



**Healthcare
Innovation
Consortium**

Because innovation is everyone's business, we've made it ours



Healthcare Innovation Consortium – Northern Ireland Research and Innovation Network – Discovery Phase Stakeholder Engagement

April 2024

Introduction

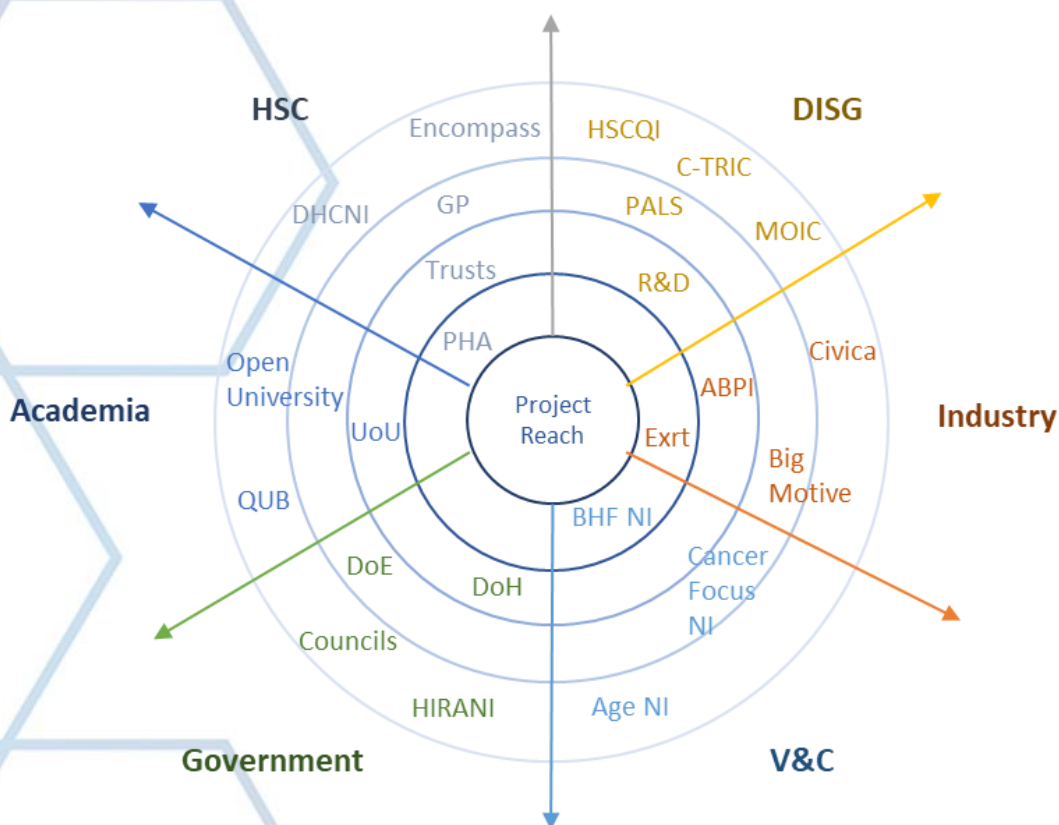
To ensure the report was truly representative of opinions and insights across the region, we involved a wide range of stakeholders, both inside and outside the Department of Health and HSCNI. A key aim of stakeholder engagement was to grasp their diverse perspectives, experiences, and influences on the innovation and research ecosystem; as well as developing strong, lasting connections with current and potential partners for future work. We sought to understand their level of engagement, interest, and ability to support future phases of work and critically, delivery of a new innovation model across Northern Ireland. Within this section, the methods, strategies, and topics covered to create this report will be explained. Through surveys, open discussions and inclusive participation, we aimed to gather valuable insights and shape a shared vision for advancing research and innovation in Northern Ireland.

Approach to Engagement

A stakeholder engagement strategy was devised and agreed on at the start of the project. The HIC project team formulated a stakeholder template which was populated by the DHCNI project team. Stakeholders were categorised based on their roles and expertise, and engagement methods were tailored accordingly.

At the start of the project, DHCNI reached out to all stakeholders to introduce them to the project and HIC, fostering trust and credibility. From then onward, HIC directly engaged with stakeholders to administer surveys, extend workshop invitations, or schedule one-on-one interviews. Further details regarding the engagement methods are provided below.

Currently, our contact database comprises **265 individuals** encompassing various domains such as clinical, operational, academic, commissioning, entrepreneurial, and policy realms. The diagram below illustrates the stakeholder groups to which some of our contacts are affiliated. A complete summary of stakeholders who actively engaged to form this report can be found in Appendix VI.



Engagement Methods

To involve our stakeholders effectively, we tailored our approach to match each group's unique value and contribution to the project. We used surveys, interviews, and workshops to gather a range of perspectives and insights crucial for progressing healthcare innovation in Northern Ireland.

Surveys

Customised online surveys were developed for various stakeholder groups and disseminated to individuals identified as key stakeholders by the core project team. These surveys delved into stakeholders' experiences within the HSC, ongoing innovation collaborations, familiarity with internal and external stakeholder networks, perceived barriers to innovation and collaboration, and resource requirements for future enhancements. The complete set of survey questions for internal and external stakeholders is provided in Appendices I and II, respectively.

Interviews

A series of one-on-one interviews were conducted to gain an overview of HSCNI's research and innovation capabilities and to glean insights into areas where improved coordination, collaboration, and alignment could enhance effectiveness. These interviews, lasting 30 to 45 minutes, were conducted with key priority stakeholders identified by the core project team. While the interview topics mirrored those of the surveys, they were conducted in a conversational manner, enabling deeper insights tailored to the stakeholder's background, experience, and expertise.

Workshops

A series of workshops were conducted to evaluate existing successful approaches to research and innovation within the HSCNI ecosystem while addressing identified gaps, barriers, and challenges. The workshops aimed to achieve several key objectives: firstly, to introduce attendees to various research and innovation ecosystem models utilised in systems outside of Northern Ireland, demonstrating their effectiveness in promoting collaboration. Secondly, to explore how these models could be adapted to the Northern Ireland landscape, identifying primary challenges and barriers to collaboration across the wider ecosystem, and proposing strategies to overcome them. Lastly, the workshops provided a platform for key stakeholders to engage in discussions, sharing knowledge, experiences, and insights. Further details regarding the workshop proceedings can be found in Appendix IV.

Engagement Metrics

In our commitment to inclusive and representative stakeholder engagement, we prioritised gathering input from a diverse array of perspectives within and around the system. The following stakeholder engagement metrics offer valuable insights into the effectiveness of our interactions and the diversity of individuals engaged, contributing to the creation of an impartial report.

It's important to acknowledge that certain individuals may belong to multiple stakeholder groups. For instance, there are individuals who work within the system but also have ties to academia, or clinicians who also engage in entrepreneurial activities.



