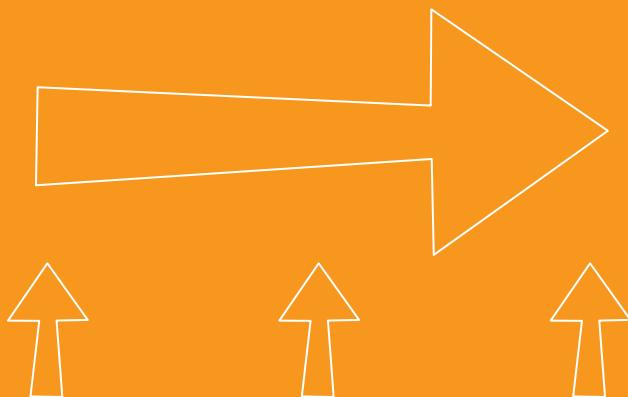


# How to Guide No. 4

Design and Deliver  
Support to Innovations



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# Introduction

This is the fourth in a series of five *How to*<sup>1</sup> guides developed to help funders and project leads to set up and sustain innovative projects across the NHS. These *How to* guides draw together the material on supporting health innovation which the Young Foundation has been delivering and refining as part of its support for the Regional Innovation Funds (RIFs).

The 10 Strategic Health Authorities (SHAs) launched the RIFs in April 2009 to tackle the challenge of developing and mainstreaming innovation within the NHS. Fulfilling their mandate to lead service delivery innovation in the NHS, the SHAs have developed a portfolio of projects which attack some of the most urgent issues facing the NHS today by unleashing the imagination and knowledge of frontline staff. The SHAs have developed and refined a great deal of learning on how to promote and diffuse innovation across their areas, embedding innovative practice in day to day delivery.

The Young Foundation and NESTA has been supporting the SHAs in this enterprise, bringing deep experience of public sector innovation to bear. In this series of guides

we collect much of the material that we have been using to perform this support role, refined by our participation in the RIFs, in order to contribute to the ongoing legacy of the RIFs.

The guide covers a key step in delivering efficiency through innovation: supporting innovation projects. It is aimed at funders or commissioners of projects and highlights approaches to providing the development needed to achieve the best possible outcomes from innovation projects. It also suggests subject areas for development and refers the reader to other relevant materials.

**Effective innovation funding relies as much on project support and technical assistance as it does on pounds and pence.**

## The role of project support in innovation

While effective project management and support techniques are well understood in the NHS, the RIF experience has shown that funders are less aware of the scale and nature of support needs for innovation projects. The nature of innovation means there are frequently more unknowns than is typical – innovation projects are often less clear about the scale, timing and outcomes of their experiments. Innovation ideas may come from and be led by people with a range of skills and experiences that may not have knowledge of running innovative or experimental projects. However, it is possible to encourage this creativity while simultaneously managing its

risks through effective support techniques and processes.

It is also clear that the journey for projects – from producing a winning application to a coherent, feasible project plan and implementation – is often longer. Innovators benefit from a range of external inputs, particularly on unfamiliar topics. This often means intensive support is required in the early stages, which tails off as projects progress.

In addition, the overall purpose of innovation funding is usually to advance innovative ideas towards mainstream use rather than funding single or *ad hoc* projects. This drives another set of additional but key support needs – helping project leads think through how to understand and promote adoption if their experiments are successful. This requires a different approach to simply thinking about the success of the project alone.

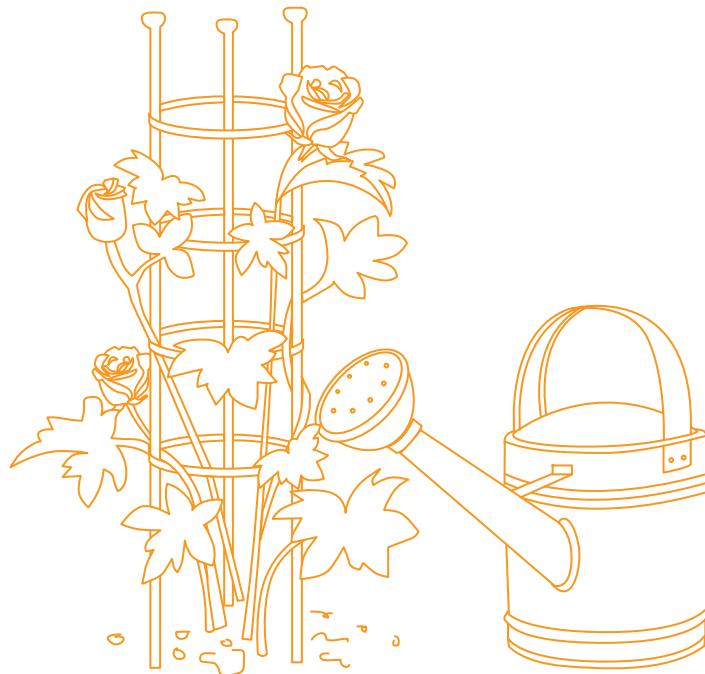
<sup>1</sup> *How to find and select the best innovations*

