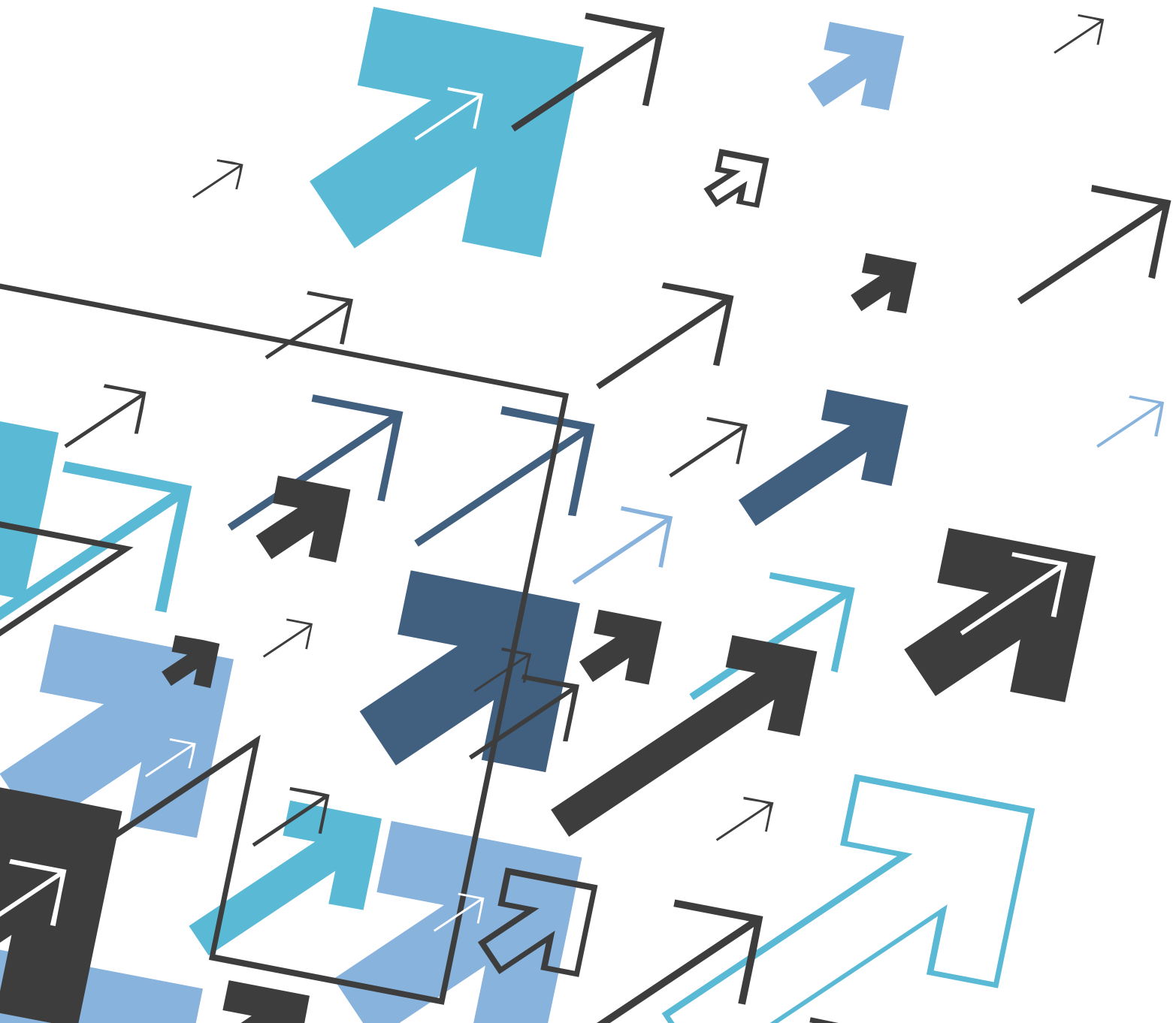


Adopt and Spread

Insights and Learning from the
National Programme in Wales

Bevan Commission

October 2022



Background

The Bevan Commission led the Adopt and Spread (A&S) Programme which was funded by the Digital and Transformation Directorate, Welsh Government Health and Social Services. The objective was to test mechanisms for innovation adoption and spread whilst working nationally on a live delivery programme. This programme was completed with collaboration from all the Health Boards and Trusts in Wales with participation from health, social care and community-based organisations.

Funding period: July 2019 - June 2021

Original funding coverage: Supporting a cohort of 21 adoption sites, working to spread 7 Bevan Exemplar projects, including cohort support development and delivery, grant management, research and evaluation.

Amended funding coverage: The Programme team worked with 15 Bevan Exemplars and 46 Adoption Sites at the start with an additional 8 Adoption Sites joining part-way through the Programme with at least 3 of the Exemplar projects adding new adoption sites beyond the time of the programme (updated July 2021).

Steering Group and A&S Organisational Leads: Guided by organisational innovation leads including all the Health Boards and Trusts in Wales with monthly sessions, and quarterly with the A&S Programme Steering Group.

The Bevan Commission is hosted by the School of Management, Swansea University and worked closely with partner organisations on the A&S Programme including Life Sciences Hub Wales, NHS Wales Finance Academy, NHS Wales Shared Services Partnership, Accelerate, AgorIP, NHS Wales Informatics Service, and NHS Wales Finance Delivery Unit.

Contributing team acknowledgements: Dr Rupa Chilvers, Siôn Charles, Professor Nick Rich, Johanna Brown, Helen Howson, Dr Rob Royce, and Pushp Patil.

The A&S Programme consisted of a research team with both internal members and independent researchers. The Associates who supported the development of the new methodology presented in this report include Dr Natasha Bradley, Dr Manisha Kumar, and Dr Simon Carroll as independent researchers, Dr Lauren Barr and Eleanor Shaw for editorial support, and Katie Shelley as the illustrator.

For more information, go online to bevancommission.org/a-and-s.

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1 Executive Summary

The Bevan Commission developed and led the National Adopt and Spread (A&S) Programme, funded by the Welsh Government to test mechanisms for prudent innovation adoption and spread whilst working nationally on a live delivery programme.

This report brings together the insights and learning from this unique programme, consisting of 54 adoption sites working with 15 Bevan Exemplars promoting more innovative, prudent health and care, with a comprehensive programme of support provided by the Bevan Commission. The adopters worked across a range of settings including care homes, GP Practices, hospitals and the community.

The national programme used evidence and learning from research, policy and practice to support the adoption of the innovations across health and care. A programme of support was designed with the participants of the programme over 15 months (including 3 months for disruptions due to COVID-19) led by a programme team within the Commission.

As the Adopt and Spread Programme took place during the COVID-19 pandemic, the Programme captured unique learning on supporting teams as they face significant unanticipated stops, disruptions, pausing and unpausing their adoption projects to secure progress. With the evidence generated from the Programme, a new methodology was developed on how to support innovation, adoption and spread.

The findings show that despite the challenges faced by many teams during COVID-19, successful adoption took place across Wales with wide ranging service, product and process-based innovations. Exemplar Innovations expanded beyond their original adoption sites, and were tested in new contexts, and also contributed to service-wide changes. Teams of practitioners, clinicians and professionals in health and care settings changed the way they worked, engaging over 200 colleagues in more than 24 organisations.

About the national Adopt & Spread Programme

- The A&S Programme started with an anticipated cohort of 21 adoption sites working with 7 Bevan Exemplar Innovations promoting more prudent health and care. The recruitment process resulted in high demand tripling the cohort size, spreading 15 Exemplar Innovations to 46 adoption sites.

- This expanded to 54 adoption sites by the end of the programme with 24 organisations, 60 GP Practices working in clusters, 2 emergency services, 4 specialist cancer services, 5 microbiology services, 8 care homes, 5 paediatric services, 8 community and home-based services.
- By the end of the programme, 80% (12 out of the 15) Exemplar Innovations introduced in January 2020 had gained traction and were actively being introduced in new adoption sites. This was an average of 3 new adoption sites per innovation starting to go live in March 2020 and many maintaining momentum during COVID-19
- Of the 3 Exemplar Innovations that did not complete the programme, two were inactive within the first three months of the programme. The third innovation adoption project experienced substantial disruption for the Exemplar and the single adopter where they were unable to return to the programme after a pause.
- Responding to COVID-19, two-thirds of the Exemplar innovations were successfully adapted with the innovation itself and/or delivery of the innovation moving from face-to-face training or services whilst participating in the A&S Programme.
- It is estimated that around 8,500 people receiving care in Wales were impacted on by the new innovations (directly or indirectly) with a potential reach of 500,000 people who will be positively impacted by new preventative or proactive care that is known to work.
- Approximately two thirds of the adoption sites were in full adoption or post-adoption-phase and 10% were underway for adoption, but were late joiners and too early for assessing final adoption. By the end of the programme, at least 3 of the Exemplar Innovations were shown as having near full spread across Wales having gained momentum through the A&S Programme.
- The newly developed evidence-informed “Connecting for Adoption and Adaptation of Innovation” (CAAI) 4 step methodology covers varied contexts including NHS, social care, and community settings, and can be used as a framework to support the widespread introduction and uptake of innovation.
- The CAAI methodology identified the importance of the adoption and adaptation of innovation in order to enable spread (a by-product of successful adoption in multiple locations and service points). This included successful spread across organisational and contextual boundaries addressing cross-cutting challenges.
- The CAAI methodology inputs and outcomes framework shows that there are 20 inputs including significance of the goal, resources such as time, skills, training and physical/digital infrastructure that increases the likelihood of success for adopters.

- A number of tools and support materials were developed as part of the programme including a CAII Methodology Toolkit, 'How To' Resources, Boxing up your Innovation and a series of showcases for the Exemplar Innovations.
- The A&S Programme moves forward the important agenda of how innovation adoption can be supported at a national level. A replicable programme underpinned by the CAII methodology has been developed through this work that can support organisations, networks and national leaders to use as part of developing the innovation adoption infrastructure.

Learning Points

1. The cohort approach with a time-bound programme is efficient and prudent and was able to maintain progress even through COVID-19. Shorter timeframes (6-12 months) can be used to reach the first few adoption sites (usually 3 or more), with longer timeframes (2-3 years) for sustained success and full roll out of larger change programmes.
2. Mixing teams, regardless of types of innovations, care pathways and settings, has been shown to be effective, maximising the potential and maintaining momentum where there are disruptions or less support available.
3. Participants from community services, social care and third sector required more 1-2-1 support as their resources and supportive infrastructure was different to that of Health Boards and Trusts. Further investigations are required on how the CAII methodology may be applied to informal networks, small enterprises and local authorities.
4. Policy, network and service leaders need to consider how best to sustain and resource support for adopters and their teams through this or equivalent programmes. This needs to be embedded as part of future performance strategies and sustainable innovation and adoption plans including decommissioning of services or introduction of new innovations.
5. A strong infrastructure with the right capabilities to support adopters and innovators is needed to ensure effective and sustainable adoption and spread of innovative ideas, across a diverse set of teams, types of innovations and adoption sites. This will maximise the use of resources, the likelihood of success, and ensure more rapid spread from the first few adoption sites to all potential eligible sites within an organisation, network or country.

6. The A&S Programme started at the same time that COVID-19 disruptions were experienced across the globe. Although the evidence from research was used as part of the programme, the action learning took place within this health emergency context. It will be important to continue to develop and test and review the CAAI methodology, the inputs and outcomes framework and the design and delivery of the support needed in the future, as part of an evolving innovation landscape for Wales. As well as supporting more immediate impact with the uptake of 12 proven Exemplar innovations in Wales, the methodology has also been used to support and inform major areas of work in health and care including for cancer, planned care and mental health.
7. Finally, it is important to note that adoption of innovation often requires replacing existing practices and services that have limited evidence of success and/or are outdated. Although the focus in the A&S Programme has been on the innovation and its adaptation, more work is needed on how the de-commissioning of services (exnovation) is better supported to achieve sustained success. This is especially relevant when procurement and service commissioning needs to change.

In conclusion

A new methodology and learning, developed and tested through the national Adopt and Spread Programme is now available. This provides a strong basis from which to continue to learn and evolve to ensure that the great ideas, partnerships and innovations being developed are not lost. It is now essential that the learning is embedded to ensure we have a dynamic and prudent health and care system that is sustainable and fit for the future.



54 Adoption Sites being supported to spread 15 Bevan Exemplar Projects

Working with around 150 people including adopters, team members, adopt and spread organisational leads, senior leaders and partner organisation representatives across Wales

Around 8,500 people accessing new innovation and a reach of 500,000 people with new preventative or proactive care that is known to work

24 organisations including 60 GP Practices, 2 emergency services, 4 specialist cancer services, 5 microbiology services, 8 care homes, 5 paediatric services, 8 community and home-based services with innovation going live in 2020/21

2

Introduction

The Bevan Commission, with support from Welsh Government, set out to test and inform the successful adoption and spread of proven Bevan Exemplar innovations. Prior to the start of the A&S Programme, the commission recognised in Wales and beyond that innovation adoption did not just happen on its own. It realised that innovation adopters are not as well supported as innovators and that the infrastructure required and the features for ensuring success was not tested. In the absence of national programmes focussing specifically on innovation adoption, the Bevan Commission proposed a programme of work to address this and help us better understand how innovation adoption in Wales could be supported. This built on over five years of experience of the Bevan Exemplar Programme which supported health and care practitioners in Wales to try out and test prudent innovation in their teams and local context. This unique national Adopt and Spread Programme was launched in June 2019 with partners across Wales and successfully completed in June 2021.

The action learning through COVID-19 produced added insights to the challenges and opportunities of adoption through disruptive times. It also informed a toolkit and final set of resources to support sustainable change. This report summarises the major findings and deliverables completed as part of the A&S Programme. It also concludes with a set of recommendations and learning for organisations and leaders to support innovation adoption and adaptation across Wales.

2.1. Key points about the A&S Programme

- This is a unique national programme and is one of the largest known UK-based mixed methods action-based research and evaluation programmes that follows a national cohort of adopters working within health and care.
- The A&S Programme has national, regional and local level engagement with senior leaders and research, innovation and improvement teams supporting successful innovation adoption and spread across Wales.
- At a time when major programmes were stopped, the participants in this programme were supported to continue and complete their project work. There were managed 'pause' and 'unpause' periods introduced to support the teams and rapid adaptations to planned activities to ensure success.

2.2. Objectives of the A&S Programme

The A&S Programme was a natural extension to support the Exemplars to take their successful innovations to other teams in Wales. The A&S Programme is a unique national programme with participation from Bevan Exemplars, innovation adopters and their teams working together to spread transformation within and across organisations. As the A&S Programme was focussed on research as well as delivery, data was gathered with the aim of adding to the knowledge base about supporting successful adoption and spread.

The objectives of the A&S Programme were to:

1. Test the mechanisms for supporting successful adoption and spread,
2. Adopt and spread proven successful innovations from the Bevan Exemplars,
3. Share the programme's learning, including the associated training, resources and toolkits.

2.3. Background

There is often be a chasm between an innovation being developed and that innovation being adopted in health and care settings. It is often said that innovation takes decades to enter health and care. With delays caused by lengthy waits around the decision to adopt and delays in following through with the innovation adopter pathway.

