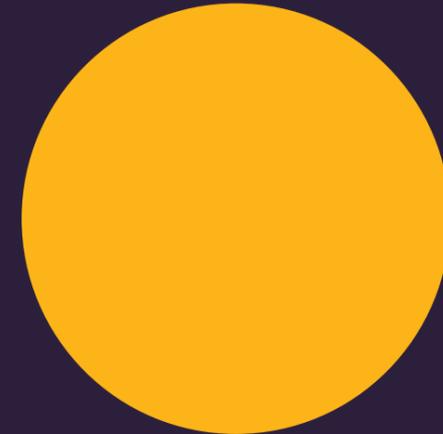# NHS InSites

Year 2 evaluation report
March 2025

**Supporting the adoption
of innovation across the NHS**

**Centre for Health & Care
Innovation Research**

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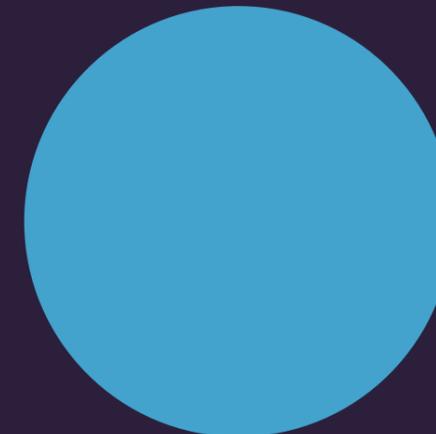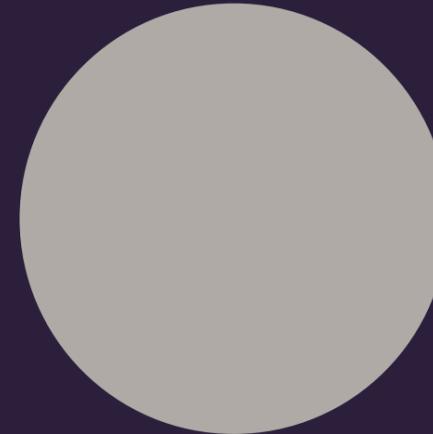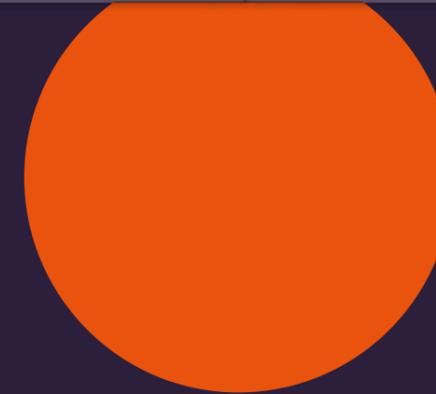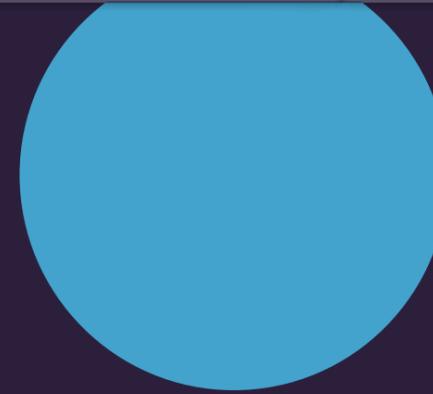
This think piece was commissioned by the Innovation, Research, Life Sciences and Strategy team at NHS England and was independently conducted by the Centre for Health & Care Innovation Research.

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Executive summary

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.

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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.

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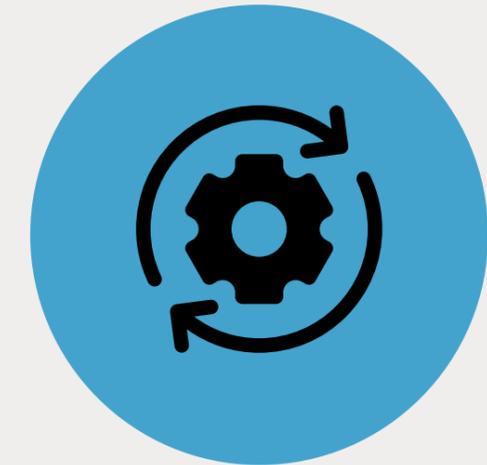
43 contracts implemented

42 pilots conducted

48 jobs created across 15 NHS InSites members

2. Developing organisational capability and support infrastructure

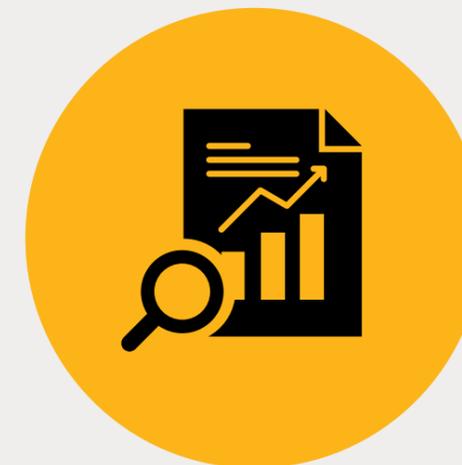There is good evidence that the programme has created a strong infrastructure connecting and supporting its members, with the NHS InSites Hub team playing a catalyst role in coordinating the activities. At the end of Year 2, 48 jobs had been created across 15 out of 18 sites, strengthening the innovation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

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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	**Pilot funding and evaluation** Supported by NHS InSites funding which allowed a pilot run and subsequent evaluation **Becomes business as usual** Transitioned into a routine practice within the Trust
Vine health application	K	A cancer support application aimed at assisting patients through their cancer journey by providing tailored support and resources	**Seed funding & pilot support** NHS InSites helped allocate funds for a pilot programme. **Linking with clinical expertise** Evaluation is being conducted by clinical academic oncologists.
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	**Matchmaking & networking** NHS InSites facilitated connections with the well-being teams and clinical directors. **Pilot funding** Provided resources to test and iteratively refine the solution.
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	**Knowledge exchange & scaling** Insights from NHS InSites peer sessions supported the integration and wider take-up across departments.

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

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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 of 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 f**inancial 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 financially 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 harmonisaton 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

Innovation is essential to transforming the NHS and making high-quality health and care services sustainable in the UK over time
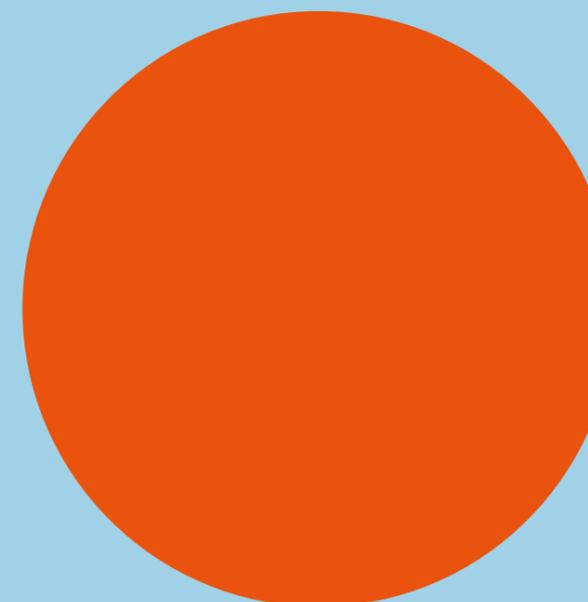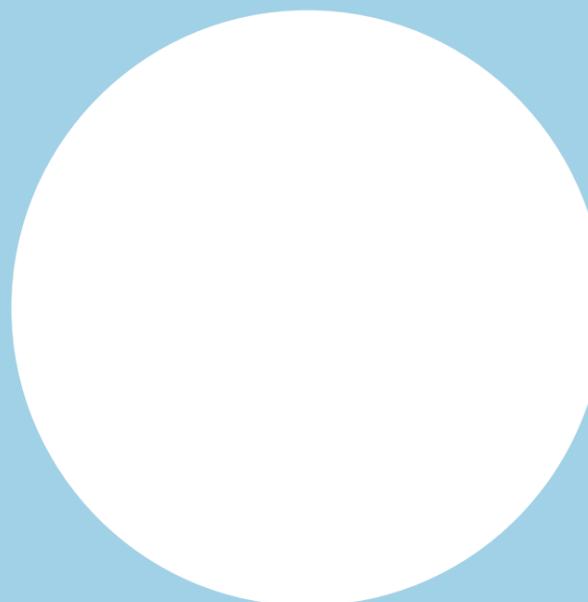
Introduction

In recent years, the need for innovation within the NHS has been increasingly recognised as a vital ingredient in the transformative changes needed to make high quality health and care services sustainable in the UK. In Lord Darzi's 'Independent Investigation of the National Health Service in England' it is said that such innovation 'has simply not been a high enough priority in a world where waiting lists are long, and finances are tight'.[1]

The UK Government has brought innovation in the centre of its agenda with the Science and Technology Secretary arguing that there is no route to long-term growth without innovation in Government efforts to deliver an ambitious Plan for Change.[2] In the 'Road to recovery', the government's 2025 mandate to NHS England there is also clear recognition of the vital importance of innovation; 'Scaling examples of best practice, promoting innovation in delivery and tackling unwarranted variation will be critical as we collectively transform the NHS'.[3]

Translating these aspirations into reality is challenging because innovation is a complex and multi-faceted phenomenon which not only involves creating new ideas, evidence and practices but also demands that those ideas, evidence and practices are adopted and implemented in ways which deliver long-term economic, clinical and social benefits. Various reports have highlighted the 'spread challenge'; the struggle of moving from pockets of innovation to widespread change, ensuring innovations are taken up successfully across the NHS.[4,5]

NHS England has set an ambitious plan to foster stronger partnerships between industry, academia, and regulators with the aim of streamlining healthcare innovation and supporting growth.[6]

In this report, we consider the role played by the NHS InSites programme, funded by NHS England, in helping to support the development, spread and sustainable implementation of innovations within its network of member sites organisations.

Background to the programme

The NHS InSites programme is a system capacity-building pilot programme which evolved out of the NHS Clinical Entrepreneur programme (CEP). The latter was established as part of the Accelerated Access Collaborative (AAC) which brings together industry, government, regulators, patients and the NHS to remove barriers and accelerate the introduction of new ground-breaking technologies, pathways, treatments and diagnostics which have the potential to transform care.

In 2020, the NHS CEP was commissioned out to Anglia Ruskin University (ARU) with a commitment to expand and enhance the CEP in line with the commitment made in the NHS Long Term Plan. This included recruiting NHS member sites to support the testing of innovations in real-world settings. This was based on the experience of MSEFT, one of the member sites in the CEP programme. This partnership subsequently evolved into the current NHS InSites programme.

The testing and evaluation model has been co-developed by the participating Innovation Sites (NHS InSites), Mid and South Essex

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(MSE) FT and NHS England. MSEFT host the programme Management Office and Coordination Hub for the NHS CEP InSites programme, funded by NHS England.

Aims and scope of the NHS InSites programme

In broad terms, this collaborative and co-designed programme has the following objectives:

1. Evaluating NHSE 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 understanding the strategies for successful implementation.

2. Developing the organisational capability and support/advise infrastructure of the member sites to facilitate rapid adoption, evaluation, and scaling of impactful innovations.

3. Enhancing the NHS's ability to inclusively develop the health and care workforce talent pool, thus fostering an innovative culture.

4. Informing NHS England's policy and strategy on the effective dissemination and adoption of innovation nationally by sharing learning and providing a framework (including standardised processes and documents) for implementing innovation.

After a pilot phase of one year, significant shifts were implemented in Year 2 based on learnings from Year 1 and the recommendations of the Year 1 evaluation.[7] First, there was shift from a solution-led to problem-led approach to innovation by widening the remit from 52 selected innovations in Year 1 to being innovator agnostic in Year 2 and focussing solely on provider priorities and problems. Second, the network expanded to 18 sites, building on a strong foundation of 10 sites that were supported in Year 1. Third, the programme moved from innovator introductions mainly to knowledge exchange activities and opportunities to share implementation experiences across sites. Fourth, there was a step change in data collection by introducing a reporting tool that offers an overall insight across sites regularly.

At the same time, data collection on Future NHS also expanded significantly from originally 73 files at the end of Year 1 to more than 1300 documents by the end of Year 2. Finally, there was an emphasis on accelerating innovation workstreams initiated with dedicated resource with peer-led prioritisation.

We evaluated NHS InSites, focusing on Year 2 of the programme
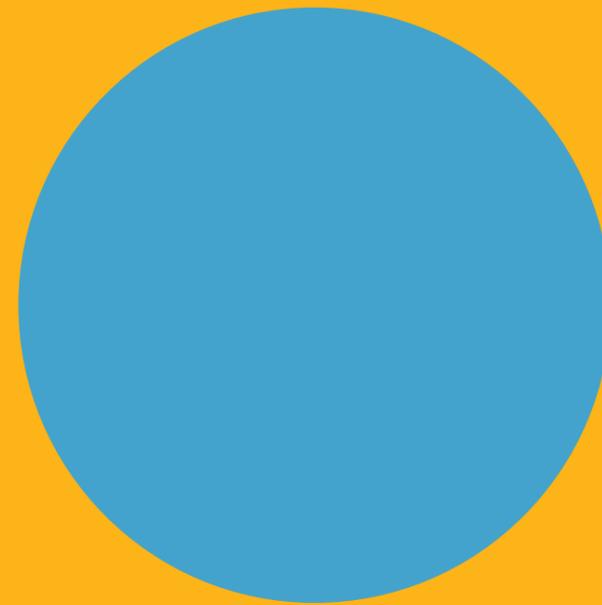
Evaluation aim and questions

The evaluation's main aim is to identify the value added by the NHS InSites programme for adopting organisations and innovators, focusing on Year 2 of the programme.

More specifically, the evaluation focuses on the following questions:

1

How are member sites using a series of tools, such as small-scale testing and other methods of implementation, to ensure that innovations are adapted to suit their local context?

2

Based on the wider programme, what are the key learnings around the enablers and barriers to implementation? And how have they been managed?

3

What approaches are providers using to support the necessary scale, ensuring the use of the innovation is systematised and Business As Usual / standard practice?

4

How has the participation in the peer network and the support of the hub (Mid and South Essex ICS) impacted the above?

5

What is the value this programme creating for innovators, who are looking to get their innovations adopted across the NHS?

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Evaluation approach

Study design

Our analysis was primarily qualitative in nature, based on individual interviews and a focus group. It was complemented by quantitative analysis to provide an overall evaluation of the progress of the NHS InSites programme in Year 2.

Qualitative data

Twenty-seven semi-structured interviews were conducted between October 2024 and February 2025. Participants included 30 individuals from the 18 member site organisations, five members of the NHS InSites and two NHS England individuals who were involved with the funding and commissioning the NHS InSites programme.

Subsequently, a focus group was convened, involving innovators and healthcare professionals directly involved in the design and implementation of innovations, including two member sites. These informants offered crucial perspectives regarding the facilitators and barriers to innovation adoption, as well as providing explanations for observed successes and failures.

Quantitative data

The FutureNHS platform served as the main source of secondary data for this research. This platform provided access to a 'data room' where various NHS InSites activities were documented. These included presentation files from the NHS InSites Hub and member sites, such as case studies, business case templates, and proposals for innovation projects. Additionally, the platform contained meeting-related data, including recordings, agendas, transcripts, and summary notes. The platform also featured a calendar that detailed events and meetings, as well as an organisational section in which data were categorised into folders corresponding to each member site. Furthermore, data pertaining to the reporting tool, including the innovation pipeline and innovation strategy, were shared by the NHS InSites Hub.

During the evaluation period, the research team had regular meetings with the NHS InSites hub team to discuss the approach and preliminary findings.

Our findings provide evidence of success and discuss the challenges faced in Year 2 of the programme.
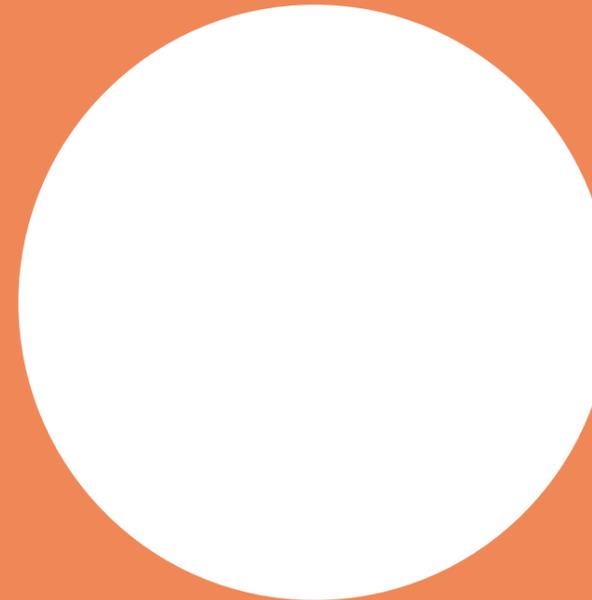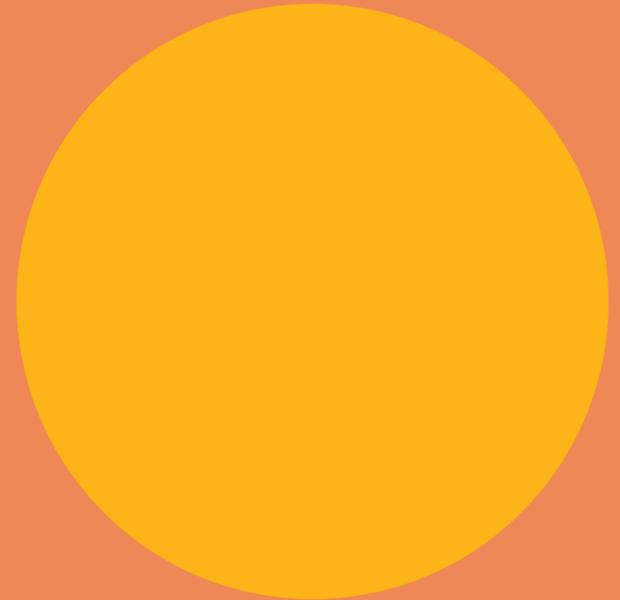
We present our findings in two parts. First, we present evidence on whether and to what extent the programme has achieved its four main aims. We then provide more granular evidence on how the objectives are being achieved in terms of the effective delivery of the programme.