*How to contract, monitor and evaluate innovations*

*How to generate economic evidence for innovations*

*How to design and deliver support to innovations*

*How to diffuse innovation*



Supporting innovative projects increases their chance of success and makes good business sense. It is as important as the decision to invest funding. Without significant amounts of time, resources and support, the financial investment by sponsors may at worst be wasted and at best achieve only a percentage of the potential of the innovation. Deciding to fund a project is the initial step in helping it achieve success.

It makes sense to assess the capability of the project lead and their team, and to build in relevant and appropriate support to help them achieve the maximum from the investment they are receiving. This guide focuses on how to do just that and includes a simple diagnostic tool (Annex A) for funders or sponsors to use to decide where and when intervention is needed.

Part of good innovation management is to acknowledge that sometimes projects may not be successful and may not achieve the outcomes they anticipate. Proper project support, together with monitoring, will therefore also help make dis-investment decisions – allowing people to prototype and discontinue a project is important.

Finally, just as innovation funds should be structured to enable funding to cease, so project support – a resource intensive input – should focus on those projects that are performing well and which show the greatest chances of success and potential for adoption. There is a temptation to focus project support on underperforming projects but there is arguably a better return on investment (ROI) in innovation funding by focusing support on the strongest performers.

# 1 Assessing the support needs of the innovation project

## Introduction

The initial support period is often the most labour intensive – but also the most effective. The point at which funding is confirmed is, in reality, the first time most project leads and teams will think in a deeply practical way about the implementation of the proposal they submitted in their application. There are some common areas or questions that can be summarised as a diagnostic framework. The diagnostic framework helps projects and funders diagnose strengths and weaknesses and, as a result, select and prioritise support inputs. It can be used as both a self-assessment or an externally facilitated tool.

## Key points

- **Meet face to face** with the project lead/team
- **Use the diagnostic** as an aid to discussion
- **Jointly agree a plan** of support and action needed
- **Deliver support at appropriate times** – an initial, intense investment can reap big dividends

## Using the diagnostic framework to identify development needs

The diagnostic framework (Annex A) categorises a range of issues that a project needs to consider to maximise its chance of success. Section 3 in this guide covers the approach that may be taken with projects that need development in each of the areas.

## Self-assessment

For most effective use, the diagnostic framework should be sent in advance to the project lead to enable them to reflect with their project team on each of the categories and give themselves a score. It is often helpful to advise them that the score will only be used to indicate where support is required and not as a comparison/performance management tool. A scoring sheet which can be sent to each project is provided in Annex B.

**The diagnostic framework helps projects ask themselves the right questions and think more deeply about implementation rather than serving as a performance management tool.**

#### Discussion

There should be a discussion with the project lead/team about their completed self-assessment in each area. Ideally this conversation should be with someone other than the person that is performance managing the project as this will allow a more open exploration of the current strengths and weaknesses of the project (see Figure 1). For each area of the diagnostic, the sponsor should open up a discussion about how well the innovation project is being managed. This can be achieved by asking the reasons for their rating, what they have achieved in this area, as well as what more they could do – for example, in the section on Project Planning, a detailed conversation could take place about what project plan exists, and what project architecture and reporting relationships are in place, with follow-up action if necessary.

A normal outcome of these meetings is that the individual scores that each project awards themselves are less important than the discussion about the issues, as some projects will rate themselves in the middle or high on all sections but still have significant learning and support needs identified.

#### Action planning

Following the discussion, specific actions aimed at improving the score can be planned in the relevant areas. These may be tasks for the project lead or development activities, or support from the project sponsor, external support or commissioner. Where a number of projects have similar needs, joint learning events can be commissioned.

#### Review

A review process should check that the necessary action/development has helped and potentially identify further actions. The diagnostic could be used as a framework for the review discussion to measure progress.

#### Timing of support

Intensive support may be required at the beginning of a project to get clarity of outcomes, to ensure that a project plan exists to deliver these and that a project structure is in place to manage the project. Support for measurement and return on investment is also needed early in the process to ensure that data collection starts early.