Over the last three decades, there has been extensive work on how to introduce tested innovations faster and more successfully across a variety of health and care settings, including pharmaceutical, digital, technology, and workforce. This research is interdisciplinary, spanning business and management, implementation science, the psychological and behavioural sciences, as well as design and communication. Research across these fields makes it clear that support is required to reduce risks associated with innovation adoption and increase the likelihood of sustained success.

Spread of an innovation to its end users is often a small dot on the Innovator pathway and is assumed to be an automatic and contractual part of the entire pathway. In reality, it is plausible that when using a commercial point of view, the innovation 'being made available' is sufficient as this is now in the marketplace. The reality is that uptake or adoption has its own pathway and set of activities that require support. This reflected as Stages 1 to 5 (as shown in Figure 1) and this was used to guide the work of the A&S Programme.

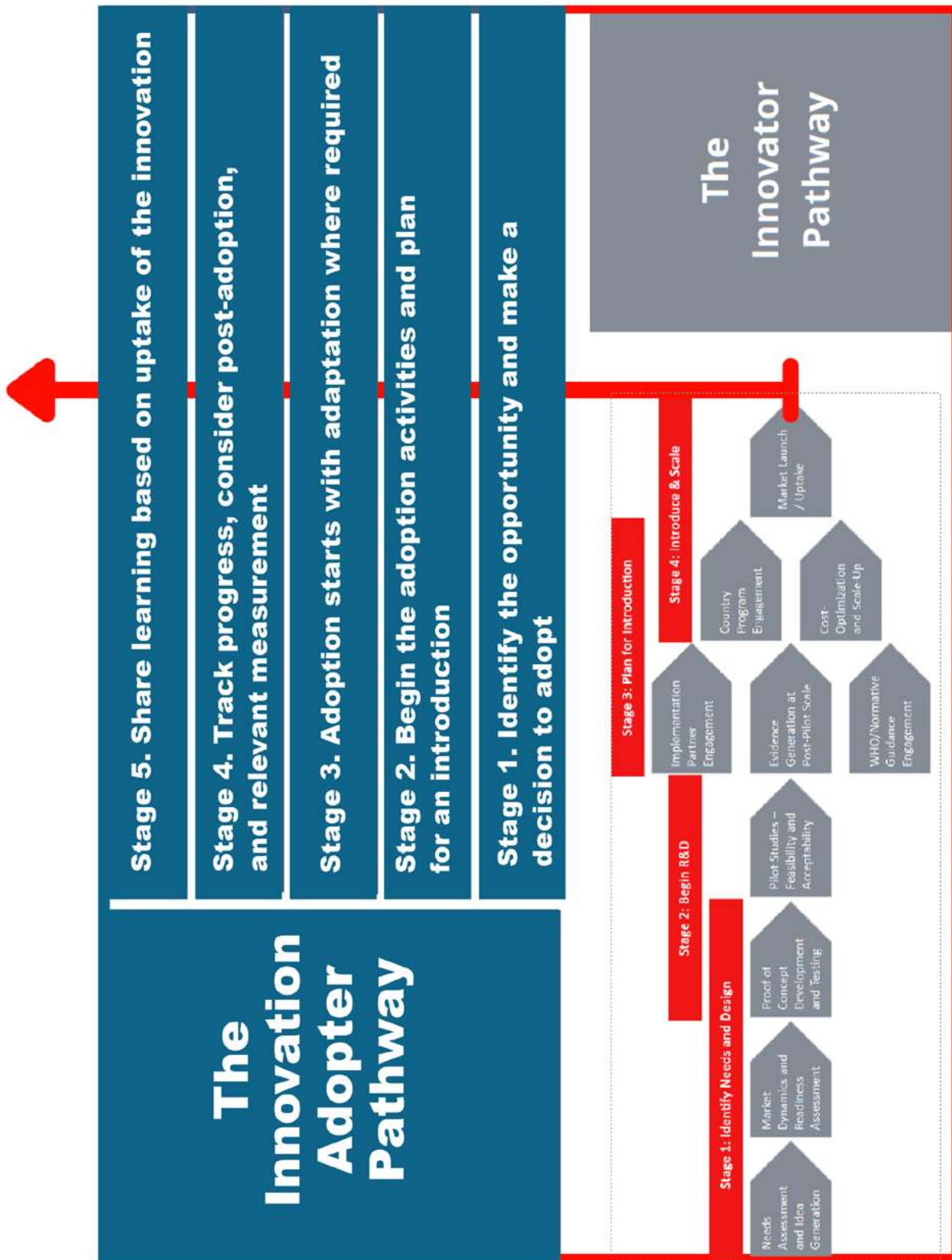


Figure 1. The Innovator and Innovation Adopter Pathway

Source: Innovator Pathway: TB Innovator Pathway Resources (www.reimaginetbcare.org/innovator-pathway) combined with the the Innovation Adopter Pathway (bevancommission.org/caai-methodology)

12 approaches for supporting innovators and adopters in England and Wales

Supporting innovators (R&D and early testing)

- 1 Impact and translating evidence and knowledge incl. NIHR ARCs and RIIC Hubs
- 2 Clinical, practitioner and Intrapreneur Programmes incl. Bevan Exemplars
- 3 Accelerated Access Collaborative (Evidence Generation Fund)
- 4 Industry focussed support incl. AHSN Innovation Exchange, Accelerate and AgorIP
- 5 AHSN and other Health Accelerators
- 6 Intensive Learning Academies and Programmes including Spread and Scale
- 7 NHS Innovation Accelerator (NIA)

Innovation and Intervention development



Supporting Innovators and Adopters (for adoption and adaptation)

- 8 The national Adopt and Spread (A&S) Programme
- 9 Accelerated Access Collaborative (Innovation and Technology Payment)

Decision to adopt



Supporting Adopters (for adoption and change management)

- 10 Test Bed Programmes
- 11 Accelerated Access Collaborative (Rapid Uptake Products)
- 12 Innovation Programmes within organisations

Embedding into routine practice

Source data based on 2019 - early 2021

Figure 2. National health and care innovation and innovation adoption support/programmes in England and Wales (2019 - 2021)
 (AHSN - Academic Health Sciences Network; NIHR ARC: National Institute for Health and Care Research Applied Research Collaboration; RIIC: Research Innovation and Improvement Coordination; AgorIP where IP stands for Intellectual Property)

The A&S Programme was positioned in the space where adopters and innovators both received support. The programme proactively tested the extent to which innovators and adopters could work together, distinct from working with just the innovators or only working with the adopters. Figure 2 shows the national programmes in England and Wales (between 2019 and early 2021). Majority of the support was provided to innovators and more recently to just the adopters with a sparse landscape where innovators and adopters were receiving support. The A&S Programme in Wales was the only one in this analysis that supported both innovators and adopters all within the health and care system (Number 8 in Figure 2). The only other comparative national programme of work at the start of the A&S Programme was the Accelerated Access Collaborative (Number 9 in Figure 2) in England which was focussed on mature innovations including pharmaceuticals and technologies with a commercial supplier. The monetary value for this programme was £4.2million to £7.2million) supported by the Department of Health and Office for Life Sciences (and now led by NHS England and NHS Improvement). There were also Test Bed Programmes taking place at organisational level in England with investment and internal innovation adoption support programmes where there could be some similarities drawn with the approach used for selecting participants in the A&S Programme.

2.4. In Summary

Research and development activities in health and care have benefited from substantial support and investments. Leaders who want to increase the likelihood of successful and sustained adoption of innovation, and policy makers who want to influence the pace of change, will need to carefully consider the support for adopters and their team members. In Wales, it was recognised that support may be needed as adopters and team members move from identifying a need, making a case for change by and introducing the innovation into health and care settings. The A&S Programme (as shown in this report) tested the mechanisms for innovation adoption and spread whilst working nationally on a live delivery programme. This was focussed on the support that can be given at least for the first few adoption sites and the learning presented here can be used for spreading innovations responsibly and rapidly.

3

Supporting adoption and spread of Exemplar Innovations

One of the main objectives of the A&S Programme was to support the adoption and spread of proven successful innovations from the Bevan Exemplars across Wales. This was to enable Exemplar Innovations to expand beyond their original adoption sites, and to be tested in new contexts, whilst contributing to service-wide changes. Teams of practitioners, clinicians and professionals in health and care changed the way they work, engaging over 200 colleagues in more than 24 organisations.

This section provides more information about how the Programme was managed and some of the changes made to the original plan over the two years. This includes an overview of who was supported, how the support worked and the types of innovations spread as part of the A&S Programme.

3.1. Who was supported in the programme?

At the start of the A&S Programme, innovators who had participated in the Bevan Exemplars Programme (around 120) over the previous 4 years were contacted to put forward their innovation for adoption in new sites across Wales. There were three groups involved in the A&S Programme (see Figure 3). There were (1) the innovators who played a crucial role in 'making' and/or in trying and testing these innovation and bring knowledge for adoption, (2) the adopters working in adoption sites who are introducing and taking up the innovation, and (3) the leads representing the organisations that wanted bring greater benefit to the people in their care through innovation.

At the start of the A&S Programme, innovators who had participated in the Bevan Exemplars Programme (around 120) over the previous 4 years were contacted to put forward their innovation for adoption in new sites across Wales. The A&S Programme was open to receiving applications from a wide range of innovations and settings as the Bevan Exemplars worked across a range of contexts, organisations and specialty areas. A total of 38 Bevan Exemplars confirmed their interest/intent in taking part by supporting others to adopt their innovation (Figure 3). A 'brochure' was then compiled to bring together all the innovations that were selected for sharing. This was distributed in online PDF format and also as printed copies.

Innovators, Adopters and Organisational Leads



Innovators are part of the team that developed the innovation and are passing it on because it is known to work. They may or may not be working with a team.



Adopters (usually a lead working with their teams) at the practice level have seen the benefit of the innovation and want to make it work in their adoption site. Working with multiple adoption sites helps maintain the momentum for the spread of innovation.



Leads work in the establishments and entities including networks who are seeking the benefits from the innovation and want to increase the likelihood of successful uptake.

National coverage

38 Bevan Exemplar Innovations

15 Innovations and 46 Adopters

Health Board/Trust	Innovations for spread (N)	Innovators selected (N)	Adopters for new innovations (N)
Aneurin Bevan UHB	5	2	6
Betsi Cadwaladr UHB	4	1	13
Cardiff & Vale UHB	5	2	5
Cwm Taf Morgannwg UHB	3	1	5
Hywel Dda UHB	5	1	4
Powys THB	8	2	1
Public Health Wales	2	1	2
Swansea Bay UHB	4	2	8
Velindre UT (inc. Welsh Blood)	0	3	2
Welsh Ambulance Services NHS Trust	1	0	0
Other	1	-	-

Figure 3. Summary of the groups and Health Boards supported in the A&S Programme

The Adopters for the A&S Programme were supported as a cohort with a Programme designed to match the needs of all the participants as opposed to individualised support. The cohort approach meant that the recruitment and entry time was the same for majority of participants and a peer learning group approach was put into place from the start. This was based on learning from the Bevan Exemplar programme already led and managed by the Bevan Commission. There were efficiencies to be gained by supporting a cohort where they follow the same structured set of activities and receive ad-hoc individualised support within a defined time frame as compared with an individualised programme. In setting up a supportive space for the cohort, the Programme team managed engagement with the project leads from the adoption sites and with the Exemplar where relevant. The number of interactions differed based on the resources that they had available to them within their team and/or organisation, the complexity of the innovation and the learning and performance required for successful adoption.

With successful entry into the 'brochure', the innovators were reliant on the adopters selecting their innovations, completing an application and being selected for the programme. Innovators (in this case the Bevan Exemplars) and nominated Organisational leads were encouraged to work closely with adoption sites and promote the innovation as part of the open call for applications from adopters. A total of 46 adopters (Figure 3) were selected to participate in the programme with 41 receiving funding to support their project.

3.2. How did the support work?

The A&S programme was built on the successful evidence-informed approach used to date in supporting Exemplars and drew on the wider research evidence on supporting adoption. The leads and teams from the Innovation Adoption Sites were invited to participate in a 12-month programme with the Bevan Exemplar who was the innovator. This programme took place over 15-months (adding 3 months to the original programme to take into account the disruptions due to COVID-19).

The A&S programme mainly consisted of 6 Network days for core training and peer to peer support, a set of workshops based on the requirements of the cohort and finished with an online showcase. The Adopters and Exemplars were also supported as Project teams (based on the innovation they were adopting) and individually for their team with 1-2-1 support where required. The adopters were able to draw on financial support (small funds of up to £15,000 and averaging at around £7,500) for innovation adoption. Commitments were sought as part of participating in the A&S Programme. Adopters agreed to attend the Network Days and participate in the 1-2-1s to update the Programme Team. These commitments were also formally accepted by the adopting organisations.

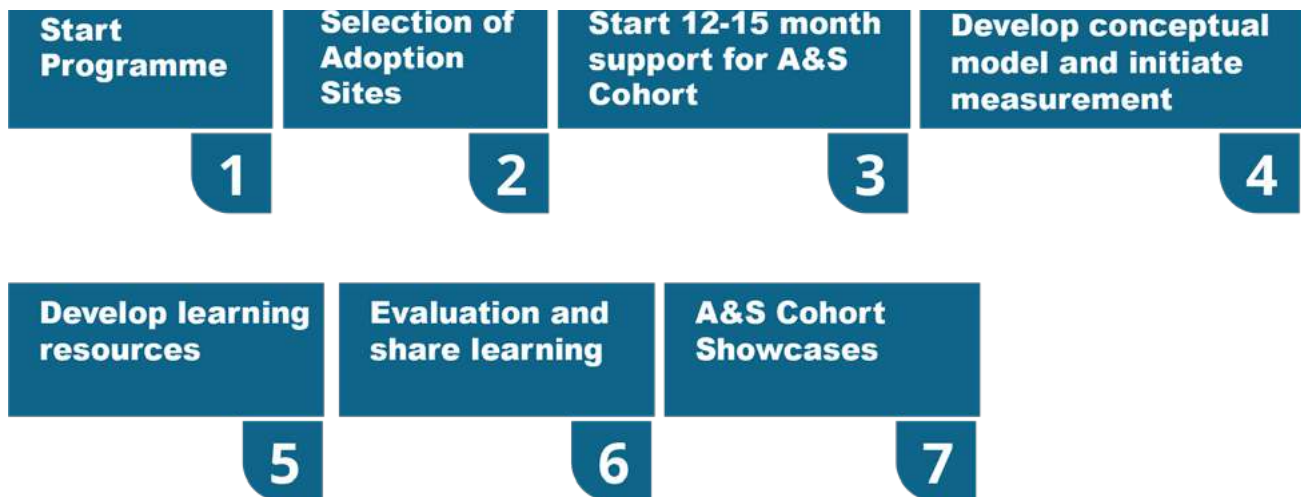


Figure 4. Seven steps for the A&S Programme Delivery

The timeline for the Programme moved from selection of the adoption sites and forming the participating cohort, through to measurement and presentation showcases (see Figure 4).

As well as the team based at Bevan Commission, there were a number of facilitators, mentors and leaders making the Programme work. A collaborative approach was tested where there was a small team for the day-to-day activities working closely with partners across Wales. The core team for delivery was made up of two full time members with regular senior leadership support. The organisational leads worked with the A&S Programme team to support the projects locally where possible and a Steering Group supported the strategic activities.

