Fig 1. Word Cloud derived from Capturing Issues and Challenges (see section 4.2.1)
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1 Document Control

1.1 Details of Authorship

Prepared by
NESC HIEC Project Team

1.2 Version Control

<table>
<thead>
<tr>
<th>VERS</th>
<th>REASON FOR CHANGE</th>
<th>DATE</th>
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</thead>
<tbody>
<tr>
<td>V1.2</td>
<td>Final</td>
<td>29-Jun-2009</td>
</tr>
</tbody>
</table>
2 Introduction

2.1 Purpose of Document

The purpose of this document is to describe the feedback obtained from the SHA HIEC Stakeholder Event on 22 June 2009 and the process used to obtain it.

This document summarises the method adopted during the day to work with the stakeholder delegates to identify and focus on key themes to discuss, and on an analysis of the information obtained.

2.2 Structure of the Document

Section 3 explains the method used to obtain the feedback from the event in four main steps

Section 4 analyses the feedback from each of the four steps

Section 5 summarises key findings

3 Method

The stakeholders were seated at tables in a café style. A series of presentations was given which described the background to the concept of the HIEC and what it might look like. Two prospective HIEC bidders, Thames Valley and Wessex, presented their visions. Final comments were then made about the timescales of the bidding process.

The feedback process consisted of four main steps:

3.1 Objectives of the Day – Discussion

In the first step the stakeholders were asked, by table, to record what their objectives for the event were on flip chart paper so they could be posted on the main board. These objectives were then grouped and turned into a slide of key objectives for validating at the end of the event. The output from this is shown in Section 4.1.

3.2 Capturing the Issues and Challenges – Discussion

In this step the stakeholders were asked, at their tables, to write down their initial thoughts about the issues and challenges raised by the creation of HIECs and the bidding process. These were to be phrased in the form of questions written on Post-It Notes. Each tables’ Post-It Notes were then posted on the main board. The questions and comments were grouped together into themes for exploration in the
next step. The relevant Post-It Notes were attached to a flip chart sheet for each theme. **The output from this is shown in Section 4.2.**

### 3.3 Shaping and Influencing Local Visions – Discussion

Stakeholders were asked to attend the discussion on the theme of their choice. The discussion was facilitated by a representative who used the questions and comments from the appropriate theme to trigger debate. These discussions were repeated twice so that stakeholders were able to give their thoughts about two themes.

In this step the idea was to attempt to answer, and give further feedback, to the questions posed in the second step, in the form of Post-It Notes. These comments and answers were then kept with the original items from the themes to form a database of text from the event. **The output from this is shown in Section 4.3.**

### 3.4 Next Steps – Form

At the end of the event stakeholders were asked to complete a Next Steps form. **The output from this is shown in Section 4.4.**

### 4 Analysis

#### 4.1 Attendance

The event was attended by 117 people from 61 organisations, see Fig 2.

![Pie Chart](image)

**Fig 2. Composition of organisations where Other = 3rd Sector, Professional Bodies and Local Authorities**
4.2 Objectives – Discussion

The objectives identified by the stakeholders grouped into the following structure:

- Desire to leave with greater clarity about what:
  - a HIEC is and the problem it is seeking to address
  - will be the balance between innovation and education in a HIEC?
  - the common aims are
  - the likely partnerships which will be formed to create it/them
  - the number of HIECs the SC SHA is looking for
  - opportunities exist with the creation of HIECs
  - the output measures for a HIEC will be

- Clarity about SHA direction and support for developing HIEC proposals to a successful conclusion

- To receive information which:
  - makes clear what the objective is
  - identifies what the business requirements are for a HIEC
  - determines how the challenge of collaboration may/will work

- Enables the potential partners to cement a way forward

- To leave with real clarity on what we are actually going to do

- To confirm if a HIEC is essential for shaping vision and action?

- Is the HIEC a catalyst for co-operation to lead multi-disciplinary workforce planning/training? Are the incentives right to allow this?

