
Impact of the NHS InSites Programme 2025

Driving innovation for the future NHS



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A new approach to innovation

Innovation isn't new to the NHS. But in our rapidly changing healthcare landscape, the process is increasingly complex. Doing it well requires technical skills alongside an in-depth understanding of the daily realities of healthcare today.

We believe there is no-one better placed to innovate in healthcare than people on the frontline, and that belief has shaped our approach in the NHS InSites programme.

This unique, peer-led innovation programme harnesses collective learning and support to strengthen intrapreneurs' knowledge, energy and vision and help organisations adopt their innovations, for the highest quality care.

This report shares some of what the programme has achieved in its two-year journey, and what we've learnt along the way.

NHS InSites is commissioned by NHS England's Innovation, Research, Life Sciences and Strategy (IRLSS) team.



For the NHS and the wider health and care system to survive and thrive for the benefit of its users, innovation at every stage and in every aspect is not only desirable but necessary.

NHS Confederation/ABPI (2023)¹

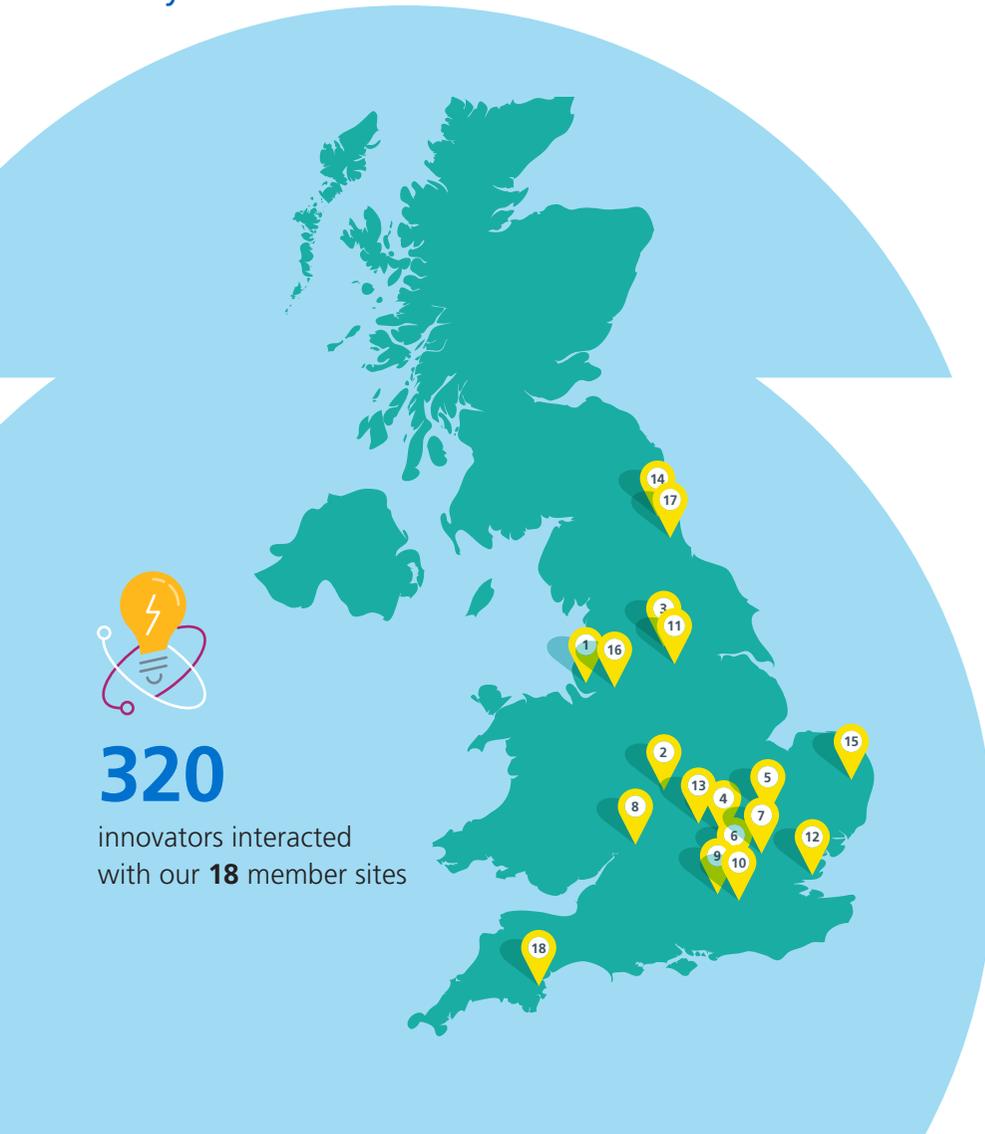


1. NHS Confederation/ABPI. Transforming lives, improving outcomes. London, NHS Confederation, 2023.



Our impact at a glance

We're a peer-led network, driven by people on the frontline. Here's a taste of what we've achieved this year.



320

innovators interacted with our **18** member sites

£9.3m+



Member sites generated more than **£9.3m**, tripling the initial funding.

48



Our funds contributed to **48** site-based innovation roles.

1,000+



Our shared workspace hosts more than **1,000** member resources (up from 73 in year 1).

100%



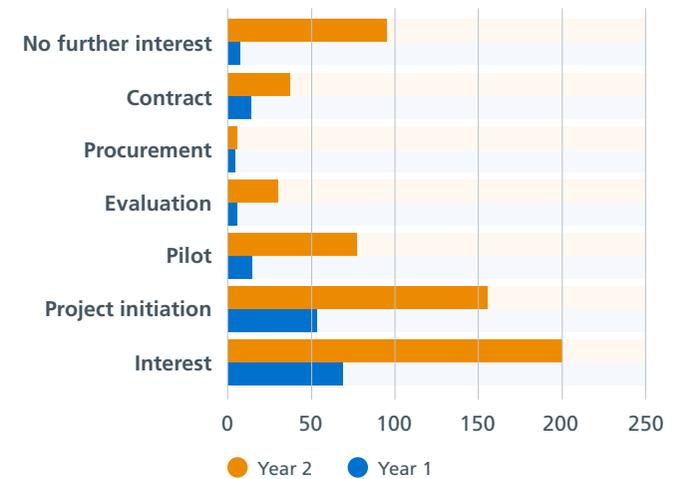
of member sites rate the NHS InSites programme 'a valuable peer network.'

43



By April 2025 there were **155** projects, including **83** at pilot or evaluation stage and **43** at contracting stage.