Appendix I - Internal Survey

Introduction

Healthcare Innovation Consortium (HIC) are undertaking a piece of discovery work, engaging key stakeholders to understand the full extent of research and innovation across the Northern Ireland Health and Care health and life sciences ecosystem, and opportunities to enhance its growth and development. Digital Health and Care Northern Ireland (DHCNI), HSC Research & Development, and the Department of Health NI are uniting to focus on the possible creation of a collaborative innovation ecosystem. This is a collaborative network of individuals, entities, resources, and structures that join up to support and enable research and innovation development, evaluation, adoption, and scale-up of new products, ideas, methods, and systems. The discovery work will provide an understanding of the activities that are taking place, and resources that are available to inform the effective implementation of a collaborative innovation ecosystem and underpinning infrastructure.

The aim of this questionnaire is to capture an overview of HSC's capability in relation to research and innovation, and to provide insight into areas where we can better co-ordinate, collaborate and align our activities through more effective working.

Thank you in advance for participating in our survey. Your feedback is important. Having a greater understanding of the whole collaborative innovation ecosystem within HSC will support the system to deliver the best services for our population and staff. It will provide consistency, clarity and focus for communication and engagement between internal and with external stakeholders by any part of the HSC ecosystem. This will support us to attract external support and investment to develop our health and economic growth agenda.

Analysis of survey, interview and workshop results will assist with streamlining and filling gaps in the ecosystem, reducing silo working, ensuring effective decision making, supporting action planning, and increasing focus on mandated research and innovation programmes that meet the needs of the Northern Ireland population.

The survey will take approximately 15-20 minutes to complete. You can pause and return to where you left the questionnaire at any time by returning to this link.

Please be reassured that survey results are being collected and reported in accordance with the Market Research Society Code of Conduct. Data collected as part of this survey will be compiled to produce an overall view of the survey results and your individual responses will be kept anonymous. Giving your name means we can contact you to follow up any points or questions that you raised in the survey, but this discussion will not be attributed to you.

About you

1. What is your name? Please write your response below.
2. What is your email address? Please write your response below.
3. What is your role?
4. What HSC internal stakeholder organisation(s) do you belong to?
5. What is your remit in relation to research and innovation?

Working outside of HSCNI

6. Do you work with innovators who are primarily external to the HSCNI e.g., companies Yes/No

If **No** skip to question 7. If **Yes** please answer the following questions:

- i. Describe your primary objectives and core activities.
- ii. Describe briefly the outcomes from these activities (successful and non-successful)
- iii. What are the most common routes for leads and opportunities to present themselves to you?
- iv. Are you proactive in generating new leads and opportunities? If yes
 - a. What works well?
 - b. What doesn't work so well?

Working collaboratively within Health

7. Do you/ have you engaged, collaborated and communicated with HSC colleagues to achieve improved outcomes?
Yes/No
8. What works well when you do this?
9. What could be improved to facilitate better outcomes from research and innovation for the HSC and patients?
10. Do you/have you engaged with external stakeholders to achieve research and innovation outcomes? Yes/No
11. What worked well?
12. What could be improved to facilitate better outcomes from research and innovation for the HSC and patients?

About your clients/ Innovators that you work with

13. Who do you consider to be your clients in relation to research and innovation? i.e. internal or external to health?
14. What research and innovation do you connect with, please list this below.
15. What stage is the research and innovation usually at when they connect with you?
16. Do you commonly signpost innovators to other parts of the system?
17. Is this internally or externally?
18. What is your knowledge of the following internal stakeholder groups regarding their role in research and innovation?

C-TRIC, MOIC, HSC Industry Engagement, PaLS, Quality Improvement, HSC Innovations, DHCNI, HSC R&D Division, NICRN
(Likert scale below)

Never heard of; heard of, some knowledge, worked with, work regularly with them; signpost to

19. Would you be in favour of a united brand to communicate and receive research and innovation opportunities?
20. What are the challenges with connecting/ collaborating locally nationally and internationally?

Effectiveness

Thinking about the current working practices and processes regarding research and innovation.

21. What is working effectively in the ecosystem? – Rate each comment from 1-6 Statements (Codes: 1 Strongly disagree, 2 Disagree, 3 Neither, 4 Agree, 5 Strongly agree, 6 Don't know)
 - Our research and innovation priorities are determined by the priority needs of our population.
 - Our research and innovation priorities are clear.
 - We collaborate well.
 - Our interactions are effective in supporting each other to achieve our innovation priorities.
 - Our current research and innovation meetings add value in supporting us to achieve our research and innovation priorities.
 - We are innovative and willing to discuss and commission new technologies, products, and services.
 - We learn from each other and share information.
 - We give supportive challenge to each other in research and innovation meetings.
 - We make decisions in these meetings.
 - We understand how parts of the ecosystem interact and how innovations get scaled.
 - Other (please specify).

Barriers to Innovations

What do you believe are the biggest barriers to implementing and adopting innovative products, services and ways of working across the NI system? Choose a response, from the codes, to match with the following statements. Statements (Codes: 1 Strongly disagree, 2 Disagree, 3 Neither, 4 Agree, 5 Strongly agree, 6 Don't know)

22. Possible barriers to implementing innovation, products and services across the NI system
 - The resources to deliver the policy priorities are not clearly identified
 - Incentives and funding for adoption and scale do not align.

- Governance structures are not in place to ensure barriers are recognised and removed.
- There is a perception that the new products and services will not improve operational delivery and therefore they are not implemented into practice.
- When we make decisions about supporting an innovation it's not clear how we are going to implement adoption and scale.
- The perceived risk of new ways of working means staff do not adopt innovations we would like to scale.
- Commercial incentives are not in place for suppliers to proactively work with us
- There is a lack of evaluation to show safety, efficacy and cost-effectiveness of innovative products or services.
- There is an absence of health technology appraisal guidance to support implementation.
- Other (please specify)

Involvement in Programmes and Initiatives

23. Please list any research and innovation related programmes or memberships of relevant networks & stakeholder groups (local & national) you are involved with.
24. Do you feel there is duplication among these groups. Yes/ No.
25. If Yes, then where? Please specify below.
26. How could we work together to enable more effective communication and engagement with the wider ecosystem to explore synergies and improvements?

Innovation

27. Please detail innovations that have been implemented within your organisation within the last 3 years – Write your response below.
28. Which of these innovations should be scaled and adopted across Northern Ireland?
29. What would it take to enable roll out? Please write your response below.

Digital

Our Innovation Strategy talks about the creation of a Digital Hub. It describes this hub as being the centre of excellence for scoping, prioritising, piloting and scaling innovation in digital health products, services and processes.

