Author's response to reviews

Title: Implementation of collaborative governance in cross-sector innovation and education networks: evidence from the National Health Service in England

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Author's response to reviews: see over
Dear Dr Turner,

MS: 2648565991244238 - Implementation of collaborative governance in cross-sector innovation and education networks: evidence from the National Health Service in England

Further to your correspondence of 24 July, 2014, I am writing on behalf of all authors to thank you and the Reviewers for considering our manuscript. We believe that the Reviewers’ comments and suggestions have helped us improve the quality of the manuscript, and we have mentioned the Reviewers in the Acknowledgements.

As requested, please find overleaf our specific responses with a point-by-point description of the changes made. We attempted to address the Reviewers’ comments and suggestions, while balancing changes with the need to avoid lengthening the manuscript excessively.

All authors read and approved the final version of the revised manuscript.

With best wishes.

Yours sincerely,

Alastair M Buchan (corresponding author on behalf of all authors)
Reviewer: Roman Kislov

Reviewer’s report:
This is a well-written paper providing some new evidence on a previously underresearched aspect of inter-organisational and intersectoral collaboration. It has great potential in terms of publishability but some more work would be required to maximise the impact of the study by positioning it in the context of existing literature and spelling out a number of (theory-informed) generalisable conclusions.

1. Is the question posed by the authors well defined? Yes.
2. Are the methods appropriate and well described? Yes.
3. Are the data sound? Yes.
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes.
5. Are the discussion and conclusions well balanced and adequately supported by the data? Yes but the discussion needs further elaboration – see below.
6. Are limitations of the work clearly stated? Yes.
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes but the reference list seems rather thin at the moment.
8. Do the title and abstract accurately convey what has been found? Yes.
9. Is the writing acceptable? Yes.

Response: We would like to thank the Reviewer for careful and thorough consideration of the manuscript and for providing us with valuable comments and suggestions to maximise the impact of the study.

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached):
1. The subsection entitled ‘NHS innovation landscape’ is very helpful but needs some further expansion and analysis. I would suggest that the authors should:
   a) Reconsider the heading: Is this subsection really about innovation? Perhaps, its main focus is on collaboration?
      Response: According to the Reviewer’s suggestion, we have expanded this subsection. We have also reconsidered and changed the heading from “NHS innovation landscape” to “Cross-sector collaborative governance in the NHS”.
   b) Bring in some evidence from emerging empirical literature on the collaborative initiatives in healthcare, such as the CLAHRCs;
      Response: For each of the initiatives considered in this subsection, we have scoped the emerging empirical literature and mentioned its key themes. This scoping exercise has helped us strengthen the argument that currently there is a paucity of evidence about the implementation of collaborative governance arrangements.
   c) Make clearer the similarities and differences between the HIECs and other collaborative initiatives described – perhaps in a tabular format;
      Response: We are grateful to the Reviewer for the suggestion to clarify the differences and similarities in a tabular form. We have designed a new table (Table 1) to summarise differences and similarities in partnership composition, description of activity, and provision of new resources between the collaborative initiatives considered in this subsection.
2. The paper would benefit from discussing the findings of the study in the context of existing literature on collaborative governance. What theoretical significance do the authors’ findings have?

Response: We agree with the Reviewer’s point. In order to analyse what is distinctive, as well as what is common, about the implementation of collaborative governance in HIECs, we have used a theory-based framework that focuses on the implementation of external mandates:


In the Discussion section, we have discussed our empirical evidence in the context of the theory-based propositions derived from this framework. At the end of the Discussion section, we have also used theory-based insights from CLAHRCs to discuss our findings in the context of the existing literature on cross-sector health collaborations.

To what extent are they applicable to other collaborative partnerships in healthcare (particularly to the AHSNs)?

