

Developing Health Innovations

For: Information

Summary: This report briefs the Board on the Trust’s responsibilities in developing health innovations as a result of the Department of Health’s report: “Innovation Health and Wealth.”

Key points to note are:

- A CQUIN payment of £857,000 for 2012-13 is attached to the delivery of the High Impact Innovations as stated in the above DH report.
- SASH is required to deliver 3 of the 6 High Impact Innovations
- Innovations leads have been identified within SASH
- As part of the CQUIN requirement, an implementation plan must be presented by Q2 detailing how the High Impact Innovations will be delivered.

Action: The Board is asked to note the report.

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Notes:

Trust objective: This paper supports the achievement of all of the Trust objectives.

Legal: None

**Regulation/
Compliance:** We are required to implement the High Impact Innovations following the Department of Health’s “Innovation Review” and this is a 2012/13 CQUIN requirement.

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Date	3 rd August 2012
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Audience	Trust Board Members

The Context

The report, *Innovation Health and Wealth, Accelerating Adoption and Diffusion in the NHS* which was published in December 2001, sets out the delivery agenda for spreading innovation across the NHS. David Nicholson in his letter accompanying the report stated that role of innovation is critical in addressing the scale and nature of the QIPP challenge and this was further emphasised in the NHS Operating Framework for England 2012/13 where the NHS is asked to prioritise the adoption and spread of innovation and good practice; with CQUIN schemes assisting this process.

The report defines innovation as “an idea, service or product, new to the NHS or applied in a way that is new to the NHS, which significantly improves the quality of health and care wherever it is applied.” This not only relates to creating something new but also about applying an idea, service or product in a new context or to a new organisation. When innovations are developed and implemented it is just as important that these are shared for widespread use.

The case for innovation is that it:

- Transforms patient outcomes
- Can simultaneously improve quality and productivity
- Is good for economic growth

The report identifies High Impact Innovations that provider organisations must deliver, these are:

- **3 Million Lives:** using assistive technologies along with service re-design to improve the quality of care and deliver significant cost savings.
- **Digital By Default:** reducing face-to-face contacts to switch to higher quality, more convenient, lower cost alternatives eg remote consultations, and using available digital technologies.
- **Oesophageal Doppler Monitoring (ODM):** which is a minimally invasive technology used by anaesthetists during surgery to assess the fluid status of the patient and guide the safe administration of fluids and drugs.
- **Child In A Chair In A Day:** launching a programme to transform the delivery of wheelchair services throughout the NHS.
- **International and Commercial Activity:** NHS organisations to explore opportunities to increase national and international activity and host a summit with UK trade and investment.
- **Carers For People With Dementia:** Commissioners will be required to commission services in line with NICE-SCIE guidance on supporting people with dementia.

What does this mean for SASH

Commissioners are required to satisfy themselves that all eligible organisations are delivering the high impact interventions. The NHS South of England planning guidance for 2012/13 states that meeting trajectories for the implementation of High Impact Innovations is a gateway requirement for CQUIN payments for 2012/13 and a pre-qualification for CQUIN in 2013/14. In preparation for this, NHS Sussex has developed a CQUIN for 2012/13 with the goal that providers will develop and deliver an implementation plan for the high impact innovations relevant to their services.

The CQUIN payment attached to the above is £857,000 based upon us meeting the following requirements during the year:

- Q1: Identify and agree the relevant innovations relevant to SASH. It has been agreed by NHS Sussex in partnership with CCGs that these are:
 - 3 Million Lives/Assistive Technologies
 - Oesophageal Doppler Monitoring (intra-operative fluid management)
 - Digital by Default
- Q2: Present an agreed implementation plan to cover Q3 and Q4.
- Q4: Delivery of agreed milestones

Next steps

SASH leads have been identified for the following work streams:

- Gavin Hurley, Head of Theatres: Oesophageal Doppler Monitoring
- Des Holden, Chief Medical Officer: 3 Million Lives/Assistive Technologies and Digital by Default.
- Ian Mackenzie, Director of Information and Facilities: 3 Million Lives/Assistive Technologies and Digital by Default

The above work stream leads in collaboration with CCGs to develop the implementation plan by the end of Q2.