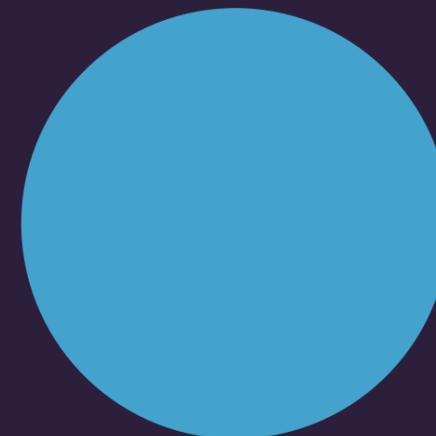
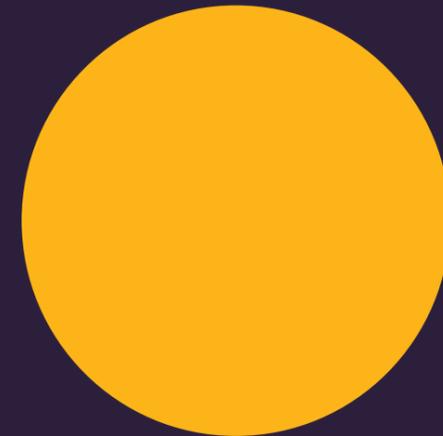
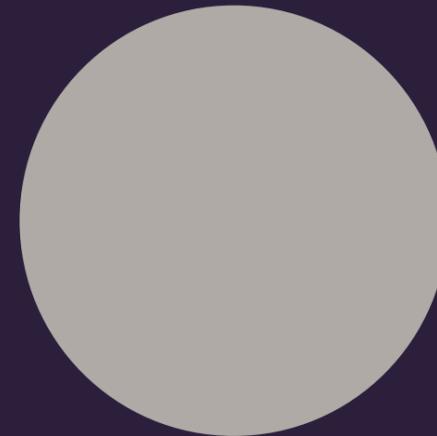
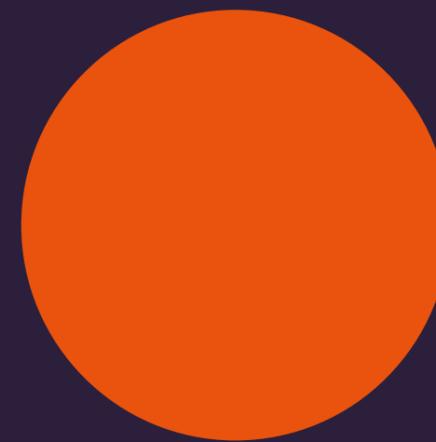
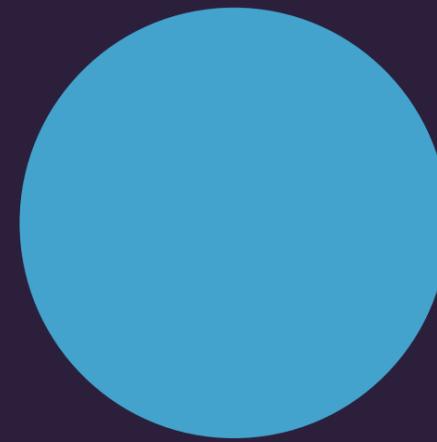


NHS InSites

Year 2 evaluation report – March 2025
Executive summary

Supporting the adoption
of innovation across the NHS



Centre for Health & Care
Innovation Research

CITY
ST GEORGE'S
UNIVERSITY OF LONDON

Background and context

The NHS InSites programme is a system capacity-building programme aiming to support innovation in the NHS. Following a one-year pilot phase involving 10 NHS sites working in a peer-learning network, in December 2023 the programme was extended by another 12 months and 8 additional sites. The programme is coordinated by the NHS InSites Hub, based at Mid and South Essex (MSE) Foundation Trust. In broad terms, its objectives are:

- To evaluate NHS England supported innovations in real-world settings aiming to generate evidence of their effectiveness and impact (e.g. on NHS priorities such as health equity) and to understand the strategies for successful implementation.
- To develop the organisational capability and support/advise infrastructure of the member sites to facilitate rapid adoption, evaluation, and scaling of impactful innovations.
- To enhance the NHS's ability to inclusively develop the health and care workforce talent pool, thus fostering an innovative culture.
- To inform NHS England's policy and strategy on the effective dissemination and adoption of innovation nationally by sharing learning and providing a framework (including harmonised processes and documents) for implementing innovation.

