# Advancing Innovation with Managers in the NHS organisational ecology (AIMING) Project Report

## Summation of Final Report

The Vanguard programme sites (https://www.england.nhs.uk/new-care-models/vanguards/ ) have been charged with the 'share and spread' of the innovations including promoting the potential advantages of adopting new care models in the NHS with advice from the programme including: 'Don't be afraid to share your failures'; 'Share early, and share often'.

This study was commissioned by the five North East regional Vanguards[1] to explore the drivers and barriers for 'middle managers' working in and around the Vanguard programmes in the adoption of innovations. It explored, through interviews with over 30 'middle managers', the characteristics the diffusion and adoption of new care models for middle managers working in the NHS and stakeholders in partner organisations, how they found out about new care models and other innovations including mechanisms for sharing of innovation and associated processes for including the roles, responsibilities of the stakeholders involved.

This report covers the findings of research on 'share and spread' of new care models (NCMs) innovations within the North East of England, and in particular the role of 'middle managers' in the adoption and/or blocking of innovation with the view of understanding the wider innovation environment for health and social care in the region.

### Approach
The report is based on the analysis of documentation of the national Vanguard programme and data collected through a combination of interviews with key NE Vanguard project stakeholders and subsequently a wider range of 'middle managers' working in health and social care organisations in the NE region. The theoretical frame was derived from Greenhalgh et al. (2004) review of innovation in health settings which has had a major role in shaping the current policy and practice of innovation programmes in the NHS (including the current Vanguard programme).

### So - who are "middle managers"?
- Typically individuals who have extensive experience (health and social care). Employed variously through NHS foundation trusts, local authorities or partnership organisations
- Most had over 20 years of experience in health/social care. Previous positions in clinical care or frontline social care, thereafter moving to management positions or short-term Vanguard appointments

### Study Objectives
- To identify the characteristics of "middle tier" of management staff in the NE NHS and partner organisations
- To examine the barriers/drivers challenges for innovation and associated structures and processes.
- To highlight and assess the levels and types of approaches within the key contexts, in order to identify priorities, gaps and opportunities
- To identify examples of existing and potential channels, and practices of diffusing innovation, including opportunities for building capacity within the region

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[1]      www.enhancedcare.org          www.newcastlegatesheadccg.nhs.uk
www.atbsunderland.org.uk          http://www.uecnetwork.co.uk/          www.northumberland.nhs.uk
www.england.nhs.uk/new-care-models/vanguards/care-models/primary-acute-sites/northumberland

**Summation of Findings**

*Sociological*
Prominent in our research was a belief, on the part of the 'middle managers' interviewed, in the concept and efficacy of NCMs and innovation as a legitimate response to the demands of a pressurised system. However, from their perspective this was not without challenges and many expressed concerns over the new or extra work created through Vanguard activity. This included a range of new responsibilities and risks including a sense of personal risk related to a legacy of 'heroic' leadership styles, a competitive risk in the context of pressures to commodify NCMs, and the risk of an overemphasis on positive reporting emerging from requirement to formalise 'share and spread' activity.

*Ecological*
A pervasive theme in our analysis was the ecological or environmental factors surrounding the introduction of NCMs. Endemic short-termism was seen to be coupled with a legacy of professional or activity based structures, those thought to undermine a required systems focus that would emphasis care outcomes above professional or organisational delineations. This was partially exemplified by the apparent disjuncture between the short-term innovation funding streams and the creation of longer-term sustainability in the health and social care system. In parallel with the NCM work the existing system, with known tensions between commissioners and providers, was evidently problematic.  For providers, risks were associated with trialling of NCMs, given that they may not be fully implemented, yet at the same time providers expressed and apprehensive desire to know more about the concrete directions of travel from commissioners.  Meanwhile, "feeding the beast" of management information on the progress and success of an innovation as well as other performance requirements, was seen to detract from the day-to-day work of nurturing innovative and integrative work in a given locality.

*Processes in Context*
Managers observed that the processes of implementing NCMs relies largely on local readiness for innovation. Their experiences told of relatively simplistic communication improvements as providing inspiration for the mobilisation of learning, which when coupled with calls for a patient-centred approach, tended to supersede financial concerns and workforce pressures. Such developments created focal points for respondents, establishing shared purpose and localised integration. In cases of successful localised integration managers then reported that the subsequent 'share and spread' requirement, beyond the core Vanguard project, was encouraging and could facilitate the sharing of successful NCM examples beyond the North East of England.

*Participation in innovative activity*
One of the overarching aims of Vanguards is the improvement of health and social care integration. The evidence from the NE work with 'middle managers' working in local systems uncovered that social care organisations (including Local Government partners) were generally feeling undervalued in what they perceived as primarily health-centric programmes. The paradox for these organisations, working outside the mainstream health service arena, is that they considered themselves to be more responsive than NHS colleagues to the need to innovate and improve within tight resource constraints. One challenge for managers from all sectors was the clash between the requirement of the innovations to change from traditional roles and responsibilities. This was set against the difficulties that potentially temporary change brought in, and notable a difficulty in situating accountability and responsibility within and between organisations and sectors.

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## Conclusions

In terms of the determinants of this study, we found that innovation is rarely a simple process of adoption for 'middle managers'. The challenges for them are defined primarily by the local systems in which they operate and the wider pressurised environment, both of which are largely beyond their control. Our research confirmed that there were different interpretations of what NCM innovation means across both hierarchical and horizontal networks. The national management of the Vanguard programme, with a received emphasis on packaged perspectives on particular innovations such as NCMs, can act as a diversion of resources from the cultivation of supportive local environments for systematic and workforce inspired innovation. In spite of this our work found strong evidence for horizontal networks which had established collaborative innovation at local level for purposive and meaningful systems change. Local action required system readiness for NCMs, and the prospect of engaging with 'the beast' was opportunistic in the context of subversion by self-described systems 'pirates', as a contribution to local 'big picture' work.

## Recommendations

Based on our overall findings, our recommendations are that:

A. A scoping activity is undertaken to investigate the potential resources, scale and scope of a regional innovation environment to support regional and local innovation activities
B. In parallel, the STPs should work with the NEVE steering group and key partners (including Universities, NECS and AHSN) to initiate and seek resources for collaborative action in order to set the agenda for a regional approach to sustainable service innovation.

**Copies of this Report can be found at:**
http://www.necsu.nhs.uk/wp-content/uploads/2017/12/AIMING-Report-December-2017.pdf

**Summation of Final Report can be found at:**
http://www.necsu.nhs.uk/wp-content/uploads/2017/12/AIM-Final-Report-Summation-Document.pdf

## Research Team

Centre for Knowledge Innovation Technology and Enterprise, Business School, Newcastle University

- Professor Rob Wilson, Professor of Information Systems Management
- Dr Ewan Mackenzie, Research Associate
- Dr Josephine Go-Jefferies, Lecturer in Marketing
- Dr Rebecca Casey, Lecturer in Information Systems Management
- Professor Mike Martin, Professor of Social Informatics

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