National Audit Office

A REPORT PREPARED BY IPSOS MORI FOR THE NATIONAL AUDIT OFFICE

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Innovation: the perspective of frontline staff

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Introduction

Background

Researching innovation with frontline workers in the public sector presented a number of challenges. The innovation agenda in government is a relatively recent development, and one which is unknown to many at the frontline of service delivery; so the terms used by frontline workers to describe the changes they witness may not be the same as those used across Whitehall. For some, the concept of innovation is unfamiliar and so they may not see its relevance to their work. For those working within organisations with a historical legacy of bureaucracy, hierarchy and risk aversion, there was some resistance to the idea of innovation.

Also, the notion of 'innovation' gives rise to a wide variety of meanings in a policy context; both in terms of practice and in terms of outcomes, so research is needed to dig into these different meanings and understand the implications of each dimension of innovation. Research, therefore, needed to get beyond participants' standard perceptions of their role and workplace, and asked them to investigate complex concepts around innovation that demanded some thought.

The research also needed to investigate areas which can be hard for frontline workers to engage with frankly; such as attitudes to management, systems and organisational change in general. Furthermore, research needed to overcome some logistical problems: some frontline workers, especially health and police workers, work shifts, so would have found it hard to get to research events.

We therefore adopted an online bulletin board methodology to overcome these challenges. First of all, the use of downloadable stimulus materials on the boards allowed participants to become involved in a 'partial deliberation' on the subject of the meanings of innovation. The fieldwork period of nearly two weeks meant that participants had time to develop responses to complex ideas. Their responses were enriched by a daily return to their workplaces, where they could reflect on what they had written, then return to the boards. Finally, researching online allowed shift workers to contribute at times and locations that were convenient to them, and, crucially, anonymously, leading to usefully frank discussion on some sensitive topics.

Objectives

Research covered the following areas:

- What innovation means to frontline workers, to their organisations and what the perceptions of its role in public sector management were.
- What are the existing barriers to innovation – at the individual, organisational and legislative levels. Attitudes to risk were also explored.
- How innovations are generated, managed and best sustained within the public services.
- How innovations can be encouraged in the public sector.

Methodology

Eight online bulletin boards, ran for two weeks in late August/early September 2008. Ipsos MORI set up boards to investigate the opinions of frontline workers; two boards for each of teaching, the civil service, health and the police. Participants on the health boards were segregated into two distinct groups on separate boards: health service managers, and frontline health workers.

This final report is based on the comments gathered from the eight bulletin boards.

Recruitment

A range of approaches was used to recruit the frontline workers for the research. Civil servants were recruited with the help of NAO through their contacts, and through 'snowballing' other possible participants from those contacts. In practice, this meant that some participants who agreed to take part nominated others to join the bulletin boards. Where this occurred we endeavoured to separate participants known to each other on different boards. Participants were from a range of departments, and included a good regional mix.

Teachers from both primary and secondary schools, of a range of seniorities, were recruited by a specialist recruiter in education. These also encompassed a good regional mix.

Health workers were recruited from a sample, acquired from a specialist in health data. This sample gave us access to a range of roles within health management, and to doctors and nurses across the regions. Recruitment was more problematic in this sector, which may have owed something to the quality of the sample, but also the difficulty of recruiting doctors, in particular, to a tight timescale.

Frontline workers in the police were recruited by first approaching Chief Constables to ensure agreement for less senior levels to participate in the research. We were able to secure such agreement from the Chief Constables of police forces in Derbyshire, Cumbria, City of London, and Cambridgeshire. We were then approached by PCs, Sergeants and PCSOs in those forces who were interested in taking part, and were able to attain a good regional spread of participants.

Fieldwork

The bulletin board fieldwork was conducted in late August and early September 2008. Eight bulletin boards were launched, with 15 participants enlisted on each.

Using a discussion guide designed in collaboration with the NAO, participants were asked about their views on what innovation meant and its value in the public services, before moving on to more specific questions of how innovation was generated and implemented in their organisations. Stimulus on more complex areas of the topic were added to the boards in the form of downloadable PDFs for participants to read and respond to. Groups of questions were added to the boards by theme, and with gaps of 24-48 hours to allow participants to log in and respond fully. Moderators added probes and prompts for participants in order to generate debate and further explore contributions to the boards.

The core of this report explores the experiences of frontline public servants of innovations in their sectors, as well as their experiences of contributing and developing innovations themselves. It also explores some overall perceptual questions of what innovation means to those at the frontline of service delivery.

This report is divided into four sections:

- perceptions of innovation;
- barriers to innovation;
- generating and sustaining innovations; and
- encouraging innovation.

1 Perceptions of innovation

Perceptions of Innovation
Summary

Opinions on how important innovation is in the public sector range from suggestions that it is vital for adapting to a changing society to cynicism about the motives for an agenda for further change.

Participants generally agreed that innovation meant a new way of doing things that improved performance.

Innovation means different things to practitioners in different sectors, and different sectors valued different types of innovation and outcomes from innovation:

- Teachers are 'Seasoned Innovators' – feel they are already innovating in the classroom, but lack the opportunity to extend this to other spheres.
- Civil Servants are 'Belt and Braces Innovators' – very focused on the outcomes from innovation, wanting clear measurement before they begin.
- Health service professionals are 'Test it First Innovators' – they see their role as implementing good innovations and making them work in practice, rather than 'blue sky thinking'.
- Police are 'Glass Ceiling' Innovators – feeling that their good ideas from the frontline are not always translated into effective innovation by their superiors.

Participants from all sectors perceived that innovations were more likely to come to fruition and be supported if their main aim is to increase cost savings.

1.1 Defining Innovative Practice

As outlined in the introduction, innovation can mean a number of different things in practice, and the term encompasses approaches that range from completely new ideas, adapting practice from other organisations, being creative and a successfully executed idea.

