Strengthening Leadership and
Accountability for Innovation
A Practical Guide for Governing Bodies and Provider Boards

NHS England 22/08/2013
“Equality and diversity are at the heart of the NHS strategy. Due regard to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, has been given throughout the development of the policies and processes cited in this document”.

Gateway Reference: 00441
Foreword

The ability to innovate is vital for the future success of NHS organisations and health systems as the demand on services continues to grow and resources become increasingly constrained. There is an urgency to improve the health and healthcare of service users at a greater scale and pace than ever before which requires a new approach to leading change and innovation. The challenge for Governing Bodies and Boards nationally, regionally and locally is to build and sustain a strong, pervasive commitment for change throughout the NHS, liberating the energy and creativity of NHS staff and service users.

This Practical Guide to strengthen leadership and accountability for innovation has been created to support Governing Bodies and Boards of NHS provider organisations in that challenge. It represents the synthesis of information captured through a task and finish group of NHS and industry leadership, plus interviews, workshops and events with over 100 chief executives and board members from across the provider system. Their insights have been combined with national and international evidence on innovation and leadership.

From the outset, the task and finish group aspired to produce something with a focus very much on the practical. Therefore the guide takes the shape of a resource pack to help explore and agree responsibilities and actions to strengthen leadership at board level.

Sir Ian Carruthers

Acknowledgements: Capgemini UK Health Team and Cass Business School for their support in delivering the Practical Guide and the Evidence Review.
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Introduction
“We will strengthen leadership and accountability for innovation at Board level throughout the NHS”
Innovation Health and Wealth (2011)

• Innovation Health and Wealth, published in 2011 is the NHS Chief Executive’s report on the identification, adoption and spread of innovation in the NHS. It explains why innovation and adoption at pace are important, not just to the NHS, but to society and the economy as well.

• A task and finish group, chaired by Richard Barker, Regional Director (North), NHS England, was established to focus on strengthening leadership and accountability for innovation at board level, throughout the NHS. This leadership is a key component to creating, supporting and sustaining the adoption and diffusion of innovation, such that it becomes hard-wired into the daily working lives of every member of staff.

• This practical guide represents part of the output from that task and finish group, and is based on desk research, interviews and workshops with a wide range of leaders, and practical experience of what works in organisations.

• As with all leadership research, the evidence itself is not necessarily complete and sometimes contradictory; however there are some compelling elements which have been pulled together as “one pagers” as part of the guide. The aim of this guide is not to provide a “one size fits all” answer, but to provide Governing Bodies and Boards with some views, case studies and processes that work elsewhere, both in the NHS and other sectors.
Introduction (contd.)

- The guide is intended to be used as a resource around which a Board development programme can be built. It identifies three key components that drive innovation adoption and diffusion; and presents a range of evidence, case studies and questions that Boards can consider, and build their own approaches, that reflect their mission, values and vision.

- The guide also includes in the appendix:

- Two videos: a ‘talking heads’, in which some leaders express their key drivers for success, and a ‘visual narrative’ that will act as a framework for Boards to shape their discussions.

- Detailed example case studies

- A detailed Literature Review which references the source data outlined in the evidence “one pagers”
How to use this guide

NHS Provider Boards will be at different points on their innovation development journey, and will have different approaches to Board development. Therefore the Practical Guide is intended to provide Boards with a set of resources and tools comprising research, insights, questions and case studies around which an agenda can be framed.

The Guide sets out three “plug-and-play” modules covering the identified components which can be used to run Board workshops on leadership and accountability in innovation. The material has been designed so that the modules can be used separately or together.

The guide is split into two sections.

The main body of the guide is designed to provide a framework that informs and inspires Governing Bodies and Boards, and to help identify the areas they need to consider further in developing their approach to innovation, adoption and diffusion.

The Appendix section of the Guide contains much more detail on Case Studies, the Visual Narrative resource and the detailed Literature Review. These can be selected to go into more depth on any of the topics and give great examples of how innovation has been encouraged, adopted and adapted via a patient, leadership, or delivery-centric approach.
A definition and introduction to Innovation, as described in the IHW

IHW identified three key stages of innovation:

- **Invention**
  The originating idea for a new service or product, or a new way of providing a service

- **Adoption**
  Putting the new idea, product, or service into practice, including prototyping, piloting, testing and evaluating its safety and effectiveness

- **Diffusion**
  The systematic uptake of the idea, service or product into widespread use across the whole service

For this programme of work, we are focussing here

**Innovation (noun)**
An idea, service or product, new to NHS or applied in a way that is new to the NHS, which significantly improves the quality of health and care wherever it is applied.

Inovation Health and Wealth, 2011

- IHW set up **26 Task and Finish groups**, of which Strengthening Leadership and Accountability is one
- To date the Task & Finish group has undertaken a range of consultation work and research, including an Accelerates Solutions Environment event, to identify the actions required to strengthen leadership and accountability for innovation in the NHS and for developing guidance for CEs and Boards
- During this work **three key themes surfaced** which have been built upon in this Practical Guide

- Driving innovation through **patient focus**
- Harnessing innovation through **leadership**
- Securing **delivery mechanisms** for long term success
Five insights about innovation

1. Innovation is a process that must be diligently followed to deliver outcomes
   - There is no magic wand, no substitute for applying governance and discipline to a defined process. Innovation has a number of distinct stages from ideation to full scale delivery. Each stage requires the right governance and management to ensure that it is successfully navigated. Innovation is as much about sweat and tears as it is about inspiration.

2. Innovation is not a “nice to have” that can be tackled by willing amateurs
   - Everyone knows what Innovation is – don’t they? Well yes and no. We all have a concept of what Innovation is but there is a world of difference in outcome between those organisations that tackle Innovation professionally and those that hope to muddle by with the best efforts of a few happy amateurs. Innovation deserves professional treatment.

3. Innovation is a team game not a solo pursuit
   - Innovation requires a team approach. Occasionally an individual arises who possesses all the qualities and skills required to deliver Innovation in a complex, siloed and political environment like the NHS. They are the stuff of legend. However, all the observable facts suggest that innovation is much better delivered by a multi-disciplinary team with complimentary skills.

4. Most organisations have no end-to-end process for delivering Innovation
   - It is a sad fact that the average time it takes most organisations to arrange and sign-off on a plan to test or pilot an idea after it has first been introduced to an organisation is 36 months. This is simply because they do not have a clear process for collecting, weighing and prioritising ideas. Even CEs can be at a loss as to how to handle a good idea when they hear it.

5. Innovation occurs when the outcomes are linked to the performance of the senior execs
   - And finally...Innovation flourishes when senior executives are incentivised to deliver it. When they have key KPIs linked specifically to Innovation and the benefits being delivered, they are much more likely to move from a position of hoping Innovation takes place to one of ensuring that it occurs.
Driving innovation through patient focus: What are people saying?

“‘We need to work directly with service users and ask them: ‘What would make your life better?’”

Simon Large, Chief Executive, Bradford District Care Trust

“We need to avoid the attitude of being annoyed at the messenger, when complaints come in. Instead, we need to listen to the messenger. Every time you get a complaint, why not ask the person who complains to come and chair the review? This signals that this is an organisation that is prepared learn and has nothing to hide. It can be a painful process but not as painful as a major enquiry.”

Chris Butler, Chief Executive Leeds Partnership NHS FT

“We had to change our structure to a network. We were required to act more quickly. Instead of decisions being made by people who were more senior the assumption that senior means wiser – we found that the wisest decisions were usually made by those closest to the problem.”