Innovation progress – Year 1 vs year 2, all sites



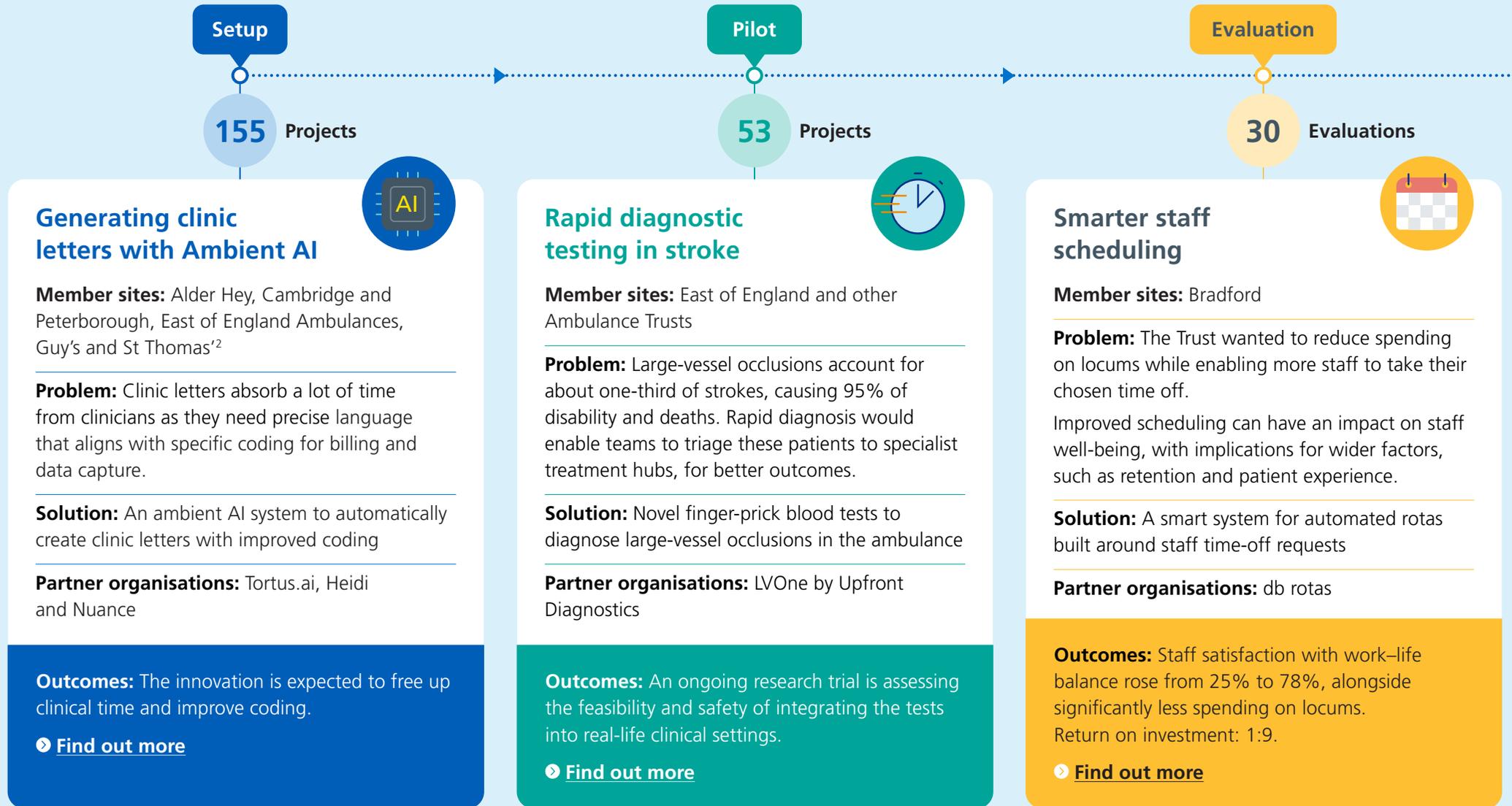
34%

Between years 1 and 2, cohort 1 site activity grew by **34%**



Innovation pipeline factfile

Some real-life examples of innovations across our member sites, enabled by the NHS InSites programme.



Setup
155 Projects

Generating clinic letters with Ambient AI

Member sites: Alder Hey, Cambridge and Peterborough, East of England Ambulances, Guy's and St Thomas²

Problem: Clinic letters absorb a lot of time from clinicians as they need precise language that aligns with specific coding for billing and data capture.

Solution: An ambient AI system to automatically create clinic letters with improved coding

Partner organisations: Tortus.ai, Heidi and Nuance

Outcomes: The innovation is expected to free up clinical time and improve coding.

▶ [Find out more](#)

Pilot
53 Projects

Rapid diagnostic testing in stroke

Member sites: East of England and other Ambulance Trusts

Problem: Large-vessel occlusions account for about one-third of strokes, causing 95% of disability and deaths. Rapid diagnosis would enable teams to triage these patients to specialist treatment hubs, for better outcomes.

Solution: Novel finger-prick blood tests to diagnose large-vessel occlusions in the ambulance

Partner organisations: LVOne by Upfront Diagnostics

Outcomes: An ongoing research trial is assessing the feasibility and safety of integrating the tests into real-life clinical settings.

▶ [Find out more](#)

Evaluation
30 Evaluations

Smarter staff scheduling

Member sites: Bradford

Problem: The Trust wanted to reduce spending on locums while enabling more staff to take their chosen time off.

Improved scheduling can have an impact on staff well-being, with implications for wider factors, such as retention and patient experience.

Solution: A smart system for automated rotas built around staff time-off requests

Partner organisations: db rotas

Outcomes: Staff satisfaction with work-life balance rose from 25% to 78%, alongside significantly less spending on locums. Return on investment: 1:9.

▶ [Find out more](#)

2. For full Trust names, see [page 17](#)



Roll out and scale

43 Contracts

Reducing cancer waiting times



Member sites: Chelsea and Westminster and Buckinghamshire

Problem: Urgent skin-cancer referrals are increasing year on year, leading to waiting times and stretched resources for non-urgent pathways.

