

## Innovating for Improvement round 6 information call – 6<sup>th</sup> March 2017

### Introduction

Good morning and welcome to the Innovating for Improvement information call. Thank you for joining us.

My name is Viv Little; I'm a Programme Officer at the Health Foundation. In the room with me today are:

- Gill Clayton, Programme Manager at the Health Foundation
- Anna Markland, Innovation Manager at the Health Foundation
- Sarah Henderson, Associate Director of Improvement Programmes at the Health Foundation
- Sarah Deeny, Assistant Director, Data Analytics at the Health Foundation

The purpose of this call is to provide you with an overview of the Innovation programme and to go through what we are looking for in your applications.

We will answer questions that have been submitted to us in advance, and then, at the end of the call, you will have the opportunity to ask any other questions that you may have. Please remember that we cannot answer specific questions about your project but can provide general guidance and information.

If you experience any issues with the sound during the call please raise this immediately with the moderator, who will let us know.

This call will be recorded and placed on our website for those colleagues who are not able to join us today. This should be posted on our website sometime in next week, on the innovating for improvement programme page.

This call is designed to clarify the parameters of the programme and to address some common questions that you have. If, throughout the call or as you complete the remainder of your application, you still have questions; please submit them to us at [innovating.enquiries@health.org.uk](mailto:innovating.enquiries@health.org.uk).

I will now hand you over to Gill who will give you an overview of the programme.

## Overview of projects we want to fund

Welcome to the call everyone.

I'm going to cover: the purpose of this programme, the eligibility criteria and five specific elements that are core to how the Health Foundation will assess your application.

One of the main reasons that this programme exists is that here at the Health Foundation we believe that *innovation* in health care is essential if we are to see continued *improvements* in the delivery of care.

We have found that frontline teams have great local insight and relevant expertise to uncover areas of opportunity for important & impactful projects. We want to empower such teams to test, implement and measure a new way of doing something.'

The Innovating for Improvement programme looks to support up to 20 teams, with up to £75,000 in funding to test, develop and evaluate innovative approaches and ideas to:

- improve health care delivery
  - and/or the way people manage their own health care,
- through the redesign of processes, practices and services and models of delivering care.

The basic eligibility requirements for the programme are as follows:

Projects should be deliverable over a 15 month period starting in September 2017.

I would like to start by stressing that the lead organisation must provide, commission, support or deliver health services free at the point of care in primary, secondary or tertiary care, or across boundaries such as health care and social care. Partnerships can come from any range of groups such as social care providers, third sector organisations and academic institutions. There is clear guidance in the call for application in section 3.1 on eligibility of organisations.

You will see in the call for applications that we have included a table in APPENDIX I that gives examples of some of the projects that we won't fund, where the primary focus isn't on improving health care delivery and equipping people to manage their condition. We know that a lot of your applications will touch on these exclusions, such as projects with a research focus or those that will struggle to demonstrate impact on patient within 15 months because they are more heavily focussed on technology or training. We would recommend that you read these examples closely and have awareness for the reason that your project may be deemed ineligible. It is up to you to make the case for funding and fit with the programme and ultimately it is our decision as to whether a project is eligible.

We won't be able to answer specific questions on eligibility today so if you are unsure by the end of this call as to whether your project meets the criteria we ask that you read the Call for Applications closely and if needed send us an email. We would also encourage you to complete the criteria checklist in APPENDIX II to see how your project meets the essential and important criteria for this programme.

I am going to spend about 5 minutes now briefly summarising some of the key areas that your application will be assessed against, which will hopefully bring our call for applications to life a bit. Later in the call Anna will be going through some more practical tips and advice on these points, based on our experience of assessing applications.

### **Firstly – we are looking for projects that are innovative.**

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We define innovation in health care as an idea that is:

- entirely new or novel,

- that transfers an existing approach from another sector or completely separate health care system,
- Or, that adapts ideas from one health care setting to another, for example, adult care to paediatrics, and secondary care to primary care.