4.3 Capturing the Issues and Challenges – Discussion

4.3.1 Analysis by “Word Cloud”

The text captured to the discussion around issues and challenges was input into [www.wordle.net](http://www.wordle.net) to create a Word Cloud – a graphical representation of the text giving greater prominence to words that appear more frequently (see Fig 1 on front sheet of report). This is a powerful way of summarising the output from the discussion and visibly shows where the focus of discussion took place.

Note that the word “work” was meant in the context of “how will the HIEC work?”

4.3.2 Consolidation into Themes

The issues and challenges were consolidated into six themes as follows:

**Vision:** What is the vision and strategy for the HIEC? How will HIECs work with each other? How will the bid process best work for two HIECs?
**Governance:** How will governance, finances and funding, competition, structure and commissioning be managed?

**Stakeholders:** How will the membership of the HIEC work? How will partners work with the HIEC? How will all stakeholders be engaged and involved.

**Innovation:** How will innovation be identified and managed by the HIEC? How will the issue of intellectual property be dealt with?

**Implementation:** How will the HIEC be made to work, including the bid being produced and the partnership created and managed?

**Success:** How will success be measured including measures and benefits.

The number of Post-It Notes per theme was also analysed to assess the priorities of concern. This is shown in Fig 3.

![Fig 3. Themes](image)

Next follows an analysis of the themes examining the key considerations raised:

<table>
<thead>
<tr>
<th>THEME</th>
<th>Examples / Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.3 VISION</td>
<td></td>
</tr>
<tr>
<td>Why have a HIEC?</td>
<td>What will be the added value of having a HIEC? What new things are likely to happen as a result? (The HIEC bid panel will be looking for the biggest bang for their buck)</td>
</tr>
<tr>
<td></td>
<td>Why do you need a HIEC to enable collaborative working?</td>
</tr>
<tr>
<td></td>
<td>What can we accomplish ONLY by being in a HIEC - exactly? Why hasn't this already been done?</td>
</tr>
<tr>
<td>THEME</td>
<td>Examples / Recommendations</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------</td>
</tr>
</tbody>
</table>
| What is the vision? | We need a shared vision  

Strategic direction first  

Aren't HIECs and purchaser/provider split mutually incompatible?  

How does a HIEC differ from a cartel?  

How will HIECs engage with other HIECs? |
| 4.3.4 GOVERNANCE | |
| What needs will the HIEC address? | |
| How to avoid HIEC becoming another silo? | How does a HIEC achieve sustainable funding? Is this about surplus income or savings to be shared across health economy?  

£1m only for South Central this year. Is there really more to come?  

Does all the money from education from SHA go to HIEC or its individual organisations, then they pay a contribution to the HIEC?  

Will HIECs pull funding from existing work?  

Does all the money from education from SHA go to HIEC or its individual organisations, then they pay a contribution to the HIEC?  

What will the £500k be spent on? Pump priming new educational courses? To spin out products?  

**Recommendation:**  
"Development Fund" model. Each partner commits to inputting X amount of £ into HIEC for pump-priming new collaborations, which could then be used to leverage £ from other funding sources. |
| How to prioritise? | What are the overriding health needs we need to tackle?  

Priorities and competing demand: How will the steering group decide which is the most 'important' priority?  

Does the SHA or PCT commissioning function have a decision making role?  