Solution: An autonomous AI solution to review urgent skin-cancer referrals and discharge patients with benign changes

Partner organisations: SkinAnalytics

Outcomes: 94% of patients avoided the need for an urgent face-to-face appointment and immediately learnt that their symptoms were benign.

› [Find out more](#)

Reducing non-attendances



Member sites: Mid and South Essex (MSE), (Guy's and St Thomas' and others in earlier stages)

Problem: Every no-show or last-minute cancellation contributes to longer waiting lists for patients. MSE wanted new ways to boost attendance and clinic use.

Solution: An AI tool predicting attendance to manage clinic capacity so the clinical workforce is perfectly aligned with patient demand

Partner organisations: Deep Medical

Outcomes: MSE saw a drop of 23% in no-shows and a return on investment of 1:7 due to the productivity gained.

› [Find out more](#)



What's different about NHS InSites?

Many innovation networks focus on supporting private-sector innovators. We take a different, grassroots-led approach, helping NHS organisations optimise their ability to nurture, adopt and scale innovations.



Just as research is supported by Research Development Networks, NHS InSites is beginning to do the same for innovation – building the peer network, infrastructure and momentum needed to deliver change at scale.

Chris Herbert Director of Research and Development, Leeds Teaching Hospitals NHS Trust



We're a peer network with a difference.

We emerged from an informal peer network of NHS organisations wanting to drive innovation for the benefit of their patients. Today, that community ethos continues, with unusually high engagement levels, highlighted by an independent evaluation.³

We're a large-scale programme, with a local focus.

Today, we're a national programme, offering ring-fenced innovation funding. We have a national coordinating hub that still operates out of Mid and South Essex NHS Foundation Trust – itself a member site.

We use design thinking to co-design with peers.

We are user led, data informed and results driven. Innovators and colleagues from member organisations are involved in every element of NHS InSites, from programme design to designing policies and frameworks.

We combine national reach with local perspectives.

We have significant reach, influence and impact but we are also uniquely exposed to nuanced micro and front-line experiences. This means we provide a vital link between providers and the wider innovation ecosystem, within the NHS and beyond.

Our unique approach



Peer led



Data informed



Evidence based



Rigorously tested



Supported at national level

3. 2025 City University, Centre for Health & Care Innovation Research: NHS InSites Year Two Evaluation Report.



How the programme works

At NHS InSites, we draw on our 18 member sites to share insights across our peer network and scale solutions nationally – using design thinking to develop short-term initiatives and systems thinking, for longer-term change and better care for patients.



NHS InSites has allowed us to embed a needs-led innovation approach across the system. It has been a catalyst for positive change.

Tim Clarke Head of Innovation, Norfolk and Waveney ICB



At the heart of our work is our peer network, designed with psychological safety in mind, encouraging sites to share honestly.

Our member sites encompass 155,000 staff and serve 35 million patients. That means the blueprints developed through our work are wide ranging and can be applied across the NHS.

Peer-to-peer learning is supported by our online learning hub, which enables members to discuss common barriers and share strategies to overcome them.

Over time, our approach to gathering members' lessons learned has becoming increasingly systematic, to change practice. We achieved this through our accelerating innovation workstreams, which welcome subject-matter experts from various departments of member sites.

Our overall aim is to reduce the effort needed to bring innovations into the NHS – with benefits for the NHS, but also our partners – supporting a more agile health system.

Little Journey is an app providing engaging, interactive and age-appropriate content designed to psychologically prepare and support families throughout healthcare interactions, to improve healthcare experiences and health outcomes for all. 



