NHS
Institute for Innovation and Improvement

Creating the Culture for Innovation

A Practical Guide for Leaders

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Executive summary

The ability to innovate is important for the future success of NHS organisations and health systems, especially as resources become constrained. We have identified seven key dimensions of culture that distinguish highly-innovative organisations. These dimensions form a framework which leaders can use to assess and enhance the culture for innovation within their own organisation. Relatively simple changes in behaviours and leadership processes can have great impact on the culture for innovation.

Leaders have a disproportionately large effect on the cultures of organisations and systems. By their behaviours, leaders create the conditions that either hinder or aid innovation.

This guide is a resource for clinical leads, managers, commissioners, executives, and innovation and service improvement leads in NHS provider, commissioning, and regulating (e.g., SHA) organisations, who, either by themselves or through coaching others, wish to assess and enhance the cultures for innovation in their teams, departments, organisations and systems.

The guide describes the literature base behind the seven dimensions of culture for innovation, gives guidance on three applications for the framework, and provides 37 practical tips and examples of ways to enhance the culture for innovation in organisations and systems.

A shorter companion guide for senior leaders, *Creating the Culture for Innovation: Guide for Executives*, is also available from the NHS Institute. It provides an overview of the concepts, and an abbreviated list of practical tips for leaders.

"Strategies and processes alone are not sufficient to drive the degree of change we are seeking… the NHS should focus on tackling the behaviours and cultures in the system that stand in the way…"

David Nicholson, Chief Executive of the NHS
NHS Annual Report 2009

Introduction

Innovation and the NHS today

While there have been impressive improvements in outcomes and services in the NHS over the past decade, this has also created ever-rising patient and public expectations for something even better. The current global financial picture means that over the coming years we need to deliver an even higher quality NHS, providing even better patient experiences of care, but with less resources. Innovation is needed to deliver these expectations. We need leaders at all levels who can support and create a culture in their teams, departments, organisations and health systems that channels the energy of all staff into thinking differently.

While in a recent study[1] innovation was identified as a priority in 59% of NHS organisations, two-thirds of NHS staff respondents stated that they were not adequately supported to undertake innovation activities, and more than one-third said that developing and embedding an improvement culture was a challenge in their organisation. We need to rise to the challenge to build and utilise the confidence, skills, wisdom and experience of the entire workforce for the task ahead.

"Without innovation,public services costs tend to rise faster than the rest of the economy. Without innovation, the inevitable pressure to contain costs can only be met by forcing already stretched staff to work harder."

Mulgan G. & Albury D. (2003) *Innovation in the public sector.*
Strategy Unit, London 2008.

1 Visit our website for more information on the full report, NHS Innovation and Improvement Survey 2009 Report at www.institute.nhs.uk/innovation

Guide to creating the culture for innovation

This Guide is part of a series of resources for innovation from the NHS Institute for Innovation and Improvement (see box). It is a resource for clinical leads, managers, commissioners, executives, and innovation and service improvement leads, in NHS provider, commissioning, and regulating (e.g., SHA) organisations, who, either by themselves or through coaching others, wish to assess and enhance the cultures of their teams, departments, organisations and systems along the dimensions of culture for innovation.

A condensed Executive's Guide is also available. Visit our website for more information, *www.institute.nhs.uk/innovation*

A word about terminology…
Throughout this guide we will use the terms 'organisation' and 'system' interchangeably. You should interpret this as it relates to the various settings in which you work. For example, as a clinical lead or manager, or executive in a provider organisation, you may be mainly interested in creating the conditions for innovation in your team, service, department, or Trust. Commissioners, or clinical or managerial leads of pathways of care, will be interested in creating the conditions across a system that spans organisational boundaries. Innovation and service improvement leads might be working at various times on projects within or across organisational boundaries. The concepts, tips and tools apply equally well to all these settings.

This guide describes:
- the seven dimensions that impact on culture for innovation
- three ways to use the framework of the seven dimensions to identify and address gaps
- the NHS Institute's online Culture for Innovation survey and benchmarking tool
- thirty-seven tips for enhancing the culture for innovation

Other resources available from the NHS Institute for Innovation and Improvement include…
www.institute.nhs.uk/innovation

Thinking Differently is a comprehensive guide, aimed primarily at front-line staff, that provides a three-step process and 14 tools for stimulating innovative thinking. It is written in an engaging style and filled with images and examples that bring the concepts to life.

Making a Bigger Difference is a resource that describes a thinking process and tools to help assess how innovative an idea is and to stretch thinking about what might be even more innovative. There is a version targeted for commissioners and one for front-line staff and leaders in provider organisations.

Creating the Culture for Innovation describes the necessary elements of organisational culture that evidence shows are critical to enabling innovation. More than a concepts-only resource, it describes how to assess organisational culture and what actions leaders can take to change things. There are two versions of this resource: an executives' guide and a comprehensive practitioners version with even more tips, tools and examples (which you are reading now).

Experience Based Design (ebd) is a suite of products developed in close collaboration with patients and staff from healthcare organisations. It supports teams to better understand the experience of care – both for patients and carers receiving it and staff, teams and organisations delivering it. The suite includes an introduction and film about experience based design, the *ebd Guide and Tools* book providing a range of tools and techniques, and the *ebd Concepts and Case Studies* book providing illustrations of how people have used these approaches to radically transform care.

What do we mean by innovation?

The NHS Institute's guide, ***Making a Bigger Difference***, defines 'innovation' as:

Innovation: *Doing things differently, and doing different things, to create a step change in performance*

The terms 'innovation' and 'improvement' are commonly used interchangeably and there is little value in analysing this in detail. What really matters is whether the change makes a small or large difference – that is, whether it is an incremental or step change in performance and thinking.

	Incremental change	Step change
Performance Gain	Small – medium	Medium – large
Underpinning thinking about the "way it has always been"	Largely unchallenged and unchanged	Fundamentally challenged and changed

Both incremental change and step change are useful and desirable. However, because a step change challenges "the way it has always been," organisational culture is an even stronger factor in determining whether the change occurs.

What about the spread of change?
Spread is a related, but independent issue that, in the end, dictates the overall impact of a change. While an incremental change may have only a small impact in the setting in which it is first implemented, it can have a large impact on the health system or the NHS as a whole if it is subsequently spread and adopted by others. Further, while a step change can make a big difference in the site that implements it, it might make very little difference in the system as a whole if it not widely spread. Organisations and systems with cultures that support innovation also tend to be more successful at spreading change.

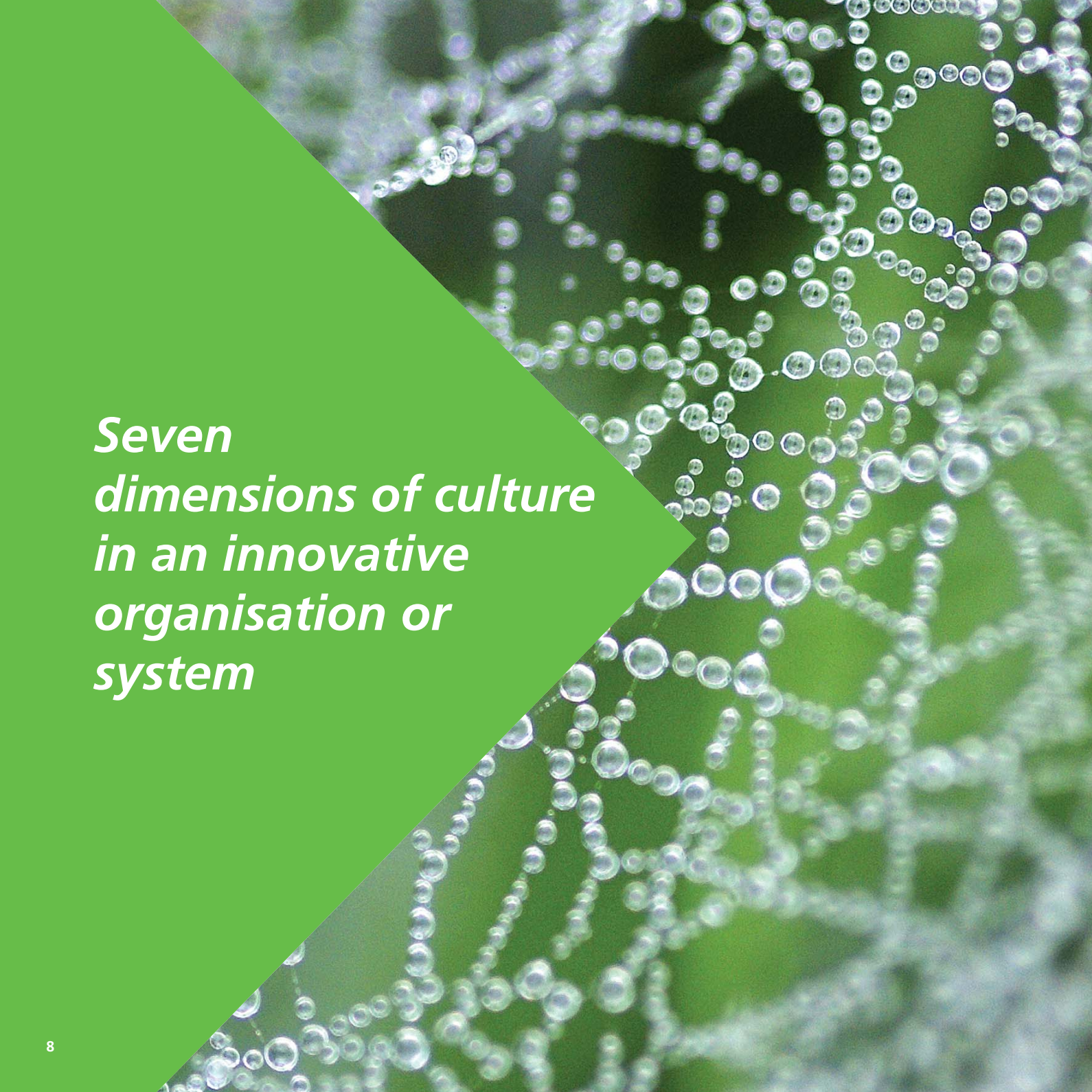
Navigating this guide

This guide is organised into three main sections, with appendices.

The next section describes the ***seven dimensions of culture for innovation*** and the literature base behind each. You can get a quick overview by simply studying the summary diagram on page 9 and quickly reading the synopsis at the beginning of each dimension. However, we suggest that you familiarise yourself with the details behind each dimension before you try to present the framework to others.

This is followed by an ***applications*** section. It is important that you familiarise yourself with all of the material in this section in order to get a good understanding of the various ways that you might use the seven dimensions framework. The appendices provide more detail supporting each of the three applications described.

The largest section is the one providing ***thirty-seven tips*** on how to enhance each dimension. While we believe that your thinking will be stimulated by reading this entire section, you could wait until you have done an assessment of your team, department, organisation or system and then study in detail the dimensions that you most need to address.

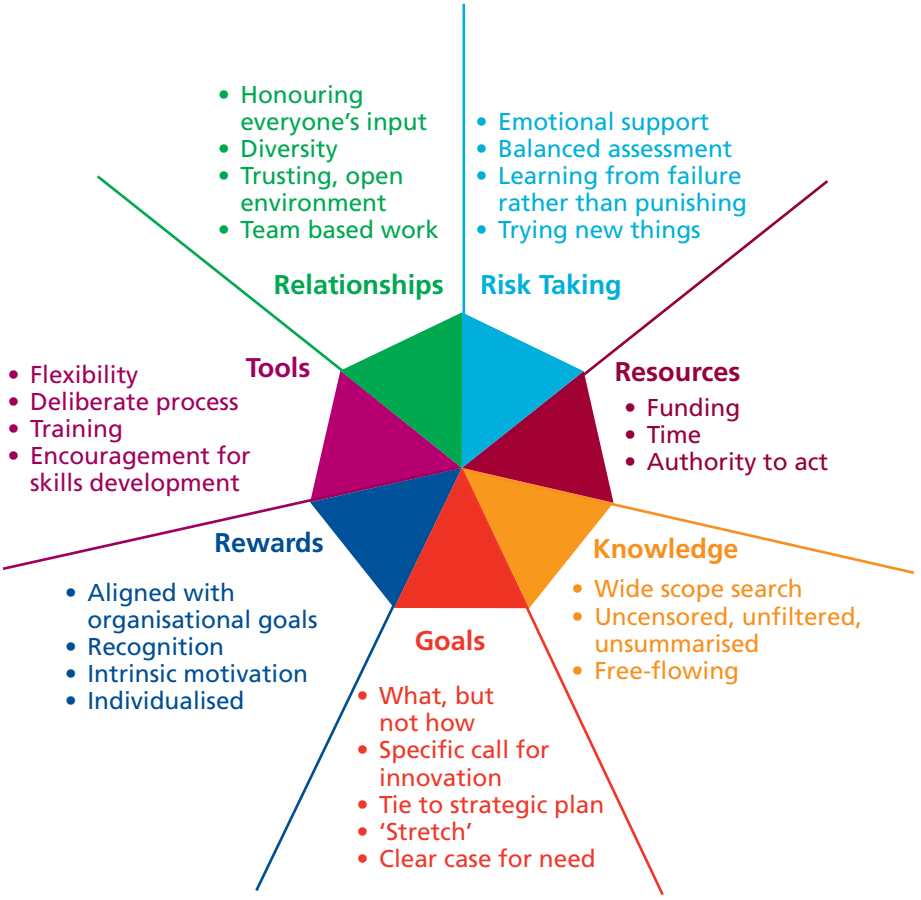


Seven dimensions of culture in an innovative organisation or system

Framework and evidence

Evidence supports the conclusion that organisational culture is a major factor affecting the speed and frequency of innovation (Smith et. al. 2008). While the bulk of the literature comes from outside the public sector and health, the few studies that do cover this context are consistent with the findings from other industries. This is not surprising. People are people and the organisational cultural factors that they experience as enabling or disempowering with regards to innovative thinking are characteristic of a social system, regardless of industry.

We have compiled the common themes across these studies into a framework of 27 constructs organised under seven dimensions (see diagram below).



Navigating this section

If you are anxious to get started with practicalities, you may be satisfied with the overview in the diagram on the previous page and want to move right onto the next section describing three applications of the framework. If you need a bit more information you could additionally read the synopsis provided for each dimension. However, we suggest that you eventually familiarise yourself with the full details regarding the evidence behind each dimension before you present the framework to others so that you can address questions.

We begin this section with a brief description of the research approach that we took in developing the seven dimensions. It is important to understand the nature of the literature in this field in contrast to typical health literature. Then, for each dimension, we summarise the key supporting evidence. Finally, we give several examples of what highly innovative organisations do to enhance their culture.

The seven dimensions of culture provide a lens that can help leaders take steps to enhance the conditions for innovation.

Development of the culture for innovation framework

Our efforts to characterise organisational culture for innovation are challenged by the very nature of the subject. Studies attempting to understand the specific factors linking organisational culture and performance tend to find somewhat different key aspects (Plsek 2003).

It is not surprising that 'culture' is hard to pin down when we understand that healthcare organisations are complex systems (Plsek & Greenhalgh 2001). There are many variables to consider. What a researcher chooses to look at, and how she or he looks at it, will influence what is seen.

Because of this, we took a pragmatic approach in seeking to identify a few actionable aspects of organisational culture that evidence suggests will influence innovation. Our goal was to provide a tool that can guide you to begin the evolution of your team, department, organisation or system – a tool that helps you learn and adapt as you go along.

Using this approach, which comes from what is called 'design science' (Simon 1996; Romme 2003; Bevan et. al. 2007; Plsek, Bibby and Whitby 2007; van Aken 2007), the dimensions of culture are suggestive: "If you do X, it is somewhat more likely that Y will happen". We may never have the luxury of organisational culture frameworks that are quantitatively (statistically) predictive, as in the traditional science paradigm; "Y=f(x): If you do this much X, you will get this much Y, plus or minus some statistical variation".

We conducted an initial literature search in 2001 that identified the seven dimensions and began working with several health care organisations in the UK and other countries to confirm the face validity and usefulness of the model. We then commissioned an updated and more extensive literature search from an independent organisation in 2008. This re-confirmed the framework, while resulting in some enhancements (Baldwin and Garrow 2008). The vast majority of literature about the links between organisational culture and innovation is outside health care and not easily searched systematically. However, we gave preference to the relatively sparse literature on innovation from healthcare and the public sector.

The literature on organisational culture is of a different grade compared to the medical literature. The vast majority of the culture literature is expert opinion and case studies, with some well-designed observational research and regression analysis using survey instruments, along with only the occasional controlled study in an organisational setting.

Despite the statistical limitations of the design science paradigm and the quality of the literature in this field, we believe that pragmatic, suggestive tools based on expert opinion and case studies can be helpful to those who wish to guide their organisational cultures into a constructive evolution of increased innovation. Using the NHS Institute's design approach involving co-production and field testing has shown this to be true in our pilot tests with several NHS organisations across the country.

Risk Taking

Synopsis

Risk taking is about establishing an organisational climate where people feel able to try out new ideas. While it is obviously important to avoid taking inappropriate risk, a healthy organisational culture seeks a balanced assessment that avoids prematurely rejecting ideas due to over-estimation of risk. It also requires leaders who show they are quick to provide emotional support to those willing to try something new, regardless of whether the idea is eventually judged a success or 'failure'. Leaders in innovative organisations demonstrate that they are more interested in learning from failure than in punishing it.

What the literature tells us

While there are many definitions of innovation, a common theme is that the practice is new or different from the status quo in some way (Schumpter 1939, Rogers 1995, von Hipple 1988). Doing something new always entails some risk of the unknown.

Jaskyte's (2009) research on innovation in 20 human services organisations in the US found that the most innovative ones were "willing to experiment, quick to take advantage of opportunities, and risk taking". Miller and Oileros' (2007) study of innovation in multi-national corporations identified factors such as learning by doing as key. AT Kearney's "Best Innovator 2004-2007 Competition" found that "openness to new ideas" was one of the features that distinguished innovation leaders.

A study undertaken by the National School of Government (Dennis, Tanner, Walker 2005) identified several ingredients that indicate the importance of a balanced assessment of risk that were common in organisations in the public sector that excelled. Among these were: "clear and simple risk management processes that are embedded in decision making and in the way the organisation works" and "a decision making culture where the expectation is to challenge and be challenged about assumptions and evidence". However, Christensen and colleagues (2002) note that the typical structures of health care organisations around regulation compliance and powerful committees of established individuals, while having their obvious strong points, often reinforce the status quo and block new ideas.

Adams (1986) and Basadur (1995) noted "fear to make a mistake" and "fear of appearing foolish and looking bad before others" as key blockers of creativity in organisations. Dewett's (2004) literature review concluded that the emotional support and behaviours of supervisors and peers following creative efforts played a key role in employees' subsequent willingness to take risks. Clegg and colleagues (2002) found in a study in two large aerospace firms a significant correlation between the trust that design engineers had that they would be heard and supported if they put forth an innovative idea, and the number of ideas submitted and implemented.

Learning from failure is a key theme in the biographical research on great innovators. Thomas Watson, founder of IBM, famously remarked that,

"The fastest way to succeed is to double your failure rate".

In describing the process that led to his best-selling vacuum cleaner, Sir James Dyson noted,

"I made 5,127 prototypes before I got it right. But I learned from each one. So, I don't mind failure."

This ethos is institutionalised in innovative organisations such as Johnson and Johnson where "freedom to fail" is articulated as a "key value".

Examples reflecting this dimension

3M reward 'intelligent' risk taking, trying new things and learning from failure.

Ideas are allowed to go ahead to further testing or even release to customers, as long as risks are acknowledged up-front, studied as well as can be expected short of actually doing the test of the idea, and mitigated against to the extent reasonably possible. One of 3M's foundational principles is: "Management that is destructively critical when mistakes are made kills initiative; and it is essential that we have many people with initiative if we are to continue to grow."

CEO of SAS UK Jim Goodnight notes that his organisation works hard to create a corporate culture that "encourages employees to try new things and yet doesn't penalise them for taking chances."

At animation studio Pixar, the practice of showing unfinished work each day liberates people to take risks and try new things because it doesn't have to be perfect the first time.

Resources

Synopsis

The resources dimension considers the broadest sense of the word. The climate for innovation is enhanced if people know that they have the 'resource' of authority and autonomy to act on innovative ideas. While innovative ideas do not necessarily need a lot of money or time to develop, staff can become demoralised if these traditional resources are not available and can feel that there is no point in putting forward a new idea. The presence of concrete resources signal that the organisation is taking innovation seriously.

What the literature tells us

Smith and colleagues (2008) cited the availability of resources for innovation as one of several "key factors" in their structured review of 102 papers. A managerial practice that emerged as positively affecting creativity in Amabile's (1998) study of high-tech research and development labs was the provision of "resources in the form of time and money".

In a Cabinet Office Strategy Unit report, Mulgan and Albury (2003) also reviewed the innovation literature and suggested that "creating time, e.g. through awaydays or golden hours" was "critical" for stimulating innovation in the public sector. Researchers at the Health Services Management Centre at the University of Birmingham, commissioned by the East Midlands SHA to review the literature and suggest ways to promote innovation, also recommended "creating slack" so that staff had the time to think creatively (Williams, de Silva, Ham 2008). Interestingly, given the pressures and resource constraints we often see in the health service, Amabile (1998) also noted from her review of end-of-day reflection reports from high-tech designers that

"people can think very creatively under severe time pressure if they are able to concentrate or focus on a single issue or challenge for a significant part of the day."

Another key managerial practice from Amabile's (1998) study was "freedom to decide how to meet a challenge". Beugelsdijk's (2008) analysis of HR practices and innovation in 988 Dutch firms likewise found that organisations permitting higher levels of task autonomy and more flexible working hours generated more product innovations. Conversely, a meta-analysis by Damanpour (1991) showed that the centralisation of decision-making autonomy within an organisation was negatively associated with the rate of adoption of multiple innovations. Kanter (2002) summed it up tounge-in-cheek in one of her "classic rules for stifling innovation"; namely, "insist that people who need your approval to act go through several layers of other managers first".

Examples reflecting this dimension

The "GameChanger" programme at Shell Oil Company fosters innovative ideas from staff by "providing appropriate, staged financing for their development".

The programme "strives to develop real businesses that are outside and between the company's existing lines of enterprise by following a process outside the constraints and priorities of Shell's day-to-day business".

Both Nike and Asda encourage employees to "think for two hours a day".

Engineers at Hewlett-Packard are encouraged to spend up to 10% of their time on their own pet projects and have 24-hour access to laboratories and equipment.

Google allows its employees to set aside 20% of their time for innovation and use it to develop projects that they feel passionately about.

3M have a HR policy that allows all staff to spend up to 15% of their time working on promising new ideas, and provides even more resources and time for those ideas that meet criteria indicating that they show the most promise.

At Gore Tex, staff get to spend 10% of their work hours as 'dabble time' to develop their own ideas.