Main findings part 1
Meeting programme aims

This section provides evidence and examples of success as well as the challenges faced by the member sites and the Hub in achieving those aims.

Supporting innovations in real-world settings

Aim 1: Evaluating NHSE 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 understanding the strategies for successful implementation.

We find strong evidence that the programme enabled member sites to generate the evidence needed to show the effectiveness of their innovations through small-scale testing and stakeholders' engagement.

This was crucial in supporting the successful implementation of innovations in practice. In addition, it was a valuable way of understanding the strategies of implementing innovation in practice, such as alignment with organisational priorities, executive support, peer-learning and a problem-driven rather than solution-focus approach to innovation.

Financial constraints beyond the funding period, complex governance and procurement as well as siloed working were seen as barriers to achieving this aim.

Generating evidence through small-scale testing and evaluation

The programme enabled member sites to generate evidence thanks to the funding they received for small-scale piloting which made possible the iterative evaluation and process mapping needed. Member sites valued the programme's ring-fenced funding, which could be used flexibly, as it enabled them to test the effectiveness of innovations in way that would not otherwise be possible in a cost-constrained NHS.

It gave us the funding and that protected funding and time to try things that wouldn't get approved through normal business case routes
– Improvement programme Manager, Site R

They noted that they did not need to run large trials, but rather, piloting/small-scale testing was key to generating the evidence needed in moving towards adoption and implementation. Respondents highlighted the value of smaller scale pilots to 'test and evaluate' innovations before attempting full adoption;

Our main method is small scale studies… 'This is what we've done'
– Innovation Project Manager, Site G

Small-scale pilots were also used as a way to build confidence with local teams while allowing new ideas to be 'de-risked' prior to larger commitments:

We do small scale studies. It's just trialling things out, whether it's a new bit of kit or a new way of working. That little pot of money lets us

run a small, short-term pilot, gather feedback, evaluate it, and then go to the organisation and say, 'this is what we've done – can we take it forward?
– Innovation Project Manager, Site G

Many interviewees highlighted co-production and direct stakeholder involvement as central in pilot studies to ensure local suitability. They noted that engaging local staff, clinicians, and patients early in the process was key. By involving end users in the design and evaluation stages (a process sometimes termed 'co-production' or participatory design), innovations could be better tailored to local needs.

We use co-production – bringing staff and patients on board – so that if the tool isn't quite where we want it to be, we can help the innovator develop it further. We work with our local PPI group and service leads to feedback on what needs to change.
– Innovation programme Manager, Site L

A few participants discussed an evaluation and feedback approach as part of their local adaptation method, as it ensured continual improvement and local relevance. Linked to piloting, member sites stressed the importance of an iterative approach (for example, using Plan-Do-Study-Act cycles) to adapt innovations through continuous feedback and evaluation.

After each pilot we complete an evaluation cycle – often on a small scale – with the input of local clinical teams. This iterative process helps us adjust the innovation to fit our operational needs before we go large scale.
– Head of Innovation, Site P

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Understanding strategies for successful implementation

By being involved in the programme, participant organisations identified a number of helpful strategies around elements that support the successful implementation of innovation, as follows:

- Alignment with organisational priorities
- Senior leadership and executive buy-in
- Supporting implementation and scaling through peer learning

Alignment with organisational priorities /problem-driven adoption

A number of respondents stressed that innovations must speak to a Trust's defined needs and strategic quality and performance metrics.

... When we are thinking about what innovations to take forward, we are always measuring against them because that's what our organisation is assessed against.
– Innovation Project Manager, Site G

This view was also shared by NHSE representatives. There was emphasis on alignment between innovations and national as well as Trust-level performance metrics, ensuring that deployment of an innovation is seen as 'problem-driven' rather than merely solution-driven.

... Linking innovation to national metrics and requiring a compelling business case is fundamental to getting innovations adopted at scale.
– NHSE

Senior leadership and executive buy-in

NHS InSites participants mentioned strong leadership support as critical. Having executive sponsorship increased credibility. This not only helped in opening doors internally but also ensured that innovative ideas were given a chance to be piloted or adopted.

... You have execs on your side that allow you to try things... the signing up of the participation agreement really makes the difference.
– Chief Information Officer, Site M

There is something about leadership understanding innovation and supporting it; the process is long and it's a challenge to get everyone aligned across different departments.
– Innovation programme Manager, Site L

Supporting Implementation and Scaling through Peer Learning

A number of participants highlighted the value of cross-organisational exchanges. The opportunity to learn from other Trusts' experiences

– sharing lessons learned, case studies and even governance documents – helped to reduce duplication, build trust, and increase the perceived 'validity' of proposed innovations.

*... **The fact that they have gone through some form of vetting process and already have a solution gives us a bit of reassurance. And our peer exchange sessions have really helped us learn what works.***
– Senior Improvement Manager, Site J

✓ Examples of successful pilot studies

A number of studies piloted via the NHS InSites programme, led to successful implementation of these innovations in practice. Table 1 summarises innovation projects identified from interviews with member sites and describes how they were influenced by the NHS InSites programme. Projects such as Skin Analytics, Vine Health, MOAI, and iOWNA were not only piloted with dedicated support, but also achieved higher levels of integration or were being positioned for scale-up based on shared learnings and successful stakeholder engagement enabled through the NHS InSites network.

Further information on successful adoption of innovation across the network can be found in the appendix. Table A7 presents an indicative list of innovations adopted by NHS InSites programme member sites, organised by themes with brief descriptions of their purpose and functionality.

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

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

Table 1: Innovation projects benefited from NHS InSites programme (source: interviews with member sites)

Box 1 below presents the case study of Deep Medical's AI solution integrated into Healthcare Communications' Webex Connect platform and implemented in Mid and South Essex NHS Foundation Trust, following a pilot study supported by NHS InSites.

CASE STUDY: AI SOLUTION IN COMMUNICATION PLATFORM

Following a successful pilot between March and September 2023 across urology, dermatology, and pain management specialties, Mid and South Essex NHS Foundation Trust implemented an integrated AI solution and communications platform to reduce missed appointments and improve waiting times in July 2024.

During the pilot, Deep Medical's AI was integrated into Healthcare Communications' Webex Connect platform, leading to a nearly one-third reduction in missed appointments. The solution enhances resource efficiency, reduces no-shows, and streamlines patient communication at scale. Deep Medical's AI algorithm predicts missed appointments by analysing patient data, including job, childcare responsibilities, traffic, and weather, offering alternative bookings accordingly. Webex Connect then sends personalised reminders, allowing patients to reschedule conveniently.

The success of the pilot has led NHS England to plan further expansion of Deep Medical's AI across ten more NHS trusts, reinforcing the technology's potential to improve patient care and tackle health inequalities. As of as of March 2025 MSE has entered a multiyear agreement with Deep Medical.

Box 1 Case study AI solution (Source: digitalhealth.net/2024/08/mid-and-south-essex-deploys-ai-communications-solution)

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Another example of an innovation supported by the NHS InSites programme is the case of drone supported logistics implemented in Northumbria Healthcare NHS Foundation Trust (Box 2). Funding received by the programme enabled the trial of the innovation in practice, while collaboration via the working groups enabled the member site to acquire insights into effective partnership formation and procurement strategies. Furthermore, they developed an understanding of potential challenges and the analytical approaches necessary for the successful management and guidance of the project.

Skin Analytics in Box 3 represents a key innovation within the Chelsea and Westminster NHS Foundation Trust (CWFT), transitioning from a pilot to a fully embedded solution in routine practice. Supported by the NHS InSites programme, CWFT leveraged insights from other Trusts to validate the effectiveness of this revolutionary approach, ultimately enhancing skin cancer diagnosis and care delivery. This innovation exemplifies the power of collaborative learning to drive meaningful advancements in healthcare.

CASE STUDY: DRONE INNOVATION IN NORTHUMBRIA AND GUY'S AND ST THOMAS'

Northumbria Healthcare NHS Foundation Trust, in collaboration with Apian and Zipline, has pioneered drone innovation within the NHS for the rapid transport of essential medical supplies. This initiative primarily targets improving medical product deliveries across North Tyneside and Northumberland. The trial, funded thanks to the NHS InSites programme, was launched in February 2023. It commenced with six daily flights and was set to increase to 15 at the end of the trial phase, with full rollout across the NHS sites, which started in 2024.

Currently, plans are underway to evaluate and potentially change the hub site for drone operations, considering aviation safety and the proximity to healthcare facilities. Moving forward, Northumbria Healthcare aims to refine its logistics and operational mechanisms to maximise the benefits of drone innovation in the region. Future endeavours may include scaling up operations to cover broader regions and employing drones for more complex healthcare needs, thus setting a benchmark for healthcare logistics in the Northeast of England.

In addition, the project has expanded to Guy's and St Thomas' NHS Trust that are currently piloting a service using drones to deliver blood samples in London in collaboration with Apian and Wing.

Box 2: Northumbria Healthcare NHS Foundation Trust and Guy's and St Thomas' NHS Foundation Trust websites

CASE STUDY: SKIN ANALYTICS IN CHELSEA AND WESTMINSTER NHS FOUNDATION TRUST

Skin Analytics has partnered with Chelsea and Westminster NHS Foundation Trust (CWFT) to enhance skin cancer diagnosis using innovative AI technology, supported by NHS InSites program funding and guidance. Since its trial launch in April 2022, the DERM AI system has improved the teledermatology service, assessing over 10,000 patients. By December 2024, the service will expand Trust-wide, becoming standard practice to support the dermatology team at West Middlesex University Hospital.

The process begins when GPs refer patients for an imaging appointment. After completing a medical history questionnaire, patients' suspicious moles or lesions are assessed with dermoscopic imaging. DERM's evaluation directs cases to the appropriate level of care, facilitating timely treatment or discharge back to GPs, thus reducing unnecessary dermatology appointments and expediting diagnoses.

The initiative has successfully assessed over 8,000 patients, with a 67% increase in skin cancer diagnosis conversion rates. Future goals include expanding services to West Middlesex University Hospital and aiming to autonomously discharge 41% of patients, thereby enhancing patient. The autonomous AI version is now live at Chelsea and Westminster.

Box3: Skin Analytics (Source: CWplus websites)

Challenges encountered in achieving this aim

Funding constraints

Insufficient or uncertain funding meant that there was not always sufficient resource to support pilots or scale successful innovations. Projects – even those with promising early results – struggled to progress to full adoption, and the lack of secure financial backing hindered capacity building.

Money. Capacity, both within the innovation programme and the wider organisation… we are constrained by limited funding and must often rely on grant funding.
– Innovation programme Manager, Site L

… if we don't have the funding and they're relying on us to pay for it, it's not sustainable.
– Head of Service and Business Development, Site C

Similar concerns were expressed by NHS England participants who noted that delayed or uncertain budget settlements (often tied to the annual planning cycle) created a vicious cycle where staff contracts and programme continuity were at risk. This uncertainty hindered long-term strategic planning and the sustainability of innovation programmes; delays could lead to staff turnover and cancelled projects.

There was a period where the money was running out… We were working at risk because we didn't have a confirmed budget, and that led to a lot of uncertainty.
– NHSE

**Governance, process inflexibility and siloed working**

Some participants mentioned governance and process challenges. Complicated and lengthy procedures (e.g. multiple approvals and inconsistent documentation) slowed adoption, and local practice variations made it harder to create a consistent adoption pathway. These factors led to frustration and a 'test-and-learn' environment in which even promising innovations struggled to become business as usual.

Lengthy processes for procurement and approvals created barriers to quick adoption, with risk aversion and fragmented decision-making prolonging the pathway from pilot to implementation. This slowed the scaling of innovations and sometimes meant that even when pilots were successful, the system was unable to move quickly toward wider adoption.

Procurement and decision-making processes are cumbersome, and risk aversion means that even proven innovations face long delays before approval.
– Senior Improvement Manager, Site J

As explained in more detail below, the NHS InSites Hub played a significant role in trying to address some of these issues, by including more relevant information in the data room, organising more roundtables around these issues and prioritising workstreams were completed and all work streams commenced.
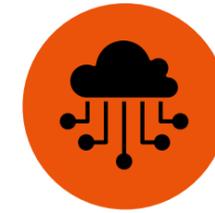
Developing organisational capability and support infrastructure

Aim 2: Developing the organisational capability and support/advise infrastructure of the member sites to facilitate rapid adoption, evaluation and scaling of impactful innovations.

Our analysis found good evidence that the NHS InSites programme has created a strong infrastructure connecting and supporting the network, with the NHS InSites Hub team playing a catalyst role. By the end of Year 2, 48 new jobs were created across 15 of the 18 sites, strengthening the innovation capacity (Table 2).

There was less evidence of the programme impacting the organisation's wider innovation capability.. Wider capacity issues, 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.

	Headcount	FTE
Hub	5	4.8
Site A	5	2
Site B	2*	1.5*
Site C	3	1.5
Site D	3	3
Site E	2	1
Site F	4	1.7
Site G	3	1
Site H	2	1.2
Site I	0	0
Site J	2*	1.5*
Site K	6	0
Site L	1	1
Site M	3*	0*
Site N	2	2
Site O	2	1.6
Site P	3	3
Site Q	1	0.5
Site R	6	2.2
Total (inc. posts not started yet)	**55**	**29.5**
Total (inc. only post in place)	**48**	**26.5**

Table 2: Posts funded by NHS InSites
*No expenditure against those yet

Supportive infrastructure facilitates adoption

The InSite programme has managed to build a strong network around the 18 sites and successfully integrate Cohorts 1 and 2. The network creates extensive opportunities to learn from the experience of other sites via the medium of the FutureNHS collaboration platform dedicated workspace. The capture and exchange of lessons learned, case studies and even governance documents in the data room and forums have helped to reduce duplication, build trust, and increase the perceived 'validity' of proposed innovations. Beyond answering queries, the network provides a space where site organisations can exchange opinions and share views on various topics. This knowledge exchange helps build trust and psychological safety.

Don't underestimate the power of just coming together and connecting. There is so much that we have achieved in that – it is game changing for us in what we have been able to do.
– Innovation Project Manager, Site N

It is also a place where knowledge exchange activities are beginning to create common blueprints and frameworks (e.g. innovation passport, standard business case templates), which in turn facilitate faster innovation adoption and scaling. From a policy perspective, such knowledge sharing enables NHS England to gain real-time insight into what works and to build a repository of case studies and metrics:

It's pivotal that we can agree on a standard process across sites – when one Trust's governance or business templates are shared widely, it not only speeds up adoption but also saves the NHS significant money.
– NHSE

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The NHS InSites Hub is seen as catalysing connections and coordination between sites, acting as a central 'matchmaker' that organises peer knowledge-exchanges, and highlight sessions, and keeps the channels of communication open between the 18 sites. The great majority of our participants explicitly praised the NHS InSites Hub team for being experienced, approachable, and supportive. Many member sites repeatedly stressed that the Hub's constant availability and friendly, responsive approach created a safe space where any question is welcome – a factor that enhanced trust and mutual learning. The Hub was often praised for its rapid replies, practical problem-solving, and the 'psychological safety' it created.

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

I think it is a very strong relationship that we have with Site F, with the hub team and I am really pleased with the support they offer
– Head of Service and Business Development, Site C

A case example (Box 4) drawn from one member organisation (Cohort 1) shows how NHS InSites has contributed in a variety of ways to the development of in-house innovation capabilities, by enabling and supporting; network and partnership building, knowledge sharing on managing innovations, gaining greater visibility and acceptance for innovation, a more systematic framework for managing the innovation process and cross-functional and senior management involvement in decision making.

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.'

Box 4: Case example of Site C

Challenges to developing innovation capability within member site organisations

Wider capacity limitations & workforce issues

Despite strong support from the programme to increase capacity within the innovation teams, wider shortages of staff time and lack of resources in the organisation and NHS pressures were highlighted by a number of interviewees as barriers in the innovation process. They noted that innovations were often delayed because of long approval

processes and workload pressures beyond the innovation team, making it challenging to sustain or scale pilots.