18 sites



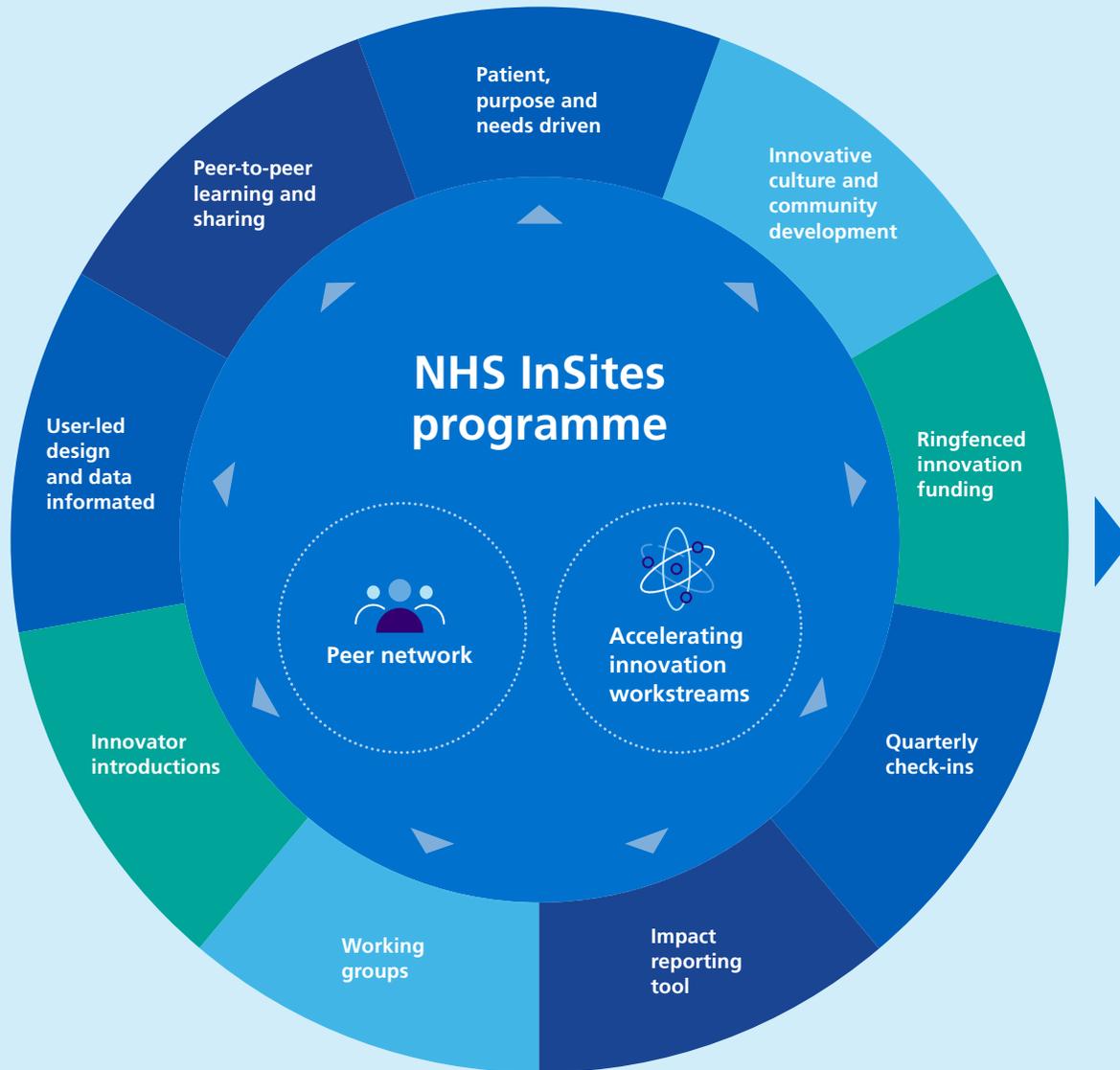
155,000 staff



35m patients



InSites programme overview



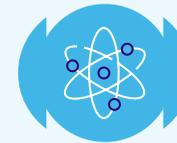
Our four goals



Goal 1
Evaluating innovations in real-world settings



Goal 2
Strengthening organisational capability and infrastructure



Goal 3
Building an innovation culture and talent pool



Goal 4
Pinpointing what works, to lead national practice

Stakeholders

Partners: NHSE, CEP
Supporters: The Health Foundation, DHSC, Crown Commercial Service, NHSE sister and health innovation programmes

