

International Practice Development Journal

Online journal of FoNS in association with the IPDC (ISSN 2046-9292)



IDEAS AND INFLUENCES

Being inspired by innovative nurses

Peter Carter

Royal College of Nursing, London, United Kingdom. Email: ben.fleetwoodsmyth@rcn.org.uk

Submitted for publication: 21st September 2012

Accepted for publication: 24th September 2012

Introduction

Innovative practice has always been important for nurses; developing new ideas, learning from each other and implementing what works best are at the heart of many of the major steps forward nurses have made for our patients over the years.

Nursing is, without question, one of the most innovative professions. Nurses have a unique relationship with patients; it lies at the heart of wanting and needing to provide the best care possible. At a time when the Government is demanding that billions of pounds are cut from NHS budgets, the need to encourage and develop innovative practice has never been so great. Yet, in order to see new ideas delivered on the ground, nurses need to be supported; they need to be given the freedom to shape their own practice and to share it.

The NHS Institute for Innovation and Improvement (2009, p 2) states: 'Innovation is about doing things differently or doing different things to achieve large gains in performance.' Most innovations come from the staff working within organisations, derived from hands-on experience, be they in the private or public sector.

Being a nurse is not easy; having the stamina and the skills to work demanding shifts requires commitment and passion. And, out of this hard and multi-faceted day-to-day work, comes the inspiration for innovation, a mindset of 'doing things differently or doing different things'. Sustaining this creativity at the frontline occurs by training nurses to unlock the latent benefits associated with innovation. As well as being allowed the time to undertake the demanding, yet satisfying, processes of developing and improving care, there must also be support and resources made available to allow nurses to achieve and share their successes.

Carol Gill, a nurse from Bradford and a member of the Royal College of Nursing, decided, with her team, to focus on educating healthcare assistants about the early warning signs for pressure ulcers affecting patients in care homes. By teaching them to spot the signs early and prevent, instead of cure, the team reduced cases by 25% and saved £90,000 in Bradford alone. It really can be as simple as this.

One of the biggest challenges, away from the frontline, is how the NHS can innovate institutionally? How, for instance, can it procure efficiently? This macro-task is related to its micro-duty of creating a

fertile ground for frontline innovation, and what links the two is having the creative personnel to do the job. The NHS Quality, Innovation, Productivity and Prevention framework (QIPP, 2010) was designed to support innovation in clinical practice and develop pathways that improve effectiveness and enhance the patient experience. As a result, the NHS in England saved some £5.8 billion last year. An example of this is a new, centralised, nurse-led vascular access team at the University Hospitals of Leicester NHS Trust. It has brilliantly managed to reduce the costs and complications of central venous access, saving £72,600 per 100,000 of population.

Looking more broadly, the Department of Health's Innovative Technology Adoption Procurement Programme (iTapp) is supporting the QIPP agenda by seeking innovative solutions to non-clinical problems. Currently, iTapp is studying 100 submitted technologies, which, if implemented, could have a potential financial benefit of more than £5 billion across the NHS.

Both large and small, these developments are encouraging. A problem remains though, which is how, as Noel Plumridge (2012) wrote recently, do QIPP savings return to the NHS? I have said for some time that there is an urgent need for clarity and certainty about how and where QIPP reinvestments are taking place. If the reinvestments aren't made, the whole enterprise will grind to a halt.

NHS employees, clinical or otherwise, are the key to making innovative solutions work. Everyone has a significant role to play. Drs Suhonen and Paasivaara, in their study of human capital (2012), report that three main factors are related to ensuring the success of health-related projects: management of an enthusiastic culture; management of regeneration; and management of emotional intelligence. At the clinical coalface, healthcare staff must be encouraged and freed to work innovatively and cooperatively. The NHS, as employer and commissioner, must galvanise its entire staff to work against apathy, to work not just for cost efficiency but also for holistic outcomes and, as the Department of Health said recently, it 'must be responsive to creative ideas from suppliers, procurement specialists, clinicians, and managers' (2012, p 5)

I couldn't agree more. Our health service needs to think differently; its future depends on it.

References

- Department of Health (2010) *NHS Quality, Innovation, Productivity and Prevention Challenge: An Introduction for Clinicians*. London: Crown Copyright.
- Department of Health (2012) *NHS Procurement: Raising our Game*. London: Crown Copyright.
- NHS Institute for Innovation and Improvement (2009) *Commissioning Development Support Programme: Commissioning to Make a Bigger Difference*. London: NHS Institute for Innovation and Improvement.
- Plumridge, N. (2012) Putting the quality back into QIPP. *Health Service Journal*. 6 September.
- Suhonen, M. and Paasivaara, L. (2012) NHS procurement: raising our game. *Journal of Nursing Management*. Vol. 19. No. 2. pp 246-253.

Peter Carter (OBE, PhD, MBA, MCIPD, RGN, RMN), Chief Executive and General Secretary of the Royal College of Nursing, United Kingdom.