Knowledge

Synopsis

Broad-based knowledge is the fuel for innovation. We create better conditions for innovation when information, both from within and outside the organisation or system, is widely gathered, easily accessible, rapidly transmitted, and honestly communicated. Since we cannot know in advance what knowledge might stimulate an innovative idea, censoring, filtering or over-summarising information detracts from this dimension.

What the literature tells us

Liao's (2006) research in Taiwanese manufacturing companies indicated that knowledge-sharing behaviour, in addition to general communication, had a significant influence on innovation. Wan, Ong and Lee (2005) showed that "willingness to exchange ideas" was correlated to firm innovation in a data set from 71 companies in Singapore. Based on organisational studies in Europe and the US, Hansen and Birkinshaw (2007) identified "cross-pollination" and "free-flowing knowledge" from a wide variety of sources as key elements in what they call "the innovation value chain". Similarly, Robinson and Stern (1998) identified diverse stimuli, forums where such input is openly shared, serendipity, and within-company communications as features of all of the innovation events they studied at leading US and Japanese firms. Summarising the literature, Smith and colleaugues' (2008) systematic review of over 100 papers found "knowledge management" to be a key factor in innovation management.

But how exactly does all this knowledge lead to innovation? Citing three studies, Madjar (2005) notes that the

"literature suggests that unique information and knowledge provided by dissimilar individuals may enable the employee to see new connections between concepts and issues and to approach problems from different directions".

Damanpour's (1991) meta-analysis found that the degree of organisation members' involvement and participation in extra-organisational professional activities was positively associated with innovativeness. Likewise, Root-Bernstein, Bernstein, and Garnier's (1993) reviews of laboratory notebooks found evidence that creative scientists obtain information from a wider array of topics than less creative ones.

Expert opinion also supports the importance of the knowledge dimension in a culture for innovation. The University of Birmingham's Health Services Management Centre summarised their review of this topic in the innovation literature by recommending that the NHS

"make it easy to find and share knowledge about innovation, learn from organisations that have a track record of innovation, and foster links with private sector organisations"

Williams, de Silva and Ham, 2008.

To be most effective, knowledge must flow freely to everyone in an organisation. Anklam, Cross and Gulas (2005) suggest methods for promoting "democratic and lateral" communication – newsletters, seminars, online forums and brown bag lunches – and note that "all are historically proven ways of creating and maintaining awareness of knowledge for working across organisational boundaries". Kanter (2002) draws attention to the need for free-flowing information by suggesting that a good way to stifle innovation is to "make sure that requests for information are fully justified, don't give it out freely".

Examples reflecting this dimension

Eli Lilly has a strategy to tap into experts from outside the company by bringing specific problems to virtual (online) arenas. It founded InnoCentive, a wholly owned subsidiary, to bringing outside researchers' attention and energy to the drug development process through an incentive system.

Proctor & Gamble has set a stretch goal of having 50 percent of its new project portfolio come from ideas originating outside its own four walls. "We had to move from 'not invented here' to 'proudly found elsewhere'", notes one senior leader. "When we talk about innovation, we're not just talking about technology. If someone has figured out a better way to communicate with the consumer, that's of great interest to us. If there are new ways to distribute our products that better meet the consumer needs; that's innovation."

One of the operating principles at Pixar and Disney Animation Studios is "Everyone must have the freedom to communicate with anyone". This principle is even reflected in the physical layout of the workplace, which company leaders have described as being "structured to maximize inadvertent encounters".

Merck's head of R&D states, "Every senior scientist here running a project should think of herself or himself as being in charge of all the research in that field. Not just the 30 people working in our lab but the 3,000 people, say, in the world working in that field."

The highly-successful design firm, IDEO, encourages its designers to transfer ideas across their project and team boundaries. Organisational routines for the acquisition, storage and retrieval of solutions are embedded in the culture and supported by work structures. New employees are encouraged to seek and give help as required and to share their knowledge.

Goals

Synopsis

Organisational and system leaders – whether team leads, managers, directors, executives, or commissioners – signal that innovation is highly desirable by setting aspirational goals in specific areas and challenging others to find ways to realise the vision. Linking these to strategic priorities and being able to articulate a clear, multi-faceted case of need, further signals the importance of the call for innovation. However there is a caution. Innovative thinking is stifled when leaders go beyond statements of what needs to be achieved and also become prescriptive as to how it must be achieved.

What the literature tells us

The importance of goals for innovation can be traced to social psychological theory, which suggests that one of the most important antecedents for innovative activity is "vision, an idea of a valued outcome which represents a higher order goal and motivating force at work" (West 1990).

Robinson and Stern (1998) studied successful innovation processes in US and Japanese firms and noted that alignment with the company's key strategic goals was a feature in every case. They suggested that this direction-pointing helped employees recognise and respond to a potentially useful idea. Lapierre and Giroux's (2003) more rigorous study focused on high-tech organisations also concluded that alignment of creative thinking with organisational goals was a "valid and reliable predictor" of implemented innovation. Further evidence comes from Smith and colleagues' (2008) systematic review of over 100 papers that identified alignment of innovation goals with corporate strategy as one of the key factors impacting on an organisation's ability to manage innovation.

The National School of Government's study of organisations that excel found that an important ingredient in their success was a clearly articulated "imperative to innovation" (Dennis, Tanner and Walker, 2005). Such an imperative leads highly innovative organisations to stretch their aspirations beyond what might be immediately achievable. Collins and Porras (1994) studied 18 companies that had survived as leaders over decades of change in their industries and 18 comparison companies that did not. One of their findings was the presence in the successful organisations of what they called "big, hairy, audacious goals" (BHAGs) that drove the organisation to unimaginable levels of performance over long time horizons (see examples below). Echoing this insight, innovation expert Gary Hammel advises that organisations looking to innovate "must have the courage to set seemingly aggressive objectives" if they are truly to spawn creativity (Barsh 2007).

While it may be the leader's role to set the goals, providing autonomy to managers and staff on the means for getting there is a clear conclusion in the innovation literature. For example, Amabile (1998) states,

"Clearly specified strategic goals often enhance people's creativity… Creativity thrives when managers let people decide how to climb a mountain; they needn't, however, let employees choose which one".

Examples reflecting this dimension

Examples of "big, hairy, audacious goals" (BHAGs) include:

Sony (circa 1955) – Change the worldwide image of Japanese products as poor quality; create a pocketable transistor radio.
NASA (circa 1962) – Put a man on the moon and return him safely by the end of this decade.
Google: Organize the world's information and make it universally accessible and useful.
Amazon.com: Every book, ever printed, in any language, all available in less than 60 seconds.

Every employee at Dyson is ingrained with the need to innovate and an understanding of the basics of product development. For example, every new member of staff assembles a vacuum cleaner on their first day and is asked to provide ideas for how to make it better.

In order for the financial services firm Charles Schwab to introduce its breakthrough innovation of an online brokerage service back in the early 1990s it needed to re-align its goals.

The proposed new online channel would be in direct conflict with its traditional telephone and face-to-face business. What would motivate employees, whose bonuses were tied to traditional activity targets, to support the new service? A large team of senior leaders at Schwab's headquarters went out to branches to discuss with staff, sometimes in late evening sessions, the higher strategic goal of exemplary customer service. Further, even in a culture that for years had focused intensely on individual performance, Schwab re-aligned its bonus system to support teamwork among the various parts of its service offering. No broker could get his or her individual performance bonus until collective goals across service lines had been achieved.

Rewards

Synopsis

Rewards for innovation are symbols and rituals whose main purpose is to recognise innovative behaviour. They signal how much value is given, or not, to the efforts of individuals and teams who come up with new ways to help the organisation or system achieve its strategic goals. Because it is all about encouraging more of this sort of behaviour, the best recognition is that which appeals to people's intrinsic and individualised motivation. The most successful recognition schemes avoid a one-size-fits-all approach and are instead based on a deeper understanding of what makes people do what they do. For example, frequent personal expression of appreciation is often more important to people than financial reward.

What the literature tells us

Martins and Terblanche (2003) describe how organisational policies and practices such as reward systems reflect an organisation's overall ethos and values, and help to legitimise and promote opportunities for innovation. They note that when creative behaviour is rewarded, it shows that it is valued by the organisation and a model of optimal behaviour thus emerges.

Rewards do not necessarily need to be monetary. Dombrowski and colleagues' (2007) research suggested that monetary incentives for innovation are on the decline. Indeed, there is increasing evidence that performance related pay is not a primary driver, and might even act as a disincentive, for innovation (Kerr 1995; Donkin 1998; Day et. al., 2002; and Beugelsdijk 2008). One of the findings from a 2008 Harvard University colloquium of innovation leaders and experts was the observation that "asking questions about a project and providing even a word of sincere recognition can be more motivating than money" (Amabile and Khaire, 2008). A Cabinet Office study (Mulgan and Albury, 2003) concluded that

"additional monetary reward is less powerful as a motivator for innovation in the public sector; recognition, especially by peers, is more effective".

Hornsby, Kuratko and Zahra (2002) reviewed a range of research suggesting, among other things, that rewards should clearly tie to organisational goals in order to effectively encourage collective activity. However, if leaders desire innovation, rewards cannot be only about achieving organisational targets set by others external to the organisation. Research conducted by Henley Management College (Higgs and Hender, 2004) confirmed previous findings that creative managers are intrinsically motivated, whereas non-creative managers are more motivated by extrinsic factors.

Through her research on creativity in high-tech firms in the US, Amabile (1998) identified the "Intrinsic Motivation Principle of Creativity: people will be most creative when they feel motivated primarily by the interest, satisfaction, and challenge of the work itself—and not by external pressures." Kohn's (1990) extensive review of the literature came to a similar conclusion. Hornsby and colleagues (2002) highlight the importance of intrinsic rewards, which they consider to be primarily orchestrated by middle managers. These might include increased autonomy and opportunities for personal and professional development that support the innovation process.

The University of Birmingham's Health Services Management Centre (Williams, de Silva and Ham, 2008) concluded that innovators in the NHS appreciated both recognition and practical support for continuing their efforts (e.g., opportunities to take part in national and international innovation networks or visit examples of innovation elsewhere). They also noted that most NHS staff have an intrinsic desire to be seen as "on the leading edge of performance" and suggested that "the NHS could do more to appeal to this desire".

Examples reflecting this dimension

Marks & Spencer's systematically collects and shares stories of success in order to recognise innovative contributors and to maintain momentum for even more.

At Dyson, staff receive no royalties for innovations on which they participate, but they are named on patent documents and are widely recognised throughout the company as inventors.

At BAE Systems, The Chairman's Award is given to teams who work with colleagues or customers to come up with "brand new thinking – as opposed to improvements on existing ideas – which deliver cost savings or other benefits to the organisation". Winners receive a small financial prize, but are primarily rewarded through the kudos of recognition when their ideas are publicised and implemented throughout the company.

In order to revitalise its marketing division and encourage more innovation, Proctor & Gamble used methods such as interviewing and focus groups that it had long since mastered for listening to its external customers and deployed these in a massive internal listening exercise. Leaders learned in-depth about what really mattered to staff and they began redesigning internal structures and incentives to be more in line with these values. Global Marketing Officer James Stengel describe the results as "the most dramatic and sweeping redesign of P&G's marketing organisation in 60 years".

Tools

Synopsis

In high-performing organisations, innovation is the product of the deliberate use of practical tools. Imagining that innovation will happen on its own if we just have the right culture would be as naive and irresponsible as imagining that financial controls would naturally emerge without some deliberate structures. While everyone is capable of innovative thinking, most of us have been socialised to be more conservative in our thinking in the work environment, especially in health care where there are legitimate risks that must be managed. Leaders, therefore, need to consider how they build capability and capacity in deliberate methods for creative thinking.

What the literature tells us

The presence of deliberate processes and tools was identified as a critical success factor in Smith and colleagues (2008) systematic review of the innovation literature. Anthony, Johnson and Sinfield (2008) conducted in-depth interviews at more than 40 organisations across a range of private-sector companies in the US, and then surveyed managers from over 100 organisations across a variety of sectors in 14 countries regarding their innovation practices. They found that successful organisations have deliberate structures and processes that support innovation, not leaving it to chance alone.

However, these processes must not be too rigid. In comparing 14 longitudinal case studies across a variety of industries, Van de Ven and colleagues (1999) found that while there were patterns of commonalities, the development of each innovation was a "messy and complex progression of events". The National School of Government's study of organisations that excel found that that they had "an emphasis on developing the capability and capacity to innovate and take well-managed risks… [and] a systematic and reliable mechanism for delivering change" (Dennis, Tanner and Walker, 2005). Madjar's (2005) review of the literature concluded that

"formal training in cognitive abilities and formal brainstorming sessions is proven effective for increasing creativity"

although she went on to caution that training alone is insufficient. Bessant and Maher (2009), reviewing research on radical innovation as part of a long-term international programme, specifically cite the importance of training on tools and methods from design science as important for the health service.

The University of Birmingham's Health Services Management Centre's concluded that the NHS needs to "support leaders and innovators through training and by creating slack" (Williams, de Silva and Ham, 2008). Similarly, in a study conducted by the Cabinet Office Strategy Unit, Mulgan and Albury (2003) found that only half of all innovations are initiated at the top of organisations and, therefore recommended that public sector organisations should invest in promoting training and application of formal creativity techniques by front-line staff.

But development is not only about learning specific tools and techniques for idea generation. Plsek (1997) reviewed both the heuristic advice for increasing personal creativity and the biographies of successful innovators and concluded that experiences that open one up to more flexibility in thinking are helpful. Along these lines, leaders and experts at a Harvard colloquium on innovation recommended that leaders "encourage individuals to gain diverse experiences that will increase their creativity" (Amabile and Khaire, 2008).

Examples reflecting this dimension

Scripps Newspapers has established a $1 million innovation fund. Staff can submit to the fund's governing board "idea resumes" that provide a basic overview of the idea, the reason why the idea is worth funding, and the critical assumptions that need to be addressed. Senior leaders regularly teach innovation workshops at each of the company's newspaper properties to help trigger the sorts of ideas the fund seeks.

Global agrichemical giant Syngenta AG has an internal Learning and Development Unit that designs and executes training courses that foster innovation and leadership among its 25,000 employees.

Cisco Systems has a focused and disciplined approach to innovation. Multiple teams simultaneously work on finding innovative approaches to a specific issue, but as soon as one team has found a solution, work in all other teams ceases and the approach is standardised and diffused.

Tesco use a "hothousing" approach for refining and testing innovative ideas. They define hothousing as "trialling improvements in a protected environment to allow risk taking that is necessary to create innovation". Ideas are first stress-tested in 6 stores and further refined before being rolled out to others. The process includes lots of staff involvement and purposeful tools such a root-cause analysis, process mapping, and plan-do-review cycles.


Seven
dimensions of Culture
in an Innovative
organization or
system

Relationships

Synopsis

The relationships dimension refers to the patterns of interaction between people in the organisation or system. Innovative ideas are rarely the product of a lone genius. Even when they might appear to be, delving further into the story nearly always reveals that the idea was formed over time and through multiple interactions with others that fuelled the process. Therefore, environments where staff are routinely exposed to a wide range of different thinking, from a wide-range of people, with a wide range of backgrounds and points of view, provide rich soil for the growth of innovation. Of course, it is more than just exposure; one can be 'exposed' to a diverse group of people while riding on a train and not be stimulated to innovate. There must be a sense of common purpose; of being in a 'team' with others. This team environment must also enable those with different thinking to trust that their input will be honoured and explored, rather than immediately argued against.

What the literature tells us

Laboratory brainstorming studies with university students suggest that interaction with others increases an individual's access to remote mental associations and stimulates divergent thinking (Paulus and Yang, 2000). While noting that lone employees can, of course, develop innovations, Muthusamy, Wheeler and Simmons (2005) found that teams of employees are more important in influencing the overall ability of an organisation to innovate. Reviewing decades of research and experience, Bessant (2003) notes: "Studies of high performing organisations show that they place considerable emphasis on involvement in innovation… moving away from specialists and towards higher levels of participation from others in the workforce." Madjar (2005) sums it up by citing several other sources and her own research in stating that

"in contemporary organisations, creative ideas are more often the product of social interaction and influence than of periods of thinking in isolation"

Based on their study of highly successful Japanese firms, Nonaka and Takeuchi (1995) describe how the internal diversity of the employees within an organisation must match the variety and complexity of the environment in order to deal with the challenges posed. Kickul and Gundry's (2001) study of innovation in e-commerce firms recognised a key component of innovative actions to be "the richness in breadth of perspective made available to them by functionally diverse team members". A Cabinet Office study on innovation concluded that "organisations whose staff are diverse in terms of backgrounds and ways of thinking – that bring together strongly contrasting disciplinary and professional perspectives – are more likely to be innovative" (Mulgan and Albury, 2003).

Gruenfeld and colleagues' (1996) research demonstrated the importance of familiarity and trust for the effective use of the diversity in teams for innovative problem solving. Zhou and George (2001) showed positive and significant relations between employee creativity and measures of co-worker helping and support. Tjosvold and Yu's (2007) research in Chinese organisations found that "constructive controversy – where group members discuss their opposing views openly for mutual benefit" tended to promote more risk taking behaviours, in turn encouraging innovation and the ability to recover from mistakes. Reviewing studies of innovative firms in Australia, Matthews (2002) noted that "a differentiating factor of highly innovative firms was their ability to create a sense of community in the workplace with a family feeling, a sense of trust and caring... less innovative units functioned more like traditional bureaucracies." Clegg and colleagues' (2002) study in two large aerospace firms found a significant correlation between the degree of trust present in the environment and the number of ideas submitted and implemented. Chen, Chang and Hung (2008) further showed that social interaction and networking ties in a trusting and open climate have a significant and positive impact on the creativity of innovation teams.

Examples reflecting this dimension

Speaking from the front-line of leadership in a industry where innovation and creativity is everything, Pixar and Disney Animation Studios president, Ed Catmull (2008) says this… "What's equally tough, of course, is getting talented people to work effectively with one another. That takes trust and respect, which we as managers can't mandate; they must be earned over time. What we can do is create an environment that nurtures trusting and respectful relationships and unleashes everyone's creativity. If we get that right, the result is a vibrant community where talented people are loyal to one another and their collective work, everyone feels that they are part of something extraordinary, and their passions and accomplishments make the community a magnet for talented people coming out of schools or working at other places… Our philosophy is: You get great people, you bet big on them, you give them enormous leeway and support, and you provide them with an environment in which they get honest feedback from everyone."

Google note that the ability to quickly form small teams to refine, pilot and implement ideas is a critical component in the success of its innovation process. Google's policies allow staff to spend a portion of their time on projects of their own choosing and this freedom makes it easy to rapidly form teams of intrinsically motivated individuals. Further, every key decision in Google is made by groups where the ethos emphasises finding the best idea over merely achieving consensus.


WEBSITES
Keep shut

Using the culture for innovation framework

Having explained the key concepts behind our understanding of what constitutes an organisational or system environment in which innovation is most likely to thrive, in this section we will describe three practical applications of the seven dimensions framework.

Whichever approach you use, the outcome of your effort should be an assessment on each dimension, leading to identification of opportunities for improvement. Go to page 56 for the section which provides 37 tips for enhancing the culture for innovation.

Navigating this section

We suggest that you read through this section in its entirety and think about what might be the best approaches for the settings you encounter. Your selection might depend upon your position in the team, department, organisation or system; the level of commitment you have from other leaders; and the time and resources you want to devote to this at a given point in time. You might want to start small with informal approaches, or you might be prepared to take a more formal and comprehensive approach from the beginning. Surveying your options by reading through this entire section will enable you to make an informed choice.

Before we go into the detail of the different ways you can use this framework it is important that you understand how the results can be illustrated or visualised.

A way to visualise the conditions for innovation: portal charts

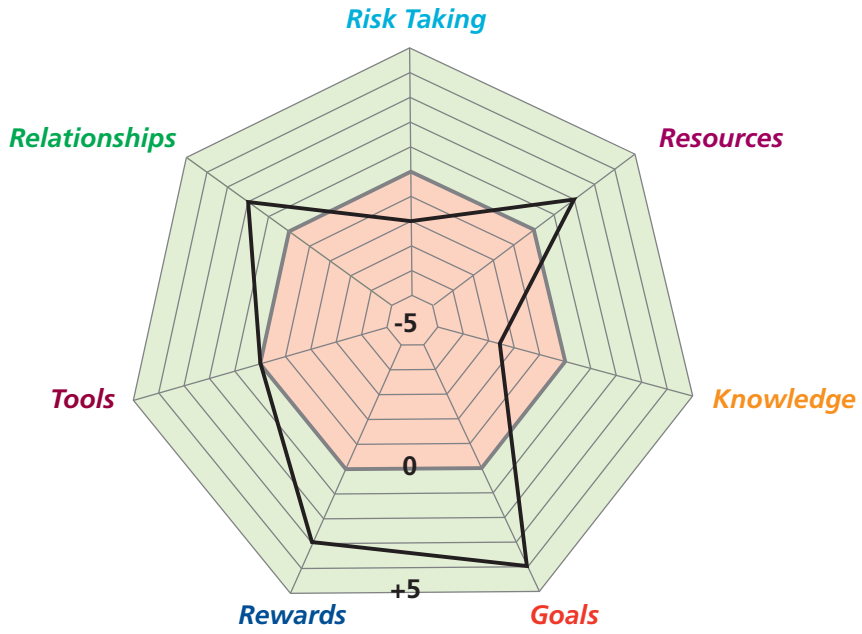
Think of the seven dimensions as a sort of window, or portal, through which innovative ideas either flow freely or are blocked. The wider the opening of the portal, the more innovation flows through.[2]

The lines coming out from the centre correspond to each of the seven dimensions and provide a scale from -5, through 0, to +5.

- A **value of 0** indicates that the behaviours and practices corresponding to that dimension **neither aid nor hinder** innovation.
- **Negative** scores indicate the presence of behaviours and practices that tend to **hinder** innovation.
- **Positive** scores indicate the presence of behaviours and practices that tend to **aid** innovation.
- Larger positive or negative numbers indicate more aid or hindrance respectively.

The scores are plotted on each scale and then connected with lines to create a 'portal', as shown in the example opposite.

2 Portal charts, like the one opposite, graphically illustrate this concept. While portal charts are also referred to as spider diagrams because they resemble a spider's web, we find the metaphor of a portal better suited to our needs here.



Assessing conditions for innovation: how to read a portal chart

Here we see depicted a culture where there are strong goals for innovation (+4), fairly strong rewards (+3), pretty good resources for innovation (+2) and supportive relationships (+2). So far, it sounds good. The tools, processes and methods of the organisation neither hinder nor aid innovation (0), which may be OK, but is not very assertive for innovation. Of even more concern, risk taking is somewhat discouraged (-2) and lack of knowledge somewhat hinders innovation (-2.5).

We conclude, based on our seven dimensions framework, that despite the strong goals and rewards for innovation, other factors in the culture will limit innovative output. To put it another way, the portal is not exactly wide open for the free flow of ideas. The leaders of this organisation or system clearly have some work to do to create better conditions for innovation. Stronger language about goals and more rewards will have only limited impact if risk taking and knowledge sharing are not also addressed.

