It focusses on creating the	

		conditions for successful improvement.	
Operating Plan Guidance	The **NHS Operating Plan** emphasises the importance of innovation and research in improving patient care, outcomes, and experience. ICBs are also obligated to promote the use of research evidence in decision-making.		

2. Developing an Innovation, Improvement and Transformation Framework - Executive Summary

This section outlines a 12-point plan to develop a framework for system wide innovation, improvement and transformation within BNSSG which aligns with best practice, national and local policy frameworks including NHS IMPACT and Healthier Together 2040 (HT2040). The aim of this framework is to scale and spread evidence-based change within the integrated care system, improving outcomes for our population.

This framework was developed collaboratively with system transformation leaders across our Integrated Care System. We explored barriers, opportunities, and conducted desktop research.

We propose that this approach is tested with the population cohorts that will have strategic intentions developed through HT2040 or another strategic priority. This will enable development of a tangible model which can be iterated and improved as delivery progresses and scales.

The plan has 12 components, grouped around four themes:

Theme 1 – Leadership and culture

1. **Develop and system compact:** Establish shared understanding and agreement amongst system partners to foster collaboration. Build a shared understanding and agreement amongst system partners to foster collaboration, and mutual benefit and mutual benefit.

2. **Board development Programme:** Developed by the academy referenced below to support Boards to understand and promote innovation and improvement in their assurance of investment decisions and risk management.

Theme 2 - A Transformation Academy

The Transformation Academy will provide tools, resources, and a supportive innovation, improvement and transformation community.

3 **Establishes and Supports Integrated Design Teams** aligned to specific programmes or priorities system-wide innovation.

4 **Connects Innovate Healthier Together Fellowship** with the Integrated Design Teams. Strengthens the community of health and care professionals linking them to community and wider innovators who are dedicated to driving improvements in our system

5 **Transformation Accelerator Model:** A practical guide for teams to harness evidence-based innovations, adopt, adapt and scale improvements and evolve our approach.

6 **Learning and Evaluation:** A focus on sharing knowledge and learning. Increasing our capability and capacity to achieve system wide transformation. This will integrate with the initiative already identified for the system wide digital academy.

7 **Economic Growth:** Exploring new funding sources and partnerships with the private sector.

Theme 3 - **Focused Priorities**

8 **Benefits realisation:** Develop an effective approach to identifying, calculating, planning, delivering and reviewing the benefits of transformation and improvement initiatives. This will support with system prioritisation.

9 **Prioritise User Centred Design:** Prioritise the voices of service users and integrate user centered design into all transformation and change work.

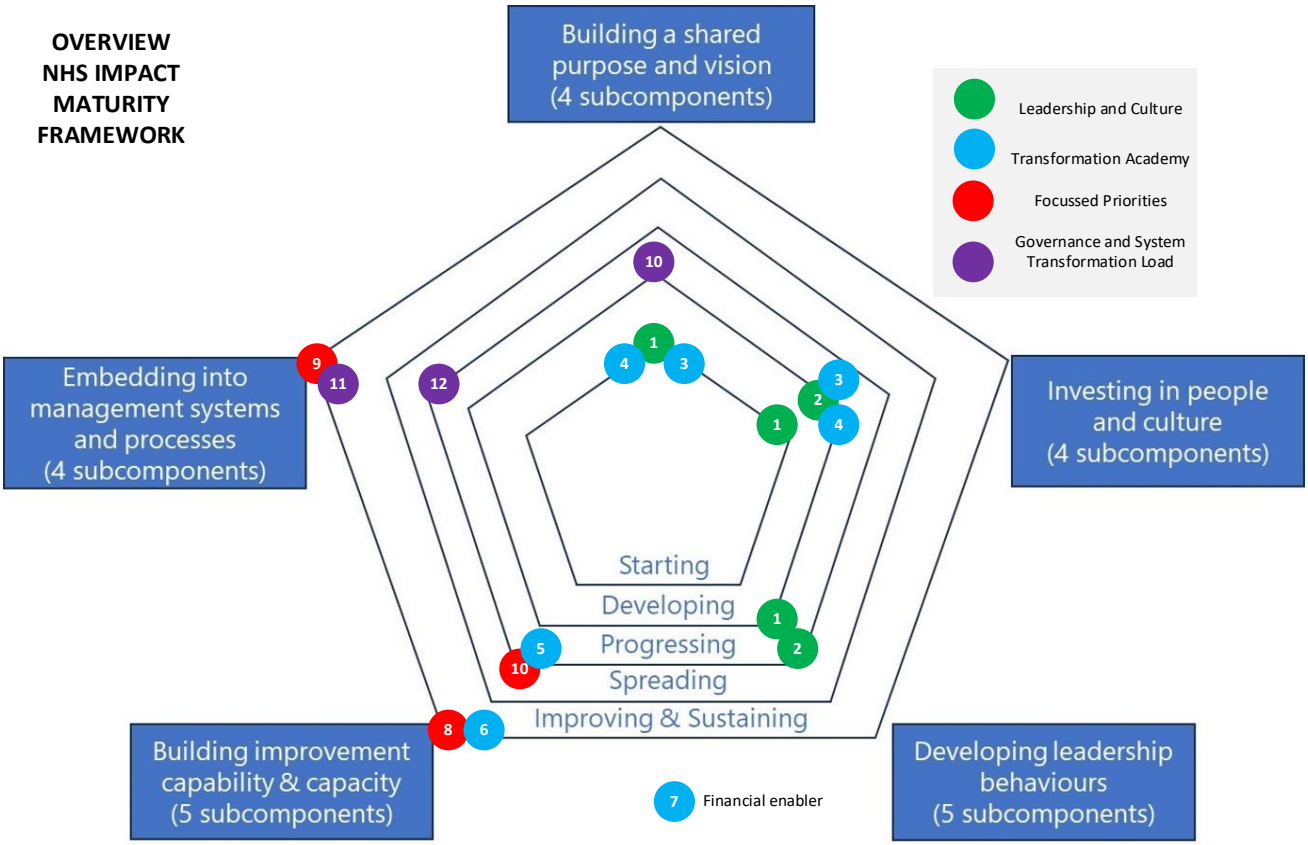
Theme 4 - Governance and oversight of System Transformation Load

10 **System Transformation Oversight Group:** Create a governance body to increase transparency and coordination of innovation, improvement and transformation priorities. This group would develop a high-level overview work to identify opportunities for collaboration, alignment and gaps. As with point 8, this will support with system prioritisation.

11 **System Gateway Panel:** Implement a gateway process to provide assurance that system wide innovation, improvement and transformation initiatives align with strategic goals and use evidence-based approaches to deliver maximum value

12 **Establish a high-level overview or dashboard of our collective innovation, improvement and transformation "load"**

The 12 components of this plan have been mapped onto the below NHS Impact Self Assessment (Maturity Matrix):



3. Framework development plan

Leadership Focus and Culture

1. Create a Compact for success

We have learned from discovery that there is a real opportunity to set ourselves up more constructively and objectively for success. This will require us to:

1. develop greater clarity in our expectations of each other as unique, experienced and talented organisations in what we do
2. agree our expectations of the process
3. recognise and agree the fundamental challenges we know we are likely to face

The roots of the word "compact"

Compact as a noun comes from the Latin ***compactum***, past participle of ***compacisci***; ***com*** meaning "with" and ***pacisci***, "to contract and/or agree". Therefore, a compact is to make an agreement with a person or people.

The process for creating a compact is about building a strong foundation for collaboration and recognising the challenges we will need to overcome together. It is intended to surface an open and

transparent conversation about those challenges and practical concerns from point 1) above to align our system organisations around a common purpose and shared goals where reciprocity is key (what one gives to and gets from the process). The output agreement (compact) becomes the platform/standard for both feedback and accountability throughout the process.

The compact represents that we are:

- mutually dependent to achieve the desired outcomes
- articulating and agreeing to expectations and expect to be held to account
- building/growing trust between our organisations and putting the "guard rails" around our work.
- Agreeing that a successful and sustained compact is one that is mutually beneficial

Virginia Mason used to great effect **compacts** at an organisational level between their Board (see Appendix 3), leaders and physicians at the very start of their continuous improvement journey over 20 years ago. They did this in recognition that implementing a fundamentally new approach to the delivery of their healthcare services represented "adaptive change" as popularised by Heifetz (Heifetz, R. and Laurie, D.2001).