For the delivery of the programme, the facilitation was provided through a combination of collaborative effort from participating organisations, and external trainers and facilitators. The programme team managed the process of bringing in expertise where the people participating were supported to understand the context in which this is taking place. In addition, there was access to specialist support including for measurement and evaluation (through Swansea University) which were included as open sessions that could be a point of referral for the project teams. A flexible resource for supporting online delivery of the programme and producing digital content for the participants was also brought in towards the end of the programme.

3.3. Changes made due to COVID-19

The A&S Programme was originally planned as an in-person and on-location Programme, but then was predominantly delivered online due to COVID-19 restrictions. The changes took place in March 2020 with one network day and some in-person workshops having already taken place in-person in January 2020. Additional support was also put into place for Adopters and Exemplars due to COVID-19 disruptions to the original plans. As the adopters were required to make substantial changes to apply remote/digital solutions during COVID-19, partner organisations and the Bevan Commission Programme team worked together to provide online rehearsal space to prototype and test adaptations and also group-based learning sessions. Where appropriate, workshops were opened up for attendance from partner organisations, Health Boards and Trusts across Wales, working closely with Programme Associates who bring additional skillsets as required.

By tracking interactions and engagement (online calls, phone calls, and support sessions) in the A&S Programme, an illustrative chart was produced to show interactions and engagement over the course of 15 months (Figure 5). It is important to note that the interactions and engagement with the all the participants including 1-2-1s built up over

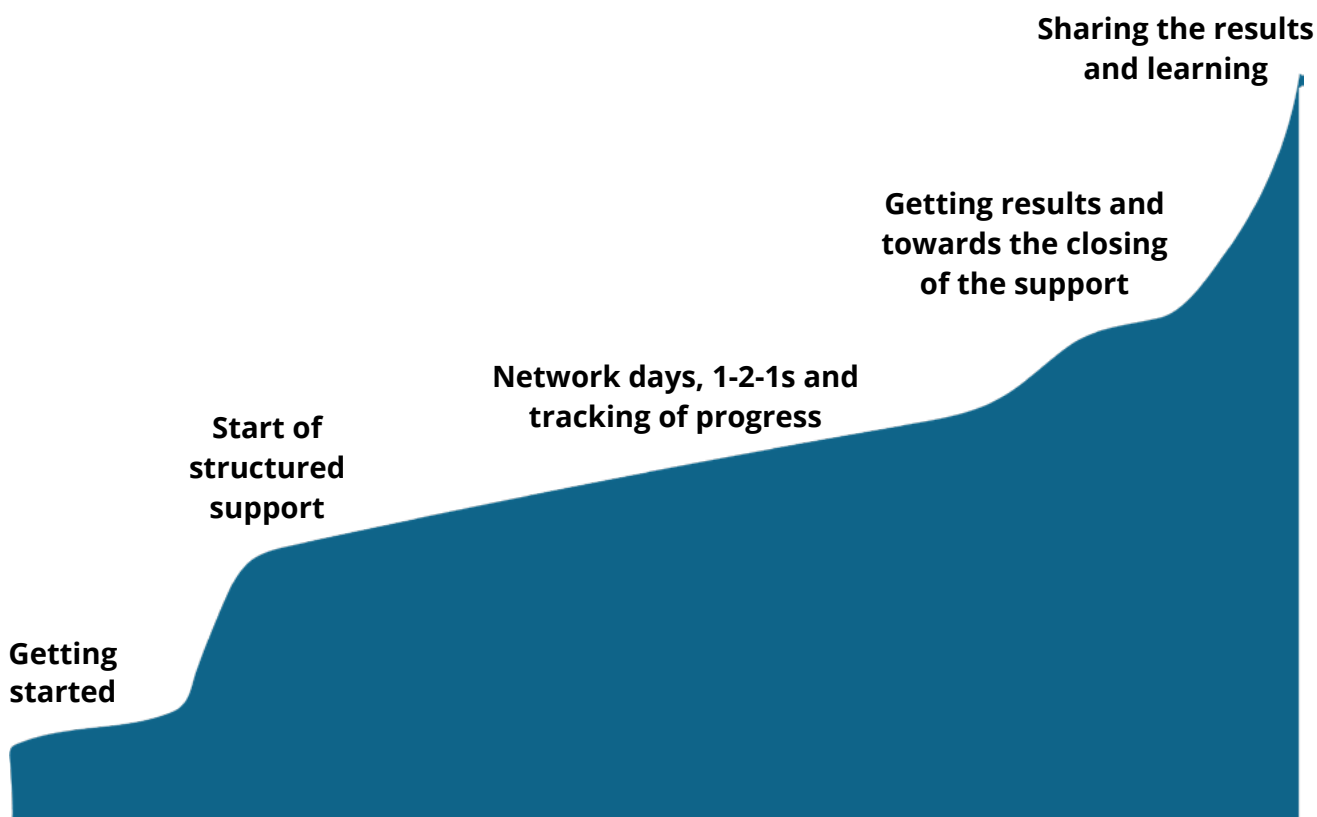


Figure 5. Illustration of the number of interactions and 1-2-1 support provided (cumulative) to the cohort

time at different rates. Some of the intensive support provided in April to July 2020 was directly due to COVID-19 related disruptions and adaptations. Figure 5 provides an illustration of the variation over time. The steeper the chart, the greater the number of interactions taking place over a short period of time.

Where possible and up to the start of the Programme, participants were also supported by an identified lead in each Health Board and Trust who were known as the Adopt and Spread Organisational Leads. They worked with the Bevan Commission to support their Exemplars and Adopters for the duration of the programme. There were regular update sessions (monthly) and this was also an opportunity to plan joint workshops and learning sessions. Following the COVID-19 disruptions, some of the A&S Organisational Leads were redeployed and were unable to support the projects as much as originally planned. The Programme team worked with the projects more actively, covering the gaps, until the Organisational Leads were able to return. It is important to note that not all adoption sites received direct support from their own organisations due to COVID-19 and other reasons, and some relied on other adoption sites and formed their own informal networks as needed.

A number of changes were made to the support provided due to COVID-19. The main three are as follows:

- With the COVID-19 disruptions to in-person events, all group-based sessions called network days were held online (as half-day sessions). This introduced further efficiency gains removing the need to travel etc., however there was an adjustment period as the programme team worked with programme participants to understand their access to technology and how they can join online.
- Five out of the six planned network days were completed successfully where the first took place in-person and the rest online. One network day (due in March 2020) was replaced with innovation team meet ups with the programme team to understand the impact of COVID-19 on the project teams for redeployment or need to pause the projects. The remaining network days were held on the pre-set days and adjusted for online delivery.
- The planned visits to adoption sites were also replaced with online meetings, and this was quickly adapted to include all the adoption sites for a given innovation (and their Exemplars where relevant). The programme team introduced 'open surgeries' for project-based support on specific topics such as measurement and evaluation, and adjusted the learning sessions based on request.



A supportive programme developed with in-person learning and sharing sessions moved online due to COVID-19 disruptions within three months into the A&S Programme.

3.4. Types of innovations and how this influenced support

There were three main categories for the innovations being adopted used for programme purposes (Figure 6) and these are defined as follows:

1. **Services:** new services that were developed or added to existing services as a result of adopting the Exemplar innovation.
2. **Products:** innovations that are solely based on the adoption of technologies in this case, although it is important to highlight that it would be part of a clinical pathway or service in the way it is used.
3. **Processes:** innovations where new skill development or ‘background’ interventions are required which were visible to the professionals and not as likely to be visible to the patients or service users.



Figure 6. Number of adoption sites by Exemplar innovation at the start of the Programme

Although there may be more of an overlap between service and the product or process categories, it was important to draw these distinctions to understand how the mechanisms for success differed for the types of innovations as part of the final analysis (if at all relevant). Figure 6 shows the how the categorisations were applied to the Exemplar Innovations on the Programme.

It is important to note that innovations which originally started with a plan to carry out in-person activities (such as training or clinics) had to change due to COVID-19 restrictions. Online technologies and alternative service delivery models were used where possible. These were unanticipated changes and some innovations had to be adapted substantially to be able to be implemented. This meant that projects classified as products at the start may have introduced a service model as part of implementation or vice versa.

The categories of service, products and processes were useful at the start of the programme to help with distinguishing one project approach to another, however they were less relevant towards the end of the Programme. This was because of the overlaps in categories, but also because the inputs required for success were similar across all the projects. This observation in the A&S Programme may be unique and due to the country wide disruption experienced during the pandemic. It is also possible that larger cohorts or more complex projects may benefit from categorisations to influence support provided for adoption and spread.

3.5. In Summary

The A&S Programme supported the adoption and spread of Exemplar Innovations across Wales with a unique focus on the adopters working as clinicians and practitioners in the health and care system. The Programme was delivered working closely with Bevan Exemplars who had tried and tested the innovation, and organisational leads who could provide support locally. The learning and insight, including the benefits of supporting a national cohort from multiple organisations and diverse acute, primary care and community settings are explored in the next section.

4

Testing approaches and learning points

The A&S Programme was set up to test approaches and develop a methodology for future national, regional, and organisational adoption and spread teams to use. As well as the latest published evidence, knowledge gained from existing programmes and the Bevan Exemplar Programme were used to design and deliver the Programme. With the support of the research team, insights and observations documented during the programme have been collated into seven learning points as follows:

1. The innovator's involvement was not always essential, but useful and speeded up the implementation phase when substantial adaptation was required to meet the Adoption Site's requirements and context.
2. A diverse set of projects can be supported in one innovation programme as one cohort. This approach helped share learning successfully across disciplines and contexts, as well as increase opportunities for cross-boundary working.
3. In-programme recruitment for new adoption sites supported the spread of innovation mainly led by the adopters and innovators already engaged in the programme with a 'network of network' effect.
4. There were multiple definitions of success for the programme and the impact being made taking into account the gains made for the team and organisation by introducing the innovation as well as the benefits of the innovation itself.
5. The showcase played an important role in bringing together the learning from the cohort as well as showcasing the opportunities of the innovations to future adopters.

4.1. Was the innovator required for the innovation adoption to proceed?

The learning from the A&S Programme was that in many cases the innovators and adopters working together in the same programme was beneficial. The role of the Exemplar was to hand over the details of the Exemplar innovation (Figure 5). This was an important consideration because Exemplars had developed the innovation themselves or tested one that already exists in contexts and therefore holding specialist knowledge about how to implement it. The presence of the innovator at the start of the project was especially important, and the two innovations where new adoption sites were added part-way through the programme had 'hands-on' innovators. The absence of the innovator

was also noticeable for some projects where additional resources were required for the adoption sites to cover the gap in knowledge and technical assistance that the innovator could have given.

The extent to which the innovator was involved varied depending on:

- The complexity of the innovation and handover of relevant knowledge and resources.
- The extent to which adaptations needed to take place which was dependent on the similarity of the adoption site context to the innovator context in terms of care setting, resources, team structure and other associated factors.
- The extent to which there are internal adoption site issues for the adoption site which cannot be shared with the innovator or where the innovator has not previously worked through solutions. This may be the case where the innovation is replacing practices or ways of working which is outdated or less effective.
- The (financial and non-financial) resources available to the innovator and/or adopter to manage the implementation process.

Focussing on adaptation of innovation

Adaptation is about the changes being made at the time of adoption so that the innovation fits well in the local context. There are different ways in which adaptation may need to take place:

- The local context has to adapt and flex to bring in the innovation. This is adaptation at the adoption site level or the system in which the adoption site is working.
- There may be adaptation needed to the innovation itself, and this is about the innovation being made relevant to the local context. This adaptation may be undertaken by the adopter or the innovator based on technical expertise about the innovation.

By including adaptation (of the local context or the innovation), new risks may be created. For example, scope creep which delays adoption and increases the complexity of the project. Early considerations of the adaptations required and the extent to which it will impact on the adoption is best prioritised at the start of the project.

There may also be unplanned adaptations part way through an adoption project. It is important to understand that adaptation can be a common occurrence and may make the difference between successful uptake of innovation or failure.

It is important to note that for some innovations, the adopters (following the initial familiarisation period) were able to progress without the support of the innovator. This was especially the case when it was based on a training approach. This was suitable for a particular intervention or approach where the 'what' needs to be done part of the innovation was relatively straightforward, e.g. set up a multidisciplinary team, run a clinic or a 'packaged' training offer. Also, innovations which required adaptations that were unique to the context or setting meant that after the initial support, the knowledge of the innovator was less relevant. The latter is an important consideration as sometimes the presence of the innovator at this stage may create tensions when substantial changes are made to the point that the initial innovation is less recognisable. In instances where substantial adaptation was taking place, it was the responsibility of adoption site lead and their team to put into place due diligence to ensure that the effective component of the innovation (where the evidence base showed impact) was not altered or had professional inputs to measure and test the impact accordingly.

4.2. Can a diverse set of projects be support in one innovation adoption programme?

The A&S Programme worked with health and care professionals in a range of settings. By the end of the programme, there were 24 organisation, 60 GP Practices working in clusters, 2 emergency services, 4 specialist cancer services, 5 microbiology services, 8 care homes, 5 paediatric services, 8 community and home-based services.

The diverse range of settings and service areas was influenced by the adoption sites who ultimately decided on which Exemplar Innovations could enter the Programme (based on the original 38 they could select from). This approach (with adopters choosing the Exemplar innovation) also introduced new adoption site contexts such as the transfer of innovation from acute sector where the original innovation took place to community, local authorities, domiciliary care, and home settings.

On the whole, the project teams were able to work within the same programme, share learning successfully across disciplines and contexts, and use the same methodology. However, the Programme team needed to work with different stakeholders and also provide 1-2-1 support to some more than others.

Support was also provided by innovation leads as well as the network of adoption sites. In two projects, the innovation leads from the Health Boards played an instrumental role in supporting the innovation adoption. In both cases, the hospital-based projects faced barriers including lack of physical space for the project to continue (due to COVID-19 changes) and seeking replacement for the innovation industry partner who could no

longer continue with the project. Their involvement resulted in the projects being continued and the necessary non-financial resources being secured. In another three projects, the clinician/practitioner support network was strong and enabled further spread and additional support across the adoption sites. For one of the projects, the practitioners formed an informal network aligned with the innovation with the Exemplar and Adopters (the project team) partnered together to meet the demand coming from new adoption sites. The other two projects relied on specialist networks to engage and initiate discussions about adoption. These led either to new adoption sites across organisations or more people being engaged within an adoption site supporting wider uptake in one organisation.

Reflections about the cohort approach

By working with participants as part of one cohort, network days and learning sessions worked well for the regular participation in the Programme. The agenda was balanced between learning, sharing and having the opportunity to meet as a smaller groups - adopters working on the same innovation (through breakout rooms). The latter was an important aspect of supporting the participants.

There were varied group sizes for each innovation and this had to be managed as part of the programme. For some projects, this was an opportunity to meet all the team members involved in adoption, including team members who were not participating directly in the programme. For others who were working more on their own (or their team members were unable to attend), it was an opportunity to slot in a 1-2-1 support or have focussed time on the project.