An evaluation of Year 1 provided strong evidence that the programme has supported the development of an NHS innovation culture and talent pool, with a successful matchmaking service linking NHS InSites and CEP clinical entrepreneurs. In Year 2, there has been a shift of the focus towards the provider organisations in an effort to understand adoption processes and the challenges faced when implementing these processes in practice.

Evaluation approach

In early 2024, the Innovation, Research, Life Sciences and Strategy team at NHSE commissioned the Centre for Health and Care Innovation Research (CHIR) at City St George's University of London to conduct an independent evaluation of Year 2 of the NHS InSites programme, focusing on the four main objectives described above.

Our approach was primarily qualitative in nature. Between October 2024 and February 2025, we conducted in total 27 semi-structured interviews including NHS staff representing 18 member site organisations, NHS InSites hub team members, and NHS England staff. Subsequently, a focus group was convened, involving innovators and healthcare professionals directly involved in the design and implementation of innovations in the programme.

Quantitative analysis of data from the FutureNHS platform, which provides access to a 'data room' of NHS InSites activities and a reporting tool developed by NHS InSites, complemented our evaluation.



Main findings

Overall, our study finds strong evidence that in Year 2 the programme has made significant progress towards achieving its main aims; supporting innovations in real-world settings, developing organisational capability and support infrastructure, fostering an innovative culture and informing NHS England's policy and strategy.

1. Supporting innovations in real-world settings

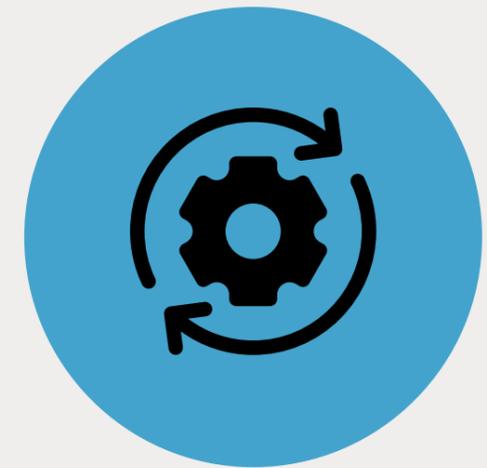
Our findings show that the programme not only supported local implementation of innovations, but was also pivotal in scaling-up innovations across sites, thanks to shared learnings and successful stakeholder engagement enabled through the NHS InSites network. At the end of Year 2, 43 contracts had been implemented across 11 NHS InSites members.

Key to this was the funding that members received and used to test an innovation in a real-world setting and generate the evidence needed to convince their organisation of its effectiveness. By engaging with the programme, members were also able to identify strategies that support implementing innovation in practice, such as alignment with organisational priorities, executive support, peer to peer learning, and a problem-driven rather than solution-focussed approach to innovation.

Financial constraints beyond the funding period, complex governance and procurement as well as siloed working were all seen as significant barriers in this context.



400 innovations progressed beyond the 'Interest' stages, up from 99 in year 1



43 contracts implemented



42 pilots conducted



48 jobs created across 15 NHS InSites members



2. Developing organisational capability and support infrastructure

There is good evidence that the programme has created a strong infrastructure connecting and supporting its members, with the NHS InSites Hub team playing a catalyst role in coordinating the activities. At the end of Year 2, 48 jobs had been created across 15 out of 18 sites, strengthening the innovation capacity within each member, but very importantly supporting a wider network of innovators across the country.

Wider capacity issues in the NHS, workforce pressures and financial constraints faced by these organisations, meant that often organisations do not see innovation as a priority, hindering the efforts of the innovation teams to promote the implementation of innovations in practice.