Application: Planning for innovation in an event, team or project

We can use the seven dimensions and a portal chart to help us think in advance about what we can do to create the conditions for innovation in a meeting, workshop, task group or any similar collection of individuals trying to be innovative.[3]

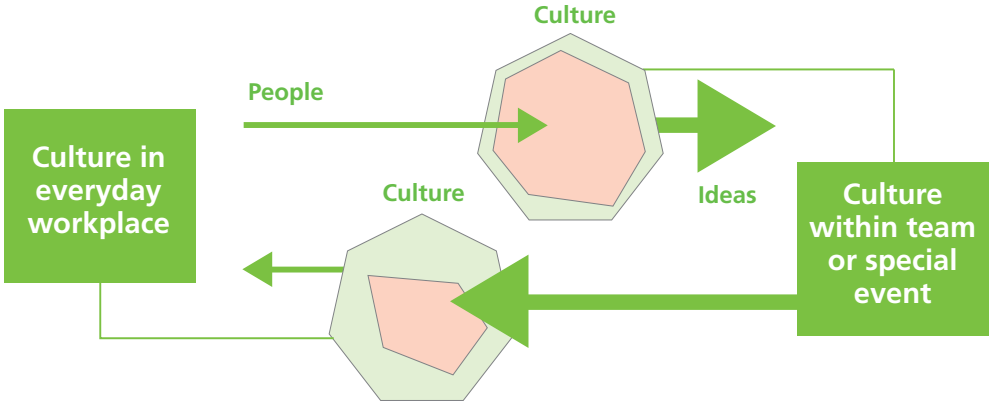
The basic idea is this...

If you want innovative ideas from any collection of individuals, set aside the ***resource*** of time, nurture productive ***relationships*** among a diverse group of thinkers who will find the conversation intrinsically ***rewarding***, use good group ***process and tools***, agree an ambitious ***goal***, bring in new ***knowledge***, and be willing to take ***risks***.

Using the dimensions in this way is a good way to gain more familiarity with the concepts.

A caution

It is important to recognise that simply creating a culture for innovation within a small group (e.g. an improvement team) or at a specific event (e.g. an away-day or improvement workshop) is only one part of what is needed to bring about innovation. The diagram illustrates the commonly observed 'ideas to action problem'. The portal chart below depicts a wonderful culture for innovation into which people are drawn out of their everyday setting and through which flow many innovative ideas. But these ideas encounter a less than enthusiastic culture when they are brought back to the larger clinical team, department or pathway that must become actively engaged in order to implement them.



Assessment process

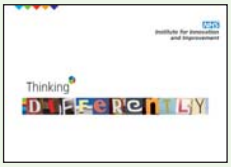
Having in mind the specific individuals and groups involved in your event, team or project, review the summary diagram describing the seven dimensions (page 9), or the synopsis of each dimension in the literature review in the preceding section, considering how each of the elements applies to your group. Give each dimension a rough score on the -5 to +5 scale described on page 39 and sketch a portal chart. You can then analyse the chart to see where you might need to plan better. The example in the box over the page illustrates the approach.

Appendix 1 provides a case study showing how the culture for innovation framework can be applied to the challenges of working with others in bringing about change through commissioning and systems leadership.

3 Two of the authors have used the approach described here in planning for facilitation of several, high-profile events involving clinicians, managers, and members of the public in creating innovative designs for care pathways for people with addictions and for better primary care for children. The innovative output of these groups is documented in:

- Gustafson D, Palesh T, Plsek P, Maher L, Picard R, Capoccia V. Automating Addiction Treatment: Enhancing the human experience and creating a fix for the future. In Bushko RG (ed.). *Future of Intelligent and Extelligent Health Environment*, Amsterdam:IOS Press, 2005.
- Bergman D, Plsek P, Saunders M. A high-performing system for well-child care: a vision for the future. *The Commowealth Fund, Publication number 949*. 2006. Available at http://www.cmwf.org

Building better brainstorming. Richard O'Rielly, a GP in a 6-person practice, has asked improvement advisor Cat Jones from the PCT to facilitate a brainstorming session for new ideas to help lower the teenage pregnancy rate. "The partners have set aside the time to attend and we have invited a practice nurse and someone from social services to join us", says Richard. "We need some new ideas and we're hoping you can lead us through some tools from the *Thinking Differently* guide that we have all seen".



"Happy to do it", says Cat, "but can we think just a bit about the set up of this session?" She shows Richard the diagram which depicts the seven dimensions impacting the culture for innovation and briefly goes through it with him. "Yes," he says, "that makes a lot of sense; I can see how those things would matter. So what?"

"Well," Cat explains, "I think it might be worthwhile to talk about how we will make sure each one of these things is present somehow during the event. I suspect that some things are just naturally part of the setting, but I think a number of others are not."

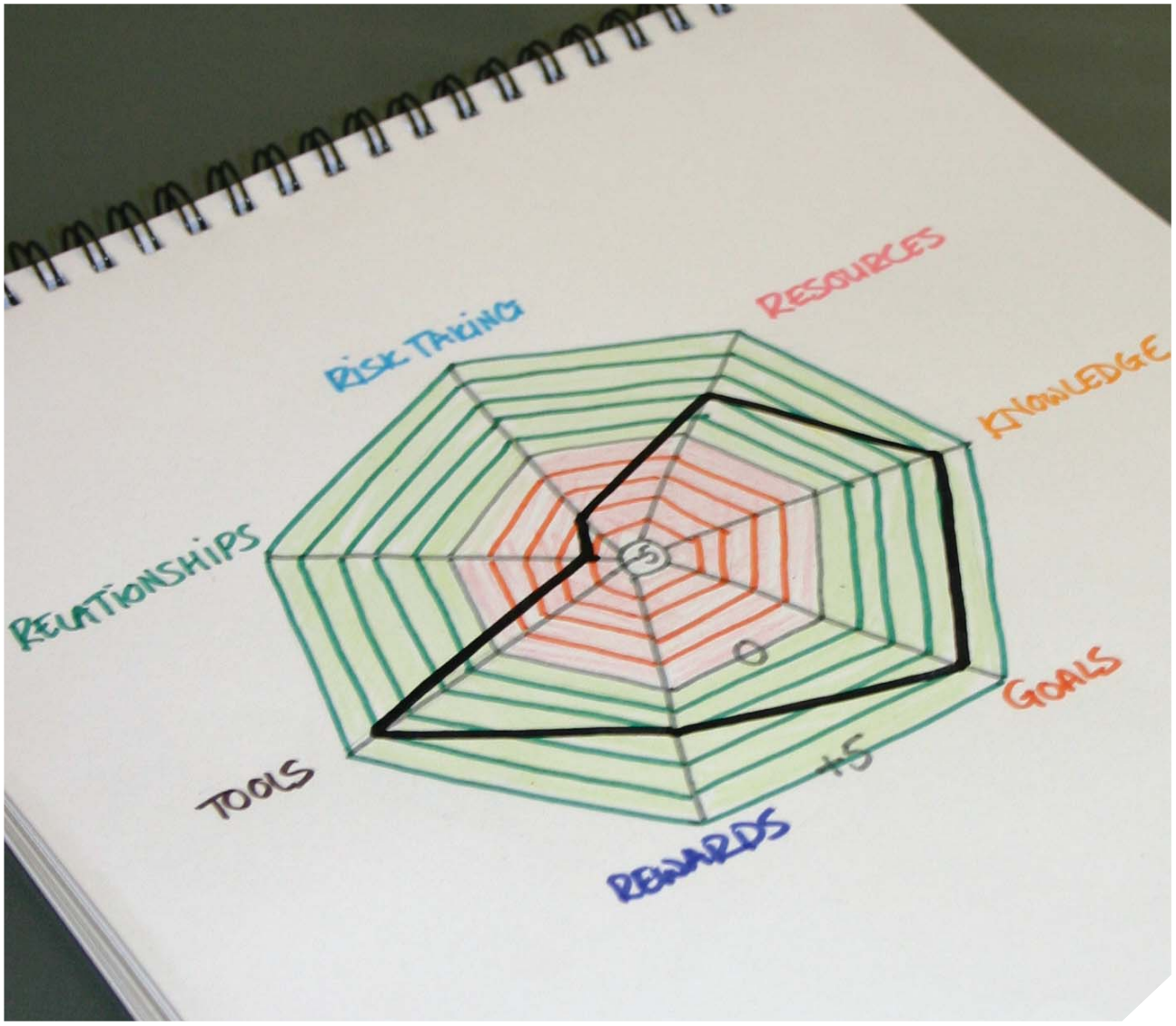
As they work through the seven dimensions framework, it becomes clear that the risk-taking and relationships dimensions are key. Richard notes, "I think we have a clear goal and I believe that we are reasonably well motivated to do this, so it brings its own rewards. You are bringing in lots of tools for creativity, we can provide lots of knowledge about how to engage teenagers, and we have a small amount of resource that we can use. But I can see that we don't have a particularly diverse group, with the right sorts of relationships, at the moment. The meeting has more GPs than other people. I have to admit that when we have had sessions like this before, other staff get very quiet as we do most of the talking. I suppose we can be inadvertently limiting how free others feel to speak up with an idea; how much risk they can take in the group. Hmmm… this isn't going to go very well, is it?"

"The reason I brought this up was precisely so we could give it some thought, take some actions leading up to and during the meeting to assure better conditions, and make it a success." Cat replied.

After several more minutes of discussion the two had an action plan that included such elements as:

- Richard to speak to each partner to go over the culture for innovation diagram and talk about the importance of actively inviting input from others, and really valuing that input.
- Invite a more diverse group of participants; for example, practice administrative staff, the policeman who regularly patrols the housing estate, teachers who deal with teenagers regularly, and some teenagers.
- Ask each of the GP partners to personally speak to some of the participants before the meeting to demonstrate how much we are looking forward to their ideas.
- Cat Jones to prepare a short team-building exercise and an initial set of ground rules for the meeting.

Thinking Differently can be obtained from www.institute.nhs.uk/thinkingdifferently


RESOURCES
RISK TAKING
KNOWLEDGE
RELATIONSHIPS
GOALS
TOOLS
REWARDS
+5
0
-5

Application: Informal assessment of the culture for innovation in an organisation or system

Another way to use the seven dimensions is to involve a large number of people in assessing the culture for innovation within a team, department, service, GP Surgery, Trust, pathway, or health system. The results of this can be displayed using a portal chart, helping leaders see where they might need to focus attention.

A straightforward approach to assessing the culture for innovation in an organisation or system involves setting up a meeting of a representative cross-section of staff and asking them to rate each dimension. The sections below and in Appendix 2 provide guidance and materials for doing this.

Overview. Individuals representing a cross-section of the team, department, organisation or system of interest are seated at tables of 6-8. After some initial introduction to the purpose of the session, the facilitator describes each of the seven dimensions. Groups of staff at their respective tables consider the dimensions and come to a consensus on a score for each one. Each table then gives feedback on their scores to the larger group, and these are compiled on a portal chart. This leads to large group discussion about commonalities and differences of opinion. Finally, the group, including the leaders, reviews the portal chart to agree areas needing attention and a preliminary list of action items to enhance the culture for innovation This might also be supplemented by further, off-line discussion to do a more in-depth analysis and identification of actions (see the tips in a later section of this guide).

Proportional representation of the system. Where practical, strive to get representatives from all the key service-delivery groups in the setting of interest, in roughly the proportion they represent.

- In an organisation that is 60% nurses, 15% doctors, 10% managers, and 15% admin staff, seek to compose a group with roughly those proportions.
- If the team, department or organisation is small, you might be able to do this in an all-staff session in which nearly everyone can take part.
- If you want to do this with just a very small group that is not actually representative, explicitly discuss how all of the groups in the system might rate each dimension. You might ask individuals to speak to representatives of certain groups prior to the meeting to get their viewpoints. Obviously, this approach is subject to bias, but it might be a good enough start in order to get some obvious needs out in the open.

Group size and discussion group formation. We have tested this approach successfully with groups ranging from 10 to 150 people arranged in groups of six to ten for table group discussion.

We strongly suggest that you form tables of people from the same stakeholder or peer group. In other words, nurses sit with nurses, GPs with GPs, admin staff with admin staff, and so on. This arrangement assures that all stakeholder groups' perceptions are captured in the initial table group discussion. Differences in perceptions of the culture will then be highlighted when the table groups feed back to the large group. For example, a table of senior leaders might think that the organisation supports people to take sensible and appropriate risks when considering new ideas, while a table of nursing staff might not feel that they would be supported and admit that they would be very anxious about considering a new idea. (As a further example, see the box "We don't see it in the same way" on page 62 in the Tips on Risk-Taking section.) Generating honest dialogue about such differences of perception is one of the keys to making things better. If senior leaders were dispersed on tables with front-line staff originally, the senior leaders' view might dominate the discussion precisely because front-line staff feel that the culture would not support the risk of speaking up!

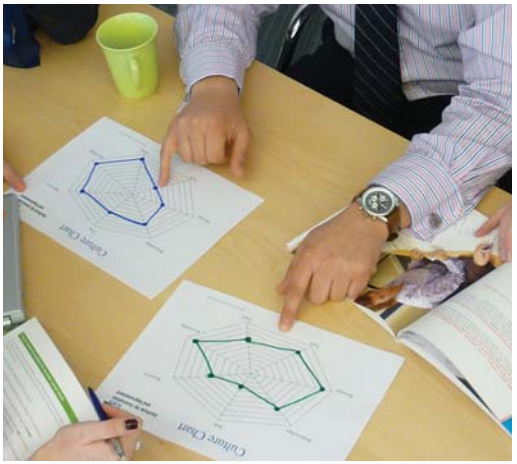
Time. For rich discussion, allow 1.5 to 2 hours.

Facilitation. We strongly suggest using someone who is experienced in group facilitation, perhaps a member of your service improvement team or HR/development team, to lead the session (following a kick-off by a senior leader). This might be a somewhat sensitive discussion as staff share their views on the culture of the organisation or system and it is best that someone other than the organisational leader guides the dialogue to ensure that everyone is comfortable and feels fairly heard.

Assessment process. Follow these simple steps:

- In preparation for the meeting, photocopy blank portal charts, or create these on flipcharts. Also consider photocopying the instructions sheets in Appendix 1.
- A leader (ideally, the most senior person in the setting of interest) should kick-off the meeting, explaining in 5-10 minutes why innovation is important to the organisation or system, and noting that the culture is critical in achieving it. He or she should state that the purpose of the meeting is to create a greater understanding about how all the different staff groups in the room perceive the culture as either supporting or hindering innovation. He or she should conclude with a sincere invitation to honest and open dialogue.
- The facilitator should briefly (5-10 minutes) present the framework of the seven dimensions of innovation culture and describe how staff can provide a score using the portal charts.
- The informal assessment process in table groups can then proceed using the material in Appendix 2.
- The table in Appendix 2 that guides the assessment could be copied and handed out, or the facilitator can project this material on slides. It works best if the whole group is guided through the assessment together, one dimension at a time, with the facilitator reading and explaining each item.

- The initial table-assessment is a two-step process:
  Individual: As the facilitator talks through the dimensions individuals make their own assessment using their own copy of a portal chart (1-2 minutes per dimension)
  Group: Following the individual assessments, the table group shares responses and works together to come up with a consensus score for the table for each dimension (10-15 minutes). Consensus in the table groups is typically easy to achieve, as staff in the same job category tend to see the culture similarly.
- This is followed by feedback reports from table groups. (5-7 minutes)
  - The easiest approach is to work with one dimension at a time, with each table group reporting its score without comment. Continue through all seven dimensions, recording the range of scores in a large portal chart (see picture on the next page).
- Next, explore each dimension further in a large-group discussion. Where there are differences in scores on a dimension, ask the various tables to explain why they scored as they did. The point is to create a deeper understanding of the differences in perception (30-60 minutes).
  - While it is not necessary to come to a consensus, if a table group wishes to modify their rating based on the discussion, this is fine.
  - It is important to note that, practically speaking, when it comes to organisational culture "one's perception is reality". For example, if nurses feel that senior leaders do not support risk taking, they are unlikely to take a risk expressing an innovative idea. Senior leaders can take actions to change this perception through different behaviours, but simply disagreeing during this assessment and saying that they do support risk taking is unlikely to be sufficient or helpful. The dialogue should be about genuinely listening and inquiring into others' views, rather than debate.
  - The facilitator should take notes on a flip chart pad, especially noting differences of perception.
- The meeting should conclude with a rich discussion of the message in the portal chart and identification of 1-3 dimensions that are in most need of improvement. Participants should be invited to offer suggestions about how these might be improved. This can be achieved either in the table groups, or as the whole group. The result should be a number of initial action plans for improvement (15-30 minutes).
- A smaller group of leaders can debrief following the meeting using the tips for improvement in this Guide to discuss further steps they can take to enhance the culture for innovation.



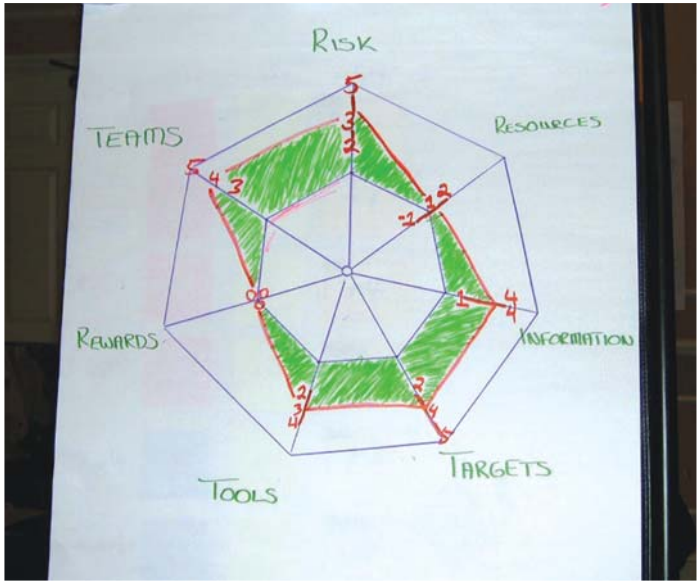
Informal Assessment

Benefits

- Provides a quick assessment of the culture of the organisation as perceived by the attendees.
- The discussion provides a rich depth of understanding.
- Bringing people together will create an environment of cross team/profession learning, which links immediately to the relationship dimension of the framework.
- Participants will communicate the message that creating a supporting culture for innovation is seen as important.

Considerations

- Small groups might not be representative of the larger organisation or system.
- This approach results in a subjective rating that is difficult to compare over time.
- May be subject to the bias associated with discussion-oriented group-consensus processes; e.g., can be dominated by a few outspoken individuals.



Portal chart from a large Acute Trust in the East Midlands. Note that ratings are captured as a range to indicate lack of natural consensus among table groups. The group agreed to use an average to represent the organisation overall, as long as the individual ratings were also preserved to indicate that there was a wide range of perceptions on some dimensions.

Application: Using an on-line survey tool to assess the culture for innovation in an organisation or system

The NHS Institute for Innovation and Improvement have developed a survey instrument and supporting website that enables organisations and systems to assess their culture for innovation in a more formal way, and at full-scale. This tool is free to NHS organisations in England and available to others for a charge.

Overview of the assessment process. Someone from the organisation or system takes on the role of administrator to create an email invitation list. This person also creates a list of relevant demographic identifiers that can be used later to look for patterns in the responses.

Staff invited to take part in the survey click on a link in the invitation email that takes them to the survey. They provide demographic information (e.g., doctor, nurse, etc.) and then begin responding to the 29 items on the survey (see Appendix 3). There are four items associated with each dimension, plus an item that asks for an overall assessment of the culture. Items come up randomly on the survey and respondents rate each on a 5-point scale: strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree. In our testing, it took staff less than 15 minutes to complete the survey.

The results are plotted on a portal chart and a variety of bar charts (see the case study on pages 50/51). Results for individual items allow for drill-down analysis using the demographic information collected at the beginning of the survey. For example, leaders reviewing the results can see if doctors, nurses and managers perceive the climate for risk taking differently, or if the assessment varies across departments in an organisation or across organisations in a system. These insights help leaders select from among the tips offered in the subsequent section of this guide the actions that will have the greatest impact.

Open and transparent communication of the results of the survey, and of actions that have been, or will be, taken is essential. Staff have taken time to complete the survey and they deserve open and honest feedback on the results and subsequent actions.

For more information and to get started. Up-to-date instructions for accessing the survey, and further current details about it, are available on the NHS Institute's website at www.institute.nhs.uk/innovation

Key to success. Our research has shown that active senior leadership communication in encouraging staff participation in the survey is critical to ensuring a large and representative sample.

On-line Survey Assessment

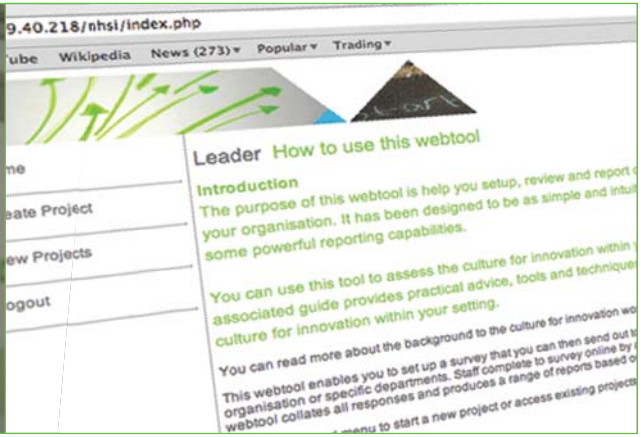
Benefits

- Can be used for large numbers of staff; i.e., invitations can be sent to an entire health system, pathway, organisation, department, or team.
- Compared to the informal assessment, the survey provides a more consistent measure over time from a potentially large sample of staff.
- Results are automatically provided in graphic format (portal chart) and can be segmented by different groupings (e.g., porters, doctors, community nurses, administrative staff).
- As more NHS organisations use the tool, we will be able to provide benchmark comparisons so that organisations and systems can see how they measure up against those in similar settings.

Considerations

- Requires a survey administrator to manage the process.
- Need to consider the timing for doing this in order to avoid 'survey fatigue' if staff are also being polled for a variety of other purposes (e.g., staff satisfaction survey) around the same time.

As more and more NHS organisations use this survey tool we will be able to supply rich benchmarking information from around the country to show how your organisation or system compares to others that are similar



Case Studies

We have tested the NHS Institute's culture for innovation online survey with over 500 staff across eight organisations, including a mental health trust, three PCTs, and four acute trusts. Feedback on the survey process has been very positive. The learning feedback from survey leads in the test organisations has been applied to the survey content and design and to supporting materials. Reports from the survey have resulted in leadership actions that will enhance the culture for innovation in these organisations. The examples below illustrate the value of the survey.

Northampton General Hospital NHS Trust

Setting. Northampton General Hospital is a district general hospital and cancer centre serving 360,000 people with 4000 staff and 700 beds.

Survey results. The survey was sent to 200 staff, and yielded 47 responses (24% response rate). The figures are excerpts from the report generated by the survey tool.