Ideas don't have to be big or radical to be innovative and they don't need to involve technology or an app. Often the most successful innovation projects are fairly simple and straightforward, meaning they are easy to deliver and to replicate, and will end up having a big impact. For examples of the types of projects that we have supported in the past please look at our website.

You will see that in the application form we ask you to provide information on how your project is innovative and the evidence that you have to support this. It is really important that you are honest and realistic and provide as much information as possible about the breadth of your search. We do appreciate there is a limit to how much exhaustive research you can do and we do not expect a comprehensive literary review in your submission.

If there is an existing knowledge-base, for example, how does your proposal build on this? Have you made connections with people working on similar projects that have informed your work? If you are part of any national professional networks then you may want you to demonstrate somehow that they are supportive of this project and your claims for innovation. The more information you provide as evidence of this, the clearer it will be for assessors to determine. Please note there is no second stage of application where further clarity or explanation can be sought from applicants to support their application so make sure are as clear as possible in your application form.

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**Secondly – we are looking for projects that address a clearly identified problem and can demonstrate how the intervention will address that problem.**

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So that means you need to clearly describe the problem:

- Such as how the problem is affecting the quality of care you are able to provide or what is the impact on patients. What is nature and severity of the problem? It might be useful to think about this against each of the Institute Of Medicine domains of quality, for example how it affects safety or patient experience.
- What is the current state of service provision and how does it relate to the problem

You also need to provide evidence on the scale of the problem

- Such as numbers to demonstrate the prevalence in your health care setting and what the picture might be at a regional/national level

We will then need a clear description of what your proposed intervention is and a supporting rationale of how it will impact on the problem you have described:

- We are interested in how your solution has been developed, for example who has been involved or consulted in its design
- You will also see that in our guidance notes for these questions we remind you to be explicit about who your project is going to involve and impact on (such as patients, carers, families, staff)
- In addition we want to understand how you will demonstrate your impact – what are the key outcomes that you are expecting to see and how will you measure this?

Throughout your application you should be relating your project back to the aims of our programme to either:

- equip people to manage their condition/care needs more effectively
- equip healthcare providers to improve the quality of healthcare that they provide

One way that you can both develop your plans as a team and demonstrate to us how your innovation will address the problem is through a logic model/ driver diagram – where you can

map the aims of what you plan to do and how you will go about doing it. If you wish to submit this, you may upload this in the same section in the application form as your project plan where you can upload two documents.

### **Thirdly, we will be looking for projects with a good project design and realistic scope.**

We have now supported well over 100 teams to run innovation projects on this scale and so we have developed a wealth of knowledge about what we think are the most important factors to determine the success of a project. The application form is designed to get information from you on these areas.

One of the biggest challenges for teams is to setup, implement and measure an intervention that shows an impact on patient care in just 15 months. In section 3 of the application form we have asked you to explain at a high level what you are going to do, when and how. It is important to think about what is achievable within the time-frame and that can mean keeping the scope small so that the implementation is more robust. We want to understand your rationale for choosing the scale and scope in your application.

We know that improvement in health care is messy – and often this is what makes for an interesting and complex project - and so we also want to understand how you will build some flexibility into your plans and how you will deal with risks and issues as they arise.

We would expect to see a project plan that clearly illustrates the process you intend to take your project through and key milestones. Whilst we do not stipulate that previous project delivery experience is required from the project team we are expecting a level of competency that will give us the confidence that there is skill and commitment to deliver this project. Some of you may not have complex technical experience or in-house transformation expertise, and that's ok. This process has been designed to be clear and accessible – not intimidating.

As part of this programme, there will be a support provider contracted by us to support teams through their project delivery, so rest assured you will not be alone and unsupported through this project if you are successful in in your application.

You will also see that there is a section at the end of the application for declarations of support. We know how important it is that your project has support from your executive team so have included this section to see a visible commitment from leaders within your organisation to support this work.