Adaptive changes are those that are likely to increase a fear and anxiety response. Perhaps some of us might prefer to avoid them, or some of the changes may require us to give up a well embedded working practice, habit, or a long-held belief we are doing the best for the people we serve; or blend job roles and skill sets to develop new advantages.

The two critical ingredients surfacing the evidence for adaptive change are:

1. Commencing a process where there is not an agreed upon solution, one must be created
2. Those responsible for implementing the outputs need to be key contributors to the "figuring it out".

NBT has used this principle and framework to produce a compact between the Executive Team and the Senior Leaders as they implement their Patient First approach to continuous improvement (See Appendix 4).

Cultivate fun, hope and excitement:
This is within our power to create and strengthen developing a culture requires us all to consider the importance to Hope, Fun and Excitement in our day to day and reflect on the energy it gives we need to harness that energy to the changes we want to make.

We will model hope: Improving collaboratively and capitalising on the huge value and diversity of our collective talent will allow magic to really happen to develop a healthier and more hopeful system together

We will embrace fun: Its often the things we find amusing and funny that can have the most innovative impact when we explore them further and grow our energy and passion for innovation, improvement and transformation.

We will create excitement: Beginning with the end in mind, Healthier Together 2040, it is an incredibly exciting opportunity to co design a new landscape that today no one knows where it will take us, but we have the confidence our collective talent can take us there.

Valuing these as part of our framework and compact will help us to keep these critical aspects of the work in focus.

Summary - Compact	
What we want to do	Create a system compact
How we want to do it	System away day – 2 hours
Link to HT2040	Recognises that when we cocreate the right conditions for significant and respectful change, we own the scale of the challenge to move us to H3 a viable, sustainable and citizen driven future.

2. Board Development Programme:

The Transformation Academy (referenced below) will create a development programme to support Board members to better understand key elements of innovation and how to encourage and best support innovation activities (including ambition, appropriate attitudes to risk, learning from others (ICS & industry) etc).

The programme will be designed to support the ICB Board to attain the highest levels of maturity for leadership behaviours (described as improving and sustaining) using the NHS IMPACT assessment framework. For example; ensuring all Board members have the skills required to act as champions of improvement and innovation methods, and to understand and remove barriers where necessary. This is in tension to the performance management/ deliver today pressure, and as described elsewhere, the Three Horizons Model may be a helpful model for reflecting on this.

In time we recognize it will also be important to reflect on how this leadership expertise and enabling leadership behaviours spread beyond Board level, this type of leadership is critical at all levels. However discovery suggest that focusing on the board level is a strategic starting point. By fostering expertise at this level, we can set a powerful example and create a culture that supports the development of effective leaders at all levels.

Establish a Transformation Academy

The Transformation Academy will establish and support integrated design teams, providing enabling infrastructure including tools, resources, and a broader innovation, improvement and transformation community for our system. We will look to develop a partnership with leaders in this area across academia, global partnerships and with experts in industry. It will be integrated with the BNSSG Digital Academy – which is in the process of being established.

3. Integrated/Collaborative Design Teams

At the heart of the Transformation Academy will be integrated/ collaborative design teams. These teams will have a clear mandate around a problem area. They will develop a theory of change via a discovery, design and testing process. These teams should be small and agile, made up of the people who have the best insight into the current state, can envisage change that is possible and have power to test this. These teams will not be made up of senior leaders, but frontline staff and clinicians from across the system in partnership with experts by experience and VCSE colleagues. It's likely this core team will also need to co-opt in other experts at points in their work programme if not already integral, for example specific IG/Procurement/BI etc. The ask from ICS partners would be to respond to these requests in an agile way. The team will be supported by a transformation facilitator, who will support with best practice such as user centred design processes or identification of benefits.

Our thinking on how these integrated design teams would need to work builds on the ethos of Virginia Mason and Nuka. That we need people who represent all aspects of the existing process who hold a key stake or whose work would need to change. This is most definitely not a set of leaders in the room and the power balance is important to enabling innovation and transformative

thinking. We are also taken with the research of Mary Uhl Bien who asserts that new ideas are generated in informal pockets of innovation and need to flow into the formal bureaucratic operational core in order to successfully spread. But these two systems are in a state of dynamic tension. One drives formality, standardisation and business performance and the other drives innovation, learning and growth. When faced with challenges, most organisations snap to the 'order' response, which is in fact squashes adaptive exploration we need to foster.

Through the study of dozens of organisations she found was that successful change and innovation occurs when there is an intermediary zone – which they label 'Adaptive Space' – between the informal innovation network and the formal bureaucracy.

These temporary Adaptive Spaces give innovators a safe space to develop new ideas and solutions, to connect with new allies who will help them to iterate and improve their ideas. They offer rich interconnectivity. 'Brokers' with bridging connections across boundaries can help to bring new and different ideas together, to help transform an innovator's original idea into something better. (High-trust cohesive networks give rise only to minor changes, not transformations).

Examples of Adaptive Spaces include Hackathons, Labs, Communities of Practice, Liberating Structures, Open Space and online communities. These principles will act as a foundation to the design of the Transformation Academy.

Create the right culture for change, and empowering our transformation teams

Whilst processes and technology are important the right mindset, skills, and culture are essential to empowering a workforce that is engaged and capable of driving complex change within our health and care system. Investing in innovation, improvement and transformation skills, as well as empowering our transformation teams through supportive leadership, we can create a culture of change that will help ensure the success of our transformation programmes and projects.

Unlock the governance

To ensure collaborative design teams can effectively drive agile innovation, improvement and transformation, we must streamline the governance processes they are subject to. Decision-making lags are counterproductive and will hinder progress. While we will maintain clear governance for critical milestones (e.g., end of design and testing phases, business case approval), we will empower teams with greater autonomy and trust. This approach will allow them to experiment, learn, and deliver benefits more efficiently, unburdened by bureaucratic delays.

Develop a place based approach

Our shared approach should be 'place based' and understand the issues, interconnections, needs and health inequalities of our communities and local people. This means involving those responsible for delivering the change and those affected by the change in the solutions, to create the agency needed deliver them successfully.

4. Connect the Innovate Healthier Together Fellowship

A key output of the Innovate Healthier Together programme was the establishment of a Fellowship – a community of health and care professionals self-identified as innovation enthusiasts and committed to driving innovation. Launched in May 2024, it now consists of 90+ Fellows (and growing) who will be invited to attend and contribute to a series of engaging events through to March 2025. These include innovation discussion groups, showcases, masterclasses, networking, taster sessions and communities of

interest with the aim of providing opportunities to adopt innovation tools, techniques, connections and networks – to build their own capacity to drive innovation within their teams, organisations and across the ICS. This is a diverse community of professionals whose valuable perspectives should proactively feed into both the strategic and practical delivery of Healthier Together 2024.

Our shared approach to innovation, improvement and transformation should unlock the experience, expertise, and talent from across our workforce. By doing so, we will draw on the knowledge, know-how and innovation that exists across our teams and within our organisations, which will allow us to innovate and maximise our change opportunities.

The Innovate Healthier Together Fellowship will provide essential support for integrated design teams as a wider community of practice. Fellows can be drawn on for specific expertise or to invite them to be part of discovery, design and development thinking.

5. Draw on the Innovation Accelerator Model

The Innovate Healthier Together programme has engaged with a range of ICS groups to work through innovation needs identification ("innovation pull") and the adoption of evidence-based innovations into practice ("innovation push"). The learning from this is being synthesised into an Innovation Acceleration guide – a practical tool to support BNSSG teams establish the optimum conditions for innovation adoption. This guide will apply at both the micro and meso level; micro being the application of a specific innovation to directly improve patient outcomes and experience and/or improve productivity. Meso being the scale up of the same principles across a wider patient cohort or system transformation programme. The micro application, if repeated consistently across a broad range of services could proactively contribute to the activity necessary to improve H1 productivity, efficiencies and effectiveness. The meso application aligns to the recommendation of this paper; to establish a system-wide dedicated team to deliver an innovative, practical approach to achieving the strategic ambitions of H3.

This innovation accelerator guide and broader model is part of the resources and tools supporting the integrated design teams and the Healthier Together Fellowship.