30. Thinking about the role of digital in our innovation ecosystem. Do you view the role of digital as (select all that apply)
 - Supporting the digital and technical aspects of innovation
 - “Horizon scanning” on potential emerging digital technologies that can support improved population health, workflow, diagnostics etc
 - Facilitating collaboration on digital innovative projects between partners in the innovation eco-system
 - Implementing digital innovation that can improve workflow, diagnostics and health
 - Providing data and evidence to support the prioritisation of innovation
 - Facilitating the embedding and adoption of digital innovations at scale
 - Others (please specify)
31. Do you believe the system has the resources to support the roles that you believe digital should play in the collaborative innovation ecosystem Yes/No
32. What other resources do you feel is needed to support the digital aspects of the eco-system?
33. Do you have resources that you could contribute to the digital aspects of the ecosystem? If yes please list them below;

Appendix II - External Survey

Introduction

Healthcare Innovation Consortium (HIC) are undertaking a piece of discovery work, engaging key stakeholders to understand the full extent of research and innovation across the Northern Ireland Health and Care health and life sciences ecosystem, and opportunities to enhance its growth and development. Digital Health and Care Northern Ireland (DHCNI), HSC Research & Development, and the Department of Health NI are uniting to focus on the possible creation of a collaborative innovation ecosystem. This is a collaborative network of individuals, entities, resources, and structures that join up to support and enable research and innovation development, evaluation, adoption, and scale-up of new products, ideas, methods, and systems. The discovery work will provide an understanding of the activities that are taking place, and resources that are available to inform the effective implementation of a collaborative innovation ecosystem and underpinning infrastructure.

The aim of this questionnaire is to capture an overview of Northern Ireland's Health and Care health and life sciences capability in relation to research and innovation, and to provide insight into areas where we can better co-ordinate, collaborate and align our activities through more effective working.

Thank you in advance for participating in our survey. Your feedback is important. The survey will take approximately 15-20 minutes to complete. While it is designed to gather information from a diverse array of roles and responsibilities, we understand that certain sections may not directly align with your specific role. You are encouraged to navigate through the survey at your own discretion, and should you encounter sections that may not be applicable to your responsibilities, please feel free to skip them.

About you

1. What is your name?
2. What is your email address?
3. What organisation(s) do you belong to?
4. What is your role?
5. Where is your organisation based in? (tick box)
 - Northern Ireland
 - Republic of Ireland
 - Scotland
 - England
 - Wales
 - Other (please specify)

Effectiveness

6. Thinking about the current working practices and processes regarding research and innovation, what is working effectively in the NI Health and Care ecosystem?

Barriers

7. What do you believe are the biggest barriers to implementing and adopting innovative products, services and ways of working across the NI Health and Care ecosystem?
8. Have you worked with any other health innovation ecosystems outside of Northern Ireland? If yes, What worked well when you have done this?

Healthcare Research and Innovation – Your experience to date

9. What is your product(s) or service(s) in relation to health and/or social care?
10. Have you previously engaged with HSCNI your innovative products or services? **Yes/no**

If **yes**, What was the outcome?

- Successful
- Unsuccessful
- In progress
- Please explain the reason of the outcome (free text)

11. To ensure research and innovation programmes meet HSC needs, are you clear on what the HSC priorities are?

12. We are in the process of improving our engagement with industry, academia, and public bodies, and are open to discussion and learning from all stakeholders. Which areas of research and innovation do you believe we could collaborate on? (click all that apply)

- Access to data
- Access to clinical materials
- Collaboration with clinical researchers
- Evaluation of fit with HSC Care Pathways
- Clinical evaluation/ study
- End user acceptability
- Health Care Professional expertise
- Clinical trials e.g., RCT
- Clinical investigation e.g., for medical devices/ diagnostics
- Regulatory approvals for medical devices/ diagnostics
- Healthcare economic analysis
- Technical/ Safety testing
- Product development
- Understanding funding channels
- Commercial support and advice
- Scaling up and adoption
- Procurement
- Other information or advice right now: describe

Involvement in Programmes and Initiatives

13. What is your knowledge of the following HSCNI centres and initiatives?

Never heard of; heard of, some knowledge, worked with, work regularly with them; signpost to

- Medicines Optimisation Innovation Center (MOIC)
- Clinical Translational Research and Innovation Centre (C-TRIC)
- Health and Social Care Quality Improvement (HSCQI)
- HSC Industry Engagement
- Patient Advice and Liaison Service (PaLS)
- Impact Research Centre
- Digital Health & Care NI (DHCNI)
- HSC Innovations
- NI Biobank

14. What is your knowledge of the following funding or support programmes and initiatives?

Never heard of; heard of, some knowledge, worked with, work regularly with them; signpost to

- i4i
- Invest NI Innovation vouchers
- IDAP Pilot
- Catapult
- Launchpad

- Techstart
 - Other UKRI/Innovate UK funds
 - ESPRC
15. In what ways could HSCNI improve the health research and innovation ecosystem?
 16. How would you prefer to connect with the HSC? (Free text)
 17. Please list any research and innovation related programmes or memberships of relevant networks & stakeholder groups (local & national) you are involved with.
 18. Do you feel there is overlap among these groups or programmes? **Yes/ No.**
 - a. If **Yes**, then where, and how could this be avoided?
 19. Would you be in favour of a united network / unified portal to communicate and receive research and innovation opportunities?
 20. Do you believe the system has the resources to support the roles that you believe digital and research should play in the collaborative innovation ecosystem **Yes/No**
 21. What other resources do you feel are needed to support the research, innovation, and digital aspects of the ecosystem?
 22. Do you have resources that you could contribute to the research, innovation, and digital aspects of the ecosystem? If yes please list them below;

Appendix III - Interview Brief & Outline

Introduction

Healthcare Innovation Consortium (HIC) are undertaking a piece of discovery work, engaging key stakeholders to understand the full extent of research and innovation across the Northern Ireland Health and Care health and life sciences ecosystem, and opportunities to enhance its growth and development. Digital Health and Care Northern Ireland (DHCNI), HSC Research & Development, and the Department of Health are uniting to focus on the possible creation of a collaborative innovation ecosystem. This is a collaborative network of individuals, entities, resources, and structures that join up to support and enable research and innovation development, evaluation, adoption, and scale-up of new products, ideas, methods, and systems. The discovery work will provide an understanding of the activities that are taking place, and resources that are available to inform the effective implementation of a collaborative innovation ecosystem and underpinning infrastructure.

The aim of this interview is to capture an overview of HSC's capability in relation to research and innovation, and to provide insight into areas where we can better co-ordinate, collaborate and align our activities through more effective working.

Thank you in advance for participating in our interview. Your feedback is important. Having a greater understanding of the whole collaborative innovation ecosystem within HSC will support the system to deliver the best services for our population and staff. It will provide consistency, clarity and focus for communication and engagement between internal and with external stakeholders by any part of the HSC ecosystem. This will support us to attract external support and investment to develop our health and economic growth agenda.