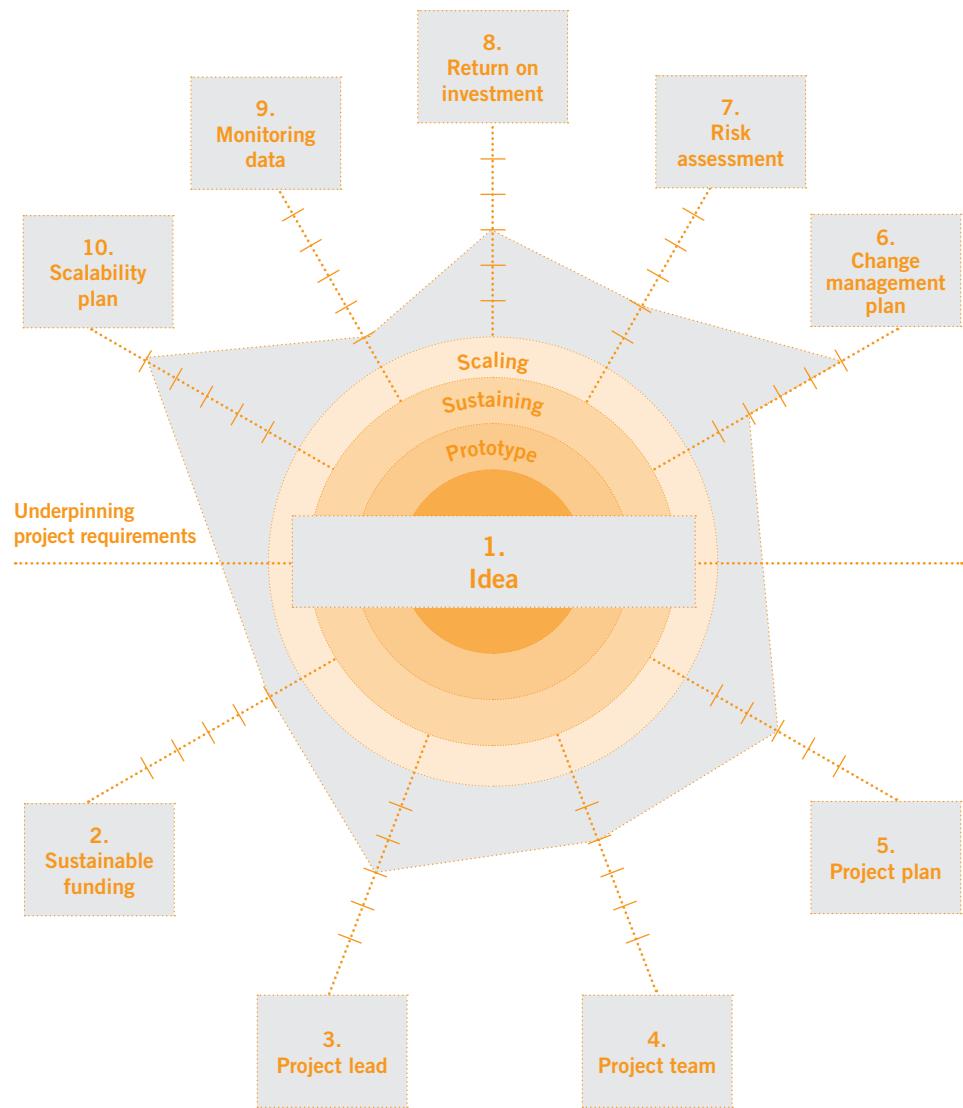


Figure 1: Innovation project diagnostic framework

# Potential approaches to providing support

## Key points

Support can be provided:

- **Individually**, through coaching, mentoring or specific technical support from identified individuals
- Through **learning events**, where core learning needs are covered for several projects
- Through **action learning sets**, where difficult issues are worked through
- Through **on-line networks and portals** to share problems and information

## Planning appropriate support

Having identified the needs of each project, the overall approach for developing a group of projects can be planned. A number of projects will have common needs. These are most likely to be around:

- measuring return on investment (financial and non financial)
- project planning
- developing a change plan and communication plan
- influencing stakeholders including identifying and making a case to future commissioners and funders of the project
- how to diffuse, spread and mainstream the project

With core needs identified, learning events can be planned and developed to cover appropriate topics, building a regular programme of events if appropriate. Action plans for other critical issues can also be developed for each project.

The majority of support will be needed in the first few months. The level required could be intensive but will maximise the health and benefit savings from the innovation funding.

Sponsors may want to prioritise which projects receive the most support. It makes sense to assess projects and focus the most time and investment on the most promising (and disinvest from those that are unlikely to deliver).