The limitation of the cohort approach is the constantly changing situation for projects and their general availability to be online at the same time as a group. Although COVID-19 exacerbated the situation, it is important to note that this limitation will always be present in cohort-based programmes. Also, the Programme team had to adjust the methodology to manage new adopters being included in the programme part-way, although this was minimal and the responsibility was for the supporting adoption sites and Exemplars already in the Programme to manage this process.

4.3. Working with Local Authorities, community partners and Third Sector for innovation adoption

The involvement of innovations directed at local authorities and Third Sector did result in new learning for the Programme Team on how to support traditionally non-NHS settings for innovation adoption. In both cases, the Exemplars were based in Health Boards and the innovations had been first developed in acute care settings.

When working with local authorities, the Programme Team and the Bevan Exemplar did not have a focal point for organisational support for innovation adoption. This is partially due to the collaboration being more strongly aligned with Health Boards and NHS Trusts, the number of organisations that would need to be involved to support a national programme, and the difficulty of making new connections during COVID-19 disruptions. To support the team, the Programme team provided 'back office' activities and support to ensure that the project team could develop their materials, hold online information briefings for interested adopters to reach the relevant practice teams and leaders, and implement a sustainable strategy for growth.

With involvement of the Third Sector as adopters of innovation, there were some adjustments required to better support the adoption team. On the whole, the participation in the programme provided opportunities for growing skillsets, forming a greater understanding of the health and social care sector and making connections. It was apparent that the programme content that was tailored to teams working within a larger organisational infrastructure was not fully suited all of the time. For example, the business case development sessions were more relevant to larger organisations at Trust and Health Board level. Third Sector are less likely to use this route to sustainability and even if it is relevant, they may be responders to a procurement process. Also important was the acknowledgement that small enterprises may not be able to put in additional support, seek senior or managerial endorsement to support business cases in the same way as larger or public sector organisations. Where possible, 1-2-1 sessions were used for support, however it is important to note that the programme was less suited to small enterprises and those who work outside of larger organisational structures.

In conclusion, one programme can be used to support project teams working on innovation adoption in a number of settings, and it is important to do so to expand the opportunities for uptake. However, it is recommended that future programmes do not make assumptions about existing infrastructure for support. Programme teams need to consider the support required and the adjustments that need to be made based on the context and understanding the opportunities for (a) additional support by innovation leads or equivalents, (b) informal or formal clinical or practitioner networks, and (c) size of the enterprises involved (for innovators and adopters), when designing the programme.

4.4. How did in-programme recruitment work for further spread of innovation?

Spread is defined here as bringing on new adoption sites or widening the geographical areas covered by the Exemplar Innovation. By definition, the innovation was being spread just through participation in the A&S Programme (with innovations chosen by the Adoption Sites). The Programme Team were proactively testing the opportunities for wider spread beyond the first few adoption sites where it was appropriate. The A&S Programme introduced in-programme recruitment to support spread beyond the first few adoption sites and this was different to the initial process used for recruitment.

The initial A&S Programme recruitment process moved fast from getting agreement from Bevan Exemplars to participate in the programme, writing about the innovations and releasing a brochure to potential adoption sites and their senior leaders. Within 8 weeks, applications were signed off by Health Boards and working across a range of health and care organisations and submitted to the Bevan Commission. A panel, with stakeholder representatives took part in selecting the successful adoption sites. Following requests from participants part-way through the A&S Programme, the team worked closely with the Exemplars and the Adoption Sites interested to co-produce an in-programme recruitment process. New adoption sites were asked to complete an online form based following referral from one of the leads already on Programme. The submissions were reviewed and approved within two days and this was followed by a short on-boarding session led by the Programme Team. The offer was opened to all teams in the Programme and this approach led to three Exemplar Innovations applying the approach for new adoption sites.

Although the new adoption sites were able to get involved in the Network Days and learning sessions that were taking place, additional support was not put into place for 'catch-up'. The emphasis was on the Adoption Site leads and the Exemplars for their project to take the lead and support the new in-programme entrants.

Given that the adaptations required for some of the innovations were large enough in scope to warrant further development and testing, this may have been better managed with the involvement of a national Spread of Innovation team or a dedicated effort. This approach could have been used to support the leap from the first few adoption sites to maximising reach. There were some discussions regarding this approach with Innovation Leads and key partners, however this was beyond the scope of the Programme timelines and resources. There is a cautionary note here that this learning took place during COVID-19. It is therefore difficult to assess whether outcomes and some of the above points could have been different if these disruptions had not taken place. Future testing on spreading innovation could focus on spread beyond the first few adoption sites.

Observations on how new adoption sites became involved in the A&S Programme

- As part of the A&S Programme, the participating adoption sites and/or the Innovator/ Exemplars could take the lead on spreading innovation. Their ability to consider this and actively seek new adoption sites depended on their ability to 'put in extra time'. This was influenced by the time taken to manage their own adoption project, their access to their network and the extent to which other clinicians or practitioners were approaching them to find out more about what they were doing.
- It was apparent that cross organisational team-working and early connections made between adoption sites and their Exemplars played a role in supporting the appetite for spread. Innovations that could be easily understood at a clinician/practitioner level, i.e. due to similar professional backgrounds or service areas were able to spread faster beyond the first few adoption sites.
- Not all innovations move from some to many. For some innovations, there were a limited number of new adoption sites that could participate. This may be due to the scale that had already been reached (closer to the last few adoption sites), a limited number of sites that needed to adopt to reach full scale, or the innovation was not required on other sites due to effective approaches already in place.
- Lone working (an individual doing most or all of the work) for innovation adoption was visible for some adoption sites. Although all leads were working with teams, some were working alone for substantial periods and/or they shouldered the responsibility for the work. This influenced the appetite for engaging others or having the time to respond to support others as they needed to focus on the task to hand, which was to complete the innovation adoption project.
- At some point, potential adaptations that could be plausible to support faster or more efficient spread of the innovation was observed by the Programme Team. Although there may have been approaches that could have been used to facilitate this with the participants within the Programme, the barriers included limited resources and avoiding scope creep for the project. Maintaining a manageable scope for the project was particularly important to avoid destabilising the progress that was yet to be made within the first few adoption sites.

4.5. Was there one definition of success?

There were different definitions of success based on the stage of the programme, the role played within the programme, or as external stakeholders. At the national level, success was closely linked with impact and the programme team monitored both successful uptake as well as operational success. At the local level, adopters and innovators were considering the gains made over time for the patients/service-users, the team and the organisation.

For the A&S Programme and in line with the national perspective, the main measure of success for the adoption site was based on introduction of the selected innovation and showing that patients or service users have started to benefit immediately or will do in the future. As some of the Exemplar Innovations involved introducing a new clinic or team, the number of people benefiting was expected to be small at the start and within the 12 months of support provided. For other innovations using training to introduce new skills or products, the number of people benefitting could grow faster. Where GP Practices or networks were taking up innovation, the population could also benefit at scale. The introduction of new adoption sites and wider spread was also considered as part of success linked with impact.

There were also operational definitions of success such as working towards the goal articulated in the initial application to participate (or the amendments made due to COVID-19). As part of this, starting adoption, making progress and working through the barriers in a timely way to meet their objectives was seen as success. As part of the operational definition of success, the innovation could be tested and discontinued due to lack of 'fit' in the context. Pauses were also introduced to take into account disruptions at service level or in this case also due to the pandemic. Where the innovation was a good 'fit', embedding the innovation was also included as part of the definition (referred to as 'sustained success').

From the perspective of the adopters and innovators, success could be considered in terms of the gains made when the innovation was being introduced and adopted. An interim evaluation took place with the participants (led by Professor Nick Rich and analysed by an independent researcher) explored the concept of success. At the part-way point of the Programme, participants identified gains (see Table 1) such as creating a change team, mapping out the processes, improving training materials, engaging all the key stakeholders, and completing initial pilots. Gains in quality, access, and better use of resources were also frequently mentioned by participants. The most commonly mentioned gain was the identification of problems to overcome as part of the project. These all highlight the day-to-day activities completed by the project participants as well as the over service gains that were made. When asked what gains they hoped to make in

Table 1. Responses to an interim survey on progress being made by innovation adoption sites

N*	Gain Made
Created a change team	13
Engaged all key stakeholders	12
Identified problems to overcome	26
Improved skills	21
Improved capacity	6
Reduced time to deliver care	8
Improved process flexibility	10
Identified key breakthroughs to improve	11
Conducted a safety review	4
Have engaged the patient/patient representatives	7
Flexibility of staff	9
Better use of resources	16
Improved patient communication	10
Improved training materials	17
Have held awareness sessions with staff	12
Undertaken initial pilots	15
Have a formally documented case for change	6
Patient safety	6
Reduced inequalities	8
Improved access to the service	13
Mapped our processes	13
Demonstrated Bevan Principles	11
Improved communication	13
Enhanced and multi-skilled staff	14
User feedback	7
Put the service online	8
Reduced costs of service	7
Quality of care provided	15

the project, they were aspirational and were more likely to look at the overall benefits of adopting the innovation into their care setting or to the wider communities.

Better recognition of safeguarding concerns, with the option of signposting to help & support before a crisis happens. Very clear evidence of the long term emotional & financial consequences of unrecognised childhood ACE's, or domestic abuse & of safeguarding issues affecting the elderly such as financial abuse. (5, Safeguarding peer support)

This project has the potential to change the fundamental way in which people with memory problems 'enter' into the assessment process. It introduces person centred principles of care whilst at the same time reducing unnecessary work by signposting elsewhere according to need. (14, Community Dementia Triage App)

For equity and for better patient activation, providing STANCE in more "preferred" languages in communities of higher diabetes prevalence stands to reason. (15, STANCE - Diabetes Foot Health Self-Care)

So taking into account all the perspectives, a summary of the success for the projects participating in the A&S Programme can be presented in a number of ways:

- By the end of the programme, 80% (12 out of the 15) Exemplar Innovations introduced in January 2020 had gained traction and were actively being introduced in new adoption sites. This was an average of 3 new adoption sites per innovation starting to go live in March 2020 and many maintaining momentum during COVID-19.
- Of the 3 Exemplar Innovations that did not complete the programme, two were inactive within the first three months of the programme. The third innovation adoption project experienced substantial disruption for the Exemplar and the single adopter where they were unable to return to the programme after a pause.
- Approximately two thirds of the adoption sites were in full adoption or post-adoption-phase and 10% were underway for adoption, but were late joiners and too early for assessing final adoption. By the end of the programme, at least 3 of the Exemplar Innovations were shown as having near full spread across Wales having gained momentum through the A&S Programme.
- It is estimated that around 8,500 people receiving care in Wales were impacted on by the new innovations (directly or indirectly) with a potential reach of 500,000 people who will be positively impacted by new preventative or proactive care that is known to work. This estimation was based on data gathered from the Adoption Sites on number of patients/service users accessing the new innovation, and or population covered by their service.

The learning in the A&S Programme is that all the stakeholders (internal or external to the Programme) will have their own definitions for success. This was addressed by having

different measures to report on, including operational, gains made, and for impact. By using the Outcomes Framework (covered in the later section), the Programme team were able to support project teams in considering how they progress through to sustained and continued success where adoption had taken place.

4.6. What was the role of the showcase and was it needed?

Tested over many years as part of the Bevan Exemplar Programme, the final showcase was designed to provide an end to the participation in the programme. In the A&S Programme, it was also designed as a major milestone for reporting the findings for adoption sites on their level of success to take up the innovation and to understand the impact made.

The showcase was completed with an online microsite for each project, a short introductory video summarising the innovation, a facilitated panel discussion and opportunity to ask questions. The facilitated panel sessions were chaired by senior health and care leaders in Wales. An online showcasing platform was used for this event (airmeet.com), three lunchtime sessions were held and outputs were published as an online exhibition for one month. The recordings were also posted on youtube and also linked back to the microsite. The opportunity to use mobile digital screens, rooms within Health Boards to host audiences as part of hybrid events and having a physical presence using posters etc. to encourage participation were discussed as part of the showcase planning. However, this was not taken forward due to time constraints and the continuing impact of COVID-19.

Here are some of the reflections from the Programme Team on supporting adopters and innovators to share learning online and through interactive approaches

- The health and care professionals were more experienced with short talks, powerpoint and poster presentations which are timed and guided by their findings. In this case, there were a number of adoption sites per innovation and repetition needed to be avoided as well as the need to capture the adoption site learnings as well as findings. The panel presentation approach required more time for familiarisation for many of the teams, and coordinating the showcase took approximately 3 months of work with each project depending on the size of the teams and the number of adoption sites.
- The teams were less familiar with the use of websites and multimedia communications and working with communication specialists. Therefore, the development of showcase materials was better supported by a communications specialist and a flexible (cost-effective) team that could create multimedia resources.

This was to enable communication of what had been achieved in short and brief formats that could be communicated on social media as well as through the showcase. The ways in which the teams worked with communication specialists differed according to project and need, however, the feedback was that it was a good experience and some projects used the opportunity to produce outputs that could be used for further spread.

- Where there had been delays and difficulties for the adoption, and specifically for adoption of technology, the showcase could be tailored to understand the areas that had worked less well and learn from these as well as celebrate success.
- Some teams had their own networks to draw on to publicise the showcase and get attendance. Many took this opportunity to celebrate the role of wider team members (including line managers) and the showcase gave them an opportunity to invite these influential project stakeholders to watch and comment on what had been achieved. With the benefit of online reach for audiences, some projects had active audiences from clinicians, practitioners and leaders across Wales and wider (rest of UK and a few EU countries).

A showcase or an end of programme event is not always an outward facing activity for innovation and not necessarily a step that is taken by other programmes who support cohorts or programmes of work. The A&S Programme tested the role of an outward facing participatory activity where the resources and a panel presentation was used as an approach for highlighting success, work in progress or failure to adopt. This 'share' part of the A&S Programme, as presented through the showcase, was essential not only for the cohort to close their participation in the Programme with a clear and definitive presentation, it was an opportunity for others to find out more about the innovations and investigate how they could consider adoption in their own areas.

4.7. In Summary

One of the key objectives for the A&S Programme was to gather and share learning and insights during and after the completion of the two year programme. This action learning approach took place during the pandemic and added to insights on how adoption of innovations chosen before COVID-19 disruptions can be adapted and taken forward. The learning and insights presented in this section and captured in this report comes from a varied set of Exemplar Innovations taken up by Adopters working across health and care. The next section provides more information about the innovations, the adoption sites with a summary of some of the achievements and links to their showcases.



Physiotherapy-led local serial casting service replaced out-of-county services and resulted in all children and young people requiring support accessing services close to home in North Wales (Innovation Adopter from Betsi Cadwaladr University Health Board, Bevan Exemplar from Powys Teaching Health Board).

5

The 12 Exemplar Innovation projects spreading across Wales

The A&S Programme started with 15 Exemplar Innovations and 46 Adoption Sites. By the end of the A&S Programme, two thirds of the adoption sites were in adoption or post-adoption-phase with their selected Exemplar Innovations. A further 10% (who joined the Programme later) were too early to report on adoption, but were making good progress. Some of the innovations gained traction in parts of the country whilst others were spread out more nationally. At least four were actively gaining new adoption sites and spreading quickly, and two were close to maximising their reach across Wales during the A&S Programme.