The main barrier is workforce capacity... the length of time to get all of the various approvals completed.
– Innovation Business Partner, Site F

Capacity limitations also meant that engagement with the network varied across sites. A few participants mentioned their sites are so over-stretched they cannot contribute much even if they want to share their experience. This uneven participation impeded effective knowledge exchange.

Sometimes the documentation that we ask for isn't available because some teams are just one person doing everything – it's not that they don't want to share, they simply don't have the capacity.
– Innovation Project Manager, Site N

Uncertainty in funding and strategic direction

The NHSE interviewees referenced the importance of dedicated funding for capacity building. At the NHSE level, the programme was designed to invest in people and build capacity within provider organisations. This investment enabled Trusts to better adopt, test and scale innovations despite the wider challenges in the NHS (including financial pressures and resource constraints).

Most of the money that they get is spent on people – building capacity and capability. Funding remains a key enabler to show that the NHS can experiment with new ideas.
– NHSE

Yet, NHSE stakeholders mentioned that a lack of stable long-term funding and the annual planning cycle were making it difficult to commit to and promote a fully integrated innovation platform.

We're currently subject to a zero-based review and we can't guarantee funding beyond this year… it's not a great way to work.
– NHSE

Fostering an innovative culture

Aim 3: Enhancing the NHS's ability to inclusively develop the health and care workforce talent pool, thus fostering an innovative culture

NHS InSites contributes to the development of the talent pool and innovative culture in several ways. First, by connecting innovators and adopting organisations, NHS InSites smooths the innovation journey, spreading knowledge and appropriate norms around the process of innovation. Second, via its knowledge exchange activities NHS InSites has helped to build a community of practice to foster the skill sets of innovation leaders within NHS organisations. Third, NHS InSites' distributed efforts help to model, symbolise and legitimise innovation as an important capability within provider organisations and the NHS more generally. 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.

Community and relationship building

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 was a shift of the focus towards the provider organisations in an effort to understand adoption processes and the challenges faced when implementing these processes. The shift was intentional, aiming to support a more a problem-driven approach towards innovation:

In year two, the biggest shift was definitely focusing more on the provider side, again with the aim that at one point this benefits the innovator as well
– NHS InSites Hub

Still, there was evidence that the network promoted positive cultural values around innovation via participation in knowledge exchange communities:

It has a real family feel – once you're in, you know you're part of a community that shares not only successes but also learns from failures together.
– NHS InSites Hub

Participants conveyed a clear message that for scaling to succeed the local service must ultimately take ownership, engaging frontline clinicians and other staff:

We need the service to own the innovation; without that buy-in the idea won't be fully embedded as business as usual.
– Head of Service and Business Development, Site C

Fostering innovation culture in provider organisations

A few of our participants in provider organisations referenced NHS InSites as a programme that was helping to build an innovation culture internally:

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

NHS InSites was seen as pivotal in guiding organisations to develop or realign their internal innovation strategies. Participants noted that the programme had helped to fill strategic gaps and gave greater recognition to innovation as a strategic imperative:

It helped us realign our innovation strategy… we did not have a strategy from the get-go, and NHS InSites pushed us to build one.
– Head of Innovation, Site B – Cohort 1

The main goal is to encourage innovation… to drive forward the innovation agenda by aligning workstreams with our strategic priorities.
– Head of Innovation, Site P – Cohort 2

Yet, we also observed significant differences between sites that already had a strong team and culture around innovation, and

those sites that were trying to establish an innovation team. In the former case, an innovation culture had emerged over time within the organisation due, in part, to the actions of influential clinicians and senior managers. In the latter sites, however, innovation teams were still struggling to convince the wider organisation about the value of innovation, mostly due to, as mentioned previously, to pressing capacity issues and workforce constraints, which meant that innovation was not seen as a major priority.

ℹ️ Informing NHS England's adoption policy and strategy

Aim 4: Informing 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.

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 harmonise processes, there is still no integrated, consistent process to enable innovations to be taken from pilot to full integration across different Trusts.

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System-level adoption and agility

NHS InSites has been seen as a unique opportunity for innovators to pitch and interact with an 18-site network – a benefit that is not otherwise available in the fragmented NHS environment.

The opportunity to pitch to 18 different organisations is an uncommon platform that really gives innovators the chance to save time and get direct feedback.
– NHSE

Sharing governance documents, frameworks, and business case templates allowed sites to avoid 'reinventing the wheel'. This often allowed for fast-tracking of the uptake of innovations across many sites.

We can go out to other members of the group and see what they've done, adapt their bits and pieces, rather than having to start afresh.
– Director for Research & Innovation, Site D

The NHSE interviewees described how the programme's focus on building networks and harmonising documentation (such as an innovation passport) could help to avoid 're-inventing the wheel' and speed up the adoption process across Trusts.

... if a site can have reassurance that the evidence has been looked at by another site, then that speeds things up – standardised processes not only build trust but also make innovation adoption more efficient.
– NHSE

NHS InSites participants themselves underlined the value of harmonised tools and knowledge exchange. Maintaining a shared

repository ('data room' on the FutureNHS Collaboration platform) where sites can access evaluation templates, business case documents, and process maps as well as developing an 'innovation passport' that bundled required documentation to speed up ethical review and procurement processes were their most salient methods for overcoming barriers.

Having that FutureNHS platform being able to ask a question... and having that peer network and access to shared templates has been really, really useful because it means that we can share and replicate what other sites are doing.
– Innovation Project Manager, Site G

Policy integration with wider innovation initiatives

The programme was seen as providing critical feedback loops and real-world data that enabled NHS England to shape national policy and potentially reform funding or evaluation pathways.

We now have evidence to support policy changes on procurement and standardisation – and that input from the sites is invaluable.
– NHSE

The NHSE stakeholders noted that NHS InSites evolved from the Clinical Entrepreneur programme. Its integration with other initiatives such as the NHS Innovation Accelerator allowed for a more holistic and 'innovation agnostic' approach that decoupled mere product promotion from meaningful, system-wide adoption.

We're focusing on supporting the providers rather than only the innovators – by linking NHS InSites with other programmes, we're

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helping the system adopt innovation more swiftly and effectively
– NHSE

... And I think we're targeting it better now where we can have more impact and where we're also more unique compared to other programmes. Definitely massively improved how we interact with the other NHS England programmes, and the Greener NHS call is definitely an outcome of that. Also, our collaboration with the National Innovation Accelerator.
– NHS InSites Hub

Challenges to this aim Lack of harmonised adoption processes and 'scaling support' is one of the challenges. Capacity contraints below is another.

A number of respondents highlighted NHS InSites programme support in creating common governance documents and even an innovation passport that could streamline processes and reduce duplication across Trusts.

With NHS InSites, there's now a conversation about creating an innovation passport so that each Trust doesn't have to repeat the same paperwork.
– Innovation Consultant, Site I

However, the Hub stakeholders highlighted that, as yet, there is no integrated, consistent process to enable innovations to be taken from pilot to full integration across different Trusts. This variability meant that each Trust handled adoption differently – often on an ad hoc basis – and innovators were required to repackage their business cases for different settings.

There is no scaling support; each Trust has to decide within its own budget whether or not to adopt an innovation. We simply don't have a standard template for innovation adoption.
– Commercial Support Consultant, Site H

Capacity constraints & competing priorities

Limited time and staff capacity within individual sites constrained effective engagement, peer-sharing, and follow-through after initial matchmaking. These constraints resulted in low participation in certain meetings, diluted follow-up on successful pilots, and overall inconsistency in implementing innovations beyond the pilot phase.

Although we try to share the successes, a lot of time our colleagues simply can't spare the extra hours to attend our online meetings because of their day-to-day pressures
Innovation Project Manager, Site E

Main findings part 2
Programme delivery evaluation

In focusing on programme delivery, we highlight the two principal mechanisms through which programme resources were deployed to achieve overall objectives; the investment in knowledge sharing efforts by the hub team, and the role of the Innovation leads within member site organisations.
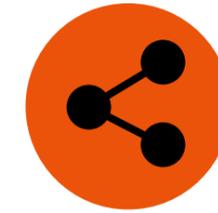
Knowledge sharing and the Hub team

The range and intensity of knowledge-sharing events/activities and media

In Year 2, a new form of delivering outputs that accelerate innovation adoption and spread in the NHS hosted by the NHS InSites programme was introduced to enhance collaboration and engagement among member sites, particularly through the Accelerating Innovation Workstreams, which consist of five components: Innovation Passport, Procurement, Evaluation, Triage Tool/Prioritisation and Culture toolkit. More specifically:

- The Innovation Passport workstream aims to streamline the adoption of healthcare innovations across the NHS by providing a consistent, user-friendly innovation passport – comprising templates and guidance – that reduces administrative burdens, enhances compliance, and accelerates timelines from agreement to implementation.

- The Innovation Procurement workstream is designed to streamline the procurement and adoption of innovations within the NHS, facilitating faster access to impactful solutions, supporting innovators, and improving healthcare delivery.

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Working groups

- Monthly, attended by site leads
- Themed discussion forum to identify trends and priorities
- Themes included:
  – Creating innovation ecosystem
  – Funding of innovation
  – Priorities and unmet needs

Hi-lites: innovation showcases

- 6 weekly
- Themes around priorities (i.e. elective recovery)
- Implementation stories presented by adopting sites
- Presentations on innovation implementations by
- NHS organisations or sites.
- Open to all staff

Peer KX: knowledge exchanges

- Monthly, attended by site leads and expert colleagues
- Hosted by sites sharing their expertise or requesting help
- Topics: Triaging and due diligence of innovations, Staff engagement and development, Evaluation of projects, Commercial approaches to innovation, digital innovation via/ outside EPR.
- Open to all staff

Accelerating innovation workstreams

- Organised around key themes to discuss and agree aligned processes
- Five priorities: procurement processes, innovation passport, triage tool, evaluation framework, culture toolkit
- Roundtable topics have included:
  – Information governance and DPIA
  – Successful business cases
  – Procurement routes for innovations

Figure 1: Knowledge sharing events and activities

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- The InSites Evaluating Innovations workstream convened representatives from member sites to improve efforts in evaluating healthcare innovations. The group concentrated on defining the existing problems, exploring potential solutions, and identifying risks and considerations relevant to the project.

- The InSites Triage Tool Framework workstream seeks to explore options for testing existing frameworks, assessing their applicability, and establishing initial steps for developing a prioritisation tool to assist NHS sites in triaging innovation ideas. Discussions focus on understanding current challenges, reviewing existing tools, and identifying a forward path.

- The Innovation Culture Toolkit aims to develop, pilot, and refine a practical, user-focused toolkit that supports NHS organisations in building a culture of innovation and improving innovation adoption pathways.

Table 3 presents a comprehensive analysis of event distribution within the NHS InSites programme from January 2024 to March 2025. The data demonstrates a significant level of programmatic activity, with a total of 129 events conducted across various formats and organisers.

Organiser	Events name	No. of events
NHS InSites Hub	Hi-Lites session	6
	Monthly working group	14
	NHS InSites peer KX session	7
	Quarterly catch-up meetings	63
	Accelerating innovation workstreams (innovation passport, procurement, evaluation, triage tool/ prioritisation, adoption and information governance)	16
	Roundtables	3
	NHS InSites pitching session	7
	Net Zero Funding call	2
	NHS InSites paediatrics sub-group	6
	NHS InSites programme In-person workshop	2
Member sites	Site K Innovation club, Site F anniversary event, Site R Innovation event	3
Total		**129**

Table 3: Number of events held during year 2 of NHS InSites programme as of March 2025 to the time of this writing (source: FutureNHS Collaboration Platform)

The NHS InSites Hub emerges as the primary event organiser, implementing a diverse portfolio of ten distinct event types. Among these, quarterly catch-up meetings show the highest frequency with 63 occurrences, followed by Accelerating innovation workstream events (n=16) and monthly working group sessions (n=14). This pattern suggests a strong emphasis on regular stakeholder engagement and continuous programme monitoring.

The data from the FutureNHS workspace reveals a tiered structure of engagement, with high-frequency recurring events (such as the quarterly catch-ups and monthly working groups, and Accelerating innovation Workstreams) complemented by medium-frequency specialised sessions (Hi-Lites, Peer KX, Pitching sessions, and sub-group meetings each occurring 6–7 times) and low-frequency strategic gatherings (in-person workshops and roundtables, and funding calls occurring 2–3 times).

Member sites-led events represent a smaller proportion of the total, with Site K, Site F, and Site R collectively organising three events. This distribution indicates a centralised approach to programme coordination, with the Hub taking primary responsibility for event organisation while maintaining space for member sites-led initiatives.

The variety and frequency of events suggest a well-structured programme with multiple touchpoints for stakeholder engagement, knowledge exchange, and programme development. The balanced mix of regular operational meetings and specialised sessions indicates a comprehensive approach to programme management and stakeholder engagement. The events and communication spaces afforded by the programme thus enabled multiple knowledge flows, including;

- Between innovators and prospective adopter sites (Hi-lites innovation showcases and Pitching sessions)
- Between the hub team and member sites (Working Groups, Roundtables)
- Peer exchanges between member sites (Knowledge Exchanges)

The content of these exchanges reflected the range of programme goals in terms of governance, matchmaking activity, sharing of good practice, and alignment of processes.

Evidence of site engagement in knowledge-sharing

While some events and meetings were held in person, most events and meetings were held on Teams, with ongoing interaction mediated via the FutureNHS workspace platform. This provided an effective platform for knowledge sharing.

We analysed data from the FutureNHS platform, observing the number of uploaded files by each member site. This analysis provides valuable insights into member sites engagement with the FutureNHS platform (Figure 2).

Number of uploaded files onto Future NHS platform by member sites partners
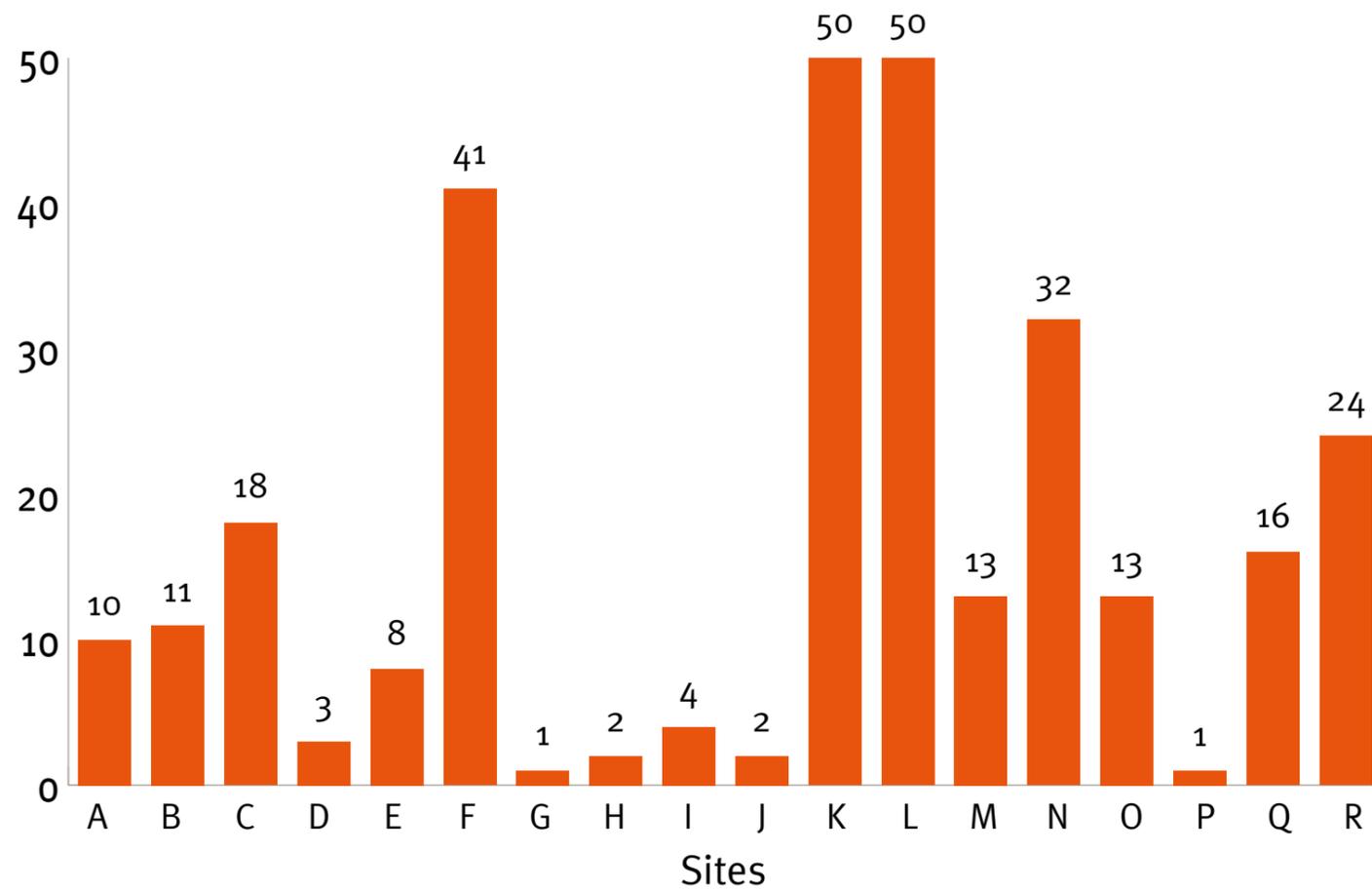
Figure 2: Number of uploaded files onto Future NHS platform by member sites (source: FutureNHS Collaboration Platform)

The data shows a notable disparity in file upload activity across member sites, with Site K and Site L leading at 50 uploads each, followed by Site F with 41 uploads. Most other member sites demonstrate significantly lower engagement levels, typically below 20 uploads, with several organisations recording minimal activity of less than 10 uploads, indicating an uneven distribution of platform utilisation across the partnership network.