Analysis of the interview responses will assist with streamlining and filling gaps in the ecosystem, reducing silo working, ensuring effective decision making, supporting action planning, and increasing focus on mandated research and innovation programmes that meet the needs of the Northern Ireland population.

Your role in research and innovation

1. How does your role contribute to the delivery of research and innovation (including digital innovation) across HSC?
2. What innovations are you aware of that are currently being developed and rolled out across the NI L&HS ecosystem?
3. What are the current barriers and challenges to achieving implementation and rollout of innovation within the NI L&HS ecosystem?

Working together within the HSC

4. Are you clear about the priority needs in HSC so that we can ensure research and innovation programmes meet these needs?
5. What research/ innovation/ digital meetings or groups are you part of, if any?
6. Could they be more effective in ensuring you make a positive impact? If so, how?
7. What is your knowledge of the following internal stakeholder groups with regard to their role in research and innovation? (C-TRIC, MOIC, HSC Industry Engagement, PaLS, Quality Improvement, HSC Innovations, DHCNI, HSC R&D Division, NICRN)
 - *Never heard of; heard of, some knowledge, worked with, work regularly with them; signpost to (interviewer to tick off those the interviewees recognise)*
8. If you know about these organisations, do you notice any duplication or possible synergies?
9. Would you be in favour of a united HSC ecosystem approach to communicate and receive research and innovation opportunities? If yes,
 - What activities should be included in a system-wide innovation ecosystem? (prompt about digital if this isn't mentioned)

- What barriers might prevent HSCNI from collaborating and implementing innovation locally, nationally and internationally collectively?
10. Any other comments?

Appendix IV - Workshop Outline

Purpose of the Workshop:

Digital Health and Care Northern Ireland (DHCNI), HSC Research & Development, and the Department of Health NI are uniting to focus on the creation of a collaborative research and innovation ecosystem.

Healthcare Innovation Consortium (HIC) are working with the three bodies to look at how this ecosystem might work in practice and what arrangements need to be put in place to establish and sustain an ecosystem, that makes a positive impact on population health and the economy of the region.

The focus of this workshop will be to identify the existing successful approaches to research and innovation within the HSC ecosystem, as well as addressing gaps, barriers and challenges, enhancing collaboration, suggesting governance of the new ecosystem and fostering a culture of collaboration.

Key Objectives:

- Present stakeholders with a number of research and innovation ecosystem models, and how they are harnessed to increase collaboration in research and innovation in systems outside of NI
- Explore how similar models might be adapted to the NI landscape, and identify the main challenges and barriers towards collaboration across the wider ecosystem, along with suggested ways to overcome these challenges.
- Give the opportunity for key stakeholders to discuss and to share knowledge, experience and insight.
- Explore the common themes throughout different departments, organisations and job roles.

Agenda:

1. Welcome and Introductions (10 mins)

Introductions from LM and SAH, detailing their background and experience

Introductions from everyone and a brief description of their role in the research and innovation ecosystem – LM

2. Feedback of key themes from survey and interview responses (10 mins)

Presentation by HIC – BH

3. Presentation of research & innovation ecosystem models (20 mins)

Presentation by HIC – LM and SAH

4. Breakout Sessions: Interactive Group Activity 1 (25 mins)

You've seen a number of healthcare Research and Innovation ecosystems presented - Now imagine that your system is working collaboratively to roll out research and innovation that meets population needs.

Potential prompts:

- What factors currently work – and you just need to encourage and reinforce them?
- What weaknesses are hindering this ambition or are misaligned?
- Which are the most important factors that need to change?

Feedback from the groups (15 mins)

5. Breakout Sessions: Interactive Group Activity 2 (15 mins)

- From what you have heard from the presentation – how could your system display collaborative behaviours around the research and innovation agenda?
- What governance will support positive collaboration around the research and innovation agenda?

Feedback from the groups (10 mins)

6. Questions, Next Steps, Closing Remarks (5 minutes)

Appendix V – Workshop Presentation

Building a Research and Innovation Ecosystem

*Achieving Success by learning from what
works well*

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February 2024



Feedback on survey and interview responses

Barriers to adoption & rollout

- **Uncertainty** regarding the clarity of priority needs within HSC
- The **resources** to deliver the policy priorities are **not** clearly identified
- **Incentives and funding for adoption and scale do not align**
- **Governance structures** are not in place to ensure barriers are recognised and removed
- *“When we make decisions about supporting an innovation it’s **not clear how we are going to implement adoption and scale**”*

Barriers to connecting & collaborating

- Ambiguity around the term **“innovation”**
- **Lack of cohesion towards the common goals**
- **Lack of funding** (or perhaps lack of effective and recurrent funding)
- Siloed approach
- Lack of a collaborative internal approach
- Lack of top-down direction
- Complex networks
- *“Different jurisdictions, different cultures, varying needs”*
- *“Too many small groups with their own agendas”*

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Feedback on survey and interview responses

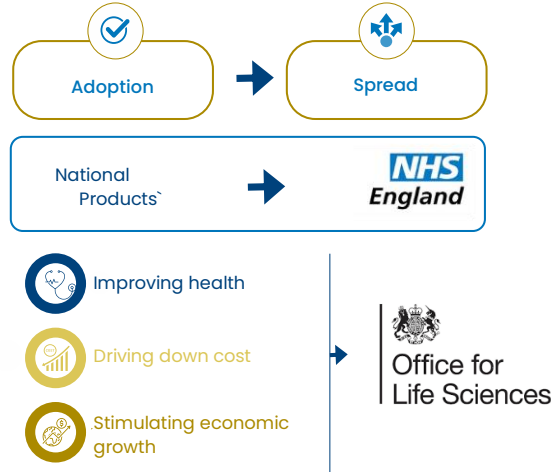
Working together – what is needed

- 95% in favour of a **united brand** to communicate and receive research and innovation opportunities
- A better understanding of work being undertaken or planned to **identify synergies** and facilitate consortia creation
- More **interaction** between stakeholder groups
 - Single point of contact
 - Newsletters
 - Forums
 - More information sharing
 - a collective who have the sole responsibility of identifying, analyzing and communicating good practice across the system
- **Dedicated champion roles/experts on digital** and interoperability to help **improve benefit realisation**
- **Foster a clearer, more defined structure** with regards to the introduction and adoption of innovation
- **Levels of funding, consistency of funding, access to funding and management of funds need to be analysed** and scrutinised

Factors to support research and innovation rollout

- ▶ Evidence base of improved health outcomes and reduced health inequalities
- ▶ Evidence of increased value to the health and care system for every £ spent
- ▶ Evidence that the it meets a need and works in practice
- ▶ Networks and collaborations which will increase the spread of value adding innovation

The Health Innovation Network (HIN)



HINs connect NHS leaders and industry partners to drive cost effective growth through innovative solutions

What is a Health Innovation Network (HIN)?