Beneficiaries

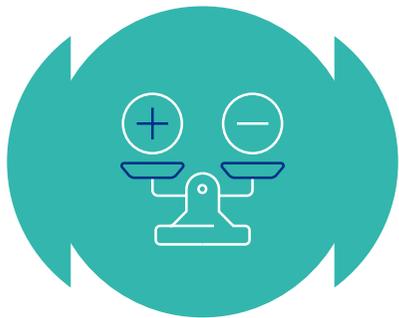
NHS workforce, patients, community, NHS-supported innovators, wider health innovation ecosystem



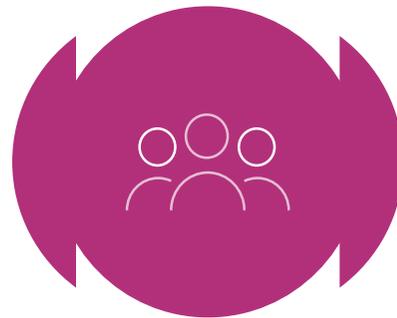
Our four goals

Our pilot phase set out to validate the need for a programme such as NHS InSites while inspiring members to adopt and spread innovation across our peer network, to improve patient care.

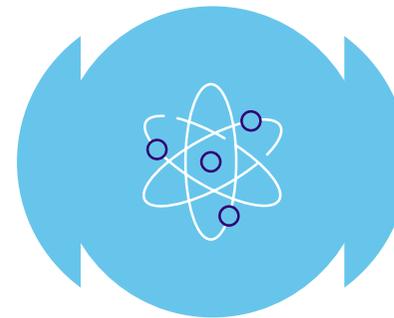
We approached this through four goals, outlined over the coming pages:



Goal 1
Evaluating innovations in real-world settings



Goal 2
Strengthening organisational capability and infrastructure



Goal 3
Building an innovation culture and talent pool



Goal 4
Pinpointing what works, to lead national practice

Goal 1

Evaluating innovations in real-world settings

We wanted to understand what really works in the NHS. So we focused on generating evidence of the effectiveness and impact of innovations in practice through rigorous evaluation.



In our first year (2022/23), we used a solution-focused approach to innovation, introducing the sites to innovators who were ready to scale.

The following year, we shifted to a problem-led approach to innovation, to encourage member sites to be more intentional and specific, with stronger business cases. Members strengthened their innovation strategies and mapped out how to maximise their resources.

We began running events to introduce innovators to colleagues focusing on similar themes, spreading innovation culture beyond each organisation's innovation team. Sites showcased exciting innovations, including drone-delivered blood, virtual reality to distract children from cannulation, and automated clinical rota systems.

Our support produced some impressive results, with clear benefits for patient care. We saw increased innovation activity, with innovators receiving clear assessment and feedback and moving on more quickly from unsuccessful projects.

Two member sites are piloting drone logistics with innovator Apian, resulting in [national BBC coverage](#).

Highlights

43



By March 2025, **43 innovations** had become 'business as usual', with **83 being piloted or evaluated**, and **another 155 in the pipeline**.

34%



In their second year, the original member sites increased their activity of live projects by 34%.



Member sites won multiple awards in 2024 including an [HSJ award for work with AcuPebble](#) and a [wearable device used for diagnosing obstructive sleep apnoea](#), streamlining the diagnostic process and reducing patient burden.



Goal 2

Strengthening organisational capability and infrastructure

The two most common barriers, for our member sites and for innovation champions and intrapreneurs alike, are lack of resource and lack of time to develop skills. We help organisations increase their capability by boosting infrastructure and culture, for better patient care.



Being part of NHS InSites has been utterly invaluable. We have benefited hugely from having an expansive network of colleagues at our fingertips to share strategies, scoring matrices and learning.

Becky Burt Innovation Project Manager, EEAST



NHS InSites was designed to help NHS sites share their strengths. But knowledge cannot spark innovation without the dedicated time, funding and skills to support it. So, all our members receive a ring-fenced budget to help them develop and share ideas, and opportunities to build skills.

In 2024, we formalised the peer learning, making it easier for member sites to gain and apply practical knowledge. Our new Knowledge eXchange sessions (Peer KX) tackle common and under-recognised challenges, while our HiLites sessions share behind-the-scenes processes of adopting innovation.

In one example, member sites learnt about a sustainable innovation funding partnership between Chelsea and Westminster and its charity CW+. Then, inspired by this model, several others secured similar agreements.