6. Value Learning and Evaluation

The Innovation Unit, an organisation that worked with four Health Foundation funded Innovation Hubs to better understand the optimum conditions for innovation adoption[2], concluded that one of the key components for success is portfolio stewardship – the arrangements to identify, support and learning from past, current and planned adoption projects. There are many examples of innovation or innovative and transformational practices across health and care in BNSSG and other ICSs. Unlike in research where studies are routinely peer reviewed, published and shared widely, the evaluation and learning from innovation and transformation often remains trapped or limited within its host organisation or system. To address this challenge, Health Innovation West of England has established an Evidence Repository- a portal for safely sharing non-peer reviewed documents (grey literature) that are not published elsewhere to promote a culture of shared learning.

Storytelling is also a key component of shaping the narratives and behaviours around innovation. Sharing learning can both inspire and influence the design of transformational programmes and

[2] https://www.innovationunit.org/thoughts/adopting-innovation-wheel/

ensure known risks and challenges are avoided. The Innovate Healthier Together Fellowship, a community of 90+ BNSSG health and care professionals committed to contributing to innovative practices, is an additional system resource that should be tapped into to gain insights and ideas through their lived professional experience.

The delivery mechanisms of the strategic ambitions of Healthier Together 2040 will be better designed if informed by the learning of previous tests of change and the stories of others.

7. Factor in Economic Growth

The new government has signaled that health and care transformation is necessary but will need to be achieved within current resource availability. Therefore, new and innovative ways to source funding, or partnering with the private sector, to improve the health and wealth of our population is required. Regional stakeholders across academia and the life sciences sector are in early discussions regarding the establishment of a South West Life Science cluster as a mechanism to drive and coordinate inward investment and economic growth into the region. The outward signaling from BNSSG ICS partners, through the proposed Compact, the establishment a system transformation collaborative/team plus an established Fellowship of health and care innovation enthusiasts, will be a positive contribution to the narrative being shaped in the formation of this cluster.

Summary – Transformation Academy	
What we want to do	Create a transformation academy. This will establish and support integrated design teams, providing enabling infrastructure including tools, resources, and a broader improvement community for our system.
How we want to do it	Pilot an Integrated Design Team, which includes an agreement between system partners to 'release' identified senior transformation/strategy/improvement colleagues for and agreed amount of time per month (suggested 2/3 days STA). This would enable colleagues to have dedicated time and 'permission' to work collectively on system priorities. The transformation academy will capitalise on insights available through the Evidence Repository and the stories of our workforce/IHT Fellows. Integrated design teams will adopt, test and iterate the principles set out in the Innovation Accelerator guide developed through the IHT programme.
Link to HT2040	We recommend that we pilot the this with a population cohort that will have Strategic Intentions developed through HT2040

Focused priorities

8. Ground our work in Benefits Realisation

Certain operational management mindsets (grounded in the lens of H1) hinder innovative change within our system. One such mindset is the pressure for rapid and substantial change. This can lead to a focus on short-term, easily quantifiable benefits, such as immediate cost savings. However,

prevention strategies, while potentially less immediately rewarding and harder to quantify, yield long-term value.

This mindset can also create an optimism bias, where project teams overestimate the potential for short-term gains, including financial savings, leading to disappointment and frustration, when these cannot be realised.

To overcome this 'H1' mindset trap, a foundational element we need to develop is a more sophisticated framework for realising the benefits of innovation, improvement and transformation initiatives. This requires a step change in how we identify, calculate, plan, deliver and review the benefits associated with complex system change. Through a more sophisticated approach, and greater understanding and control of benefits realisation, we can drive greater value and outcomes in our local system and population.

'Establishing a Benefits Realisation capability in the English NHS or public sector is complex … but the opportunities to reap rewards …. has never been greater than it is today'. (Waring, Casey and Robson, 2018) We propose to develop a system wide benefits realisation approach that provides a consistent way through the complexity of delivering benefits within the NHS and wider health and care system through a benefits realisation framework for BNSSG developed in collaboration with Newcastle University.

Scale change

Another barrier to innovation is the emphasis on scaling initiatives across the entire system before testing them. While this approach can be beneficial for certain changes, it can also limit experimentation and learning. Testing initiatives and hypotheses as minimum viable products allows shortcomings to be identified, areas that don't work to be discarded and an improved model to be developed before widespread testing and implementation. Without the agile environment of a small-scale test phase it is less likely that change initiatives will succeed.

Summary – Benefits realisation	
What we want to do	Develop a sophisticated framework for realizing the benefits of innovation, improvement and transformation initiatives
How we want to do it	This will involve a step change in how benefits are identified, calculated, planned, delivered, and reviewed. Working in partnership with Newcastle University we will develop a system wide benefits realisation framework that will enable a consistent approach to understanding and realising benefits.
Link to HT2040	Essential to success of HT2040 as we need to be able to agree how the benefits of the changes made will be identified, measured, and delivered, particularly when the change is delivered in one part of the system but the benefits are realised elsewhere. Agreement of benefits realisation framework is key to enable sustainability and realignment of resources over time to support transformed models of care.

9. Work in a truly user centred way

To ensure that the NHS remains a world-class healthcare system, we must prioritise enhancing the user experience. By adopting a more customer-centric approach, we can improve operational efficiency, foster innovation, and ultimately deliver better care to our patients.

Working in a user centred way is “utterly essential”. Firstly this involves placing the voices of service users at the centre of change programs, valuing their experiences and insights, and ensuring users are equal members of all teams. Secondly, it involves developing skills in user centred design techniques, such as journey mapping to identify pain points and areas for improvements. We need to develop Skilled user researchers, content and design professionals who continually provide feedback to help establish whether we’re achieving what we set out to and adapt the design until we have confidence that it works. Thirdly, it involves connecting with our communities about our change programmes in the broadest possible way to ensure we hear from a diverse range of stakeholders. The methodology used in South Gloucestershre, of ‘Community Conversations’ is a model for this.

Evidence shows that improvement projects which are genuinely co-produced are between 2.8 to 4 times more likely to succeed than improvement projects which are not co-produced. (Kostal G, Shah A, British Journal of Healthcare Management, 2021). When there is too much distance between where decisions are made and the day-to-day delivery, we risk not understanding what is truly needed. We need to understand how things will work in the day-to-day front-line context from the start. Otherwise, by the time we’ve gone through the process of developing an idea and rolling it out, it's too late to find out whether or not it was the right thing to do.

Without a user centric approach, we do not know whether we’re delivering the right thing and achieving the outcomes we intend to. Prioritising the views of users helps us manage the risk of delivering the wrong thing and, in turn, not achieving the outcomes for the health and care system that we’re commissioned to deliver. It also is a key part of assurance processes within the system. A user centred approach also demonstrates a commitment to our legal obligations (described in section 1).

This cultural shift will require a multifaceted approach to embed, another way to approach this which is widely used within the VCSE sector and other healthcare systems internationally is to create personas which we seek to be established and well known within our system which we would use to test changes against during the earliest stages and maintain a focus on user perspectives and needs when implementation gets tricky. Personas have been utilised to great effect from combining real user experience into enhanced stories to engage individuals and teams. However, the use of personas can never be a substitute for testing a tangible solution with users to ensure it meets their needs.

How do we want to do it?

To effectively integrate user-centered design into our organization, we propose the following strategies:

- Partner with VCSE Experts: Via the VCSE alliance recruit experts by experience as equal partners on all integrated/collaborative design teams. This will bring invaluable insights , perspectives and challenge from the communities we serve.
- Provide Appropriate Compensation: Ensure that VCSE experts are compensated fairly for their contributions, reflecting the value they bring to our organization.
- Invest in Staff Training: Train our staff in user-centered design methodologies to equip them with the skills necessary to understand and address patient needs effectively. Train our staff in how to connect to our community in the broadest possible way to ensure we are always hearing from as diverse a range of voices as possible.
- Continue to develop our insights libraries. Brilliant work has been done to bring together repositories of insights (gained from previous insights work) across our system, but these

are not yet comprehensive with others still being developed, for instance collating insights gained from social listening. It is critical that these continue to be drawn together as an accessible resource for staff to use so that we respect what our population has already told us and avoid redundant data collection.

- Evolve the ICB Gateway Process to a System Gateway Process: Implement a rigorous gateway process to ensure that all initiatives align with our user-centered design principles and are informed by user feedback.