There was **a range of views as to how important innovation was** within the public services. Many felt that it was vital to innovate to respond to the challenges of a changing society and to retain the 'credibility' of public institutions (as one civil servant commented). Innovation was also seen as required to enable improvements in services. However, there was also the sense from some participants that it was unnecessary. Among the police participants, there was not a great deal of connection made between innovation and simply carrying out this core function of the job; and not much understanding of ways in which, for instance, innovation might be necessary to maintain public safety in a changing world. In health, there was cynicism, and the sense from practitioners that cost-saving and administrative innovations were prioritised over those that improved conditions for patients.

"It is […] important that we innovate as otherwise we would get bogged down in paperwork and old systems that are not efficient and we would never be able to achieve more. New ideas and discoveries are key to improving the service that we provide to help the people or environment that we are working [in]."

(Civil Servant)

"Police should always and will innovate as the times are changing. Over the years we have seen a change in the make up of local communities and the police must and does reflect this."

(Police Officer)

"If the civil service didn't innovate – in the sense of introducing genuine innovation – departments would lose not only efficiency but also – and more importantly in the long term – credibility."

(Civil Servant)

"At its worst, innovation reduces the effectiveness of the teacher by distracting them from the key aims of the job… most teachers will embrace innovation and change if it is [to improve teaching or student performance] but how often are innovations properly explained to the people who are actually delivering the service?"

(Teacher)

There was general agreement across sectors that innovation could mean both **doing things in a new way, and adopting practice from other organisations**.

"To me innovation is about new ideas, better ways of working… It could be inventing a new physical item but actually most of the time it is adapting something already in place."

(Civil Servant)

Participants in all sectors perceived innovation strongly as change for the better: **an improvement either in performance or in service delivery**.

"Innovation to me is something that is a fresh and original idea that makes a significant impact/improvement in quality of service provided to the public."

(Police Officer)

Participants in all sectors were wary of 'change for change's sake' and noted how, in their perception, **old ideas often came round again and again**, sometimes clothed as an innovation. This was welcomed when old ideas were seen to be appropriate for new situations.

"Mountain bikes were introduced for PCSOs to help with the transport issue (they aren't allowed to drive). Very popular and highly effective. Not really an innovation as police have always used bikes, historically, but their time has come round again."

(Police Officer)

However, moving beyond these core aspects, there were **distinct differences in presiding attitudes to innovation between sectors**. Some key themes emerged from the data, typifying the different sectors. These are illustrated in **Table 1** below.

Table 1
Sectoral Differences in Attitudes to Innovation

Sector	Innovator 'Type'
Education	**Seasoned Innovators**
	Teachers saw themselves as 'on their feet' innovators, who have to be creative and inventive on a day-to-day basis in the classroom to deliver lessons successfully. They are keen on innovation if they can have a hand in it, but feel overburdened by government-directed change.
	"Innovation? You can't be a teacher without moving forward. Teachers learn how to be successful in the classroom by borrowing and adapting successful ideas they have seen used elsewhere." (Teacher)
Civil Service	**'Belt and braces' Innovators**
	Civil servants were keener on innovation that has been tried and tested, and focused on measurable outcomes.
	"There is nothing wrong with encouraging ideas, but if they are to be taken forward there must be measurable indicators for success." (Civil Servant)
Health (frontline)	**'Test it first' Innovators**
	Health workers perceived innovation as well-trialled improvements in training and patient care. They did not see themselves as the innovators; more, taking up and passing on innovation that had been generated elsewhere.
	"Innovation is implementing different ways of training, upskilling and working, which empower staff to provide quality patient care which is evidence-based." (Nurse)
Police	**'Glass ceiling' Innovators**
	Frontline police workers considered themselves on-the-ground innovators who aimed for common-sense solutions to problems. There was a strong sense that their straightforward ideas didn't filter up.
	"Frontline officers are some of the most innovative people I know (thinking about our day to day work, dealing with difficult problems), yet we don't progress our ideas like other organisations." (Police Officer)

Source: IPSOS MORI analysis

These differences between sectors in attitudes to innovation affect what public servants in these different fields view as the most important outcomes of innovation (Chapter 1.2). The differences also affect the key barriers they perceived to innovation in their organisation (Chapter 2.4); and affect their views of what is required to encourage innovation in these sectors (Chapter 4).

1.2 Types and Outcomes of Innovation

As outlined in the introduction, outcomes of innovation can be conceptualised in a number of different ways – these include improved efficiency and cost savings, improved procedures and improved services for the users.

There are also a range of types of innovation relevant in the public sector, examples of which have been raised by participants in the bulletin boards (see **Case Studies**, below). These include technological, administrative, communications-based, and service-based innovations.

Case Studies
Types of Innovation

Technology-based Innovation

"One innovation we have started is using online testing. We haven't got any proper results yet so I can't comment on any improvements on results. However, already we have saved around £200 on photocopying tests that would have been used throughout the year. If that continues, it could be a huge saving for our department."
(Teacher)

Administrative Innovation

"An officer went through the force suggestions scheme and he streamlined the process of giving out street cautions and made a checklist of things to do. Now there is a checklist to aid you. It has been a success and it has come from a frontline PC who was attempting to make life easier for his colleagues."
(Police Officer)

Service-User Based Innovation

"[I] started a pre-op clinic which stopped the need for patients to come in overnight prior to surgery, unless high risk. I also put together a dedicated theatre team to organise and run elective lists so ensuring elective patients wouldn't suffer due to ongoing emergencies. It has been a success with staff rotating in to the team on a regular basis so keeping skills updated."
(Nurse)

Communication Based Innovation

"Our Trust has run commissioning and provider 'academies' in association with Newchurch consultancy which included specific projects undetaken by multi-disciplinary teams on areas of work outside their normal expertise. The results of several of the projects have since been implemented as service improvements."
(NHS Manager)

Table 2 below typifies the differences between sectors in what frontline workers perceive to be the uses of innovation, and the kinds of innovation they value.