The following 12 innovations were adopted in at least one adoption site in Wales and more information about the projects and their achievements are outlined in this section:

1. Using AI-enabled virtual assistants
Virtual assistants for procedural anxiety to ensure young people have support for their medical & psychological needs within their home, school or local health care settings.
2. Narrative Reporting in Microbiology
Finding ways to change clinical behaviours and improve patient outcomes in the management of infections.
3. Managing Irritable Bowel Syndrome (IBS) using the low FODMAP diet
To increase access to support delivered by FODMAP-trained Registered Dietitians in Wales.
4. Supportive care in the later stages of Heart Failure*
A value-based collaborative approach for patients in the later stages of conditions such as heart failure.
5. Physiotherapy-led local serial casting service
To localise support for serial casting treatment for children in Wales as provided by Physiotherapists and Assistant Physiotherapists.

6. Six Steps education programme for supporting Palliative and End of Life Care
A successful approach to focusing on early assessment, support and coordination for care homes and home based care teams.
7. Trauma Ambulatory Care*
To create a new model of care and improve care for ambulatory trauma patients in North Wales.
8. Waiting in Pain? Access to Palliative Radiotherapy
Providing urgent outpatient review of patients with advanced cancer to support Acute Oncology Service (AOS) teams, community teams and more importantly to help patients access rapid oncology review.
9. STANCE: Learning self care for foot health
To support every person living with diabetes to reach their full potential to self-care and access professional care in a timely manner.
10. Dementia triage app (Cantab Mobile) in the community
This project focuses on the use of an electronic app called CANTAB Mobile to help triage for clinically significant memory impairment in the community.
11. Safeguarding peer support groups in primary care*
Cluster Safeguarding Groups in every Health Board for victims of domestic abuse.
12. Be Here, Be Clear (changed to To and Fro)*
An approach to support parents to develop responsive interactions to support children with language development.

Accessing information online about the 12 innovations

- [An overview of the Adopt and Spread Programme](#)
- More about the [Bevan Exemplar Projects \(Cohorts 1 to 4\)](#) who contributed their innovations to the Adopt and Spread Programme
- [Online information](#) about achievements from the 12 Innovations being spread across Wales
- [Online showcase panel sessions](#) recorded as part of the live showcase held at the end of the Programme

* These innovations had new in-programme adopters and/or expansion of the innovation

5.1. Using AI-enabled virtual assistants

For adoption in oncology and supporting services including Human Resources

Using chatbots to support information giving services in healthcare including frontline and administrative services.

Started as a Bevan Exemplar at Velindre University NHS Trust and Adoption Sites recruited into the programme:

- Velindre University NHS Trust (paused)
- Aneurin Bevan University Health Board

The adoption site in Aneurin Bevan University Health Board focussed on Paediatric Psychology service supports children and young people with physical health problems and their families. The service was run by Clinical Psychologists working alongside lots of other health professionals. Their aim was to help children and their families to cope with the emotional and psychological aspects of health and illness. Introducing a virtual assistants service that can be available for young people and their families as part of an overall aim to understand how AI and digital technologies can be used to support the timely provision of information.

[Intro Video](#)

[Read Online](#)

[Watch showcase](#)

The team are underway in adopting AI-enabled virtual assistant in their service. This is now part of a wider programme at Aneurin Bevan University Health Board where other departments are also seeking to use virtual assistants.

5.2. Narrative Microbiology Authorisation

For adoption by microbiology laboratory staff and healthcare professionals ordering tests

Engaging and encouraging behavioural change towards well-constructed clinical enquiries or justifications for test requests.

Started as a Bevan Exemplar in Public Health Wales with one team and new Adoption Sites recruited into the programme:

- Public Health Wales (2 new sites covering all main eligible sites)

Intro Video

Read Online

Watch showcase

From the Exemplar Project, it was showed decisions to order tests was influenced using narrative reporting. With the A&S Programme, the innovation was spread to cover all the eligible sites in Public Health Wales. A team of dedicated Clinical and Laboratory Biomedical Scientists are now engaged in narrative reporting.

The team has now developed a whole series of additional resources that will support Biomedical Scientists to learn this new reporting method and this will be integrated with their accreditation scheme.

5.3. Managing Irritable Bowel Syndrome (IBS) using the low FODMAP

For adoption in places of work and for service users

Working with staff health and wellbeing programmes to introduce sessions for people diagnosed with IBS.

Started as a Bevan Exemplar at Cwm Taf Morgannwg University Health Board and Adoption Sites recruited into the programme:

- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Aneurin Bevan University Health Board

As part of the Programme, each participating adoption site adapted the innovation to their context. The adoption sites were led by dietitians and adaptations were made to take into account the changing service delivery model due to COVID-19 restrictions, and the local context.

Intro Video

Read Online

Watch showcase

There are now service delivery models which include a digital group-based service, collaboration between Gastroenterology and Primary Care, and joint service for Health Board staff and referred patients accessing FODMAP-trained Registered Dietitian services in Wales.

5.4. Supportive care for patients in later stages of heart failure

For adoption in Specialist Services

A value-based collaborative approach for patients in the later stages of conditions such as heart failure

Started as a Bevan Exemplar at Velindre University NHS Trust (partnered with Cardiff and Vale University Health Board) and Adoption Sites recruited into the programme:

- Swansea Bay University Health Board
- Hywel Dda University Health Board
- Cwm Taf Morgannwg University Health Board
- Betsi Cadwaladr University Health Board (new joining in early 2021)

This innovation specifically tested how Heart Failure Supportive Care Team working in the community and home for patients with advanced heart failure in the last 1-2 years of their lives.

All four sites adapted the innovation, based on their unique factors such as workforce, the patient cohort they reached and the geographical coverage for the service. Patient-Reported Outcome Measures (PROMS) are being used to capture meaningful data for each site.

Read Online

Watch showcase

5.5. Physiotherapy-led local serial casting service for children and young people

For adoption by paediatric and young people physiotherapy services

Localising the support for stretching and lengthening muscles as part of the paediatric physiotherapy services.

Started as a Bevan Exemplar at Powys Teaching Health Board and Adoption Sites recruited into the programme:

- Betsi Cadwaladr University Health Board (across 3 sites reaching the entire Health Board)

This intervention improves the calf muscle length and walking ability of young people who walk on their toes and have tight calf muscles. For Powys Teaching Health Board, similarly to the adoption sites, this was an out of county service provision with children and their carers often travelling out of county for 2-3 outpatient visits.

Within 3 months of participation in the national Adopt and Spread Programme, physiotherapists had received initial training for serial casting and the service was expanded across North Wales over the following 9 months.

Intro Video

Read Online

Watch showcase

This service is now accessible with all the paediatric physiotherapists and assistant physiotherapists fully trained and with access to equipment and resources in the community. All eligible young people in North Wales are now receiving care locally and close to home in acute care and community hospital settings.

5.6. Six Steps education programme for supporting Palliative and End of Life Care

For adoption in Care Homes and Home Care Agencies

A successful approach focussed on early assessment and coordination of care, in care homes and those being cared for at home.

Started as an Exemplar project in Betsi Cadwaladr University Health Board with adoption Sites recruited into the programme:

- Powys Teaching Health Board
- Cwm Taf Morgannwg University Health Board
- Betsi Cadwaladr University Health Board

The Six Steps to Success programme was adopted from North West England (NHS) and implemented by the Macmillan End of Life Care Nurse Facilitation Team in North Wales. The innovation was being adopted in care homes and also for home-based domiciliary care.

Working in care home settings during COVID-19, this project did experience limited uptake. The adoption sites overcame challenges to reach their goals including providing basic Wi-Fi and hardware and ICT skills for staff to participate in the intensive training. As a result, the training can now be delivered virtually with ongoing email and phone support.

[Read Online](#)

[Watch showcase](#)

Evaluation of the evidence portfolio will be carried out with care home and team visits will be taking place later in the year to complete the Six Steps Education Programme. The results from training showed that self-assessed knowledge, skills and training had increased for supporting palliative and end of life care.

5.7. Trauma ambulatory care

For adoption by Trauma and Orthopaedic alongside Emergency Departments

Transforming the model of care for 'walking wounded' patients requiring trauma and orthopaedic services.

Started as Bevan Exemplar at Cardiff and Vale University Health Board and Adoption Sites recruited into the programme:

- Betsi Cadwaladr University Health Board (across 1 of the 3 sites)

Ambulatory Trauma patients are people who have sustained isolated, non-complex injuries, who are independently mobile and can look after themselves. With support from the A&S Programme, a Surgical Same Day Emergency Care (SDEC) Unit has been established in Ysbyty Gwynedd Hospital, where patients with simple, stable injuries can receive a diagnosis and self-care plan within 24 hours of their arrival.

As well as providing additional support for the on-call trauma team, the facilities available for the treatment of Ambulatory Care patients allow for a more efficient way of working. The proximity of facilities means that patients can make their own way to their treatments, which reduces the time and workload on portering services. There is work taking place to expand the services to other eligible sites in North Wales as well as introduce other associated virtual care.

[Read Online](#)

[Watch showcase](#)

5.8. Waiting in Pain? Access to Palliative Radiotherapy

For adoption by specialist teams

Helping patients with advanced cancer access rapid oncology review

Started as a Bevan Exemplar at Velindre University NHS Trust and Adoption Sites recruited into the programme:

- Velindre University NHS Trust
- Swansea Bay University Health Board
- Betsi Cadwaladr University Health Board

Palliative Radiotherapy Clinic has shown an improvement in the patient pathway by providing multi-professional review, rapid access to outpatients review and Radiation Therapy.

The three adoption sites were all at varying stages of developing the rapid palliative radiotherapy clinic and service. The teams had been established in all the sites, and the clinics will be set up after training in two of the sites. Following successful adoption of the innovation in one site, the full business case is being developed in one site.

Intro Video

Read Online

Watch showcase

All the adoption sites are working together including supporting 'virtual drop-ins' to the clinics that are being run for professionals to learn from each other.

5.9. STANCE: Learning self-care for foot health

For adoption in specialist services and community settings

Diabetes foot health engagement and empowerment education in the community.

Started as a Bevan Exemplar in Cardiff and Vale University Health Board and Adoption Sites recruited into the programme:

- Hywel Dda University Health Board

- Cardiff and Vale University Health Board (one site with another one paused)
- Betsi Cadwaladr University Health Board

The aim of the innovation is to support every person living with diabetes to reach their full potential to self-care and access professional care in a timely manner. In The A&S Programme, partnership was formed between a hospital-based podiatry service, a Education Programme for Patients (EPP) team and a community-based social enterprise.

The adoption was successful with increased knowledge amongst people with diabetes, majority changing their lifestyle, increased ability to identify a foot problem and confidence to get help when needed. Successful uptake was also achieved in the community including peer-led participation from people from black and ethnic minority backgrounds and using online platforms to deliver the weekly education sessions.

Intro Video

Read Online

Watch showcase

5.10. Dementia triage app in the community

For adoption in primary and community services

Using a digital solution to enable healthcare professionals to triage for clinically significant memory impairment in the community

Started as a Bevan Exemplar at Swansea Bay University Health Board and Adoption Sites recruited into the programme:

- Swansea Bay University Health Board (across 3 sites, 2 of which paused)
- Hywel Dda University Health Board (paused)
- Betsi Cadwaladr University Health Board (new then paused)

This project focused on the use of a digital solution (called CANTAB Mobile) to help triage for clinically significant memory impairment in the community.

Led by an Occupational Therapist in the GP Practice setting, the team adopted the innovation for use for a limited time period.

Intro Video

Read Online

Watch showcase

Following evaluation and feedback from professionals, the team decided to continue to review the role of technology in the dementia diagnosis pathway and revisit this innovation again at a later date.

Wider implications for innovation adoption included supporting the clinical team in better understanding the opportunity and redesigning the associated referral pathways and services.

5.11. Safeguarding peer support groups in primary care

For adoption in General Practice

Optimising the care of vulnerable adults and children in primary care through the development of Cluster Safeguarding Groups.

Started as an Exemplar project and then went to the following Adoption Sites:

- Swansea Bay University Health Board
- Hywel Dda University Health Board
- Cwm Taf Morgannwg University Health Board
- Aneurin Bevan University Health Board

Pre-adoption preparatory activities were completed by March 2020, and went live in April 2020. Progress was made during COVID-19 with some pauses in engagement from GP Practices. In total, 10 clusters and 63 GP Practices in the South of Wales took part in the programme. The multidisciplinary team included Social workers, Health Visitors, and Safeguarding Lead Nurse attending.

Sustainable approaches have been developed with online tools for engagement have been used. There have also been development of consistent Safeguarding Policy across Cluster practices and Safeguarding Database & recording systems in practices. All of the evaluation respondents reported increased confidence, had greater awareness of safeguarding issues and were more proactive in managing safeguarding issues.

Intro Video

Read Online

Watch showcase

5.12. To and Fro (Starting as Be Here, Be Clear)

For adoption by teams working with early years and families accessing support for children.

An approach to support parents to develop responsive interactions to support children with language development.

Started as a Bevan Exemplar at Powys Teaching Health Board and Adoption Sites recruited into the programme*:

- Swansea Bay University Health Board
- Cardiff and Vale University Health Board
- Betsi Cadwaladr University Health Board
- Aneurin Bevan University Health Board (3 sites, 2 of which are new)
- Cwm Taf Morgannwg University Health Board (new)
- Powys Teaching Health Board (new then paused)

Following the disruptions from COVID-19, adaptations were made for the delivery of the training and the interactive sessions with parents. The new adoption sites went live during the programme delivering the sessions to parents in urban and remote settings across Wales. New adoption sites were identified and joined following information briefings and train-the-trainer sessions with around 20 teams taking up the innovation by the end of the programme.

[Intro Video](#)

[Read Online](#)

[Watch showcase](#)

With work taking place across an informal network led by the Exemplar and adopters, this innovation is now named To and Fro and is spreading as a practitioner-based collaboration network.

5.13. Three Exemplar Innovations not completing the Programme

The following projects did not complete the programme and did not take part in the showcase:

- **S-CAMHS Practitioners and co-production:** This innovation was ready for adoption by mental health services working with children and young people. This involved formulation training for S-CAMHS Practitioners to develop a co-production model of problem identification between practitioners and the young person. This project was stopped due to COVID-19 and insufficient time and resources for testing.
- **QRInfopod in supporting access to self-management information in the community:** This innovation was ready for adoption by population-based and community-based services. This enables service users and the public to use their smartphone and have instant access to the digital information. This project was stopped due to COVID-19 restricting access to the community sites where the innovation needed to be located.
- **Video conferencing for pulmonary rehabilitation support:** This innovation was ready for adoption in Specialist Services. This involved supporting individuals in rural communities to participate in real-time in the rehabilitation session led from the hospital setting. This project was stopped due to COVID-19 disruptions for the teams involved.

5.14. Online Publications and Resources

The following outputs are available online for learning and sharing including reports, the toolkit, presentations and resources (please click to go online).