Summary – A user centric approach	
What we want to do	Give primacy to user experience in all change programmes
How we want to do it	1. Utilise evidence based user centred design methodologies 2. Include experts by experience as core members of Integrated/Collaborative Design Teams, with equal power 3. Connect our work to the community in the broadest way. Ensuring we hear from a diverse range of voices, and adopt methodologies, such as Community Conversations, pioneered in South Gloucestershire 4. Continue to develop a shared accessible insights library for the system
Link to HT2040	HT2040 involves moving away from disease or service perspectives, to consider cohorts of population with clustered needs. User centred design is integral to understanding those needs in detail, and designing solutions that meet these.

aGovernance and transformation load

10. System Transformation Oversight Group

Establish a System Transformation Oversight Group (Governance Meeting) – made up of the System Transformation Collaborative (as described above) plus other key Subject Matter Experts (SME's). This Steering Group would form part of the transformation governance at BNSSG system level and would concentrate attention in the H2 and H3 components of the Three Horizons approach.

It would be intended to complement existing governance structures and more detailed work needs to be done to understand the interdependencies with existing accountability frameworks, in particular that with HT2040 programme. A more detailed proposal and Terms of Reference (ToR's) to be worked up and brought back to Board for sign off if the idea is agreed in principle.

11. Development of a System Gateway Panel

We propose developing the ICB Gateway Panel to a system Gateway Panel – and clarify its focus to assure the key elements of innovation, improvement and transformation programmes to significantly improve the likelihood of success. These key elements include assurance in respect of the below:

- User-Centric Approach: Actively engage with end-users to comprehensively understand their needs and challenges.

- Collaborative Development: Foster a collaborative environment where users and staff work together to co-design and implement solutions.
- Clear Benefits Definition: Clearly articulate the expected benefits of the initiative and align them with our strategic objectives.
- Rigorous Evaluation: Establish robust mechanisms to measure and track the achievement of defined benefits, ensuring accountability and continuous improvement.
- Benefits Realization Chain: Clearly map out the steps required to realize the identified benefits, identifying potential dependencies and risks.

This framework will provide a consistent approach across our system, ensuring that change initiatives are aligned with our strategic goals and deliver maximum value

Note: The specific methodology employed may vary depending on the nature and scale of the initiative, and/or the preference of each organisation, but the core principles outlined in this framework will remain consistent.

Summary – Developing a system gateway panel	
What we want to do	Establish a system transformation panel to assure the key elements of innovation, improvement and transformation programmes to significantly improve the likelihood of success
How we want to do it	Develop the existing ICB Gateway Panel into a system transformation panel and clarify its focus. To assure evidence-based core elements of innovation, improvement and transformation have been considered as part of all major change programmes to increase the likelihood of success.
Link to HT2040	Ensure that evidence based robust methodologies are used to increase the likelihood of success and impact for the identified population cohorts.

12. Aligning our collective innovation, improvement and transformation work to BNSSG strategic goals

It's clear as a system we are committed to improving, but what do our collective change priorities and efforts represent? What are they, how many of them are there and how well are we making progress on them? How much do we understand about the burden of work of normal day to day delivery of services and our practical capacity for innovation, improvement and transformation?

How much of our innovation, improvement and transformation work is focused on H2 minus and H2 plus. What is the balance between these? Is that what we expected, want?

Does what we espouse to be working on and what we are actually working give us a valuable opportunity to reflect on what it demonstrates is really important to us? How much of our endeavours are internally versus externally focused, citizen driven versus provider driven? Can we "connect the dots" or find the "golden thread" that helps us understand the collective impact on our communities? Where are the real opportunities to make the best of every BNSSG £1 for our citizens/people and can we join our data and analysis up in new and innovative ways to see our landscape through a different lens, a citizen driven lens?

Supporting with prioritisaion

Overt assessment of potential for benefit/value creation described in section 8, and shared strategic patience for achieving that impact is critical to enabling clear decision making around the innovation, improvement and transformation priorities we put our capacity and focus into. HT2040 is piloting

this approach for priority population cohorts, but there is a need to bring transparency and a similar focused approach to the totality of the system innovation, improvement and transformation load

Summary – Aligning our collective transformation work to BNSSG strategic goals	
What we want to do	Develop a **high-level overview or dashboard of our collective innovation, improvement and transformation "load",** map how these connect to the outcomes described in our strategy and outcomes framework, reflect on what the balance is between H2 plus and H2 minus, and reflect on what we find.
How we want to do it	Process to be developed.
Link to HT2040	This work may surface an obvious "theme" that binds us all to an opportunity for testing our model. It will be imperative to ensure it is driven from the perspective of the long-term health and wellbeing of our citizens and built on a strong foundation of experience-based design.

4. Synergy with Healthier Together 2040

During this October meeting the Board will also be considering an update on the Healthier Together 2040 programme. It is important that the two papers are considered together.

Thinking innovatively about how to meet the needs of the focus cohorts identified will be critical to the success of the Healthier Together 2040 programme. The strategic approach to consider cohorts of population with clustered needs, rather than from a disease or service perspective is a shift in approach, which, to be successful needs a similarly different approach to transformation. The view of transformation leads is that this should be an approach rooted in collaboration, user centred design and empowering the programme team to discover, ideate, test and iteration. This is necessarily flexible, nonlinear and focuses on value delivery rather than upfront planning and control.

Transformation leads recommend that we pilot the approach described in this paper aligned to the phased approach with the population cohorts that will have Strategic Intentions developed through HT2040. This will enable the development of innovation, improvement and transformation concepts described into this paper into a tangible model and then continually adapt and improve as the delivery of HT2040 progresses and scales, enabling us to assess its effectiveness and inform future development.

5. Expected benefits from this approach

The Health Foundation has analysed the benefits of adopting improvement approaches which are grounded in well-evidenced learning.[3] By implementing the approach outlined in this paper, we would hope to drive benefits in these areas for our health and care system. In addition to these we also anticipate benefits for our staff who work as part of transformation and change projects and benefits in terms of reducing inequality of experience and outcome (described in more detail in sections 10 and 11).

Benefits for staff who work on innovation, improvement and transformation projects

[3] Health Foundation, The case for improvement, 2023

- Shared management approaches including a 'toolbox' of methodologies, techniques i.e. Model for Improvement, Lean, Six Sigma, Patient First, Quality Service Improvement and Redesign (QSIR).
- Shared learning opportunities.
- Shared training and development.
- Building inter-organisational relationships
- Space for innovation/creative thinking
- Networking
- Supporting co-production (including patient/service user engagement)
- Broader innovation, improvement and transformation subject matter expertise to provide advice/guidance and support to key system challenges and priorities.
- Better interface with system partners for alignment with transformation and strategy planning within partner organisations

Benefits for the workforce more generally

- Improved workplace culture
- More job control and higher satisfaction
- Development of key professional skills

Benefits for our patients, service users and society

- Improved access to appointments and services
- Reducing waiting times
- Smoother flow between services
- Prevention of issues emerging through earlier intervention and diagnosis
- Improved safety
- Improved experience through shared decision making and coproduction
- Improved outcomes through reliable adoption of best practices

Benefits for ICS organisations

- Consistent delivery of safe, high-quality care
- Effective focussing of scarce resources
- Cost avoidance due to improved patient safety
- Efficiency gains via removing waste, delay and duplication
- Productivity gains from faster technology adoption
- Improved staff recruitment and retention and reduced staff absences
- Improved workforce capability and capacity

Benefits for System Level Bodies

- Stronger collaboration across organisations
- Improved patient handover and flow between sectors
- More effective scaling of innovation.
- Better 'whole system' view of innovation, improvement and transformation agenda and key programmes

6. Financial and resource implications

The proposed approach will have financial and resource implications. These include:

1. **Opportunity Costs:** The establishment of multidisciplinary innovation and change teams will require the redeployment of resources. It is estimated that team members will need to dedicate 3-4 days per month to these teams, potentially involving up to 10 roles.
2. **Training and Development:** To support the new approach, each organization may need to contribute a small portion of resource for training and development.
3. **Project Management:** The ICB transformation hub will initially provide project management resources. In the longer term we will seek to redesign and absorb it within already allocated resources as there is likely to be an ongoing coordination function required.

7. Legal implications

This paper identifies the statutory duties and policy requirements related to innovation, improvement and transformation within section 1. The recommendations in this paper align to these.