While Northampton had some of the highest scores among the trusts in the pilot, the survey still provided rich food for thought for leaders in this organisation. Like nearly all of the organisations in the pilot, Northampton scored high on goals and somewhat lower on resources for innovation; reflecting the traditional NHS focus on targets and limited resources. However, because culture is influenced locally, every organisation has its own 'signature' and Northampton also had a relatively low score in the rewards dimension.

Fig 1: Northampton Portal Chart

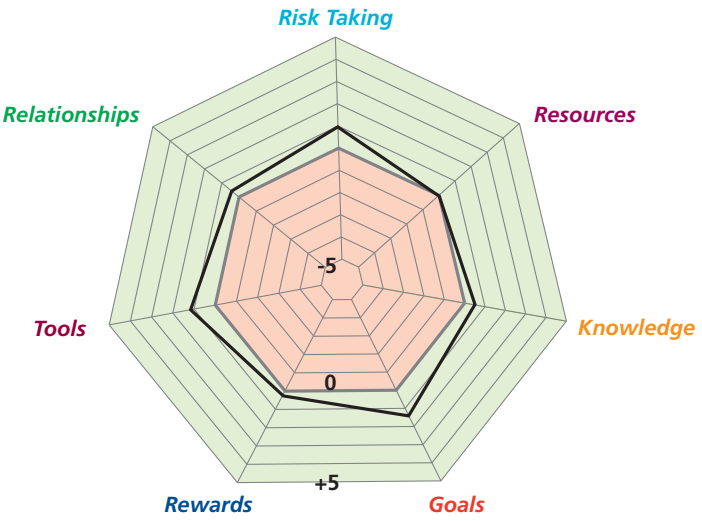


Fig 2: Northampton survey results exerpt

				Strongly Disagree					Neutral				Strongly Agree
Dimension	No	Statement		-5	-4	-3	-2	-1		1	2	3	4	5
Risk Taking	1	My direct supervisor supports me if I wanted to try something new	2.23											
Risk Taking	2	If I suggest a new idea and it fails, I know that I will feel so supported by everyone that I will not be reluctant to suggest even more ideas in future	0.27											
Risk Taking	3	In my department the general tendency is to hold on to the status quo rather than try new things	1.22											
Risk Taking	4	Senior leadership is willing to take a risk on new ideas that might make things better	0.59											

The survey report structure also allows for 'digging deeper' by looking at the results for individual items. For example, the report excerpt (see figure) shows the results for the four survey items in the risk taking dimension. Here we see that staff feel supported by their direct supervisor to try new things, but they are not as sure about senior leadership. This pattern of feeling more sure about their direct supervisor than about senior leaders was repeated in other dimensions (see Appendix 3 and note that the fourth item in each dimension focuses on senior leaders). Further, while staff feel supported to take a risk on a new idea, they are not so sure how supported they would be if the idea failed. There were many similar insights found in the data from the other dimensions.

Leadership reflection. These results were fed back to the Hospital Management Group (Director level) who noted that recent senior leadership changes had likely impacted on the perceptions of staff. Simply put, staff didn't know senior leaders as well as they knew their direct supervisors. More effort was needed to communicate messages about the desirability of innovation. (The leaders also suggested that the term 'senior leaders' might need to be clarified, and the survey and supporting materials have since been amended to incorporate this suggestion.) The management group recognised the need to do more in the resources and rewards dimensions, while building on the strength in the goals dimension.

Actions. They decided to link action on the results of the survey to promoting new ways of working and the generation of innovative ideas. Specifically, leaders are now working to help staff think about innovation and, where appropriate, link into the bidding process for the regional innovation funds from the SHA. This process has already yielded a two successful bids.

More communication across the organisation to spread the word is planned; including an innovation forum, which will provide a focus on telling the story so far and describing plans for the future. The forum will also include stories of innovative ideas that have been supported internally without the need for funding and those that have been successful in attracting external funding. In addition, the trust will run a series of creativity workshops, each focused on a particular challenge or local issue so that the people who attend them have a definite goal in mind. The objective is to clarify the process – and communicate senior leaders' support for it – thereby encouraging more ideas to come forward.

Another issue identified in the survey was that staff didn't always feel recognised for their efforts. The organisation has started to introduce new mechanisms to improve this. Examples include helping staff write up their work to publish articles, and providing support for staff to work differently.

Reflecting on the experience, Director of Service Improvement Sue Stanley said, *"The survey gave us useful insights into people's views of innovation. We plan to repeat it and run it more broadly across the organisation to see how those perceptions have changed once the changes we are making have had an opportunity to be implemented."*

Lincolnshire Partnership NHS Foundation Trust (LPFT)

Setting. LPFT is a health and social care trust providing mental health and learning disability services in the second largest county in the country.

Survey results. While the survey yielded 43 responses, it was sent out to all 1800 staff, reflecting only a 2.3% response rate. The table shows the four most positively and four most negatively rated statements.

Lincolnshire Partnership NHS Foundation Trust (LPFT)

Most positively rated statements:

- I am capable of generating creative ideas *(tools)*
- In general, there is a high degree of honest and open communication between departments *(relationships)*
- If I don't have the information I need, I feel comfortable asking my direct supervisor for it *(knowledge)*
- I know what the priorities or goals are in my department *(goals)*

Most negatively rated statements:

- We are generally kept informed about activites in other departments where our work mutually affects one another *(knowledge)*
- Senior leadership is willing to take a risk on new ideas that might make things better *(risk taking)*
- My department uses specific methods to generate creative ideas around the challenges we face *(tools)*

Leadership reflection. While the leaders were disappointed in the low response rate, the messages from this survey were consistent with those from other staff surveys with higher response rates and feedback from existing organisational development (OD) efforts. (The materials for setting up the survey and inviting participants have been amended to stress the importance of actions that leaders can take to ensure higher response rates.) The leadership team decided to incorporate the survey results into a wider piece of work to engage staff in the revision of the organisational mission, vision and values.

Actions. The trust's chief executive and workforce development team created a roadshow for all staff in the Trust's 72 delivery locations called "Pursuing even greater effectiveness together". In these sessions, the chief executive communicated the importance of innovation, especially in the current harsh economic environment, by saying, "We need to unleash your ideas. The Trust needs big, creative ideas in order to thrive in the coming 3-4 years and I am committed to capturing your ideas and suggestions to improve the way we deliver services."

LPFT are now offering an ingenuity course to all staff to develop skills for creative thinking and working differently in order to build innovation into everyday work and practice. The Trust have identified 20 innovation champions across the organisation to provide an accessible resource to front line staff and support a process for testing, implementing and spreading innovative ideas. The chief executive's Innovation Group, open to all staff and the 20 innovation champions, will be meeting regularly to discuss progress. Finally, an innovation email address has been set up for new ideas.

While it is still early days, innovative ideas are already beginning to flow through the organisation. Examples include: different ways to access services such as self-referral, bringing service together in one physical space, reducing duplication in record keeping, local flexibility in staffing budgets to tailor to service needs, and selling wellbeing services to local employers. Issues such as incentives and resources have also been raised so that they can be addressed.

Reflecting on the experience, survey lead and Head of Workforce Development, Craig McLean said, *"The results provided a real catalyst to get something done"."*

37 tips for creating the culture for innovation

Using the assessment methods in the previous section, you should find one to three dimensions that are existing strengths of the culture that need to be maintained or enhanced, and one to three dimensions on which more focused development is required in your group, team, department, service, organisation or system. The tips in this section are designed to stimulate your thinking about what you can do, or what you might coach others to do.

A condensed version of these tips is provided in the companion publication from the NHS Institute *Creating the Culture for Innovation: Guide for Executives*. You might want to use this Executive Guide for conversations with other leaders, knowing that you have more information to fall back on in this practical guide for leaders as you advise them.

Consider the information provided here as a 'starter for ten'. We also encourage you to test out your own ideas based on your understanding of the seven dimensions and your particular situation.

Navigating this section

If you have not yet conducted an assessment of the culture in your setting, or you are reading through this guide for the first time... you might want to read through all the tips to get an overview of the variety of ways that you can influence the culture for innovation. An even quicker overview would be to 'skim' through this guide reading just the summary statement of each tip.

If you have completed an assessment... follow the process below. The main purpose of this section is to aid action planning following such an assessment of the culture for innovation.

Following on from an assessment of the culture for innovation

Decide first if you want to think about creating the conditions for innovation on your own, or with a team of others. You will almost always think better in a group with others who, like you, want to stimulate more innovation. But, if you are working with others, remember that the seven dimensions apply to this small group as well (see previous section, Application: Planning for innovation in an event, team or project, page 40). If you create the conditions for innovation in your meeting you will be more likely to get innovative ideas about how to create the culture for innovation in your setting.

1. Review the results of the whole assessment. Look both at the dimensions for which you have a positive score and those that require improvement. Talk about what you believe has been done in the past that has led to the strengths indicated by the positive scores and think about what you can do to sustain those dimensions. Also reflect on any work that has been undertaken in the past in those areas that have received less positive scores. Finally, discuss what learning you can take from all this about creating a supporting culture.

2. Review each of the dimensions you now want to focus on as a result of the assessment process. A one-paragraph synopsis is provided at the beginning of each section of tips, or you can go back to the earlier section of this guide for a more complete review of the evidence along with a list of key constructs in the header. Decide whether you need to work on a dimension overall, or just some specific aspects of it. Having a clear idea about the specific areas you most need to work on before reading the tips will help you stay focused on what will really make a difference. Avoid being distracted by a tip that looks interesting, but in fact isn't what you most need to do to make a real difference.

3. Read all the tips associated with your dimensions of focus to see the range of things that you might try. Think these through thoroughly:

- What is the basic idea behind this tip?
- How do we think it would work in our context?
- How might we adapt it to fit?
- How might we combine thoughts from several tips in crafting something unique for our situation?
- What additional ideas do we have beyond the ones here?
- How will we actually implement something?
- Who will we need to work with to do this?

Avoid superficially implementing the tips. Give it some real thought. Your context matters. Be flexible and adaptable in your thinking.

4. Use a disciplined, reflective learning approach – for example, a Plan-Do-Study-Act (PDSA) cycle – to test your intervention. When trying to bring about change in social systems such as organisations, you never know what might work until you try it out.

- Plan and undertake a small test of change. For example, try something out in one area, with one team or one department, or for just one week.
- Seek feedback on whether it has made a difference to the view of your staff. Consider using 1 or 2 specific questions from the survey in Appendix 3 as an easy, rapid follow up measure.
- For example, after trying something new for a week in a department, place one question from the survey on a notice board and ask staff to place a mark or dot under their response to that item (strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree). Compare this to a similar poll taken before the intervention, or to the previous results if you used the survey for assessment. Alternately, just ask people to discuss how they feel about the intervention.

- Reflect on the learning, modify the intervention as required and test again, maybe on a larger scale, in order to spread the change.

For more information on PDSA cycles please refer to the NHS Institute for Innovation and Improvement, Improvement Leaders' Guides, www.institute.nhs.uk

5. Share your learning with others. Look for opportunities to talk with colleagues in other parts of your organisation, or in other organisations. Please also share your learning and new tips with the NHS Institute for Innovation and Improvement. We would love to include you and your team in updated versions of this resource. Do e-mail us at innovation@institute.nhs.uk.

Tips for improving the risk taking dimension

Synopsis

Risk taking is about establishing an organisational climate where people feel able to try out new ideas. While it is obviously important to avoid taking inappropriate risk, a healthy organisational culture seeks a balanced assessment that avoids prematurely rejecting ideas due to over-estimation of risk. It also requires leaders who show they are quick to provide emotional support to those willing to try something new, regardless of whether the idea is eventually judged a success or 'failure'. Leaders in innovative organisations demonstrate that they are more interested in learning from failure than in punishing it.

Capitalising on 'failure'

When developing the Airblade, the energy-efficient hand drier for public restrooms, the engineers at Dyson, noticed that the machine was trapping a lot of air inside and became curious about this 'failure' of their design. They wondered what they could do with this high-speed air. They considered lots of potential uses before looking at the typical electric fan, which uses rotating blades to hack air into pieces that are then propelled out into the room. They had found an opportunity....and the bladeless fan has been created.

Share widely how the organisation or system has taken reasonable risks on innovative ideas in the past. If staff don't see leaders actively supporting reasonable risk taking, they may get the impression that it isn't supported. The case study on the next page illustrates the classic point that "perception is one's reality".

"The fastest way to succeed is to double your failure rate"

Thomas Watson, founder IBM

We don't see it in the same way: A large acute trust convened a group or senior leaders, managers and front-line staff to discuss where the trust stood on the seven dimensions of culture in an innovative organisation (see the earlier section Application: Informal assessment of the culture for innovation in an organisation or system). The three groups sat on separate tables for the initial discussions. When each group reported out on the risk taking dimension, it became evident that there was a large difference of opinion among them.

The senior leaders who had rated the organisation highly on risk taking were genuinely surprised that the managers and front-line staff had rated it lower. "We have long debates about things at board meetings, and these often result in our support of innovative pilots of ideas that have not been tried anywhere else before".

But a member of front-line staff asked how she would ever know about these discussions. "You have to understand it from our position in the organisation", she said, "the first we hear of new ways of working is after they have been fully tested and are being spread more widely. At that point, it doesn't seem like much of a risk to us; but more like a top-down, management-controlled culture. It certainly doesn't suggest to me that my team would be welcomed to try something new and innovative. And we almost never hear about ideas that were piloted but did not work, even though that learning might have been useful to us".

The leaders took her point and resolved that they needed to do a great deal more communication about all the reasonable risk taking and learning that they perceived was already going on in the organisation, and how they welcomed more of it.

If the issue in your setting is about a difference in perception, the solutions are simple. For example:

- Be transparent about how risk is embraced and assessed in the organisation. Consider how you can keep staff informed about this.
- Publicise new ideas that are being tested, outline the anticipated benefits and risks, and describe the roles of senior leaders in supporting these.
- Talk about hard decisions at the board to support innovative pilots and new ways of working. Be seen speaking openly about these before you are sure that they work.
- Don't be afraid to be quoted saying things like, "It's never really been done like this before, and we know that it might not turn out exactly as planned, but we're willing to give it a go on a trial basis, with good monitoring and contingency plans, and we support those who want to learn about the process."
- Get front-line staff involved in planning pilot efforts, and ask them to share with colleagues their experience of being supported in prudent risk taking.

"Often, the difference between a successful person and a failure is not one has better abilities or ideas, but the courage that one has to bet on one's ideas, to take a calculated risk - and to act."

Andre Malraux

Establish a process to publicise and learn from ideas that 'fail'. Make it routine and acceptable to talk about ideas that were tried but 'failed'. Work from the mindset that the only 'failure' is the failure to learn, and that not sharing and learning from things that don't go as planned is waste and lost productivity.

Every attempt at innovation should have some form of an After Action Review (see box below), but this is even more important with 'failures'. Gather the group together who participated in the planning and testing of the idea and work through a series of questions such as these:

- What did we set out to do?
- What did we actually do?
- What did we expect to happen?
- Why did we expect that to happen, what was our theory?
- What actually happened?
- What have we therefore learned?
- What should we do now?
- Who should we tell about what we have learned?

An SHA leader, commissioner, organisational leader, improvement advisor, manager, or clinical lead could initiate this conversation. Many organisational safety programmes use After Action Reviews as an essential part of their learning. Ask those involved in your organisation's safety efforts if they can help you. You can also find more information at the NHS Evidence website at www.evidence.nhs.uk.

Did you know? After Action Reviews were developed by the US military in the mid-1970s but became common during the 1990 Gulf War. Its use was popularised and spread to other setting by Harvard professor David Garvin (2000). It is now used widely in innovation and improvement efforts in many industries.


SUCCESS
FAILURE

Go out of your way to provide emotional support for innovators. Leaders who understand and recognise the potential in staff make it their business to know and personally connect with individuals and teams who are doing innovative things. Go out to the person's work area, or to the department or team, and take an interest. Show that you know what they are doing, ask what they are learning (reinforcing the principle "the only failure is failure to learn"), and ask what you can do to help.

> Think of the difference in emotional impact on a more junior member of staff between having a senior leader seek her or him out to see how things are going, versus the anxiety that might be associated with being asked to come give a formal report to the board.

Be systematic as a leadership team about this and keep the lines of communications open. Assign leaders to be 'supporters' or 'sponsors' of specific innovations. Schedule periodic walk-arounds or phone calls to keep the lines of communications open.

These supportive behaviours will also help you create the climate for innovation in the Resources and the Rewards dimensions. They give you the opportunity to reinforce the authority to act, identify any resource constraints that might be blocking progress, and provide recognition and appreciation.

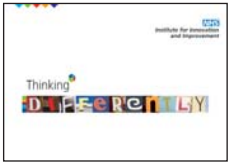
"Management's job is not to prevent risk but to build the capacity to recover when failures occur… if we aren't always at least a little scared, we're not doing our job"

Ed Catmull,
cofounder of Pixar and president of Pixar and Disney Animation Studios

Reverse the negative, worst-case scenario culture by establishing new conversation practices when innovative ideas are presented. Most organisations do not do a balanced assessment of risks when evaluating a new idea against the status quo. When presented with a new idea, people can be quick to point out what might go wrong, ask for strong evidence to support the new idea, or note that it would not work under certain circumstances. This almost immediately kills the enthusiasm for the new idea and makes the individual who raised it feel deflated.

Take the lead in reversing this behaviour and mindset by acting differently and encouraging others to do the same. For example, when presented with new ideas:

- Create a rule that the benefits of the idea are listed first before any discussion about what could go wrong. (This is a principle behind Edward de Bono's Six Thinking Hats®; see the NHS Institute's publication *Thinking Differently* for more information.)
- Recognise that the new idea may not work for every patient group or situation. However, ensure that any decision is made on the benefits for the majority rather than not using the idea because it does not benefit everyone in every situation.
- Review critically the current process that the idea relates to. Ask for the evidence that supports the status quo approach. Ask that the new idea be judged fairly to the same standard of evidence that we allow for the status quo practice. When examined more closely via this challenge, teams often find that the new idea can offer benefits that the current process does not.
- Rather than dismissing an idea as imperfect, challenge others to think about how they might further develop it to address its weakness.
  (See the Enhancement Checklist in the NHS Institute's publication *Thinking Differently* for more information.)



Research indicates that the behaviours of formal organisational leaders have a disproportionately large effect on organisational culture (Schein 2004). Commissioners, SHAs and Chief Executives in an area can have the same effect on the culture of a health economy. If a leader starts responding differently upon hearing new ideas, others are likely to follow.

Role model personal, courageous risk taking in order to learn more about how to improve the culture. Consider exposing yourself a bit by frequently asking others for feedback on your own behaviour and the culture of the organisation. You might use a version of any of the questions on the culture for innovation survey (see Appendix 3) as a guide. For example, you might ask staff during a walk-around "If you suggest a new idea and it fails, do you think that would make you reluctant to suggest even more ideas in future?" Appeal for an honest response, an explanation as to why they feel as they do, and suggestions for what they would like to see that is different.

Make a point of sharing the impressions you get from doing this with everyone, even if they are somewhat personally embarrassing for you. Experience indicates that people often give credit to a leader who is personally sincere and clearly trying to make things better.

Don't use humour to lighten the mood when discussing the risks associated with an innovative idea. It almost never works and often has the opposite effect. The box below describes all-too-often-heard comments meant to be light-hearted in approaching the risk taking associated with innovation.

Some things are just not funny

We cringe at some of things that we have actually heard senior leaders say…
"Jane tells us she is sure it will work, and we've told her we are sure she can find work elsewhere if it doesn't (ha ha ha)".
"Yes, I can remember we learned a lot from a past failure of an innovative idea. Of course that bloke no longer works here (ha ha ha)".

The reaction is often nervous laughter and people making eye contact with one another around the room. This affirms that they believe that this gallows humour is actually true about the organisation.

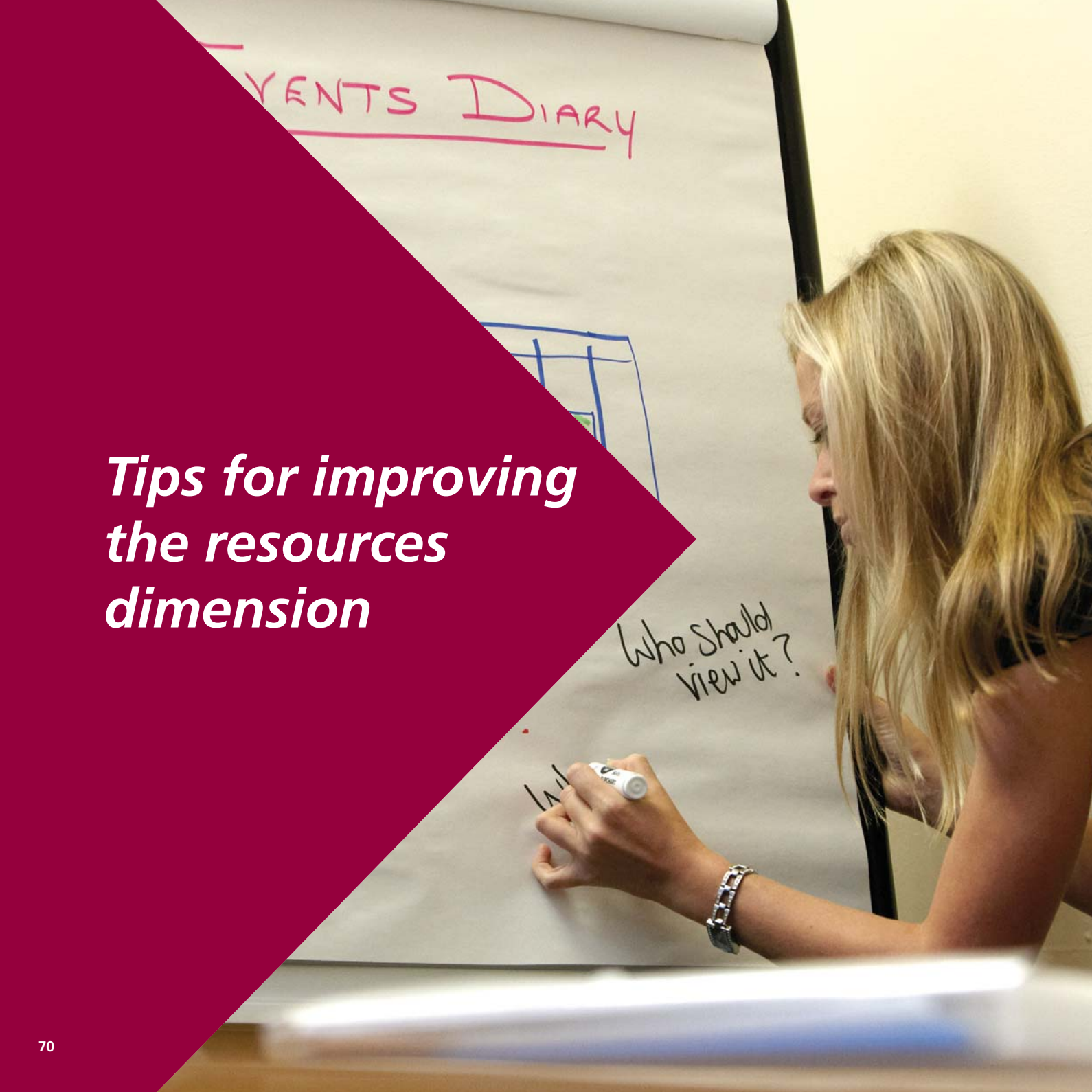
Don't do this! If you are in a room where someone does, immediately speak up and say something in a serious tone like, "Actually, Jane's confidence in leading the way on this innovative idea is just exactly the sort of thing we support around here, and we certainly wouldn't want people like her to leave".

