



**Institute for Innovation
and Improvement**



Strategic plan overview
2006/07

Introduction

from the Chair and the Chief Executive of the NHS Institute for Innovation and Improvement

Contents

- 01 Introduction
- 02 The role and vision of the NHS Institute
- 03 How we work
- 04 The benefits we are working to achieve
- 05 No Delays – Achieving the 18-week target
- 06 Addressing healthcare-associated infections
- 07/08 Supporting the primary care/long-term conditions agenda
- 09 Delivering quality and value
- 10 Building capacity and capability for innovation and improvement in the NHS
- 11 National Innovation Centre
- 12 How we are funded and measured
- 13 What you can expect from the NHS Institute
- 14 How we will deliver our services to you
- 15 Getting involved
- 16 Key facts about the NHS Institute

Foreword

The NHS Institute for Innovation and Improvement was established in July 2005. Since then we have identified and are working on a number of priority areas to support the NHS with some of the biggest challenges it is currently facing. I hope that this shortened version of the NHS Institute business plan will help you gain a broader understanding of the work that is currently being undertaken, and the ways in which we are here to collaborate with you, our stakeholders, to make a real difference to the NHS.

Our aim is to be highly valued by NHS professionals working at the front line, by helping to improve service delivery and fostering innovation. We will be rightly judged by the value the NHS Institute adds, in real terms, to those working within the service.

Dame Yve Buckland
Chair, NHS Institute for Innovation and Improvement

Eight months ago as a Strategic Health Authority (SHA) Chief Executive I used to regularly receive publications like this setting out the case for improvement and innovation. I know how many competing claims you face for your attention and recognise that we are currently experiencing particularly challenging financial conditions within the NHS. I am convinced that the improvement agenda is now more important than ever, and accept that it is our responsibility to make this relevant to you, our stakeholders. We will shortly be embarking on a major programme of engagement with you, and this summary is a first part of that process.

Bernard Crump
Chief Executive, NHS Institute for Innovation and Improvement



The role and vision of the NHS Institute

The NHS Plan published by the Government in 2000 describes a fundamental reform of the NHS. Funding of the Service has increased significantly. In return, the Service must achieve increases in efficiency and effectiveness. The fundamental challenge to the Service is to raise its game and adopt best practice across the board, in order to deliver the level and quality of healthcare that society requires.

Within this context, the NHS Institute for Innovation and Improvement has been established to support the transformation of the NHS by dedicated focus on leveraging innovation and adopting best practice across the Service.

NHS Institute Mission Statement

To improve health outcomes and raise the quality of delivery in the NHS by accelerating the uptake of proven innovation and improvements in healthcare delivery models and processes, medical products and devices and healthcare leadership.

We will accomplish this by deploying innovation and improvement that has a direct impact on:

- improving health outcomes across the NHS
- improving the operating performance of the Health Service, both in quality and cost
- building capability and change capacity in the Health Service.

How we work

The NHS Institute was established in 2005. The NHS Institute, and our way of working, is based on a number of fundamental principles which guide our activities and interactions with the NHS.

Our products

The NHS Institute creates NHS-specific, high-impact products. We will turn breakthrough innovations, ideas and improvements that prove to deliver a significant positive impact on patient care into 'packages' that will ultimately raise awareness, ease implementation and accelerate adoption.

Working with practitioners

The NHS Institute identifies and develops ideas to improve NHS performance, and creates products that help these ideas spread. We involve frontline organisations and practitioners in product

development, both to support development and to create buy-in. Practitioners themselves will implement our products, motivated by the evidence base we accumulate during product development and testing. By working with practitioners to develop products and roll them out, the NHS Institute does *not* need large numbers of staff itself.

Commissioners

Our products will help commissioners in their role, and a particular focus of work will be to develop the commissioning capability of primary care trusts (PCTs).

Staying relevant

We believe the NHS Institute can succeed only if we are relevant to the NHS. Our influence will grow over time through the acceptance and impact of our products, not through an inflated headcount or an ever-expanding list of projects.



Engaging stakeholders

We actively seek stakeholder participation at all levels, from governance to product feedback, and will continue to develop mechanisms to make this participation smoother and more effective.

Measuring our impact

We are committed to an evidence-based approach in all our activities and the associated benefits. We are currently developing a scorecard involving both 'hard' and 'soft' metrics to allow us to monitor the adoption and impact of our products.