General McChrystal reflecting on leading US forces in Afghanistan

“Good communication is not just data transfer. You need to show people something that addresses their anxieties, that accepts their anger, that is credible in a very gut-level sense, and that evokes faith in the vision.”

John Kotter
What is meant by “Driving innovation through patient focus?”

- **We need Patient Leaders**
  - Patients and service users have been shown to be a very powerful driver for innovation. CEs and Boards have an opportunity to tap this, deriving urgency and energy from a relentless desire to understand and satisfy their patients’ needs.
  - Highly innovative organisations in all sectors (e.g. P&G, Lego) put the customer at the heart of their organisations and horizon scan widely across many different sectors for innovative solutions that they can adapt and adopt to the benefit of their customers. CEs and Boards need to identify opportunities to “bring the outside in” by learning from the innovation failures and successes in other health providers and from other sectors with a strong customer needs focus.
  - NHS organisations need to create the culture and opportunities for patients and service users, not just to be passive recipients of their care, but to be recognised as active leaders and participants of it.
  - When patients, service users and carers are given the freedom and empowerment to lead and manage their own health and well-being and to share this with others, innovative new solutions and collaborative approaches to healthcare develop.

**Innovation transforms patient outcomes**

Innovation in the NHS is about making a real and tangible difference to the lives of millions. Keyhole surgery has allowed faster recovery time, and made surgery possible for patients less fit for more invasive treatment. New medicines, medical technologies and informatics have transformed patient outcomes. Across the NHS, countless patients bear witness to the power of great ideas.

(Innovation Health and Wealth, 2011)
What does the evidence tell us?

- **Involving patients and service users in the co-production and co-creations of their care pathways is in itself an innovation**
- **An exchange of power needs to involved for user participation to be meaningful**
- **The use of new technology and social media has created new roles for patient involvement. In addition organisations need to embrace new technologies to meet the needs of increasingly savvy customers**
- **Success is determined by the ability to harness creative ideas; letting go of attachment to evidence as something unequivocal and totally objective. Behaviours, emotions feelings and beliefs play an increasingly strong role in setting the context**
- **People want to play an active part in their own care and they expect health professionals to support them in this role. The extent to which patients want to take a lead in decision-making varies from person to person and by the seriousness of their health condition, but the desire for participation is not just a middle-aged, middle-class concern; it extends to many people from older and younger age groups and those living in disadvantaged communities.**
- **Using user experience does not directly translate to the commercial customer focus models as patients are often ill. Some find it hard to talk about their illnesses, others (such as dementia patients or children) cannot fully express their needs. Some are unable to describe their needs directly, because of either practical or ethical constraints.**
- **Monitoring patients’ experience via regular surveys is necessary, but not sufficient, to ensure that services are truly patient-centred. This needs to be supplemented by other ways of ensuring that staff focus on patients’ needs. The ability to view services through patients’ eyes should be the starting point for any quality improvement programme.**
- **Fostering a more patient-centred clinical culture requires clinicians to develop a set of attitudes and skills that hardly feature in current training programmes. Despite shared decision-making and self-management being high on the policy agenda, the skills for informing and engaging patients are not taught to most trainees.**
- **Most NHS trusts have designated leaders for key priorities such as patient safety and clinical governance, but it is rare for patient experience to be the sole focus of a director-level post.**
- **The value of reorganising care around patient needs and expectations also contributes to enhanced morale amongst nursing staff with significant reduction in staff turnover.**

Summary of evidence from one to one interviews and workshops with board members and the literature review which can be found in the appendix
Driving innovation through patient focus: Where is this being done well?

Questions for Boards to Consider

- How does the Board support patient and service user involvement in generating innovative solutions?
- How does the Board use patients’ and service users’ complaints and comments to change service delivery?
- Does the Board have a systematic approach to gaining patient feedback and insight?
- How does the board use patient power to drive the adoption and diffusion of new ideas?
- How does the Board ensure that patients are leaders, participants and innovators in their care planning and delivery?
- How does the Board enable staff to engage effectively with patients?

Example Case Studies

- **Service user wins awards programme (Nottinghamshire HC Trust)**
  - Service users are involved in the annual awards process and ceremony
  - It was a service user who won an award for innovation for suggesting a ‘human library,’” called The Story Shop. The basis of this is that service users can be “taken out on loan” to talk about their condition to groups and to other service users

- **Speech therapy via Skype (Liverpool Community Health NHS Trust)**
  - Previously, there was an issue that the children who were most in need of this service were not attending their speech therapy sessions
  - The speech therapists started conducting their sessions via Skype when the children were at school, thereby reaching those who needed the service most

- **Involving patients as expert partners in co-creation (Bradford District Care Trust)**
  - Two dieticians collaborated with Bradford University to create a practical recipe book for patients with swallowing difficulties
  - They interviewed patients as expert partners and then gained access to a kitchen to finalise the recipes

- **Patient feedback app (Birmingham Children’s Hospital)**
  - Birmingham Children’s Hospital has launched a smartphone app for Apple and Android devices that lets patients and their families submit feedback that is dealt with by hospital staff in real-time and is uploaded onto the hospital’s website, to encourage transparency
Harnessing innovation through leadership: What are people saying?

“The Board must not be there to dine out on the successes of the organisation, it must add value and have a strategic impact, understand the risk appetite and have ambition and curiosity to improve. The Board needs to recognise that it can do nothing about the past, very little about the present, but can have a big impact on the future - that it where it needs to focus its attention. Distributed supported leadership is key.”
Prof. Mike Cooke, CE Nottinghamshire Healthcare NHS Trust

“You can’t impose anything on anyone and expect them to be committed to it.”
Edgar Schein, Professor Emeritus, MIT Sloan School

“As far as I’m aware, there has been no randomised controlled trial to demonstrate that breathing air is good for you, and yet we all know it’s a good thing.”
Bill Cunliffe, Consultant Surgeon and Former Chair of Planned Care Regional Clinical Innovation Team, NHS North East

Leadership (noun)
1. The action of leading a group of people or an organisation
2. The state or position of being a leader

“Boards need to talk to each other and conduct peer reviews. One Board’s innovation, is another Board’s business as usual.”
Maureen Choong, Deputy Chief Nurse, NHS London
What is meant by “Harnessing innovation through leadership?”

- **Innovation must be enabled from the top-down**
  - Leaders cause the change in culture, promoting innovation adoption and diffusion for better care.
  - It is at Board level where the standards must be set and employees held accountable for horizon scanning for new innovations and for adapting and diffusing them throughout their organisation.
  - Boards are also responsible for setting a level of risk tolerance which will create a culture where innovation can flourish, mistakes be built upon and copying incentivised. This may mean not “playing safe” and increasing the level of risk the organisation might be exposed to at any one time.
  - Once this risk tolerance has been established and crucially, clearly communicated, then CEs and Boards need to release staff to pursue and adapt relevant innovations within these safe boundaries: Trust is key to establishing a culture of innovation and change.
  - Leaders need to have the confidence, to support innovations which are not supported by clinical evidence. There is value to social and organisational-evidence which should not be ignored.
  - We need to develop the right leadership behaviours which will create the right conditions to support, as opposed to oppress, innovation. It is the responsibility of leaders to create this innovation culture.