Number of discussions on NHS InSites programme forum by months
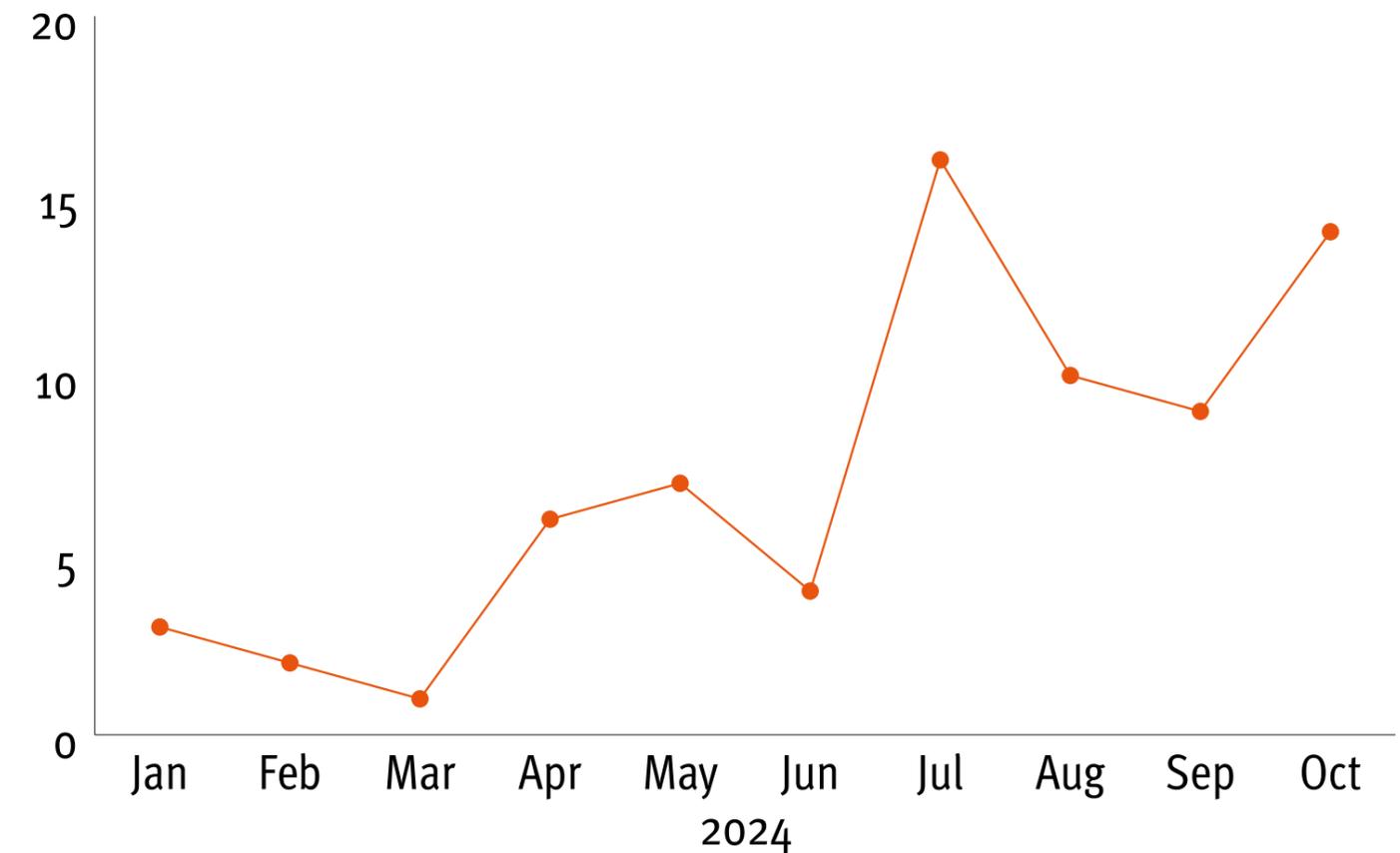
Figure 3: Number of discussions on NHS InSites programme forum by months (source: FutureNHS Collaboration Platform)

Figure 3 presents a longitudinal analysis of discussion activity within the FutureNHS forum over a 13-month period from January 2024 to January 2025. The data reveals significant temporal variations in engagement levels across the observed period.

The trajectory demonstrates notable fluctuations, with two distinct peak periods of activity. The primary peak occurred in July 2024, reaching approximately 16 discussions, while a secondary peak manifested in October 2024 with 14 discussions. These peaks were interspersed with periods of relatively moderate activity, typically ranging between 6–10 discussions per month.

The data exhibits interesting patterns in terms of engagement sustainability. The first half of 2024 showed a general upward trend, culminating in the July peak. This was followed by a period of stabilisation at moderately high levels through autumn. However, a marked decline was observed in December 2024, where discussion volume dropped to its lowest point of approximately 2 discussions. The final data point indicates a substantial recovery in January 2025, returning to 10 discussions.

From an analytical perspective, these fluctuations may correlate with programmatic cycles, organisational initiatives, or seasonal variations in stakeholder engagement. The consistent presence of some level of discussion activity throughout the period suggests sustained, albeit variable, engagement with the platform.

Figure 4 is a treemap diagram illustrating the distribution of discussions initiated on the FutureNHS NHS InSites programme forum, segmented between the NHS InSites hub team (represented by the green section) and various member site organisations (shown in blue), with the hub team accounting for approximately a third of all discussions. This suggests a strong facilitative role by the central team in maintaining forum engagement and activity.

NHS InSites programme forum initiators: contributions by NHS InSites Hub team vs member sites

Member Sites partners   NHS InSites Hub team
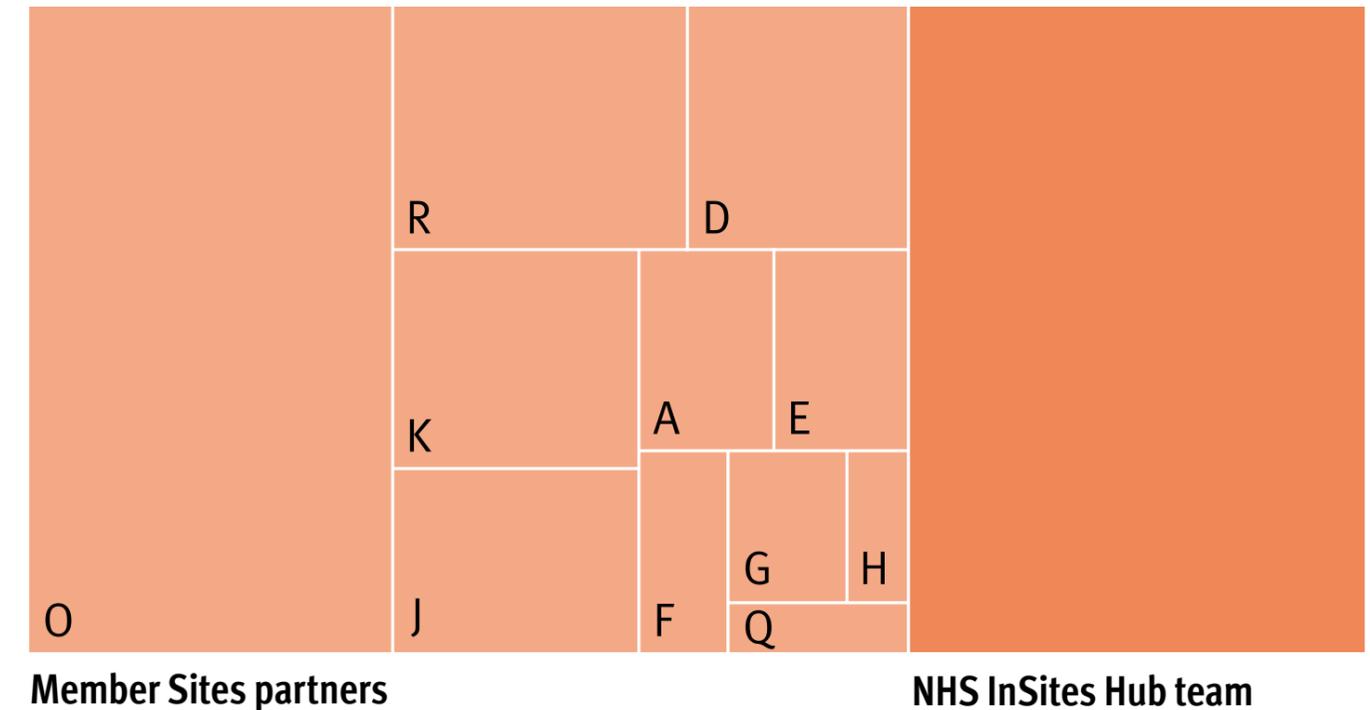
Figure 4: Engagement trends: NHS InSites programme forum discussion starters Overview (source: FutureNHS Collaboration Platform)

Among the member site organisations, Site O demonstrates notably higher levels of engagement compared to other member sites such as Site Q and Site H, as evidenced by their larger rectangular sections. The absence of Site I, Site L, Site M, site N, Site P, Site C, Site B in the treemap indicates that those sites have not initiated any discussion in the FutureNHS NHS InSites programme forum during the observed period.

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This distribution suggests a balanced approach between central leadership and member sites participation in forum discussions, while highlighting varying levels of engagement among different member site organisations.

The discussion on the FutureNHS NHS InSites programme forum involved a diverse range of topics focused on innovation, recruitment, and technology within the health sector. NHS InSites Hub initiated discussions primarily about upcoming events, recruitment progammes, the use of AI in healthcare, and the sharing of various reports and links related to innovation in the NHS. They also called for contributors for working groups, shared news about events, and sought feedback on NHS InSites performance. In contrast, the discussions led by member sites centred around the practicalities of innovation training, metrics for assessing performance, experience sharing regarding intellectual property management, and tools to support healthcare improvements. They also inquired about specific funding opportunities, training resources, and best practices in innovation, highlighting the collaborative nature of the community.

Evidence and perceptions of the value of knowledge-sharing
A number of site teams expressed positive views of the value of the knowledge-sharing opportunities created by the programme, with different aspects of those opportunities being highlighted, including the ability to share relevant tools

Yes, the sharing of the various tools and Excel models and project plans is really useful.
– Director for Research & Innovation, Site D

But, the opportunity to learn from the experiences and challenges of peers at other sites was also perceived as extremely valuable:

It's been really useful to understand the challenges that people have for us to – because at times we can feel like, either we're doing things really well, and seeing how other people do it, and go, 'Oh, actually, we could do better,' or areas where we go, 'We're really struggling with this,' and find out, actually, it's very common across the patch.
– Director for Research & Innovation, Site D

Innovation leads were typically able to point to significant changes in their practice, or decision outcomes, which were influenced by their involvement in the knowledge-sharing activities of the programme.

Implementing a brand new PIP, project initiation plan. So we've been able to set up a brand new plan that's much more effective than we previously had, and that was based on people kindly sharing what they use.
– Director for Research & Innovation, Site D

Evidence and perceptions of the role of the hub team

Participating sites were uniformly appreciative of the role played by the MSEFT hub team. They highlighted that the team had been able to develop strong relationships with the member sites, facilitating interactions and building trust:

Yes I think it is a very strong relationship that we have with... the hub team, and I am really pleased with the support they offer us.

– Innovation Business Partner –Site F

Innovation leads praised the experience and competence of the team:

I think having a really experienced hub team for us to go back to has been really useful for (Site H). So, we know that we can say to the hub team, 'we're interested in this. We're interested in that.' And they will, they'll know how to help us. They're really experienced. And that's definitely been a contributing factor.

– Innovation Project Manager, Site G

The team were seen as proactive in organising events and responsive to site requests:

So organising sessions, whether it is knowledge exchange or highlights and working group, the general organisation, they ask us our opinions on what they think would be good topics to cover based on our gaps in knowledge or what we would find useful. And so yes it is a really supportive team.

– Innovation Business Partner, Site F

The hub team were able to exploit their knowledge of member sites to provide a knowledge brokering role and signpost areas of relevant expertise:

Especially I've asked for connections to other sites, like (Sites D & H) when I first started in the role, because I knew I wanted to build those relationships. And they were very helpful and not only in passing over the contact details but facilitating the introductory conversation as well. I really rate the hub team.

– Innovation Project Manager, Site G

Member sites believed that NHS InSites hub team had an effective performance in communication, signposting, and liaison between different members of the programme.

They are very good at signposting – if I need to know about evaluation methods or to connect with an innovator from another site, the Hub quickly links me with the right people.

– Head of Service and Business Development, Site C

Hub team members were repeatedly credited with building and maintaining trusting relationships with member sites. Their personal engagement (induction, introductions, regular follow-up) was seen as instrumental in establishing the credibility of the programme.

...without [XXX] and [XXX], we wouldn't have a relationship with the sites. They make them feel very comfortable and ensure the credibility of the hub is maintained.

– NHS InSites Hub
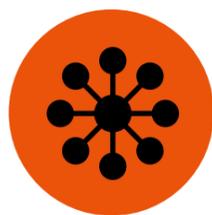
Innovation leads

Evidence of innovation from pipeline to spread

There was strong evidence of innovation throughout the innovation journey; from the pipeline to adoption and spread. Table 4 below presents the total number of innovations across 18 NHS InSite providers, from expression of interest onwards. Notable variations exist between sites, with Site O (57), Site R (42), and Site FQ(41) demonstrating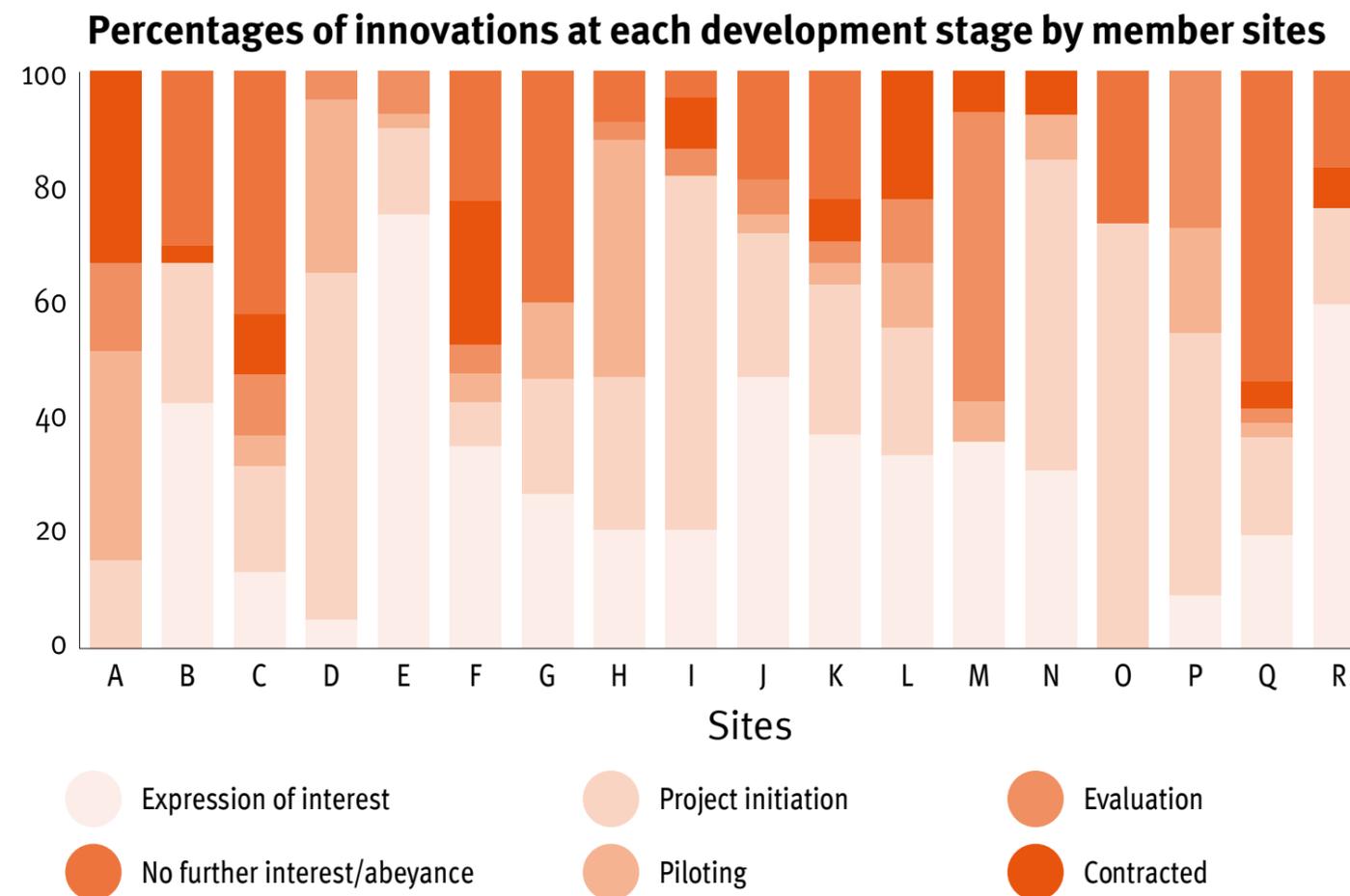 the highest innovation counts, while Site P (10), Site M(14), and Site N(13) show the lowest numbers. This quantitative overview provides insight into the distribution of innovation activity across the NHS InSites network, potentially reflecting differences in organisational size, resources, innovation culture or strategic priorities.