3. Fostering an innovative culture

NHS InSites contributes to the development of the talent pool and innovative culture by first, connecting innovators and adopting organisations and supporting them in the process of innovation; second, its knowledge exchange activities that foster the skill sets of innovation leaders within NHS organisations and third, NHS InSites' distributed efforts that help to model, symbolise and legitimise innovation as an important capability. As one member mentioned:

It isn't just about testing a product; it's helped us in building our innovation capability and culture, so our teams are better prepared for change

– Innovation Project Manager, Site N

At the same time, the variations in innovation maturity and culture across member sites demonstrate that to a large extent the talent pool and cultural context supportive of innovation emerges over time within NHS provider organisations, and cannot be quickly grafted onto existing organisations.

4. Informing NHS England's policy and strategy

Our analysis found evidence of the broader, system level advantages of the programme; the programme's integration with other initiatives offers the NHS a more holistic approach to adoption.

At this policy level, however, some of the greatest and most intractable challenges remain as, despite efforts to align processes, there is no integrated, consistent process to enable innovations to be taken from pilot to full integration across different Trusts.

Programme delivery evaluation

Our analysis suggests that the two main drivers of the programme's impact are the knowledge sharing efforts orchestrated by the Hub team and the in-house actions of innovation teams within providers. Both these strands of the programme are seen to be combining effectively to deliver distinct benefits in support of the innovation journey – not only facilitating search and adoption by connecting adopters with innovators, but also building the innovation capabilities needed to overcome the counter-forces to adaptation and implementation experienced within each provider context.



Innovation projects benefited from NHS InSites programme

Project	Site	Description	Benefits from NHS InSites
COHORT 1			
Skin analytics	F, D	A clinical entrepreneurship (CEP) innovation designed to provide skin analytics integrated into clinical practice	<p>Pilot funding and evaluation Supported by NHS InSites funding which allowed a pilot run and subsequent evaluation</p> <p>Becomes business as usual Transitioned into a routine practice within the Trust</p>
Vine health application	K	A cancer support application aimed at assisting patients through their cancer journey by providing tailored support and resources	<p>Seed funding & pilot support NHS InSites helped allocate funds for a pilot programme.</p> <p>Linking with clinical expertise Evaluation is being conducted by clinical academic oncologists.</p>
MOAI health app	L	An app focused on health and wellbeing, especially supporting staff mental health, where innovators were engaged with wellbeing committees and clinical staff	<p>Matchmaking & networking NHS InSites facilitated connections with the well-being teams and clinical directors.</p> <p>Pilot funding Provided resources to test and iteratively refine the solution.</p>
iOWNA – patient guidelines system	M	A patient guidelines system that was integrated with the electronic patient record (EPR), initially piloted in specific departments such as rheumatology	<p>Knowledge exchange & scaling Insights from NHS InSites peer sessions supported the integration and wider take-up across departments.</p>

Project	Site	Description	Benefits from InSites
COHORT 2			
Sustainable Laundry programme	I	An innovative initiative focusing on environmental sustainability within hospital operations.	<p>Relationship building NHS InSites network facilitated easy contact with member sites and external stakeholders.</p> <p>Access to funding Seed funds helped initiate the pilot and drive early-stage evaluation.</p>
‘Contacting us’ improvement project	I	Using generative AI to enhance phone and web service (chatbot) capabilities, ensuring better patient information delivery.	<p>Financial support for evaluation Funds from NHS InSites enabled the project to commission independent evaluations.</p> <p>Shared expertise Leveraged NHS InSites’ standard processes and peer advice to streamline project deployment.</p>
Technology adoption projects e.g. Medical rostering system, DNA predictor, Patient monitoring innovation	J	Projects in development that seek to improve operational efficiency and clinical decision-making through advanced technological solutions.	<p>Seed funding for pilots NHS InSites funding was used to kick-start these pilots.</p> <p>Tools & methodologies Provided access to scoping workshops, living labs, and standard evaluation frameworks to adapt solutions to local needs.</p> <p>Enhanced matchmaking Connected innovators with internal stakeholders, ensuring alignment with strategic aims.</p>



Case example of Site C

Member site C, had previous experience with successful innovation projects, being an early adopter of electronic patient records and virtual wards. However, there was a lack of any formal process for innovation, especially in clinical areas, and relatively little dedicated resource. Involvement in NHS InSites helped to develop innovation capabilities in the following ways:

Ring-fenced support for innovation

‘A lot of the pilots that we've had would never have got off the ground. They would never have even been considered because we just wouldn't have invested any of the seed money’.