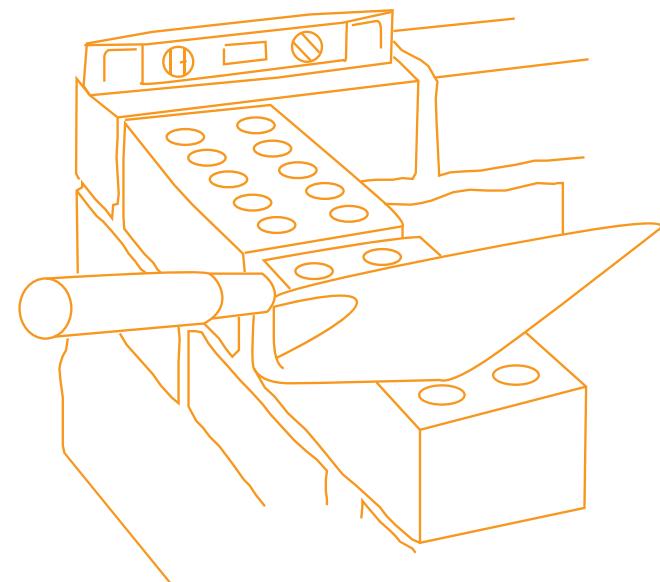
## Learning events

Learning events achieve far more than tackling key common learning needs: they develop a network of informal relationships between individuals involved in innovation, increasing the spread of ideas and supporting knowledge sharing.

Learning events and workshops have been used and evaluated highly in a number of SHA regions. Two example agendas are given in Annex D. These workshops were delivered two months apart to allow projects to implement learning between sessions.

To maximise effectiveness learning days should be designed to allow plenty of discussion and work on project specific issues, with a rough split of 30% direct input to 70% group work and discussion. Learning events should also try to embed learning back in the workplace. Initial input on ROI is needed at an early stage in the project, as projects need to start collecting baseline data as early as possible. This is followed up by one-to-one calls and meetings; then, at the subsequent event, project leads are asked to use their actual ROI data to pitch to potential future funders and commissioners.

If possible it is worth investing in external expertise to facilitate and deliver your learning events.



Coaching should be used to support difficult change issues where there is no prescribed way of doing things

Coaching can only be used where you have access to properly trained internal coaches or funds for external coaches

#### *Don't use coaching*

When projects would most benefit from straightforward direction and advice (see technical advice)

### Individual coaching, mentoring or topic-specific input

#### **Coaching**

Coaching can be defined<sup>2</sup> as a process where:

**'The coach works with clients to achieve speedy, increased and sustainable effectiveness... through focused learning. The coach's sole aim is to work with the client to achieve all of the client's potential – as defined by the client'.**

Coaching is non-directive and focused on the client, in this case the project lead's agenda. Coaching may be useful for projects that are tackling difficult, complex issues, to help them think through the best solutions (this situation can also be helped by action learning).

Examples could be tackling the human aspects and barriers to achieving change, particularly large scale change.

Coaching isn't about advice-giving and this should be explicit in any coaching agreement that is put in place. It is possible to train individual internal coaches, but coaching is more typically purchased from external suppliers. Their experience and background should therefore be carefully considered.

#### **Mentoring**

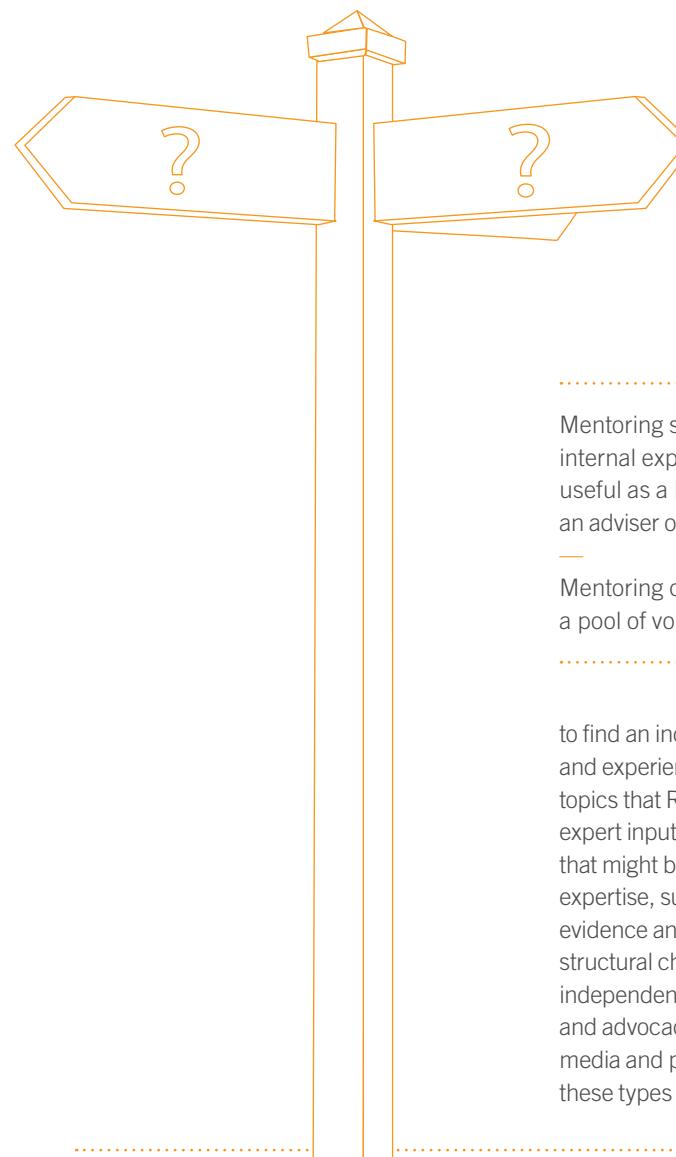
Mentoring is:

**'off-line help by one person to another in making significant transitions in knowledge, work or thinking'<sup>3</sup>.**

Mentoring has many overlaps with coaching but is usually delivered by an internal, more senior and experienced manager within the organisation, and can include elements of advice giving. If within the health economy there is a network of experienced innovation project leads who have delivered major change in the past, then they could be used in this capacity.

#### **Topic specific input**

Projects may need technical input and help on specific elements, and this may best be delivered on a one-to-one basis. The sponsoring organisation may then need



Mentoring should be used when an internal experienced person would be useful as a broker of relationships or an adviser on navigating political systems

Mentoring can only be used when a pool of volunteer mentors is available

to find an individual with the relevant skills and experience to help the project. Common topics that RIF projects have faced include expert inputs and support on specific areas that might be outside their area of clinical expertise, such as: ROI; generating economic evidence and evaluation; organisational and structural challenges, such as setting up an independent organisation; or communication and advocacy skills, such as dealing with the media and presentation skills. More details on these types of input are included in section 3.

<sup>2</sup> Jenny Rogers, *Coaching Skills: a handbook*, 2004

<sup>3</sup> Clutterbuck and Megginson 1995

Use action learning in similar circumstances to one-to-one coaching – when there is no prescribed best way forward, but where there are insufficient funds for coaching

*And/or*  
When you also want to create networks of support between projects

When you want to create an on-going, self-sustaining learning network

### Action learning

Action learning is a term loosely used when groups of people come together to learn. However, there are key aspects to action learning which differentiate it from other learning groups. The approach is not about input, but rather about getting people to work on their real life issues, in this case innovation projects. It is also not a one-off intervention – to be effective, action learning groups or sets must meet regularly and include a reporting back element, which enables the individuals to report on what action they have taken and what progress has happened between set meetings. Groups usually consist of between five to eight people and the same people need to attend each time to create the right environment for learning. Initially supported by a skilled and experienced facilitator, the group is usually self-sufficient after three to four sessions. Pedlar<sup>4</sup> gives more information on how action learning sets work.

He describes the process as:  
**'an approach to organisational and individual development. Working in small groups known as 'sets' people tackle important organisational issues or problems and learn from their approach to change things'**<sup>5</sup>.

### On-line networks and portals

The past 10 years have seen a dramatic rise in the use and influence of on-line social networking platforms such as MySpace and Facebook. More recently, these platforms have taken a central role in the coordination and mobilisation of knowledge within large organisations (enterprise social networks, ESNs), following the recognition of the limitations of traditional e-communication tools such as email. ESNs offer a wider array of knowledge-sharing tools such as blogs, wikis, live chat windows, and discussion, which can stimulate and sustain effective collaboration.

NHS innovators often feel isolated and unable to ask for advice or source new ideas. Physical meetings such as action learning sets and workshops have proven hugely popular with innovators and a valuable source of new ideas and perspectives. However, it is not always possible or practical to attend an event often many miles from their place of work. Therefore an ESN platform could be an effective tool to better connect innovators across the NHS.

Use when people are reluctant to give up the time for face-to-face learning

*And/or*  
As an addition to face-to-face learning

To create a network of information sharing between interested parties

However, the phrase "you can lead a horse to water..." holds true in today's on-line networking environment. The true challenge and value of an on-line community is promoting and sustaining active participation amongst users. This can be achieved through active management and constant refreshment of content, and demonstrating the value of participation to users by uploading case studies and training materials. Once the momentum of a network gathers pace its connections strengthen, content is increasingly refreshed by users, and the ESN can become self-sustaining.