“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, 2009

“Leadership for innovation begins at the Board. An empowering board is one that opens its eye to the potential for innovation inside the organisation, outside the organisation and in collaboration with other organisations. Staff are amongst the most impressive innovators when they are liberated to find new ways of doing things.”

Sir Keith Pearson
NHS Confederation Chair
What does the evidence tell us?

- **Leadership is recognised as the single dominant influence on the adoption and diffusion of innovation.** Clear and visionary leadership that is sense-making is essential.

- Leaders need to create the appropriate culture of innovation; agreeing their organisational values; defining the strategic direction and modelling the levels of trust and risk appetite required to make the most of new ideas. Then staff recognise that their contribution is valued and are more willing to take appropriate risks.

- A new culture of innovation can be stimulated by committing to a big problem and using this to drive a new approach — underpinned by the values and principles that redefine what is possible.

- When leading the organisation into uncharted territory, leaders need to demonstrate an appetite for risk and nurture a culture of openness and trust; capable of treating failure of new ideas as the occasional price for learning.

- The role of leadership in innovation can be likened more to that of being a mentor and an enabler. Mentors spend time with individuals, enabling them to tap more effectively into their own resources, occasionally opening new doors for them, but always encouraging and strengthening confidence and purpose. Leaders focus on vision and ask “why” rather than “what”.

- Creative leadership needs to “ooze” curiosity and genuine interest in the work of innovation.

- Individual teams need as much autonomy as possible with the need to balance direction from transformational leadership. Therefore, transformational leaders need to balance their need to steer innovation without suppressing the autonomy and creativity of their staff.

- The weighting of negative influence when fostering creativity in staff can far outweigh positive influence. There is a strong reinforcing relationship between creativity and motivation and the negative impact of senior leaders can be amplified by the way middle leaders mirror their behaviour. Therefore, boards need to promote the championing of innovation and be aware of the behaviours that can easily suppress innovation.

- In partnership working, leadership models that either constantly strive for consensus, or where one leader is consistently dominant, both tend to suppress innovation. Rotation of leadership between partners strengthens the ability to innovate through increasing diversity and maximising recombination of known ideas.

**Summary of evidence from one to one interviews and workshops with board members and the literature review which can be found in the appendix**
Harnessing innovation through leadership: Where is this being done well?

Questions for Boards to Consider

- How has the Board communicated its strategic direction and set the parameters for its risk appetite for innovation?
- How has the Board communicated the values and culture of the organisation and how do these encourage innovation?
- How does the Board align resources governance and process to ideas generations and funnelling?
- How does the Board translate the NHS constitution to “drive improvements in quality and productivity through a relentless focus on innovation and prevention” into action in its organisation?
- How does the Board celebrate success and create a culture of learning from failure?

Example Case Studies

- **The Round of Applause to praise staff innovation: Lancashire Care NHS Trust**
  Implemented a virtual “round of applause” which any member of staff can send to any other member of staff. The employee with the most number of applause at the end of the month, receives a prize.

- **Nottingham University Hospitals Trust “Just do It” awards demonstrate that lots of small innovations can make big improvements**
  - The NUHT Board actively supports and encourages staff to come up with, and implement changes, both large and small, through the sponsorship of the “Just Do It” awards
  - A “Just Do It” is an idea that makes things better for staff, patients or visitors, and has resulted in improvements in experience, safety and efficiency.
  - The idea behind the scheme is to encourage staff who have an idea to try it out.

- **Process barriers intended to smooth processes and administration, can act as a block for innovation**
  - In NHS North, Trusts were invited to bid for support from an innovation fund. In order to ensure ‘quality’ applications were forthcoming, they insisted that bids would only be assessed where they had their Board’s approval.
  - A lady who worked in the laundry of one trust applied for funding, having done extensive research into how different methods of washing could reduce the spread of MRSA within the hospital.
  - The application was initially rejected because it did not have Board approval – she did not know anyone on the board, or indeed, how to access anyone on the Board.
  - Only the lady’s dogged determination to address the issue ensured that it eventually got picked up in the system to get funding and get implemented.
Delivery mechanisms for long-term success: What are people saying?

Michael Jordan
“I’ve missed more than 9000 shots in my career. I’ve lost almost 300 games. 26 times, I’ve been trusted to take the game winning shot and missed. I’ve failed over and over and over again in my life. And that is why I succeed.”

“Patient and staff satisfaction levels are key - that is the only way to get the 25% discretionary input from the teams, which is where the real value-add and productivity comes from.”
Prof. Mike Cooke

“When I worked for one of the UK’s leading banks they prided themselves on being the fastest at replicating and making better the original service or product, as opposed to the fastest at innovating. We need to change the language we use around innovation and make it more practical and focused around the benefits that greater efficiency can bring to our patients.”
Paul DaGama, Director of HR, Hichingbrooke Healthcare NHS Trust

“It’s not about adopting, it’s about adaptation. Everyone in the NHS is different. We need to find issues that are relevant to as many people as possible and then engage with them.”
Maggie Bayley, Acting Chief Executive, Shropshire Community Health NHS Trust
What is meant by “Delivery Mechanisms for Long term success”

A clear innovation process needs to be established, understood and followed to ensure long-term success

- In order that innovation is not seen as a quick-fix short-term solution, it needs to be embedded in the heart of every organisation and this requires the creation of culture and values that recognise and encourage experimentation and investment in innovation.
- Innovation should not be left to the innovators to take innovations from start to implementation. Multi-disciplinary teams and a recognised process, which takes innovations from ideas, to testing, evaluation, marketing, communications, business case and scalability, are needed.
- The culture for innovation needs to move from a burning platform of fear and panic to a burning ambition of shared vision for improved outcomes for patients.
- To move away from the contractual commitment of work and access the extra 25% of personal effort, we need to tap into the hearts and minds of staff and appeal to peoples’ emotions with a shared purpose.
- We need to establish a culture of experimentation, within the established limits, seek out and empower staff at all levels to innovate without fear, accepting failure as an opportunity to learn rather than a cause for blame and recrimination.
- Measuring and following-up on the long-term outcome of innovations consistently and transparently is vital for providing evidence that innovation is taking place, whether it is working, and how further improvements can be added.
- The innovation culture needs to be embedded into all levels of the organisation, as it can be generated, adapted and diffused from and at every level.
- Staff need to be recognised and rewarded for their efforts in establishing and continuing this culture. We need to shout about our successes and not hide our failures, as these are signs that effort and change is occurring and we are not just a stagnating organisation.
- Successful reward and recognition systems are not necessarily lavish or expensive but they meet the human need to feel appreciated for our efforts. Ideas such as the Round of Applause and CEs’ Brag Walls are great examples of highly effective and personal recognition.

“Academia and industry should be encouraged to manage an ‘innovation ideas’ process – which focuses on the solving a ‘real’ NHS problem.”

Sir John Bell,
Chair, The Office for Strategic Co-ordination of Health Research

“An organisation can only realise its highest potential when each individual is fully valued and feels fully vested in a shared purpose.”

The Energy Project

“You don’t learn to walk by following rules. You learn by doing, and by falling over.”

Richard Branson
What does the evidence tell us?