Learning from experience

As our products are developed and released to the NHS, we are learning how to improve our design, testing and stakeholder involvement to achieve better results and communicate more effectively. This ability to learn will allow us to increase our impact rapidly and is a fundamental aspect of how the NHS Institute works.



The benefits we are working to achieve

All NHS Institute activities are driven by one goal: to improve a specific aspect of the NHS that it deems valuable or relevant. Below is a summary of the benefits we seek to achieve, and for whom. To achieve these, we are pursuing a number of priority programmes. The first three priorities will be completed by September 2006; the remainder are a continuing focus for the NHS Institute:

- *No Delays* develops diagnostic tools and specific treatments to address the systemic causes of unnecessary waiting, such as process bottlenecks and disjointed management. Our work is focused on improving the patients' experiences.
- *Addressing healthcare-associated infections* is creating specific tools to combat MRSA, C diff, and other healthcare-associated infections (HCAIs), while also working to make all HCAI resources available to the widest range of practitioners.
- *Primary care/long-term conditions* is working to specify the changes needed to bring the treatment of long-term conditions into the community, which will benefit both patients and the NHS.
- *Delivering quality and value* focuses on selected high-impact healthcare resource groups (HRGs). For each HRG, we analyse the processes followed by the top performers and develop tools to roll out this best practice to other organisations. The objective is for 90% of the bottom quartile to perform at the 2004 average by the end of 2008.
- *Building capacity and capability for innovation and improvement* is an overarching priority that aims to develop the NHS at a system level,

by introducing radical new ideas and enabling individuals, teams and organisations to develop, accept and benefit from better ways of doing things.

- *The National Innovation Centre (NIC)* is being funded as a Healthcare Industries Task Force (HITF) recommendation to help catalyse the input of technology innovation into the NHS and nurture ideas from NHS employees. The NIC will help to bring new ideas into the NHS for the benefit of patient care.

No Delays

Achieving the 18-week target

Unnecessary waits create adverse effects for millions of patients each year, both in terms of negative experiences and financial costs. Eliminating unnecessary waiting times is a major objective – and a huge challenge – for the NHS.

The NHS Institute is working to reduce delays, based on the belief that the whole patient journey should be the focus of management, rather than the fragmented, poorly coordinated approach still frequently found today.

Our diagnostic tool, which will be rolled out in the first half of 2006, will help staff at the front line identify causes of delay, such as process bottlenecks and mismatch between different stages of treatment.

We are also developing a 'treatment box' of solutions which can be implemented to address most of the causes of delay,

giving clinicians and other staff clear guidance on how to resolve the issues identified by the diagnostic tool. Our two products, the diagnostic tool and treatment box, are being explicitly linked so that they work together seamlessly.

We are working together with other NHS organisations to meet the target of reducing waits to 18 weeks by December 2008.

If NHS targets are met in full, about 800 million patient wait days will be saved each year.

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Addressing healthcare-associated infections

In total, all HCAs cost the NHS at least £1bn per year and lead to 5,000 deaths.

The impact of these infections is far-reaching:

- on patient care: the anxiety, illness and complications they cause can prove fatal
- on safety: patients need to feel they are in a safe environment, and there is evidence of patients refusing care to avoid exposure to HCAs
- on efficiency and productivity: HCAs lead to increased lengths of stay (eg an additional 21 days for C diff) and increased drug costs.

Four national organisations are contributing to the overall Department of Health (DH) programme to combat HCAs. Within this, our role is twofold:

- to bring an increased focus on HCAs for key stakeholders
- to support the adoption of best practice.

The national target is to reduce MRSA by 50% by 2008.

We are developing specific products to help spread best practice, focusing on key target audiences such as hospital ward staff and hospital infection control units.

We are also compiling a catalogue of HCAI resources which can be referred to by any healthcare professional to locate the information they need.

The HCAI team will work with other national organisations and DH, using the research they have undertaken to date into the public's and patients' views on HCAs, to support any national campaign that may be planned.



Supporting the primary care/long-term conditions agenda



The White Paper *Our health, our care, our say: a new direction for community services* outlines the Government's vision of community-based care. It builds on broader public sector reforms, allowing people to live more independently and exercise greater personal choice.

To deliver this, we need to see a significant shift in the way care is delivered, away from the 'one size fits all' reactive approaches usually delivered in hospital settings to community-based, responsive, adaptable services.