<sup>4</sup> Action Learning for managers – Pedlar published by Gower

<sup>5</sup> For more information, see: [www.ashgatepublishing.com/pdf/SamplePages/Action\\_Learning\\_for\\_Managers\\_2nd\\_Ch1.pdf](http://www.ashgatepublishing.com/pdf/SamplePages/Action_Learning_for_Managers_2nd_Ch1.pdf)

# 3

## Innovation project support – key topics

One of the key challenges facing innovation projects is to up-skill quickly to understand and show the impacts of their innovation. It is important to understand the broader funding and commissioning environment to secure future support, to develop a variety of techniques and approaches to disseminating these positive stories, and to understand early routes to scale and adoption in order to benefit the whole health system – often in addition to existing work schedules and service delivery. As a result, additional support and inputs to round out and accelerate project team skills and capacity are essential.

While the long-term case for projects, communication and story-telling and project team development are not needs unique to innovation – these are some of the topics that have recurred again and again for RIF projects. They epitomise some of the key opportunities and challenges individual projects face and suggest four key areas of project support for innovation funders to consider:

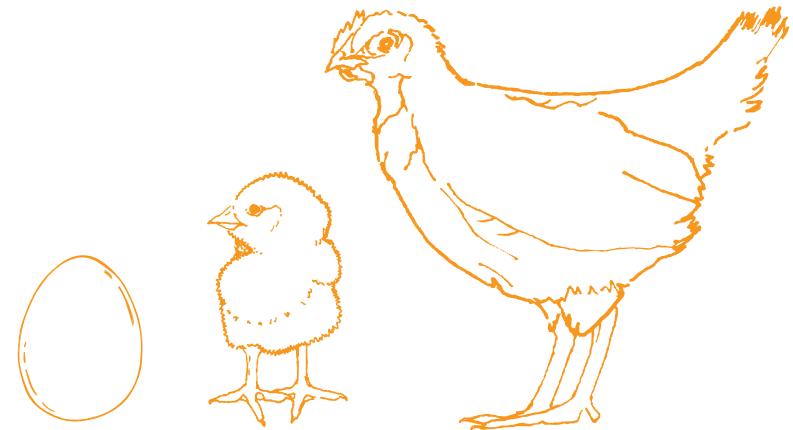
- ROI and risk
- change management, stakeholder engagement and communications
- diffusion, scalability and commissioner relations
- developing effective innovation teams

### Return on investment and risk

#### Return on investment

Quantifying the ROI for projects is particularly important when it comes to thinking about their sustainability beyond current funding arrangements. By providing a robust, simple and conservative ROI calculation, projects will be well placed to show the savings they generate to various commissioners and stakeholder groups. Offering projects tailored support to help them demonstrate their ROI is very important. More detail on considerations for calculating ROI is contained in *How to generate economic evidence for innovations*; however, the basics involve appropriately measuring the savings that a project generates as well as the operational costs.

Related to building effective ROI figures is the need to grow understanding of the role and availability of data. Project data should be collected for three main purposes: to build a robust ROI; to qualitatively capture the benefits of a project for use in influencing commissioners and other stakeholders; and to use in improving the project itself. Measurements taken should be robust, ensuring statistical significance as much as possible. Each measurement should be repeatable (the project can repeat the measurement and achieve a small variation in results), replicable (colleagues can follow clear instructions on taking data measurements and achieve small variations in results to the original measurements) and cost-effective.



#### Risk assessment and mitigation

Risk in a project relates to uncertainty of an outcome which could have positive or negative impacts. Some risk-taking is inevitable – particularly in innovation projects – if a project is to achieve its objectives and this is particularly true of projects where disruptive innovation is required. Risk in a project therefore needs to be managed in order to assess and control exposure to potential negative consequences.

#### To manage risk well the project team needs to have:

- access to timely and reliable information about risks
- a framework for risk analysis and evaluation
- process for monitoring risks
- an appropriate control mechanism in place to address the risks (including an escalation process)

Project managers will often be familiar with and adept at developing and managing risk logs and management tools. The distinction within innovation projects is to take a broader perspective on risks and develop a cross section of ways of managing and mitigating them.