Feed the rumour mill to positive effect. As you try some of these tips realise that your new behaviour is likely to take others by surprise. Invariably, this will start a buzz around the organisation. This will have a positive effect in terms of improving the conditions for innovation, for it has been said that the 'rumour mill' is often the most efficient internal communications vehicle in any organisation.

More tips that can also help you enhance the Risk Taking dimension can be found in other sections…

- Re-enforce the expectation that individuals and teams should feel they have authority to act on innovative ideas and seek to understand why they might feel they do not. ***(Resources)***
- Reward and recognise 'failed' attempts at innovation where you can celebrate learning. ***(Rewards)***
- Distinguish between, and channel into appropriate processes and methods, issues that need: (a) adoption of existing better practices from elsewhere, and (b) truly new ideas. ***(Tools)***
- Start a 'Not Invented Here' programme where leaders, managers, and staff are supported to seek out knowledge and ideas from outside health care that can be adapted to address key organisational challenges. ***(Knowledge)***

Tips for improving the resources dimension



Synopsis

The resources dimension considers the broadest sense of the word. The climate for innovation is enhanced if people know that they have the 'resource' of authority and autonomy to act on innovative ideas. While innovative ideas do not necessarily need a lot of money or time to develop, staff can become demoralised if these traditional resources are not available and can feel that there is no point in putting forward a new idea. The presence of concrete resources signal that the organisation is taking innovation seriously.

Reinforce the expectation that individuals and teams should feel they have authority to act on innovative ideas and seek to understand why they might feel they do not. Do you know the reasons that staff might not feel able to act on new ideas? Many leaders don't, nor do they know the process, assuming that one exists, that staff have to go through in order to gain permission to try something new.

Do a 'spot check' during individual meetings or walk-arounds by asking staff to tell you about ideas they have where they feel they need more permission to act. Ask them about the process they believe they need to go through to get this permission. In our experience, we have found examples where staff are required to go through a long and complicated process, or they have no idea what the process is. Be clear that you are very open to feedback and truly want to have an honest dialogue about any past 'signals' that might have been sent by leaders. Also make it clear that it may indeed be that, in some circumstances, they do need permission. In any case, both you and they will learn more about how to take innovative ideas forward.

In the end, the goal is to remove misconceptions and perceived barriers. Be prepared to do something and communicate back to staff to raise their feeling of empowerment.

In doing this, realise that the very act of coming forward with innovative ideas represents some level of risk-taking. Consistent with that dimension, be careful to provide emotional support and show genuine appreciation of their efforts and any difficulties they face.

The advice here, while framed above in the context of an organisation, also applies to commissioners who might start a similar dialogue asking the organisations they work with if they feel that they need permission to be innovative, and why. Commissioners need to work with providers to decrease the perceived barriers to innovation, which might involve altering such commissioning levers as payment and tariff schemes.

"In a recent survey, only 11% of front-line staff felt that they had enough time within their roles to dedicate to innovation."

Source: NHS Institute (2009)

Caution: Something to think honestly about. This tip may require some honest, self-reflection in a leadership team. The premise of the suggestion is that leaders will want members of staff to feel that they have the authority to try out innovative ideas. But this might not actually be the case. Leaders vary greatly in their need to feel that they are in control of things, and in what they would classify as being 'too risky'. It is important to explore this and gain consensus in your leadership team before telling staff that they have authority to act on their innovative ideas. You may do harm in the long run if you tell staff that they are empowered, but then have a leader who takes it all back by her or his actions.

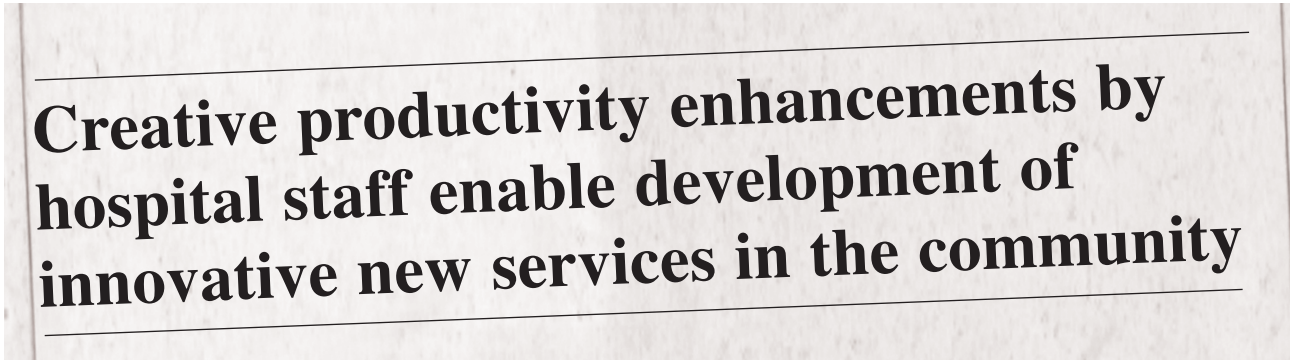
Turn strategically important innovation efforts into formal organisational projects with allocated resources. The most obvious way to provide resources for innovation is to focus innovative thinking on areas where resources already exist, or where there is a strong strategic imperative and resources could be identified. This might occur in one of two ways:

a) Select existing priority goals and ask staff specifically for innovative ideas in these areas. For example if you already have teams who are focusing on safety, challenge them to massively overachieve their own aspirations by thinking differently about this area. This request might be initiated by commissioners, boards, or departmental and team leaders. The key is to recognise that staff are an important resource and often have ideas from their experience of delivering services. While it is an example of top-down, directed innovation, there is nothing wrong with this. The presence of resources and the clear call for innovation signal to staff that there is an uncommon willingness on the part of leaders to hear about and provide resources for innovative ideas on this particular topic, and that can be quite motivating.
b) Consider whether an idea suggested by someone in the organisation or system is so powerful in terms of its potential impact on quality, patient experience, productivity, costs, or prevention that it deserves to be raised to the level of a strategically important project in the next planning cycle. This bottom-up innovation can then be supported top-down with the necessary infrastructure such as authority to act, time and budget.

An innovative organisation, health economy or other system should have a portfolio containing both types of innovation

Link innovation efforts to waste-reduction techniques that free up resources. In a context of limited resources, it may be necessary to create head room for innovation by first embarking on productivity improvement and then allocating some of the savings to support innovative new ideas. Leaders can signal their strong support for innovation, and perhaps increase staff buy-in to needed changes in other areas, by explicitly ring-fencing some of the savings that come from waste reduction efforts (e.g., quality improvement methods and programmes such as lean thinking, see the NHS Institute's Productive Series) in order to fund innovative new ideas. For example, commissioners might make funding of an innovative pilot contingent on savings elsewhere – or, organisational leaders might retain some headcount from a service redesign effort that reduces the number of staff needed in one area in order to re-direct the newly freed up staff onto innovation projects.

It is important to acknowledge the contributions of staff in both the waste-reduction efforts and the innovation efforts. Remind everyone that the innovation work would not have been possible without the hard work of those involved in the productivity improvement efforts that freed up the required resources. This also provides a great opportunity to build a sense of teamwork across an organisation or system.



Seek resources from non-traditional channels. Existing budgets and projects should not be the only channel of resources you consider. 'Think outside the box' a bit and you may find that there are more resources for innovation that you could access. Also expand your thinking about resources beyond the monetary to include people and expertise (see box below).

Finding resources to help you innovate...

- Become a test site for national initiatives, as these sometimes have additional resources in terms of expert help or small amounts of funding attached to them.
- Contact your SHA about 'innovation funds', for which you can bid.
- You may be able to secure funds from voluntary sector organisations, or even the National Lottery.
- Local industries might be willing to volunteer their time and skills to help with innovative efforts. For example, in work done at the NHS Institute, hospital porters were supported by Nationwide Building Society, Orecal, IDEO (a leading design firm), Tesco, and Royal Mail to create new ideas about how they could provide a better customer service.
- Contact university professors to see if you can arrange a mutually beneficial scheme where students provide support for innovation projects (e.g., designing websites, collecting or analysing data or undertaking specific communications exercises) that also provides them practical work experience to go along with their course of study. Several NHS organisations have benefited from students of journalism and photography who have provided their time for free and used the work they have done as part of their academic assessment.
- Members of the community including patients and their families might also be willing to volunteer their time and skills; either in lending a true service users' perspective to innovation projects, or in helping complete needed tasks (e.g., designing a communication brochure). There are many such success stories documented in NHS Institute publications associated with experience based design. To get details of how to obtain Experience Based Design (ebd) tools, case studies and resources see www.institute.nhs.uk/ebd

More tips that can also help you enhance the Resources dimension can be found in other sections…

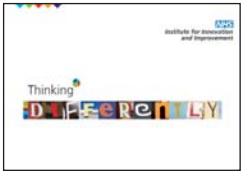
- Distinguish between, and channel into appropriate processes and methods, issues that need: (a) adoption of existing better practices from elsewhere, and (b) truly new ideas. ***(Tools)***
- Set out organisation - or system-wide innovation challenge topics that call for innovative ideas in specific areas of need. ***(Goals)***
- Consider goals, contracts, annual appraisals, personal development plans, or job descriptions that require people to try out a number of innovative ideas annually and report back on what they have learned. ***(Goals)***
- Start a 'Not Invented Here' programme where leaders, managers, and staff are supported to seek out knowledge and ideas from outside health care that can be adapted to address key organisational challenges. ***(Knowledge)***
- Go out of your way to provide emotional support for innovators. ***(Risk Taking)***

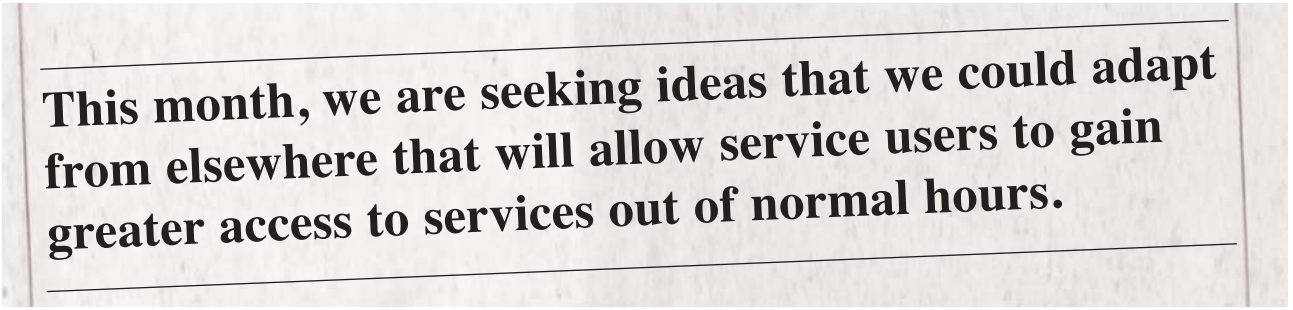
Tips for improving the knowledge dimension

Synopsis

Broad-based knowledge is the fuel for innovation. We create better conditions for innovation when information, both from within and outside the organisation or system, is widely gathered, easily accessible, rapidly transmitted, and honestly communicated. Since we cannot know in advance what knowledge might stimulate an innovative idea, censoring, filtering or over-summarising information detracts from this dimension.

Start a 'Not Invented Here' programme where leaders, managers, and staff are supported to seek out knowledge and ideas from outside health care that can be adapted to address key organisational challenges. Each of us have several encounters a week with people, businesses and services where we experience good flow as customers, have interactions that create exceptional positive experience, or see high levels of productivity via technology or job design. The simple fact is that most of us simply do not think about how the principles of successful operations in these other services might be applied to the work we do ourselves. Capitalise on the myriad experiences of staff (and even their friends, partners and families!) by drawing attention to the need to apply ideas and principles from elsewhere to the work we do. (For more on the thinking behind this tip, see the mental valleys concept and the Fresh Eyes and Mental Benchmarking tools described in the NHS Institute's publication *Thinking Differently* which can be obtained from www.institute.nhs.uk/thinkingdifferently)





While general awareness raising is useful, a more focused effort will have even greater benefits. For example:
In addition to supporting the Knowledge dimension, this sets a goal, implies that there is little risk in suggesting an idea as these are welcomed, suggests that resources will be available to support some work, and provides an opportunity to recognise those who contribute. Commissioners could further encourage this sort of knowledge seeking when they work with providers seeking funding for services.

Bringing the knowledge of outsiders into the NHS to generate innovative ideas. The NHS Institute regularly invite non health related organisations to input their ideas on specific topics such as improving access for GP Surgeries, health and fitness for older populations, and creating a service delivery oriented process for hospital portering teams. Contributors have included an award winning water company, a concierge service, phone network providers, retail organisations, and hotel representatives.

Encourage staff to look for and share new ideas from other health care organisations, internal departments, or partners along pathways. Just as the previous tip encouraged greater knowledge flow from outside health and social services, this tip suggests the same, but with an internal focus. Requiring managers and clinical leads to regularly seek out and adapt ideas from other areas also encourages the more rapid spread of innovation and combats the 'pockets of excellence' phenomenon that we unfortunately see so often. Transferring ideas that work in a different location into your own area is a particularly important type of innovation for the NHS because there are so many examples of excellent practice available.

A good example is the recent development of High Impact Actions for Nurses (Mugglestone and Baxter 2010, Maher and Fenton 2010). Based on the knowledge that within the NHS there are many examples of excellent improvements that have been made by individuals or teams of nurses and midwives, a call for evidence of all these good examples resulted in over 600 submissions within a three-week period. In addition to the actual submissions, visits to the website to look at the submissions were in the thousands. The submissions were assessed and synthesised to create those that are believed to have the highest potential to increase quality, improve patient experience and reduce cost. This work has created massive interest and there is widespread evidence of adoption of good ideas from case studies that have been developed in each of the eight high impact areas. For more information go to www.institute.nhs.uk/hia

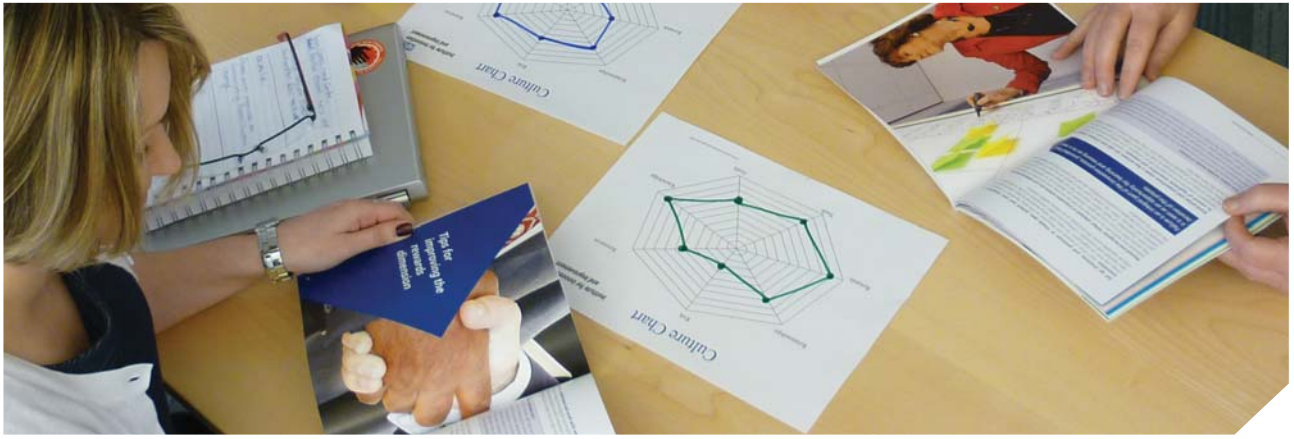
I've been noticing…

You know that you are making progress in the Knowledge dimension when you regularly hear staff say things such as:

- "I have a friend who works in a neighbouring hospital and what she says they do is…"
- "I read about something really great in the *Nursing Standard* (or *BMJ* or *HSJ*)…"
- "I was at a meeting with some colleagues from community services and the way they handled a similar situation is…"
- "I went to X-ray with a patient and I noticed that they did this great thing that I think we should consider…"

Regularly share and celebrate innovations that are already happening in your organisation or system. For example, develop an annual 'innovation day', or an innovation focus within your regular newsletter, in which teams, departments or organisations in your health economy display some of their most innovative new ways of working and pose challenges seeking innovative ideas to solve their problems. This also stimulates innovative thinking by promoting some friendly competition among departments and teams. The periodic event becomes part of the pattern of organisational life where departments and teams know that they will be able to showcase something they have done. Everyone will be naturally curious as to how what they have done compares to peers. This idea also links with the Rewards dimension of culture; but we encourage you to read the caution there about awarding top prizes.

In addition to sharing what has already been done, such an event can also be used to stimulate wider thinking about challenges that have yet to be successfully addressed. Departments and teams could post their challenges on a board with a large space for others to post ideas and suggestions. These might become the topics for future knowledge searches to learn more about how other organisations and industries address similar challenges.



"Innovation is fostered by information gathered from new connections; from insights gained by journeys into other disciplines or places; from active, collegial networks and fluid, open boundaries."

Margaret Wheatley
Author

Share board information more widely and use knowledge from the workforce to support the board.
While the preceding tips focus mainly on sharing knowledge about innovative solutions, this one looks more at sharing information about current performance and challenges that need to be addressed.

Look at all of the information reviewed at board level and ask: "Why can't this information be shared more widely to stimulate broader thinking and create more urgency for change?". Boards often have information that they are reluctant to share widely for fear that it will overwhelm or upset the workforce. This creates a culture of parent-child interaction and contributes to what Harvard professor John Kotter (2008) calls the 'complacency' that works against the urgency for change that often fuels innovation. Sharing detailed performance information can also call attention to so-called 'positive deviance' – departments, teams, or individuals who seemingly have discovered something that enables them to excel on a particular dimension of performance that might be adapted and spread more widely (see box).

The surgeon who knows something.

Mining the data in its Quality Observatory, a team in the South East Coast identified a consultant at one hospital site who was achieving outstanding results. His hip replacement patients had good, safe outcomes, with much shorter lengths of stay and higher satisfaction, at reduced cost and with higher staff morale than comparable sites. His better practices have now been evidenced with data, which also demonstrates the wide variation among surgeons, and work is underway to spread these practices.
Source: Samantha Riley, Head of the Quality Observatory, South East Coast SHA and member of the Academy for Large-Scale Change.

While there is certainly some information at board level that must be kept confidential, in our experience far too much information is held at senior levels. This may well be holding back the organisation from the innovation that would make it more successful in serving the patients, carers and public who depend upon it. Consider adding a question to each board agenda item that encourages a few minutes of reflection on the information just shared with the board to ask if it shouldn't be more widely shared.

Open the knowledge window for staff by linking to knowledge management resources that exist in your organisation, region, or at national level. Recently, the Department of Health has asked NHS organisations at every level to appoint knowledge management leads. This has stimulated the development of numerous knowledge management and sharing resources across the country (see box). Each of these can be sources of innovative ideas, or pieces of ideas that can be combined to create local innovations.

Some available knowledge management resources in the NHS...

NHS Live is a free, national learning network which aims to stimulate innovation from the NHS frontline, to encourage innovative partnerships and networks, and to create mechanisms for the diffusion and adoption of innovation. The NHS Live community currently has a membership of 11,000 frontline enthusiasts, innovators and improvers from across the NHS. The NHS Live project directory enables you browse projects by key word and by your local area. Visit www.institute.nhs.uk/nhs_live for more information.

NHS Institute Alert is a bulletin highlighting latest research and opinion to NHS staff working in the areas of innovation and improvement. The aim is to improve practice by raising awareness of the latest evidence for a wide range of topics including, innovation, improvement, patient experience, patient safety and cost and quality. Visit www.institute.nhs.uk/nhs_alert for more information.

NHS Evidence allows everyone working in health and social care to access a wide range of health information to help them deliver quality patient care. NHS Evidence has a fast, free and easy to use search engine to help users search for the information they want. It ranks search results from credible medical sources according to relevance and quality and allows users – through My Evidence – to personalise a search and register to receive the latest health information. It awards an Accreditation Mark to organisations who meet high quality standards in developing health information. Visit www.evidence.nhs.uk for more information.

In addition to tapping into emerging knowledge sharing resources, consider creating your own informal mechanisms for people to share what they know. For example, ask anyone who goes away to a meeting or conference to purposefully search for and then write up 2-3 ideas that they can bring back to the organisation. These short summaries could be published in existing newsletters, captured on websites, or simply shared verbally at managerial, clinical, or other staff meetings.

More tips that can also help you enhance the Knowledge dimension can be found in other sections...

- Bring in non-traditional team members precisely for their potentially very different points of view. ***(Relationships)***
- Increase the use of job shadowing, short-term work rotations, and longer-term secondments to increase individuals' awareness and valuing of different ways of thinking and working. ***(Relationships)***
- Identify and publicise widely the strategic issues where there is a clear case for the need for innovation and where extension of the current way of working is clearly inadequate to meet the need. ***(Goals)***
- Distinguish between, and channel into appropriate processes and methods, issues that need: (a) adoption of existing better practices from elsewhere, and (b) truly new ideas. ***(Tools)***

"[Leaders] must set people up for success by giving them the information they need to do there job right without telling them how to do it"

Ed Catmull
President, Pixar and Disney Animation Studios

Tips for improving the goals dimension

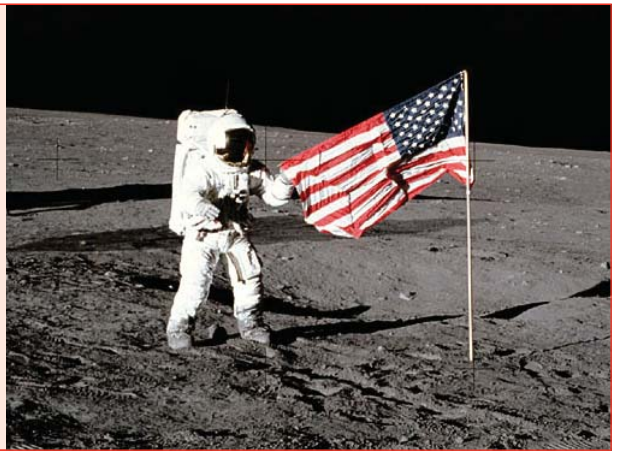
Synopsis

Organisational and system leaders – whether team leads, managers, directors, executives, or commissioners – signal that innovation is highly desirable by setting aspirational goals in specific areas and challenging others to find ways to realise the vision. Linking these to strategic priorities and being able to articulate a clear, multi-faceted case of need, further signals the importance of the call for innovation. However there is a caution. Innovative thinking is stifled when leaders go beyond statements of what needs to be achieved and also become prescriptive as to how it must be achieved.