This Priority Programme works with a range of field sites to establish how far this vision has been adopted locally and to further develop our understanding of how to deliver the shift (across a range of themes) and how to accelerate this change for learning, adoption and spread across the NHS.

The main focus of our work with the field sites will be the management of long-term conditions, reviewing and fundamentally redesigning support and care for those with such conditions so that the system is person-centred. However, this will not be the sole focus, as we recognise that field sites may also wish to focus on underpinning themes and cross-cutting issues.

Delivering quality and value

The Delivering quality and value team focuses on improving the national performance of selected high-impact healthcare resource groups (HRGs).

For each HRG chosen, we analyse the processes followed by the top performers and develop tools to roll out this best practice to other organisations.

The target is for 90% of the bottom quartile to perform at the 2004 average by the end of 2008.

While a group of approximately 10 HRGs can be covered by the NHS Institute over a typical 12–18 month Priority Programme period, it is likely that a second wave of HRGs may extend this Priority Programme for another such period.

As an additional activity, the Delivering quality and value team is also systematising its own learning on how to extract best practice and make it accessible, particularly to the lower quartile trusts. This knowledge will be codified in a set of steps and processes which can then be used by other NHS organisations to perform the same work on further HRGs.

The target is for 90% of the bottom quartile to perform at the 2004 average by the end of 2008.

With this, the initiative to raise standards across HRGs can be continued once the NHS Institute winds down the Delivering quality and value priority programme.

This Delivering quality and value tool may prove of particular interest to specialist trusts, which could focus on the specific HRGs that are critical to their own strategy but that don't have a high profile at a national level. We are also following up our first publication on productivity, the *Delivering quality and value focus document*, with further practical help to organisations that need to know how to improve the quality and value of their work.

Supporting the primary care/long-term conditions agenda – continued

We will undertake speedy evidence and experience reviews to further refine the best practices in themes.

We will distil the learning from the reviews into a set of concepts and test them in a small number of field sites, collectively covering all the themes. We will also provide intensive analytical and redesign expertise to the sites.

We will create a delivery package of evidence-based practice for accelerating the shift, which we will also test with the field sites.

We will link the dissemination to the mainstream NHS planning, performance management and benefits realisation processes (eg Integrated Service Improvement Partnership (ISIP)).

The field sites began testing in April 2006 and will conclude by the end of December 2006.

...we need to see a significant shift in the way care is delivered, away from the 'one size fits all' reactive approaches usually delivered...



Building capacity and capability for innovation and improvement in the NHS

The current NHS reform agenda signals radical changes in goals, relationships and structures, with a shift to local leadership. To deliver improved care in this new environment, new skills and capabilities will be needed at individual, team, organisation and system levels.

The NHS Institute is a catalyst for this change. We create high-impact knowledge, learning and leadership, working with the NHS and educators to deliver capability building.

We are building specific capabilities for innovation and improvement, which include:

- pursuing specific programmes such as Clinical service improvement, which brings concepts from industry into the healthcare environment
- making innovation and improvement mainstream in undergraduate and postgraduate curricula
- identifying and supporting the development of skills that are critical to other NHS Institute priorities.

We are incubating new ideas: identifying, creating, testing and translating new ideas for faster, more effective change.

Building capacity and capability for innovation and improvement (and other priorities) is underpinned by a number of development initiatives for leaders across the NHS. These include:

- Graduate Management Schemes for general, human resources and finance trainees. These highly-regarded and well-established programmes now recruit over 200 new trainees each year, with the support of senior leaders in all NHS organisations. The schemes celebrate their 50th anniversary this year.
- The Breaking Through programme for leaders from black and minority ethnic backgrounds – providing accelerated development opportunities and mentoring support to facilitate entry to higher levels of NHS management.
- Gateway to Leadership, which brings leaders from outside the NHS to management positions within it, via a structured induction programme.
- A board-level development portfolio which provides a suite of development interventions for Chief Executives and Directors. Opportunities include national and international development programmes for individuals and teams, focusing on successful

leadership behaviours. The portfolio also includes access to accredited executive coaches, action learning sets, induction programmes, and a chair and board appraisal tool.