8. Risk implications

Risk	Impact	Planned Mitigations
There is a risk that there will be insufficient resources to deliver the framework.	This could lead to benefits described not being realised or being realised at a smaller scale or slower pace.	Resource constraints are acknowledged and will be revisited as required.
There is a risk that the commitments outlined in the framework will not be met due to capacity pressures and competing priorities.	This could lead to benefits described not being realised or being realised at a smaller scale or slower pace.	Through the agreement of a compact, the expectations will be clear at Board level. This will inform decisions on prioritisation of work.
There is a risk to delivery of organisational benefits through the shift to focus on ICS benefits.	This could lead to a lack of confidence in the focus on ICS innovation, improvement and transformation, and potentially lead to disengagement and withdrawal of resource and capacity.	Comprehensive benefit mapping and analysis will be used to ensure organisational confidence that the benefits to the system are greater than the benefits that would otherwise accrue in individual organisations.

9. How does this reduce health inequalities

The strategic application of evidence based innovation, improvement and transformation techniques can play a pivotal role in mitigating health inequalities. By understanding disparities in access, quality, and health outcomes, we can identify and address gaps in care. Tailoring interventions to meet the specific needs of diverse populations and rigorously measuring their effectiveness will ensure that we deliver the intended benefits.

This approach will enable us to:

- **Identify and Address Disparities:** Conduct a comprehensive analysis of health inequalities within a particular problem area to pinpoint areas where interventions are most needed.

- **Tailor Interventions:** Develop targeted strategies that address the unique needs of different populations, ensuring equitable access to care.
- **Measure Effectiveness:** Implement robust evaluation mechanisms to assess the impact of interventions and make data-driven adjustments as needed.

10. How does this impact on Equality and Diversity?

Innovation, improvement and transformation techniques are essential tools for promoting equality and diversity. By seeking to understanding biases and discrimination and address these in the design of transformation initiatives, we can create a more inclusive and equitable environment.

This approach will enable us to:

- **Address Bias and Discrimination:** Identify and eliminate discriminatory practices, ensuring that all individuals are treated fairly and equitably.
- **Reduce Disparities:** Implement strategies to address disparities in access, quality, and outcomes, ensuring that all individuals have equal opportunities for success.
- **Enhance Accountability and Transparency:** Increase accountability and transparency by increasing openness about the issues, design and measuring impact. This will contribute to building trust and fostering a culture of integrity.

11. Consultation and Communication including Public Involvement

No requirement for public involvement in the paper, but codesign is an integral part of innovation, improvement and transformation practice. As such strengthening the user focus is one of the key principles described.

12. Summary of recommendations and next steps

Following a discovery process and codesign with system transformation leads, this paper proposes a 12 point plan for the development of a framework for system-wide innovation, improvement and transformation within BNSSG. The framework has four key components: Leadership and Culture, a Transformation Academy, Focused Priorities, and Governance and Understanding System Transformation Load. The aim is to scale and spread evidence-based improvement and innovation within the integrated care system, improving outcomes for the population.

The implementation of integrated design teams will require resources, primarily in the form of allocated release time. The expectation is that this would be a small team of stakeholders drawn from partner organisations for 2-3 days a month. This discovery process (described in Appendix 2) indicates the potential benefits of this approach would outweigh the costs.

The Board is asked to

- consider the discovery and the recommended 12 point approach to develop a framework.
- endorse the development of a system leadership compact.
- agree to pilot the approach with a strategic priority cohort such as those identified via the Healthier Together 2040 process.

Next steps:
If the Board agrees to the recommendations above the intention would be to come back to the Board in January with the next stages of work.

An indicative timeline is included at Appendix 5.

13. Appendices

Appendix 1 – NHS IMPACT Mandate

Appendix 2 – Discovery Phase

Appendix 3 - Virginia Mason Board Compact

Appendix 4 – NBT Compact

Appendix 5 – Indicative Timeline

Glossary of terms and abbreviations

NHS IMPACT	NHS IMPACT (Improving Patient Care Together) has been launched to support all NHS organisations, systems and providers to have the skills and techniques to deliver continuous improvement.
Horizon Model **Horizon 1 (H1)** **Horizon 2 (H2)** **Horizon 3 (H3)** **Horizon 2 Plus (H2 Plus)** **Horizon 2 Minus (H2 Minus)**	**Three Horizons** is a simple and intuitive framework for thinking about the future. **H1** is the dominant system at present – it represents 'business as usual'. **H2** is the entrepreneurial view - a pattern of transition activities and innovations. **H3** is the visionary view – introducing completely new ways of doing things. Horizon 2 Plus (H2 Plus): Aims to deliver Horizon 3 vision. Horizon 2 Minus (H2 Minus): Elements that support Horizon 1.
HT2040	A forward-thinking BNSSG project to address the needs of residents in 2040.
Innovation	This involves creating something entirely new or significantly different that adds value. It could be a new product, service, or process that didn't exist before.
Transformation	This is a comprehensive change or set of changes that fundamentally alters the way a system works. It often involves a major shift in culture, strategy, and processes to achieve long-term goals.
Improvement	This focuses on making existing processes, products, or services better. It involves incremental changes that enhance efficiency, quality, or performance.

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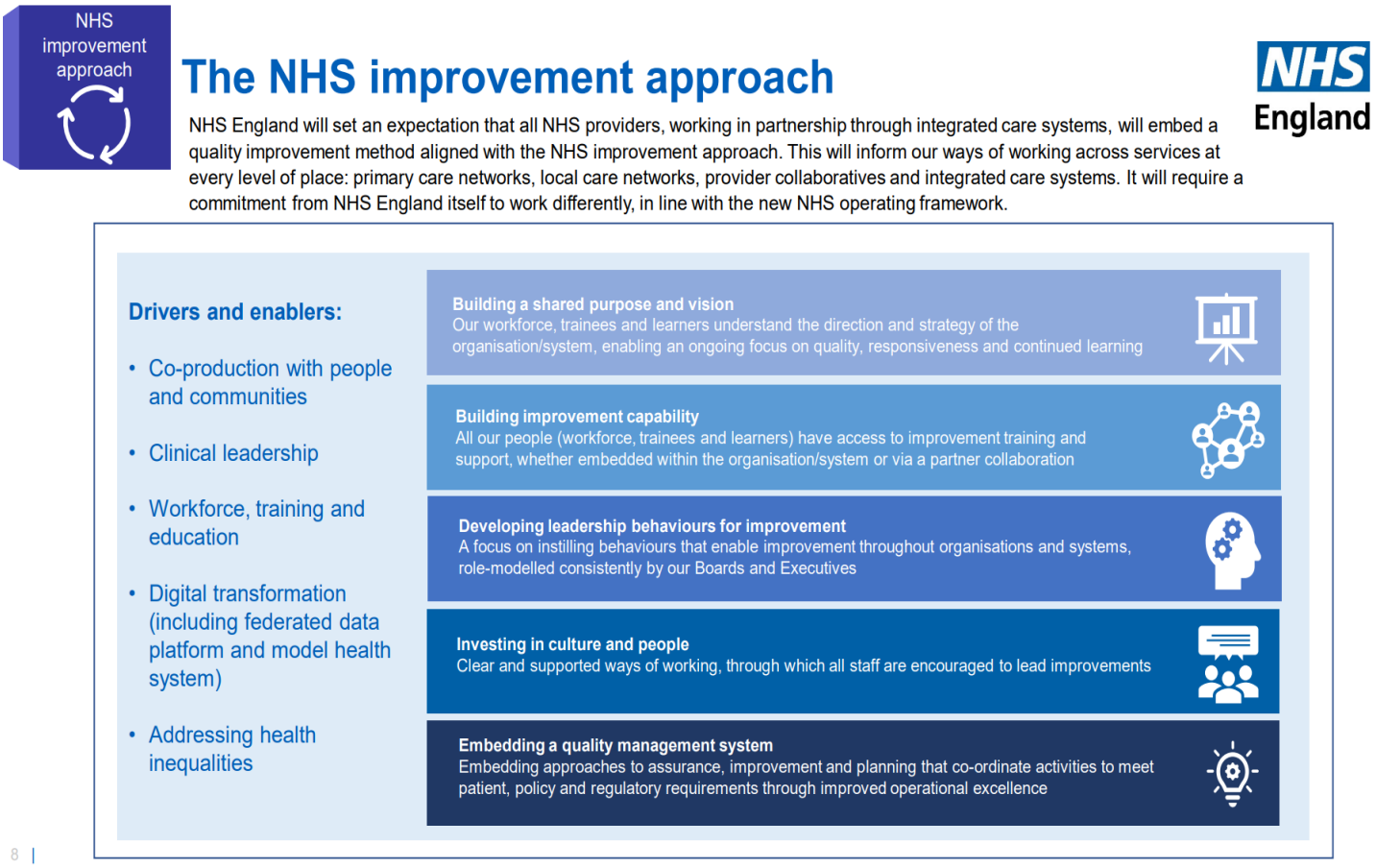
Appendix 1: NHS IMPACT (Improving Patient Care Together)

NHS England has introduced a framework approach for Improvement called NHS IMPACT. It has been launched to support ICSs to develop the skills and techniques to deliver continuous improvement. The NHS IMPACT approach is structured around five core components:

- Building a shared purpose and vision
- Investing in people and culture
- Developing leadership behaviours
- Building Improvement capability and capacity
- Embedding into management systems and processes



NHS England has articulated that when these five components of Improvement are consistently used, systems and organisations create the right conditions for continuous improvement and high performance, responding to today's key challenges, and delivering better care for patients and better outcomes for communities.