Knowledge sharing and peer comparison with leading trusts

‘It's that little nudge of saying, oh, these guys have done that. Can we not do something similar?’

Relationship-building supporting regional collaborations

‘We're now using that to try and develop a regional standard way of doing things when it comes to innovation so that we can all rely on each other's work, and if we've tested something here, Member organisation Z can just pick it up and rely on our work that we've done to make sure this idea is safe and works or whatever.’

Autonomy and flexibility in deploying resources

‘So it's really just giving us the confidence and the trigger to go forward with innovation... We are developing this without someone telling us this is what you should do, tick, tick, tick’.

Guidance and frameworks

‘It's also given us a trigger or a platform to be able to go out and say to people, we're now part of this national programme. When we've tried to generate innovation ideas from our own staff, we can point to a programme that's there to support us and them and help guide us through the process’.

Engage greater senior management and stakeholder involvement in innovation

‘We have an Innovation Board that meets every two months, every three months... So you've got the chief medical officer, you've got representation from IT, informatics, governance transformation, clinicians, procurement... They're all in at the ground level and when they're required.’



Discussion

NHS InSites programme: an effective model to support the spread and scale of innovation

The NHS, alongside other healthcare systems globally, has struggled to establish appropriate means of adopting and scaling innovation in practice. The NHS InSites programme offers an effective model of organisation design for supporting this aim. It offers a powerful combination of a central hub team providing innovation intermediary functions with a peer-led network of innovation leads advocating for innovation and adapting to local member needs. In this way, the model is able to exploit three mechanisms which previous research has identified as key to improving the scaling and spread of innovations; the mechanisms of ‘learning’, ‘adapting’ and ‘institutionalising’ respectively.¹ The evolution of the NHS InSites programme increasingly activates these mechanisms, as follows;

- The knowledge sharing activities promoted by the Hub team encourage **learning from the experience of other adopters**, and the exchange of knowledge with innovators.
- NHS InSites’ **support for small-scale trials** and other means of evidence generation helps in selecting and **adapting innovations** to the particular context of the provider organisation.
- Moves towards **greater alignment of processes** for, and **approaches to, the evaluation and procurement** of innovation help to support **institutionalisation** by creating shared frameworks which avoid the duplication of activities and support the spread of innovations.

Previous literature has shown knowledge sharing activities, such as the ones offered by the programme, are vital in reducing pilotitis, the unnecessary repetition of pilot studies across different sites.²

It helped us get our strategy, our innovation strategy aligned... on our initial NHS InSites evaluation that was identified as a gap. We filled that gap then we have subsequently reviewed our strategy...

– Head of Innovation, Site B

NHS InSites Hub – pivotal in managing the programme

The Hub is like the eyes and ears of the programme – you can always ask a question and get help from someone who’s run this before.

– Chief Information Officer, Site M

Our findings highlight the overall effectiveness of the mechanisms deployed by the NHS InSites programme as a whole. It is also important, though, to recognise the pivotal role of the NHS InSites hub team itself in developing and managing the programme to achieve this outcome. The Hub team benefits from a rich combination of skills, and has developed an intensive programme of knowledge-sharing activities and events, achieving high levels of engagement from member sites.

The challenges and tensions involved in supporting innovation spread and implementation are not resolved by organisation design alone.

1. Scarbrough H, Kyratsis Y (2022) From spreading to embedding innovation in health care: Implications for theory and practice. *Health Care Management Review*, 47(3):236–244

2. Scarbrough H, Sanfilippo KRM, Ziemann A, Stavropoulou C (2024) ‘Mobilising pilot-based evidence for the spread and sustainability of innovations in healthcare: The role of innovation intermediaries’, *Social Science & Medicine*, 340: 116394.