How to agree focus for first set of 'test and finish' programmes? End of life as Darzi pathway? Dementia national strategy? Others? |
<table>
<thead>
<tr>
<th>THEME</th>
<th>Examples / Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>How should the HIEC manage contestability?</td>
<td>Recommendation: Avoiding 'reinventing the wheel' on the issue of 'contestability' - let's learn from and build upon it</td>
</tr>
<tr>
<td>How should the HIEC be involved in the commissioning process?</td>
<td>Does commissioning go on across the SHA boundaries, or only from a HIEC within the SHA's area? Should HIEC commission on core pathways?</td>
</tr>
<tr>
<td>How to avoid conflict of interest for industry?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.3.5 STAKEHOLDERS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Who needs to be involved?</td>
<td></td>
</tr>
<tr>
<td>How will partnership work?</td>
<td></td>
</tr>
<tr>
<td>Who will be members?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.3.6 INNOVATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How does the HIEC bring about innovation?</td>
<td>Does HIEC commission innovation on behalf of its members?</td>
</tr>
<tr>
<td></td>
<td>What is the purpose of innovation? E.g. wealth-income generating through existing discovery model of drugs and medical devices OR health-generating savings through managing patients more effectively?</td>
</tr>
<tr>
<td></td>
<td>Will innovation be stifled if not part of the HIEC?</td>
</tr>
<tr>
<td></td>
<td>How will HIECs manage the tension between research regime and the need for achieving innovation?</td>
</tr>
<tr>
<td>How will intellectual property be managed/shared?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.3.7 IMPLEMENTATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How to get started?</td>
<td>Recommendation: Focus on one thing and make it work - keep it simple</td>
</tr>
<tr>
<td>How can the HIEC support culture change?</td>
<td>How to arrive at a clear mechanism to make change happen e.g. in education, curriculum, workforce?</td>
</tr>
<tr>
<td>How will the HIEC communicate?</td>
<td>How do we make communication pathways?</td>
</tr>
<tr>
<td></td>
<td>How do we keep the existing workforce up to date as practice changes? Secondary and primary care?</td>
</tr>
<tr>
<td>THEME</td>
<td>Examples / Recommendations</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>4.3.8 SUCCESS</td>
<td>What measure will the HIEC use to judge success?</td>
</tr>
<tr>
<td></td>
<td>Will HIECs be measured through: Audit? Evaluative research?</td>
</tr>
<tr>
<td></td>
<td>How to measure how well the partnership is working?</td>
</tr>
<tr>
<td></td>
<td>Different measures depending on the project: Students, System change, Patient experience</td>
</tr>
<tr>
<td></td>
<td>Difference to patient experience, outcomes</td>
</tr>
<tr>
<td></td>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Use existing measures</strong></td>
</tr>
</tbody>
</table>
4.4 Shaping and Influencing Local Visions – Discussion

This discussion sought to develop ways to move each Theme forward. The results are shown here:

4.4.1 Vision

Ways forward:

- HIEC must reduce tension between provider and commissioner in order to address contestability
- HIEC must have a clear vision for funding
- HIEC could help break down barriers
- Big vision exists, the challenge is in implementation
- HIECs could be a test bed leading to prototypes and incubating ideas
- HIEC vision must lead to working differently/change
- Commissioner needs to work differently
- Joint priorities. These must be agreed. Incentives must be chosen to match HIEC vision. This is a big change
- Pay by outcome not by organisation
- Be bold and not constrained by current status
- Cultural change/organisational change
- HIECs must work together to remove duplication
- Understand the role of SHA in commissioning HIEC - between now and September and ongoing.
- Best practice must be spread more effectively. This is an opportunity to formalise how to achieve that
- Understand the link to NICE
- Understand the full scope of HIEC and how it covers education, training and innovation
- Use care pathways as way of focusing on quickwins

4.4.2 Governance

Ways forward:

- Avoid building a bureaucracy
- Answer “what’s in it for me?”
- Manage collaboration versus competition
4.4.3 Innovation

A model was identified to illustrate how the HIEC could support innovation, see Fig 4.

![Innovation Diagram]

Fig 4. How a HIEC might support innovation

4.4.4 Stakeholders

Ways forward:

How to manage membership?

- Establish an inner circle
- Establish a shared vision
- Determine what constitutes membership
- The HIEC will require strong leadership
- The HIEC will require clarity over partnership
- The bigger the area the worse it is to make relationships work.
- Size of partnership is important - small is beautiful; change things quietly
- Get governance right
- Address competition v. partnership
- Create collaboration across public and private sector
- Address the scope of the HIEC - consortium of educational providers
- ROI – should get a better return doing it together
• Get the right project groups together for relevant bids?

Who will lead the bid?

• One representative from each centre
• Joint ownership
• All members to commit on governance
• Sequential phasing but after strategy sorted
• Comprehensive local research network model
• Hard core top level - drawdown from expert
• Be selective and practically flexible re partners for specific action
• Commissioners are key
• Involve public and patients
• Don't plan too much
• Work at engaging/identifying stakeholders

4.4.5 Implementation

Ways forward:

• Idea for structure - small central group that co-ordinates the group/activities and then engage the stakeholders when necessary, use the SHA pathways as a focus for the work pathway.
• Use the programme directors to do the “grabbing” and the networking.
• Begin with working on mandatory training as a quick win.
• Create a legal entity and then once you get the HIEC flesh it out with ideas. Have a simple statement of vision. Sort full governance later. Give some practical examples of what a HIEC might do / work on / achieve.
• Show how the HIEC sits between Academic Health Science Centres and Innovation Hubs. HIECs will receive ideas and decide what work it wants to progress.
• All trusts to contribute to a central pot in the first instance. Some benefits to be accrued to them as stakeholders.
• Begin with tasks that can have quick wins before moving on to more complicated tasks
• HIEC becomes a Dragons Den - commissioners become the judges.
• HIEC could address: Basic Improvement Science, Change Management, Patient Safety. All NHS staff need to be trained in this.

4.4.6 Success

Ways forward:

• Use existing measures and agree: which ones matter, which ones can be delivered, which ones deliver on quality and productivity.
• Quantitative examples - number of people completing x module.
• The Darzi work in the pathways should set the agenda. This is the vehicle for delivering that vision.
• Capture reasons why an innovation has failed.
• Need to focus on specific measure e.g. performance on stroke sentinel audit: evidence based, cross cutting.
• Use stroke example project measured by sentinel audit improvement.
• Department of Health concept of success and NHS South Central success needs to be the same.
• Sustain improvement as well as achieve it in first place.
• At end of year 1 delivered on one issue, agreed programme of 3 for next year.

4.5 Next Steps – Form

The Next Steps form asked five key questions and was completed by 72% of attendees in the Trust/PCT/HEI/Industry Other categories (see Fig 2). An analysis of the responses is shown below and the content will be used to conduct ongoing stakeholder management.

4.5.1 What value did this session have for you?

80% of those responding felt the session clarified what a HIEC might be. Some felt that their understanding had been made more complicated or not enhanced by the event. A few found the event specifically helpful for networking. See Fig 5.

![Fig 5. Value of session](image)

### 4.5.2 What role do you want to play in the HIEC bid process?

All respondees wished to play a role in one of the following ways. See Fig 6.

- Watching – Maintaining awareness of the bid process. Acting as observer.
- Helping – Supporting and providing input to the bid. Acting as advocate.
- Making It Happen – Responsibility for regular input, involvement and feedback in shaping bid. Acting as a sponsor and/or change agent.
4.5.3 What are your next steps?

Every respondent replied with an action mainly concerning talking further with partners and working on the bid process.

4.5.4 What support would you like to achieve these?

Respondents wished to see the information from the event shared via the website, support with partnership building and admin/project support for the bid process.

4.5.5 How would you like to be kept advised of progress?

- Email 91%
- NESC website 37%
- Conference calls 24%
- Regular Meetings 29%

4.6 Key Conclusions

The majority of stakeholders responding to the event (87%) believed it delivered in meeting the objective of providing greater clarity about HIECs. (See 4.1 and 4.4.1).

The majority of stakeholders attending the event (64%) have committed to playing a role in the bid process. (See 4.4.2)

The key issue that needs to be considered in defining a successful HIEC is its governance. (See Fig 3, 4.2.4 and 4.3.2)

All future updates will be posted on the website at: http://www.nesc.nhs.uk/about_nesc/hiecs.aspx