IRIS - our Innovation, Research, and Improvement System

- continuous innovation and improvement in the new eco-system of an ICS

Dr Nigel Wells

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What is the purpose of integrated care systems?

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

Collaborating as ICSs will help tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from resources so people get care as quickly as possible

**Data Driven
&
Evidence Based
System**

| Research | Innovation | Improvement |

Benefits of Research, Innovation and Improvement in Healthcare

- **Better patient outcomes**

- **Better use of resources**

- **Standardisation of systems and processes- safety culture/stop the line approach**

- **Cultural change- staff empowerment (those who do the work know the solutions)**

- **Recruitment and retention of talent- job satisfaction**

"In patients following colorectal cancer surgery, the 30 day mortality rate was 30% lower in trusts with high research participation"

Benefits of Research, Innovation and Improvement in Healthcare

NHS learning from Global Leaders in Healthcare Continuous Improvement:

- No CQC outstanding Trust who hasn't adopted a CI system
- Biggest impact is on organisational culture and staff engagement
- Improves recruitment and retention
- Improves patient safety- stop the line safety culture
- Financial improvements should not be the priority/can take some time to emerge

"visible and sustained commitment to improvement programmes at Board level is essential if they are to gain organisation-wide traction and support"

* Building an organisational culture of continuous improvement. Learning from the evaluation of the NHS partnership with Virginia Mason Institute. The Health Foundation. Sept 2022"

Research, Innovation and Improvement in HNY ICB: *current state*

Research

- **Secondary Care:**

- R&D teams in each Trust

- Core funding £0 +

- **Primary Care/ex CCG:**

- NYY: NECS support

- Humber: <5 R&D staff

Innovation

- **Secondary Care:**

- Usually part of R&D/R&I

- HUTH, HDFT in start up

- **Primary Care/ex CCG:**

- TBC

Improvement

- **Secondary Care:**

- QI depts in all Trusts

- HDFT Board committed to £

- **Primary Care/ex CCG:**

- TBC

AHSN - fee paying membership (HNY ICP partners iro £250K PA)

NIHR - Gives iro £5M PA to HNY orgs

Research, Innovation & Improvement in HNY ICB: **Future State**

IRIS - our Innovation, Research, and Improvement System
(ICS Transition Board agreement 2022)

- **Single Front Door into/out of the HNY ICS for innovation, research, improvement**

- **Communicates ICS "grand challenges" to researchers and innovators**

- **Provides structure, process and (some) capacity – in time governance too?**

- **Wholly our own model but drawing external expertise**

- **Close working with the HNY Digital Programme (and Population Health?)**

Inventing

Testing

Refining

Adopting

Spreading

Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

IRIS - our Innovation, Research, and Improvement System
(aka Innovation System for shorthand)

All options → in between ←

Light touch option:

- **Signposting/Matchmaking/Pump Prime**
- **Linked to Communications Function**
- **Completely Virtual Model**
- **No Governance or Performance Management**
- **Retain current model of R/I/I in organisations/primary care place footprints**

All inclusive option:

- **ICB adopts an improvement management system approach**
- **Central oversight, governance & performance of all R/I/I**
- **All R/I/I resource currently in NYY & Humber Primary Care moves into IRIS team**
- **Digital- sits within IRIS**
- **Population Health - sits within IRIS**
- **Develop a central data analytics team – sits within IRIS**

IRIS- what would success look like?

1. **Grow local healthcare innovation knowledge and capacity**

2. **Support local healthcare innovators (economic development)**

3. **Fixing our local healthcare "grand challenges"**

4. **Scaling up any local fixes beyond HNY ICS**

5. **In doing so, be an exemplar health and social care innovation system**

HNY IRIS- asks & must do's for the first 12 months…

1. *Top slice ICB budget and create:*
   - an IRIS function/team (day/wk SRO & PD 8c 12 months only)
   - a number of Clinical Fellowships linked to our priorities

   To allow IRIS team to:
   - Host a launch event and ongoing engagement/relationship building
   - Identify & agree ICB "Grand Challenges" and create an ICB strategy for research/innovation/improvement
   - Perform comprehensive stocktake of what resources exist and how best to deploy
   - Create a number of new partnerships with HEI/industry- particularly around big data/data analytics

2. *ICB to consider creating an Innovation Sub-Committee of the Board*
   - To oversee Research, Innovation, Digital, Improvement
   - Led by a NED with appropriate experience?

3. *ICB to consider procuring a Continuous Improvement Management System*
   - Go and see peer ICBs/meet with global leading vendors
   - Consider appetite for whole system approach cf. digital convergence or interoperability