- Boards need to spend regular dedicated time talking about innovation
  - There is evidence that financial measures tend to be de-emphasised in organisations that place a strong priority on quality and innovation.
  - Allocation of a significant innovation budget supported by strict allocation criteria that aligns to the organisations strategic requirements.
  - Creation of spaces in which ideas can collide and harness the creative energy of conflicting demands.
  - Access for all employees to innovation tools and knowledge. There needs to be the appropriate mechanisms in place to support innovation development such as effective project management.
  - The development of innovation networks amplify the ability to innovate; particularly for either smaller departments within a large organisation, or across a number of organisations. There is a need however for a supervisory board to help balance stakeholder interest and drive high value projects.
  - Select people on innovation teams on the basis of their capability not their availability.
  - Proximity of innovation teams to enable cross fertilisation of ideas.
  - Monitor innovation performance through a balanced set of metrics focusing on input to the innovation process (e.g. time dedicated to innovation) throughputs (new ideas generated) and outcomes (clinical, patient experience, process).
  - The tension caused by conflict when properly managed fuels creativity. Therefore there needs to be mechanisms in place to help teams recognise and capitalise upon harnessing these conditions to help the innovation process.
  - The internal culture of the organisation provides the most significant metric for innovation. Three specific elements impact on ability to innovate: an orientation to the future, a willingness to allow innovation to change the status quo, and a tolerance for risk.
  - There needs to be a balance of systematic approach to innovation and what can be driven by serendipity and opportunism. Ensuring that routine practices do not overshadow the potential of opportune ideas.

Summary of evidence from one to one interviews and workshops with board members and the literature review which can be found in the appendix.
Innovation does not happen by magic, it needs a systematic process.

1. Ideas can be generated from anywhere inside or outside the organisation and these need to be captured and fed in effectively.

2. Not all ideas do or should come to fruition. Socialisation, clinical, organisational, and social evidence should be used to filter ideas.

3. Ideas should be tested. This should not just be a small-scale version of the full roll-out but rather an opportunity to find out the unknowns.

4. Time should be planned in re-evaluation of testing to adopt, or possibly cease, ideas ahead of diffusion.

If an idea passes successfully through the innovation process then it should be communicated to the wider organisation for adaptation and adoption.

Rigorous steps need to be either built, or bought, into an organisation.
Delivery mechanisms for long-term success: Where is this being done well?

Questions for Boards to Consider

- How do organisations work with AHSNs within their system?
- What is the Board’s process for systematising innovation? E.g. project management, time and space for staff to innovate, innovation within performance objectives, do staff have the knowledge tools and skills to innovate?
- Does the organisation have a systematic innovation process embedded into the infrastructure?
- Does the Board have dedicated time to talk about innovation?

Example Case Studies

- Dorset Healthcare partnered with Crowdicity, a dynamic social innovation platform, to create a platform for ideation
  - Crowdicity allows every idea to be publicly shared, discussed and ranked – it is a source of inspiring ideas and an enabler for change
- At the Royal Free Hospital, London, junior doctors bring their ideas for innovation and improvement directly to the Board
  - The Board then say “yes” or “no” right there – a little like Dragon’s Den
  - The Junior Doctor is then set the task of implementing the innovation as paired learning with a manager, to whom they report
- A critical component of the innovation process at Tesco is the creation of a new way of measuring and sustaining performance
  - The Balanced Scorecard is the vehicle by which a culture of continuous improvement is delivered
  - It is used, alongside a Hot Housing process and Existing management tools, such as the Tesco Clubcard database, to assess the impact of innovation on consumer behaviour and to measure performance and customer satisfaction
Resources Section

- Videos
- CASS Business School Research
- Case Studies

NHS England 22/08/2013
Click on the box below to view the Talking Heads video (internet connection required)

Strengthening Leadership and Accountability for Innovation in the NHS – Why and why now?
Click on the thumbnails below to view the visual narrative in full, or in short sections relating to the themes of Patient, Leadership and Delivery.

Visual Narrative In Full

Modular Version of the Visual Narrative
|-----------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------|-----------------------------|----------------------------------|
Case Study Introduction

- Case studies have been grouped into the three modules of patient focus, harnessing innovation through leadership and delivery mechanisms for long-term success
- These are not intended to be the best case studies which exist; however, they are intended to provoke thought and debate
- The case studies are intended to spark conversation, not as things to copy or adapt; therefore, they take different formats and there are different elements of learning in each one
- They have been gathered from research, discussions with CEs, and interviews with NHS leaders
Driving innovation through patient focus: Example Case Studies

Service Users and Carers contributing to a new Integrated Care Pathway: Leeds Mental Health and Learning (Richard Clayton)

Description
- Introduced a new model of Community Mental Health Services and locality based Intensive Community Services supported by a Single Point of Access dealing with routine and urgent referrals.
- These new services developed for service users and carers, are supported by a common core integrated care pathway (ICP) which is evidence based and supports service users of all ages. The care pathway supports triage, holistic assessment, formulation and planning of care.

Why
- The Trust Strategy emphasises the organisation’s purpose of “improving health, improving lives”. Viewing people as a whole, with physical as well as mental health needs; supporting them towards recovery wherever possible; providing care that is safe; making sure they had a positive experience of their care and support; and working closely with other organisations to provide clear and effective pathways into other support services
- We want people to have a say in their care and treatment focussing on their individual goals for improving their health and lives.
- Our approach has enabled us to redesign services around the value adding activities which support a high quality service. Removal of non productive elements and duplication has allowed us to reduce the cost of the services we provide whilst maintaining or improving quality.

Impact
- The introduction of a single point of access for services linked closely to our crisis assessment service has reduced duplication of triage processes, provided rapid feedback to referring clinicians and allocated work to the most appropriate clinician first time.
- Removal of age related boundaries has improved the availability of intensive community services with some 5 day services expanding to offer 7 day provision at no additional cost.
- To date £1.13million has been saved in 2012/13 with a projected recurring savings of £2.4 million
- Additionally re-designed roles will generate a further £350,000 recurring savings.
Driving innovation through patient focus: Example Case Studies

**Involving patients as expert partners in co-creation (Simon Large)**
- Two dieticians collaborated with Bradford University to create a practical recipe book for patients with swallowing difficulties.
- They interviewed patients as expert partners and then gained access to a kitchen to finalize the recipes.

**Speech Therapy via Skype: Bernie Cuthel**
- Previously, there was an issue that the children who were most in need of this service were not attending their speech therapy sessions.
- The speech therapists started conducting their sessions via Skype when the children were at school, thereby reaching those who needed the service most.

**Attracting service users to become involved in Trusts (Chris Butler)**
- We had Frank Bruno in for a day at our AGM and he talked about his experiences as a service user.
- It created a real centre of gravity to encourage the public and service users to come together and discuss their opinions and feedback.

**Building a Carers Teaching Programme: York Teaching Hospital (Trish Gerard)**

**What**
- Developing a one day carers training programme for carers looking after loved ones in their own homes.

**Why**
- There has been an increase of relatives/voluntary sector providing care.
- In an attempt to equip they are equipped with the skills to provide this care and keep their loved one at home we have developed this training programme. We also hope in the long term, reduce the need for admission to hospital.

**Impact**
- This was a pilot programme so we don’t know, as yet, the impact. We feel confident it will give carers more confidence and support when looking after their loved ones. It will also forge positive relationships with the Trust and our patients and their carers. When meeting with the voluntary sector they do have other areas they have highlighted as training needs and have been very enthusiastic to access the programme.
- We are hoping to develop a referral system, from hospital wards that are planning a patients’ discharge and will be cared for by their own family, so we can support carers and patients in the community.