Response: We believe that, to a large extent, our findings will be applicable to other collaborative partnerships characterised by a vague mandate with the provision of a small amount of new resources, above all, the AHSNs. Moreover, the Montjoy and O’Toole framework has a potential to promote organisational learning between different cross-sector health partnerships by identifying partnerships with similar mandate characteristics. In addition to the relevance of our findings to AHSNs, the framework highlights that the findings from NIHR CLAHRCs will be most relevant to NIHR BRCs and NIHR BRUs, which are all characterised by a specific mandate with the provision of new resources.

How do the findings change our understanding of inter-organisational and intersectoral collaboration?

Response: Our findings show that in mandated inter-organisational and intersectoral collaborations mandate characteristics influence implementation responses. Our findings provide first comprehensive empirical evidence about the implementation of collaborative governance arrangements and practices in HIECs, which represent cross-sector health collaborations characterised by a vague mandate with the provision of a small amount of new resources.

It may well happen that addressing these issues will need to be accompanied by providing a more extensive literature review in the beginning of the paper – this is however for the authors to decide.

Response: After a careful consideration, we have decided not to conduct a new full-scale literature review because we believe our current review has picked up the most relevant publications, includes two comprehensive reviews:


Nevertheless, we have scoped the emerging empirical literature on the recent cross-sector health collaborations in England to strengthen the subsection on “Cross-sector collaborative governance in the NHS”. This emerging literature was not for the most part included in our review, and so we are grateful to the Reviewer for their suggestion to rectify this.

3. Figure 1 at the moment seems quite controversial – what evidence has been used to assign different collaborative initiatives along the two dimensions? What are the criteria used to determine the strength of the mandate and the amount of resources? Do you really need this figure?

Response: Taking into consideration the comments of Reviewer #2 and Associate Editor, we have decided to retain the figure and supplement it with Table 1, which provides evidence to assign different collaborative initiatives along the two dimensions. As for determining the strength of the mandate and the amount of new resources, we treat mandate characteristics as yes/no dichotomies in order to reduce the complexity of the phenomena under investigation for analytical purposes. Thanks to the Reviewer’s comments, we realise that this might be a potential limitation of our study because both the description of expected activity and the provision of new resources vary between different partnerships and therefore can be better represented as continuous variables. We have explained this in the limitations section as an additional limitation.

Reviewer: Christopher Burton
Reviewer's report:
This paper reports a mixed methods evaluation of the HIEC programme in NHS England. Although this programme is now morphing in a new political context, the paper has the potential to offer some insights into the impacts of related programmes which seek to accelerate innovation in healthcare through organisational collaboration.

Response: We would like to thank the Reviewer for careful and thorough consideration of the manuscript and for providing us with valuable comments and suggestions to improve the quality of the manuscript.

The focus on HIEC ‘implementation’ will point some readers to theories, models and frameworks for either practice or policy implementation, none of which are considered as programme theories within the paper. It might be helpful to point the reader to the particular focus of the paper in this respect. Most of the findings refer to governance and impact, rather than the organisational changes associated with the setting up of the collaborative.

Response: We are grateful for the Reviewer’s suggestion to point the reader to the particular focus of the paper. We have now pointed out consistently throughout the paper that its focus is on the implementation of collaborative governance in mandated partnerships rather than on the implementation of HIEC activity or organisational changes associated with the setting up of the
collaborative.

Figure 1 is helpful, more in highlighting the ‘crowded landscape’ of organisational programmes driving the development of healthcare in England. However it may be helpful to include more text summarising the consistencies and differences in the various programmes listed.

**Response:** As per the Reviewer’s suggestion, we have included more information about the consistencies and differences in the programmes, both in the text and in Table 1.

As a collaborative structure for research, I wondered why the UK research network infrastructure was excluded?