Appendix 2: Discovery Phase

Looking at existing information and learning

BNSSG transition from CCG to ICB Transformation Function:

In 2022 we undertook the discovery and design process that led to the development of the BNSSG Transformation Hub. The focus groups and leadership interviews highlighted we needed to address these commonly agreed issues:

1) We attempt to do too much and need to get better at prioritisation
2) We start projects without full clarity of underlying issues, interdependencies and having a real shared definition of the problem that all can parties agree
3) We don't spend time considering the design questions, being clear what it is needed to achieve the outcomes we need. We make many assumptions. This includes how we approach national mandates and must do initiatives.
4) We don't factor in all the resources that are needed to successfully deliver the change, innovation and improvement

In response to this, we developed the Gateway process and the Transformation Hub. This provides a refreshed approach to the reduced ICB transformation resource to focus on where clear value could be added and shapes a way of working that ensures that programmes and projects don't perpetuate the mistakes that were highlighted through the research.

The BNSSG Gateway process was designed drawing on the following areas of good practice. IHI, Virginia Mason Institute, South Central Foundation Alaska, Cabinet Office Major Projects Approach, Government Digital Services, OGC Gateway Reviews, Agile delivery methods, Patient First Improvement Methodology. The series of gateway checks have been designed to ensure that stages of initiatives are well defined before significant resource is allocated to minimise the risk of failure to deliver benefits and impacts.

Co-production across system partners, implementation commenced as part of ICB Transition the ICB Transformation Hug and Gateway approach was launched in May 2023

There has been intensive training and development for the Hub in Partnership with key experts including Nuka Foundation: Alaska, WEHIN, British Design Council, Local Universities. This has succeeded in establishing a culture of deep curiosity and constant learning. Starting with ICB staff but being offered out to wider system staff.

Areas for further development. The Gateway process and learning is being adopted by other systems and has demonstrated some great work in areas of high complexity. For example, the minutes of Bristol Health Overview and Scrutiny Committee website references the Gateway work on Children and Young People's neurodiversity: ModernGov - bristol.gov.uk

> A Member said it sounded very positive that teams of different professionals were now working together. The system was broken and he was glad this was being acknowledged. He agreed that more work needed to be done with parents so that they could help their children more.

Members concurred with the co-production and design principles for the pilot projects in schools. This was recognised as such a huge national problem and it was hoped this would start to put things on the right path.

The DoPH said she thought this direction of travel was right and it was good to see the ICB working across the system.

The Cabinet Member said it was incredibly important to understand what was going on and driving the figures.

However, the Gateway Process has also been perceived as a 'lot of work' and 'gets in the way of programmes getting on with delivery'.

There is a need to consider the burden of documentation with balance to ensure that we are not falling into the trap of missing key improvement steps that could risk delivery benefits and impact in favour of responding to operational and time pressures.

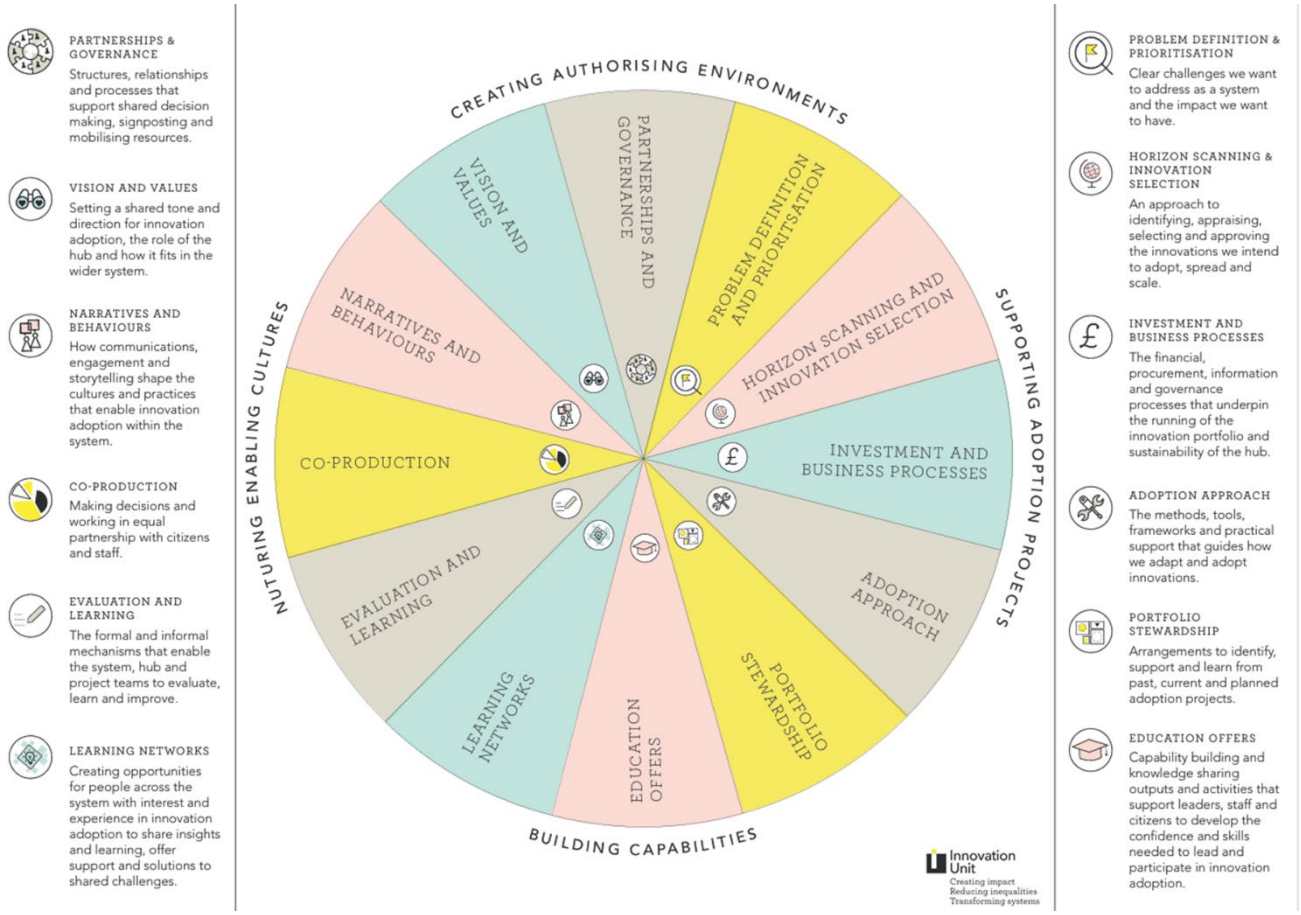
'It ultimately takes longer to do the wrong thing many times than it does to plan and design and test properly the first time around'

BNSSG Innovate Healthier Together

The Innovate Healthier Together programme was established in 2023 to explore how BNSSG embeds innovation into the health and care system and better understand the local opportunities and barriers. Delivered in partnership with Health Innovation West of England (HIWE) we established four workstreams:

1. **Developing innovation mindsets and supporting culture at all staff levels:** Focussing on the development of a system wide culture, nurturing innovation mindsets and supporting leaders to best support innovation activities.
2. **Innovation Push:** The adoption of innovation with a proven evidence base.
3. **Innovation Pull**: Identifying innovation needs and defining problems to find a solution to address a system challenge.
4. **Create an infrastructure that will enable the fast-track adoption and spread of new innovations and improvements:** Focussing on education and training, procurement opportunities, partnerships and networks – synthesising the knowledge gained from all workstreams into a blueprint methodology to embed innovation into health and care service design and delivery.