#### Sample RIF risk logs include some of these headings:

- Project scope
- Project plan and timescale
- Resources
- Leadership
- Staff commitment
- Data and information
- Progress
- Implementation
- Financial
- Future sustainability
- Dissemination and spread

## Diffusion, scalability and commissioner relations

To achieve maximum impact and returns, funders may need to support a project to become sustainable and to implement at scale. However the funder also has a role in ensuring that the project is ready for larger scale implementation, to assess that the project is past the initial prototyping stage and has shown some initial success.

### Underpinning understanding of the NHS, commissioning and money flows

The RIF experience has highlighted that project leads often need help understanding the NHS commissioning structures and this will become even more important during the transition period to GP commissioning. Technical input in this area is therefore a useful but often overlooked requirement for a learning event.

### Commissioner relationship development

Innovative clinicians and managers who have successfully developed an idea and implemented it in one setting may not be at a level where they have met, or are even aware of, the individuals making commissioning decisions. Funders can act as brokers, contacting relevant GP commissioning consortia or other relevant commissioners, and will also need to ensure that project leads have the skills and information on ROI to influence commissioners. Learning events can also be used to build these relationships: RIF events have focused on influencing skills and have involved real commissioners attending as ‘Dragons’, with project leads delivering pitches to them.

### Scalability

Projects may need support to develop a further change plan to take their innovation from small-scale implementation to large scale across more organisations or on a larger scale across the originating organisation. Tools such as the development of a change map and stakeholder mapping will support the project lead to achieve implementation at scale. Sponsors may also need to decide at this stage if a different project structure and lead are needed, depending on the level of ambition for implementation at scale.

### Diffusion plan<sup>7</sup>

Historically the NHS has been good at innovating but less good at achieving wide scale implementation of projects. The development of a plan to develop ‘pull’ from others for the innovation, as well as a clear understanding of what helps projects spread, is helpful for all projects moving beyond the prototyping stage.

### Some examples of things projects may do are:

- include diffusion in the project’s communication plan, and use such things as conferences and journal articles to generate interest and ‘pull’
- allow others to observe the innovation, by on-site visits or use of video clips
- find ways that others can trial the innovation at minimum cost and effort, if necessary by breaking it down into easy chunks
- use strong networks and opinion leaders to spread information of the innovation and support implementation
- measure and evaluate success and ensure this is communicated

Finally, as innovation projects move from the prototyping or pilot phase into the diffusion stage, they can require a new range of skills and project support. For RIF projects this has included additional assistance on understanding independent structures such

as social enterprise, the role and value of intellectual property and franchising models for expansion.

## Change management, stakeholder engagement and communication

### Change management

A project lead may have identified a great approach to doing something differently but may struggle to achieve implementation in practice. The human aspects of change – getting people to do things differently – can be the biggest barrier to achieving results in even the most promising innovations. Influencing clinicians to change practice or getting individuals in partner organisations with different cultures, such as local authorities or civil society organisations, to do things differently can be complex and require the use of many different levers. Change management is therefore a useful topic for a learning event, with relevant project leads receiving support.

A number of different models can be used to help projects proactively plan the change management elements of the implementation of the innovation; the more groups of staff there are that need to be engaged and to work differently, the more this is essential.

<sup>7</sup> More information on diffusion is available in *How to 5: diffuse innovation*

## Stakeholder identification and management

Projects should identify key stakeholders, detailing both groups and targeted individuals within those groups. The level of engagement required by each group then needs to be considered. One way this can be approached is for stakeholders to be mapped diagrammatically (see Figure 3). The size of the circle indicates the importance of

the group; a strong line indicates a good relationship/communication channel with the project team; a dotted line indicates a weak relationship/communication channel; and no line shows no relationship. Key individuals in each circle can then be identified. An action plan should then be developed to strengthen and build necessary relationships for successful project implementation (see Figure 2).

Group or key individual	What is needed from them	Action planned	By whom	By when
GPs – Buy-in 'B'	Change to referral practice	Lunchtime session at post-grad centre	Dr Brown	31st January 2011
		Monthly communication	Project lead	Last day of the month
		Visit to each practice	Project lead	31st March 2011
Out patient admin staff Buy-in 'B'	New letters and pathway for patients	Training sessions – on each site	Nurse lead with admin member	1st January 2011
		Written guidance	Member of project team	1st January 2011