Identify and publicise widely the strategic issues where there is a clear case for the need for innovation and where extension of the current way of working is clearly inadequate to meet the need. While continual, incremental improvement is the ethos of the health system, this can also lead to a culture of complacency. The mindset "of course we can always do a bit better", while good, leads to change that often does not fundamentally challenge the status quo approach. In other words, it is not really very innovative and does not achieve breakthrough results.

At the same time, challenging and changing everything at once is a recipe for chaos. Somewhere in between the two extremes lies great opportunity for strategically focused innovation. Identifying those opportunities and attaching a stretch goal that captures the imagination can stimulate lots of innovative thinking.

Stretch Goals and Innovation. The classic example from NASA (the US space program) was President Kennedy's challenge in 1963 that "we will put a man on the moon and bring him home safely by the end of the decade". At the time, few of the technologies required were available and there were many unanswered questions. But this clearly articulated stretch target spurred massive innovation in several fields that not only benefited the space effort but also led to products that we take for granted today (for example, both cardiac pacemakers and health care telemetry had their origins in NASA innovations).



The key in articulating targets that stimulate innovation is to stick strictly to defining the 'what' and the 'why', but steadfastly avoid specifying the 'how'. The aim is actually to have people initially react saying that it cannot be done. This then provides the opportunity to lead them to realise that what is holding them back is the way that they are thinking about it. (This is a principle behind the That's Impossible! tool in the NHS Institute's publication *Thinking Differently* which can be obtained from www.institute.nhs.uk/thinkingdifferently.)

An example of clear statements of 'what' and 'why' linked to a strategic goal is provided in the box below. The clarity of the goal, the strength of the case, and the size of gap invites people to think differently about approaches to the problem. For example, ideas about innovative partnerships with others in the health service, as well as organisations in other sectors or individuals in the community, come instantly to mind.

Setting Goals that Encourage Innovation in the Health Service

Key Principle: Clearly articulating the 'what' and 'why', but avoiding specifying the 'how'.

Situation: 40% of unplanned admissions to our Acute Trust are alcohol related, and the percentage is rising at an alarming rate. Data also indicates that alcohol plays a role in many cases of staff abuse by patients. We have identified reduction of alcohol-related unplanned admissions as one of our strategic priorities.

What (stretch goal): We want to go beyond simply slowing the growth in alcohol-related admissions. How might we cut the actual number of unplanned alcohol-related admissions in half in 2 years?

Why (the case): We have made incremental improvements, but these are merely slowing the rate of increase. The absolute numbers of alcohol-related admissions already place an unsustainable burden on us from a finance, staff safety, and staff morale perspective. The rising burden of unplanned alcohol-related admissions will only grow more intolerable as we enter a period where resources will be further constrained. We must do something radically different now.

Set out organisation- or system-wide innovation challenge topics that call for innovative ideas in specific areas of need. This straightforward approach builds on the previous tip but goes a step further to create an 'innovation focus list'. In the spirit of focusing, this list should be specific as to topics and no more than five to seven items. For example:

- A Foundation Trust might say, "We need truly innovative ideas in the areas of: eliminating waiting, reducing stillbirths in a certain ethnic group, truly equipping and empowering patients and carers in their own self-care after discharge, etc."
- Commissioners in a PCT might say, "We want innovations that will: cut teenage pregnancies by 70%, reduce admissions for people with diabetes by 50%, etc."

The specificity of the goals and targets implies attention and resource-availability. Going further, leaders could set up specific structures and processes to enhance the invitation to innovation; for example, identifying a specific senior executive as the sponsor for each item on the list, or setting up a webpage or email box that will accept ideas and respond back to the initiator.

"Many people fail in life, not for lack of ability or brains or even courage but simply because they have never organized their energies around a goal."

Elbert Hubbard
Innovator in the field of marketing, 1880.

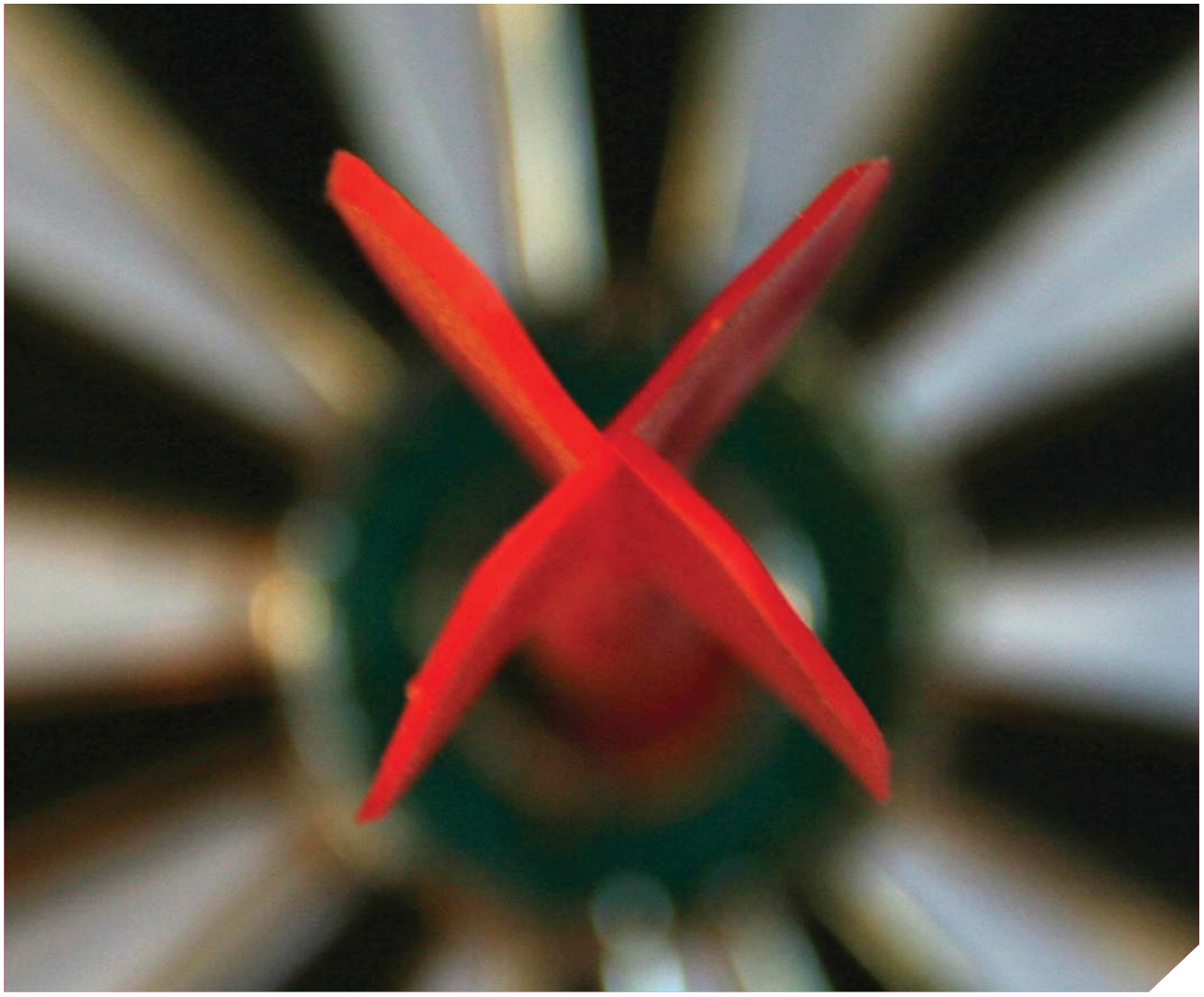
Articulate stretch goals in the language of "how might we… (do something that today seems impossible)?" In many organisations, the word 'target' or 'goal' implies that there will be negative consequences associated with not meeting it, even if one falls short by only a small amount. The natural reaction is to want to avoid setting oneself up for negative consequences. The best way to do so is to debate the specifics of the goal. Often, more thinking energy is devoted to arguing against the specific target than is given to coming up with innovative ideas.

A simple way to avoid this is to state innovation goals and targets in the form of a question that begins: "How might we…?" (see box). This invites enquiry and creativity, rather than resistance and debate. It also signals that you have simply chosen a round number to shock the thinking and you don't really mean anything more exact than that. In the end, if we achieve a 43% reduction in something that we set a goal of 50% on that is still something worth celebrating!

How might we...

- We have reached our 18 weeks wait targets, how might we reduce that by half again?
- Our operating costs in theatre are much better now, but how might we cut them an additional 30%?
- Many people with diabetes in our practice have achieved control of their blood sugar levels. How might we maintain that outcome with half the number of visits to health professionals?
- How might we achieve a 25% reduction in falls across the whole community?

Review current goals and targets and seek to remove overly-prescriptive means that are embedded within them, or make it clear that you are very open to alternative means that accomplish the same goal. For example, a target to "Reduce by 10% unplanned admissions of people with diabetes by implementing the XYZ model of care" leaves only a little space for innovative thinking. Of course, if there is good evidence for the XYZ model of care and others have routinely achieved satisfactory results with it, then this is perfectly good goal statement for the spread of an innovative practice that will lead to improvement. This is a good thing (For more about this distinction, see the explanation at the end of the Introduction section and the first tip in the Tools section.) but leaders can enhance the conditions for further innovation by saying instead… "The goal is to reduce by 10% unplanned admissions of people with diabetes. The XYZ care model has been shown effective in achieving this, and we might indeed decide to implement it here. But before we take that decidion, let's also consider other approaches. How might we achieve a 10% reduction in unplanned admissions for people with diabetes?"



Such thinking might result in an even better approach, or some innovative building on the proposed care model. Further, even if clinical leaders and front-line staff decide after thinking about it that the XYZ care model is actually a good approach, the difference between leaders telling them they must do it versus leaders inviting them to input and chose for themselves will likely have a positive impact on ease of implementation and eventual sustainability.

Consider goals, contracts, annual appraisals, personal development plans, or job descriptions that require people to try out a number of innovative ideas annually and report back on what they have learned. A basic principle behind many of the tips in this section is to say what is expected in a high-level sense, and avoid over-specifying the details. Building on that, this tip suggests simply setting the general goal of asking for innovation of any kind.

How do you define an 'innovative idea'? The companion guide in this series, Making a Bigger Difference, provides an approach. However, the aim of this goal is not to accumulate or judge ideas, but rather to stimulate thinking and create a conversation that encourages even more innovation. Leaders will learn something about the capability for innovation in their organisations by having this conversation and reflecting on the items that are put forward as examples of innovation. Likewise, commissioners will learn something about the innovativeness of providers in their health community. If you are truly creating the conditions for a difference, you should see a difference in the depth of challenge to status quo thinking over time. *Thinking Differently* can be obtained from www.institute.nhs.uk/thinkingdifferently

Avoid setting people up for failure and frustration. If you set such a goal, make sure you also provide tools and skill building, along with the resource of authority to act on ideas.

Test for alignment of organisational or system-level goals for innovation by asking staff where they think innovation is most needed. One of the purposes in setting goals for innovation is to communicate the need for innovative thinking. There is a timeless principle in communication that says: "if they didn't 'get it' you didn't communicate it properly".

The objective is to see whether you are communicating clearly enough to raise people's awareness of the need for innovation so that they are constantly on the look out for innovative ideas. If they cite back to you the areas where you have set goals for innovation, then you have evidence of good communication. If they say they don't know if innovation is really needed, or they cite completely different areas, then you have evidence that the innovation goals you have set are not necessarily accomplishing the objective of stimulating innovative thinking. You may need to communicate again, or do it better. Or, you may have targeted areas that simply do not seem that important to others. In any event, you are not fully capitalising on the power of goals to create a culture for innovation.

More tips that can also help you enhance the Goals dimension can be found in other sections...

- Turn strategically important innovation efforts into formal organisational projects with allocated resources. ***(Resources)***
- Grand prizes and competitions create a few winners and lots of losers; instead seek to reward all legitimate innovations and attempts. ***(Rewards)***
- Distinguish between, and channel into appropriate processes and methods, issues that need: (a) adoption of existing better practices from elsewhere, and (b) truly new ideas. ***(Tools)***
- Start a 'Not Invented Here' programme where leaders, managers, and staff are supported to seek out knowledge and ideas from outside health care that can be adapted to address key organisational challenges. ***(Knowledge)***

"Don't stop. Keep moving towards new targets, new goals, new improvements"

Stuart Rose
CEO Marks & Spencer

Tips for improving the rewards dimension

Synopsis

Rewards for innovation are symbols and rituals whose main purpose is to recognise innovative behaviour. They signal how much value is given, or not, to the efforts of individuals and teams who come up with new ways to help the organisation or system achieve its strategic goals. Because it is all about encouraging more of this sort of behaviour, the best recognition is that which appeals to people's intrinsic and individualised motivation. The most successful recognition schemes avoid a one-size-fits-all approach and are instead based on a deeper understanding of what makes people do what they do. For example, frequent personal expression of appreciation is often more important to people than financial reward.

Keep it simple and sincere. Recognition can come in many forms; the more direct, straightforward and heartfelt, the better. A simple 'thank you', delivered personally in the staff member's or team's environment, along with a description of the idea in your own words that shows that you really took the time to understand what they are suggesting, goes a long way. Taking the time to explain what will be done with the idea, or what you want them to do with it next, is another simple thing to do. If the idea cannot be taken up, providing a thoughtful explanation as to why tells them that the idea was given consideration, while also providing some coaching as to how to come up with an even more useful idea next time around.

Be genuine and sincere in your efforts to recognise staff ideas. They can detect if you are simply going through the motions and don't seem to really mean it when you say that you appreciate their efforts. It would be better to say nothing at all than to say something that comes across as insincere.

Seek to understand and work with what intrinsically motivates innovators. While "it's the thought that counts" does indeed count for something, standardised awards may leave the receiver feeling theirs has been a superficial rather than significant accomplishment in the eyes of the organisation. In order to stimulate more innovation, we need more people who feel a deep bond of appreciation from their organisation.

"[If] rewards don't follow suit, then the lasting innovation culture you seek will be fleeting at best."

Troy Geesman
Innovation and Strategy Director at the product design firm laga

3M's HR Policy Stimulates Innovation By Giving Innovators What They Really Want... Studies of innovators across a variety of sectors indicate that what many would like most is more time to work on innovations because they personally value the excitement and challenge of trying to do something different. Understanding this intrinsic motivator, the industrial firm 3M has a human resources policy that allows all staff to take up to 15% of their time on the job to work on innovative ideas, and then provides even more allowance of time for the most promising ideas.

This tip simply suggests that while, as a practical matter, you might ask a small group to come up with ideas for recognition of innovation, that group needs first to go out and talk with lots of people who might be the potential recipients of such recognition. It also suggests that you may need an array of ways to recognise accomplishments and a way to match these to an understanding of what is meaningful to each individual you wish to recognise.

When we think of 'rewards', monetary prizes often come to mind first. While few people would refuse to accept a monetary reward, there is a great body of evidence to indicate that the vast majority of people do not do what they do in order only to get more money (Kohn 1990). Rather, there are many other intrinsic motivators; that is, factors internal to a person and having to do with their values and perspectives (see box).

What motivates you?

- Many front-line staff feel that monetary rewards for ideas should be directed at purchasing equipment or further enhancing the service because their personal values are deeply centred on caring for patients.
- A staff nurse who developed a new needle disposal system was delighted to have help in writing an article for publication in a professional journal. This was something that she felt she could not have done alone but seeing her name on the page made her feel very proud.
- Two team members were supported in attending a conference on innovation and improvement. Their experience was so good they could not stop talking about it and the new ideas they had learned. Many have enquired if this recognition is available for others.

To gain insight into others' intrinsic motivation, initiate conversations as you walk about or interact with small groups. Use open-ended discussion starters such as:

- What was the best recognition you ever had in a work situation?
- What could we do to make you feel recognised and supported in the work you have done?
- What motivated you choose to work in the health care sector versus others?

Talk to lots of people. Listen appreciatively. While you will no doubt hear diversity in the responses, you will also begin to see patterns. Use these insights as input to the design of any recognition effort.

Set up structures and processes to enable peer, patient and carer recognition for innovation. Don't think of rewards and recognition as only being top-down, or something that comes from 'an organisation'. For many staff, being recognised by peers, patients and carers is very important and meaningful. Comments from peers and patients could be incorporated into an internal newsletter article, the local press, or an internal awards ceremony.

There are a variety of ways to systemically encourage such recognition. For example:

- Place wall posters about recently introduced innovations in patient care areas and include a comment wall where patients and carers can write whatever they wish. A selection of these comments can be read aloud at staff meetings on a regular basis. (See the box Big Brother's Diary Room Comes to the NHS for another example involving direct patient and carer feedback on the next page.)
- Set up periodic, but casual, showcase events where several individuals and teams are given support to create a posterboard where they can talk about what they have done. Setting up the stands for a few hours in areas where lots of staff, patients and carers naturally pass and giving staff time to man the stands (perhaps rotating through in shifts to spread the recognition around) encourages casual, 'buzz-y' conversation.
- Set up periodic 'open house' times where places with innovative practices are available to showcase what they have done. Publicise these well and encourage participation.

Big Brother's Diary Room Comes to the NHS... Wrightington, Wigan and Leigh NHS Trust borrowed the 'diary room' idea from TV's Big Brother to capture on-the-spot experiences from patients and carers in order to gather feedback and prioritise changes. The team borrowed a camera from the trust's digital imaging department and put posters up to invite patients and carers to take part. In the genito-urinary medicine clinic, the team made audio recordings instead so that patients could participate without feeling uncomfortable. In addition to getting many ideas for improvement from patients and carers, the recordings also provided a source of very positive feedback to staff on changes that had already been made. In the light of its success, the team is now beginning to visit patients at home to record their personal stories. These will be played to the trust board to help shape future commissioning plans.

The possibilities are endless. The point is simply to put your leadership effort to use in facilitating this sort of interaction, in addition to the more common formal recognition efforts that leaders should, of course, continue to do.

Reward and recognise 'failed' attempts at innovation where you can celebrate learning. Recall the discussion under risk taking (pages 12-13 and 60-69 Tips for improving the risk taking dimension) about how important it is to have a new mindset about 'failure'.

Failure is an integral part of the innovation process, provided that it is seen as an opportunity for learning and moving on to a next iteration. If individuals and teams who try a new idea that fails are shunned, even just a little or in seeming jest, they are less likely to try to innovate again.

"The best 'end of project' awards cleverly capture the heart of the achievement."

Tom Kelly
CEO at the design firm IDEO

Whatever you decide to do to recognise innovation in your team, organisation, or health system, make sure that you design something to also recognise 'attempts with learning'. When the culture is such that it seems just as easy to talk about these examples as it is successful innovations you will have gone a long way towards creating the conditions for innovation.

Grand prizes and competitions create a few winners and lots of losers; instead seek to reward all legitimate innovations and attempts. While it is common to have competition schemes where someone wins the prize over everyone else—and we are not totally against such schemes—it is important to step back for a moment to recognise a potential consequence. Many more teams and individuals 'lose' the competition than win. The potential unintended message is: "Your efforts weren't good enough".

A better (or additional) approach is to establish reasonable, but explicit and transparent, criteria for what you want to call an 'innovation' or an 'attempt with learning' and then recognise as many or as few examples as meet the criteria (see box). If there are 37 examples that meet the criteria, recognise them all equally. If there are only two that meet the criteria, recognise those and call for more like them.

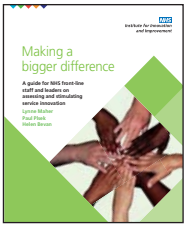
Firm criteria, variable number of winners

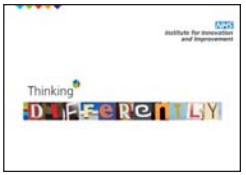
Countries around the world offer prizes annually to firms that demonstrate excellence in quality. Several of these awards programmes follow the philosophy of being firm on a set of criteria and then recognising as few or as many organisations as meet these. For example, over the years, the Japanese Deming Prize has seen years when as many as eight awards were given, as well as a year when no award was presented because no organisation rose to the standard. Similarly, the number of winners of the American Malcolm Baldridge Quality Award has varied from two to seven.

"Enhancing innovation… entails a dramatic departure from many traditional management practices. Rather than rewarding only success and punishing failure, companies should reward both."

Robert Sutton
The weird rules of creativity. *Harvard Business Review* (2001)

The companion publication in this series entitled *Making a Bigger Difference* (available from the NHS Institute, see www.institute.nhs.uk/biggerdifference) provides one approach to setting criteria for innovative ideas. The 'harvesting by criteria and dot voting' tool in another companion guide, *Thinking Differently* (available from the NHS Institute at www.institute.nhs.uk/thinkingdifferently), also provides guidance on this.





A final word... It is important to have some criteria to define what you mean by 'innovation' and how it is different from incremental improvement or change of any kind. Calling every change an 'innovation' risks demotivating the stretch, or paradigm-altering, change that we need more of.

More tips that can also help you enhance the Rewards dimension can be found in other sections...

- Link innovation efforts to waste-reduction techniques that free up resources. ***(Resources)***
- Start a 'Not Invented Here' programme where leaders, managers, and staff are supported to seek out knowledge and ideas from outside health care that can be adapted to address key organisational challenges. ***(Knowledge)***
- Regularly share and celebrate innovations that are already happening in your organisation or system. ***(Knowledge)***
- Go out of your way to provide emotional support for innovators. ***(Risk Taking)***

Tips for improving the tools dimension

Synopsis

In high-performing organisations, innovation is the product of the deliberate use of practical tools. Imagining that innovation will happen on its own if we just have the right culture would be as naive and irresponsible as imagining that financial controls would naturally emerge without some deliberate structures. While everyone is capable of innovative thinking, most of us have been socialised to be more conservative in our thinking in the work environment, especially in health care where there are legitimate risks that must be managed. Leaders, therefore, need to consider how they build capability and capacity in deliberate methods for creative thinking.

46% of respondents of the NHS Study on Innovation and Improvement said they would like to receive more support in learning about tools for innovation and improvement.

Source: NHS Institute for Innovation and Improvement

Distinguish between, and channel into appropriate processes and methods, issues that need: (a) adoption of existing better practices from elsewhere, and (b) truly new ideas. Consistent with what we have said about the goals dimension, innovation happens best when it is strategically focused. The complex organisations and systems of health care cannot sustain simultaneous, paradigm-altering change to every thing we do. It would be chaos, and there is no need to do so.

Within an organisation or health system there will be services that are operating well. These may still benefit from incremental improvement and/or adoption of well-proven ideas from other NHS or international health care organisations. Methods from improvement science (e.g., PDSA cycles, see the Improvement Leaders' Guides – available at www.institute.nhs.uk/improvementleaders) are already being applied in most health care organisations and systems in such situations.