Table 2
Sectoral Differences in Perceptions of Outcomes of Innovation

Sector	Ideal Outcome	Type of Innovation
Education	**Improved Service** Teachers expressed the importance of training and improving the quality of teaching for students	**Technological – Communications-based** E.g. forums for meeting other teachers and sharing ideas, online developments for students
Civil Service	**Improved Procedure and Efficiency** Civil servants expressed the importance of procedural improvements and making savings	**Technological – Administrative** E.g. reduction of waste and consolidation of resources
Health (frontline)	**Improved Service** Health professionals were interested in well-trialled innovations which improved training, patient care and research in health	**Technological – Service-based** E.g. research and development in new drugs, devices and procedures
Police	**Improved Service and Efficiency** The police were keen on innovations which improve performance, frontline safety and reduced administrative burdens	**Technological – Administrative** E.g. Livescan, helmetcams, reducing stop and search paperwork

Source: IPSOS MORI analysis

A Hierarchy of Innovation Outcomes

There was a strong perception across a number of sectors that while user-centred innovation was preferable, **cost savings were a stronger driver to innovations being implemented and sustained**. This was especially pronounced in health:

"Innovation should focus on drugs/devices/procedures not targets to incentivise management."

(Doctor)

"Improving patient care is a factor in innovation, but cost effectiveness overrides this, I feel."

(Nurse)

In the police, there was a similar feeling regarding the staff suggestion scheme that was cited by a number of participants. This scheme is seen by some as being a way of generating ideas to reducing costs, and therefore of less interest to frontline officers who may not have insight into how to make such savings. And in the civil service, a similar note was struck regarding the initiation of cost reduction innovations:

"The current move to 'Lean' processes does consult with staff, but only with the objective of a reduction in time/resources."

(Civil Servant)

These perceptions point to a hierarchy of innovation outcomes where innovations leading to cost savings are privileged over those which improve conditions for service providers and users. Given the broad preference on the bulletin boards for user-focused innovations in teaching, health and policing, this 'hierarchy of innovation outcomes' has **implications for frontline workers' satisfaction with and interest in contributing innovations** – especially in these sectors mentioned.

2 Barriers to Innovation

Barriers to Innovation
Summary

Risk plays a major part in perceptions of the role of innovation in the public sector. Frontline workers believe their work is qualitatively different to that of the private sector, and feel strongly that public accountability and media scrutiny means they cannot afford to take risks in the same ways that the private sector can.

Barriers to innovation operate at three levels: that of government directives and those factors outside the organisation to which the public sector worker is affiliated; those at the organisational level; and those at the individual level.

Perceptions of risk at the organisational and individual level interact with existing barriers at the governmental and organisational level. These interactions serve to make those on the frontline less likely to generate and support innovations.

2.1 The Role of Risk

Innovation brings with it an element of risk. However, participants from all sectors agreed that there were powerful **differences between the private and public sectors where risk was concerned** when public money, as well as public health, safety and life chances was at stake.

A number of participants from a range of sectors expressed the concern that **success is hard to measure in the public sector** and that **their work was qualitatively different from that of the private sector**, as this comment exemplifies:

"Failure in business is easy to measure – lack of profit. In education it may not be so easy to see when an innovation is failing, the judgement is more subjective."
(Teacher)

Issues such as **public accountability and media scrutiny** were raised across all sectors to suggest that innovation has different kinds of risks which may not make high-risk innovation – and the attendant possibility of failure – appropriate in the public sector:

"Things are different in the civil service, where there is far greater scrutiny of public funds and where the media are adept at holding our political masters to account for perceived failures."
(Civil servant)

In equal measure, **many participants suggested that taking risks was not appropriate where the lives of the general public were concerned**.

"The NHS is slow to put in place new innovations, but this is out of necessity rather than ignorance or non-receptive trusts. Any change to be introduced to the NHS, needs to be properly considered, looking at all the possible outcomes first, after all it is patients lives that the NHS has to deal with not just millions of pounds."

(Nurse)

Their views were echoed in the police (regarding public safety) and in teaching (regarding life chances).

For all these reasons – and many others – the government makes strategic decisions that constrain risk-taking in the public sector. Macro-level decisions on budgets and performance indicators trickle down to the frontline, and, from the evidence of the bulletin boards, may interact with **organisational** and **individual** circumstances to stifle opportunities for frontliners to feel empowered to innovate.

As such, the range of barriers to innovation has been divided into three categories:

- **External factors** – those that operate at the level of government, or outside the organisation to which a frontline worker belongs.
- **Organisational factors** – these include factors which are both products of the recent political climate and more longstanding cultural issues.
- **Factors facing the individual** – factors which may form a barrier to innovating at a personal level.

2.2 External Factors

Performance Measurement and Targets

In all sectors performance indicators were perceived as a major barrier to innovation, and a drain on the time and resources which might be otherwise put towards new ideas. Many of the participants across all the organisations we consulted were resentful about having to respond to, often new and changing government targets. They gave many examples of how this affected their capacity to generate and implement new and innovative ideas.

"Unfortunately as teachers we are constantly working towards targets and if taking a risk means we might fail to meet those targets it is easier and safer to stick with tried and tested ways of doing things. The constant focus on targets and levels does lead to reluctance to try new ideas."

(Teacher)

However, government targets are not always seen as just a bad thing and participants do recognise that they can bring added value to their organisation. In fact, some targets themselves could be seen as innovative, as they focus practitioners' attention on the key factors leading to successful outcomes.

"Targets have had a huge impact on my current job, and I would not necessarily say they were all for the better. We have targets to reach for nurse lead thrombolysis, which have been very beneficial for both the nursing staff involved and the patients."

(Nurse)

Some participants in health and the civil service suggested that targets proved useful 'compass points', but in the main, especially in teaching and among the majority of participants from frontline health roles, there was a strong feeling across all that the pressure of meeting the demands performance measurement targets was a burden that detracted from the core function of their jobs and left them little time or energy to innovate.

Rigid National Policies and Budgets

Participants from the civil service and the NHS noted that the inflexibility of national policy initiatives often left little room for innovation. Budget fixing at a national level, and the three-year constraint on confirmed budgets in the civil service may mean that piloted innovations go nowhere, as there is no funding in place to roll them out across the country, and that long term ideas are very difficult for those initiating them to follow up.