So, the NHS InSites programme isn't just facilitating learning: it's building an active, self-sustaining peer network that accelerates innovation across the system.

Highlights

£9.3m+

Member sites generated more than £9.3m, tripling the initial funding.



48

Our funding enabled 48 new roles, including project managers, clinical leads, PhD students, analysts and innovation fellows.



18

All 18 sites undertook structured surveys to identify organisational strengths and weaknesses supporting their strategy development.



Goal 3

Building an innovation culture and talent pool

To build a strong innovation culture, NHS InSites is supporting member sites to break down silos, equip staff with future-proof skills, and secure leadership buy-in, for sustainable change improvements in patient care.



NHS InSites helps create the conditions for innovation to thrive – equipping staff, securing leadership support, and building systems that embed innovation, not just spark it.

Christina Sothinathan Innovation Business Partner, Chelsea and Westminster Hospital NHS Foundation Trust



Innovation in the NHS is driven by committed teams working to improve care alongside their heavy workloads. The NHS InSites programme provides practical support, connection and systems that make progress possible by easing those day-to-day pressures.

Here are just some of the ways we have done this:



Introducing innovators on the Clinical Entrepreneur Programme to our member sites through our matchmaking approach



Enabling all staff to innovate within their roles by supporting national programmes such as the Innovation Adoption Champion Programme



Funding rotational models with placements for trainees and apprentices to develop real-world skills



Collaborating with The Health Foundation to explore how innovation teams are structured in provider settings

Highlights

1,200+

More than **1,200 staff** have joined our learning events.



320

By March 2025, our member sites had interacted with **320 different innovators**.



NHS InSites coached me with warmth and laser-like network introductions to get me from a loose go-to-market plan to a series of credible product trials with major sites.

Stuart Cooper Patient entrepreneur, Founder of Nula VR



Goal 4

Pinpointing what works, to lead national practice

We are working to understand the most effective ways to implement innovation in order to inform future NHS innovation policy and strategy with aligned processes.

Throughout our activity, we have harnessed learning from across our peer network, to share insights and scale solutions nationally. Our ultimate aim has been to identify the criteria for successful innovation and minimise duplication between organisations, to embed lasting improvements in patient care.

To understand the landscape, in Year 2 we held roundtables with other programmes including NIHR, Crown Commercial Services, Health Innovation Networks, NHS Supply Chain, MHRA, NHS England and other accelerator programmes.

In 2024 we switched our focus from sharing processes and documents to pinpointing best practice, in order to accelerate the five workstreams (see the box), selected by our peer network members.

The work is ongoing and has so far included expert consultations with subject-matter experts in each workstream area, including procurement, and evaluation and analytics teams from all our member sites.

- ◀ NICE has conditionally approved DERM, the first autonomous skin cancer AI system for NHS funding. Using smartphone dermoscopic images, DERM helps clinicians identify benign lesions and those needing urgent review, improving dermatology referrals and early detection.

Our five Accelerating Innovation Workstreams



Improving innovation procurement



Developing an innovation passport



Developing a shared triage tool



Developing a shared approach to evaluating innovation



Developing a toolkit to support culture of innovation

Highlights

We worked with programmes such as the Greener NHS, developing a sustainable technology evaluation framework, to avoid duplication.



We built close ties with the National Innovation Accelerator, providing an entry point to Trusts for those innovators ready to scale.



Expanding our reach

We have focused on expanding our unique, provider-driven approach to extend our benefits to healthcare providers and the people they serve.

NHS InSites started as a peer network of 10 member sites with a shared interest in innovation to improve patient care. Other programmes were active in this space, but none used our unique peer-learning approach.



NHS InSites has helped connect us with key players in the broader innovation ecosystem. These new relationships are already proving valuable as we explore ways to further develop innovation.

Lorraine Catt PhD Senior Improvement Manager Innovation, King's College Hospital NHS Foundation Trust



In 2023, NHS England commissioned the 'NHS InSites programme' to operate alongside its Clinical Entrepreneur Programme (CEP), within IRLSS the Accelerated Access Collaborative (AAC). Further funding enabled the programme to expand, using a competitive selection process to bring in eight new member sites by January 2024.