### **Fourthly, we will be looking to support teams with the right skills and experience to deliver the innovation project**

In your application form you need to be clear about who will be working on the project, what their relevant experience is and which roles, if any, require recruitment. Please read the Call for Applications for further details on what level of funding can reasonably be used for recruitment of personnel.

We will be assessing the skills mix of your team and whether you have the right people to set-up, implement and measure the success of your project.

We would expect to see a broad range of people on your team such as

- people from a clinical and project management background
- people with experience in measurement, data analytics and communications
- people with operational management expertise and an understanding of the processes that change and influence your organisation, such as HR, Finance and Procurement, communications and IT if your project is implementing new technology

- and importantly representation from people who will be affected by the innovation:
  - people working in the service
  - people who do or will use the service

The team members do not have to be full time but you will need reasonable access to the experts that you'll need.

### **Number five – one of the most important and challenging elements of this programme is that you need to be able to demonstrate improvement within 15 months**

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In order to achieve this you need to think about your overall approach to measurement. We obviously don't expect project evaluations to be at the level of academic research – measures for improvement are more realistic and allow you to focus on the doing more than the analysing.

But what we do expect to see from you at this stage is a robust level measurement plan that sets out what you want to measure and when, what you expect to change and by how much, and some plans for how the data will be collected and by whom. You need to collect enough data to show whether your innovation is leading to an improvement.

We expect a rigorous level of knowledge in measurement and statistical techniques. If you're unsure about this, then we would recommend that you take the time to get some expert support at this early stage.

If you are using a logic model or driver diagram as I mentioned a bit earlier, this can be a great way to tie together what you are doing and how you will monitor whether it is achieving your aim.

So - in summary, the key areas for you to think about evidencing in your application are:

- How your idea is innovative
- What that problem is and how your solution will address it
- How will you measure your outcomes and demonstrate impact on patients within 15 months
- How your project is achievable to time and to budget
- Who is working on this project and why

### **Lastly – Key differences between round six and previous rounds**

Many of you may be familiar with the Innovating for Improvement programme. And whilst the fundamental principles of the programme are the same, there have been some key changes to the programme that should be taken into consideration when making your application.

#### **Encouraging data analytics projects**

You may have read in the Call for Application that in this round we are particularly interested in projects involving applied use of data analytics. As with previous rounds of Innovating for Improvement, round six is an open call and applications from any sector will be considered. However, for this round, we are particularly interested in applications for projects that are either led by, or are working in close collaboration with, data analytics

Good and insightful data analytics are a vital component of efforts to improve the quality of care and health of the population in the NHS. Good data analysis can be used to identify areas for improvement, monitor changes in care, and the information from data analysis can be used as an intervention in its own right to stimulate best practice. The Health Foundation is keen to build

capability and understanding of how data analytics can be more widely used in the NHS to inform quality improvement initiatives and as part of improvement interventions and we wish to increase its use in our portfolio of improvement work.

Examples of projects that will be considered under this theme could:

- Use an innovative method of data analysis within existing health care data
- Use a novel data source (one example being patient generated data), or data linkage
- Present existing data or analysis in an innovative way to improve care
- Use an existing data analysis technique to inform the development and testing of an innovative intervention.

Again this does not preclude projects in other sectors from applying and being successful. No preferential weight will be given to projects simply on the basis of data analytics focus.

AIMS – an online application process. For those of you who might have applied for R5 you will know that we have implemented a new and much easier method of managing your application online. For those new to the process you will notice that when successfully completing the pre-screen tool you are taken to another site hosted by AIMS. You will need to register with an organisation not an individual to apply for Innovating for Improvement. You will find that there are mandatory fields that need to be completed before a submission can be made. There is an Applicants User Guide which explains how to register with AIMS on the Innovating for Improvement page on our website

You will also find that declarations from partnerships must be made and signatures from financial and executive sponsors will need to be uploaded before submission is possible.

## Application and assessment process

I am going to talk through the application and assessment process.

As Gill just mentioned, the application process is made up of only one stage.