- Established in 2013, the Health Innovation Network (HIN), previously known as The AHSN Network, consists of 15 local groups leading the charge in health and care innovation, each AHSN had a population size of 4 -6 million residents
- They formed a national Network, which negotiates with government for funding, national innovation rollout and shared innovation schemes e.g. NIA scheme
- As connectors of the NHS, academia, local authorities, the third sector, and industry, HINs are uniquely positioned to rapidly and broadly scale innovation.
- HINs collaborate with HIN members, national commissioners (NHS England & Improvement, Office for Life Sciences) , and industry partners, HINs ensure that patients regularly benefit from innovative solutions

References: 1. NHS. NHS Long Term Plan. Available at: [https:// www.england.nhs.uk/long-term-plan/](https://www.england.nhs.uk/long-term-plan/)

HINs operate with three core aims:

- 1 Improve outcomes for patients
- 2 Drive down costs
- 3 Stimulate economic growth

HINs achieve this by seeking innovations that

- Enhance patient care, safety, and clinical outcomes
- Generate cost savings for the NHS and social care
- Align with the NHS's priorities ¹

Innovation Pathway – a structure for local innovation



HINs have a dual focus, guiding both commercial innovators and NHS healthcare teams through various supportive methods

How do HINs guide commercial innovators?



Advice

Innovation Surgeries

Offering one -on-one advice, either in -person or via phone, to help innovators identify healthcare challenges and understand evidence requirements.



Support

Solution Evaluation

Assessing if your innovation addresses the needs of HIN members and promoting it within the network.



Programmes

Funding and Support Navigation

Directing innovators to additional resources like the National Innovation Accelerator.



Connections

Business Support and Networking

Providing access to programs like the Digital.London Health Accelerator, expert workshops, and funding opportunities such as SRBI and Innovate UK competitions.

How do HINs guide health and care teams?

Innovative products

Signposting to innovations that may meet the needs of their local populations. Advise on design and implementation of digital pathways.

Practical Support

Evaluations, evidence gathering and data analysis to build knowledge and support clinical practice. Training in key areas (Digital, Data, Technology). Frameworks for adoption.

Innovation Programmes

Facilitate adoption of proven innovation products through AAC. Annual Innovation Grants kickstart projects. Sharing of wider innovation funding opportunities.

Connecting people with great ideas

Communities of Practice (CoP). Innovation challenge events. Patient partnerships. Events and networking opportunities.

Adoption and spread of innovation in the English NHS

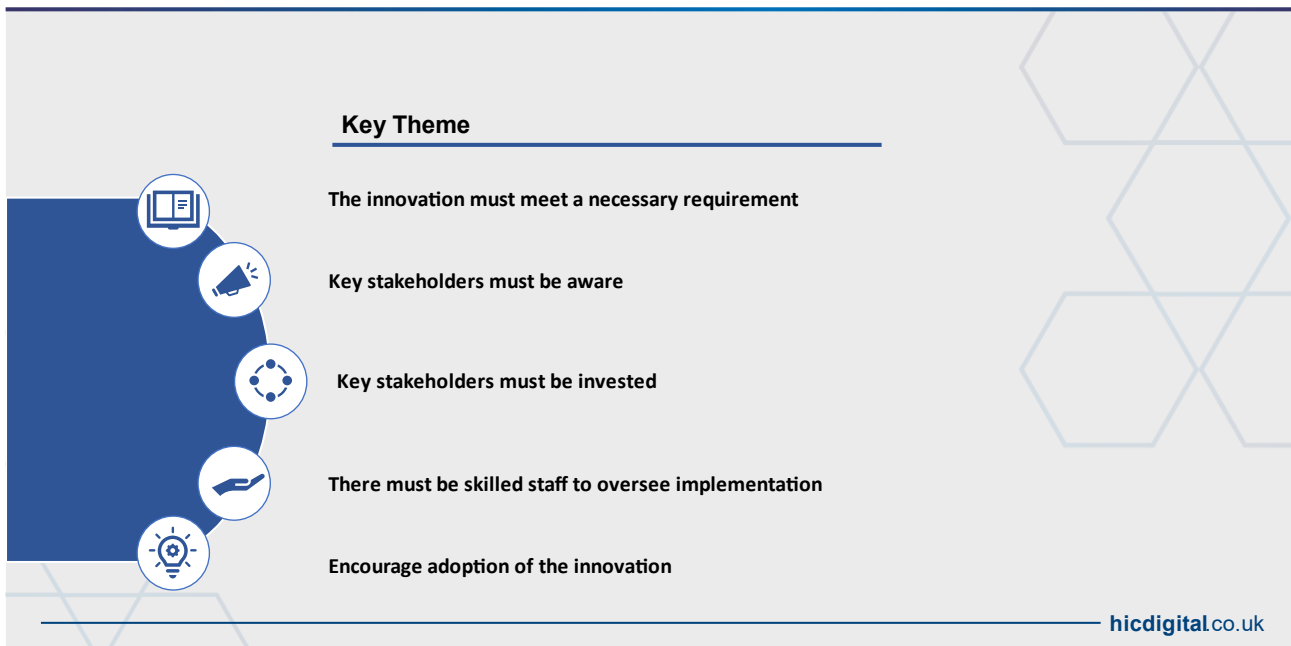
Key lessons 1

- Simple, evaluated, low-cost innovations can make a dramatic difference to people's lives
- Changes to roles of GPs, community services, hospital consultants is key
- Work needs to be conducted through existing forums
- Empowering patients/ service users to plan a more active role in administering their own care moves innovation forward
- Even simple, well-designed innovations are complex to transfer from one place to another
- Faster progress is made where commissioners delegate responsibility for improving services to providers

Key lessons 2

- Attitude of local leaders and working environment have a significant impact on the speed of innovation and spread
- Some leaders prefer to focus on the day job and see innovation and change as an unaffordable luxury
- Adoption can depend on interpersonal influence through networks and credible colleagues influencing their own professional groups
- Geographic and service silos means that learning across areas is not easy – joined up commissioning systems can help with this.
- Innovation teams have important roles in connecting organisations that are likely to benefit from innovations

There are 5 pillars for Health Innovation Network success



Key Theme

- The innovation must meet a necessary requirement
- Key stakeholders must be aware
- Key stakeholders must be invested
- There must be skilled staff to oversee implementation
- Encourage adoption of the innovation