It is not just budgets, but also policy direction that may constrain innovation. Rhetoric about local and tailored solutions may prove empty once nationally-imposed directives are in place:

"Most short term innovations in the NHS come on the back of National Projects… As the model is set little true innovation is usually possible."

(Health manager)

Restrictive Procedures

Civil servants once again noted the constraining effect on creative working practices of government systems, including the procurement of contracts with external suppliers. As this verbatim illustrates, the rigid systems and methods in some sectors – notably the civil service – leave little space for innovation.

"In our large Department prescriptive systems and methodology appear to make us hidebound. This together with overall controls across government departments make it difficult and often deter innovation. Large changes are undertaken by project methodology (Prince) which leaves little scope to look at novel ideas."

(Civil Servant)

Service Users' Expectations

Finally, the demands of service users were cited by participants as constraints upon being innovative. Participants from the police suggested that the public expected them to keep them safe, not to be creative as such, and a number of teachers commented that parents' sometimes conservative expectations of the education system meant that they could not risk being innovative above all else.

2.3 Organisational Factors

Organisational barriers to innovation fall into two categories, as discussed: those which are part of a historical/cultural legacy – bureaucracy, hierarchy and silo-working – and those which are more likely products of recent political initiatives. A final point is made about risk at the organisational level.

Bureaucracy

All sectors made the suggestion that 'red tape' meant that new ideas were often stopped in their tracks, as this anecdote from the police bulletin board suggests:

"Something as simple as trying to streamline the placing of police 'No Waiting' cones took me the best part of 12 months to sort out. The Local Authority wanted to purchase their own cones which could be placed for large events. The suggestion could provide a saving to the police of around £2,000… In two LPTs we have managed to achieve this with limited difficulty, but to do so meant circumventing the usual internal police consultation processes. The Council were getting fed of waiting for 'us' to make up our mind."

(Police Sergeant)

A large and powerful bureaucracy – noted especially by participants from the health, police and civil service – left little room for creativity, intuition and, by extension, new ideas.

"There ought to be a role for intuition somewhere in the management of organisations, but it often appears to drown in a sea of procedures and processes."

(Civil servant)

Hierarchy

There was a strong feeling from the comments on the boards that in all sectors a 'them and us' culture existed where new ideas were concerned. Teachers and police spoke of being consulted on new ideas only to find that those of their seniors 'get pushed through' – a disheartening experience. This sense of rigid hierarchy was particularly pronounced in the police force, where officers spoke of their ideas being 'dismissed'. This could, in part, be evidence of the need for greater internal communications within these organisations as part of the process which may help innovation flourish. Frontline workers may not be party to all factors which their managers need to take into account when making decisions, and so may not understand the full range of reasons for ideas not being taken forward. However, there is a clear perception that 'gatekeepers' can prevent ideas being taken forward, which needs to be addressed.

In the civil service and health service similar sentiments were expressed, underlining the power of the final decision-maker:

"If the person handling the problem centrally doesn't approve then ultimately it's dead in the water."

(Civil servant)

"I am lucky in that I worked at a school where I was very much encouraged to take any ideas I had forward, provided I was keeping the pupils' best interests at heart and not my own. I flourished in this environment and had many opportunities to develop areas of interest to me and of my pupils. I am now a deputy head teacher and work in a school where the ethos is very much one of distributed leadership rather than a more traditional 'top down' hierarchical system. The head, and myself, aim to ensure staff are supported, valued and dare I say it, cherished as a vital part of our team."

(Teacher)

"I find that if you ask/inform/enquire about doing things in a more innovative or new fashion someone will say 'it's not policy'. There will be an inquest, a meeting, a forum, an email and nothing will get done. By adopting the 'Do it until someone tells you not to' strategy, if it does not work then we bin the idea and start again."

(Police Officer)

Line managers, were, however, positively consulted and considered supportive of new ideas across all sectors.

Silo-working

Participants across all sectors suggested that they have very little opportunity to meet or brainstorm with other professionals. Although there was some mention of multi-disciplinary forums – developed particularly in health – in general this was rare, but it is a channel which practitioners in education were particularly keen on. In the NHS, silo-working was seen as particularly problematic by one manager:

"The structure of the NHS breeds a 'them and us' culture that makes collaboration and innovation between organisations difficult as each organisation jealously guards its own turf."

(NHS manager)

Constraints on Resources

This first and most important barrier to innovation related to the current climate. All sectors spoke of how lack of time and money – and human resources, in the case of technical innovations in particular – meant that innovations were hard to generate, develop and sustain. This view was particularly vociferous in health and teaching.

Quick-win Culture

The need for innovations to be successful and demonstrate success quickly was cited by a number of participants as a barrier to developing and sustaining innovation, as these comments suggest.

"It is not always clear that innovations are allowed the time they need to take effect before yet more changes occur."

(Civil servant)

"In health, innovations must be properly piloted, and rapid change is not always a good idea; ideas need to be communicated and discussed within similar specialities and conclusions reached."

(Nurse)

There was the sense from participants that senior management became impatient when new ideas did not translate into results quickly.

Perception of Organisational Risk

Finally, participants from all sectors suggested that their organisations were unwilling to take a chance on risky ideas because they feared public and media scrutiny should a project fail. This perception of organisational risk exacerbates an already risk-averse culture, notably in the civil service.

"I think that we are nervous of big, high profile failures. This seems quite appropriate because we are responsible for public money – if we get it wrong, the tax payer loses out, rather than the stakeholder. So we need to be more risk adverse."

(Civil servant)

2.4 Factors Facing the Individual

Individuals in frontline roles must work with the constraints of their organisation and those external to their organisation, as outlined above.

These factors interact with perceptions of risk, creating an overall culture which may not be conducive to innovation, and a culture in which individuals may also become sceptical, risk-averse and unlikely to generate new ideas. The following diagram shows the role of risk in shaping individual risk aversion on the frontline.

The view from the frontline

Role of risk in constraining innovation

Source: IPSOS MORI analysis

Under such circumstances, organisational factors such as those mentioned above, come to seem to be more insurmountable. For example, concerns that there are not enough resources to make change, or that seniors block decisions, are common expressions of concern from frontline workers across both public and private sectors. However, more innovative organisations may pay more attention to internal communications, to emphasise that such problems are not insurmountable.

The following barriers to innovation are those **experienced at the level of the individual**, and are shaped by factors trickling down from the government and organisational level.

Change Fatigue

Across all sectors, especially in teaching where curriculum change was particularly cited, there was a strong sense of feeling tired that the ground was constantly moving.

"New ideas are not given enough time to become really embedded before another one comes along and people are expected to put all their efforts and enthusiasm into that. And all this is in addition to the demands of OFSTED and the Local Education Authority. I have seen many potentially good ideas set aside to try something new."

(Teacher)

This sentiment was expressed strongly in other sectors, where some participants felt that change occurred for change's sake – in health, so that the government would be 'seen to be making changes' when existing systems were perfectly good, and, in the police, where frontliners felt that changes were sometimes initiated to further the promotion prospects of more senior staff who were required to show that they had generated new ideas.

Perception of Role

There was huge variation in how frontliners perceived their role in terms of innovation – teachers considered themselves highly innovative and keen to step outside their role within the classroom setting. However, outside the classroom, they did not feel that administrative and organisational innovations should be within their remit.

Nurses on the bulletin boards demonstrated a proliferation of successful new initiatives; though at the same time, did not describe themselves as innovative. There may be a need to communicate 'what innovation looks like on the ground' to these staff. In particular, it may be important for managers to communicate the nature of innovation differently. Health managers sometimes assumed that frontline health workers might be intimidated by the increased responsibility of generating ideas, and asserted that bringing solutions or being proactive are not considered part of the nursing role.

Equally, civil servants spoke of 'comfort zones' and the lack of motivation to take on extra work outside their prescribed remit. As this verbatim suggests, frontliners' perceptions of the parameters of the parameters of their role may be a barrier to generating and sustaining new ideas.

"Innovation requires a lot of perseverance and additional work… The greatest barrier is the individual in taking on the additional workload and taking responsibility for work which is not explicit within their job role."

(Health manager)

Scope of Frontline Innovation

In terms of people's perceptions of themselves, managers noted that staff feedback has an impact at the level of detail, but perhaps not where larger strategic changes are concerned. Comments on the bulletin boards suggested that the scope of frontline innovation was limited, and that initiatives to incentivise innovation – such as those that exist in the police – were only interested in low level changes. The following verbatim from the civil service typifies this perception:

"It is relatively easy to be innovative at the margin – though even then there is often an ingrained resistance to change – but major innovations suffer major handicaps."

(Civil servant)

Perception of Individual Risk

There was a strong sense on all the boards that the public services are a very difficult climate to take risks and to fail in. Teachers expressed their fear of failure and making mistakes, police officers expressed their fear of stepping out of line, and the evidence from all sectors suggested that a failed project was a considerable stigma.

"There is a huge pressure to 'get it right' and never make mistakes, which means that any change or innovation… has to be 100 per cent successful otherwise people don't want to be identified with it."

(Civil servant)

This perception of the consequences of taking risk is a powerful barrier to risk at the individual level.

What Matters to Different Sectors

What people feel constrains their ability to contribute new ideas and develop innovations is linked to what they value as outcomes of innovation. **Table 3** below summarises the key differences in perceived constraints by sector.

The evidence expressed below tells us about frontline workers perceived barriers to innovation. It is important to add the caveat that frontline workers are not necessarily organisational change agents, and their view of the barriers to new ideas is from a perspective that may not take in factors at the organisational and external level. So, for example, though all frontline staff tell us that hierarchy presents a barrier to innovation, this 'hierarchy' may simply be the way various complex organisational barriers manifest themselves at the frontline level.

Table 3
Sectoral Differences in Perceived Barriers to Innovation

Sector	Ideal outcomes of Innovation	Main Perceived Barriers
Education	Service focused: improving the quality of teaching is key	• Performance Indicators and Targets • Constraints on Resources • Silo-working
Civil Service	Efficiency focused: administrative improvements and efficiency are key	• Hierarchy • Restrictive Processes • Rigid National Policy
Health	Service-focused: well-trialled and common-sense ways to improve patient care and provider training are key	• Performance Indicators and Targets • Hierarchy
Police	Service-focused: common-sense solutions to improve performance and safety on the frontline are key	• Hierarchy • Perception of Individual Risk

Source: IPSOS MORI analysis

Case Study
Barriers to Innovation

When asked about an innovation in school or a particular Local Education Authority that did not work, teachers on one bulletin boards all had much to say about one particular initiative, SEAL (Social and Emotional Aspects of Learning), which aims to give pupils an understanding into their own social workings and emotional workings. This acts as a great example of the types of barriers that can be experienced when introducing a new idea into organisations. Similar views were echoed throughout the bulletin boards by participants form all sectors.

The idea came from the Local Authority, but it was a national scheme before that. It was introduced by the year seven team last year as a cascade INSET activity. The pupils were issued with "passports" that were signed when they had completed a certain activity in lesson time. The activities could be, 'used discussion to work through a problem' or 'worked with somebody I haven't worked with before'. It was up to the children to approach the teacher with their passport and have it signed. It failed because many teachers don't teach year seven and thought it didn't apply to them. Pupils also lost the passports. The language used in SEAL was alien to the users pupils and there weren't enough posters/leaflets advertising it around the school.

"SEAL didn't work for our school either (a primary), there wasn't enough time for staff to get to grips with it, it wasn't timetabled properly and as it was introduced part way through the school year it was hard to integrate it into the curriculum at that point. Also the materials themselves were a bit confusing and not very well laid out, it wasn't user friendly, which is paramount when time is so limited."