Without the hierarchical authority of conventional organisations, managing a peer-led network often involves maintaining ambiguity to defuse any overt conflict in objectives through, for example, the nuanced use of language and terminology (the use of terms denoting participating organisations, and the alignment of processes). The NHS InSites Hub team have also been careful to focus on win-win outcomes that address systemic and organisation-level objectives at the same time, highlighting concepts, such as innovation culture, which are viewed positively on all sides, and do not conflict with existing organisational practices or authority structures. Intrinsic to the Hub team's approach are the development of trusting relationships through co-production and a collaborative approach to achieving outcomes. This approach helps to balance the sometimes divergent goals and interests of different stakeholders, and to establish much-needed knowledge flows across different phases of the innovation journey.

Scalability and sustainability of NHS InSites programme

Our findings are consistent with the Innovation Ecosystem report, which suggests that innovation takes time and needs to be 'consistent and long term in... approach'.³ As it notes; 'Overcoming long-standing barriers requires a consistent, long-term strategy with collective accountability and investment over 3 to 10 years.' Although the NHS InSites programme has not been running long enough to demonstrate long-term returns, it has shown great potential as a model of innovation adoption

3. NHS England (2024) 'The Innovation Ecosystem Programme – how the UK can lead the way globally in health gains and life sciences powered growth' Available at: www.england.nhs.uk/publication/the-innovation-ecosystem-programme

support that could be implemented more widely in the NHS. The evolution of the programme in Year 2, encompassing organisations with a wider range of capabilities and functions, underlines this potential.

However, simply increasing the scale of the programme to incorporate a much greater number of provider organisations may not be best way forward for NHS InSites. For one, there are sensible limits on the range of different types of providers that can benefit from a peer-led network. Although diversity of experience and even innovation maturity can be productive, there needs to be a common ground of shared experience on which all members can draw. Similarly, it may be difficult to replicate the levels of trust which underpin community-based knowledge-sharing when a network grows too large to support informal interaction, or management becomes too formalised to be flexible.

Challenges encountered

Reflecting the expanding scope and ambitions of the programme, it has faced multiple challenges in achieving its goals.

- The increasing emphasis given to more downstream issues means that inter-organisational knowledge sharing efforts need to be complemented by a greater focus on overcoming the barriers to scaling and sustaining innovation posed by **differences in approach across organisational contexts**.
- The pursuit of **multiple different objectives across different phases of the innovation journey** significantly stretches the capacity of the programme. It also underlines the need to connect the programme to wider policy development and funding support if its ambitious aims are to be realised.



- Structural issues including **financial constraints faced by the NHS, wider capacity challenges and workforce pressures**. These are factors that literature has shown that impact significantly on the ability of a system to support the adoption and spread of innovation, but we acknowledge these go beyond the control of the programme.

Conclusions

The Year 2 evaluation of the NHS InSites programme thus shows a **promising evolution toward a more systematic peer-led approach to supporting healthcare innovation**. This helps to address the weakest link in the NHS innovation ecosystem; the sustainable adoption of innovations by provider organisations. While considerable progress has been achieved to date in embedding innovation within NHS organisations – through improved frameworks, dedicated resources, and effective peer networking – significant challenges remain, notably in securing sustainable funding and aligning processes across diverse organisational contexts.

As our analysis indicates, the NHS InSites programme has demonstrated significant potential and capacity in being able to address some of the most complex challenges involved in advancing innovation within the NHS:

- **Connecting innovators** with adopting organisations in a more targeted way
- Supporting the evaluation of innovations through greater **support and alignment of the forms and standards of evaluation**

- Empowering the implementation of innovations through the **sharing of knowledge and experience by front-line staff**

Our analysis also suggests that the programme’s effectiveness in addressing these challenges requires agile management capable of accommodating both systemic objectives and the needs of member organisations, and of responding proactively to shifts in the policy and funding environment. The need to preserve such autonomy and flexibility suggests that overly prescriptive advice for the programme team themselves may be unhelpful, beyond the need to continue evolving the programme to increase its value for members.

Recommendations

The focus of our recommendations is primarily upon the relevance and wider applicability of the NHS InSites programme as a model for the NHS more generally. We acknowledge that addressing some of the structural challenges, such as the wider financial uncertainty, capacity issues and workforce pressures in the NHS are beyond the control of the NHS InSites programme. Yet, they are important in shaping our understanding of the environment in which it operates.