These new links at national level enabled member sites to talk directly to decision-makers. This enabled them to test bottom-up innovation strategies and helped them gain buy-in from senior leaders within their organisations and beyond.

It has also removed practical barriers by handling coordination, administration and strategic matchmaking.

With continuing funding and structured support, NHS InSites is set to continue growing through 2025 and beyond.

Member sites in **East of England**, the **North-East** and **Yorkshire** set up regional groups with sites outside the peer network.



Guy's and St Thomas' and King's College Hospital – in partnership with xWatts Ltd and South London HIN – are using an AI-led platform to optimise large energy systems (like HVAC) to reduce emissions and operational costs.



Perinatal management at home

Seven hospitals across different regions are implementing HOME – a project to integrate home monitoring for expectant and postnatal parents. This will roll out remote blood-pressure monitoring for pregnancy-related hypertension – reducing travel, freeing up clinics time and in-patient stays, and empowering expectant mothers to monitor their own blood pressure.



What we've learnt

The NHS InSites programme is founded on absorbing and applying new information and testing what works to improve patient care. These tips, for NHS organisations wanting to adopt innovation, highlight key learning from the programme and our member sites.



Fund the change, not just the tech. Make sure resources are in place for innovation adoption, by identifying problems and matching solutions to implementation.



Start with a 'yes'. Be open to speaking to innovators but learn to say 'no' when you need to.



Stay focused on the product-market fit. Use co-production and product iteration to make sure the solution meets the needs of end users (such as staff, patients or carers).



Be tactical. Align interventions with organisational priorities and make sure they are problem driven rather than solution driven.



Secure buy-in early on. Engage key decision makers (for example, in procurement, finance and clinical safety) early on, to increase credibility and the chance of being piloted.



Find your tribe. Build your innovation network internally and externally and identify other frontline clinical and operational staff who are involved and engaged.



Keep the end in mind. The ultimate aim is business-as-usual adoption at scale – and all steps before should lead to this, with evidence provided for funding.



Initiate peer learning. Seek out cross-organisational exchanges to help you learn what works, and what doesn't.



Be generous with feedback. Feedback is incredibly valuable for early-stage innovators. Share your problems in detail with innovators.

What's in store

This report highlights the impact of the NHS InSites programme's approach to date. Our achievements provide a strong foundation for future innovation – and a strong case for sustaining and expanding this work.

Our ultimate goal is to build a culture of continuous improvement across the NHS, for optimum patient care.



NHS InSites has laid the groundwork for lasting change. With the right backing, it can help embed a culture of innovation across the NHS – one that's scalable, evidence led and here to stay.

Preeti Sud Director of Innovation,
Mid and South Essex NHS Foundation Trust



Plans for the rest of 2025



Funding initiatives

Four multi-site projects have been supported to develop a framework for sustainable tech.

A charity-supported funding call will open later in 2025.



Events

We are hosting five sessions at this year's [NHS Confederation Expo \(June 11 and 12, 2025\)](#).



Publications

City University is publishing an independent evaluation of our Year 2 activity.



Research

We are collaborating with The Health Foundation on a research project about capacity and capabilities needed for innovation.

Priorities beyond 2025



Evidence

We will improve our data collection and analysis and gather evidence about the impact of our activities on project timelines.



Reach

We will recommission and further develop our [Accelerating Innovation Workstreams](#) (see page 14) to establish the blueprint for an aligned innovation adoption process across the country.



Culture

We will spread a growth mindset, with design thinking at its core, establishing a culture of innovation throughout the NHS.



How to get involved



Join our [LinkedIn](#) community to receive updates on innovation activity across our member sites.

Subscribe to our [monthly newsletter](#) to hear about upcoming PeerKX and Hi-Lites sessions, where member sites share their journeys to adopting innovations.

Connect with your local NHS InSites member site to grow your network. (See our NHS members to the right.)

Email us at mse.cepinsites@nhs.net if you have any questions.

Acknowledgements

We'd like to thank the original NHS InSites team members, who developed our unique structure, and the innovators for their persistence and drive.

We'd also like to thank the IRLSS team at NHSE (our commissioner), as well as our member sites, who have shown tenacity and generosity in developing and sharing their ideas:

