Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 40

Organisation name: NHS Ayrshire & Arran

Type of response: Online and article abstract
I undertook a research project into the barriers and enablers of innovation within NHS Ayrshire & Arran as part of my MBA (completed Oct 2010).

Having reviewed the literature and carried out the research, what appeared to be some of the fundamental elements of the findings was that in order to generate more ideas/innovations that are progressed to completion, there first needs to be recognition of the following:

Many staff do not fully understand what innovation is, as many NHS staff still associate innovation with technological innovation.

Innovators or people with entrepreneurial spirit are poorly recognised and often the NHS doesn't know how to best talent manage these individuals. This can be because they are often labelled as troublemakers or mavericks; not team players; don't respect hierarchy; they get frustrated with inflexibility; they have a high tolerance for risk so may be seen to fail a lot; and they can be viewed as complainers or ‘deviants’ etc etc.)

Often it is not clear who’s responsibility it is to find, nurture or support innovators. There are also not enough clear systems or processes in place which help support initial ideas. This means that a multitude of barriers (professional silos; unhelpful leadership behaviours; lack of peer support; dependance on RCT’s preventing innovation being ahead of the evidence; amongsts many others, can impede any improvements in the ‘rate of decay’ of innovative ideas.

**What specific actions do you think national NHS bodies, such as the NHS**
National Commissioning Board, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?

Current leadership programmes need to be more specific in how they teach our future leaders of what to look for or how to recognise innovators or budding entrepreneurs.

Within each NHS area, the role and responsibility for the identification, support and nurturing of people with entrepreneurial spirit needs to be clearly allocated - perhaps R&D Department?

A buddy system within NHS areas would pair those needing support with those experienced in overcoming barriers and taking ideas to completion. This should allow for people to 'self-refer'.

Having Innovative cultures are an essential to creating the right environment for these people and their ideas to thrive. This needs to be regularly assessed across the NHS and it's services. The NHS Institute for Innovation & Improvement recently published their Creating a Culture for Innovation which includes an innovation questionnaire which could be used within specific departments or services to assess their respective cultures.

The development of an innovation network for budding innovators/entrepreneurs could perhaps provide some peer support in the same way as knowledge networks do for other condition specific groups? This could be work developed locally, or have more of a national focus?

There is an opportunity here for Universities to look at providing further education around the whole concept of innovation. This could include some or all of the information indicated above.

Do you have any further comments about accelerating the adoption and spread of innovation in healthcare?

"Innovation requires support and enablement, which does not tend to happen by accident."  
(McGregor, 2008)


We would like to be able to follow up interesting comments and case studies. Can we contact you for this purpose?

Yes

Do you want to be kept in touch with the next steps in this process?

Yes
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Research into the Barriers & Enablers of Innovation within NHS Ayrshire & Arran

Author(s) / Presenter and title
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Background to Research

- Whilst there has been a substantial body of research in the last 40 years around innovation in the private sector; a significant gap in empirical evidence still exists within the public sector and particularly in relation to the barriers to and enablers of innovation within the NHS.
- Much of the literature that does exist is over reliant on anecdotal experiences and largely relates to the public sector generally.
- Some of the literature comments on how innovation and innovators within the public sector can be “derided” and not seen positively. Within the NHS, some of the literature goes as far as to describe how the NHS has a reputation for “punishing mavericks”; “damaging innovators”; has difficulty identifying them and making the best of the talents of people with “entrepreneurial spirit”. So much so that they often go underutilised or they leave their respective organisations.
- Gaps in the literature also exist around the comparisons between staff within the NHS working in frontline positions, compared to those operating at a corporate level within the organisation; as well as what enablers to innovation exist.

Research Questions

- How do the barriers and enablers of innovation being experienced in NHS Ayrshire & Arran by clinical (non-medical) and management staff within the organisation compare to what is identified within the literature?
- Are there any differences in these experiences between clinical and management staff compared to staff working in an executive and non-executive capacity?

Investigative Framework

- The study used a blended methodology of qualitative and quantitative research to explore the issues highlighted above. This involved semi-structured interviews for corporate level management staff and a survey/questionnaire for clinical staff and non-corporate level management staff.
- In the absence of any identifiable NHS or public sector model for innovation being found the following literature was used in the development of the methodology. These included the work of Van de Ven et al (1999); Mulgan and Albury (2003); and Loewe and Dominiquini (2006).
**Results Summary**