"We are still using SEAL… We have had no more training and information and… there is a lot of confusion as to where the 'discs' are and what is meant to be done. Many staff have changed and have never come across it before."

"We are using SEAL but it is difficult to see how successful it is as different people are doing different bits so it's hard to get an idea of continuity, progression and coverage. We are going to have to spend some more time on it this year but this is difficult to fit in with all the other school improvement work we are doing! Time again!"

"We have SEAL as well… but as a whole staff we have had no training – just been given some booklets."

"We too have the SEAL programme and are still expected to use it for our PSHE (Personal, Social and Health Education) lessons. When it was first introduced it was met by all with gusto. The head and deputy carried out the required introductory assemblies for each topic. Staff all tried to follow this up, with the supporting lessons and assemblies. However, after the first couple of topics this soon dropped off, starting with the head's assemblies and then staff found it difficult to keep up with the topics and a resources that needed preparing for the lessons. Staff do still occasionally use the assemblies and some of the lessons and resources, but the majority seem to be creating their own PSHE lessons again."

3 Generating and Sustaining Innovations

Generating and Sustaining Innovation

Public service organisations are, overall, finding more ways to generate innovation and gather ideas from the frontline, through incentive schemes and forums for ideas. However, frontliners still feel that there is some way to go before there are sufficient channels for their ideas to be heard.

Frontline staff do not always tell us explicitly the success factors for innovation – often because they do not know themselves what might succeed. However, they feel the following are crucial:

- Management, especially line managers, are crucial for helping frontliners to develop innovative ideas; frontliners also feel it is important to get buy-in from decision makers in order to bring an idea to fruition.
- Communication, grassroots buy-in, and investment are crucial to ensuring an innovation is successfully sustained.
- Good leadership also can ensure that innovations are sustained, and especially, that bad ideas are rejected before they cause damage to an organisation.
- Good leaders also find a way to frame the challenge, so that frontline staff can see how barriers will be overcome – thus creating a 'can do' atmosphere and a vision for the future.

3.1 Generating Innovation

From the comments made on the bulletin boards it appears that organisations have looked for new ways of generating innovation.

Many participants from different organisations referred to **specific groups that had been set up in an effort to promote the generation of new ideas**.

"We have a 'big block of cheese day' where anyone in the organisation can speak to the chief exec or a director about an idea or suggestion."

(Civil servant)

"Our trust has been utilising a new group called the transformation group which is actively asking for new ideas about improvements to services. This works well if departments are willing to work over and above their normal job."

(Health worker)

The above verbatim is typical of the types of comment respondents were making. While groups and forums for new ideas to be heard exist, it can often come to down to the particular departments, or at times simply the individual, within an organisation to really put in the extra effort for a change to be successful. However, in organisations where these 'forums' do exist, people seem to talk quite positively about the opportunity to innovate – more so than in organisations without.

Line managers, it seems, are often a key channel for innovation within organisations. Participants frequently referred to them as their first port of call if they have a new idea. In most organisations, after the line manager has agreed the idea is a viable one, this is usually passed on to a more senior member of staff within the organisation.

"In my school, ideas are put forward to the line manager and action is taken if the manager sponsors the idea."

(Teacher)

"From personal experience… I have always found my managers willing to listen and supportive of any suggestions."

(Police)

Case Study
Supporting Innovation

One civil servant mentions the importance of middle management, who in their organisation can be more supportive of change than senior management. Directors and Chief Executives it seems, can be keen to hear new ideas, but senior management appear to be either suspicious or feel too busy with other things to really follow things through.

"There have been a number of occasions when the directors and chief executive have sought views on how to improve the organisation, what things we can change/stop, how meetings should be run. Senior management respond in a mixed way to this – they are more cynical an suspicious and also feel they have too much to do without worrying about more things. Lower down the organisation, middle managers and other staff are much more receptive and are often quite active in contributing to, and managing change." (Civil servant)

Often, ideas can be implemented successfully if the right people are consulted at the right time. One health professional respondent describes this process below.

"To develop a new way of working I would need to identify the key people in each organisation affected and convince them of the benefits both to the patient and to their respective organisation."

(Health worker)

However, this is not always felt to be an easy task amidst change and reorganisation. Positions often change in such times, and simply identifying who to talk to within organisations can cause problems, which can stifle new or innovative ideas at an early stage.

"With constant re-organisation of the NHS this is really difficult as established networks have been abolished and new ones are still being established due to ongoing re-organisation."

(Health worker)

Knowing what is in place to encourage and support innovation could help to overcome some barriers within organisations. Despite some good efforts, such as financial incentives for new ideas within the police force, staff are often unaware or vague about how this type of scheme works and so hesitate in taking action, or show little interest.

"There is a staff suggestion scheme, but it is not very well publicised (so much so that I can't even remember its name!!). I have heard that financial rewards are offered for good suggestions, but I have never seen anything to support this and would not even know where to look if I did have a good suggestion."

(Police)

This is clearly an issue of communication. If schemes like this one are properly implemented and communicated throughout organisations there could be a higher success rate and more innovative ideas tried out.

3.2 Sustaining Innovation

There was a strong feeling from all the boards that three factors are crucial to sustaining innovations:

- **Communication**
- **Grassroots buy-in**
- **Investment of resources**

Communication

The following verbatim from a teacher typifies **how innovations are communicated** in the public services, according to the boards.

"The first sharing is often only by e-mail, which not everyone reads, then there are meetings, where that is the first hearing by a fair few, who may be a bit resistant to anything they haven't been asked even to think about before, So really it's the top-down syndrome again."

(Teacher)

Although participants did not explicitly call for better communication, often their description of the barriers to innovation revealed a lack of confidence in their organisations that suggests, in analysis, that a focus on communication could be fruitful (see the Case Studies in Chapter 2).

Participants did not explicitly express a desire for better and more consistent information about changes, but the example of SEAL in education (see Case Study, Chapter 2) suggests that these may have been useful in helping that innovation (and perhaps others) succeeds.