Through this programme, the HIWE team undertook a horizon scan and gathered insights from similar programmes from around the country. The Innovation Unit, an organisation that worked with four Health Foundation funded Innovation Hubs to better understand the optimum conditions for innovation adoption, developed a framework which is helpful when considering the key components required to build and sustain a successfully innovative system. These are represented in this infographic:



4

Lancs and N Cumbria ICS Engineering better care: Partnership with Cambridge University and Royal Engineering Academy:

In Jan 2022 the system began exploring ways to use engineering best practice to improvement the approach to system wide improvement**.** In October 2023 they shared their findings and results.

What was key to working well

- Working together as one system is key
- Identification of system issues and opportunities but bringing in local contexts
- Commitment of staff and team (time and resource)
- Face to face working (development of relationships)
- Protective time and autonomy to make change
- Collectively developed a new understanding of how to improve our health and care systems

Challenges

- Very broad scope needs to be refined into key design areas
- Must be aware and respectful of existing improvement work across the system (work already underway)

[4] https://www.innovationunit.org/thoughts/adopting-innovation-wheel/

- Needs consistency of engagement across Place team
- Programme and Improvement capacity is needed to support delivery at system scale (competing local & system priorities)
- No local system improvement experts: expertise in systemwide improvement is distinct from organisational centric change

Learning & Opportunities

- Development of a system improvement model and toolkit that sits alongside our local improvement approaches
- Holding our nerve (Dedicating the appropriate time, commitment and resource needed to make system level change)
- Development of peer networks and stakeholders' groups passionate to continue the work
- Executive sponsorship & commitment to make change happen and drive implementation

Systems that work do not just happen – they have to be planned, designed and built

Reference: Creating systems that work: *Principles of engineering systems for the 21st century, Royal Academy of Engineering* (2007).

Virginia Mason Medical Centre: Seattle, USA

An acute hospital system renowned for developing a new way of focusing on improvement that shifts the culture and the narrative into a space that is truly around people and creating the conditions for improvement.

Virginia Mason Medical Center is a non-profit organisation providing integrated healthcare across Seattle in the US. It has won various awards for clinical quality – making various lists of America's best hospitals for several years running.

Behind these awards and widespread recognition for delivering safe, high-quality care is an ambitious system-wide change programme launched back in 2002. It adopted the basic principles of the Toyota Production System, renaming it the Virginia Mason Production System (VMPS).

The programme effectively targets the perfect patient experience, free from errors and defects. It recognises that staff know what the problems are and have the best solutions
– so it supports them to identify and implement improvements.

It uses lean management techniques to continuously improve quality and safety, eliminating waste and reducing costs. The benefits are patient-focused – more value-added time spent with providers, less delay waiting to see doctors or waiting for tests, and safer services.

Reference: Virginia Mason: *The way forward, HFMA* (2016).

Nuka Health System: Alaska

- 'The Nuka System recognised as one of the most transformational primary health and care systems in the world their approach to human centred design is deeply embedding across the entire system' Prof Don Berwick IHI.

- In the Nuka System, strong relationships between primary care teams and patients (known as customer-owners) have helped manage chronic diseases, control health care costs, and improve the overall wellness of the people we serve. Recognising that individuals are ultimately in control of their own lifestyle choices and health care decisions, Nuka focuses on understanding each customer-owner's unique story, values and influencers in an effort to engage them in their care and support long-term behaviour change.
- The focus on relationships extends beyond health care delivery. To ensure whole system transformation, each key work area across the system was redesigned – including workforce development, compliance, human resources and finance – to ingrain an organisation-wide focus on relationship-building and shared decision-making.

Reference: Gottlieb, K. (2013). The Nuka System of Care: improving health through ownership and relationships. *International Journal of Circumpolar Health.*

New Zealand Health Care Transformation:

Health systems worldwide are trying to shift towards a learning system to deliver people-centred, holistic and equitable health care. Large-system transformation (LST) initiatives that capitalise on key features of complex adaptive systems may be more likely to achieve the desired shift. Initial research into what was essential to drive transformation

- an alliancing way of working;
- a commitment to Te Tiriti o Waitangi[5]
- an understanding of equity
- clinical leadership and involvement
- involved people and community
- intelligent commissioning;
- continuous improvement;
- integrated health information
- analytic capability
- dedicated resources and time.

Reference: Sharma, K. (2021). Implementation of large-system transformation initiatives in the New Zealand health system.

All of these findings from the examples above align well with the framework set out by NHS Impact but also give greater focus to a few specifics.

- The importance of leadership and culture, Leaders don't have all the answers but they can help to make sure there is the right conditions, capacity and capability in the system.
- Bold steps into human centred design is at the forefront in all the world class examples.
- Giving permission to system wide teams to take the work forward with the time, support and resource
- Strategic patience is required - these changes take 2- 10 years (Kotter, J.1995).
- The work you already have in progress can get in the way – make sure it aligns

Health Foundation Leadership to achieve transformation

We also need to recognise transformational change places huge demands on leaders. They must inspire sceptical workforces, be highly visible in their organisations yet also manage

[5] Te Tiriti o Waitangi framework | Ministry of Health NZ

external stakeholders. They must be approachable and empathetic, and maintain their own energy and sense of optimism. And through it all, they need to deliver against a demanding set of performance targets which leave very little room for manoeuvre. This requires not only a diverse set of capabilities, but also boldness to take risks.

Gaining current insights from BNSSG improvement leaders and experts

Since May there have been over 40 interviews with leaders across the system to understand how they believe we should be focused on develop a system wide Transformation Framework. These interviews sought to understand what areas connected our experts and leaders and where they believe we need to focus as well as enlisting their innovation, inspiration, ideas and wisdom.

The interviews focus on the following questions.

What are the barriers to successful transformation in our system?
What do we need to do differently to achieve the Horizon 2 focus?
What needs to be in place to enable us to deliver?

Findings and Insights

The core findings highlighted that the 2022 insights were still very relevant issues to continue to address together. There were some additional aspects of clarity and detail that the review team felt was important to highlight. The section below sets out components of narrative, key messages and synergies.

Question 1 What are the barriers in our system to delivering transformation.

1

We do not currently have a culture that really lends itself to improvement and learning as we are performance driven and transactional. This is a big leadership ask to give time and space to the future when we have operational, financial and performance pressures. How will we do that?

2

We still are trying to do too many things and spreading the resource we have too thinly we have to find a way to focus on less. That was we will make greater improvements.

3

We are in an action bias space rather than having strategic patience to allow large scale transformation to take hold and deliver intended impact - this takes years not months. All the health systems in the world who have achieved radical reform have been on the same path for many years, they have a relentless focus and don't deviate

We are stuck between competing demands there is so much going on in each organisation that maybe duplicating. We just don't know as we don't have a shared overview – and not really clear if its ok to share that level of detail.

Our approach to human centred design is not bold or embedded. We engage people and have lived experience experts but we are not really considering how to transform to give a radically different experience. The light bulb was not developed by having a team who kept focused on a better candle.

The expertise of transformation leaders and improvement professionals in the system is not often valued or consulted. We want everyone to be an improver and feel that it is their responsibility and we can advise on the best was to get things done – if we are asked.

We don't have the time or space to do design or innovation well - and we must stop the design and answers coming from a top down leadership or NHSE lens. We need to connect the people who do the work across the system including VCSE and communities and give them permission to explore designs and encourage their innovation.

The answer is not more funding, it is frustrating to see that we keep investing in new initiatives when we know the real opportunity is to redesign not just to add more of everything, that's not improvement it's just lazy.

We don't seem to have the breadth of improvement knowledge and understanding that we need in our workforce. We need embrace this in earnest.

Our system culture hinders innovation

Through the Innovation Healthier Together programme, the Applied Research Collaboration (ARC) West was commissioned to undertake qualitative research exploring BNSSG ICSs senior leaders' attitudes to innovation. The results of this study identified that there was a high stated commitment to innovation and innovative behaviour among participants, but that organisational and system capacity is not sufficient to actually enable the implementation of innovation and its integration into processes and services. Deploying complex innovations across organisations and systems, requiring investment, careful change management, objective, formal evaluations and shared learning, were seen as challenging in resource-poor environments.

The study identified that innovation was perceived as greatly needed and highly valued, but that there was concern for colleagues being asked to do more, and to be innovative, while working at a time of unprecedented pressure. The inherent risks in innovation were recognised, as was the risk of doing nothing at all, noting also the burden of risk of an innovation sitting with one ICS partner with the benefit being realised in another. The benefits of working in the wider system were acknowledged, but there was a perceived misalignment with the agile innovation culture they were keen to nurture, and the multiple levels of regulation and governance required.

The observations summarised in this study align to the components articulated in the Innovation Adoption Wheel framework and have been closely considered in shaping the Improvement, Transformation and Innovation approach proposed in this paper.

We do not focus on user experience anywhere near enough

Our discovery process has revealed a significant gap between our acknowledgement of patients as customers and our actual focus on their experience. Despite the NHS Constitution's commitment to patient centred care, we have fallen short in designing services that truly meet people's needs and preferences.

This oversight has far-reaching implications. Neglecting customer needs and experience hinders operational efficiency and effectiveness, stifles innovation and risks undermining the purpose of the NHS – improving the health and wellbeing of people. Other se[6]ctors, particularly those driven by

[6] HYPERLINK "https://scfnuka.com/a-deep-dive-on-nuka-system-of-care-performance-data/"A Deep Dive on Nuka System of Care Performance Data (scfnuka.com)

market forces, have made significant strides in user centred design. By authentically engaging with customers and co-producing services, they have achieved remarkable results in delivering products which meet people's needs.

We can learn from examples of how this has been done in other healthcare systems internationally. For example, the Southcentral Foundation in Alaska, has centred its operations around the concept of 'customer ownership'. Their focus on convenience, accessibility and patient feedback has led to substantial improvements including a 44% decrease in emergency room visits and high levels of patient and staff satisfaction.[7]

Question 2: What do we need to do differently to achieve the Horizon 2 focus?

Firstly, the three horizons focus is helpful – as it gives us a framework particularly the H2 Plus and H2 Minus sections. We spend a lot of time on H2 Minus work supporting the current practice in service of performance. Ironically, the solution to the performance challenge often lies in the H2 Plus space that we never get to.

So, what we need is to shift our focus to H2 Plus or at the very least to be conscious of where our resource, capability, capacity and funding is allocated.

- We need to share what we are all working on so we can see what the improvement load on the system really is then we can deploy it to the right place.
- Free up leaders from the burden of trying to have the answers, give the permission and mandate to staff groups who co-design with our population and communities – these should be set up in service of the H3 vision build on the work of the High Impact Teams. We have a real opportunity with HT 2040 to do this differently.
- Drawing the system wide Improvement Directors together with permission from our organisations to give oversight to the current landscape of improvement so we can help identify the gaps and opportunities.
- Create the culture that values H2 work as a discipline and underpins us working differently.

Question 3: What needs to be in place to enable us to deliver?

Create the leadership culture that sets out how we work on innovation and improvement -

- Leaders need to support the success by **creating the conditions** alongside the cultural shift to allow teams the space to design and work together. Being open to new ideas and actively encouraging new and bold ideas
- Build on the work done by Virginia Mason and the NHS Trusts that have adopted that approach by developing a **transformation leadership compact** that sets out how we will work together across the system
- All ICB Board members undertake **improvement training and development** actively bult into board development and seminars

Define a Framework

- People need a model and approach to connect to. This could be a **Transformation Academy**

[7] A Deep Dive on Nuka System of Care Performance Data (scfnuka.com)

Suggest there are two strands within this

  - **Design and delivery workstream**: Creating and supporting integrated design and delivery teams who are afforded the time and space to improve/ transform a specific areas of the health and care system. This workstream within the Academy would recruit, convene, train, and wrap around the Design Team to help them deliver. This would fold in the work that IHT have been running on innovation fellowships.
  - Development workstream: share learning opportunities developing a **system wide improvement and transformation curriculum**. We have massive expertise and partnerships already to draw upon. Virginia Mason, Nuka Alaska, Health Foundation, Innovation Unit and our local universities are an area to connect more. This will help our transformation and improvement teams connect more and develop shared / common approaches and ways of working together. This would form the educational strand of the Transformation Academy. This would support the design and delivery component
- We need to embed innovative creative thinking into the framework and this is often best delivered with human centred design approaches. We have previously done the work with the UK Design Council why not embed that approach within our framework

Being clear of our focus - a small number of priority areas

H2 needs to be predominantly in service of H3 i.e. support the requirements of HT 2040. It is noted that we cannot ignore H2 Minus in support of H1. But a significant rebalance is needed. Suggestion: define a few key areas of large-scale transformation that is needed such as HT 2040 proposal around Long Term Conditions and /or Section 117 and some areas of key performance improvement e.g. the NHS Improvement Board focus on UEC, Elective Care, Primary Care and Maternity.

Governance and understanding the 'improvement load' across our system

- Having a **shared systemwide transformation dashboard** Actively categorising and tracking all change activity in the system. As we have to understand the choices we are currently making as a system and where we are deploying our collective resources.
- The existing governance provided by the Gateway Panel is extended to include system improvement directors and ToRs are adjusted to advise and support across the improvement and programme portfolio across the system. We will need to consider how this supports and links to HCIGs however given the importance of transformation and improvement it is suggested it adopts the same level priority reporting directly to the systems CEO group. This group will give assurance to SEG that the structure and best practice processes are being adopted for all improvement initiatives.

Appendix 3: Virginia Mason Board Compact

VIRGINIA MASON MEDICAL CENTER BOARD MEMBER COMPACT

Organization's Responsibilities	Board Member's Responsibilities
Foster Excellence • Facilitate the recruitment and retention of superior board members • Provide a process for regular, written evaluation and feedback through annual board self-evaluation • Provide a thorough orientation process for new board members • Support governance excellence with adequate board resources **Listen and Communicate** • Share information regarding strategic intent, organizational priorities and business decisions • Offer opportunities for constructive dialogue • Report regularly on implementation of strategic plan and achievement of specific board objectives • Disclose to and inform board on risks and opportunities facing the organization • Provide materials to members necessary for informed decision making sufficiently in advance of board meetings **Educate** • Provide information and tools necessary to keep members informed and educated on local and national health care issues • Provide educational and training opportunities to maintain a high level of board member effectiveness and knowledge • Educate board members about organization, its structures and its guiding documents **Lead** • Manage and lead organization with integrity and accountability • Create clear goals and strategies • Continuously measure and improve patient care, service and efficiency • Resolve conflict with openness and empathy • Ensure safe and healthy environment and systems for patients and staff	**Know the Organization** • Know the organization's mission, purpose, goals, policies, programs, services, strengths and needs • Keep informed on developments in the Health System's areas of expertise, and on health care policy and future trends and best governance practices **Focus on the Future** • Spend three fourths of every meeting focused on the future • Consistently maintain a current and vital strategic plan **Listen and Communicate** • Actively participate in board discussions • Participate in educational opportunities and request information and resources needed to provide responsible oversight • Provide and accept feedback • Represent the board to the organization and be an advocate for the organization in the community **Take Ownership** • Attend meetings • Ask timely and substantive questions at board and committee meetings consistent with your conscience and convictions • Prepare for, participate in, and support group decisions • Understand and participate in approving annual and longer range financial plans and Quality & Safety oversight • Make an annual, personal financial contribution to the organization, according to personal means • Serve on board committees or task forces **Promote Effective Change** • Foster innovation and continuous improvement • Pursue necessary organizational change

Appendix 4: NBT Compact

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Executives	Leaders
We will bring our Trust Values to life through having the courage to embrace and role model our positive behaviours	
We will trust the process, embrace the learning, and not waiver	
We will hold uncertainty and manage ambiguity for our people	
We will resource you and create safe headroom for long term delivery (time, headspace, focus, training etc)	We will optimise our existing resources first before asking for more
We will be consistent and have clarity in what we ask you to do, and be aligned to our strategy	We will be data and evidence driven and have permission to say no where the evidence supports this
We trust your decision-making	
Be visible, go and see, seek to understand	Lead by example and learn the methodology
Celebrate success & embrace failure	
We will scale up & spread best practice	

Appendix 5: Development Timeline