All applications must be submitted to us **by 12pm on 28 March 2017**. You need to complete the application form by the deadline date. You may have already seen that each question has a word limit that the system does not allow you to exceed; we are unable to accept any supplementary information attached and uploaded to your application form apart from your project plan, declarations, budget and if you choose to submit a logic model/theory of change. You must ensure that all declarations, signatures and project plans are uploaded to your application before submitting.

Importantly, you must ensure that you click submit when you have fully completed your application. Simply saving it does not transfer it to our assessors and will automatically be considered as an incomplete and ineligible application. You will receive a confirmation email when you have successfully submitted your form.

When applications are received by the Health Foundation, they will be assessed internally looking at eligibility for an Innovating for improvement award and the five criteria that Gill has just outlined (innovativeness of the approach, the clarity of the problem and its severity, the clarity of the intervention and change methodology, clarity on how patient impact will be demonstrated and measured within 15 months and whether there is necessary skills and expertise to undertake the project).

Based on this initial assessment, we undertake an initial round of shortlisting. If you are unsuccessful at this stage you will be notified during May by email. Unfortunately detailed individual feedback cannot be provided to all applicants due to the sheer number of applications, although we will provide some general feedback across applicants.

Following this, all successful short listed applications will be sent for assessment to the Health Foundation's College of Assessors, a team of experts in various fields who will be selected as relevant to your individual applications. They will focus on the level of innovation, deliverability, feasibility and impact. This will inform a further round of shortlisting.

The final assessment point, for those successful at this stage, is the interview stage after which awards will be made to up to 20 applicants. Interviews are likely to be undertaken in July.

So to summarise:

- The deadline for your applications is 28th March, although we recommend getting your applications to us as soon as possible. Please ensure you factor in enough time to get the required signatures in place by this deadline
- Internal assessment at the Health Foundation will be carried out in April and May
- Interviews will take place over 2 weeks in July.
- Final decisions will be made in late July/early August
- Projects must be ready to start their set-up phase in September

The process and timeline is outlined on page 12 of the Call for Applications.

## Tips for completing your application

Now some of what I am going to say may sound really obvious but you'd be surprised how often some of the basic essentials are missed in completed application forms. So we thought it would be helpful to give you some practical tips for when you are completing your application, much of which relate to the themes that Gill has already covered.

I'm going to share some advice on what makes an outstanding application – this includes tips for completing the form but primarily relates to thinking that you should do about your project in advance.

### 1. First - It's critical that you describe your project clearly

- Assessors can far too often get to the end of an application and still not be 100% sure what the project entails. When you provide your overview of the project at the start of the application form, structure it in a way that makes a number of points clear; namely:
  - the context and background to the problem
  - what the aim of the innovation is and how it will address the problem
  - clear detail on what the intervention involves eg one application spoke about a self management information repository but was not clear whether this was for use only by GPs or directly for patients
  - detail on who will be involved in delivering the project and what methods will be used to engage them eg will patients be part of the design group or contacted via surveys only
  - and the outcomes that you intend to achieve by the end of the 15 months and how these will be measured
- Those applications that start with clarity from the outset generally go on to produce a more coherent submission.
- It's best to assume that the assessors will have a limited familiarity with the clinical context so use simple language and avoid technical jargon and acronyms. There's no need however to explain key concepts such as self management
- When you have completed a draft of your application form, ask someone unfamiliar with it to read it with a critical eye, specifically checking that you have answered each question clearly and fully.

### 2. Second - tell us why you believe your idea is the right thing to do

- Firstly, you need to be convincing that there is a problem and that you have taken steps to understand the root cause. Gill referred to the importance of using data to convey the size of the problem in measurable terms. Is it just a local problem or broader, or both? A strong application includes details on the local context eg one applicant carried out

sampling in their hospital's A&E to estimate average patient figures for their area. Is the problem static or worsening? You will need to refer to evidence in order to convince the assessor; that might be data such as numbers of patients, patient feedback on your service or increasing cost. It may also be relevant to refer to national guidance if the quality of the service is not meeting the required standards.