**Response:** We are grateful to the Reviewer for drawing our attention to the UK Clinical Research Network infrastructure. We agree with the Reviewer that the NIHR Clinical Research Network (CRN), i.e. the English component of the UK Clinical Research Network, can be considered as a collaborative structure for research: [http://www.ukcrc.org/research-infrastructure/clinical-research-networks/clinical-research-networks-in-england/](http://www.ukcrc.org/research-infrastructure/clinical-research-networks/clinical-research-networks-in-england/)

However, we have decided against including the NIHR CRN in our analysis for the following reasons:

- The NIHR CRN is a network of networks rather than a network partnership on its own right. Until 2014, it comprised a total of 102 Local Research Networks across six topic-specific networks, a primary care research network, and a comprehensive research network. It has been recently transformed into 15 Local Clinical Research Networks (LCRNs) with a single national NIHR CRN Co-ordinating centre.
- The NIHR CRN is formally construed as a sector-wide network of networks, rather than a cross-sector network partnership because the formal membership in LCRNs is limited to NHS provider trusts, primary care organisations and any other qualified providers of NHS services.
- Although NIHR LCRNs collaborate with universities and industry, and in some NIHR LCRNs clinical academics occupy leadership positions, NIHR LCRNs are managed by a single national co-ordinating centre, which limits the extent of collaborative governance in NIHR LCRNs.

Therefore, after a careful consideration, we have decided not to include the NIHR CRN in the current analysis of cross-sector collaborative governance in the English NHS.

There is very little consideration of any existing evidence of ‘what works’ in organisational collaboration around innovation. The NIHR HSDR has commissioned a number of studies which may help in this respect.

**Response:** We are grateful to the Reviewer for challenging us to consider “what works”. It is beyond the scope of the current paper because “what works” deserves special attention. We are currently examining “what works” in a separate project on “Establishing and developing cross-sector collaborative innovation in the NHS in England”. To this effect, we advocate in the Conclusion further research to help analyse comparatively the influence of different governance characteristics on performance outcomes in cross-sector health.
collaborations in order to determine “what works, for whom, how, and in what circumstances”. We are also grateful to the Reviewer for the reference to the NIHR HSDR studies, a number of which we have used while revising the manuscript according to the Reviewers’ suggestions.

The population, sampling and methods are clearly described, although I wasn’t clear how the different forms of data have been synthesised.

**Response:** In the methods section, we have provided a paragraph to explain how the different forms of data have been synthesised.

The finds are quite weak, and analytically do not appear to extend beyond the concepts and items included in the SAGA questionnaire completed by participants as part of the on-line survey. The discussion section accurately reflects the findings, but these are not extended in the wider literature around organisational collaboration in healthcare. As the authors indicate on page 88 that the HIEC focus of the study is exemplary rather than specific, then this is a missed opportunity.

**Response:** We are grateful to the Reviewer for their critical assessment of the significance of our findings. In order to increase the significance of our findings, we have extensively rewritten and extended the former subsection on “NHS innovation landscape” and the Discussion section. We have also drawn on the Monjoy and O’Toole framework to better justify the focus of the study. We also appreciate that there is an opportunity to extend our analysis beyond the concepts and items included in the SAGA questionnaire in the context of the Montjoy and O’Toole framework, but that is beyond the scope of the current paper. We are extending our analysis beyond the framework and concepts of the current paper in a separate project on “Establishing and developing cross-sector collaborative innovation in the NHS in England”.

In relation to the study findings, I have some queries about the following points:

**L234 – what was the alternative to project-driven networks?**

**Response:** The official DH guide for applications to create HIECs (“Breakthrough to real change in local healthcare”) suggested a number of alternatives that could meet the DH’s requirements necessary for an effective governance structure, including:

- joint ventures, co-operating through a company or partnership structure;
- community interest companies, limited by shares or by guarantee and having access to a range of financing options;
- charities; and
- companies limited by guarantee (charitable corporations).

Our findings indicate that none of the HIECs were incorporated or registered as a charity.

**L247 – what was the scope and scale of these projects? Did different types of projects play out differently?**

**Response:** We agree with the Reviewer that it is reasonable to assume that different types of projects play out differently, but unfortunately we did not collect any empirical data on the projects because that was beyond the scope of our research. However, we know from previous research that 17 HIECs were
responsible for 213 projects during their two-year lifespan and that the majority of these projects focussed on scaling of innovation/evidence based practice and on multi-professional workforce development. We have mentioned and referenced this study in the section on “Partnership termination, succession, and legacy”.