Empowering carers to allow service users to be cared for in their own homes.
Driving innovation through patient focus: Example Case Studies

Dementia Programme: Patient involvement in strategy development

- The Dementia Programme adopted a new approach and called people with dementia to participate in planning and developing the strategy.
- The change in approach required considerable preparatory work on ‘changing the culture’ to persuade staff that people with dementia can and should be involved.
- Individual and group consultations, were held and collective actions developed.
- The views of the consultations were fed back to the wider agenda of service development.
- The programme demonstrates how managers and practitioners can work with patients to involve them in planning and development.
- Patients are key stakeholders, best placed to afford a view on how services can help and support them.
- To ensure that involvement of patients is truly empowering it is important that service users are not subverted by professional or managerial interests.
- Wide consultation in this fashion is time consuming and requires a lot of resources.

Prudential: Pay-as-you-use health insurance

- Description:
  - Prudential introduced the first pay-as-you-use health insurance line in Europe in late 2005.
  - Under the new scheme, Prudential’s policyholders could reduce their health insurance premiums in two ways:
    - By engaging in activities that improve their health, such as following a balanced nutrition plan, periodic exercise regime, etc.
    - By better managing existing health conditions.
  - Prudential includes more than 30 lifestyle choices in this rewards scheme such as flu vaccination, mammograms, maintaining a target weight, or engaging in a stress management course.
  - Engaging in each of these activities gives the policyholder a certain number of reward points, which they can convert into premium discounts at the end of a certain period.
  - This model subverted the perception in the majority of health insurance buyers that they pay higher premiums than they should to support the well-being of a minority that require high levels of coverage.

- Benefits:
  - The innovation resulted in robust growth in the PruHealth business, though Prudential’s overall UK business had slowed to -4% in the period up to September 30, 2006.

"Being encouraged to do as much as possible keeps me going. It stops me feeling unwanted and builds my confidence." Living with Dementia programme participant.

Actively involve & collaborate with patients during the idea generation process.

Creating motivations which really work for patients to improve their lifestyles.
**Driving innovation through patient focus: Example Case Studies**

**Salford Royal Hospitals: Process change to reduce cardiac arrests**

**Initiative**
- At the trust, 179 patients suffered a cardiac arrest in the during Mar 2007 - April 2008. A program was initiated to reduce this number.
- Many patients show signs of deterioration 24 hours before suffering a cardiac arrest and the warning signs of impending cardiac arrest are often missed.
- The trust introduced simple and effective ways to identify warning signs and reduce the number of cardiac arrests on wards.
- The key aspect of the program was to avoid reliance on electrical observational methods and the use of visual methods of assessing symptoms, such as manually testing blood pressure, which was more accurate and patient friendly.
- A code red system was developed, which allowed anyone on the team from a cleaner to a surgeon to raise the alarm when they identify an acutely unwell patient.
- The new system, that was brought about in 2008, brought in quick results and helped in saving lives.

**Benefits**
- There has been a 32 percent decline in cardiac arrest emergencies since the introduction of the new system.

**Manchester University Hospitals: Software to alert clinicians of deterioration in a patient’s condition**

**Initiative**
- The hospital introduced a new software to improve patient safety and reduce lengths of stay in hospital.
- The patient data was recorded by clinicians using smart phones, PDAs and computers on wheels, with the software integrated into the hospital's patient administration system.
- Once clinical observations had been taken, the system allowed them to be inputted into a hand-held device.
- The software ensured that all observations were taken at the required times and that healthcare professionals responded to alerts generated.
- The system not only identified a deteriorating condition early, but also continued with the process of alerting the appropriate clinician continued until the condition was addressed.

**Benefits**
- The trial improved ward processes which would result in significant cost savings for the hospital.

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**Improving patient safety through all-staff awareness training**

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**Using digital services to improve patient safety and care**
Driving innovation through patient focus: Example Case Studies

Wireless networks to improve patient safety: Košice Children’s Teaching Hospital, Slovakia

Initiative

- The previous system consisted of a paper-and-pen test system for measuring symptoms of children suffering from leukaemia, cancer and malignant tumours
- The hospital was keen to explore whether a mobile point of care solution (MPoC) would improve workflow and influence levels of care in its Oncology Department. A pilot was implemented
- The pilot involved five physicians; four paediatric oncologists and one paediatric psychologist
- The pilot was conducted in Apr 2007 to understand if a MPoC solution would improve workflows in haematology (blood) testing, medical interaction and psychological testing
- All the five physicians were provided with tablet PCs to measure and monitor the patients continuously. The tablet PCs provided real-time access to patient case histories and medication files.
- The physicians could view and enter new information at the bedside (previously information was written down and then entered into the hospital’s information system at a later date)

Benefits

- The pilot at the hospital substantially reduced some workflow areas, enabling physicians to spend more time with patients and improve the quality of care
- The pilot led to a 2.5 hour saving each day for the paediatric oncologists, resulting in a 9% productivity increase, and
- A saving of 1 hr each week for the psychologist, resulting in a 2% productivity increase
- The pilot also helped in increased patient safety, greater patient and staff satisfaction, and improved quality of care
- The MPoC pilot proved that a breakeven could be achieved within 6 months and a return on investment of 629%
Driving innovation through patient focus: Example Case Studies

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Driving innovation through patient focus: Example Case Studies

Press release indicates the role of users has become a key element in Lego’s innovation strategy

"August 29, 2005: Celebrating the 50th anniversary of its System of Play, LEGO Group"

- Today unveils LEGO Factory, a consumer experience that combines today’s hottest kids trends -- technology, mass customization and community -- to enhance and build relevance for its classic toy offering. Beginning today, children of all ages can visit www.LEGOFactoy.com to design, share and purchase custom models.

- LEGO Factory is powered by LEGO Digital Designer (LDD) -- a proprietary virtual building program available as a free download for PC and MAC users. Drawing upon a virtual warehouse of bricks and elements, children can design 3-D models just like professional LEGO Model Designers. Factory models are micro scale -- smaller than traditional LEGO minifigure proportion (roughly 1:50 life-size) found at retail -- but still provide precise detail and functionality.

- LEGO Factory sets arrive in custom packaging that shows a child’s model and name, and include all of the LEGO elements needed to build the virtual design in physical form. Every customized LEGO Factory creation will have a unique price dictated by the size of the model and elements used. Custom models will take from 48 hours to a week to arrive, depending on which shipment method consumers choose.

- LEGO Factory is also designed to create a community of builders who share their virtual creations with consumers around the world. Children can view other builders’ custom creations, add and remove bricks, rotate the 3D view and zoom in on the details, download the building instructions to build from their existing LEGO collection, or even purchase someone else’s model for themselves.

- "Giving children access to a virtual warehouse of LEGO elements to design their own models is a fantastic extension of everything the LEGO System of Play represents and has provided for the last half century, and marks a rare opportunity for true mass customization and community in today’s toy market," says Mark Hansen, director, LEGO Interactive Experiences. "With LEGO Factory we can expand beyond our 100 in-house product designers to marvel at the creativity of more than 300,000 designers worldwide."