NHS InSite	No: of innovations	NHS InSite	No: of innovations
Site A	33	Site J	30
Site B	33	Site K	27
Site C	38	Site L	27
Site D	17	Site M	14
Site E	36	Site N	13
Site F	40	Site O	57
Site G	15	Site P	10
Site H	34	Site Q	41
Site I	40	Site R	42

Table 4: Innovation distribution by member sites

Percentages of innovations at each development stage by member sites

Legend:
- Expression of interest
- Project initiation
- Evaluation
- No further interest/abeyance
- Piloting
- Contracted

Figure 5: Percentages of Innovations at each development stage by Sites (Source: member sites' reporting tools)

The stacked bar chart visualises the percentage distribution of innovations at different stages for each site. This demonstrates significant variance in how sites are managing their innovation pipeline. Many sites show a higher proportion of innovations in the earlier stages (blue segments representing 'Expression of interest'), suggesting a robust intake of new ideas but potential bottlenecks in advancement. Sites like site O and site I show high percentages in the

'Project Initiation' stage, indicating that these sites may be more in the exploratory or early research phase compared to others.

Some sites like site M and site A display notably higher proportions in the later stages (Evaluation and Contracted phases), indicating more mature innovation processes. The 'No further interest/abeyance' category (shown in red in the chart) varies considerably across sites, potentially highlighting differences in initial screening effectiveness or project viability assessment. Data suggests that members with minimal abandonment rates (0%) show moderately better progression towards later stages.

Sites like A, F, and L demonstrate relatively balanced pipelines with comparatively high contracted rates (5-11%), suggesting effective processed for advancing innovations through all stages. The 'Contracted' stage is relatively low across all sites, with only a few sites showing success at this stage (such as site A). This suggests that the final deployment phase, where products or services are fully realised and delivered, is still a distant goal for most sites. Further, the substantial differences in contracted rates (0-11%) suggest varying organisational capabilities in bringing innovations to full implementation.

Most sites seem to be concentrated in the 'Expression of Interest' and 'Project Initiation' stages, implying they are still exploring problems and conducting preliminary assessments. Relatively fewer sites have progressed at the 'Piloting' and 'Evaluation' stages, and the 'Contracted' stage appears to be a rare achievement across the board. This could suggest a general trend of slow progression to deployment across these sites.

The most successful innovation sites appear to combine moderate initial selection (expression of interest) with efficient pipeline progression and minimal abandonment rates. Sites A and F in particular demonstrate exemplary patterns of innovation advancement through all stages, culminating in high contracted rates (11% and 9% respectively).

Future research might explore the specific organisational, procedural, and resource factors that distinguish high-performing sites to develop transferable best practices for innovation pipeline management.

Percentages of innovations at each development stage by cohort 1 sites
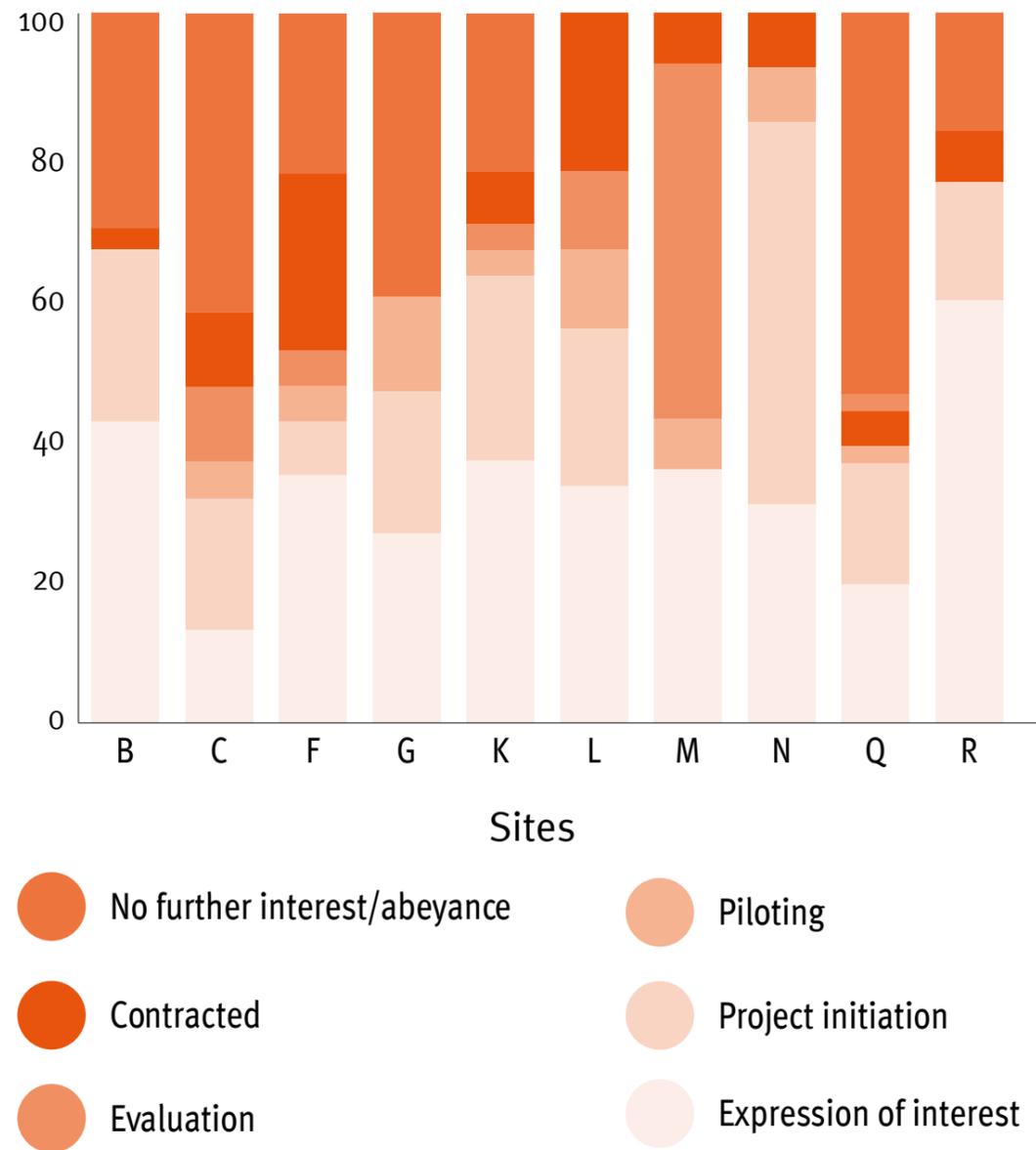
Figure 6: Percentages of Innovations at each development stage by Cohort 1 Sites (Source: member sites' reporting tools)

Percentages of innovations at each development stage by cohort 2 sites
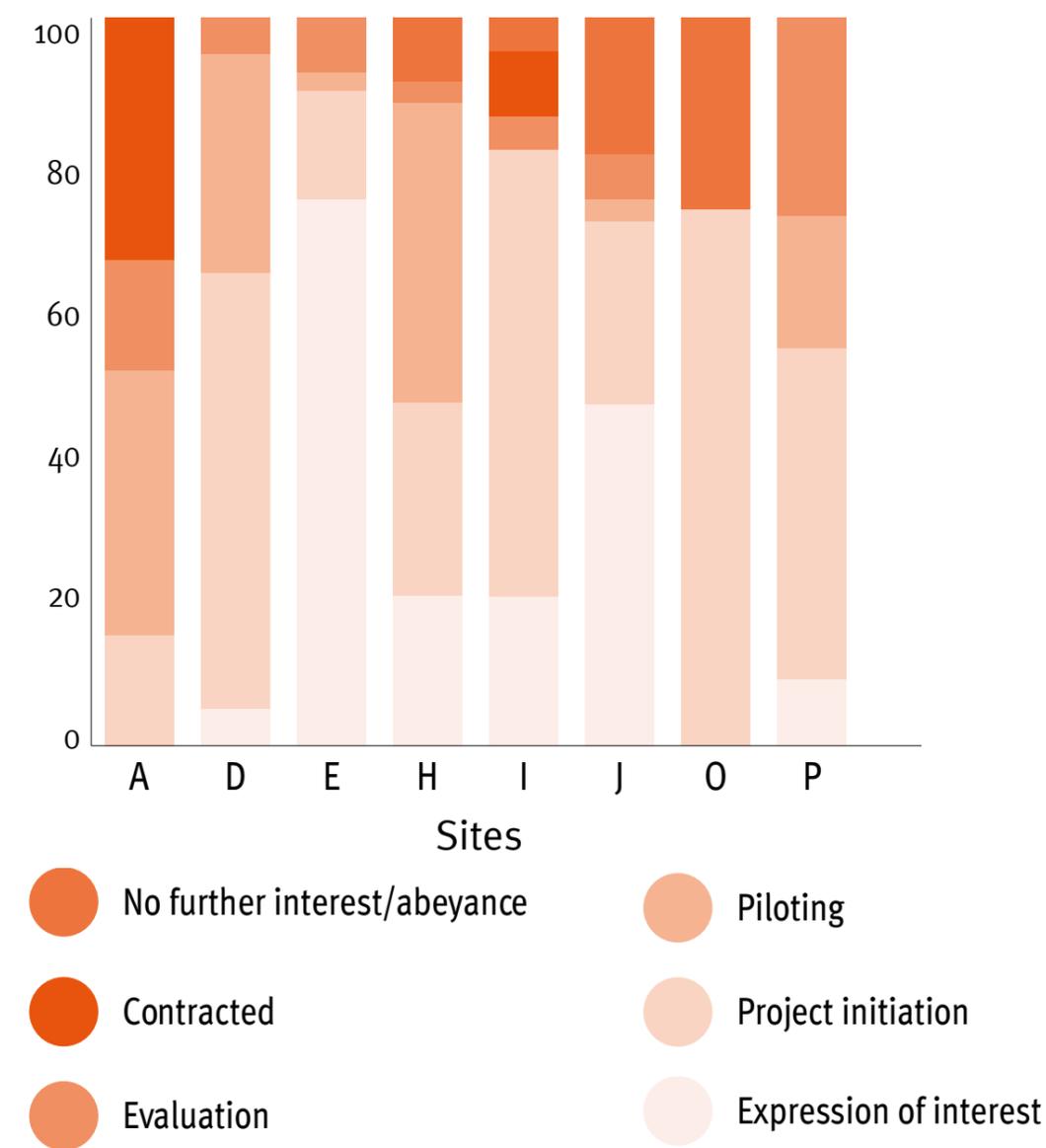
Figure 7: Percentages of Innovations at each development stage by Cohort 2 Sites (Source: member sites' reporting tools)

The temporal difference between cohorts (two years versus one year of participation) largely explains the observed differences in innovation pipeline distributions. Comparing the two cohorts in Figure 6 and 7 disclosed that Cohort 1 appears to have a more mature innovation pipeline overall, with higher percentages of projects reaching the Evaluation and Contracted stages across multiple sites, while Cohort 2's patterns are consistent with earlier-stage programme participation (Expression of Interest and Project Initiation).

Particularly noteworthy are the Cohort 2 sites that have managed to advance innovations to contracted status within just one year, suggesting either accelerated implementation processes or potentially stronger initial innovation selection. This interpretation should be approached with caution as Site A facilitates in-house innovation, indicating that innovations do not require external sourcing for processes like procurement. The variation within each cohort remains significant, indicating that while programme duration is important, site-specific factors like innovation culture, or resource allocation continue to influence innovation progression rates.

Stage of innovation development in year 2 vs year 1
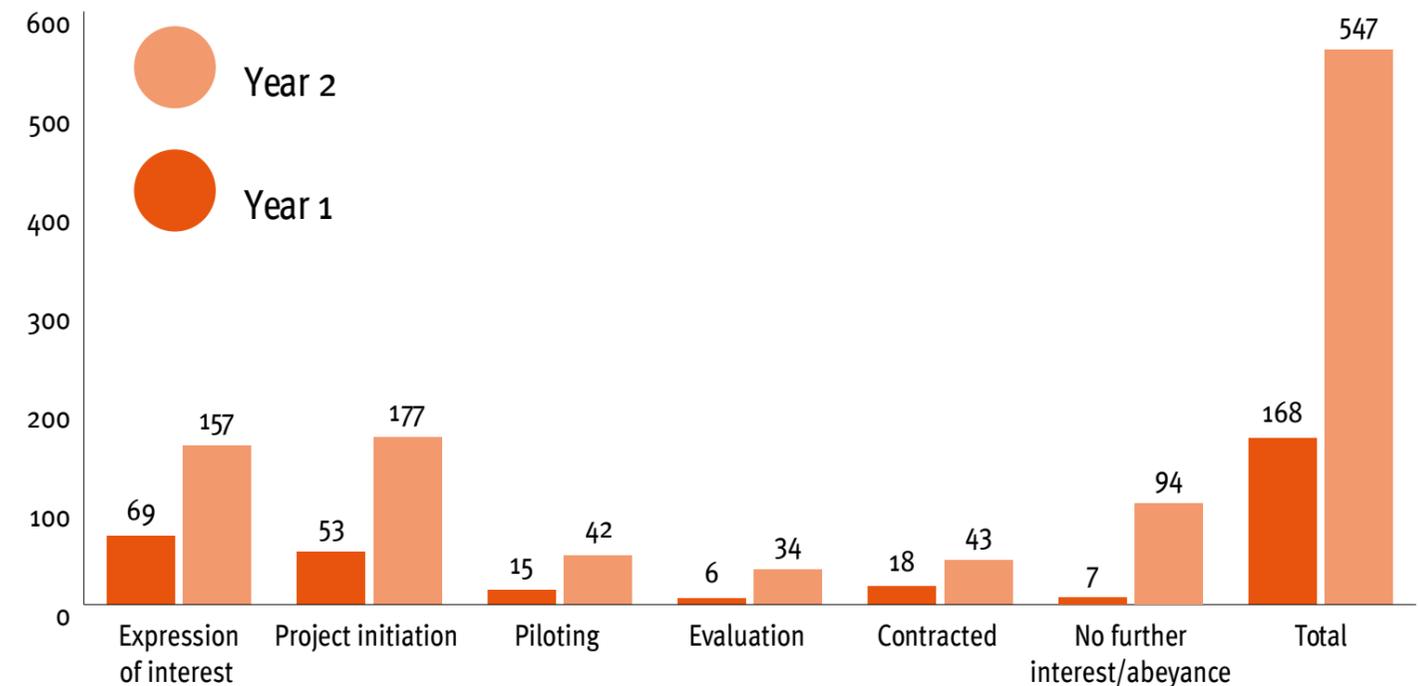
Figure 8: Number of Innovations by development stage in Year 2 vs Year 1 (Source: member sites' reporting tools and InSites Year 1 evaluation report, June 2023)

As shown by Figure 8 there was a stage-wise distribution of innovations within a structured innovation development framework, encompassing the complete lifecycle from initial expression to final implementation. Furthermore, the visualisation provides valuable insights into innovation management efficiency and decision-making processes within the member sites.

The innovation pipeline in Year 2 exhibits a non-linear distribution pattern with 547 total innovations distributed across six development stages. This distribution indicates a pipeline with strong early and middle-stage development, with roughly 22% of innovations

progressing to substantive assessment and implementation phases. The 8% overall conversion rate from pipeline entry to contracted status represents a quantifiable innovation yield metric that could serve as a performance benchmark for future evaluation.

Year 2 distribution pattern demonstrates a bell-shaped concentration with peak volume at the 'Project Initiation' stage rather than the typical funnel structure often observed in innovation pipelines. This unusual pattern suggests several possible interpretations.

The modal concentration at 'Project Initiation' (177 innovations) indicates a potentially significant transformative threshold at this stage. This suggests that while initial expression of interest occurs frequently (n=157), the innovation ecosystem demonstrates particular capacity for transitioning innovations into formal project status.

The substantial volume at 'No Further Interest/Abeyance' (94 innovations) indicates robust filtering mechanisms that prevent inappropriate innovations from consuming downstream resources, representing an important quality control function within the system.

Comparison between Year 1 and Year 2 reveals dramatic growth and evolution in the innovation pipeline. Year 2 shows a 226% increase in total innovations, growing from 168 in Year 1 to 547 in Year 2.