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A Blueprint for Success

Theme	Base Case	How to Level Up?
Collating the Evidence Base	<ul style="list-style-type: none"> Review the evidence base, strategic and policy needs, and local, regional, or national data to outline the case for change. Address health inequalities and ensure protected groups are not unintentionally disadvantaged. 	<ul style="list-style-type: none"> Stay at the forefront of UK Health policy. Create new thinking and evidence that can be used to guide future policy through presentations whitepapers, case studies, blog articles Complete 'innovation scanning' to maintain a view of the competitive landscape.
Establishing a Governance Structure	<ul style="list-style-type: none"> Include a steering group and appoint clinical leads to provide direction and oversight. Undertake stakeholder mapping and define leadership roles to build a robust support system. 	<ul style="list-style-type: none"> Establish relationships with key clinical experts and thought leaders and promote the benefits of innovation through tailored guides and toolkits
Identifying and Collaborating with Partners	<ul style="list-style-type: none"> Work with industry, the third sector, and service users to integrate diverse perspectives and expertise. Build goodwill with key stakeholders to create momentum and ensure a positive programme start. 	<ul style="list-style-type: none"> Comprehensive stakeholder mapping and prioritisation with 4 key themes; those stakeholders to consult, partner with, inform and involve. Develop PIDs and business cases for wider procurement.
Building in Service User Input	<ul style="list-style-type: none"> Ensure the patient's voice is central to the programme, reflecting their needs and experiences. Capture and integrate patient feedback to inform continuous improvement. 	<ul style="list-style-type: none"> Seek the involvement of people with lived experience in the community and voluntary sector Validate with Key Opinion Leaders (KoLs)
Developing Adoption and Spread Guidance	<ul style="list-style-type: none"> Create an implementation toolkit, engagement toolkit, and communications plan to support adoption. Utilise specific tools to communicate programme details and the approach to implementation 	<ul style="list-style-type: none"> Embrace Digital Transformation and Technology Invest in a programme team or committee that specialises in value communication. Work with marketing teams to make training webinars, demos, etc Identify collaborative online workspaces for shared materials
Promoting Programme Success	<ul style="list-style-type: none"> Use established communication channels to regularly update stakeholders on programme progress. Raise awareness of the programme's positive impacts to encourage wider adoption. 	<ul style="list-style-type: none"> Essential to put 'boots on the ground'. Share and learn from previous and current evidence of 'what works well' Collaborative workshops with programme leads
Establishing Communities of Practice	<ul style="list-style-type: none"> Promote shared learning and support through regular interaction among practitioners. Set up a dedicated workspace for programme leads to access toolkits and exchange knowledge. 	<ul style="list-style-type: none"> Create national and local CoPs to support post implementation sharing and learning across key stakeholders.
Supporting Implementation	<ul style="list-style-type: none"> Upskill project/programme staff to aid operational/clinical staff with implementation. Address the challenges of changing behaviour to ensure the sustainability of innovation. 	<ul style="list-style-type: none"> Collect qualitative feedback from key stakeholders Conduct qualitative analysis by sorting the data using a framework approach with categories, themes and subthemes. Validate with thought leaders and disseminate findings.

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Where should you put your energy? Kings Fund learning 3

- Building strong networks
- Changing structures and flows
- Changing the patterns of relationships and connections
- Aligning the goals of the system or organisation around a shared purpose
- Changing the ways of thinking, mindsets and paradigms

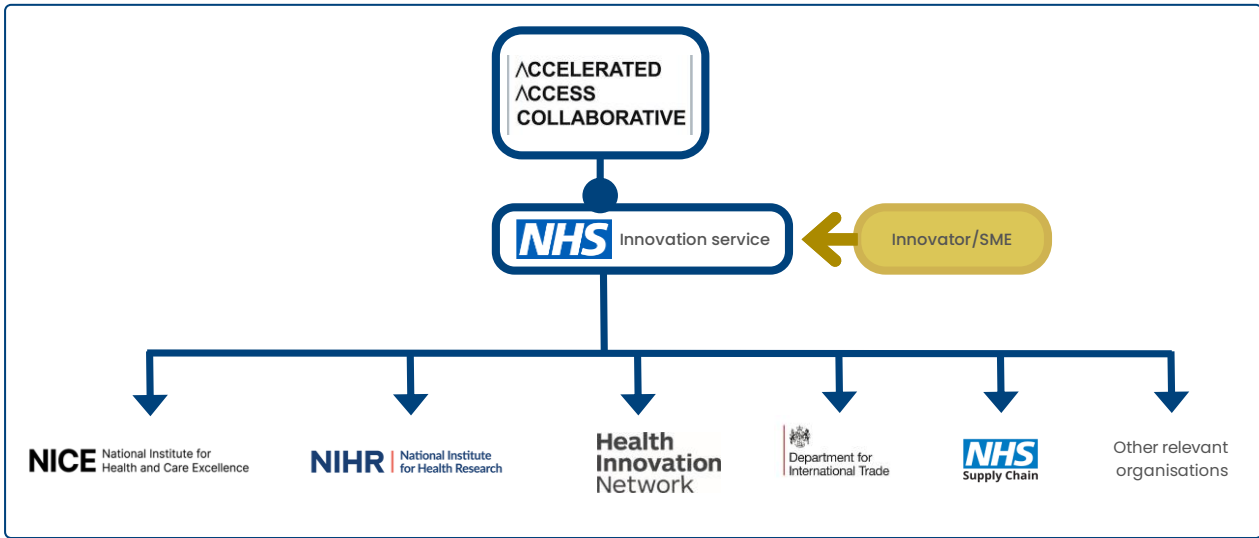
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Leeds Academic Health Partnership lessons and governance

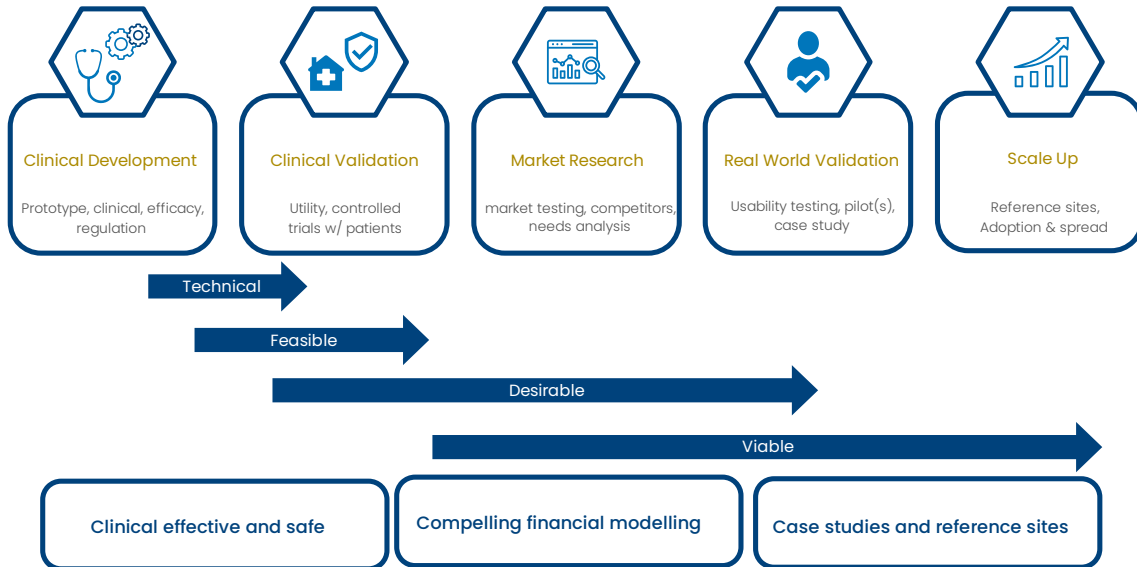
- Funded by partners and grants– 3 universities, Council. AHSN, 4 Trusts plus associate members e.g. colleges, hospices, Integrated Care System, Combined Authority, Local Enterprise Partnership
- 3 million population
- Working to a shared purpose of reducing health inequalities
- Each organisation signed up to an MoU
- Funding levied depends on the headcount of the organisation
- Funding organisations have a vote on programmes
- 4 programmes – HealthTech, data, workforce innovation, cancer innovation
- Small core team who liaised with organisational innovation infrastructure included an Embedded Researcher, programme managers, data lead, communications team, Managing Director, Medical Director (part time), industry liaison team