- During its Beta phase, LEGO Group sponsored a contest to better understand the types of models that consumers would design using LDD. The contest lasted for 11 weeks and 8,000 models were custom designed. Ten models were voted by consumers and LEGO Master Model Builders to become real LEGO sets available exclusively through the company’s Shop-at-Home division. Contest winners, whose ages ranged from 9 to 38, will receive royalties based on sales of their winning designs. For more information on these winners.”
Harnessing innovation through leadership: Example Case Studies

Crowdicity: Dorset Healthcare: iMatter

- Crowdicity is a dynamic **social innovation platform** to tap into the knowledge, experience and **insights of employees**
- The platform allows every idea to be publicly shared, discussed and ranked — it is a source of inspiring ideas and an enabler for change
- Dorset healthcare has over 5,000 employees and wanted to ensure that they were all able to contribute to building an innovation culture in the Trust
- The tool can be accessed over the intranet, on home PCs or via smart phones, so staff are able to read and contribute to conversations **whenever they choose**
- Crowdicity worked with the Trust’s Innovation unit to create a bottom-up communications plan including new branding, videos and roadshows to launch the iMatter initiative
- 20% of all staff, from a cross-section of the organisation, signed up in the first month and a half following launch. It was found that the community became self-regulating, so strict management rules did not need to be applied, and thus innovation not stifled
- Over 50 ideas have been taken forward and implemented, some of them within 22 hours of being suggested — these **quick wins** were seen as vital in order to demonstrate the value of the tool as providing a voice, as opposed to being a black hole for ideas

“Crowdicity is helping Dorset Healthcare University NHS Trust make innovation and its spread central to what we do.”
Jodi Brown, Head of Innovation, Dorset Healthcare University NHS Foundation Trust

Ensuring ideas, from anywhere in the organisation, can be captured and socialised
Harnessing innovation through leadership: Case Studies

Procter & Gamble: Encouraging Partnerships and External Collaboration

Business Context for Innovation
- P&G had a long track record in bringing innovative products to the market, however their approach needed to be updated to ensure continuous improvement.
- P&G recognised that continuous innovation is critical to the future:
  - Innovation is not the exclusive domain of the R&D division
  - To maintain their competitive advantage they need access to the latest thinking, wherever it is in the world it might be
- The explosion of new technologies was putting ever more pressure on P&G innovation budgets and this was a key driver of the new model for open innovation.

Leadership Behaviours
- Encourage partnerships and collaboration
  - P&G employs 8,500 researchers but has an extended family of 1.5m researchers and entrepreneurs across the world.
  - P&G has many examples of products and technologies that have resulted from mutually beneficial collaborations which they established through external connections.
  - There are three broad types of partnership:
    - A third party developing the idea independently which P&G subsequently acquires (e.g. Bounce and Spin Brush) thus saving P&G the expense of developing entirely new product.
    - P&G licensing the rights to a particular product then subsequently refining the product for P&G’s needs (e.g. Olay skin care pump).
    - Purchasing a product from another manufacturer but using P&G’s existing marketing and distribution network to swiftly bring the product to market (e.g. Swifter – hand held duster).

Management Methods
- Strategic plan and vision
  - P&G have a clear strategy and publish a checklist of what each product or technology should meet before they will consider getting involved.
- Innovation champions scouts
  - Internal R&D staff act as Technology Scouts who think of scenarios and write technology briefs that define problems it is trying to solve.
- Stakeholder engagement
  - Co-invention of new products with consumers through interactive prototyping tools such as Affinnova.
  - Investments in Yet2.com and Ninengine.
- Collaboration tools and events
  - Leverage 50,000 lab staff in suppliers’ R&D Labs through co-creation and innovation expo events.
  - Creation of Yourenrcore.com to recruit and link more than 800 retired R&D staff and scientists.

Key Takeaways
- Responsibility for innovation does not sit within a siloed R&D division. For every P&G researcher there are 200 scientists or engineers around the world who are just as good.
- P&G is open to new ideas and insights generated externally and external input is respected embraced ongoing collaboration.
- P&G staff are empowered and have the opportunity to influence the idea concept selection process and development.
- The culture of innovation in P&G is supported through financial remuneration of both inventors and external collaborators, which is an incentive for successful innovation diffusion.
- Mutually beneficial collaboration is only made possible through robust intellectual property and technology transfer legal agreements.
- External collaboration has been facilitated through advanced technology solutions, such as NineSigma, to encourage sharing of ideas to solve problems.
Harnessing innovation through leadership: Case Studies

Google: 20% Free Time Innovation Model

**Leadership Behaviours**

**Create space and time for innovation**
- Employees are encouraged to spend time on projects they are interested in themselves, and thus they are more likely to feel passionate about its success.
- Google actually tracks the time that employees spend on their own projects.
- Managers’ time is split as follows, with 70% of their time on core business, 20% on different but related projects and 10% on projects of their own choosing. Technical employees’ time is split as follows, 80% of time on core business and 20% on projects of their own choosing.

**Encourage collaboration**
- Every key decision in Google is made by a group of at least two people and these groups do not go for consensus but for the best idea.

**Encourage risk taking**
- Google encourage risk-taking and are not afraid of failure even if it has resulted in losses.
- There are many new innovations which are taken through the innovation process and launched on Google Labs, and are simply discontinued following feedback.

**Google’s Innovation Process**

**Invention**
- Google allocates a notional 20% of time for their workers, known as ‘Googlers’, to develop their own ideas for the company.
- During this time any employee is free to contribute ideas for development of online products and showcase self-developed prototype products.

**Adoption**
- Google conducts eight brainstorming sessions a year, co-ordinated by the VP of search products, with the goal of further selecting projects for funding and commercialization.
- Initially an idea may be developed by one individual but, if it is perceived to have potential for Google, then a team can be brought together that focuses most or all of its time on the idea’s implementation.
- Google encourages small high-performing project teams consisting of 3-4 members, providing the agility and work-environment of a start-up firm.
- Specifications are loosely defined and the documentation is sparse, in order to reduce bureaucracy.
- Light specifications enable a consensus driven approach, where each team member can creatively influence the product development process and suggest new features.

**Diffusion**
- Google prefer to get a product to the market quickly and getting feedback from users as soon as possible instead of waiting for detailed up-front analysis.
- Google diffuse new products using Google Labs.
- “Google labs showcases a few of our favourite ideas that aren’t quite ready for prime time.”

“Provide space, time and resources for individuals across the organisation to generate and pursue innovative ideas they are passionate about.”

“The 20 percent time initiative “encourages the flow and exchange of ideas within Google, enables people to follow some of their passions and helps build our culture of innovation. Our whole organisation is built on ideas, and this is a fundamental way of getting them.”

— Rian Liebenberg, Engineering Director at Google
Harnessing innovation through leadership: Case Studies

Just Do It at Nottingham University Hospitals NHS Trust (NUH)