- What's also important to cover in your application is that you have tested your idea for a solution with others, specifically with regards to its feasibility and desirableness with all the relevant people and partner organisations who will contribute to testing it out, as well as those who will be affected by it. As an example, one project implemented a new telehealth service in A&E which was liked by patients but had not spoken with A&E staff to understand how this would fit with their ways of working. So in this process make sure you ask others to be honest in giving their views on whether they think it is a good idea. Even if everyone thinks it is, challenge yourselves by looking for any weak aspects to it. We have seen robust project implementation plans built around a flawed idea and in our experience these are applications that are unlikely to succeed in receiving a grant.

3. Third - tell us about the scale and scope of what you are doing and how you will measure impact

- In order to assess the impact that you are intending to achieve we need to know how big your project is. For example, are you making a change in a ward environment or will it be across multiple hospital sites?, Whilst it may not seem too challenging to introduce a new process or pathway, we know how challenging it can be to change people's behaviour so don't make your project too big as you'll only have fifteen months.
- Think carefully about what data you will need in order to assess the project's impact on patient care and patient experience, as well as cost – locally & to the system. You must have robust pre and post intervention data and think carefully about your process measures eg number of patients referred, outcome measures eg liver function and balancing measures eg demand for services in other parts of the system such as A&E. Think about your balance of quantitative and qualitative metrics. You need to ensure that you have the right set of baseline data and an adequate sample size in order that you can measure the impact of your intervention when you come to evaluate your project.
- A note on sample size: we've seen projects struggle when the intended sample size is compromised by factors such as slower than expected recruitment of patients or drop-out rates during the implementation phase so make sure you take into account the things that may impede achieving the numbers you are intending to achieve.
- Be clear about who is responsible for measurement and evaluation and what approach you will take, including how all of the data will be collected and by whom. What is critical is that your project is able to convincingly measure change and impact, which usually encompass the human and systems dimensions. Many projects budget for

external support for Health Economics assessments of costs, and this can help make the case for further funding.

4. Fourth - what is your approach to affecting change?

- We are interested in how you will achieve the change that you want to see since, as previously mentioned, creating new patterns of behaviour – in patients, colleagues or systems partners – is known to be difficult. So for example if staff will be required to work differently, how will they be supported and given permission to do this? If you want GPs to use a new online resource, how are you going to incentivise them to adopt it? Don't just assume they will once you tell them it's available!
- Also how will you monitor changes and feedback and what is and isn't working in real-time in your project so you can make adjustments as necessary? This programme is about learning, so we are keen to see applicants consider how they will use this opportunity to truly test & refine an idea

5. Fifth - are you involving the right people?

- Gill referred to a broad range of people potentially involved. When you come to set this out, be clear about the rationale for who you involve in the project team. You need to describe a robust project infrastructure in your application. It may be that you want a core team made up of those who are leading on the project activities and in addition have a steering group overseeing progress. In preparing your application have a good discussion about roles and responsibilities and iron out any ambiguities at that stage. We will also want to see evidence of how you have engaged those staff that will be directly affected by the project, so it is important to think about how you are representing their interests on the core project team.
- In our experience, an influencing factor with projects that have struggled has been where there is no dedicated project manager, or a project manager who is also dealing with a busy day job, for example in operational roles. The project manager role is very important in all projects as it provides the connective tissue across all project functions and activities, so think carefully about the right level of dedicated time to this role.
- And ask yourself is there anyone missing? Have you got access to the right people to cover the range of skills and expertise that will be required for a successful project? Bear in mind that it will be evident in your application form if there are any skills gaps.
- At the Health Foundation we champion the use of patient involvement in the design of your project. A stand out application can explain how patients/carers/local community was involved in the problem definition and design, and also what sort of approach you took to test out your idea with patients; for example, through informal interviews or focus groups. You should be clear about how you will reflect their involvement and how their experience will influence the course of the project on an ongoing basis. We have seen applications involving patient-centred innovations that have not involved patients directly and these do not tend to progress.