The ratio of innovations in early stages (Expression of Interest + No Further Interest) to advanced stages (Project Initiation through Contracted) increased from 76:92 (0.83:1) in Year 1 to 251:296 (0.84:1) in Year 2. Innovations in late stages (Evaluation + Contracted) increased by 221%, from 24 in Year 1 to 77 in Year 2. The progression from Piloting to Evaluation improved from 40% in Year 1 to 81% in Year 2.

This comparative analysis demonstrates substantial growth not only in overall innovation volume but also in the innovation management capacity of the ecosystem. While Year 2 shows a slightly lower percentage of innovations reaching contracted status (8% in year 2 vs 10.7% in year 1), the dramatically larger absolute numbers (139% increase in year 2) suggest a maturing innovation system capable of handling significantly greater volume while maintaining robust progression through development stages. The data suggests successful scaling of the innovation pipeline with improved conversion rates at critical middle stages, indicating enhanced innovation management capabilities despite the challenges inherent in substantial growth.

The aforementioned interpretations should be regarded with caution as it was a comparison between 10 sites in year 1 and 18 sites in year 2. Further, the substantial number of contracts in Cohort 2 was predominantly driven by a single site that supports in-house innovations. We anticipate that the evaluation in Year 3 will provide additional data, allowing for more precise interpretative insights.

Alignment of innovation with organisational strategy
Interviewees consistently described how the NHS InSites initiative supported the development and refinement of innovation strategies that are explicitly tied to organisational goals and problem areas. One interviewee noted how NHS InSites influenced their strategy development and its realignment.

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

Another participant highlighted the proactive steps taken:

... we are rewriting our strategies at the moment, and we're actively including innovation in that and including innovation as part of our change management framework... and we've also included innovation as one of our four strategic goals now as well.
– Innovation Project Manager, Site G

Structured governance and evaluation processes
The systematic approach manifested in robust governance structures and clearly defined evaluation mechanisms. Some participants emphasised on their governance and decision-making frameworks. They believed that the presence of a scoring matrix and structured business case processes ensures that potential innovations are critically assessed from inception to large-scale implementation. They described multi-layered approval processes involving clinical, IT and executive bodies.

So sign off is very complex... there are so many different governance processes that need to be approved... clinical safety case report... approved at the DCIO level... and even through a medical devices committee when needed.
– Innovation Business Partner, Site F

A number of respondents verified the use of piloting and quality improvement tools such as the PDSA cycles, logic models, and Lean methodologies (e.g. House of Quality) as mechanisms to review the innovations' impact and facilitate continuous improvement. Systematic piloting was identified as a recurring theme in their interviews, with organisations implementing iterative tests before full adoption of innovations.

We've got the scoring matrix in place, we've got the governance meeting in place now... and we need a couple of ideas to run through... ensuring there aren't any sort of kinks in the road.
– Innovation Project Manager, Site G

Problem-driven innovation and prioritisation
According to some interviewees, innovation initiatives were characterised by a bottom-up identification of clinical and operational problems, which then informed the choice of innovation. One interviewee stated:

We always start with the problem. Problem definition and then look for a viable solution to address the problem... our business case template is all aligned... you have to articulate... how the work that you're doing is linked.
– Chief Information Officer, Site M

Some respondents explained how regular review sessions (e.g. designated Thursdays for innovation review) and triage systems helped their organisation decide which problems to tackle based on clinical need, feasibility, and strategic alignment. The Head of Innovation in Site P provided an example where the identification of a problem (e.g. tracking keys in ambulances) led to the development and eventual adoption of an electronic solution after comprehensive evaluation.

In short, the evidence from the interviews with NHS InSites leaders underscores that managing innovation systematically involves the following stages:

- Integrating innovation into core strategy by continually revising and aligning innovation goals with overall business priorities.
- Implementing robust governance and evaluation procedures using structured review processes, pilot testing, and quality improvement tools.
- Prioritising initiatives based on clearly defined clinical and operational problems, ensuring that innovations are both need-driven and strategically justified.

These approaches collectively foster a culture that supports sustainable innovation and effective problem solving across the organisations involved.

Evidence of senior management support for innovation
Interviews with NHS InSites leaders revealed a clear and consistent endorsement of innovation from senior management. They remarked that senior management not only endorses but also actively facilitates innovation within their organisation. Their involvement – from direct oversight and guidance to strategic sign-off through governance groups – plays a critical role in both legitimising and advancing innovation initiatives.

Direct executive involvement:
Several participants explicitly mentioned the active participation and commitment of senior leaders, including the chief medical officer and the director of strategy. For example, one respondent noted:

We have got both the director of strategy and integration, and the chief medical officer involved... he was able to immediately direct us to the clinicians that he thought would be most appropriate to look at pilots and ideas.
– Head of Service and Business Development, Site C

Executive buy-in and governance structures
The presence of dedicated governance groups, composed of approximately 15 executive board members, was cited as a mechanism to evaluate and support innovation projects. One interviewee stated:

Yes, we've got support in from exec. I think we've got quite a lot of buy-in from the execs.
– Head of Service and Business Development, Site C

This governance aspect not only provided the necessary validation for innovation ideas but also ensured that these projects aligned with organisational strategies.

Strategic commitment to innovation:
Senior management support was further emphasised through the integration of innovation into the organisational decision-making process. The support was described as proactive and influential in overcoming risk aversion, with management encouraging staff to engage with and test innovative solutions. This top-down approach helped in creating an environment where innovation was seen as part of the organisation's strategic agenda.

The use of performance metrics for managing innovation
The deployment of appropriate performance metrics is an important indicator of innovation maturity and capabilities. Interviews with NHS InSites leaders examined how performance metrics were used

by member sites to manage and evaluate innovations. Participants observed that performance metrics are key to ensuring that innovations align with strategic priorities and deliver measurable improvements in clinical and operational performance.

Establishing pre-pilot criteria

Some participants used performance metrics as a decision-making tool. They outlined that before piloting an innovation, they set criteria in collaboration with clinical teams.

So, at the start of a pilot, she'll speak to the clinicians, and she'll agree some criteria, and some key performance indicators.
–Head of Service and Business Development, Site C

This underscores that KPIs are integral for determining whether an innovation meets operational needs and can be scaled up. As highlighted by some respondents, documentation of KPIs and evaluation results provided evidence to executive boards and stakeholders, thereby reducing the risk of unproven technologies becoming entrenched without adequate review.

Measuring impact during and after pilots

A number of participants employed performance metrics for the continuous monitoring and evaluation of innovations. They clarified that once innovations were piloted, performance metrics were used to evaluate process and outcomes through both quantitative measures and qualitative feedback. A typical example of the former was response times (e.g. on-scene times) and cost-benefit and project management metrics. The latter were exemplified by staff and patient experiences and the process evaluations provided by quality improvement teams.

We're measuring against organisational metrics that are set for us nationally anyway. So, like our CT response times, our on scene times. We're also measuring, in this case, patient feedback and crew feedback as well to make sure that it's not just helping us achieve our organisational aims, that it's also providing a positive user experience for staff and for patients as well.
–Innovation Project Manager, Site G

This approach allows member sites to benchmark innovations against operational and regulatory goals. By assessing the innovation's effectiveness against national standards (e.g. CT response times), NHS InSites members were able to justify investments and secure further support for successful innovations. Table 5 shows key performance metrics identified and used by providers sites during interviews.

Performance metrics group	Purpose	Metrics tracked
Organisational performance measures	These metrics are used to ensure that any proposed innovation aligns with the strategic goals and performance requirements of the organisation.	Ambulance service targets, **e.g. response times, on-scene waiting times, ambulance availability**
		CT response times and similar nationally set indicators
Post-adoption evaluation metrics	To evaluate the effectiveness and impact of an innovation once it has been piloted or integrated into standard practice.	Comparison against organisational metrics that are set nationally
		Patient feedback and **crew feedback**

Table 5: overview of innovation performance metrics (source: qualitative interviews)

Linking innovation to organisational performance

Some interviewees noted that performance metrics were used not just for evaluation but also for aligning innovations to broader organisational objectives and strategic priorities. For instance, the innovation business partner of Site F observed that innovations were assessed on their ability to improve response times and reduce waiting periods.

So, when we are thinking about what innovations to take forward, we are always measuring against them because that's what our organisation is assessed against.

– Innovation Project Manager, Site G

This indicates that metrics were important not only in tracking outcomes but also to drive funding, support, and long-term integration decisions.

Role of evaluation teams

Some member sites typically assigned teams (e.g. quality improvement or evaluation teams) to gather, analyse, and report on data collected during innovation pilots. By using these metrics, innovation teams were able to compile evidence of innovation success and build a robust business case. The data on performance improvements (for example, improved response times or enhanced patient feedback) was crucial when presenting innovations at governance meetings and to executive leadership.

They [evaluation team] have undertaken a full evaluation study of that, so qualitative and quantitative analysis, and that report is then published for review.

– Head of Innovation, Site P

This highlights the collaborative nature of performance measurement and the importance of a structured review process in guiding innovation adoption.

In summary, the use of performance metrics in managing innovation is a multifaceted process that involves setting clear KPIs during the piloting phase, continuously monitoring outcomes, and aligning innovations with overarching organisational priorities. Accelerating innovation workstreams, which commenced in year 2 of the NHS InSites programme, is focused on developing consistency around performance metrics to enhance this process. The study participants stressed that structured evaluation and data-driven decision-making are crucial to the successful adoption and integration of innovative solutions.

By leveraging performance metrics, organisations were not only able to assess the immediate impact of innovations but also to build a compelling case for long-term investment and scaling, ensuring that innovations contribute meaningfully to both quality improvement and operational efficiency

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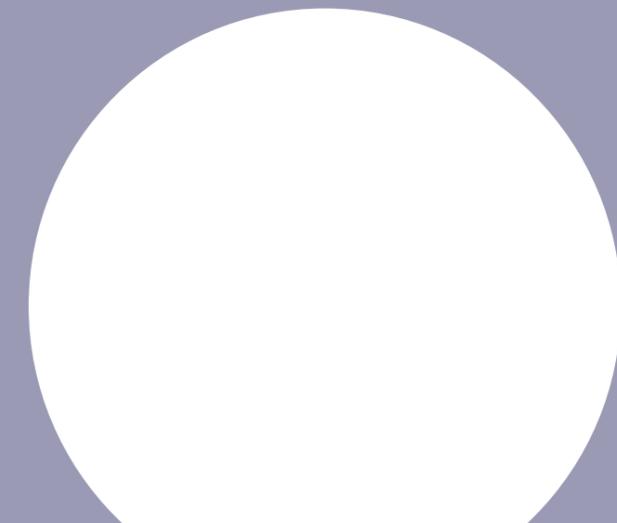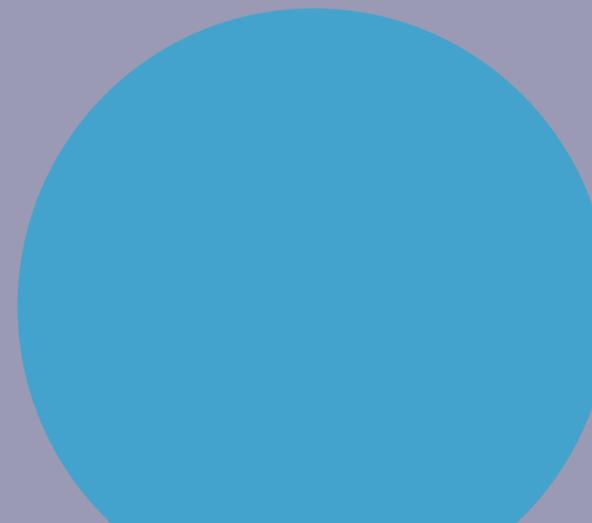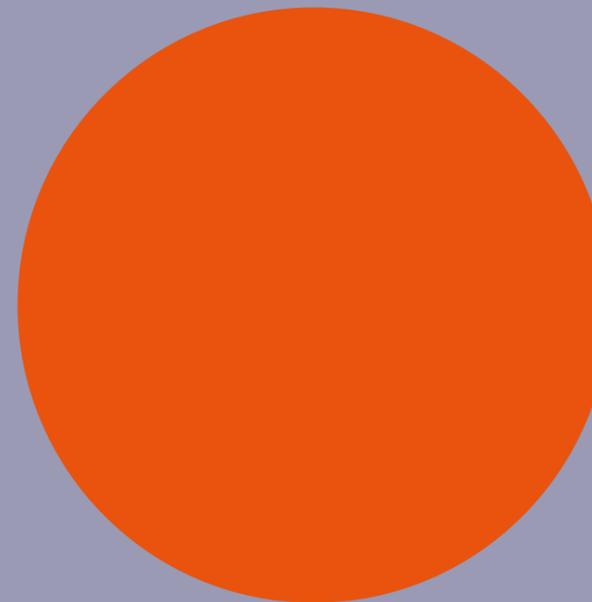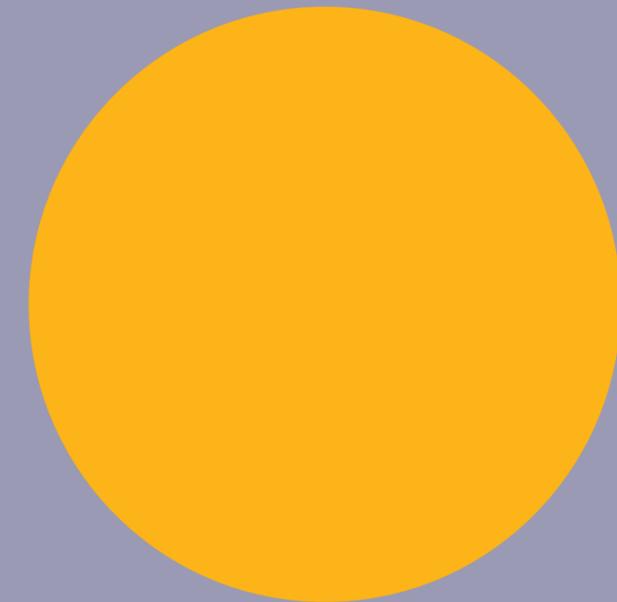
Discussion

Background and shift of focus

The NHS InSites programme operates as an intermediary between innovators and adopting organisations in the NHS. Such intermediaries can contribute to a variety of functions related to the spread and adoption of innovation, including: exploring the range of possible innovations; comparison of innovations; selection of the innovation by adopters; articulating adopters' needs for innovation; acquisition of the innovation; implementation of the innovation and enhancing the innovation capabilities of adopters.[8,9]

Reflecting its links to the CE programme, NHS InSites was initially focussed on providing a matchmaking service connecting CE innovators with prospective adopters, supporting the rapid evaluation and adoption of innovations. Based on lessons from the Year 1 evaluation,[7] in Year 2 the emphasis was shifted towards support for the adoption and implementation of innovations by member sites. This shift from early stage development and search activities towards the later stages of the innovation journey involved expanding the range of functions contributed by NHS InSites; the emphasis on knowledge-sharing around particular innovation projects (project focussed work) was thus increasingly complemented by greater efforts to streamline the adoption and implementation process within member site organisations (organisation focussed work). This involved the development of new shared capabilities within the NHS InSites team

and member sites centred on changes in the way innovations are evaluated and adopted by member site organisations.

The primary mechanisms for achieving NHS InSites goals are: a) at programme level, the knowledge sharing activities orchestrated by the NHS InSites team, and b) at site level, the activities and resources applied by the innovation leads and teams.

As the emphasis shifted in Year 2 away from being innovator-driven and towards the downstream challenges of adopting and implementing innovations, these mechanisms evolved accordingly; knowledge-sharing activities became more peer driven, and greater effort was applied to the development of shared innovation and evaluation approaches through the policy workstream. The multiple objectives now pursued by the programme are reflected in the development of its reporting tool which currently captures data from each site under the following headings: innovation pipeline, funding plan, innovation strategy, participation.

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

From a policy standpoint, we sought to evaluate the effectiveness of the NHS InSites programme as a model for supporting the wider adoption and implementation of innovations. The NHS, alongside other healthcare systems globally, has struggled to establish appropriate means of realising this policy objective. Spreading and embedding innovations in healthcare is fraught with tensions between top-down policy objectives and the financial and operational challenges experienced by provider

organisations. The sustainable adoption of innovations is generally highly dependent on the capabilities and energies applied within particular context. Organisations under pressure may struggle to give innovation the priority which policy-makers desire.

From an organisation design perspective, the NHS InSites model, and its central funding arrangement, provides an effective instrument for overcoming these tensions and balancing the systemic objectives of policy-makers with the narrower objectives of provider organisations and other stakeholder groups. Through NHS InSites' intermediation the coordinated deployment of resources to provider organisations creates the new capacity and capabilities to stimulate innovation activities within each organisation. Innovation leads at each site not only act as gatekeepers and brokers for the flow of innovations, but can also play an advocacy role, selling the need for innovation to senior management.

At the same time, the development of networks and knowledge exchange flows by the NHS InSites team helps to create the multi-sided knowledge flows needed to select and implement innovations, harnessing the shared experience and know-how of innovation leads and provider organisations to raise the overall level of innovation capability across the provider group.

Previous research[10] has identified three mechanisms which are key to improving the embedding, scaling and spread of innovations; learning, adapting and institutionalising.