- The Just Do It scheme encourages staff to submit quick-win improvements ideas that they can just go ahead and ‘do’ without the red tape.
- NUH has seen over 5,000 Just Do Its submitted by staff over the last 2 years. Ideas are celebrated at the biannual Just Do It Awards, giving staff a chance to display and discuss ideas with board members, and likewise for board members to formally thank staff for their ideas.
- Drawing on this success, in March 2013 NUH will be expanding the scheme so staff can submit their ideas online and also write them on ‘idea walls’ around QMC and City Hospital. Ideas will also be celebrated more often, with a monthly prize draw and mention within staff and patient communication channels. In doing this, we are sure that staff will continue to feel empowered to make the small positive changes to improve the care and comfort for patients.
- The awards are a fundamental part of Better for You – empowering staff to generate ideas to improve experience, safety and efficiency.
- A ‘Just Do It’ is an idea that makes things better for staff, patients or visitors – and one that NUH colleagues can ‘just do’. The idea behind the scheme is to encourage staff to try to make the change.
- Among the Just Do It ideas featured in last year’s awards were:
  - Inpatient therapy staff were visiting patients’ homes to take measurements. Securing a donation of hundreds of tape measures now allows the team to give tape measures to relatives to take their own measurements.
  - A hands-free phone in Patient Escort saves time transferring calls and improves patient confidentiality as users can move their conversation to a more private area.
  - Pillows and protective covers for the Children’s Hospital used to be ordered separately and then assembled. Sourcing a new supplier has meant pillows are now delivered ready-covered and at lower cost, saving both time and money.
  - A mobile flu-fighter trolley created by the Children’s Hospital to target front-line members of staff who were too busy to have their flu jab in the allocated time slots.
  - A system created by the SCOPES team to ensure appointments made with frail and elderly patients were discussed and agreed with them first, to take into account their unique personal circumstances
  - The Stroke Occupational Therapy Team created a form to capture specific techniques that are most successful in assisting the recovery of a patient. This allows staff, at handover, to ensure that they continue with the same techniques enabling a faster recovery time for the patient.
- The best ideas often come from staff working in the area since they can identify where small changes can make big improvements. The Just Do Its give all staff the confidence and ability to make small improvements which add up to big benefits for everyone.
Harnessing innovation through leadership: Case Studies

**Dyson: Experimentation and failure as the stepping stones for success**

### Leadership Behaviours

- **Manage Risk & Learn from Failure**
  - Having belief in an idea’s potential and no fear of getting it wrong
  - Giving support to ideas before they become successful
  - Encouraging workers to take the difficult route rather than the obvious

- **Learning & Development**
  - Passionate about education and skills
  - Dyson will open in September 2009 "The Dyson School of Design Innovation" which is designed to give the young people the skills they need to become innovators

- **Create space, time and resources**
  - Give power and confidence to engineers
  - Put engineers on the board and give them enough money to research and develop ideas before they are abandoned

- **Obsessed about products**
  - Technology and high quality of engineering are prime sources of competitive advantage
  - Dyson thinks market research is unhelpful as consumers do not always know what they want

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### Key Takeaways from Dyson’s Culture for Innovation

- **Education** of young people in the skills that they need for innovation is a prerequisite for innovation culture
  - Using education to train innovation capability has a significant lead time

- **Innovation** has to be pursued as a **core competency** and organizations have to foment these abilities to be innovative

- **Every employee** in the organisation needs to understand the importance of innovation

- **Product innovation** is fundamentally **different** from service innovation

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"Enjoy failure and learn from it"
"Innovation = creativity + iterative development"

*James Dyson*
Delivery mechanisms for long-term success: Case Studies

The Enhanced Recovery after Surgery (ERAS) project at Nottingham University Hospitals NHS Trust (NUH)

- **Enhanced Recovery** was developed in Copenhagen and has been used in the UK since the early 2000s. There are many benefits to adopting Enhanced Recovery particularly in terms of the quality of care, patient outcomes and expectations, experience by staff and patients and a reduction in the length of stay, all of which lead to improvements in efficiency and cost savings.

- The ERAS project at Nottingham University Hospitals NHS Trust (NUH) has involved staff and auxiliary nurses, consultant surgeons, consultant anaesthetists, ward managers, occupational therapists and pre-operative assessment nurses.

- The greatest benefit to date has been a reduction in length of stay for patients who have received treatment for:
  - Latissimus Dorsi (1.5 days less time spent in hospital)
  - Upper Gastro Intestinal (0.8 days)
  - Prostatectomy (1 day)
  - Hysterectomy (0.9 days)
  - Gastrectomy (2-3 days)

- The project has been successful to date primarily because every member of the multi-disciplinary team has been involved and each now as an understanding of the role of others.

- Such projects will only work if clinicians are engaged. **Staff ownership** of this is fundamental.

Children’s Hospital Octoberfest at Nottingham University Hospitals NHS Trust (NUH)

- The Octoberfest was held in the Children’s Better for You Hub and involved the Children’s BFY team, the Children’s Hospital management team, and the corporate communications team. Events were held with Children’s Hospital staff and colleagues from other directorates involved in children’s care.

- Octoberfest attracted 214 colleagues from across the Trust who submitted over 1000 ideas which ranged from things that could be achieved easily and quickly to more visionary suggestions which would need further funding.

- Octoberfest has helped shape the ongoing work to significantly increase the profile of the Children’s Hospital. Staff are now more willing to engage with change and are keen to submit ideas. By building on the success of the event, communications within the CH has improved and staff are clearer about the goals and direction of travel.

- Octoberfest paved the way for better working between staff and management and this integration is continuing.

Multi-disciplinary team involvement in delivery

Organise events specifically aimed at staff idea generation from small- to large-scale
Delivery mechanisms for long-term success: Case Studies

Children's Hospital Bed Reconfiguration at Nottingham University Hospitals NHS Trust (NUH)

- The Children's Hospital bed configuration project had three key aims:
  - Reduce outliers
  - Increase medical beds in winter and reduce in summer
  - Reduce elective surgery cancellations
- Involved in the project were the Children's Hospital management team, the BFY team and appropriate Band 7 nurses.
- Key to remedying the problem was having an understanding of the different types of medical beds – acute and chronic, which bed is used is determined by the medical pathway. But the strands of the pathway are entirely interdependent. As such, any change made to the management of beds has a knock on effect across the pathway.
- Key to a successful outcome is the role of a senior nurse on call in the Children's Hospital. A training package was devised to help support the creation of this new post.
- The project has resulted in better planning and more flexibility when determining the right number of beds and escalation plans.

Digital Stories: Manchester Mental Health and Social Care Trust (Patrick Cahoon)

- The previous chief executive was keen to bring patient stories to the Board, but there was the issue that standing before a board could be an intimidating experience for service users and carers. Also the board agenda needed to be moved at pace and patients sometimes felt frustrated that they were not getting their opportunity to tell their story properly and therefore was not a positive experience for them.
- The Trust engaged a professional company that worked with patients over two to three days to help them tell their story. They worked with the patient to help them surface their critical messages and created a digital story that lasted 2 to 3 minutes.
- He stories could be inspirational or describe uncomfortable issues that needed to be addressed. The stories then give the board the opportunity to discuss what has been or needs to be done to solve identified problems.
- The digital stories serve to remind the board as to what they are actually there for and keep them in touch with what the real patient experience is and what they need to prioritise/action.

Ensuring the right staff and information are available when innovations are implemented

Capturing engaging patient stories to remind the Board that the patient is at the heart of what they do
### East Kent Hospitals: Digital dictation systems

**Initiative**
- Previously, pathologists had to write the often complex results of their tests by hand for a secretary to input into a computer system.
- The new voice recognition solution made it possible for pathologists to dictate into the system in real-time while performing the tests.
- The new technology was delivered in a phased manner.
- Once the staff had familiarised themselves with the new way of working, the integrated speech recognition element of the solution was enabled, which made spoken words to appear on the screen in real-time within the system.
- SRC, a UK based provider of professional document creation solutions helped in implementing the solution.

**Benefits**
- Post the implementation, General Practitioners (GPs) and consultants receive results much more quickly as compared to earlier occasions.
- There has been a 400% improvement in document turnaround times for life-saving diagnosis, using the digital dictation and speech recognition solution.
- Histology reporting turnaround times were reduced from a week to often the same day.
- Solution helped in eradicating typing backlogs in spite of increasing workloads.
- Since completing the deployment, the Trust’s cellular pathology department reported an accuracy rate for all speech recognition work in excess of 99% across a variety of accents, including Hungarian, German, Asian, Australian, English and Greek.
- Secretarial staff were freed and later trained for laboratory.