[Programme Site](#)

[Introduction to the A&S Programme](#)

[A&S Interim Report \(November 2020\)](#)

[12 Exemplar Innovations being adopted across Wales](#)

[Make or Break COVID-19 Report](#)

[Adopt and Spread showcase panel sessions \(June 2021\)](#)

[Interim Presentation about the A&S Programme \(April 2021\)](#)

[CAAI Methodology in Action Toolkit: Getting Started](#)

[Introducing the CAAI methodology](#)

[CAAI Methodology in Action Toolkit: Four Steps](#)

['Boxing up your Innovation' Toolkit: Introduction and Quick Exercises](#)

[CAAI Methodology in Action Toolkit: Inputs and Outcomes frameworks](#)

[CAAI Methodology in Action Toolkit: Supportive Spaces](#)

6

Introducing the CAAI Methodology

As part of the A&S Programme, a new evidence-informed Connecting for Adoption and Adaptation of Innovation (CAAI) methodology was developed applicable to varied organisational contexts including the NHS, social care, and community settings. The CAAI methodology can be used to support the introduction and uptake of innovation as part of ongoing service improvement, change or transformation.

As a methodology, the emphasis is on the connections made to enable adoption and adaptation of innovation. The visual representation in Figure 7 shows the way in which innovation is handed over to adoption sites. From the testing of innovation to supporting spread, there is a sequence followed including within and across organisational boundaries. An innovation may move from the first few adoption sites to many and then to all sites or until it is considered as a routine care or embedded part of the services. It is important to note that spread, as described here, is a by-product of successful adoption in multiple locations and service sites. The emphasis for this methodology is the adoption and adaptation of innovation in order to enable spread. What is new through this national Adopt and Spread Programme is a practical and replicable methodology to support organisations to take forward and for national leaders to use as part of developing the innovation adoption infrastructure.

This section provides a summary of the Four Steps for supporting innovation adoption, the Inputs and Outcomes frameworks and the proposed addition to the CAAI methodology.

Using the evidence and insights to inform the CAAI methodology

The development of the methodology was based on a mixed methods approach to understand the mechanisms that support successful adoption and spread of innovation including (1) research literature reviews, (2) quantitative and qualitative methods such as intermittent survey-based data collections, analysis of conversations, live tracking of progress, case studies and, (3) adoption site reported information on adoption and adaptation. These sources of information were all used to develop the methodology. As the participating teams for the A&S Programme worked across organisational boundaries, this methodology is applicable for challenges that span across a region or country, as well as across contexts in health and care and wider.

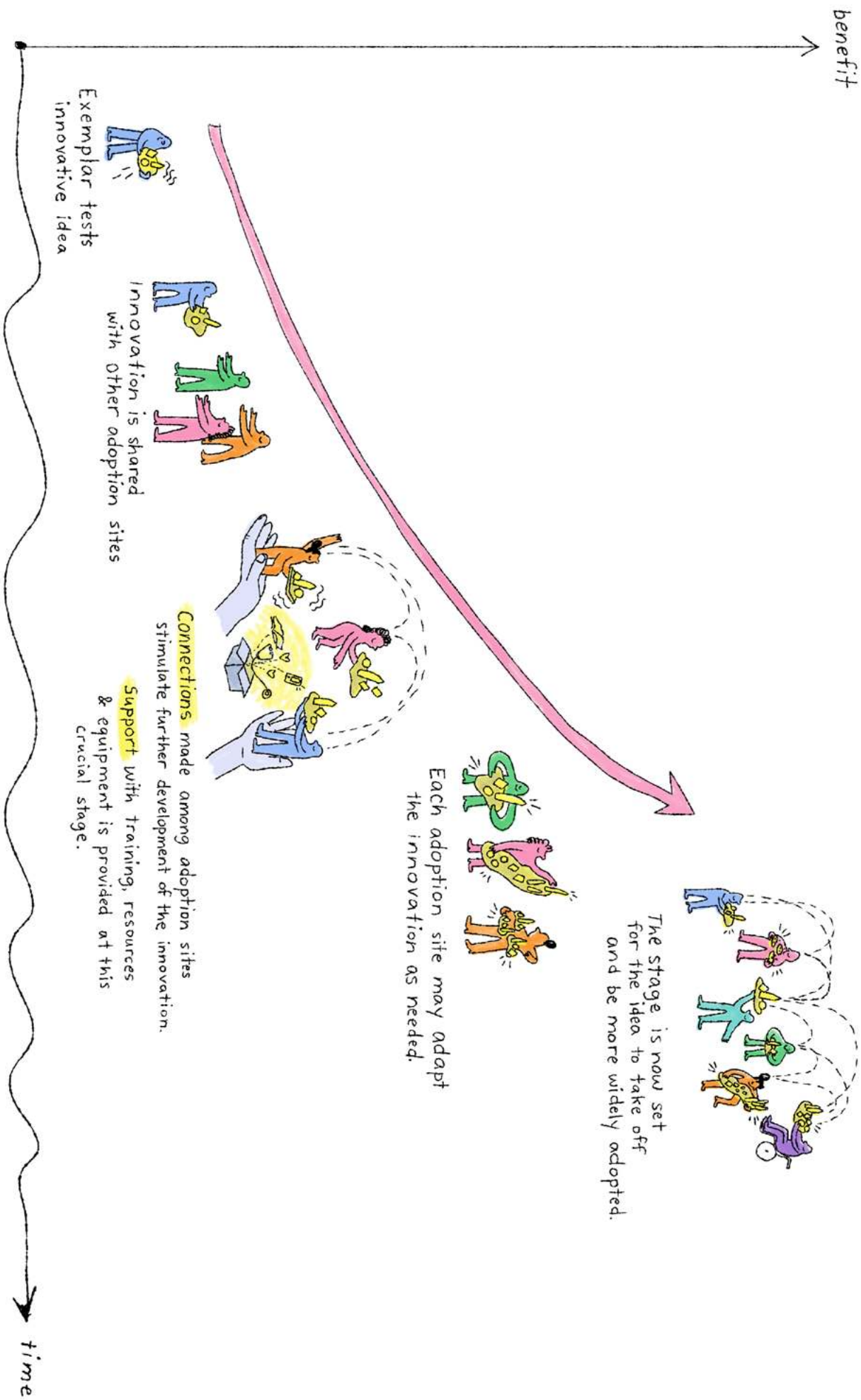


Figure 7. Moving from testing innovation to spreading innovation

What is included in the CAAI methodology

- Four Steps for using the methodology (promote, decide, support and share)
- The Inputs and Outcomes Framework to guide the Connectors or supporting teams
 - Inputs Framework was used in the supportive space developed for the Adopters and the Exemplars with up to 20 inputs identified as supporting success of adoption and adaptation of innovation
 - Outcomes Framework gave clarity on the different potential outcomes and sequential steps needed for sustainability
- A detailed toolkit on how to provide a supportive space for innovation adoption and associated resources such as How to Box up your Innovation, How to complete the A3 Project Chart and How to Measure Change using the 'Rich Layer Cake'.

6.1. The Four Steps

The evidence and the A&S Programme highlighted the importance of (virtual or physical) spaces that bring people together, the resources and the physical/digital infrastructure as a wrap around support for the innovation adopters and their teams (and sometimes innovators). This is associated with faster and greater levels of success for adoption. The national and regional efforts to create supportive spaces has already been shown (in Figure 2).

The Four Steps as part of the CAAI Methodology

STEP 1. PROMOTE

Kickstarting an open process and select the innovations which go to the Decide step.

STEP 2. DECIDE

Following a set of processes and activities to select the tested innovations to move into a supportive space.

STEP 3. SUPPORT

Delivering a programme of structured activities for the lead adopters and their team members

STEP 4. SHARE

An intensive exercise in communicating the key learning and impact

As part of the CAAI Methodology, the supportive space begins where the innovator pathway ends, and it is specifically designed for the innovator adopter pathway. The methodology puts forward four major steps (promote, decide, support and share) that need to be followed when applying the CAAI methodology in a health and care system. Given that the focus for the A&S Programme is at an organisational or national level, the adoption, adaptation, successful implementation and sustainability of innovation tends to be complex, some more than others, and this was taken into account as part of the framework. The Four Steps Toolkit available online provides further detail on the processes to follow and important areas for consideration such as timing and sequencing the structured support. These steps can be applied by an organisation or a network working to improve care for a given population or for a common goal of improving or transforming care and services.

6.2. The Inputs Framework

The inputs framework was built into the CAAI methodology based on the work originating from Professor Nick Rich (Figure 9). The framework consists of two overarching domains, three building blocks and 20 inputs. There is a link from the Inputs framework to the Outcomes framework which guides progress tracking and feedback to the participants, supporting systems and the senior leaders.

Starting with the overarching domains, these are (1) history of change influences the progress and how the inputs have to be structured and (2) the culture of changes is influenced as part of shaping the inputs. There are a number of inputs within the culture of changes domain with three distinct Building Blocks namely, complexity, learning and performance, and resources.

The framework has 20 inputs as follows 1. Significance of goal, 2. Clarity of goal, 3. Leadership, 4. Project management, 5. Teamwork, 6. Empowerment, 7. Methodology, 8. Communication, 9. Clinical engagement, 10. Stakeholder engagement, 11. Other staff/safety regulator, 12. Support functions, like IT, 13. Patient, 14. Learning, 15. Measures, 16. Performance Feedback, 17. Time, 18. Training, 19. Skills, and 20. Physical and Digital Infrastructure. Inputs 9 to 13 are part of the Complexity Building Block, inputs 14 to 16 are part of the Learning & Performance Building Block and inputs 17 to 20 are part of the Resources Building Block.

The inputs represented in the framework have arrows to signify unidirectional and bidirectional dependencies and relationships. As with many representations that attempt to list and map complex social processes, what is often most critical is not what is inside each of the named 'boxes', but what links them and drives the overall process causally.

Inputs

CAAI METHODOLOGY

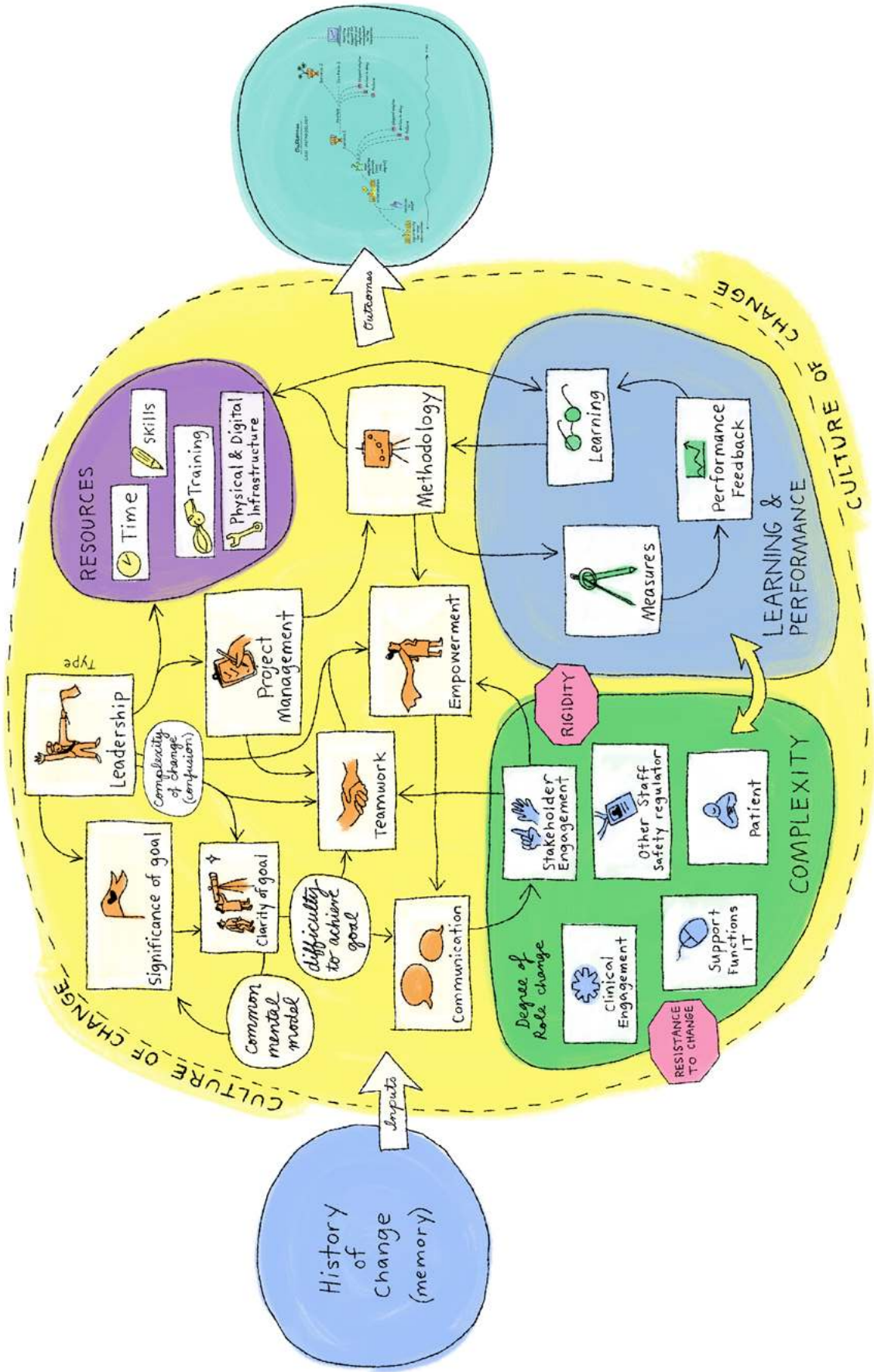


Figure 8. The Inputs Framework has been conceptualised by Professor Nick Rich, 2011, 2016, 2018)

Awareness, reflection and flexibility seem to be more important than cookie cutter checklists of things-to-be-done. This is taken forward in the CAAI methodology which guides and does not prescribe one way for supporting innovation adoption teams.

The domains, inputs and building blocks may be recognisable for people working in health and care and supporting change, and for those who are well-versed with the evidence. The inputs framework was first conceptualised by Professor Nick Rich, Swansea University and was used to inform the work of the A&S Programme. To support further development of the framework and test the validity of the inputs, a rapid literature review was carried out. The extensive literature searches resulted in around 50 articles being identified as relevant to their CAAI Methodology. An external researcher specialising in health systems change and implementation science screened these studies and selected a subset of highly relevant reports to review in depth and synthesise the results. A total of 21 reports were included in the review (see Annex 2) and informed the final outputs for the CAAI Methodology.

The overall finding was that the inputs included in this framework were consistent with the research literature. They are all part of a multi-level, complex dynamic system, with multiple causal loops and feedback mechanisms between the components. These are not separable independent variables and the arrows used in the Inputs framework illustrate some of the combinations and linkages that need to be considered as part of an overall complex adaptive system.

6.3. The Outcomes Framework

Outcomes as part of the CAAI methodology specifically refers to the success or failure of the project itself. It is already accepted that the innovation has evidenced effectiveness or benefits in order to be included in an innovation adoption project.

For the A&S Programme Team, the Outcomes framework was used to support programme management and for tracking progress. The overall aim was to record status in terms of innovation adoption where patient or service users are directly or indirectly benefitting from the innovation in a new location or service. However, this was too simplistic for tracking progress and the main categories included as part of outcomes are success, delayed success (due to pauses or longer time periods for delivering the project), decision to stop or failure due to foreseen or unforeseen circumstances. The Outcomes framework developed as part of the CAAI methodology (Figure 9) shows the route that can be taken by a given project with success and failure highlighted with other temporary statements such as 'pause' which can impact on the projects.