- The learning mechanism involves a process of social learning and feedback that bridges the activities involved in developing and spreading the innovation widely and implementing it locally. It enables the integration of generic knowledge of the innovation itself with localised, often tacit, knowledge of how best to apply it within a specific context.

- Adapting involves adopters intentionally modifying the innovation to improve its effectiveness in the adopting context while retaining a degree of fit and harmonisation at the system level.

- The institutionalizing mechanism helps to embed innovation by creating social and regulatory pressures and shared interpretive schemas. Alignment between the innovation and developments in the wider policy environment supports this mechanism.

For the NHS as a whole, InSites provides a valuable learning opportunity to more rigorously identify the barriers to the wider and more rapid scale up and sustainable implementation of innovation. NHS InSites has also been able to enhance its policy contribution by developing links with other relevant NHS initiatives such as Greener NHS.

Where they reinforce each other, these mechanisms provide a workaround to the tensions between top-down and bottom-up approaches to spreading innovation. 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. Previous literature has shown this knowledge sharing is vital in reducing pilotitis, the unnecessary repetition of pilot studies across different sites.[11]

- 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.

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- 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.

NHS Hub – pivotal in managing the NHS InSites programme

Our findings highlight the overall effectiveness of the mechanisms deployed by NHS InSites. The NHS InSites 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. Reconciling shifting and often conflicting objectives amongst a range of stakeholders is a dynamic process and needs active and agile management by the intermediary. This is evidenced by the programme's evolution over time as its outputs and activities have been adapted to achieve a better accommodation or fit between policy objectives and the interests of provider organisations. Without hierarchical authority, management in these circumstances often involves maintaining ambiguity (to defuse the overt conflict in objectives) through the careful use of language (cf. uncertainty over the label to apply to 'member' organisations, or to the harmonisation of processes), and the development of trusting relationships. The NHS InSites Hub team have been careful to focus on win-win outcomes that address systemic and organisation-level objectives at the same time, and to highlight developmental constructs such as innovation culture which are viewed positively on all sides, and do not conflict

with existing organisational practices or authority structures. Co-production and a collaborative approach to achieving outcomes are intrinsic to the NHS InSites Hub team's approach, helping to balance the sometimes divergent goals and interests of different stakeholders and 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 'we will need to be consistent and long term in our approach.

Overcoming long-standing barriers requires a consistent, long-term strategy with collective accountability and investment over 3 to 10 years.' Our participants argued that the NHS InSites programme should continue to support the development of innovation culture and competency programmes to ensure long-term impact and integration of innovation into regular practices.

The experience of the NHS InSites programme to date suggests that this model of innovation intermediation may be applicable more widely in the NHS. The greater diversity – in terms of level of innovation capabilities and organisation type – of Cohort 2 and their ability to benefit from the programme supports this suggestion. However, simply expanding the programme to incorporate a greater number of provider organisations may not be effective due to the following factors;

- Knowledge sharing is more successful where the mix of organisations includes sufficient common experience to develop trust and shared understandings, but sufficient differences to make the exchange of knowledge valuable.

- Innovation is a messy and unpredictable process. Beyond a certain size of membership, the greater formalization of management, relationships and practices tends to limit flexibility and the free flow of knowledge and experience.

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. Although progress can be achieved through the harmonisation of approaches (as for example with the policy workstream on topics such as innovation passport), the need to achieve legitimacy and acceptability not only across different sites, but also across different groups within each organisational context, suggests that bottom-up efforts towards harmonisation may need to be supplemented by other top-down policy levers and incentives (e.g. funding allocation, accreditation etc). 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.

Among the biggest challenges participants mentioned referred to structural issues including financial constraints faced by the NHS, wider capacity issues 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.

NHS InSites has made significant progress in a short period. The next step is to identify strategies to ensure its long-term sustainability.
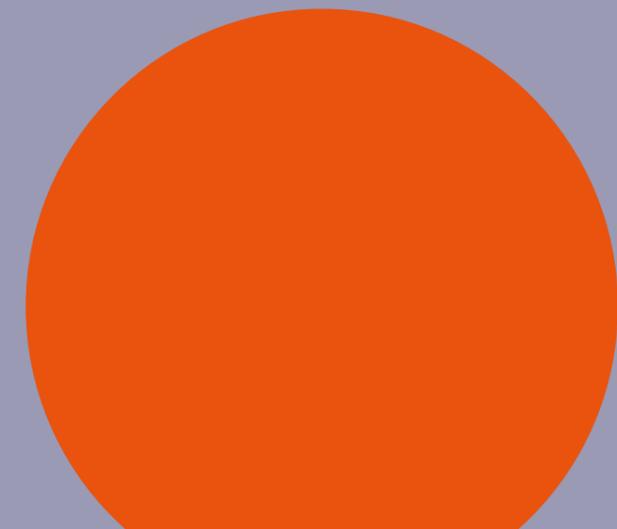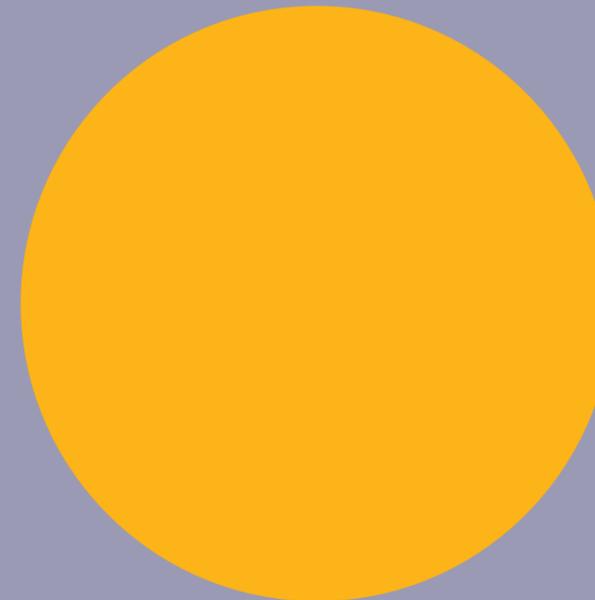
Conclusions and recommendations

The organisation of work in the NHS InSites programme effectively addresses the needs of support for multiple phases of the innovation journey by combining valuable forms of inter-organisational knowledge exchange (aligning with the early-stage development and search phases) with the peer led support and learning across adopting organisations which is relevant to later stages. This combines powerfully with the deployment of financial resources for in-house innovation leads to mobilise evidence and change process within member sites (aligning organisational needs with the later phases of evaluation and adoption).

The Year 2 evaluation of the NHS InSites programme thus shows a promising evolution toward a more systematic inter-organisational approach to healthcare innovation. While considerable progress has been achieved in embedding innovation within NHS organisations – through improved frameworks, dedicated resources, and effective peer networking – significant challenges remain, notably in securing sustainable funding and harmonising processes across diverse organisational contexts.

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
Our analysis suggests that the biggest challenge for the NHS InSites programme is its financial sustainability over time. The programme has achieved a lot 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. Longer-term commitment will allow the generation of even stronger evidence on the impact of the programme in terms of benefiting local innovation and reducing pilotitis across the NHS.

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.

NHS InSites may need to develop a sustainable business model which brings in other sources of income. In simple terms the business model can be defined as how value is created and appropriated in excess of the costs of doing business. In the NHS InSites case, such a model

would still need to balance the systemic objectives of policy-makers with the flexibility needed to accommodate the objectives of individual organisations. An outright commercial stance, defining provider organisations or the NHS as the customer, is not viable as transactional relationships would undermine the knowledge sharing and trust relations that are at the core of the NHS InSites model. Participation in the programme needs to be values and culture-based.

NHS InSites therefore needs to develop a hybrid model which sits between the commercial or central funding extremes. This may include the progressive addition of various forms of co-funding including, for example, membership fees for participating organisations. Our analysis in the Table 6 below highlights the possible components of such a hybrid model, including their advantages and risks. How these components are blended into a real world proposition is dependent on shifts in the policy and regulatory environment, including the changes in the NHS approach to innovation adoption highlighted in the Innovation Ecosystem report:

Business model components	Advantages	Risks
Hub-network configuration	Balances stakeholder objectives and creates an innovation community which supports capability development.	Focus on knowledge-sharing across organisations may limit the ability to build the business case for NHS InSites within organisations.
'Freemium' or two tier membership funding streams	Enables the value of NHS InSites' knowledge-based services to be recognised and appropriated before member organisations make significant financial commitments. Ensures that members are committed to NHS InSites objectives and make efforts to capture the value from their membership.	May create incentives for freeloading rather than committed participation. Risks undermining community engagement through a more transactional relationship.

| Accreditation role – assessing members' progress towards defined standards of innovation capability | Links NHS systemic objectives to reputational benefits for member organisations. | May complicate the interactions between member organisations and the Hub team – risk of latter being viewed as inspectors rather than knowledge brokers and facilitators. |

Table 6: Examples of business models to consider for NHS InSites programme

Cautious expansion of the NHS InSites programme

To ensure its financially sustainability over time, we recommend that the NHS InSites programme is careful in expanding further quickly.

The limitations discussed earlier suggest that scaling this model may involve co-creating the NHS InSites model 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. It 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.

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 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 require 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 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 one of our participants noted:

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

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Appendix

Appendix A1: Site members

Organisation	Type	HIN	Patient	No. of staff	CQC rating
Alder Hey Children's NHS Foundation Trust	Acute, Community Services Trust	North West Coast	450,000	4,115	Good
Birmingham Women's and Children's Hospital NHS Foundation Trust	Acute Trust	West Midlands	1.36m	6,000	Requires improvement
Bradford Teaching Hospitals NHS Foundation Trust	Acute, Community Services Trust	Yorkshire & Humber	500,000	6,500	Good
Buckinghamshire Healthcare NHS Trust	Acute Trust	Oxford & Thames Valley	500,000	7,000	Good
Cambridgeshire and Peterborough NHS Foundation Trust	Mental Health Trust	East	900,000	4000	Good
Chelsea and Westminster Hospital NHS Foundation Trust	Acute, Community Services Trust	Imperial College Health Partners	1.5 million	7,500	Good
East of England Ambulance Service NHS Trust	Ambulance Trust	East	6.3 million	5,000	Requires improvement
Gloucestershire Hospitals NHS Foundation Trust	Acute, Maternity, Community Services Trust	West of England	620,000	9,000	Requires improvement
Guy's and St Thomas' NHS Foundation Trust	Acute Trust	Health Innovation Network South London	2.8 million	23,600	Good

Organisation	Type	HIN	Patient	No. of staff	CQC rating
King's College Hospital NHS Foundation Trust	Acute Trust	Health Innovation Network South London	over 1 million	15,000	Requires improvement
Leeds Academic Health Partnership	Academic Health Partnership	Yorkshire & Humber	2.4 m	60,000	Good
Milton Keynes University Hospital NHS Foundation Trust	Acute, Community Services, Primary / Social Care Trust	Oxford & Thames Valley	500,000	4,400	Good
Mid and South Essex NHS Foundation Trust	Acute Trust	East of England HIN	1.2 m	15,000	Requires improvement
Newcastle upon Tyne Hospitals NHS Foundation Trust	Acute, Specialist, Community Services Trust	North East and North Cumbria	1.8 m	15,000	Requires improvement
NHS Norfolk & Waveney ICS	Acute, Community and Social Care Services	East	1.1 m	5,000	Good
Northumbria Healthcare NHS Foundation Trust	Acute, Community Services Trust	North East and North Cumbria	500,000	12,000	Outstanding
Northwest Ambulance Service NHS Trust	Ambulance Trust	North East and North Cumbria	7m	7,074	Requires improvement
Torbay and South Devon NHS Foundation Trust	Trust operating as an integrated care organisation, providing acute, community and social care services	South West	286,000	6,500	Requires improvement

Table A1: Comprehensive overview of member sites feature (Source: the websites of member sites as of March 2025)

Appendix A2: Member sites breakdown by cohorts

Cohort 1	Cohort 2
Site B	Site A

Site C	Site D
Site F	Site E
Site G	Site H
Site K	Site I
Site L	Site J
Site M	Site O
Site N	Site P
Site Q	
Site R	

Table A2- Cohort segmentation of member sites within the NHS InSites programme

Appendix A3: Methods

Study design
A broadly qualitative approach was employed in this research as it provides a rich description of innovation adoption in the NHS InSites programme to address its practical problems. Further, it builds an evidence-base using the experience and perspectives of participants which can be employed into other settings. Interviews and focus groups were further triangulated by the collection of secondary data on programme activities and innovation outcomes.

Data collection
Qualitative data were collected between October 2024 and February 2025. To develop a comprehensive understanding of innovation adoption, multiple sources of data were used including in-depth online interviews and a focus group.

Semi-structured interviews
Semi-structured interviews were conducted with a sample of 37 informants associated with the NHS InSites programme, encompassing NHS staff representing 18-member site organisations (n=30), NHS InSites hub team members (n=5), and NHS England (NHSE) staff (n=2). Participant recruitment utilised a purposive sampling strategy. Initially, NHS staff serving as NHS InSites leads within their respective catchment areas were targeted (1-3 interviewees per site). Subsequently, a focus group was convened, involving innovators and healthcare professionals directly involved in the design and implementation of innovations (n=4 participants). These informants offered crucial perspectives regarding the facilitators and barriers to innovation adoption, as well as providing explanations for observed

successes and failures. Detailed information concerning the 18 participating sites is publicly accessible. Potential participants were contacted through two primary channels. Initially, the NHS InSites Hub team facilitated introductions to the lead contact at each site. Complementarily, NHS staff associated with NHS InSites sites were contacted via LinkedIn as they have all been asked by the programme to have presence on LinkedIn. Further participant recruitment employed snowball sampling, whereby leads recommended additional individuals from their sites.

The research team then recruited participants who were NHS InSites Hub team members involved in the coordinating, liasioning, and allocating resources between 18 member sites (n=5). The sampling process was then continued by their recommendations for related NHSE staff (n=2). Senior NHS InSites staff are representatives from NHSE who have been responsible for funding and commissioning NHS InSites programme. Purposive sampling was employed to ensure the inclusion of diverse range of experiences and perspectives to construct a robust view of innovations alignment with problems. Recruitment was terminated once no additional issues or insights were identified, and data began to repeat so that further data collection was redundant.

A descriptive overview of the study's participants is presented in Table A3. A total of 37 subjects participated in this qualitative study.

Stakeholder group	Number of interviews/ focus group	Number of interviewees	Gender (f: m)	Interview length (mean)
Member sites	21	30	15:15	44min
NHS InSites hub	5	5	4:1	55 min
NHSE	2	2	1:1	52min
Total	28	37	20:17	50min

Table A3: Descriptive characteristics of study participants

In this study, four distinct interview schedules were developed to facilitate interviews with the NHS InSites Hub team, representatives of member sites, NHSE staff, and focus group participants. The design of the interview guides was informed by a scoping review of the evaluation topic and the specific objectives of the evaluation. Table A4 breaks down the interviews by site:

Organisation	Number of Individuals Interviewed
NHSE	2
NHS InSites Hub	5
AHCH	1
BWCFT	1
BTHFT	2
BHFT	1
CPFT	1
CWFT	1
EEAST	1
GHFT	1
GSTT	2
KCHFT	3
LAHP	1
MKUH	3
MSEFT	2
NUTFT	2
NWICB	3
NHFT	2
NWAS	1
TSDFT	2
Total	37

Table A4: Break down of interviews by site

An initial set of open-ended questions was formulated by the research fellow to explore various dimensions of the NHS InSites program. These questions were crafted to encourage participants to articulate their thoughts and experiences in depth, thereby fostering a conversational atmosphere that allowed for flexibility in responses. To enhance the quality of the interview schedules, prototypes were reviewed by senior members of the research team. Subsequently, a pilot interview was conducted with a qualitative researcher to assess the clarity and effectiveness of the questions.

Following the pilot testing, necessary revisions were made to the interview schedule based on the interviewee feedback, focusing on improving the clarity and relevance of the questions. The final version of the interview/focus group schedules comprised three sections: warm-up questions, main interview questions (which included topics such as approach and context, program values, peer networks and hub support, usage of tools, scaling and systematization, and enablers and barriers), and a concluding section. Additionally, prompts and follow-up questions were incorporated to facilitate a deeper exploration of topics during the interviews.

Throughout the data collection process, questions were adapted as needed based on participants' responses to ensure that the interviews elicited rich, detailed information while effectively addressing the research objectives.

Focus groups

A purposive sampling strategy, considering innovation type, provider context, and observed outcomes (high and low spread/implementation), guided the selection of five sites for focus group participation: Alder Hey Hospital FT, Bradford Hospital NHS FT, Torbay and Devon NHS FT, St Guys' and St Thomas NHS FT, and King's College NHS FT.

Due to recruitment difficulties, securing enough participants was unsuccessful in the first three selected sites. Torbay and Devon NHS FT withdrew from the focus group process entirely. Alder Hey Hospital FT and Bradford Hospital NHS FT agreed to participate in additional interviews with their innovation leads as they confronted difficulties in finding participants who fit the target features. Representatives from St Guys' and St Thomas NHS FT and King's College NHS FT attended a focus group. The focus group and two additional interviews provided valuable data to analyse contextual variations and identify key factors influencing implementation and adoption. These factors encompassed organisational structures and interpersonal interactions, critical for understanding the challenges observed.