Grassroots buy-in

Innovation can be encouraged for many reasons, although often it is on the basis of performance, expert advice or stakeholder/senior opinion. Whilst participants understand why this is often the case, at times there seemed to be some resentment about why innovation is encouraged and whether or not these are the right reasons. The verbatim from a teacher below clearly portrays this type of feeling among respondents.

"We look at results of exams, but some other statistics too, we write a SEF and we construct a school improvement plan from that. As far as individual schools go, the process appears similar. So all innovation is about standards – not about happiness, excitement, enjoyment, inspiration – need I go on."

(Teacher)

"Two main routes that this organisations uses is external experts or consultants who will advise or carry out initial work on different parts of the development process. The second way is to hold sector or stakeholder meetings to unpick issues and suggest positive ways forward."

(Civil servant)

There were some big issues highlighted around the ways in which innovation is generated with regard to senior management within organisations. Some feel that it is simply a top down process in which staff 'on the ground', or even middle management, have little or no say in. This leaves those staff feeling disillusioned and often frustrated, since they feel best placed to innovate through their everyday experiences on the job. Senior management, it is felt by some, are not aware of the changes that would really make a difference and even when their ideas may have a chance of working, they are often not implemented correctly and so are not as successful as they could be.

"My school has been managed in an extremely hierarchical way. SMT are almost like a secret society, middle management (HOF's) given little autonomy and expected to endorse the decisions from SMT."

(Teacher)

"In my force it is almost as if when the bosses go for their promotions and then create little projects to do and implement (usually the bosses have been stuck in an office for years, and not been on the street or spoken to a bobby on the street) about their ideas, implement them with no consultation with frontline officers at all… If they trained us or actually consulted us beforehand or implemented proper training then it wouldn't be as bad."

(Police Officer)

These comments portray just how important it is, to the participants involved in this research, they are fully consulted about new ideas and are properly trained so they can be implemented successfully. On the health boards, practitioners expressed strong views that many innovations – tie bans, white coat bans, dignity nurses – were imposed from the top, and without consultation with frontline workers, and that not enough was done by the NHS to secure 'hearts and minds' buy-in. This sentiment was common across the different sectors.

Investment

Finally, investment was seen as important, especially in the civil service and health. Many participants could cite examples of innovations that would have been successful, had there been sufficient deployment of resources to the project once piloted.

3.3 Leadership and Management

There was a strong sense from all sectors that effective leadership is a key success factor for innovation. Comments from the bulletin boards suggested a number of roles for management to help sustain and generate innovation in their organisations.

Participants acknowledged that private sector companies were, sometimes, more effective at developing leadership skills than public sector organisations. However, there was a strong feeling that good leadership is not simply a case of transplanting expertise from the private sector, as the needs of the public sector are different. Neither is good leadership a question of borrowing good ideas from other public sector organisations. The needs of, and pressures on, each public organisation will be subtly different, and so each requires an individual leadership approach.

Good leaders should demonstrate how to overcome barriers: Frontline staff felt that it was the role of managers to support rather than undermine new ideas. This example shows how lack of leadership is keenly felt and may lead to the failure of an innovation.

"We explored the possibility of creating an on-demand rather than routine rheumatology returns clinic including costing, training needs analysis, finding clinic slots etc. The whole plan failed through lack of clinical leadership and drive. As soon as a barrier was reached the war cry of "no time to do this" was heard loud and clear. No consideration to short term investment for long term gain."

(Nurse)

Badly managed innovations cause bad feeling: Several participants put forward examples of how badly managed innovations had led to frontline workers losing interest in innovating, or in taking part in new initiatives, as this verbatim exemplifies:

"Some staff groups have been disillusioned by previous attempts to innovate which have been developed and partly implemented only to be scrapped/altered when there is a new 'top down' initiative or when a new centrally imposed target put the focus on other areas."

(Health manager)

Leaders should reject innovations that don't work – quickly: Participants from the police force made the suggestion that those in leadership roles should be responsible for rejecting innovations that don't work before bad practice becomes embedded. This suggestion is powerful because it asks managers to go against the grain of public sector culture, as expressed in these boards, and shoulder individual responsibility for a risk that hasn't paid off.

"My Force recently introduced a new system for allocating Incidents. This system did not distinguish the seriousness of any particular Incident, and as no more staff were allocated to dealing with the Incidents, they were prioritised wrongly leaving serious matters unattended for days. The old system worked far better… It just feels like the Command Team don't want to lose face and persevere regardless."

(Police officer)

Having noted the role of leadership, it is worth also mentioning that in the boards, visionary leadership was not given a prominent role in terms of frontline staff's perspective on the generation of innovation. This is at odds with, for instance, the literature on innovation and change management, where leadership is often described as playing a key part, especially in innovating in the private sector.

The fact that these frontline staff do not consider leadership to be core to the process perhaps reflects their cynicism about the motives of their leaders in implementing national policy; it certainly reflects their experience of having innovation processes curtailed before they are complete.

3.4 Perceptions of Government's Role in Innovation

Generally, participants in the organisations we spoke to did not have much awareness of the Governments drive on innovation. The verbatim below is one example of the types of comments being left.

"Government is always trying to change, sometimes not always for the best. I was not aware of this particular 'Innovation initiative' that we've been discussing."

(Teacher)

There was some scepticism around whether or not the government takes enough interest in what really matters to those 'working on the ground'. A question was also raised by a few around whether or not their views would really be taken notice of by government.

"Unaware that government are interested. Unsure our concerns are taken into account. Don't appear to be listened to with much bigger political issues by government. We can certainly be asked our views but unsure we are listened to."

(Health worker)

"The Government doesn't seem to be interested in innovating the Police force or giving them the tools to be able to police in a modern day society. Groups are set up to monitor police with other groups monitoring them, there is very little to help officers."

(Police)

Civil servants expressed more awareness of the innovation agenda, but, in general, the government was perceived to be responsible for driving change rather than engendering ideas for change from the frontline. No participants were aware of the Power to Innovate or the NHS Innovation Hubs.