It is important to have a deliberate process for identifying those strategically important few issues where fundamentally new thinking is required, in order to focus resources and efforts onto these. This should take place as part of existing operational and strategic planning structures (e.g., commissioning, the annual planning cycle). You should develop your own simple process for this, but the items in the box provide general guidelines. Build considerations such as these into a simple proforma that you can integrate into your existing planning processes.

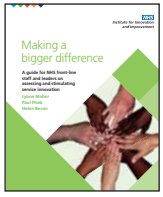
Guidance for identifying issues for application of innovation tools and methods

- Ask someone to conduct a deliberate search for ideas and better practices around the challenges you face as an organisation or system to see if there is something that you can learn from elsewhere. You may need to be innovative in the way you adapt the idea to fit your context, but if the basic concept behind the idea will help you achieve your goal then a great deal of work has already been done and you have less risk because you will know that the idea has been done elsewhere. Ideas data bases for health care already exist (e.g., The Health Care Innovation Exchange sponsored by the US Agency for Healthcare Research and Quality <*http://www.innovations.ahrq.gov/*>) and work is currently underway to create such searchable resources in the UK (see the box "Some available knowledge management resources in the NHS" on page 82).
- If the goal for improvement is small (e.g., single digits percentage-wise), or if you simply need to solve some problems that have crept in over time and get the service back to a level of performance that it has achieved before, you may require incremental improvement or adoption of existing better practices and should consider using traditional performance improvement methods. However, even when the current gap in performance is relatively small, you might still want to place a certain challenge in the 'innovation needed' category. If you know that the pressure to improve even more will simply continue year-on-year, you might want to consider launching at least some exploratory idea generation to see if you might jump to a fundamentally new level of performance through innovation.

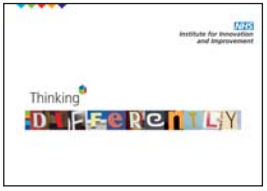
- If the goal for performance is far from current levels and there are no existing better practices that you can adapt, this might be an area for strategically focused innovation. Compile a full list of these and do a simple, first-draft business case on each in order to prioritise your needs.

Develop a cadre of people who can facilitate creative thinking and innovation processes. Creative thinking is something that everyone can do (Plsek 1997). Providing training and facilitation resources to build this capability in staff sends a visible message that innovative ideas are desirable. Consider it a natural extension of the improvement teams, advisors, and toolkits used by many organisations.

There are many useful tools for stimulating idea generation. The NHS Institute for Innovation and Improvement has several publications and masterclasses describing such methods and a programme to certify innovation practitioners. Visit www.institute.nhs.uk



www.institute.nhs.uk/biggerdifference

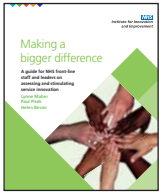


www.institute.nhs.uk/thinkingdifferently

www.institute.nhs.uk/observation

It is important to note that idea generation alone is not the whole of the innovation process. Tools and processes for further development, testing, implementation and spread of ideas are equally important.

Require innovators seeking resources to explore how innovative their idea really is and how they might make it even more innovative. Consider each and every idea for change that comes to your attention as a 'teachable moment' that offers you the opportunity to further develop the culture for innovation. If someone is seeking resources, even if it is only the resource of your authority to proceed, encourage them to also stretch their thinking further.



The companion guide *Making a Bigger Difference* (available at www.institute.nhs.uk/biggerdifference) describes a simple tool for guiding this reflection called a 4Ws table…

	Current Approach	Proposed New Idea
Who	Who is involved directly in delivering the care?	Specifically, who else might do something (esp. patients themselves)?
What	What specifically do they do?	What else might they do, or what might they do very differently?
When	When is it available?	When else might we offer this?
Where	Where is it done?	Where else could this care be provided? Where else might we also use this idea?

Asking innovators to construct such a table to present their ideas almost always stimulates further innovative thinking. It need not be an extensive analysis. After using this tool the first few times, you will find that you can easily construct it in a 10-minute discussion. This simple tool and organisational ritual can go a long way toward creating conditions that favour more innovative thinking.

Plan to introduce new tools or methods for innovation periodically. Spread their use widely in simple ways that help everyone see how they might use them, and publicise their many applications. If you are already using a few tools for deliberate creative thinking and innovation, or after you have implemented some of the tips above, plan to keep the focus on innovation fresh by injecting new things into the mix. This continually communicates the value you place on new thinking. Keep it simple and seek to introduce new tools and methods as part of daily work rather then always thinking that some sort of formal training is needed (see example on page 106).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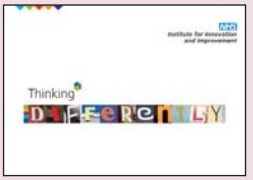
Bringing innovation into day-to-day work of staff. The NHS Institute's *Thinking Differently* guide describes a tool called 'Breaking the Rules' that can easily be integrated into the daily life of an organisation or system. Challenge staff for a month to purposefully notice all the 'unwritten rules' and traditions all around them. An easy way to spot these is to pretend that one is a man from Mars who is totally unfamiliar with health care processes and systems and keeps asking why things are as they are. For example, "Why is it that when patients arrive we ask them to wait in an area, when actually they came to see a clinician?" The answer might be, "Well we have to manage the flow of demand in some way." To which a response might be, "Is a waiting area the only way to manage the flow of demand? How else could you do it? How is it done elsewhere?" This invites organisational conversation with new thinking as we seek constructive and innovative ways to 'break the rule' about always having waiting areas for patients. *Thinking Differently* can be obtained from www.institute.nhs.uk/thinkingdifferently .



The basic idea here is to enhance the culture for innovation by encouraging more flexible mindsets, and to imbed a few simple methods for innovative thinking into the organisation's or system's culture on a regular basis. To achieve these goals, make sure that you also set up a mechanism to capture some stories of how the new methods have stimulated concrete change and publicise these widely. Your local communications staff can probably help with this.

More tips that can also help you enhance the Tools dimension can be found in other sections...

- Turn strategically important innovation efforts into formal organisational projects with allocated resources. ***(Resources)***
- Set out organisation- or system-wide innovation challenge topics that call for innovative ideas in specific areas of need. ***(Goals)***
- Consider goals, contracts, annual appraisals, personal development plans, or job descriptions that require people to try out a number of innovative ideas annually and report back on what they have learned. ***(Goals)***
- Establish a process to publicise and learn from ideas that 'fail'. ***(Risk Taking)***

Tips for improving the relationships dimension

Synopsis

The relationships dimension refers to the patterns of interaction between people in the organisation or system. Innovative ideas are rarely the product of a lone genius. Even when they might appear to be, delving further into the story nearly always reveals that the idea was formed over time and through multiple interactions with others that fuelled the process. Therefore, environments where staff are routinely exposed to a wide range of different thinking, from a wide-range of people, with a wide range of backgrounds and points of view, provide rich soil for the growth of innovation. Of course, it is more than just exposure; one can be 'exposed' to a diverse group of people while riding on a train and not be stimulated to innovate. There must be a sense of common purpose; of being in a 'team' with others. This team environment must also enable those with different thinking to trust that their input will be honoured and explored, rather than immediately argued against.

Create many opportunities for diverse individuals to work together and learn more about each other's ways of thinking. One of the simplest things you can do to build relationships that favour innovation is to create more and more opportunities for multi-disciplinary interaction. Simply put, if you give a group of nurses a challenge to address, they are likely to approach it in ways traditional to nurses. The same would be true for groups of doctors, managers, housekeepers, or admin staff. Give the same challenge to a multi-disciplinary team of nurses, doctors, managers, housekeepers, and porters AND provide good team facilitation that focuses on being explicit about creating a trusting, open environment where everyone is curious and respectful of what the other thinks, and you may get a completely different set of ideas that would not have emerged from any of the individual groups alone. The more opportunities you provide for this sort of working, the easier and more productive it becomes. It creates a mindset shift that becomes part of the prevailing culture over time.

The next three tips, while useful on their own, can also be considered as team-building exercises that could be productively combined with this one.

In a true team, the old saying is often true: The product of the whole can be greater than the sum of the parts

Use one of the many personal style instruments as a way to get people to honour differences between themselves and others as refreshing and useful. Sometimes you need to 'break the ice' in opening up conversations about the different ways that people think. If I simply tell you my perception of how I think of you, you might feel that I am judging you; and beside, I might have it all wrong.

There are literally dozens of simple style instruments that provide a structure and a language for beginning the exploration of one another's differences in a more objective way. See the box below for one example, and consult with your Human Resources Team who may have access to similar instruments.

Typically, one reads and responds (agree-disagree) to a series of statements, or selects or ranks preferred items from a menu of choices. These responses or choices are scored in some way that then results in a conclusion from the survey instrument. It makes a great team-building discussion if everyone completes such an instrument, gets some general feedback from a facilitator to help them interpret their own results, and then shares this information with everyone. The process gives everyone a better appreciation for differences within the team, avoiding potential frustration and enabling more understanding going forward.

Style instrument example. The common Myers-Briggs Type Indicator® (MBTI) gives one feedback on her or his preferred ways of processing thoughts (mainly alone or mainly by bouncing it around with others), coming to decisions (mainly through logic or mainly through emotion), and other things. An individual receives feedback on their 'type' that most people find eerily accurate. A key point is that there is no right or wrong. Each type has its strengths and pitfalls. Each type is useful in some situations and less useful in others. Complete thinking is best accomplished by some combination of all types. That is the value in working together as a team.

Note: The MBTI is a copyrighted instrument that requires the payment of a licensing fee. There are many other, similar instruments. For example, the booklet *Managing the Human Dimension of Change*, part of the NHS Institute's *Improvement Leaders' Guide* series, contains an instrument that works just as well for team building that is free to use.

The Improvement Leaders' Guides are available at www.institue.nhs.uk/improvementleaders

Start an ongoing dialogue about what 'teamwork' means and what it really looks like. Beyond styles and preferences, another sort of diversity that can be explored productively in teams is differences in what are called 'mental models'. Mental models are the images that humans naturally create in their mind's eye when they hear a word.

Mental models drive thinking, but if we have different mental models this can lead to conflict and frustration as we try to work together.

For example, I might say, "Let's be a high performing team", and you might readily agree that that sounds a good idea. But if my mental model of a 'team' is a sailing crew where I am the captain calling out orders which I expect you to follow, while your model of a 'team' is a football side where everyone is flowing and the ball is being passed around for each player to try to create something then we might find that we are not working so well together as a team! You will be frustrated with me for being directive and I will be frustrated with you for acting as if I am supposed to be passing you the ball.

"Undervaluing and under investing in the human side of innovation is a common mistake"

Moss Kanter. R. (2006)
Innovation: The Classic Trap. Harvard Business Review.

The box provides a simple exercise that you can do with a task team, leadership team, or any group of staff to begin an on-going organisational dialogue.

Exercise: What Do We Mean By 'Team"? A team-building exercise that can expose mental models is simply to ask everyone to think silently for a minute or two about what image, example, or analogy they would use to illustrate a high-performing team. Ask them to actually draw a picture, or at least write a few words to describe a specific example. Stress that they must think of a concrete example, not a list of characteristics. Enforce a short period of silence. Don't let anyone say anything or give their example yet, as this might bias others or cause them to not say what they are really thinking in order to fit in. Now, ask everyone to reveal his or her paper simultaneously and allow everyone to see everyone else's picture. Only then begin going round the group for people to explain why they have selected their example. Point out differences and similarities and note that while there is no right or wrong, it certainly is important that we have at least a somewhat similar image in mind if we are to work productively as a team.

Start an on-going dialogue about what it means to have a 'trusting and open environment'. Using a similar interactive process to that in the preceding tip, you might also work on the environment regarding relationships by exploring patterns of behaviour rather than analogies. For example, ask people to describe specific behaviours that they think of as examples, or counter-examples, of a 'trusting and open environment'. Talk about ways to encourage more of the behaviours that others perceive as contributing to a positive environment.

"Your only real path to innovation is through people. You can't really do it alone"

Tom Kelly
CEO of the design firm IDEO

Bring in non-traditional team members precisely for their potentially very different points of view.
By 'non-traditional' we mean, for example, service users, carers, people in the community, people from the private sector, someone who knows little about how you currently do things, university students, designers, engineers, family members, and so on. Be sure to prepare your staff for how to receive these new team members. If health care staff respond to every suggestion that these outsiders bring with defensive explanations about why it is the way it is and how it simply must be that way, the fresh input will soon stop. On the other hand, if the fresh perspective is greeted with genuine openness, curiosity, and a desire to see where it takes us, new approaches to issues are possible.

Our team is a real mix of NHS improvement specialists, non healthcare improvement specialists and people new to improvement but very familiar with the hospital and the NHS. The team includes staff with improvement backgrounds in the NHS who have a balance of clinical and non-clinical expertise. In addition we have staff members who have come from the Royal Air Force, the Automotive Industry and the Financial Service Sector. The diversity of the team gives it strength and builds in challenge and creativity. Having some clinical expertise within the team is extremely helpful and lends credibility to our work. We often buddy up NHS and non-NHS people on pieces of work to make sure that nothing is overlooked and to provide fresh insights from a range of different perspectives.

Sue Stanley
Director of Service Improvement
Northampton General Hospital NHS Trust

Increase the use of job shadowing, short-term work rotations, and longer-term secondments to increase individuals' awareness and valuing of different ways of thinking and working. These can form part of an individuals own development. They enable one to gain a more diverse perspective by "walking a mile in someone else's shoes". For example, having doctors spending time shadowing a nurse, or the Finance Director shadowing a porter might provide new insights into how, together, they might do things differently to benefit patients and carers, as well as each other. The more you are able to do of this sort of thing, the more staff begin to value and trust one another. This creates a climate where everyone feels more comfortable sparking off colleagues to create ideas that neither party could have previously imagined on their own.

More tips that can also help you enhance the Relationships dimension can be found in other sections...

- Link innovation efforts to waste-reduction techniques that free up resources. ***(Resources)***

"The companies that are getting it right go to considerable lengths to make sure they are listening to their people."

Nigel Crouch
Future and Innovation Unit, Department of Trade and Industry

Conclusion

"With the tightening financial climate there's no doubt the NHS is facing challenges unprecedented in its history and especially so with the ambitious goals we still need to achieve for the service.

Innovation is no longer one of those 'nice things to do' if we have a bit of time to spare. It's business critical and all of us in the NHS need to be looking for new, improved ways of using our resources to deliver the best services, every day.

By innovating however I don't mean we need to lock ourselves in darkened rooms, grow pointy heads and invent. We should be 'stealing' great ideas wherever we see them – from those in our networks, the global health system and industry.

Of course some of the best innovators we have are working for us right now, especially in front line care. As leaders we need to create an atmosphere in which they can feel encouraged, supported and free to try out new ideas that can make a real difference.

If we seize the challenge today, the coming years might not only be the most challenging times the NHS has seen, but also the most exciting".

David Nicholson, CBE
Chief Executive of the NHS England
Speaking at the 2009 graduation ceremony of the NHS Institute's Graduate Management Training Schemes.

The culture for innovation framework and the practical advice and methods in this guide provide a good start for thinking about how you and leaders at all levels can 'seize the challenge' and 'create an atmosphere' for innovation. There may never have been a more important task.

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Appendix 1:

Case study illustrating application of the culture for innovation framework in commissioning

Case study illustrating application of the culture for innovation framework in commissioning

Paradoxically, while it is true that it takes a long time to create the culture for innovation, it is also true that the conditions for innovation are highly sensitive to the latest actions and behaviours of leaders. This is the never-ending job of leadership. The culture for innovation framework can help you keep your responsibilities in these matters in constant focus.

The case study illustrates how the culture for innovation framework was reflected in the actions that led to success in tackling a long-standing issue. It is presented in a two-column format, with the narrative running down one column and commentary highlighting the various elements of the culture for innovation framework running down the other.

It is important to note that the leaders in this case study were not explicitly aware of this framework. Rather, they were acting instinctively, doing what seemed to be the right thing at the time. But this hindsight reflection can give you insight and foresight for the challenges you face in your work. The culture for innovation framework captures their intuitive knowledge and provides a guide for action.

Following the case study there are some further thoughts about how commissioners and other system-level leaders can use the framework.

Creating conditions leading to new ways of thinking and working on an issue of public health inequalities: Stillbirths in Luton

The Luton PCT, which commissions health services for an ethnically-diverse, urban population, identified stillbirths as an important public health issue that needed addressing. The stillbirth rate had nearly doubled in the 7-year period from 1996 to 2002, from 5.6 per thousand births to 10.2 per thousand. Over that same period, the stillbirth rate for England and Wales, as well as for the local region had remained rather steady around 5.5 per thousand.

The PCT's focus on stillbirths was in line both with national policy goals on reducing inequalities and with the health community's decision to take part in the Pursuing Perfection (P2) initiative. The P2 effort, done in partnership with the UK's national Modernisation Agency and the Institute for Healthcare Improvement (IHI) in the US, stressed setting a high bar for performance (e.g., no needless pain, no needless waiting). Leaders in both the PCT and at the Luton and Dunstable Hospital (L&D) saw it as providing a flexible methodology and set of tools for improvement that might be helpful.

Leaders in the PCT and L&D worked together to present data on the issue informally to hospital consultants and midwives, who were understandably sceptical in their initial reactions. They suggested various explanations for the patterns in the data; for example, that the population was a challenging one ("we are no worse than others with similar populations"), that there was nothing that could be done ("stillbirths will happen, they are unavoidable"), and that it was not the PCT's concern ("we provide good care at the hospital and we will address any issues that may arise ourselves"). Rather than reacting negatively and from a position of power in response to these concerns, the

"One of the biggest lessons for us was to ensure representative user involvement, it is essential to go out to pre-existing community groups as a guest and not try to form a new group when only the enthusiastic few will attend... and usually not the vulnerable."

Tracey Scivier and Martina McIntyre
Clinical Midwifery Managers
Luton & Dunstable Hospital NHS Foundation Trust

Goals: *clear case for need, specific focus, high ambitions, clear link to higher-level goals.*

Knowledge: *wide search.*

Tools: *Deliberate, yet flexible process*

Knowledge: *free-flowing and uncensored.*

Risk taking: *providing emotional support*

Resources: *providing time.*

Relationships: *diversity of ideas and input*

leaders repeated the messages patiently and worked to provide additional analyses. For example, they were able to show that even when only compared to those other areas of the country with very similar populations, Luton still had a statistically significant higher stillbirth rate. Slowly, the point was being made that maybe there was something to be looked at after all.

Knowledge: *wide scope, free-flowing and uncensored*

The PCT and hospital leaders set up a multi-professional, multi-agency stakeholders' meeting to present the data more formally, along with stories of people's experiences of care that had been gathered through interviews. The meeting was held at a central local venue and, unfortunately, no people who had used the service came even though a group of women had been invited. The meeting did, however, provide a forum for presenting all the analyses that had been done thus far, as well as some stories of expectant mothers' and their families' experiences, which were read aloud. For example…

> *"I was worried because I hadn't felt my baby move so I went up to the hospital and they said that they had to find an interpreter. I sat on a wheelchair in the corridor for ever such a long time but they couldn't find anyone to translate for me. When they examined me they told me that the baby had died – I'm still not sure why…"*

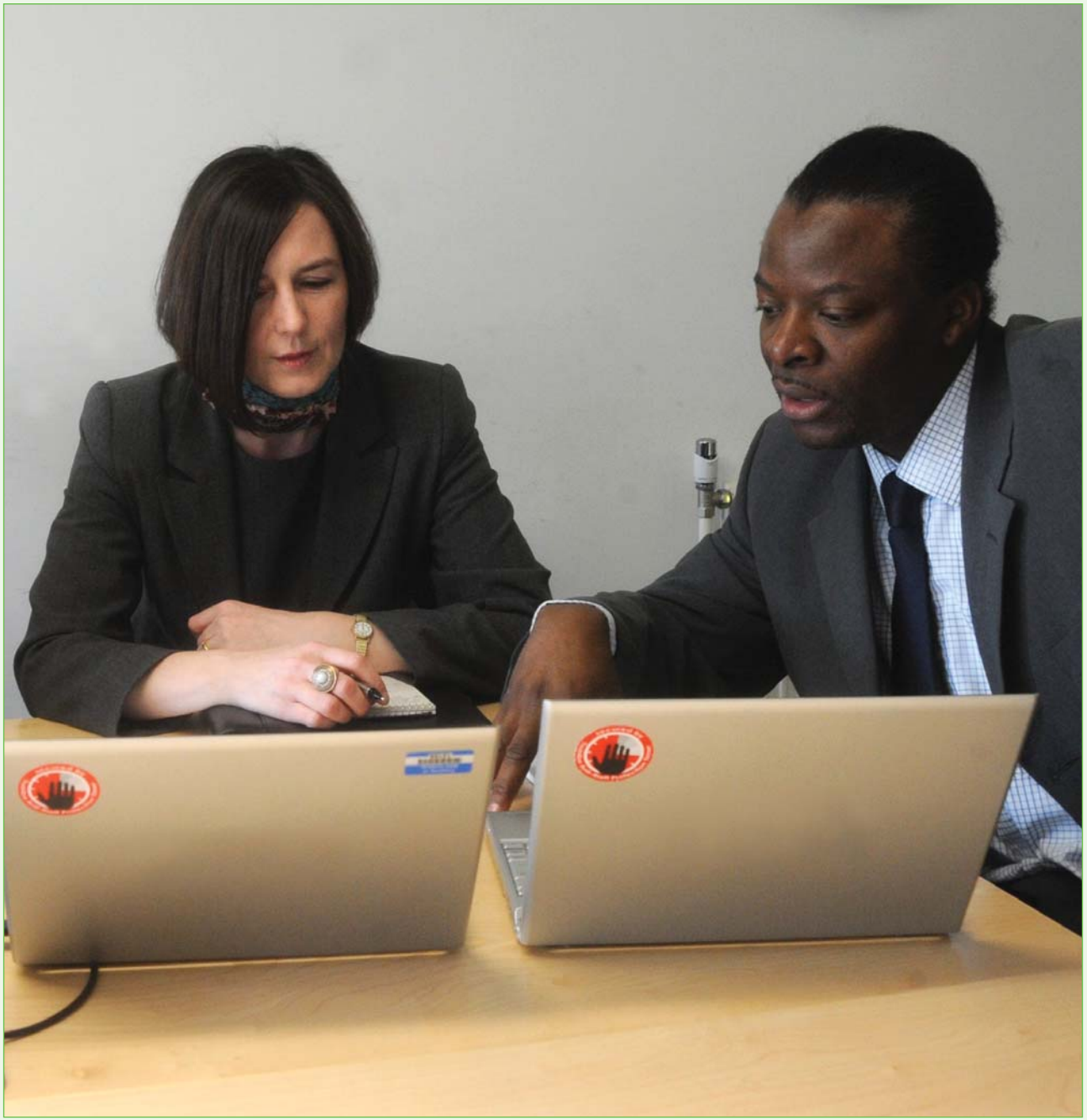
> *"When I left hospital after my baby had died I had to walk down that long corridor, out of the building, on my own. If you have a baby the midwife comes down with you to the door but if you haven't she doesn't. It seemed a very long way on my own…"*

The data and the people's stories of their experiences, along with clear statements from the chief executives that perhaps some stillbirths might be avoidable and we must do something about it, led to agreement on several aims:

Goals: *'what' not 'how', high ambitions.*

Resources: *funding, authority to act*

- To prevent all women, resident in Luton, from experiencing stillbirths
- To radically improve the care of parents following a stillbirth
- Decision to commission a retrospective audit of all stillbirths to Luton residents
- Decision to treat every stillbirth as a 'critical inident'



Knowledge: wide scope, *free-flowing and uncensored.*

The decision to investigate every stillbirth as a 'critical incident' was a key turning point. This led the clinicians involved to develop definitions, based partially on review of the UK's Confidential Enquiry into Stillbirths, Deaths in Infants (CESDI) reports, of:

- 'unavoidable' stillbirths
- 'avoidable stillbirths due to staff or protocol factors'
- 'avoidable stillbirths due to patient or family factors'

Rewards: *tap into intrinsic motivation*

While some clinicians might have secretly hoped that this analysis and the retrospective audit would show that nearly all stillbirths were unavoidable, the commissioners' and leaders' efforts to get agreement to at least look closely at the facts established a potential link to the intrinsic motivation of clinicians that would later prove invaluable in stimulating innovation and improvement. Slowly and patiently, the commissioners and leaders in this case were creating the conditions for making a bigger difference.

