



Health and Wellbeing
Best Practice and Innovation Board

Final Report

January 2014

Document Information

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Ministerial Foreword

Professor Mark Drakeford AM
Minister for Health and Social Services

I strongly believe that innovation is the key to improving the quality of health and social care services in Wales.

I want to see a planned national health system which delivers equitable access and outcomes for people wherever they live in Wales, which helps people to engage with and to take responsibility for their own wellbeing and health, and which routinely and relentlessly applies new learning and understanding into practice as a key principle of delivering prudent healthcare.

Given current budget challenges, applied innovation in health and social care is an imperative for the Welsh Government. But this is also a global challenge, so there are potential economic and reputational benefits from meeting the challenge of providing high quality services which are efficient and sustainable.

I welcome the Board's whole system view of health and wellbeing, covering all sectors and stakeholders, including business. I endorse its guidance on technology adoption and its recommendations on strengthening links between health and wealth - these point to the shared value that can be created in Wales from bringing clinical, academic, third sector and business communities together.

I wish to record my thanks to members of the Health and Wellbeing Best Practice & Innovation Board for their work, which will inform the continued improvement of health and social care services in Wales.

1: Background

The Board

The Health and Wellbeing Best Practice & Innovation Board ('the Board') was established in 2012 by Lesley Griffiths AM, the Welsh Government Minister for Health, Social Services and Children.

Its purpose was to add value to the identification and implementation of system-wide innovation and the rapid adoption and diffusion of best practice and transformative technologies, service models and models of delivery. The Board has focused on assisting in accelerating the pace of innovation relevant to health, social care and wellbeing, and supporting the systematic identification and spread of best practice.

The Board was established as a time limited mechanism, with the independent Chair and the Board members appointed by the Minister for two year tenure. A Programme Director and Programme Administrator were also appointed to support the Board in taking forward its programme of work. A list of Board members and support staff is provided at Annex 1.

Terms of Reference were developed and are set out in Annex 2. These reflect the Minister's requirement that the Board should focus on accelerating the uptake of evidence based best practice and innovation across the health and social care system, with an emphasis on partnership working with all key stakeholders to achieve agreed outcomes.

Health and Social Care Context

The health and social care system in Wales is experiencing significant challenges in meeting increasing demand for services at a time of financial constraint. Such pressures require broader thinking and consideration of alternative models of delivering services.

There is increasing recognition that working across organisational boundaries can help identify innovative models of service delivery and drive the adoption of evidence based best practice. Improving service delivery involves a wide range of partners and stakeholders and requires more rapid and effective application of research and learning into practice. There is scope to further develop partnership working with industry in Wales, where that offers shared value to health and social care providers and to the Welsh economy.

Innovation and improvement has often been driven by the provision of either a grant or other dedicated resources, leading to 'add on' approaches rather than the transformative change management that would embed such change into core delivery. Additionally, innovation initiatives are often small scale projects seeking to test new solutions in discrete contexts, leading to fragmentation and an inability to 'scale up' to wider application. In line with national policy, the Board has been mindful of the need to ensure that national direction is balanced with local flexibility, and has sought to protect principles of co-production and a citizen centred

perspective. This will ensure that the culture of health and social care provision in Wales encourages and sustains innovation and improvement, to support the delivery of health and social care services, and improve the health and wellbeing of people in Wales.

Policy Position

The 2011 *Programme for Government*¹ sets out the Welsh Government's vision - to improve the lives of people in Wales by ensuring healthy people are living productive lives in a more prosperous and innovative economy. It establishes the principles that guide the Government's approach - investing in infrastructure, skills, innovation and improving the public sector and business environments. Specific commitments include:

- Strengthening the conditions that will enable business to create jobs and sustainable economic growth;
- Supporting the delivery of effective and efficient public services that meet the needs of people in Wales;
- Better health for all with reduced health inequalities;
- High quality, integrated, sustainable, safe and effective people-centred services that build on people's strengths and promote their well-being.

*Together for Health*² (2011) describes the challenges and demands facing healthcare over the coming years and sets out the ambition that people in Wales should have access to health services that match the best in the world. *Sustainable Social Services*³ (2011) reflects the same messages and sets a similar challenge for local government, recognising that doing more of the same will not provide sustainable, responsive social care services within the context of growing demand. It also recognises that both NHS and local government organisations need to work together in partnership to develop more sustainable and citizen centred services.