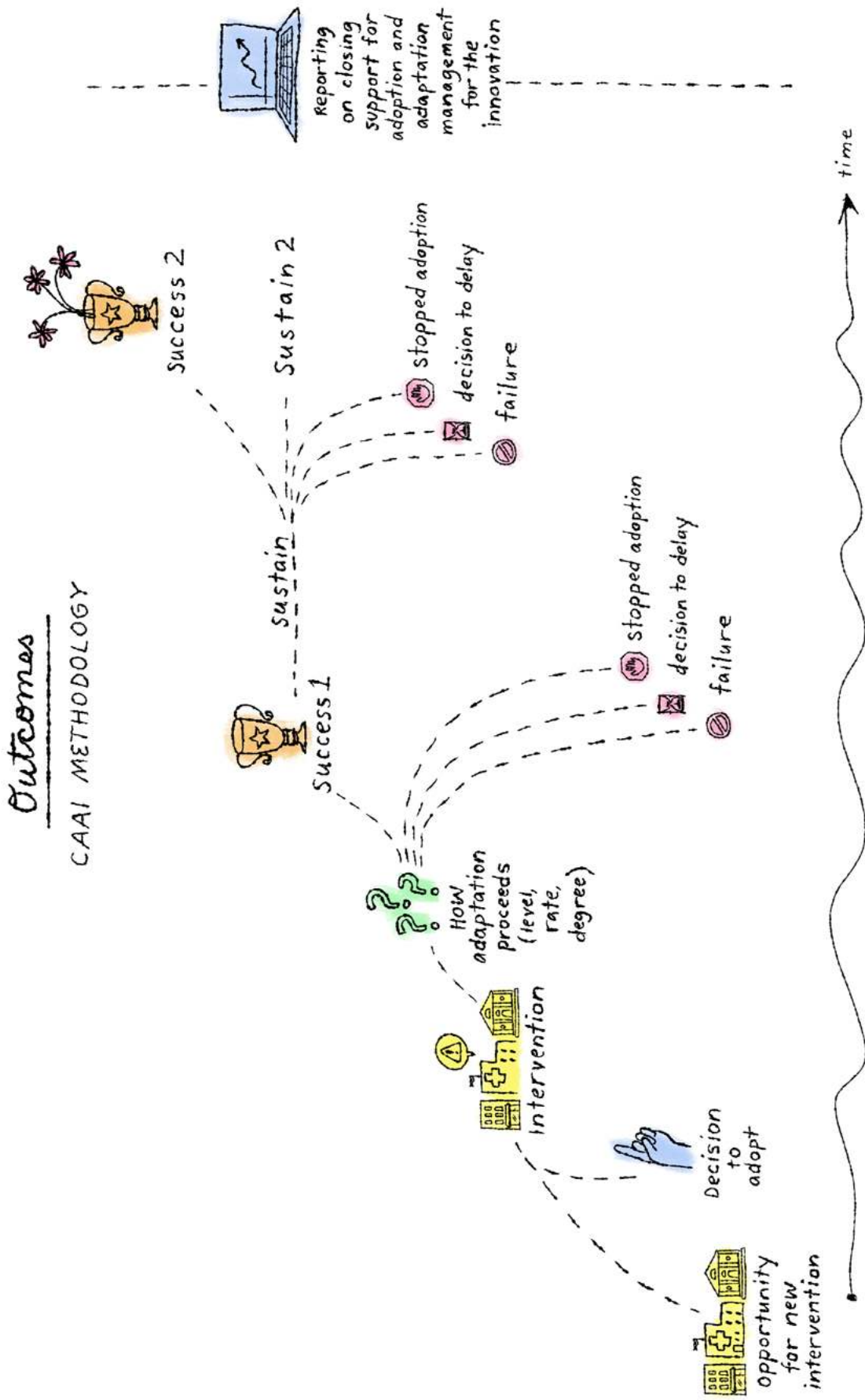


Figure 9. The Outcomes Framework as part of the CAAI Methodology

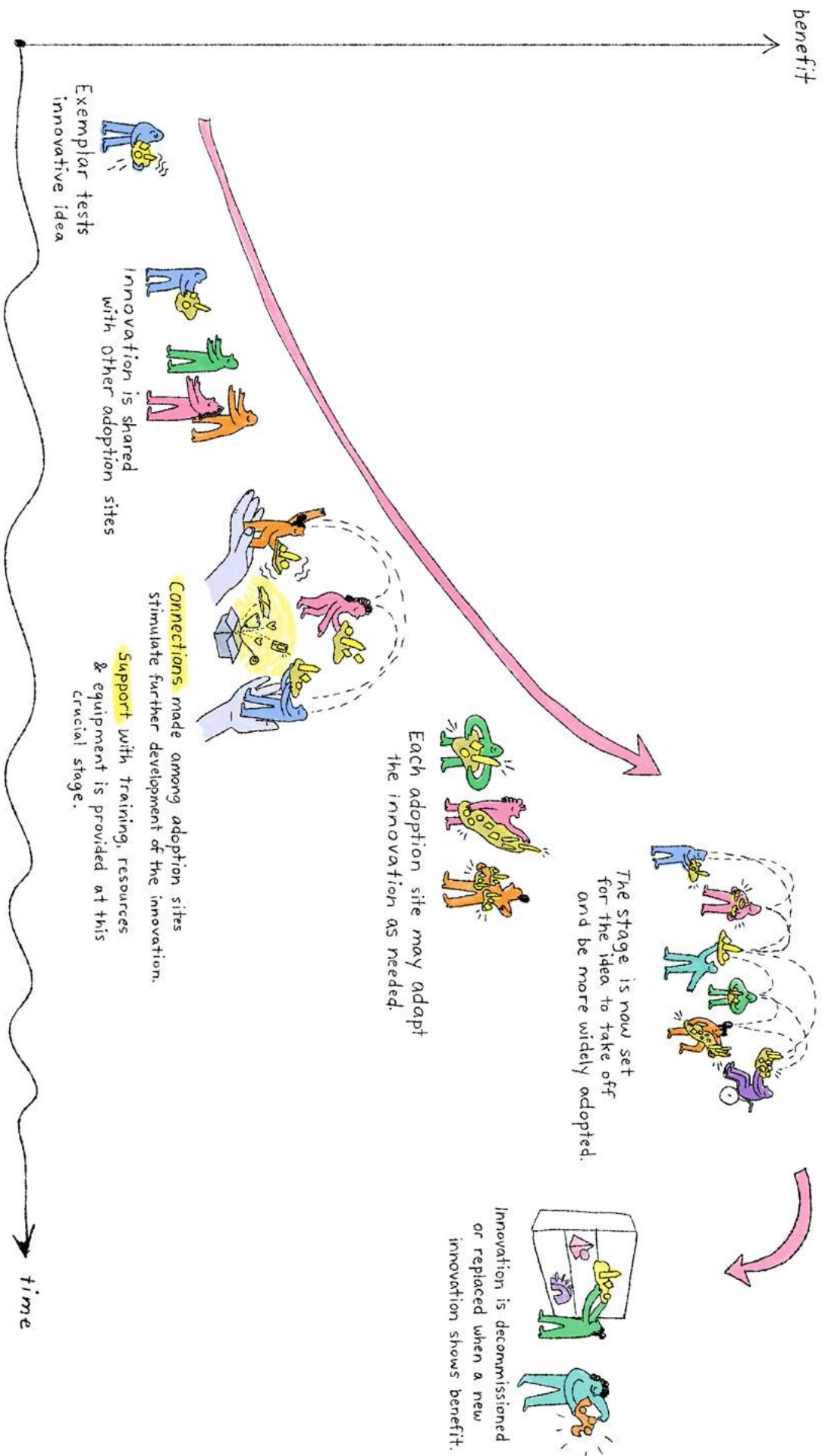


Figure 10. Moving through the sequence of adoption, adaptation and then to de-commissioning (or de-adoption) as part of supporting future adoption of innovation

6.4. Moving through the stages for innovation adopter pathway

From the testing of innovation to supporting spread, there is a sequence followed including within and across organisational boundaries. An innovation may move from the first few adoption sites to many and then to all sites or until it is considered as a routine care or embedded part of the services. This by definition is spread taking place across sites and the system and the sequence is recognisable moving from innovating, opportunities for testing in applied settings, and moving through to impact across the health and care system.

However, it is also important to also consider a potential 'expiry or replacement point' for all innovation based on current research and development pipelines and other insights. This was observed in the A&S Programme at the adoption stage where some Exemplar Innovations were replacing other outdated practices and in some cases de-commissioning of current services may be required for sustained success. As part of future iterations of the CAAI methodology, it is possible to build in the innovation de-commissioning pathway where innovation de-commissioning or de-adoption is supported to take place with minimal risk and at scale (Figure 10).

6.5. In Summary

The CAAI methodology with the Four Steps with the inputs and outcomes frameworks emphasises the connections that need to be made with the associated resources at individual/team level for the adopters. This methodology, with the detailed toolkit developed as part of the A&S Programme, can be used by national and regional teams who are setting up supportive spaces and focussing on faster adoption and spread of innovation. There are more development opportunities for this methodology including exploration of how potential adaptations are tested earlier in the innovator pathway and how de-commissioning/de-adoption of older services and interventions, and how to set up review points in future years for what is deemed to be innovation today.



Recommendations and conclusion

The A&S Programme moves forward the important agenda of how innovation adoption can be supported at a national level. A replicable programme underpinned by the CAAI methodology has been developed through this work and ready for use across organisations and networks.

The CAAI methodology inputs and outcomes framework shows that there are 20 inputs that increases the likelihood of success for adopters. This takes into account the existing evidence and the learning from the A&S Programme. As part of reflecting on future areas for investigation and given the COVID-19 context, here are seven areas for recommendations and action in the near future:

1. Mixing teams, regardless of types of innovations, care pathways and settings, has been shown to be effective, maximising the potential and maintaining momentum where there are disruptions or less support available.
2. The cohort approach with a time-bound programme is efficient and prudent and was able to maintain progress even through COVID-19. Shorter timeframes (6-12 months) can be used to reach the first few adoption sites (usually 3 or more), with longer timeframes (2-3 years) for sustained success and full roll out of larger change programmes.
3. Participants from community services, social care and third sector required more 1-2-1 support as their resources and supportive infrastructure was different to that of Health Boards and Trusts. Further tests are required on how the CAAI methodology can be applied to informal networks, small enterprises and local authorities.
4. Policy, Network and service leaders need to consider how best to resource support for adopters and their teams through this or equivalent programmes. This resource, with the right collaborations, needs to be embedded as part of future performance strategies and plans for decommissioning of services or introduction of new innovations.
5. A strong infrastructure and the right capabilities to support adopters and their associated innovators is needed to ensure effective adoption and spread of innovative ideas. This should be developed as part of future national innovation strategies to accommodate with a diverse set of teams, types of innovations and adoption

sites. This will maximise the use of resources, the likelihood of success, and ensure more rapid spread from the first few doptions sites and to all eligible sites within an organisation, network or country.

6. Finally, it is important to note that adoption of innovation often requires replacing practices and services that is of less value or outdated. Although the focus in the A&S Programme has been on the innovation and its adaptation, more work is needed on how the de-commissioning of services is better supported to achieve sustained success. This is especially relevant when procurement and service commissioning needs to change.
7. The A&S Programme started in the same year that COVID-19 disruptions were experienced across the globe. Although the evidence from research was used as part of the programme, the action learning took place within this health emergency context. It will be important to continue to test and review the CAAI methodology, the inputs and outcomes framework and the design and delivery of the supportive spaces in future years, as part of an evolving innovation landscape for Wales. As well as supporting more immediate impact with the uptake of 12 proven Exemplar innovations in Wales, the methodology has already been put forward to support major areas of work in health and care including for cancer, planned care, mental health and social care.

The findings from this Programme and this report argue that providing substantial support for adopters and developing the infrastructure that moves it beyond the dot on the innovator pathway is long overdue and needed. With new health and care emergencies and challenges expected over the next few decades, the focus needs to be on how clinical and practitioner teams manage the introduction of innovation and de-adoption (or de-commissioning) of less effective and less prudent ways of working. Whether it is a change project or transformation programme, tested methodologies such as that formed through this national A&S Programme are showing that structured and dedicated support increases the likelihood of adoption, adaptation of innovation and therefore spread of the positive benefits and impact.

In conclusion, a new methodology and learning, developed and tested through the national Adopt and Spread Programme is now available. It should now be shared and applied widely. This Programme provides a strong basis from which to continue to learn and evolve to ensure that the great ideas, partnerships and innovations being developed. The priority now is that innovation and change opportunities are not lost, and that they are adopted and adapted to ensure we have a dynamic and prudent health and care system that is fit for the future.



Annexes

Annex 1. Background Information about managing the A&S Programme

Annex 2. Rapid research review for validating the CAAI Methodology Inputs Framework

Annex 1. Background Information about managing the A&S Programme

A1.1. Summary points about the projects and A&S Programme

- A total of 38 Exemplar Innovations were put forward for adoption across Wales and 15 projects were selected when 46 adoption sites were successful in joining the A&S Programme.
- Each project consisted of adoption site lead(s) and the Exemplar with an average of 3 sites per project. This started as around 60 people being directly supported in the programme with their team members coming into network days and learning activities.
- Together with the facilitators, organisational leads and participating partners, and with the additional adoption sites, around 200 people were part of the A&S Programme.
- A team of two supported the day-to-day delivery of the programme, engaging with the teams, and managing the background activities including tracking progress, and administrative tasks such as allocation and monitoring of financial grants. Three senior leaders in the Bevan Commission also provided support in designing the programme and the delivery of workshops and key activities. The team were supported by the Programme Associates who were running workshops and open house sessions for specialist areas of support. On the whole, the delivery team and associates were well-versed in the health and care system in Wales, although the knowledge base varied for contexts. There was a bias towards the acute sector contexts and GP Practices and less familiarity with contexts such as care homes, local authorities and community settings.
- Five Network Days, one Network Day replaced with individual 1-2-1 meetings at the start of COVID-19 disruptions, access to 15 workshops and additional adoption-site-specific support sessions were held led by the Bevan Commission. 12 showcases took place at the end of the programme in May/June 2021.