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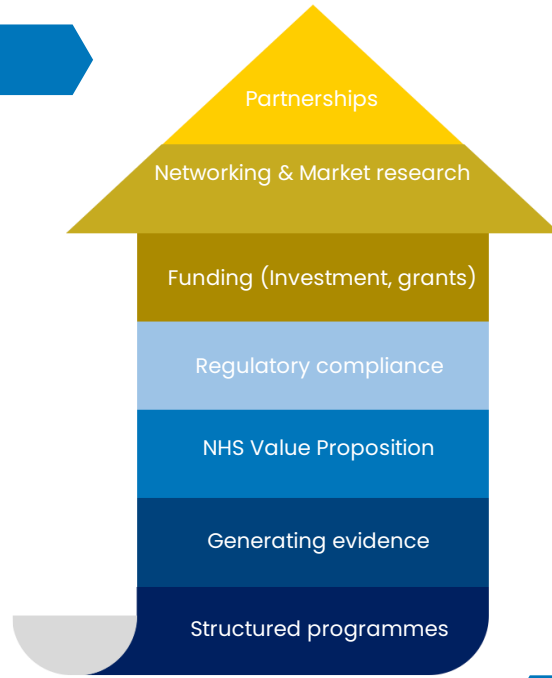
NHS national Innovation Service – industry access



Evidence: bench to bedside



System engagement



Innovation Accelerators:

The AHSN Network



NHS Innovation Accelerator

The NHS Innovation Accelerator impact

2,882

NHS sites using NIA innovations

£200m

raised in external funding to support better patient outcomes

189

awards won by NIA Fellows and their innovations

The NIA accelerates uptake of high-impact innovations for patient, population and NHS staff benefit. It also provides real-time practical insights on spread to inform national strategy.

The NIA is an NHS England initiative delivered in partnership with all 15 Heath Innovation Networks across England, hosted at UCLPartners.



ACTION PLAN

Fellows will develop a 12 month Action Plan detailing their scaling goals and milestones. Fellows will also develop a more detailed 12 week Sprint Plan covering their activities, hypotheses they wish to test and their support needs.

COACH

Each Fellow will have a coach who develops an in-depth understanding of their innovator, ambition and learning needs. They will offer the equivalent of around 12 days support over the initial 12 months through face-to-face, email and phone contact.

MENTOR

Fellows will - through a dynamic matching process - have access to a range of seasoned healthcare innovators. The nature of mentoring will vary for each Fellow - some having a single mentor for 12 months, others accessing a range of mentors for specific one-off advice/support.

NIA PEER COMMUNITY

Each Fellow brings to the programme a breadth of skills and knowledge. Fellows will share resources and problem-solve together at planned networking events and by creating further opportunities to work together on shared goals as diffusers.

LEARNING PROGRAMME

NIA Fellows will come together through launch events in July and then once a quarter. At these events, Fellows will take stock, share progress, collectively problem-solve, access practical frameworks/tools and expert challenge. Further opportunities to learn will be created in response to defined needs.

BURSARY

Fellows can each access a bursary of up to £50k. This will be allocated on a quarterly basis in response to their Sprint Plans. Eligible spend for the bursary includes: enabling/enhancing personal learning, enabling system engagement, innovation development, and information/analysis.

Innovation Accelerators:

Programmes

Our programmes provide bespoke advice, mentoring, education, peer networking, brand awareness and partnership opportunities, to digital health leaders who are tackling the biggest challenges facing patients, and NHS and Social Care staff.

Leap and Net Zero are now open for applications!

[Find the right programme for you](#)

Leap
Fostering inclusivity and providing tailored support to founders from diverse backgrounds

Net Zero
Helping companies attain environmental sustainability and manage their carbon footprint

Launchpad
Helping companies launch a new product or service to the NHS

Accelerator
Helping companies speed up spread and adoption

Generator
Helping companies and academics to generate evidence

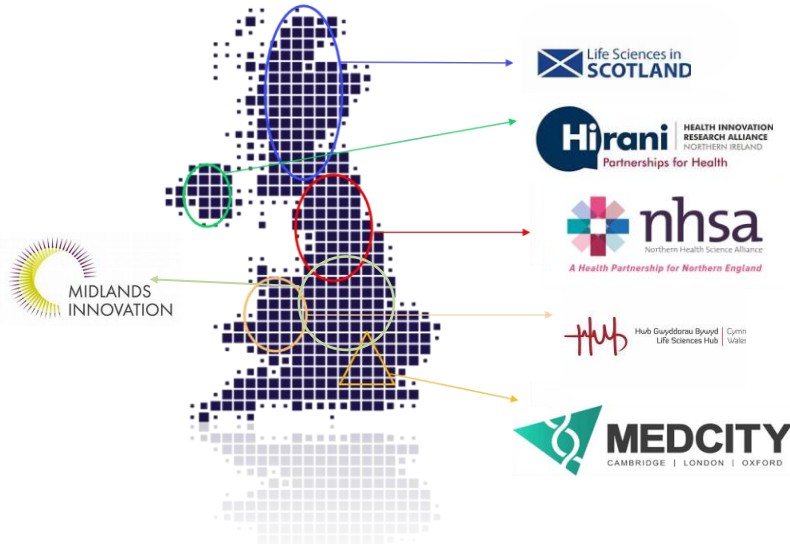
Digital Pioneer Fellowship
Helping staff transform the NHS through digital