6. Finally - Thinking beyond the project.

This is an important area that you will be asked about in some detail if you are invited to interview. Thinking very early about sustainability will help you consider who you will need to engage to sustain the project, and if you are looking to spread further what mechanisms you will do this through. It is important that you demonstrate and evidence a clear and achievable strategy to sustaining your work; for example, if the intervention will need to be commissioned post our funding you will need to demonstrate how you will be putting a business case together and engaging with your commissioners throughout your project in order to achieve sustainability.

Equally if the case for sustainability needs to be made within your own organisation we have found through experience that involving senior staff and your finance team early on can reap benefits. Ask the question early about what data and outcomes they would want to see from your project which would help make the case for sustainability, as this will help you think about what to measure early on.

Do be aware that you can get support.

- Your organisation – or your partner organisation – may have people who can help
- Have a read of the form and email us with questions if you're unclear how to complete
- THF run the Q Community - an initiative connecting people with improvement expertise across the UK – with over 800 members, some of which may be in your local area or even within your organisation. Whilst they have not formally signed up to help with applications, some of them are previous award holders and all of them can be looked up via the online directory ([q.health.org.uk/directory](http://q.health.org.uk/directory)) which we will link to in the write up of this call.

## Pre-submitted questions

### **Question 1: Would an application from a Local Authority public health team be eligible to apply?**

We ask that a lead organisation either provides, commissions, supports or delivers health care services free at the point of delivery. For example, if a Public Health team, funded by Department of Health funding, was delivering health services then they would be eligible to apply as lead applicant.

An important point to note for public health projects is that we do not fund projects that have a primary focus on health promotion, screening or preventative activities where the project will not lead to direct benefits or impact on patients within the programme timescale of 15 months.

So please think carefully what your project would realistically be able to demonstrate within the timeframe.

### **Question 2: We want to design an app or apps. Would you look favourably upon funding for the design of apps?**

#### **Answer:**

It's quite a popular choice to be looking at app development, and apps are becoming more and more prevalent, so I think you would have to show that it's an innovative app and that it hasn't been used in that setting and in that way before, in order to be deemed innovative. Obviously it's hard for us to determine how innovative the intervention is without knowing the detail of your project, but certainly we wouldn't preclude the design of apps.

However please be mindful of how long it would take to develop the app and take it through any official channels for your clinical area, as there may be certain protocols that you have to go through, so just be mindful of that against your timeline. We have had a number of projects developing apps that have come up against the MHRA guidance, so it's worth taking that into consideration in your timeline and planning.

### **Question 3: Looking at the innovation descriptors that are available and considering the increased competition, is it possible to get a guideline in terms of which levels of innovations would have a good chance of being successful at being funded in terms of descriptor one, two, three or four?**

#### **Answer:**

The four descriptors that we give are not weighted in any way so it would very much depend on your project, what you're looking to deliver, and the level of innovation that is appropriate for that particular intervention. There isn't one descriptor that we're looking for over others.

### **Question 4: Can you give examples of what you consider robust evidence of innovation? We have emails from organisations confirming they agree and also a Freedom of Information request which confirms we are doing something unique in the sector. Would you consider this adequate?**

Yes we would consider this adequate evidence of innovation, it would be fine to include evidence that you have spoken with sector experts and others in your field of work who can support your claims for innovation. Evidence could also include references from published literature.

Please note that whilst it is positive that you have the Freedom of Information request we do not expect these as standard – we are really looking for some evidence that you have looked outside of your organisation and more widely in your field to support the case that what you are doing is innovative.

## Special request

Finally, I have a special request for any teams based in London.

As part of the Health Foundation's ongoing work to learn about how we can best support innovation projects, we are in the process of reviewing our application, selection and support process for Innovating for Improvement. I am therefore keen to meet with teams as they are putting together a project application so that I can see the experience from your perspective.

I'm therefore going to be sending out an email after the call to see if there are any willing volunteers for me to meet with & observe them.

If you are interested in taking up this request please email [Anna.Markland@health.org.uk](mailto:Anna.Markland@health.org.uk)