Interviews/focus group were video recorded and took 20-60 minutes. The interviews/focus group were terminated by mutual agreement of the interviewers and participants when all relevant lines of enquiry had been covered. The format of the interviews/focus groups was online for its convenience, flexibility in scheduling, cost-effectiveness, and ability to reach a wider pool of candidates from diverse locations. Ten interviews/focus group were conducted by two interviewers to foster better rapport with participants and

gain a more comprehensive understanding of the topic by exploring various aspects. This approach not only enriched the data set but also ensured that important details were not overlooked and allowed for the identification of inconsistencies during the interviews.

Interviews/focus group were semi-structured, using an interview/focus group guide that started by asking the participants to explain their involvement in the NHS InSites programme before going on to ask about how it has addressed the identified problem. It was then gathered their thoughts on what influenced the success or otherwise of problem driven innovations. The interview schedule was changed over time as the research team started to develop a better understanding of what factors influence whether an innovation supports solving a problem.

Secondary data

The FutureNHS platform served as the primary source of secondary data for this research. This platform provided access to a 'data room' where various NHS InSites activities were documented. These included presentation files from the NHS InSites Hub and member sites, such as case studies, business case templates, and proposals for innovation projects. Additionally, the platform contained meeting-related data, including recordings, agendas, transcripts, and summary notes. The platform also featured a calendar that detailed events and meetings, as well as an organisational section in which data were categorised into folders corresponding to each member site.

Furthermore, data pertaining to the reporting tool, including the innovation pipeline and innovation strategy, were shared by the NHS InSites Hub. This comprehensive data availability enabled the

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research team to evaluate NHS InSites activities in a thorough and systematic manner.

Data analysis

Video recordings of interviews and focus groups were converted into audio files and then sent to a professional transcriber who is approved by City St George's University of London. Following transcription, the original video and audio recordings were securely deleted to maintain data protection. The resulting transcripts are stored on a password-protected, dedicated research server at City St George's University of London, accessible only to the research team via password-controlled access. These transcripts were organised and analysed for emerging themes using NVivo software. The research team discussed the identified themes to ensure a comprehensive understanding.

The NHS InSites hub team conducts monthly and quarterly catch-up meetings with providers, generating valuable data. This includes meeting agendas, transcripts, and summary notes, which were shared with the research team for in-depth analysis. By examining these meeting data and accessing the data room, the research team aimed to understand the timeline of developments, key focus areas, and how peer support and collaborative learning evolve among participants. This analytical process provided insights into the dynamics and progress of the group over time.

Both primary and secondary data were analysed to evaluate the progress of the NHS InSites programme in year 2. The researcher read transcripts frequently, highlighted important segments of texts and either created a new node, or assigned the highlighted texts to an existing relevant node. As a result, the nodes/coding structure

were iteratively developed, and new themes that appear important were added to both the coding structure, and to the interview/focus group question structure for further exploration in subsequent interviews (Appendix A6). The coding structure will then be applied to the remaining transcripts, and the structure continually developed throughout the data collection/analysis process. Taking this iterative approach and constant comparison allowed richer analysis, and thoughts to mature throughout data collection/analysis process.

The research team presented the preliminary findings including overarching themes, and subthemes to the NHS InSites hub in a meeting. The analysis was revised and the final report constructed using feedback from NHS InSites hub.

Appendix A4: Interview guides

Interview guide: NHS InSites Hub

Introduction
- Thank the participant for their time and willingness to participate in the interview.
- Explain the purpose of the interview: to gather insights on the performance of the NHS InSites programme in its second year.
- Assure confidentiality and that their responses will be used to improve the program.

Brief personal/job characteristics – expertise
- Please briefly outline your professional background before coming to your present role?
- What is your current job title? How long have you been working in your current role?
- How do you collaborate with others in the MSE Hub team?

Approach and context
- What do you see as NHS InSites programme's goals? Do you believe that it is achieving its goals currently?

Prompt: contributing factors
- What evidence or metrics of progress do you focus on in your work?
- How do you support the programme in achieving its goals?
- How much of your work involves working with member sites? What is the focus of your work with them?

- What challenges do you face in this work? How have you overcome them?

Prompts: Building relationships with member sites staff, getting support/expertise from Hub team members, sharing knowledge and experience across sites.

- Can you provide an example of a specific challenge or project where you made a difference in achieving the programme's goals?

Enablers and barriers to implementation
- What have been the key enablers you have identified that support the implementation of innovations under the NHS InSites programme?
- Have you noticed any patterns or consistent themes regarding enablers and barriers across different providers?

Impact of peer network and hub support
- How would you describe the participation in the peer network among providers?

Prompt: Are there specific examples of beneficial collaborations within the peer network or between providers that stand out?

- In what ways has the support from the NHS InSites hub contributed to the providers' implementation efforts?

Prompt: How has the hub's support impacted the overall culture of innovation adoption across sites?

Scaling innovations

- What strategies or approaches are member sites utilizing to scale their innovations effectively?

Prompt: How are providers working to ensure that the use of innovations becomes part of the standard operating practice?

- Can you share any success stories or learnings related to scaling efforts among providers?
- What role does the NHS InSites Hub play in facilitating this scaling process?

Value creation

- What value do you believe the NHS InSites programme provides to innovators attempting to gain adoption within the NHS?
- In your opinion, how can the program be further enhanced to better support innovators?
- Are there specific feedback or insights from innovators that highlight the program's strengths or areas for improvement?
- How do you measure the success of the innovations being adopted across the NHS?

Conclusion

- Thank the participant for their insights and contributions.
- Ask if they have any final thoughts or comments they would like to share regarding the NHS InSites programme.

Interview schedule: NHS England

1. Could you please explain your role at NHS England?
2. How long have you been engaged with the NHS InSites initiative?
3. What involvement have you had in the development and operations of the NHS InSites programme?
4. What kind of relationship do you have with the hub team and the provider sites?
5. How do you view the goals of the programme?
6. How do you see those goals being achieved?
7. What is NHS England's expectation of the wider impact of the programme?
8. How do you see that impact being achieved?
9. What is your assessment of the programme's progress in achieving its goals?
10. What do you see as the major barriers or enablers to such progress?
11. How have these barriers been addressed or managed?
12. In your opinion, what factors contribute to the successful scale of these innovations?
13. From your perspective, what value does the NHS InSites programme create for innovators seeking to have their innovations adopted across the NHS?
14. Can you identify any specific projects or examples where the NHS InSites programme has made a real difference from the NHS England perspective?
15. How do you see the programme becoming sustainable in the future?
16. What improvements or changes do you think are necessary for the NHS InSites programme to better support innovation in healthcare?

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Interview schedule: member sites

Introduction

The researcher introduces herself to the interviewee, reiterates the purpose of study, ensures confidentiality and anonymity of the respondent and asks for signing the consent form. Then, the process will be continued with warming up questions as follows:

Brief personal/job characteristics

- What is your current job title? How long have you been working in your current role?

Approach and context:

- Can you describe your role within the NHS InSites programme and the specific context you are working in?
- What activities do you carry out within your organisation with regards to the NHS InSites programme?
- What do you see as NHS InSites programme's goals? Do you believe that it is achieving its goals currently? (especially in your organisation)

Prompt: Please name the contributing factors to success.

For Cohort 1: Have you seen a change in the goals of the programme over time? If so, How would you characterise that change?

- How do you decide on the adoption of an innovation?

Prompt: Please describe a recent example of an innovation your organisation has adopted. What was the motivation for adopting this innovation, how was it justified and who was involved in the decision-making process (front-line staff, senior management, etc.)?

- Who ultimately signs off on these innovations?
- From your experience was there any tension between local innovators priorities and organisations priorities

Prompt: To what extent is innovation in your organisation problem-driven and linked to your organisation's strategy?

Peer network and hub support

- Talk us through your relationship with the NHS InSites coordinating team? What does NHS InSites coordinating team offer to you?

Prompt: What specific support from the NHS InSites hub (NHS InSites coordinating team) has been most beneficial for your activities?

- What about existing tools, such as the Innovation Readiness Tool and the Data Room? Do you think there is a need for developing new tools? if yes, please explain.
- How has participation in the peer network facilitated your work in the NHS InSites programme?
- Have you noticed any changes in your practices or outcomes as a result of peer network interactions and hub support? Please illustrate with examples.

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Usage of tools

- How do you ensure that adopted innovations suit to your local context?

Prompt: what tools and methods (e.g. small-scale testing, participatory design) have you implemented to adapt innovations in your local context?

Prompt: Please share specific examples of how these tools helped you in the adaptation process?

- In what ways does the NHS InSites programme or involvement in the NHS InSites really help you do that? Take it, from the idea right through to implementation.
- How do you involve local stakeholders and end-users in the adaptation of innovations?

Scaling and systematisation

- How do you support the wider take up and scaling of innovations?
- How do you ensure that innovations become business as usual?

Prompt: piloting, training and capacity building, modify existing policies and procedures, leadership support, resources allocation (financial, human, technological), leverage technology, expanding to new locations, increasing target populations and/or offering new services

- How are you measuring the impact of these innovations once they are adopted into standard practice?

Prompt: Please provide examples of any successful innovations from the NHS InSites programme that have been fully integrated into standard practice?

Enablers and barriers

- What are the major barriers to adopting or testing innovations in your organisation?

Prompt: are these barriers/challenges increasing or reducing?

- How have you addressed them?
- In what ways, if any, do you believe that your organisation is becoming more proactive in adopting innovations that address its strategic needs or major challenges?

Conclusion

Any other comments you would like to add regarding the NHS InSites programme and its implementation in your local area?

Thank you for your time and insights.

P.S. The focus of interview, where possible, will be on the respondent's most recent experience of being involved in innovation adoption – this would allow us to explore the motivation and rationale for the innovation, who was promoting it, and who was involved in the adoption decision-making etc

Appendix A5: Interview timeline

Table A5 illustrates the allocated time for each section of questions during interviews process. It is important to note that the sequencing of questions and the corresponding time allocation were flexible and adjusted by the interviewer. This adaptability allowed the interviewer to tailor the flow of the interview to better accommodate the needs and comfort of the interviewee, as well as the specific context of the interview. Consequently, the timing was not fixed for each section, ensuring that responses can be explored in greater depth when necessary.

Section	Allocated time (minutes)
Introduction	2
Warm up questions	3
Tools & local context adaptation	10
Enablers and barriers to implementation	10
Scaling and standardisation	10
Peer network and hub support	10
Value creation for innovators	10
Closing	5
Total	60

Table A5: Overview of interview section time allocation

Appendix A6: Themes and subthemes

Themes	Subthemes
Innovation adaptation	• Small-scale testing / piloting • Co-production and stakeholder engagement • Utilisation of digital tools and harmonisation resources • Iterative evaluation and process mapping
Enablers	**Member sites** • Financial resources • Senior leadership and executive buy-in • Peer networking and knowledge exchange • Dedicated innovation infrastructure and culture **NHS InSites hub** • Dedicated and credible coordination staff • Data sharing tools and the reporting platform • Regular and collaborative team meetings **NHSE** • Capacity and capability building through dedicated funding • Facilitated peer networks and harmonisation of processes • Integration with wider innovation initiatives

Barriers	**Member sites** • Digital system implementation / it constraints • Funding constraints • Capacity limitations & workforce issues • Governance, process inflexibility and siloed working **NHS InSites hub** • Lack of harmonised adoption processes and 'scaling support' • Capacity constraints & competing priorities • Fragmented communication and inconsistent engagement **NHSE** • Funding uncertainty & short-term budget cycles • Complex governance and procurement processes • It and digital deployment issues
Managing Barriers	**Member sites** • Piloting and small-scale testing • Stakeholder and end-user engagement / co-production **NHS InSites hub** • Knowledge exchange and harmonisation of processes • Active facilitation and peer network meetings **NHSE** • Funding and capacity-building support • Policy guidance, process alignment and credibility boost

Scaling Support	**Member sites** • Alignment with organisational priorities / problem-driven adoption • Capacity, funding & sustainability constraints • Local ownership and stakeholder engagement **NHS InSites hub** • Facilitation, matchmaking & networking • Knowledge exchange & harmonisation of processes • Supporting scaling through peer learning **NHSE** • Financial support as a key enabler • Embedding innovation into organisational strategy • Standardising and streamlining processes

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| **The impact of peer network and NHS InSites Hub support** | **Member sites**
• Enhanced peer learning and shared best practice
• Improved trust, connection, and reduced isolation
• Acceleration & replication of innovations (avoiding duplication)

NHS InSites Hub
• Responsive practical support and facilitation
• Enabling structured knowledge exchange via tools and platforms
• Fostering cross-site collaboration

NHSE
• Enhanced systemwide capacity and harmonisation
• Improved feedback loops and evidence generation
• Increased engagement and strategic alignment |
| **Value created by NHS InSites** | **Member sites**
• Peer learning and knowledge sharing
• Financial support and protected funding
• Harmonisation and process improvement
• Capacity and capability building

NHS InSites Hub
• Coordination and facilitation
• Providing a data room and shared repository
• Community and relationship building

NHSE
• System-level adoption, harmonisation, and agility
• Policy integration and feedback for improvement
• Empowering innovators through unique matchmaking |

Table A6 : Qualitative Themes and Subthemes: A Comprehensive Breakdown

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Appendix A7: An indicative list of innovations adopted by sites

Innovation group	Innovation name	Description	Affiliated site
AI and Digital Health Solutions	AI Chatbot	An AI chatbot for staff to access information about policies and procedures	Site M
	Skin Analytics	AI skin cancer triage	Site F, Site D
	Deep Medical	An AI solution that supports the do not attends at hospitals	Site N
	Tortus	An ambient voice technology	Site E
	Ufonia	Clinical AI call assistant	Site F
Patient Care and Management	Rehab My Patient	Digital exercise platform	Site C
	Cross Cover	Clinical decision tool	Site R
	Isla Care	A platform for patient communication to send in photos and videos of their conditions to their clinicians	Site A
	NulaVR	A VR technology for children requiring blood transfusions and cannulas	Site O
	Medishout	A digital tool for reporting equipment faults	Site K
	NIP Project	Nipple tattoos for women who had breast surgery	Site C
	Vine Health	A cancer support app	Site K

Innovation group	Innovation name	Description	Affiliated site
Patient Care and Management	iOWNA	Designed to present content to the patient to support the management of their disease	Site M
Medical Systems and Applications	Vine Health	A cancer support app	Site K
	Feebris	Virtual ward technology	Site O
	Remcare	Waiting list risk stratification	Site B
Healthcare Technology	Healthy.io	Focused on wound care in the community	Site E
Staff and System Support	MOAI Health	A health and well-being app, to support staff who are potentially at risk	Site L
	concentric health	A digital consent platform	Site K
	dbRotas	Is using in anaesthesia	Site C
	CPD match	Workforce development	Site N
Specialised Care Solutions	Little Hearts at Home	A platform that allows neonatal cardiac patients to go home and to have regular monitoring by community nurses	Site A
	CardMedic	A solution to translation issues at the bedside	Site C, Site N
	Little Journey	An app which gives information to children and young people, their parents and carers before coming in for a procedure	Site R, Site B, Site K

Infrastructure and Operations	Apian	A drone innovation for transporting medical supplies	Site Q
	Electronic Key Cabinet	For tracking keys and being able to identify where vehicle keys were for the ambulances	Site P
	Circular Sustainable Laundry Service	Environmental sustainability for laundry services	Site I, Site J

Table A7: Innovations across the NHS InSites network: Adoption by member sites (Source: based on interviews with member sites of the NHS InSites programme)

Appendix A8: Glossary

Acronym	Meaning
AAC	Accelerated Access Collaborative
CEP	Clinical Entrepreneur programme
ICB	Integrated Care Board
ICS	Integrated Care System
IRLSS	Innovation, Research and Life Sciences and Strategy
AHSN	Academic Health Science Network
MSEFT	Mid and South Essex NHS Foundation Trust
NUTH	Newcastle upon Tyne Hospitals NHS Foundation Trust
BWCFT	Birmingham Women's and Children's Hospital NHS Foundation Trust
BTHFT	Bradford Teaching Hospitals NHS Foundation Trust
LAHP	Leeds Academic Health Partnership
MKUH	Milton Keynes University Hospital NHS Foundation Trust
CWFT	Chelsea and Westminster Hospital NHS Foundation Trust
NHFT	Northumbria Healthcare NHS Foundation Trust
EEAST	East of England Ambulance Service NHS Trust
TSDFT	Torbay and South Devon NHS Foundation Trust
NHSE	NHS England
HIN	Health Innovation Network
AHCH	Alder Hey Children's NHS Foundation Trust
BHFT	Buckinghamshire Healthcare NHS Trust
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GSTT	Guy's and St Thomas' NHS Foundation Trust
KCHFT	King's College Hospital NHS Foundation Trust
MKUH	Milton Keynes University Hospital NHS Foundation Trust
NUTFT	Newcastle upon Tyne Hospitals NHS Foundation Trust
NWICB	NHS Norfolk & Waveney ICS
NWAS	Northwest Ambulance Service NHS Trust

Table A8: Glossary

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