Funded by UK Government

Office for Life Sciences | SUPPORTED BY MAYOR OF LONDON | **LEVELLING UP**



UK Cluster Organisations



Appendix VI – Stakeholders Engaged

Alan Harbinson, Principal Statistician and Head of the Northern Ireland Health and Social Care Honest Broker Service

Alex Chacko, Head of Innovation and Enterprise, Ulster University

Anne McGlade, Social Care Research Lead, Northern Ireland Social Care Council

Archie Clements, Pro-Vice Chancellor Research and Enterprise, Queen's University Belfast

Barry Henderson, HSCNI Industry Senior Engagement Manager, Public Health Agency

Ben Doran, Director of Digital Operations, Business Services Organisation, HSCNI

Bernadette Boyle, Head of Project Delivery (iREACH Health), Queens University Belfast

Brendan McGuigan, Head of Life Sciences, Department of Economy

Cathy Harrison, Chief Pharmaceutical Officer, Department of Health NI

Charlie Tuxworth, Managing Partner & Founder, Celsio

Chris Hill, Renal Lead, Belfast Health and Social Care Trust

Chris McCabe, Programme Director, Queen's University Belfast

Ciaran Shannon, IMPACT Research Centre Director, Northern Health and Social Care Trust

Claire Buchner, Assistant Director of Digital Health and Nursing, DHCNI

Cormac O'Brien, ITS Head of Operations - Business Services Organisation, HSCNI

Craig Young, Programme Director - BSO Evolve, HSCNI

Dan West, Chief Digital Information Officer, Department of Health

David Brownlee, Innovation Advisor, HSC Innovations

David Grier, Encompass Medical Lead & Consultant Paediatrician, Southern Health and Social Care Trust

David Wilson, Stroke physician & CCEO, Southeastern HSC Trust

Declan Bradley, Deputy Director of Public Health, Public Health Agency

Declan McAllister, Director of Registration and Corporate Services, Northern Ireland Social Care Council

Deidre Ferguson, City Innovation Broker Smart Cities, Belfast City Council

Dermot Hughes, Encompass SRO, HSCNI

Domenica Gilroy, Programme Manager, HSCQI

Joann Rhodes, Chief Executive, HIRANI

Jocelyn Harpur, QI Lead, South Eastern Health and Social Care Trust

Joe Kidney, Respiratory Consultant, Belfast Health and Social Care Trust

Jon Silversides, Critical Care Consultant & Senior Clinical Lecturer, Queens University Belfast

Jonathan Wallace, Professor of Innovation at Faculty of Computing & Engineering, University of Ulster

Joy Beaumont, Senior Programme Manager, DHCNI

Julia Wolf, R & D Manager, Northern Ireland Ambulance Service HSC Trust

Julie McCullough, HSCNI Industry Engagement Manager, Public Health Agency

Karen Beattie, Research Officer, Public Health Agency

Kerry Curran, Director - GB and EU Trade Division, Department of Economy

Leroy Dowe, Business Development Manager, School of Biomedical Sciences, University of Ulster

Lesley McGrann, System Blueprint and Digital Commissioning Lead, HSCNI

Lisa Whyte, Senior Programme Manager, DHCNI

Lloyd Humphries, Managing Director, Cogniss

Marion Laverty, Public Affairs Manager, ABPI Northern Ireland

Mark Tully, Associate Research Director in the School of Medicine, University of Ulster

Maurice Mulvenna, Professor of Computer Science, Ulster University

Melanie Morris, Operational Director NI Cancer Trials Network and Belfast ECMC, Belfast Health and Social Care Trust

Mick Quinn, Healthcare Informatician & Consultant Physician, Queen's University Belfast

Mike Scott, Director, MOIC

Paddy Stirling, General Practitioner & Entrepreneur, HSCNI

Paschal McCloskey, Centre Director, Connected Health Innovation Centre

Paul Beaney, Head of Project Delivery, The Centre for Digital Technology

Paul Moorhead, Previous Chief research Officer, Kraydel

Paul O'Neill, Founder, NoliWork

Dominic Holmes, CEO, eXRt Intelligent Healthcare

Dr Patrick Donnelly, R & D Director, South Eastern Health and Social Care Trust

Eddie O'Neill, Medical Adviser, Department of Health

Eddie Ritson, Programme Director, DHCNI

Emma Dunn, Researcher & Specialist Occupational Therapist in Stroke Rehabilitation, Belfast Health and Social Care Trust

Enda Reynolds, Solution Director, Civica

Eoin McFadden, R&D Policy (including Innovation Driven Enterprises), Department of Economy

Fergus McGrath, Central Government Health Lead, Civica

Frances Burns, Lead for Control of Data Processing Legislation, HSCNI

Frances Duffy, Clinical Psychologist & Entrepreneur, HSCNI

Frank Kee, Deputy Director for the Centre for Public Health, Queens University Belfast

Gary Loughran, Programme Director Encompass, Business Services Organisation, HSCNI

Grainne McVeigh, Director Advanced Manufacturing and Engineering, Department of Economy

Iain Styles, Professor, School of Electronics, Electrical Engineering and Computer Science, Queens University Belfast

Ian Young, Chief Scientific Adviser, Department of Health

James Nelson, Chief Clinical Information Officer, Northern Health and Social Care Trust

Jan Edgar, Consultant to DHCNI, DHCNI

Janice Baillie, Assistant Director R&D, HSCNI

Joan Condell, Professor of Intelligent Technologies, Ulster University

Paul Toner, City & Growth Deals Manager, Department of Economy

Penny Hobson, Finance Lead, DHCNI

Peter McGuigan, Critical Care Clinical Lead, Belfast Health and Social Care Trust

Rachael Adams, Senior Innovation & Market Development Manager, BSO, HSCNI

Rachelle Moore, R&D Manager, Southern Health and Social Care Trust

Raj Kher, Commercial Manager, Whitespace

Rebecca Walsh, Director, Big Motive

Robert Moore, Telehealth Service Manager, South Eastern Health and Social Care Trust

Roisin Molloy, CEO & Founder, TriMedika

Sara McCracken, CEO & Creator, EmpathEyes Vision Impairment Simulator

Sean Maguire, QI Lead, Northern Ireland Ambulance Service HSC Trust

Sinead Hannan, Clinical Psychologist, Southern Health and Social Care Trust

Siobhan McGrath, Chief Operating Officer, HIRANI

Sloan Harper, GP Medical Adviser, Department of Health

Soo Hun, Innovation & Digital Eco-system Lead, DHCNI

Stephen McCabe, Head of Project Delivery (GII), Queen's University Belfast

Stephen Powell, ICT Head of Programmes and Projects, South Eastern Health and Social Care Trust

Stuart Elborn, Life & Health Science Lead, Queen's University Belfast

Tunde Peto, Professor of Clinical Ophthalmology, Queen's University Belfast