Developing a sustainable business model for NHS InSites

Innovation takes time and the biggest current challenge for the NHS InSites programme is to secure its financial sustainability over the longer term. The programme has achieved a great deal in two years, but it relies on short-term funding which makes it difficult to plan a long-term strategy and to demonstrate its impact.



Over the longer term, NHS InSites may need to reduce the programme's reliance on central funding. This source of funds is too contingent on shifts in policy and resources, and creates considerable uncertainty around future provision. Over-reliance on central funding also risks NHS InSites resources and support being under-valued as a free good by member organisations. As noted, a supportive policy environment and high powered incentives can underpin a shift towards a provider-driven, demand-based model.

NHS InSites may therefore need to develop a sustainable and hybrid business model which sits between the institutional alternatives of commercial revenue generation (too transactional). The main report discusses possible business models that could be considered, alongside their advantages and risks. Examples of these models include a hub-network configuration, a 'freemium' or other two-tier membership funding streams, a system of accreditation, and a franchise model.

NHS InSites provides an innovative approach to supporting innovation but is still in its 'start up' phase in terms of funding. Medium and longer-term growth is likely to depend upon a more innovative business model. We recommend that a major focus for the programme in Year 3 should be exploring on these, and other, options to decide on which model would be more viable and acceptable to its members and policy makers.

Cautious expansion of the NHS InSites programme

To ensure its financial sustainability over time, we recommend that the NHS InSites programme pursues a growth strategy, but one which is carefully managed. Scaling the current model may involve co-creating the NHS InSites programme across different regional settings, with membership limited to 20–25 organisations in each setting. This would avoid creating an overlay of additional bureaucracy when the programme should be an antidote to bureaucracy. Unlike other regional initiatives, such as the Health Innovation Networks, the advantage of the NHS InSites programme is its peer-led network. This unique characteristic would also help to retain the important emergent attributes of the programme which are most conducive to supporting the innovation journey, i.e.:

- Energy and engagement created through participation in an innovation community.
- The trust-based sharing of knowledge and experience amongst member organisations.
- Agile management of the network to adapt to shifting and sometimes divergent stakeholder objectives.

Scaling of the programme needs to be aligned, in terms of timing and scope, with the shifts in the policy and regulatory environment highlighted in the Innovation Ecosystem report. When innovation is truly seen as an imperative rather than a luxury by NHS providers, the demand for enhanced innovation capabilities, together with recognition of those capabilities, can be a major driver of the programme's growth.



Harmonisation of processes for adoption

In Year 2, there was significant progress in harmonising the processes for adoption, supporting the NHS InSites members to navigate the complex innovation environment. We recommend that Year 3 continues to build on this element of the programme even more strongly. The challenges of harmonising processes and setting standards may be too great to be tackled through bottom-up sharing of good practice and consensus alone, but may benefit from top-down support in terms of policy levers, incentives or accreditation.

Our findings clearly highlighted the importance of clearer, unified processes and the benefits that elements such as the innovation passport developed by the NHS InSites Hub brought to individual members. They proposed further harmonisation of documents across organisations by codifying and harmonising governance documents, business case templates, and evaluation methods to facilitate the adoption of innovations, as each organisation currently requires similar information in different formats. Areas where most support was reported was around information governance, to streamline adoption across sites.

Concluding statement

Over the past two years, the NHS InSites programme has made significant progress in achieving its aims, offering a novel model that supports the adoption and wider spread of innovation across in the NHS. The key challenge will be its financial sustainability in the long term and we recommend that Year 3 focuses on this. Innovation takes time, and without a financially sustainable plan, there is a risk that the benefits the programme has brought will not have a long-term impact. As our participants noted:

The NHS InSites programme has been absolutely brilliant because it has given us the funding and that protected... time to consider where we were...

Care Improvement Programme Manager, Site R

How do we continue that momentum? Is the programme going to continue or does it all fade away and fizzle out, which would be a shame given the network that's been built up and the momentum

Head of Innovation, Site P



This think piece was commissioned by the Innovation, Research, Life Sciences and Strategy team at NHS England and was independently conducted by the Centre for Health & Care Innovation Research.

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