- Most, if not all, of the barriers to innovation commented on anecdotally within the literature in relation to the NHS were identified within this study.
- The most common of these for the executive and non-executive managers were hierarchy or bureaucracy; unhelpful leadership behaviours; lack of resources; ‘turf wars’; risk aversion; and professional silos.
- The most common barriers from the survey/questionnaire when staff were leading on an innovation were competition or opposition from other professional groups; high staff turnover; lack of systematic approach to problem solving; poor communication between services or departments; lack of suitable role model or mentor for innovators; unhelpful leadership behaviours in managers; and lack of peer support.
- When staff were not leading on an innovation, the most common barriers encountered were a lack of staff and resources; ‘too many hoops to jump through’; short term thinking; a lack of peer support; and risk aversion in others.
- Enablers of innovation identified within the interviews included various positive ‘leadership behaviours’; attempts to promote a culture of innovation and rewarding excellence; utilisation and promotion of systems or processes; and the utilisation of people within the organisation and their recognised skills or roles to assist innovation or innovators.
- Enablers identified within the survey/questionnaire included ‘leadership behaviours’ like good communication; ‘management processes’ like audit, risk assessment or ‘lean’ methodologies; ‘people and skills’.

**Key Observations from Research**

- Enablers of innovation identified within the survey/questionnaire were noticeably fewer than those identified within the interviews. This appears to suggest a need for improved knowledge/understanding of what supports are available to clinicians and junior or middle managers.
- There was some evidence to suggest that unless innovations related to already identified service or organisational priorities, an innovation may encounter a lack of interest or support. If this is likely to be replicated throughout the organisation on a significant enough scale, it could have a ‘dampening’ effect on ‘bottom up’ innovations and lessen the organisations ability to address the disconnect raised within the interviews between senior managers and what is going on in frontline services.
- The influence that unhelpful leadership behaviours from peers; other professional groups; and managers had on innovations and innovators were significantly reported on across all aspects of the study. This is particularly noteworthy since the study also identified some evidence to suggest that there is an unwillingness of staff to go out with their respective line management structures; and that the innovators in NHS Ayrshire & Arran are sometimes “not valued”; “seen as a bit strange”; and “perceived as threats”.
- The use and apparent dependence on Randomised Control Trials (RCT’s) to inform innovations was significantly reported on within the interviews. This appears to be something that may hamper the ability of some innovations to be developed ahead of the evidence.
- The role of the R & D Department was highlighted within the interviews as a
potential support and enabler of ideas/innovations. However, it featured significantly less as an enabler amongst the survey respondents and there were some limited comments from the interviews around the department not focusing enough on the identification of innovators.

**Key Messages**

- In order to increase the number of ideas/innovations that are progressed to implementation or taken to market, consideration needs to be given to the well recognised ‘rate of decay’ of ideas/innovations. Therefore considerable efforts are required to maximise the overall number of ideas/innovations at the initiation or earlier stages of the innovation journey.
- The problems of how innovators or people with “entrepreneurial spirit” in the NHS are identified; regarded; treated; utilised; and what tends to happen to them within their respective organisations are highlighted within the literature. In light of the additional evidence from this study, there is arguably now enough empirical evidence to suggest that a mentorship scheme is required to lesson the risk of “damaging” the rare numbers of budding innovators/entrepreneurs that the literature tells us exists within the NHS.
- The impact that ‘enabling’ leadership behaviours reported within the study has on innovations and innovators are considerable and possibly under-recognised by frontline staff. However, the study is able to confirm the existence of many of the barriers described within the largely anecdotal evidence in the literature and provide some insight into the frequency and severity of ‘unhelpful’ leadership behaviours from staff across different professional groups and managerial responsibilities.

**Areas for Future Consideration with NHS Ayrshire & Arran**

- Given the importance of generating supportive leadership behaviours, is there merit in incorporating what this study has identified into the ‘Good to Great’ leadership development programme currently in operation? If so, there is some evidence within the literature that this should not be viewed as a discreet set of job related skills addressed through training alone, but through activities that are monitored. Equally, there is evidence within the literature to support the integration of HRM processes with leadership development in order to deliver best results.
- Given that there is a shortage of people in the public sector whose job it is to find innovations and innovators; fund them; grow them; assess them and spread them out (Moberly, 2010), is there merit to developing the R & D Department's role to incorporate these aspects of the innovation journey? If so, perhaps consideration should be given to the use of a social model which links learning with opportunities to innovate (Rae, 2007).
- Further research into the identification of budding innovators and entrepreneurs within an NHS setting, may help considerably to establish what exactly to look for within this service sector. Equally research into how professional silos and ‘turf wars' manifest themselves within an NHS organisation would arguably be helpful to identify potential points of conflict and specifically highlight any ‘control’ issues throughout the innovation journey. This is significant since the general innovation literature describes how control has a detrimental effect on the intrinsic motivation to innovate unless it is to purely provide clarity.
- The NHS Institute for Innovation & Improvement recently published their ‘Creating
a Culture for Innovation’ which includes an innovation questionnaire which could be used within specific departments or services to assess their respective cultures.

- The development of an innovation network for budding innovators/entrepreneurs could perhaps provide some peer support in the same way as knowledge networks do for other condition specific groups? Could this be work developed locally, or beyond and involve NHS Education for Scotland?