Rewards: *tap into intrinsic motivation*

The retrospective audit of 111 case notes of stillbirths born to Luton resident women highlighted a variety of issues having to do with ethnicity, language barriers, and resources available to GP practices. The findings set aside several incorrect, but widely believed, theories for the high stillbirth rate and clearly highlighted the fact that there were many things that could be done, at several different points in the care process, to avoid some stillbirths. Interest and commitment to change were growing as various groups of clinicians and other staff could see what they might be able to do to improve outcomes and care.

> *"If I had to reflect on the innovation we had done within the patient service arm of the PCT I would emphasise leadership – the setting of a clear signal from the top, consistently conveyed, that ideas and experiments were warmly welcomed and staff would be recognised for trying. The tools and techniques all felt the same but the key words are risk, relationship and head room."*
>
> Gina Shakespeare, Former Chief Executive
> Luton NHS tPCT

Reflecting on the failure of the first stakeholders' meeting to attract people from the community, and encouraged by the shifting tide of attitude, the leaders decided to take a risk and plan the second stakeholders' meeting to take place in partnership with community groups. The meeting was held at Ghar se Ghar, a south Asian women's group, and arrangements were made for simultaneous translation into Urdu and Bengali. The chief executives of the various organisations attended and were actively involved in leading the meeting. The professionals shared the public health and audit data with the women, and the women shared their stories with the professionals. In a role-reversal exercise, a member of staff who only spoke English played the role of an expectant mother who had to communicate with a clinician who only spoke Bengali, played by one of the translators. The mainly English-speaking staff watching the play unfold could immediately empathise in a new way with the women as they watched their colleague struggle in frustration to communicate with her clinician.

Risk taking: *learn from 'failure', try new things.*

Resources: *time and authority to act (by virtue of chief exec's presence).*

Relationships: *diversity of ideas and input*

Knowledge: wide scope, *free-flowing and uncensored.*

> *"For me, this piece of work was the starting point for my own improvement journey. I witnessed first-hand some very important collaborations between patients and staff, senior clinicians and leaders, commissioners and providers. The ingredients for powerful change were all there too, including the power of stories, a focus on measurement and outcomes and the leadership will to make change happen."*
>
> Stephen Ramsden, Former Chief Executive
> Luton & Dunstable Hospital

A potentially innovative idea that emerged directly from the dialogue at this meeting was to provide a mobile phone to a link worker (not a midwife, but someone else on the team) who spoke the language of the local culture. The intent was to make it easier and more inviting for women to seek information when they have concerns; in contrast to the existing system where the women rang up the hospital only to be shuffled about in a search for someone who could speak their language and answer their question.

Resources: *time, funding, authority to act*

Risk taking: *trying new things.*

This idea was first testing by one midwife and link worker using the rapid-cycle, PDSA improvement method associated with the P2 project, and has since been more widely deployed through this same methodology. Midwives give the phone number to the women at the first visit, explaining that it is there as a service to them and they should take advantage of it. On a 4Ws Table, this represents a step change in the Who, What, and Where of this aspect of care.

The process of treating each and every stillbirth as a critical incident—and having open, non-punitive, multi-professional discussion—is a potentially innovative clinical governance and management change that has led to a host of changes in the processes of care. While critical incident review has been around for many years, its use on an 'every case' basis creates a rather innovative 'engine' for continuous improvement that might be applicable to other areas of care (e.g., readmissions, ITU deaths).

Relationships: *diversity of ideas and input.*

Tools: *training and skills development.*

While most of these changes are incremental improvements, or local adaptations of ideas from elsewhere, we have noted throughout this guide that there is nothing at all wrong with that if it makes things even better. Examples include:

- Revising protocols for twins to provide more frequent scans
- Revising protocols for pregnant women with diabetes
- More assertive follow up of DNAs
- Better communication of risk factors from GPs to midwives and consultants
- Providing more midwifery support to GP practices with a higher percentage of at-risk women
- Focusing coaching and training for individual clinicians on a case-by-case basis

"Every stillbirth told it's own story."

Malcolm Griffiths, Obstetrician & Gynaecologist
Luton & Dunstable Hospital NHS Foundation Trust

Results and lessons learned

Outcomes on this public health initiative have been impressive. The number of stillbirths to women who are Luton residents is falling, with the decrease being attributable to a dramatic decrease in 'avoidable' stillbirths. In the year that the effort was launched, there were 47 stillbirths; 34 of which were classified as 'unavoidable', 5 as 'avoidable due to patient and family factors', and 8 as 'avoidable due to staff or protocol factors'. In the following year, there were only 37 stillbirths. Importantly, 34 were classified as 'unavoidable'; the same number as the previous year. The overall decrease comes from the fact that there were only 2 'avoidable' stillbirths all year, one each due to patient factors and staff factors. (1 stillbirth was still under investigation at the time of this writing).

That is a remarkable achievement! However, while the stillbirth rate has gone from being much worse than average to being slightly better than average nationally, we might reserve the phrase 'surprising step change in performance' for the future if the trajectory continues and this health economy manages to go for, say, longer than a year with no avoidable stillbirths.

Nevertheless, the clinicians and leaders involved are justifiably proud of what they have achieved. The effort is widely recognised by the individual organisations' leaders, within the health economy, and now more widely through presentations at national and international conferences. Equally important, clinicians and other staff involved report a high degree of personal satisfaction in working closely with women and families in this community to make a real difference.

Given what has already been accomplished, we encourage you to 'watch this space'! Reflecting on the specifics of the example, we also encourage you to think about where the health and social care services that you commission might be more culturally aware and support more independence for people.


ACADEMIC
ORGANISATIONS
COLLEAGUES
SECTOR
PCTs
FAMILY /
TRAINING/
DEVELOPMENT

The key take-away points for commissioners are these:

- Creating the culture for innovation requires perseverance, with emotional resilience. Don't be surprised or frustrated by initial resistance or rejection. Rather, take it as a sign that you might be really pushing the boundaries of people's thinking about what is possible—and that is a good thing!
- Commissioners and leaders need to understand the required mix of 'hard' influencers, such as goals and resources, along with 'soft' influencers, such as story telling and tapping into intrinsic motivation, if they are to create the right conditions for innovation to thrive.
- The culture for innovation framework provides a useful aid for planning and reflection when you are trying to create a more supportive environment.
- Successful large-scale change efforts are likely to be a mix of innovations, incremental improvements, and adaptations of ideas from elsewhere. It is all for the good as long as it is making a difference.
- Be patient. It may take some time to get all the results you are hoping for. Look for indications that you are on the right path towards making a difference and keep focused on creating the conditions to enable even more sustained change.

Practical applications of the culture for innovation framework for commissioners

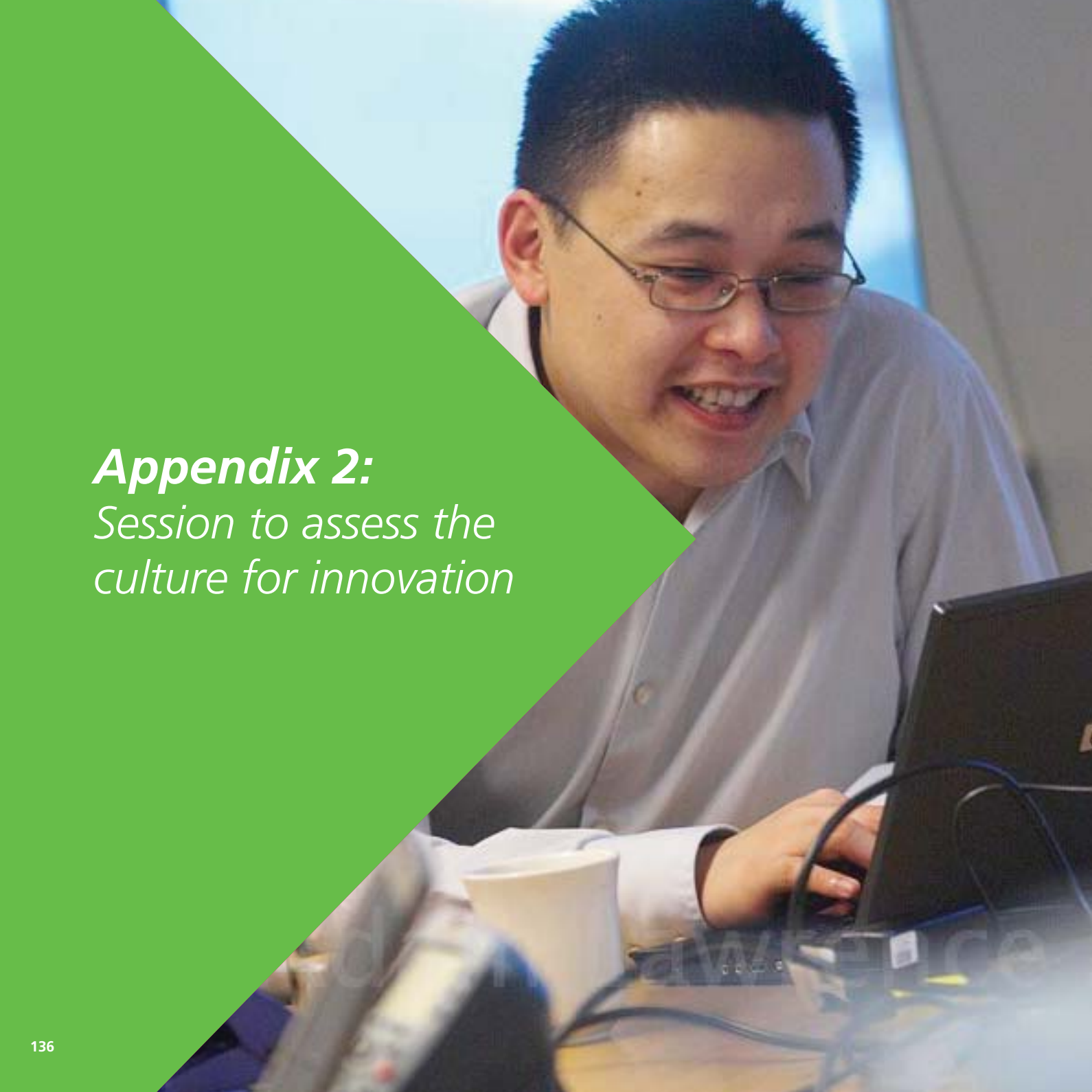
Use the framework to guide your thinking, or to stimulate open dialogue among your peers, in order to assess the extent to which your environment is either generally supportive or not when it comes to innovation. For example, you might create this reflection at the beginning or end of a contracting round, or as you are going through your PCT strategy. It is easy to do, just change the items in the framework into questions for reflection…

For example, looking at the risk taking dimension of the framework, we can ask:

- Do we regularly try new things?
- Do we generally do a fairly balanced and realistic assessment of risk, avoiding being immediately dismissive of new ideas based on the worst that could possibly happen?
- In what ways do we provide emotional support for risk takers?
- Do we actually learn from 'failure', or do our behaviours tend to punish it?

Working your way through each of the dimensions will give you a good feel for areas of strengths and weakness in your system or health economy. This will help you focus your efforts as a leader, in partnership with peer leaders, in patiently working to create the conditions that favour the emergence of innovative ideas.

You could also use the culture for innovation framework periodically during your work on specific projects. Challenge yourself and other leaders to cite examples of specific actions you have taken recently associated with each dimension. Be honest in noting where your recent actions could have been perceived as counter to some dimensions.



Appendix 2:
Session to assess the culture for innovation

Instructions

1. Working individually, consider the statements in the table on the following pages for each of the seven dimensions of the culture for innovation.

2. All things considered, and based on your personal experience in the organisation or system, rate each dimension on a scale from -5 to +5 as follows:

- A value of 0 indicates that you feel that the behaviours described in the statements below corresponding with a dimension neither support nor hinder innovation.
- Negative scores indicate your feeling that behaviours and practices associated with a dimension tend to hinder innovative thinking.
- Positive scores indicate your feeling that behaviours and practices associated with a dimension tend to aid innovative thinking.
- Your sense of the strength of this aid or hindrance should be reflected in your choice of the number; larger numbers indicate more aid or hindrance as applicable.

3. Share you ratings with those in your group and come to a consensus rating using an average or a majority-rule.

- Discuss dimensions in which there is a wide divergence of opinion. You may modify your score if this discussion convinces you to do so.

4. Repeat this process by sharing your group's rating with the other groups in your session.

- Here, rather than forcing a consensus, capture all the group scores so that you can see the natural convergence or divergence of opinion.

5. Discuss the differences of opinion with a curiosity to understand why these differences exist.

- Remember: "Perception is reality". If a group genuinely perceives that the culture of the organisation hinders or aids a particular dimension then they are more or less likely to display innovative behaviour based on this perception.

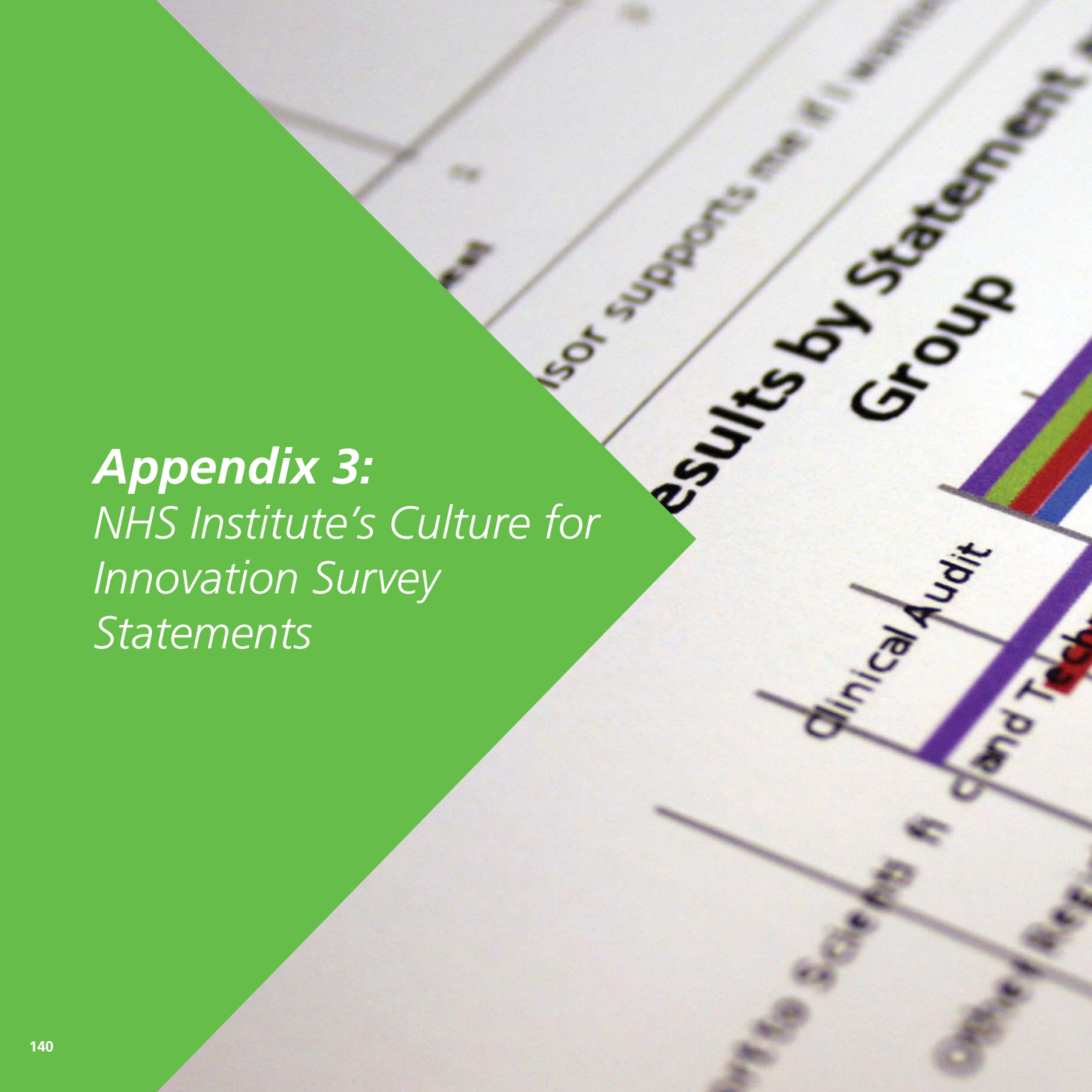
6. Create a summary portal chart and discuss what it says about the conditions for innovation in the organisation or system.

7. Select 1-3 dimensions with low scores for further attention and discuss what might help to increase the opening on the portal chart.

Dimension	Factors that lead to a negative rating on this dimension	Factors that lead to a positive rating on this dimension
Risk Taking	Formal leaders and opinion leaders fear failure. There is little or no support or encouragement for new ideas and we don't try very often. Assessment of the risk of a new idea is inaccurate; we fear the worst and that is the end of the idea.	Leaders provide public and private emotional support and encouragement to those that want to try out new ideas. We take reasonable risks, are always trying new things, and learn from what others might call 'failures'.
Resources	Ideas for change must be 'approved' by many others before they can even be tested out. All resources are tied up in delivering services in the way we always have; no resources are available for innovation.	Authority or autonomy to act, protected time, and money is available for individuals and teams who wish to innovate. Some funding is available for unusual opportunities, experiences etc.
Knowledge	We speak only about what is happening in our own organisation or team and not curious about what others do because we think we are different. Information is given on a need to know basis, as determined by leaders.	Knowledge is gathered from a wide range of sources and is freely available or quickly sent out to staff. It is circulated widely for comments and to stimulate thinking. Staff are encouraged to learn from those outside of health.
Goals	We primarily react to targets or goals set by others. We typically work to achieve these by minimal change; or we spend most our time arguing why they cannot be met. Goals are set and focused with little encouragement for new thinking. Plans stipulate how goals must be met. We often "hit the target, but miss the point".	Leaders make clear that innovation is highly desirable. We have aspirational goals that are clearly linked with operational and strategic plans. Innovative ideas are actively sought, and in many areas leaders say that they are the only way that some of the goals will be met.

Dimension	Factors that lead to a negative rating on this dimension	Factors that lead to a positive rating on this dimension
Tools	We have little awareness of tools and techniques to support creative thinking. There is no method or approach for innovation. If challenged to innovate we would have difficulty.	We have a conscious and deliberate process for innovation and have invested a lot in building capability. We know how to set our minds to be innovative and we have a proven record of delivering innovative solutions.
Rewards	Teams and individuals who want to improve something feel isolated and discouraged from trying new approaches. There is very little thanks or recognition for good ideas. What recognition there is is superficial and, frankly, demotivating.	Innovative teams and individuals are recognised fully for their efforts with things that are important to them; e.g., protected time, help from other areas, greater influence, etc.. We recognise and celebrate learning even if ideas are not successful in the traditional sense.
Relationships	The organisation does not promote team-based working and does not support the development of networks across organisations and disciplines. People feel controlled. There are low levels of trust, respect and honesty.	We have high levels of honesty, respect and open communication; even across groups and disciplines. There are many highly motivated teams with a good mix of skills and styles. Teams are supported in an ongoing 'team' development. Good networks of intrinsically motivated people working together for a common aim.

Appendix 3:
NHS Institute's Culture for Innovation Survey Statements




Level of Agreement
-0.5
0
0.5
1
1.5
2
2.5

Risk Taking

1 My direct supervisor supports me if I want to try something new.
2 If I suggest a new idea and it fails, I know that I will not be made to feel humiliated.
3 In my department the general tendency is to try new things rather than hold on to the status quo.
4 Senior leadership is willing to take a risk on new ideas that might make things better.

Resources

5 My direct supervisor provides me the time to work on a promising new idea.
6 In my department we seem to find the resources we need to fund innovative ideas.
7 I feel that I have reasonable authority to try out an innovative new idea.
8 Senior leadership makes sure that there is both the availability of time and of money to support innovation.

Knowledge

9 If I don't have the information I need, I feel comfortable asking my direct supervisor for it.
10 We are generally kept informed of activities in other departments that affect our work.
11 There is a lot of information available to me about what other organisations are doing to meet the same sorts of challenges we face.
12 Senior leadership openly shares information that is important to me and the work I do.

Goals

13 I know what the priorities or goals are in my department.
14 My direct supervisor makes it clear that innovative new ideas are highly desirable.
15 Priorities come down to me without pre-determined solutions, leaving me plenty of room to contribute my own ideas.
16 Senior leadership has made it clear that innovative new thinking is required to meet some of our organisational goals.

Rewards

17 I am certain that I would receive recognition or praise from my direct supervisor if I put an innovative idea forward.

18 The recognition that we get here for coming up with new ideas does motivate me personally to be more innovative.

19 We celebrate and say thanks when someone tries out a new idea, even when it is not successful in the traditional sense.

20 Senior leadership actively seeks out and recognises innovative thinking.

Tools

21 My organisation has trained me in methods to support creative, new ways of thinking.

22 My department uses specific methods to generate creative ideas around the challenges we face.

23 I am capable of generating creative ideas.

24 Senior leadership actively demonstrates innovative new thinking in its own work.

Relationships

25 In my organisation, people who think differently are respected for their point of view.

26 The teams that I work on tend to have people with a diverse mix of skills and styles.

27 In general, there is a high degree of honest and open communication between departments.

28 Senior leadership models high levels of cooperation and trust among colleagues.

Overall

29 My department has an underlying culture that supports innovation.

Notes

"It is not that things are difficult that we do not dare, it is because we do not dare that things are difficult."

Seneca

"Without innovation, public services costs tend to rise faster than the rest of the economy. Without innovation, the inevitable pressure to contain costs can only be met by forcing already stretched staff to work harder."

Mulgan G. & Albury D. (2003) Innovation in the public sector. Strategy Unit, London.

For further information please visit
www.institute.nhs.uk/innovation

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