A1.2. Core team

Group	Membership
Project Sponsors	<p>External Project Sponsors: Ifan Evans, and Jennet Holmes, Welsh Government and Swansea University</p> <p>Internal Project Sponsor: Siôn Charles, Bevan Commission</p>
Programme Team	<p>Dr Rupa Chilvers, Programme Lead and Jo Brown, Project and Communications Manager with contributions on peer to peer and learning sessions from Siôn Charles, Professor Nick Rich and guests.</p> <p>Additional contributors from the wider Bevan Commission activities: Helen Howson, Lisa Rinaldi, Kelsie Ewen, and Hannah Thomas</p> <p>Editorial and toolkit development support: Dr Lauren Barr and Eleanor Shaw (editorial support), and Katie Shelley (illustrator)</p> <p>Communications, online and showcase team: Natasha Russell, Hugh McCann, Henry Fawcett, and Fiona Rourke</p>
Evaluation Team	<p>Professor Nick Rich, PI for the Research and Evaluation, Swansea University</p> <p>Dr Robert Royce, Bevan Commission and Dr Pushp Patil, Researcher, Bevan Commission working closely with Dr Rupa Chilvers and Joanna Brown in the Programme Team</p> <p>Independent Researchers supporting analysis and for toolkit editorial/ illustration support: Dr Natasha Bradley, Dr Simon Carroll, and Dr Manisha Kumar</p>
Steering Group	<p>Cari-Anne Quinn, CEO Life Sciences Hub Wales</p> <p>Chris Martin, Deputy Chairman Bevan Commission/Vice Chair, Life Sciences Hub Wales</p> <p>Helen Howson, Director, Bevan Commission</p> <p>Mansel Aylward, Chair, Bevan Commission/Chair, Life Sciences Hub Wales</p> <p>Ifan Evans, Director Technology, Digital & Transformation, Health & Social Services Group, Welsh Government</p> <p>Len Richards, CEO, Cardiff and Vale UHB and Innovation Lead for all Health Boards</p>

A1.3. Supporting team

Organisation	Group	Name
Aneurin Bevan University HB	Adopt and Spread Leads	David Thomas
	Adopt and Spread Leads	Thomas James
	Finance Academy	Alex Thomas
	Finance Academy	Robert Holcombe
Betsi Cadwaladr University HB	Adopt and Spread Leads	Adrian Thomas
	Adopt and Spread Leads	Lynne Grundy
	Adopt and Spread Leads	Melissa Van Der Bijl
	Finance Academy	Steve Harper
Cardiff & Vales University HB	Adopt and Spread Leads	Ruth Jordan
	Finance Academy	Hywel Pullen
	Finance Academy	Rachel Chivers
Cwm Taf Morgannwg University HB	Adopt and Spread Leads	Charlotte Rand
	Adopt and Spread Leads	Kelechi Nnoaham
	Adopt and Spread Leads	Sandra Davies
	Adopt and Spread Leads	Thomas Powell
	Finance Academy	Julie Coles
	Finance Academy	Kendal Smith
Hywel Dda University HB	Adopt and Spread Leads	Leighton Phillips
	Adopt and Spread Leads	Richard Davies
	Adopt and Spread Leads	Simon Mansfield
	Finance Academy	Jennifer Thomas
Powys Teaching HB	Adopt and Spread Leads	Amanda Edwards
	Adopt and Spread Leads	Howard Cooper
	Finance Academy	Greg Chambers
	Finance Academy	Howard Dray
Swansea Bay University HB	Adopt and Spread Leads	Christine Morrell
	Finance Academy	Paul Harry
Finance Academy	Adopt and Spread Leads	Glenda Branken
	Adopt and Spread Leads	Rebecca Richards
	Finance Academy	Glenda Branken
Finance Delivery Unit	Finance Academy	Alex Thomson
Health Education and Improvement Wales	Finance Academy	Rhiannon Beckett
NHS Wales Health Collaborative	Finance Academy	Rob Tovey
NHS Wales Informatics Service	Adopt and Spread Leads	Joanna Dundon
	Adopt and Spread Leads	Matthew Perrott
	Finance Academy	Mark Cox
NHS Wales Shared Services Partnership	Adopt and Spread Leads	James Griffiths
	Finance Academy	Alison Ramsey

Organisation	Group	Name
Public Health Wales	Adopt and Spread Leads	Rhiannon Beaumont-Wood
	Adopt and Spread Leads	Timothy Kelland
	Finance Academy	Angela Fisher
	Finance Academy	Timothy Kelland
Velindre Cancer Centre	Adopt and Spread Leads	Philip Webb
	Finance Academy	Matthew Bunce
Welsh Ambulance Service NHS Trust	Adopt and Spread Leads	Grayham Mclean
	Adopt and Spread Leads	Vince Baglole
	Finance Academy	Jillian Gill
Welsh Government	Adopt and Spread Leads	Jennet Holmes

A1.4. Major Deliverables

- Recruitment and support for 15 Exemplar Innovations and 54 Adoption Sites involving around 200 people including the showcases.
- Managing a supportive space for Adoption sites including 5 network days, 15 workshops (in-person and moving to online), 1-2-1 support, substantial support for adaptation of innovation, hosting information briefings,
- Managing grants and resources to support the adoption sites and Exemplars including connecting and working with communications specialists to develop project and showcase materials
- Hosting 12 Showcases online for the teams per innovation with shared resources
- Development of the CAAI methodology including trying and testing the mechanisms for supporting adoption and spread with shareable resources
- Publication of the CAAI Inputs and Outcomes Framework to inform future national and regional teams and networks in health and care
- Coordination and close working with innovation leads in Wales
- Completion of an interim report and final report with learning and insights

Annex 2. Rapid research review for validating the CAAI Methodology Inputs Framework

The CAAI Methodology uses the Inputs Framework developed by Professor Nick Rich, Swansea University. As part of the A&S Programme, the inputs were validated using the latest research evidence. A rapid literature review was carried out with manual sifting and around 50 articles being identified as relevant to their CAAI Methodology. An external researcher specialising in health systems change and implementation science screened these studies and selected a subset of highly relevant reports to review in depth. A total of 21 reports were included in the review and informed the final outputs for the CAAI Methodology.

The Inputs Framework combines 20 inputs, and they were broadly consistent with the research literature. The findings from research shows that these inputs are all part of a multi-level, complex dynamic system, with multiple causal loops and feedback mechanisms between the components. These are not separable independent variables, but are causally intertwined and dynamically interactive. The arrows used in the Inputs framework presented as part of the CAAI methodology illustrate some of the combinations and linkages that need to be considered as part of an overall complex adaptive system. There are also opportunities to incorporate new inputs or expand visibility of some areas based on the research findings. In this annex, we present the six areas reported on as aligned with the research, and a further four areas that can be reviewed as part of refining the Inputs Framework and future research and programmes of work for innovation adoption, change and transformation.

A2.1. Consistent with the research: History of Change

This is one of the key components to consider when thinking about the organizational preparedness to adopt innovations. It strongly supported in the literature, particularly in relation to the admonishment to pay attention to 'context' (Bate et al., 2014; Horton et al., 2018; Rycroft-Malone et al., 2013). It was also a key mechanism of an additional study (Best et al., 2012) not included in this review due to its focus on 'large system transformation', but much of the lessons there are transferrable to this topic. Historical

context is conceptualized as happening at multiple levels (Bate et al., 2014; Rycroft-Malone et al., 2013). In relation to the question of organizational memory, we know that the adopting organization will have individuals within it (managers, clinicians, administrative staff) that have institutional memories (often elaborated and framed through narratives) about previous reform/innovations, including their memories of specific individuals in their local/regional clinical and managerial networks and how they acted, and with specific organizations identified as initiators of reforms/innovations.

A2.2. Consistent with the research: Goals

Along with the emphasis in the literature on creating a common vision for the organization in relation to innovation adoption, specific goals must be set that highlight the significance for the organization of the particular innovation and establish clarity concerning the expected outcomes of its adoption and successful implementation. This latter point is connected with how closely an adoption follows the original innovation (fidelity), and whether similar outcomes can be expected when implemented in the new organizational context. Horton et al. (2018) and Rycroft-Malone et al. (2013) suggest that it is important to have realistic goals from the outset, and that constraining and enabling local conditions must be taken into account when considering realistic goals, including whether significant adaptations need to be made to the innovation in order to implement it successfully.

A2.3. Consistent with the research: Leadership

One of the most consistent messages in the research on the adoption and spread of innovations in health care systems is that strong leadership is critical for success. While early work tended to emphasize top down executive leadership, with various leadership styles vying for pride of place as the magic bullet for innovation and adoption, more recent work has emphasized a combination of leadership styles (transformative vs. transactional, opening vs. closing) as important. However, much of this work is rooted in private sector business models, where the taken for granted hierarchical authority of management is biased toward assuming that top-down leadership can be effective by itself. Some have noted that transformational and visionary leadership may be necessary to provide comfort for organisational members to take risks and be open to seeking out and adopting innovations (opening). However, it may be that more structured and transactional type leadership is necessary for follow through on implementation, evaluation and adaptation of innovations to local organizational contexts (closing), including emerging strategic priorities.

A2.4. Consistent with the research: Communication

Communication is identified in the literature as an important category in a variety of ways. First, there needs to be clear and iterative inter-organizational communication between innovators and adopters concerning the nature of the innovation and the context within which it originated. These types of communications can happen via diverse documents and artifacts, and other communication materials, along with in-person discussions and dialogues (oral presentations, meetings, workshops, etc.). Second, there needs to be open and honest intra-organizational communication within the adopter organization, between upper management/executive, middle management, frontline clinical staff, and administrative support staff. This is especially the case around vision, goals, strategy, evaluation and monitoring, measurements of progress and organisational incentives to meet targets. Third, leadership style is once again relevant in setting an overall communication style for the organization, as this is connected to sustaining a learning culture, open to innovation and quality improvement in general.

A2.5. Consistent with the research: Teamwork

Most of the articles reviewed touched on teamwork as an integral component of successful adoption processes, with supportive teams directly conditioned by effective leadership and communication. However, there is some ambiguity concerning whether teams are mainly ones that have been set up specifically to introduce and implement an innovation, or whether the issue is the successful cooption of existing practice teams to become willing and enthusiastic adopters. The former approach has to manage expectations and figure out whom the key players are in an organization to get on side and recruit to a team. The latter often conceptualizes existing teams as potential barriers or challenges for adoption. In addition, there is evidence that certain layers of staff, particularly administrative workers, don't see themselves as part of the 'team', which they identify as an exclusively clinical arena of action.

A2.6. Consistent with the research: Resources

Resources are consistently identified as foundational for successful adoption processes. A key challenge is identifying, up front, realistic costs for the adoption of innovations. Often resources are lacking for ongoing support for integration and adapting work processes and systems for innovation, which can undermine successful adoption and/or sustainability. Resources are human, financial, material and informational in the way it was considered in the literature. The concept of organisational readiness for change and innovation was closely tied to actor's perceptions of their organization's dedicated

resources to manage change, and the commitment to investing in change. One of the key difficulties in health care organizations is that there are often misalignments between an organization's rhetorical commitment to innovation and change, and its budgeted commitments to support innovation and change processes.

A2.7. To be considered for future development: Context

While the CAAI Methodology aims to provide an overall picture of the organisational 'context' within which adoption and spread of innovation takes place, it is worthwhile reflecting on the concept itself, and what the literature has learned about it over the past few decades. Bate et al. (2014) provide a unique summary of many of the key issues related to considering the context of innovation adoption and quality improvement, but of course, 'context' as a word at least, is seemingly ubiquitous in the organisational change literature.

There are several key ideas that need to be considered in relation to context that have a profound influence on how the overall model or framework for change (such as the CAAI Methodology) or innovation adoption and spread is conceptualized. First, context is not a thing, or an objective set of factors to be simply measured as variables and put in its place; it is the result of an ongoing, intersubjective process of interpretation and action, where actors are embedded in and react to local conditions that they themselves have co-constructed as context. While there are real material forces and 'things' that make up an organisational context; it is only how they are perceived and interpreted (or misperceived and misinterpreted!) that they enter into our relevant conditions of action. This means that all of the features of context (however they are listed) become relevant to an implementation process because a specific set of (changing) individuals build ways of knowing (metaphors, narratives, images, numbers, formulas) and representing to themselves and others just what is, or is not relevant.

Context is usually represented in models as part of a triangle that includes: the specific intervention, innovation, or 'evidence guideline'; the 'context'; and, the process of implementation or facilitation (McCormack et al., 2002; Pettigrew & Whipp. 1991; Rycroft-Malone et al., 2004; Rycroft-Malone et al., 2013). While this is normally understood to be a dynamic interaction, too often context gets represented as a series of static dimensions, that are then thought of as a map of territory to be controlled and manipulated, in order to better accomplish whatever quality improvement or change objective is aimed at. However, if context is actually a process itself of 'contextualization', then how the features of the context become relevant is constantly changing, as a function of temporality/ history, the changing sets of key actors, and how each contextual feature interacts with others as part of a dynamic complex adaptive system.

A2.8. To be considered for future development: Nature of Innovation/ Technology

The CAAI Methodology focuses on the organisational context and the adoption/ sustainability pathway. For this reason, it does not have an explicit focus on the nature of the innovation itself, or its material implications. However, given that 'History of change' is considered an 'input', it makes sense to add nature of innovation/technology as another key input. In fact, this would help account for the 'innovation-system fit' literature that focuses on the relationship between the particular innovation and the receptive organisational context. Two significant recent studies add to our understanding of the importance of the nature of the innovation/technology. Horton et al. (2018) focus on how some innovations are more simple than others, in terms of being able to be replicated in novel settings; however, they note that for more complex interventions (many so-called 'simple' innovations end up fitting this description once unanticipated complexity is taken into account), the problem of replication can be intractable and requires much more careful decisions about communication and support between innovators and adopters.

They note that three features of interventions can make them more or less complex:

- Multiple independent or interacting components;
- Context-embeddedness; and
- Complex causal pathways.

A2.9. To be considered for future development: Organisational Receptiveness and Readiness

Again, this is an overarching category, initially spelled out by Pettigrew and colleagues in terms of specifying 'receptive contexts' for change and innovation (Pettigrew & Whipp, 1991), that encapsulates the eight key factors they saw as contributing to a receptive context, many of which are already central to the CAAI Methodology. Greenhalgh et al. (2004) followed up on this work in their review of the diffusion of innovations literature and made receptive organisational context a key dimension of their synthesis. Later, other authors made the connection between organisational receptiveness and the more social psychological concept of collective organisational readiness (Weiner, 2009), that focused on collective efficacy and motivation for change. This latter concept sees receptiveness as a necessary condition for readiness, but not a sufficient one. One element that many authors point to is the role of environmental pressures or tension for change (Pettigrew & Whipp, 1991; Greenhalgh et al., 2017; Weiner, 2009).

A2.10. To be considered for future development: Collaboration

All the most desirable tropes of 'participation', 'empowerment', and 'equity' are centred around how to shape the adoption implementation process as a genuinely collaborative endeavour. Collaboration is understood at many levels, including between innovators and adopters, management and clinical professionals, patients/clients/citizens and their care providers, and between the different care professionals themselves. If there was one key mechanism to identify as the lynchpin for successful innovation and adoption it would be collaboration. It is important to note that this is not a straightforward concept. For example, there is evidence that medical doctors can interpret inter-professional work practices as 'collaborative', while other professions (e.g. nurses, social workers, counsellors) see those same interactions as lacking sufficient collaboration (Hills, Mullett & Carroll, 2007). Certainly, there is evidence that where we see identified innovation success and highly receptive, learning organizations, we also invariably see organisational members describing their work processes as collaborative (Krein et al., 2010).

A2.11. In Summary

The rapid review carried out as part of validating the Inputs Framework shows that the inputs are broadly consistent with the existing research and published frameworks, with six covered in this Annex. There were four areas highlighted that could be considered in the future as part of the Inputs framework including a greater emphasis on the organisational context, the nature of the innovation/technology, organisational receptiveness and readiness, and how genuine collaboration is achieved. The extent to which these need to be included as inputs requires can be explored further as part of future research.

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