Welsh Government policy is clear that, if Wales is to address and reduce inequalities and ensure that health and wellbeing outcomes are amongst the best, the status quo is not an option. There is much in Wales to be proud of, but this should not lead to complacency – the continuous search for new and better ways of doing things is essential if Wales is to ensure a modern, sustainable range of services in the years ahead.

The Board was one of a number of strategic actions put in place to achieve that world class ambition by adding value to the identification and implementation of

¹ *The Programme for Government*, Welsh Government.
<http://wales.gov.uk/about/programmeforgov/?lang=en>

² *Together for Health: Five Year Vision for the NHS in Wales*, Welsh Government.
<http://wales.gov.uk/topics/health/publications/health/reports/together/?lang=en>

³ *Sustainable Social Services for Wales: A Framework for Action*, Welsh Government.
<http://wales.gov.uk/topics/health/publications/socialcare/guidance1/services/?lang=en>

system wide innovation and the rapid adoption and diffusion of best practice and transformative technologies, service models and delivery.

Innovation Wales

The Welsh Government has recently completed an extensive consultation on the development of a new innovation strategy. Innovation Wales⁴ has been produced as a result of this consultation and has led the Welsh Government to identify one overriding principle - that it should promote, encourage and enable innovation across the whole economy, but that key investments should be made on the basis of clear strategic priorities, built on Wales' strengths. The strategy identified five key themes for action on innovation:

- Improving collaboration
- Promoting a culture of innovation
- Providing flexible support for innovation
- Innovation in government
- Prioritising and creating critical mass

The health and social care system is a key part of this approach, which is closely linked to the support for research and development provided through the National Institute for Social Care and Health research (NISCHR).

⁴ *Innovation Wales*, Welsh Government
<http://wales.gov.uk/topics/businessandconomy/publications/innovation/?lang=en>

2: Programme of Work

Definition and Content

The Board was established by the Minister for Health and Social Services to add value to the identification of innovation, and the rapid adoption and diffusion of best practice. It has a systems wide remit, seeking to identify and progress opportunities relating to transformative technologies, service models and modes of delivery.

Within this broad context, the Board sought to:

- Identify and support the implementation of systems wide innovation;
- Identify best practice transformational technologies, service models and modes of delivery and create the context for spread and adoption.

In undertaking its work, the Board considered broader innovation and best practice, including particularly those originating from academic and business sectors. Given its very broad scope, the Board adopted a thematic approach, focusing on a small number of issues, and prioritising its work to optimise its impact.

All of the Board's actions were linked to the *Together for Health and Sustainable Social Services* direction and priorities, and reflected innovation both from a systems perspective and for individual interventions.

The Board's original terms of reference are attached at Annex 2.

Structure and Accountabilities

The structure adopted by the Board for delivery was the establishment of a Programme Board. This had responsibility for setting the overall work programme and related work streams, and oversaw progress and dissemination to ensure delivery of the agreed objectives and outcomes.

The Chair had a broad remit to ensure engagement with all appropriate representatives, to represent the Board at national level, and to ensure that relevant and appropriate policy and strategic development advice was offered to the Welsh Government.

The Board was accountable to the Minister for Health and Social Services, through the Director General of the Department for Health and Social Services, Welsh Government. Through the Chair, the annual work programme was agreed with the Director General, NHS Chairs and Chief Executives, local government Cabinet members and Chief Executives, and subsequently endorsed by the Minister for Health and Social Services.

The Board's membership is attached at Annex 1.

Workstreams

Workstreams were established to reflect the Board's systems wide approach to prioritisation. Each workstream was chaired by a Board member or a recognised expert who reported regularly to the Board on activity and progress. These workstreams were:

- Integrated Services;
- Incentives and Investment;
- Leadership, Culture and Employee Engagement;
- Access to Evidence;
- Knowledge Transfer;
- Health, Social Care and Business;
- Public and Patient Engagement.

The Programme of Work

The actions undertaken by the Board and its constituent workstreams included:

- Analysis of current systems and the broader policy and strategic context within which the Board operated;
- Wide scale horizon scanning relevant to the Board's remit, including business, enterprise, industry, academia, and UK wide/global developments;
- Commissioning literature reviews and research appropriate to the Board's activities and remit;
- The dissemination of relevant material arising out of other national processes, including the Public Services Leadership Group and the Welsh Government Good Practice Wales website;
- Completion of the *Call for Evidence* submissions process, with a final report providing analysis of the responses and a series of Recommendations for the Minister;
- A mapping process undertaken to identify organisations, sectors and funding streams relevant to health and social care innovation and best practice in Wales, UK and internationally;
- Collaboration with the Board of Community Health Councils (CHC) to explore their role in the innovation and best practice agenda, using Aneurin Bevan HB area as a test site;
- Extensive engagement across all sectors, by the Board and its Workstreams, including facilitated events and a national conference focusing on the opportunities provided by the better use of technology, including the potential opportunities and impact in rural settings;
- *Determinants of Effective Integration of Health and Social Care* - advice provided to Welsh Government to support policy development;
- *Technology Adoption Systems Guidance* - guidance to support the systematic adoption of technology through a consistent all Wales process;
- *The Essential Leadership Pre-requisites for Innovation and Best Practice* – advice to inform further work on leadership by Academi Wales and other improvement agencies;

- *Innovation and best practice criteria and prioritization* – a matrix to support the screening of Welsh Government Invest to Save bids;
- *Information Driven Improvement* – a report on the fundamental role of information in improvement and the development of measures that capture improvement;
- *The Characteristics of High Performing Organizations* – a report on the QUEST methodology;
- *Recommendations on Health and Wealth in Wales* – advice and recommendations on a systematic approach to innovation, linking health and wealth policy aims and objectives.

3: Evidence

The Process

The Board recognised at a very early stage the need to undertake a benchmarking process – seeking to identify contemporary issues impacting upon innovation and best practice – and also to capture views and opinions on the levers and barriers that can impact upon the ability to deliver environments within which best practice can be identified and adopted and innovation be nurtured.

The *Call for Evidence* process sought to gather views and information on the following key areas:

1. The approach to organisational learning and knowledge management;
2. The 'delivery systems' in place to ensure a systematic approach to innovation and best practice adoption and diffusion;
3. The systems in place to allow and encourage the seeking out of best practice from others;
4. Support systems in place to encourage staff to introduce new ideas and technologies;
5. The management of intellectual property;
6. The systems in place to monitor and continuously improve person-centred outcomes;
7. The arrangements in place to review best practice from others and compare it with current systems;
8. Actions taken to stop outdated and ineffective models of care;
9. The enablers to innovation and the diffusion of best practice;
10. The barriers to innovation and best practice adoption/diffusion;
11. The opportunities for the health and social care systems in Wales to learn from other national and international systems;
12. Views on the focus for the Best Practice and Innovation Board during 2013/14.

In addition to these questions, respondents were invited to share examples of innovation and the adoption and diffusion of best practice.

Methodology

The *Call for Evidence* data collection process commenced in December 2012 and concluded on 28 February 2013. The *Call for Evidence* was circulated widely across NHS Wales; local government; third sector; independent sector care providers; the regulatory and improvement agencies; academia; professional organisations and bodies; business and industry. Recognising the need to be able to support and encourage responses, and to be able to respond promptly to queries, a specific resource was identified with an academic and research background within health and social care to offer support, advice and guidance during the submission process.

A database was developed to record submissions and key information (such as sector, categories, evidence and outcomes) to ensure the responses could be interrogated appropriately in the future. In addition to the database, a log was also created to ensure every contact (irrespective of whether this contact resulted in a submission) was captured.

Given the approach adopted – of a template containing key questions and an invitation to submit evidence and share work underway – the responses were analysed and presented in three categories:

- Direct responses to the specific questions presented on the circulated template;
- Examples of innovation and best practice, provided in free text;
- Examples of publications and additional academic evidence referenced in the responses.

Respondents were given the opportunity to submit information anonymously, or to request that their information was not published or shared with others. No respondent took up this option.

Responses and Summary Findings

A total of 101 submissions were received. Of these 34 completed the questions on the template; 48 provided examples of innovation and/or best practice; and 17 provided examples of literature and additional evidence. These responses were analysed and distilled into ten key conclusions:

1. Improvement and change is best progressed when there is support from across all levels of organizations and, where appropriate, across sectors. 'Top down' approaches that fail to recognize and facilitate pathways between senior leaders and frontline practitioners can lead to a cultural collision at middle management level, with the risk of a disconnect between those responsible for delivering high quality services and those at a senior level.
2. The need for local discretion in developing new models of care was recognized, within the context of national direction. Externally driven approaches that fail to allow local partners some control over the range of services provided is unhelpful – locally grown solutions allow responsibility for managing to be retained and owned at the point of care delivery resulting in a more participative organisational culture and sustainable improvement.
3. Accessing to real time data to support improvement is essential but still problematic. The reporting of data for performance purposes to monitor compliance against targets was viewed in a negative context. Respondents were clear that data collected for improvement should not then be used as a proxy for performance data and to measure comparative performance. The value of outcome based measures that operate across sectors was recognized but continue to be limited.

4. Systems do not exist to support primary care innovation and best practice being identified and shared across both other primary care practitioners and the whole health and social care system.
5. National policy tends to operate on a 4-5 year basis, related to the political cycle. This risks a focus on shorter term delivery, further compounded by the one year business delivery requirements. Models that require several years to implement and begin to provide results can get lost within the shorter term approach. Driving improvement requires sustained vision and determined leadership, supported by consensus and co-production.
6. In identifying innovation opportunities and the adoption of best practice there needs to also be a focus upon the decommissioning of outmoded services/models of care. This should be undertaken from a governance perspective and will release time and resources to support, invest, and implement alternative evidence based approaches.
7. Business/industry respondents viewed the public sector in general and NHS Wales in particular, to lack agility, making it difficult to respond appropriately through the flexible use of resources and services to changing need and to new and/or innovative opportunities.
8. Organisational behaviours are based upon risk averse/permission based cultures can stifle innovation and remove ownership and responsibility from those at practitioner level who are pivotal to driving change. Organisational cultures that create the environment within which innovation can flourish need to recognise that becoming more innovative will mean being prepared to fail.
9. There is growing evidence that silo finance models block innovation opportunities and can create cultural disconnect, especially if the benefit is experienced within a different part of the organisation to that expected to resource it. A move towards a more pathway based resource model will allow benefits to be identified by those with ownership of the service.
10. Whilst systems exist to identify evidence based good practice, there is limited opportunity to capture outcomes and share with others on a 'once for Wales' basis. The evidence base is also growing that small scale changes are very closely linked to the local pattern of services, and the potential to 'scale up' and embed more widely is limited. Instead the requirement needs to be the identification of key principles that should be applied more consistently, with the actual pattern of services developed to reflect these principles owned and implemented locally.

4: Recommendations

Based on the evidence gathered through the *Call for Evidence*, the Board's extensive engagement activity, and the expert knowledge of Board members, the Board concluded that there continues to be significant opportunity to use innovation as a driver for change and improvement across health and social care services in Wales. In particular, new technologies and approaches can help with the remodelling of services so that they are delivered as close to home as possible, avoiding disruption to usual living and care arrangements and protecting what can be fragile independent living.

The Board has delivered a number of advice and guidance documents. Some of these promote equitable access to health and social care throughout Wales. For example, by moving to a more consistent approach across Wales or reducing difference in service responses based upon where a person lives. Others aim to place the person at the centre of service planning and delivery. For example, by identifying system level issues that could be addressed to make better use of public resources and to deliver sustainable high quality services. Collectively, these reports provide a range of advice and recommendations on improving the identification and adoption of best practice and creating an environment within which innovation can flourish.

A key opportunity identified by the Board was the relationship between health and social care sectors and business/industry. A facilitated meeting early in 2013 with business leaders in Wales identified a willingness and enthusiasm from the private sector to working with public sector services in a more managed planning process, seeking to avoid ad hoc engagement that does not make the best use of the opportunities provided by industry innovation. *Recommendations on Health and Wealth in Wales* is a key document that will support the ongoing development of this relationship, with recommendations that will ensure more robust relationships will be in place to support future planning intentions.

The Board has submitted its recommendations to the Minister for Health and Social Services, who has committed to considering their application and impact across the full range of health and social care related policy development. These recommendations align to the ten key messages highlighted from the *Call for Evidence* process:

1. We recommend that organisations review whether current pathways facilitate a direct relationship between senior leaders and frontline workers and/or care providers - who are the experts in delivering care and support - to ensure a balanced approach is in place. The leadership paper issued by the BPIB in June 2013 includes recommendations that refer to the need for leaders across sectors to commit to a distributive form of leadership, and to creating organisational cultures that are participative and recognise and reflect the need for improvement to be driven by practitioners at the point of care delivery. The Welsh Government has a role to play in creating the climate within which such cultural change will thri

2. We recommend that Welsh Government, in setting its policy and performance requirements, reflects the need to delegate both accountability and responsibility to organisational and sectoral leaders for the modes by which national requirements are delivered – i.e. there should be an appropriate balance between national direction and local discretion. Success should be measured via outcomes rather than upon compliance with pre-determined requirements that can hinder improvement. Organisations across sectors should seek to reflect the characteristics of high performing organisations described within the evaluation of the QUEST model including rebalance measuring success away from a focus on process driven performance targets to one that reflects outcome based measures.
3. We recommend that all sectors recognise the need to move towards information based change, including the appropriate and safe sharing of data across organisational and sectoral boundaries. This requires the routine collection of comprehensive and consistent data, and urgent progress in the implementation of shared care records, to: improve data quality; provide a foundation for robust outcomes-based reporting and comparison; identify areas most in need of improvement; and to promote evidence-based evaluation of the impact of innovation. The specific recommendations within the 'Information Driven Improvement' report should be implemented to support whole system change.
4. In line with national policy commitments and service developments, we recommend that work be undertaken to focus upon and identify innovation within community settings, and that this work be used as the basis for consideration of the most appropriate model to ensure cross fertilisation across community care services. This work needs to recognise and manage risk and seek to ensure that independent living is protected and supported.
5. We recommend that Welsh Government recognises the limiting impact of policy developed over such a short timeframe, and commits to moving towards the development of policy over a longer time frame, recognising that policy impacts will not necessarily be seen within the lifespan of a single government. There should be a divide between government and those public sector organisations delivering services.
6. Welsh Government should expect organisations to have in place an ongoing programme of disinvestment in those services that no longer reflect a contemporary evidence base.
7. We recommend the Welsh Government develops a clear vision of a healthcare innovation system which systematically turns potential into outcomes, with a clear focus on addressing areas of need through research, harnessing innovation at the front line of healthcare delivery, and translating ideas, invention and discovery into applied benefits for patients and into more efficient healthcare services. A clear expression of how health and wealth outcomes are linked and a significant increase in industry collaboration are critical factors.

8. We recommend that organisations ensure that accountability arrangements are clear and robust, and that decision making is transparent and supported by data. The Welsh Government should ensure the forthcoming review of regulation considers how regulatory functions can contribute to creating a culture of learning from innovation rather than focusing simply on compliance and failure.
9. We recommend that Welsh Government considers the incentives that would explore the potential to implement pathway based resourcing across general NHS budgets, initially tested via a prototype model working with, and advised by, NHS Wales Shared Services Partnership. Incentives that operate across sectoral boundaries – such as formal pooled budget arrangements - also need to be reinforced and encouraged in order to ensure partners make the best use of resources and develop robust and sustainable models of care and support.
10. We recommend that senior leaders should ensure that evidence based improvement focuses at population level to achieve maximum impact. Pilots that are used to test out potential solutions should specifically consider and factor in the potential to scale up improvement. The Essential Leadership Prerequisites for Innovation and Best Practice paper issued by the Best Practice and Innovation Board in June 2013 recognises this issue and the value of training staff in improvement methodologies as a key element of creating an adaptive organisational culture.

The Board commends this final report to the Minister. The Board's advice, guidance and recommendations should inform and support future policy development, contributing to the continuous improvement and transformation of health and social care services in Wales.

Finally, the Board wishes to extend its thanks to all those who: took the time and effort to respond to the *Call for Evidence* and/or provided advice and guidance to the Board during the development of its products; to workstream members who willingly assisted in the development of key aspects of the work programme on top of their busy working days; and to Welsh Government officials who contributed significantly to the overall outputs of the Board.

Health and Wellbeing Best Practice & Innovation Board Members

Chair(s)

Mrs Jan Williams	Chair to 31 July 2013
Professor Sir Mansel Aylward	Chair from 1 August 2013

Board Members

Constance Adams	Senior Policy Officer – Wales Council for Voluntary Action (WCVA)
Prof Helen Bevan	Chief of Service Transformation - NHS Institute for Innovation and Improvement
Helen Birtwhistle	Director - Welsh NHS Confederation
Alan Brace	Director of Finance - Aneurin Bevan Health Board
Jo Carruthers	Director of Academi Wales/Public Service Management Wales – Welsh Government (WG) (from February 2013)
Tina Donnelly	Director - RCN Wales
Ifan Evans	Deputy Director, Healthcare Innovation - Welsh Government
Sue Evans	Chief Officer Social Care and Housing, Torfaen County Borough Council (from June 2013)
Abigail Harris	Director, Strategy, Policy and Primary Care - Welsh Government, Department of Health, Social Services and Children (to August 2013)
Albert Heaney	Director of Social Services Wales, Welsh Government (from February 2013)
Bob Hudson	Chief Executive, Public Health Wales (to 30 November 2013)
Dr Phil Kloer	Director of Clinical Services - Hywel Dda Health Board
Prof Ronan Lyons	Professor of Public Health - College of Medicine, Swansea University

Paul Matthews	Chief Executive - Monmouthshire County Council
Dr Paul Myres	Chair of Royal College of GPs Wales
Martin Palfreman	Head of Social Services Directorate, WLGA (to 6 September 2013)
Carys Thomas	Head of NHS R & D Strategy and Funding - National Institute for Social Care and Health Research (NISCHR)
Dr Gwyn Thomas	Director of Informatics (Health and Social Services)/Chief Information Officer – WG (to August 2013)
Steve Thomas	Chief Executive – Welsh Local Government Association (WLGA)
Dr Alan Willson	Director, 1000 Lives Plus

Support Team

Gaynor Williams	Programme Director
Sheena Jones	Programme Administrator
Fatima Downing	Workstream Support Officer (from 11 March 2013 – 19 July 2013)

Health and Wellbeing Best Practice & Innovation Board

Terms of Reference

Purpose

The Health and Wellbeing Best Practice and Innovation Board is being established to add value to the identification and implementation of system-wide innovation and the rapid adoption and diffusion of best practice and transformative technologies, service models and models of delivery. It has a health and social care system-wide remit, with an emphasis on partnership working with all key stakeholders to achieve agreed outcomes.

It will achieve its purpose by:

- Mapping the existing landscape to confirm all existing organizations/functions whose purposes include innovation and the adoption and diffusion of best practice across health and social care. This will enable the Board to specify its unique contribution to the agenda
- Critically reviewing the research literature/relevant publications that have relevance in Wales, disseminating the learning from this review and utilizing the findings in the Board's work programme
- Developing the relationship with scientific, academic and business communities to determine future 'horizon scanning' capability requirements, agreement on key critical issues and any new partnership approaches
- Reviewing existing policies and strategies to assess current focus and incentives to underpin innovation and best practice adoption e.g. procurement strategy, and taking account of these accordingly
- Making recommendations on the integrated health and social care system architecture required to underpin systematic innovation and best practice adoption and diffusion. This will include locality modelling that places primary care at the heart of system delivery
- Reviewing the current arrangements for data collection and information transfer across the system and making recommendations for improvement
- Identifying priorities for future development, as informed by the above reviews and analysis, based on impact on health and wellbeing and value for money

Accountability

The Board will be accountable to the Minister, through the Director General for Health, Social Services and Children and will provide advice on any strategy or policy implications that arise from its work. Through the Chair, an annual work programme will be agreed with the Director General, NHS Chairs and Chief Executives and Local Government Cabinet members and Chief Executives, for approval by the Minister.

Key Deliverables

- Creation of a coherent system for best practice adoption and innovation, to overcome the perceived barriers to innovation across health and social care in Wales, and to promote rapid and effective best practice adoption and diffusion 'at scale'
- Advice on strengthening leadership, accountabilities, roles and responsibilities across the system
- Advice on incentives and investment in support of innovation and best practice adoption
- The design of a robust evaluation process, in partnership with the academic sector, to ensure that the outcome of investment in service change can be measured and adoption lessons shared
- The production of evidence of learning from health and social care systems world-wide, and from third and private sectors, to reflect Wales' ambition to compare with the best in the world

All deliverables will have clear outcomes, together with the means for measuring achievement.

Membership

A Chair will be appointed on a fixed term basis to lead the work of the Board with experience in both leadership in a large and complex organization, and innovation and knowledge transfer methodologies.

Membership of Board to include:

- Chair (time requirement – 1 day per week)
- WLGA Chief Executive
- NHS Confederation Director
- 1 NHS Chief Executive
- 1 Local Government Chief Executive
- 1 Director of Social Services
- 1 NHS Executive Director (Clinical)
- 1 NHS Executive Director (Resources)
- Director 1000 Lives Plus
- Director, Social Services Improvement Agency
- 1 RCGP member
- Innovation Expert
- Academic (health and social care research interest)
- NISCHR
- WCVA
- Professional body/Trades Union member
- Welsh Government
 - Director of Strategy - lead official
 - Director of Workforce/OD
- Informatics Expert

The Board needs to be compact and agile in its mode of working so it may be necessary to review this membership during the process to identify Board members.

It is recommended the Board members are invited to sit on the Board for an initial period of two years to allow for consideration to be given to reviewing the make-up and membership of the Board and allowing opportunities for refreshing membership if necessary.

Reference Groups/Expert Advisors

Because of the breadth of the work, reference groups/expert advisors from the following areas will support the Board:

- Academic expertise
- Regulatory machinery
- Patient/representative groups
- Digital/social media
- Life Sciences Industry
- Information sources/data collection
- Professional machinery

Role of the Chair

- To lead the Board in the delivery of the work programme, and ensure its fitness for purpose through appropriate development
- To report to the Minister, Director General and NHS on progress, and advise on any strategy and policy implications falling out of the Board's work
- To engage with stakeholders and build/sustain ownership of the Board's role
- To represent the work of the Board as appropriate at seminars/conferences
- To work effectively with system regulators on matters of mutual interest
- To establish the Reference Groups/Advisors referred to above

Mode of Working

The Board will:

- Deliver annual work programme, agreed by the Minister, aligned with the Welsh Government's priorities, and based on demonstrable improvements in outcomes. The Board will focus on a small number of themes each year linked to *Together for Health* priorities. The annual work programme will be informed by discussions with all key partners
- Adopt a formal programme management methodology, and utilize dedicated workstreams for the delivery of specific projects
- Meet bi-monthly to provide strategic direction and to provide assurance to the Minister on the delivery of the annual work programme, and its expected outcomes
- Engage and collaborate effectively with other key stakeholders, as exemplified through active fora and inclusion in the Board's work

- Collaborate effectively with the system regulators (WAO, HIW, CSSIW), with clear sharing of learning between the Board and the regulators
- Ownership of the Board's work across the health and social care system, and among the partners with whom the Board works
- Publish regular on-line newsletters, case studies, guides and directories of innovation, policy and good practice, together with the outcomes of any evaluation studies
- Invite organizations to act as adoption partners. The partnership agreement will include publication and dissemination of all learning from the programmes, to assist with evaluation and modelling for wider application
- Examine the most effective methods of dissemination, transfer, and adoption of innovative practice, and explore the drivers and barriers – these include, organizational leadership, culture, incentives, competence, capacity and structures

To assist its baselining work, the Board will issue a 'Call for Evidence' - a technique it may repeat as the work unfolds.

The Board's work will be delivered in partnership with existing mechanisms such as the 1000 Lives Programme, NLIAH (following re-structure), professional advisory machinery, Social Services Improvement Agency and other networks as appropriate. It will also link into other Government initiatives designed to support the dissemination of good practice, such as the Public Services Leadership Group workstreams and the Good Practice Wales website.

Resources

A Programme Director, accountable to the Chair, will support the Board to ensure delivery of the work programme. An administrator will ensure the effective running of the Board and delivery of its functions.

The small ring-fenced budget will be available to support the following:

- The remuneration of the Chair
- The Programme Director and Administrator
- Expenses related to Board members (where appropriate)
- Commissioned expertise to review evidence, undertake applied research on impact assessment and to provide evaluation support for adoption schemes

Service costs, including pump priming, to be met by service organizations; they will not be met from the Board's resources.

Measures of Success

The Board will produce an annual report, setting out evidence of system changes and dissemination/adoption of innovation and best practice in line with key deliverables. At each meeting, the Board will review progress against in-year milestones.

All deliverables will have specified outcomes, and means of measuring achievement.