### Guy’s and Thomas: Automated replenishment system

**Initiative**
- Under the previous process, clinical staff counted stock and completed paper requisitions to re-order supplies from multiple suppliers. The process was time consuming, inefficient, and created over-stocking and obsolete stock.
- Guy’s & Thomas worked with its logistics service provider, Squadron Medical, and focused on gaining control over basic supply chain practices, such as:
  - Category management,
  - Rationalisation of supply base,
  - Inventory tracking, and fill rate improvement from suppliers.
- In 2008, the initiative won the European Supply Chain Excellence Award for ‘just-in-time’ initiative which consolidated stock spending with a single supplier who makes daily deliveries to the Trust’s operating theatres.
- Introduced a new automated replenishment system in theatre as part of the supply chain network where storage units with restricted access are equipped with a computer-controlled system to monitor and order stock.
- The entire process change was carried out between Dec 2007 and Dec 2008.

**Benefits**
- Both the initiatives have resulted in reducing the stock levels.
- Considerable savings materialised through improved stock management.
Delivery mechanisms for long-term success: Case Studies

St. Franziskus Hospital, Munster, Germany: Supply chain Optimisation

Initiative
- Prior to the initiative, the intensive care unit required nurses of each ward to send the requirements for new stocks through a form by courier to the procurement department.
- The foundation took the help of Der Klinikeinkauf, a procurement consulting firm, to order purchases on behalf of all its hospitals, to help get discounts because of bulk purchases.
- It also enlisted medicalORDER centre (MOC), a logistics provider firm, which provided support in supply with pharmacological products from a centralised pharmacy, supply with medical and office products from a centralised stock for individual hospital in the year 2005.
- A new barcode and a computerised system was also introduced which helped nurses to enter the new stocks along with the required quantity without any errors.

Benefits
- The new system eliminated the manual errors that were prevalent in the previous system.
- The new supplying and ordering system increased reliability and timeliness of supplies, which resulted in a reduction of cases of stock shortages from 4 to 1 per month.
- The patient benefits from less workload for the nurses in administrative tasks (like stocktaking and ordering).
- The estimated cumulative cost savings for the hospital totalled approximately EUR 470,000.

Hospital de Torrevieja, Spain: Paperless Hospital

Initiative
- The hospital management had started off with the concept of a paperless hospital since inspection.
- All line-of-business applications were integrated with each other through a common server.
- Doctors’ reports, appointment schedules, medical test results, clinical documentation, data on apparatus used for patients in the Intensive Care Unit were all digital.
- Doctors can access patient records from any computer, view X-ray results, and request additional tests.
- Patients also send texts to the hospital to find out the average waiting time. The software automatically calculates the time, recognises the right mobile phone number from a database of 130,000 patient records, and answers the text messages.

Benefits
- With text message alerts, patients do not need to wait unnecessarily for their turn to consult the doctor.
- They can also check their appointment status using the automatic appointment machines located at the hospital entrance.
- Average waiting time in emergencies at Torrevieja Hospital is 60 minutes—compared to 120 minutes in most other Spanish hospitals.
- Average patient stay is 4.3 days at the hospital, compared to 6 days in most other hospitals in Spain.
- The average spend of the hospital per patient per year is EUR 571 compared to EUR 898 spent on average by most other public hospitals.
Delivery mechanisms for long-term success: Case Studies

Tesco: Measuring and Sustaining Innovation

Example Balanced Scorecard

The Approach

- A critical component of the innovation process at Tesco is the creation of a new way of measuring and sustaining performance.
- The Balanced Scorecard is the vehicle by which a culture of continuous improvement is delivered.
- It is used, alongside a Hot Housing process and existing management tools, such as the Tesco Clubcard database, to assess the impact of innovation on consumer behaviour and to measure performance and customer satisfaction.

“Tesco is driven by innovation, continual improvement and setting the very highest standards.”

Tesco.com
Delivery mechanisms for long-term success: Case Studies

Cisco: Mass Standardisation Approach To Innovation

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<th>Invention</th>
<th>Adoption</th>
<th>Diffusion</th>
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<td>Teams simultaneously work on finding solution to the same specific issue...</td>
<td>...as soon as one team has found a solution, work in all other teams ceases...</td>
<td>...and the approach is standardised and diffused.</td>
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- Cisco is good at invention; however has managed to create competitive advantage by rapidly standardising, executing and scaling new business practices throughout the organisation.
- Cisco has recognised the business environment they operate within is complex. This has led Cisco to restrict product innovation to the development of ‘platform’ products that can be combined and deployed.

"...you can do things differently, not just better only if the organisation has the necessary disciplined culture to firstly deliver best practice." Kevin Dean, Cisco Internet Business Solution Group

- All teams are given the necessary space, time and funding in order to pursue innovation.
- Teams are free to experiment and be creative in search of finding a solution to a defined issue.
- Leadership have visibility of all the innovation projects in the pipeline and the synergies that exist. This transparency facilitates collaboration.

- When a solution is found, funding is rapidly withdrawn from the unsuccessful teams.
- Even if "work in-progress solutions" are potentially more elegant they are abandoned.
- The original teams can re-focus on a new issue or problem.
- The governance structure provides incentives to prevent new simultaneous projects from being initiated.

- The first solution to the problem is identified, validated, standardised and adopted throughout the organisation.
- By having just a single standard solution and "one way of doing things", the solution can be rapidly scaled and rolled-out.
- The diffusion of just a single solution or business practice, is more straightforward to manage going forward than multiple solutions to a single problem.
Delivery mechanisms for long-term success: Case Studies

Marks & Spencer: Supplier Exchange

M&S has created ‘Supplier Exchange’ to stimulate innovation within its suppliers and engage suppliers to reduce emissions.

Steps that were taken to create a Supplier Exchange
- Created a supplier website to allow suppliers to exchange good ideas and best-practice online.
- Organised conferences for suppliers to discuss innovative ideas for reducing emissions.
- Supported the development of eco-factories.
- Used information gathered from its own ‘eco-stores’ to teach suppliers on factory construction, building design and resource use.
- Leadership in Energy and Environmental Design (LEED) independently assesses and accredits the new factories.
- Helped suppliers to secure funds for investment in innovation.

Impact
- Increased innovation from suppliers; for example, those working with Marks & Spencer to turn food and farm waste into renewable electricity.
- Over 1,500 suppliers in 36 countries worldwide have used the Supplier Exchange to find out more about Plan A.
- Two eco-factories in Sri Lanka, one in the UK and one in China are either under construction or due to commence construction in 2008.

“The Don’t stop. Keep moving towards new targets, new goals and new improvements.”
Stuart Rose, CEO of Marks and Spencer

Form partnerships to enable collaboration in researching of ideas and solving defined problems.

The Junior Doctors’ Forum, The Royal Free NHS Trust

- Junior Doctors bring their ideas for innovation and improvement directly to the Board.
- The Board then say “yes” or “no” right there – a little like Dragon’s Den.
- The Junior Doctor is then set the task of implementing the innovation as paired learning with a manager, to whom they report.
- Involving a manager is a real motivating factor and this is also good for the doctor’s portfolio.
- We also ask Junior Doctors, “What did another organisation do better than us?” as they have a unique position to be able to have a view on many different places and their ways of working.
Strengthening Leadership and Accountability for innovation in the NHS