4 Encouraging Innovation

Encouraging Innovation

Frontline workers were not always explicit about the kind of support they would need to generate and develop innovations, but their comments suggest that improving communications and training are key.

Frontliners also suggested that more collaborative working with other similar organisations, effective horizon-scanning and measuring the success of new initiatives so that their use could be assessed would help encourage innovation

Different sectors showed different interests in what would help them encourage innovation in their organisations. While all were interested to some extent in the promise of a cash reward for good idea, in general public sector workers were more incentivised by recognition for a good idea, or by achieving an improvement in service delivery.

4.1 Encouraging Innovation

What participants felt was needed to encourage innovation was often not explicit in their comments on the bulletin boards. However, it was possible to infer what they might be need to encourage greater generation of innovative ideas and help those ideas be sustained from where they expressed a lack of support, and from their strong interest in particular channels of support.

The following channels and approaches were all suggestions from the boards which met with a strong consensus, often from particular sectors.

Communication

All sectors expressed the importance of tapping into enthusiasms, proliferating ideas effectively and sharing knowledge. Teachers in particular, expressed an interest in being better informed about national directives, although there was a sense that schools were better at managing their internal communications than hospitals, PCTs or police forces. However, where communication groups were set up, it seemed they had the potential to become a forum for ideas, as this comment suggests:

"Our hospital has recently introduced a Communication group which involves representatives from all areas of the hospital, from nursing to IT, pharmacy and therapies, even as high up as financial director. At these monthly meetings each representative is encouraged to get ideas (problems and solutions) to present to the group and then discussed. If the ideas are well received they are taken higher to appropriate teams for more in depth discussion and development. This group also helps keep staff informed of what is going on within the trust."

(Nurse)

Training

More investment in training was a strong suggestion from the teachers and health boards. Both groups expressed the feeling that new initiatives were difficult to implement without frontliners being properly trained in them, and that 'cascaded' training was not sufficient.

More Collaborative Working

Once again, teachers were keen to work collaboratively with other practitioners, and much more so than in other sectors. The notion of working with discussing ideas with others in the field was very well received on the teachers' boards, where indeed there was the greatest and most engaged discussion throughout the two week period of fieldwork. Health workers were more reluctant to engage with each other – both on the boards, and, in the opinion of one manager, in general. But where interdisciplinary teams had been set up, this was viewed positively. In the police there was little sense of sharing practice through the hierarchy, or with other forces.

Horizon-scanning

The police boards, however, did raise the idea of horizon-scanning in order to develop innovations. One police officer noted how changing social trends often resulted in attendant changes in types and frequency of crimes, and suggested this might be used as a technique to predict what changes were needed in the police force, and what attendant innovations would be required, in the future.

Measurement

Rather ironically, given the general antipathy to performance indicators, a number of participants from different sectors raised the importance of being able to measure the outcomes of new ideas, so that it would be possible to sustain their success – or perhaps even terminate them when necessary.

"When we do have a successful idea or operation, we don't tend to measure it. There is a lot of back patting goes on when something is done well, but I don't think it is properly quantified so that it can be assessed against other initiatives."

(Police Officer)

"Success is hard to measure in the public sector, which makes us incline towards 'always getting it right' rather than aiming for a some high profile successes, with perhaps a few failures thrown in."

(Civil servant)

"It always takes several attempts before the idea is set up right. The team need to be willing to have several goes and know whether a change is an improvement."

(Health manager)

These comments suggest that being able to measure success would mitigate the risk involved in implementing innovations and perhaps lead to a greater number of ideas taking off.

4.2 Incentives for Innovation

Across all the boards, participants were keen that new ideas should be rewarded, and many suggested, unprompted, that the lack of incentives was a barrier to frontline innovation.

A cash incentive for good ideas was welcomed in all sectors, although in the police it was noted by participants that such a scheme already exists (and, from the evidence of the boards, appeared to be generating some robust innovations). In this scheme, the top award is £200 for a good idea. One participant, from the civil service, suggested that offering a large sum to reward a good idea may intimidate frontline workers, who may not feel their idea 'worthy'. In general, however, especially in teaching, there was the strong sense that the satisfaction of improving the service was more important than a personal incentive – though that did not necessarily mitigate the considerable barriers to seeing an innovation through.

However, other sectors were keen to point that, as their work was very different from that of the private sector, **recognition** – even at a low level, such as a thank you from senior management, or a mention in a newsletter – was far more important than cash. This was most notable in teaching of all the sectors.

Career progression was cited as the key incentive to developing innovations in the police service, but with the unintended and damaging effect that participants felt that many innovations were developed for innovation's sake – rather than addressing a genuine need. One civil servant suggested that being innovative may be useful to him when performance in his role was assessed, but suggested that the incentive in performance-related pay was so small as to be negligible.

This final table lays out what key factors might encourage and incentivise frontline workers to innovate from the evidence of the bulletin boards. As before, variation by sector may related to their key attitudes and barriers:

Table 4
Sectoral Differences in Incentives to Innovate

Sector	Ideal outcomes of Innovation	Incentives to Encourage Innovation
Education	Service focused: improving the quality of teaching is key	• Training • Opportunities to work collaboratively • Better communication • Recognition for good ideas • Cash reward for good ideas
Civil Service	Efficiency focused: administrative improvements and efficiency are key	• Measurement of good ideas • Career progression for good ideas • Cash reward for good ideas
Health	Service-focused: well-trialled and common-sense ways to improve patient care and provider training are key	• Measurement of good ideas • Training • Cash reward for good ideas • Forums for new ideas
Police	Service-focused: common-sense solutions to improve performance and safety on the frontline are key	• Measurement of good ideas • Forums to overcome hierarchy • Cash reward for good ideas

Source: IPSOS MORI analysis

These incentives are a reflection of suggestions expressed in the bulletin boards, but it is important to add the caveat that frontline workers may also require additional support in order to innovate successfully: support which they may not be aware of and have therefore not expressed in the course of this research.

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