L268 – where HIECs were hosted in different organisations, how were governance arrangements assimilated? Did this play out differently in NHS and HEI contexts?

Response: We appreciate this comment. As discussed in the section on “Decision-making authority and dynamics”, HIEC governing bodies exercised largely independent decision-making authority within their mandate, and the corollary is that the hosting arrangements did not affect HIECs’s decision-making authority. The initial governance arrangements of HIECs had to be sufficiently robust to satisfy the host organisation, but we did not find any evidence to suggest that they assimilated governance practices from their host organisation. All HIECs valued independence from their host organisation, and there were no significant differences identified in the nature of the hosting arrangements by virtue of HIECs being hosted in different sectors.

L241 and 288 – there appears to be a contradiction around membership fees which could usefully be clarified.

Response: This comment refers to the fact that although none of the HIECs granted membership on a basis of paying a membership fee, in those HIECs that had membership fees, only paying members had voting rights. We have explained in the section on the Governing body that although participation in governance activities for non-voting and non-fee paying members was limited, they still were able to participate in HIEC activities.

L324 – I wondered what the strength of evidence for this was given the roles that were sampled in this study?

Response: We assume that the strength of evidence regarding the implementation of collaborative governance is reasonably high because we surveyed HIEC directors who had first-hand knowledge and experience of collaborative governance. At the same time, as noted in the limitations section, HIEC directors may be biased. Surveying and interviewing the entire population of HIEC board members or partners might have yielded different results.

Major Compulsory Revisions
Provide a theoretical justification of the selection of the HIEC as an exemplar of collaborative governance in healthcare

Response: We have used a theory-based framework to classify the six cross-sector health partnerships that followed a permissive approach to governance into different types. The HIEC mandate represents partnerships with Type A mandates, i.e. vague with new resources. Therefore our findings will be most relevant to other Type A partnerships, but also, to a lesser extent, to other cross-sector health collaborations that share with HIECs only one characteristic, i.e. either a vague mandate or the provision of new resources. We have also stressed throughout the article that HIECs represent an “example” of collaborative governance, rather than an “exemplar”.
Associate Editor's comments:
Thank you for submitting your manuscript to BMC Health Services Research. I have now received reports (attached) from two reviewers of your paper, both of whom suggest that your manuscript needs major revisions.

Kislov asks for the paper to be positioned in the existing literature and for theory-informed and generalizable conclusions that emerge from the study and makes some specific points about how to improve the paper in each these areas.

Response: We have attempted to better position our paper in the existing literature, and we have used a theory-informed framework throughout the paper. Because we have achieved a 100% response rate, our findings are generalisable to the entire population of HIECs. We have also argued that our findings are generalisable to other mandated cross-sector health partnerships with similar mandate characteristics.

Burton asks for clarification about the focus of the paper, greater consideration of existing evidence on collaboration for innovation, in the methods section the approach to data synthesis, a series of queries regarding the study's findings, and justification of HIEC as a meaningful example of collaborative governance in relation to health care.

Response: We have clarified the focus of the paper; we have given a greater consideration to existing evidence on collaboration for innovation in the English NHS; we have explained our approach to data synthesis; and we have addressed the queries regarding the study's findings. We have also drawn on the Monjoy and O'Toole framework to provide a theoretical justification of the selection of the HIEC as a meaningful example of collaborative governance in relation to health care.

Both reviewers also ask you to review Figure 1, which I think is useful, but needs elaborating to show similarities and differences between the programmes, as well as attention to other infrastructures that are missing as the reviewers suggest.

Response: After a careful consideration, we have decided to keep Figure 1 as it is, and include more information about the similarities and differences between the programmes, both in the text and in Table 1. We have considered the other suggested infrastructures, but have decided not to include them in our analysis of cross-sector collaborative governance because they are limited to a single sector and to a large degree managed centrally.

**It would be useful to see a tracked changes as well as clean version of the manuscript.**

Response: As requested, we have submitted both a tracked and a clean version of the revised manuscript.