- The development, in conjunction with medical, professional and regulatory bodies, of a medical management and leadership competency framework. It applies from the undergraduate curriculum through postgraduate training to Consultant and General Practitioner positions and senior medical leadership roles.
- The NHS Leadership Qualities Framework – our definition of the capabilities and qualities of successful leaders. It is incorporated into the leadership development arm and underpins all of the programmes described above.

National Innovation Centre

The NHS approach to adopting new technology and products has been described as 10 years behind that of other developed economies (*Securing our future health: taking a long-term view*, Derek Wanless, HM Treasury, 2002).

Because of this, the HITF recommended the creation of a National Innovation Centre (NIC) to foster innovation in the uptake of medical products and technologies.

The NHS Institute is now responsible for the set up and funding of the NIC, which is already under way. The NIC is also involved in the support of the regional NHS innovation hubs, as well as the adoption and training hubs which are currently under development.

By identifying promising technologies and providing investment to the best innovative ideas coming from healthcare, the NIC plays an important role in bringing good ideas into frontline practice where they can have the greatest impact on patient care.

An innovation landscape project is under way with partners to assist innovators in navigating routes around the NHS landscape. This project is likely to have a major impact.

The NIC will help to build innovation networks with partners and other stakeholders such as the Department of Trade and Industry, the Knowledge Transfer Network and industry at both local and international level.



How we are funded and measured

The NHS Institute was established as a Special Health Authority under section 11 of the NHS Act 1977.

The NHS Institute’s governance structure operates at two levels and reflects the framework of DH’s proposed model:

- NHS Institute governance
- priority governance.

The NHS Institute will use a consistent scorecard approach to monitor the benefits and impact of each priority and its projects. The scorecards will then be consolidated, monitored and tracked against strategic objectives. The scorecards will be refined over time as appropriate.

Dimension	Definition	Example metrics
Completion	<ul style="list-style-type: none"> • Did the NHS Institute deliver what it was paid to do? • ‘On budget’ 	<ul style="list-style-type: none"> • Milestones • Deliverables
Adoption	<ul style="list-style-type: none"> • Are the products showing positive signs of future adoption? • Have organisations made a commitment to use or apply the products/advice? 	<ul style="list-style-type: none"> • Quality of products: positive feedback on customer satisfaction survey of pilot and early adopters • Product awareness as a percentage of target audience organisations after six months and one year (via staff survey) • Accessibility (to be defined) and quality of marketing approach

What you can expect from the NHS Institute

Our promise to you

- All NHS Institute products will demonstrate proven value before they are rolled out through our rigorous process of testing and co-production to maximise impact and minimise risk.
- We will make our products as easy for you to implement as possible through highly adaptable designs to meet the specific needs of your organisation and we will provide guidance on implementation.
- We will actively seek ways of involving you.
- We will measure our impact for everything that we produce.
- We will be continually self-critical in our search for finding better ways of doing things.

What we need from you

- If you think what we do isn’t working, let us know. Tell us how we can improve.
- If you have any other suggestions, please get in touch.
- Please get involved in co-production with us.



How we will deliver our services to you

The NHS Institute will work in a range of ways to encourage innovation and improvement in the NHS. Our work will include:

- products and solutions
- advice
- guidelines
- future scenarios
- network development
- knowledge management
- influencing policies (interaction with review teams)
- intellectual property management
- some financial support (NIC Innovation Fund only)

We will also use a wide range of methods of making our work available and putting it into practice. These could include:

- publications
- websites
- practice partner network
- field testing
- action learning sets
- clinical supervision
- webcast/phone calls/teleconferences
- accreditation (linked to franchising)
- portal
- taught programmes
- convening
- fellowships (secondees programme/alumni)
- coaching
- conferring – initiation/set up
- conferences – presentations
- consultancy
- structured visits (including international)
- collaborative breakthrough
- mentoring
- awards

Getting involved

There are a number of ways to work with the NHS Institute. We engage with the NHS in permanent networks and priority-specific involvement networks, including:

- priority reference groups
- co-production teams within a priority
- practice partner network
- general stakeholder base.

As part of the NIC, we intend to offer an opportunity to apply for smaller grants in support of stimulating innovation.

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Key facts about the NHS Institute

The NHS Institute:

- was established in 2005
- targets a working complement of 170 full-time employees
- has a total budget of £70m per annum for three years
- is located at the University of Warwick campus.

The Board

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Find out more...

To find out more about any of our specific areas of work, please contact us using the details given below.

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You can also visit our website at www.institute.nhs.uk

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