Figure 2: Example stakeholder map

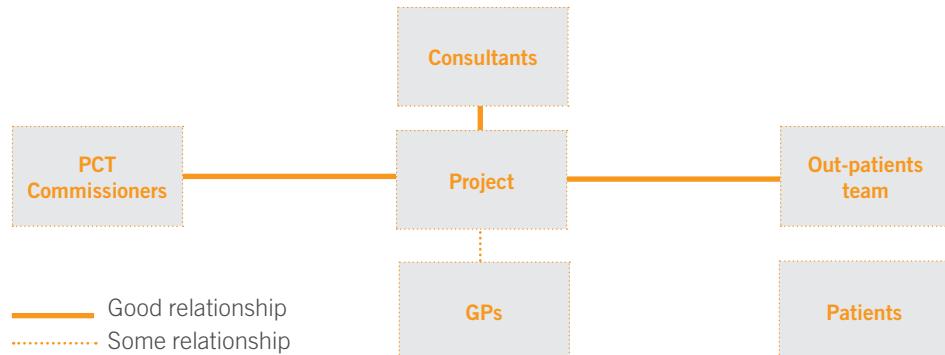


Figure 3: Example of diagrammatically mapped stakeholders

A simple coding of 'Awareness' 'A' 'Buy-in' 'B', and 'Ownership' 'O' can be used to differentiate the level of engagement required. Where stakeholders are required to do something differently (Buy-in) or influence others to do something differently (Ownership), face-to-face influencing will be required. Project actions can then be identified to ensure that relevant engagement takes place.

## Communication planning

Funders may need to advise projects on the importance of planning communication. This is often done in an *ad hoc* way, which limits effectiveness. Linked to stakeholder management, different audiences should be identified with the method and frequency of communication being identified.

Communication should feature in project planning with critical groups engaged at relevant stages. Projects should also be encouraged to segment the different stakeholder groups and use someone influential with each group to deliver the relevant communication. This type of

communication can include everything from one-to-one meetings and briefings to staff or team newsletters and project round-ups.

In addition, projects may well find it helpful to have additional support on preparing for and using the media. In a crowded NHS change landscape, additional specialist, regional and national media coverage can help build the profile and interest in the project. For some projects this has been an invaluable tool in securing future support and as part of dissemination strategies

Linked to both of these areas of communication is an overarching need to understand and be able to use the power of presentations – both formal and informal. Being able to tell a convincing, relevant, human-centred account of the project in a pithy way is often at the centre of sound, convincing presentations. As innovation projects mature and develop they often benefit from both guidance on developing and delivering effective presentations, and opportunities to perfect and hone presenting styles.

## Developing effective innovation teams

Successful innovation project teams have some common characteristics. Investing project support in these development areas can be effective.

### Project lead

A strong, enthusiastic project lead who can deliver real change is essential for the success of any innovation project. If a busy clinician is the identified project lead, a decision to recruit a strong project manager to work alongside may be necessary. This has been essential where the lead has been a consultant with just one or two sessions a week allocated to the project. Providing individual coaching, mentoring, membership of a learning set or specific advice would be appropriate interventions for an inexperienced project lead.

### Project team

Some projects have a clearly identified project team at the time of funding; others may be recruiting to identified posts as part of their bid. A funder can help the project lead to consider the resources needed to get the project delivered in terms of skills and time; projects have fallen into difficulty where they had not thought through the amount of capacity needed. Projects may also need help with HR processes, particularly at times

of organisational change where recruitment freezes and hurdles to recruitment are likely. Again, a brokering role may be required.

### Project governance

When funding is awarded – if they haven't already done so – the project lead should be encouraged to identify various stakeholders critical for the project's success and also consider the project management structure (see project planning). For all but small, early stage projects, a project steering group as well as a working project team will be needed. The lead will need to think through who needs to be more 'hands on', and therefore on the project team, and who will give important strategic insights or should have overall accountability, or who will be influential in helping the project achieve success and therefore be on the steering group.

### Project plan

The detail and level of sophistication of the project plan will depend on the size of the project and the stage of implementation. A large project that plans to go to scale may need sophisticated project management skills and infrastructure. Funders should expect project management and skills proportional to the amount of funding and scope of the project.



This level of project planning includes:

- a defined organisational structure for the project management team, including an identified steering group with terms of reference for both groups;
- a product or outcome-based planning approach;
- an emphasis on dividing the project into manageable and controllable stages, where critical paths (the steps that need to be completed before subsequent steps) are identified; and
- the development of a detailed Gantt Chart or other document, where all steps, responsible people and key dates are identified.

For a smaller project at a prototyping stage, a simpler Gantt chart mapping key deliverables by certain dates may be adequate, together with a simpler project management structure.

# Annex A

## Project support diagnostic

### Prototyping and testing

Prototyping is a quick and easy method for trialling and refining early-stage ideas iteratively. It incorporates testing one or several elements of a project over a time-limited period and amending or refining approaches, techniques or target groups. Prototyping elements of project delivery often go hand in hand with testing the interest in, demand for and suitability of projects with future funders and commissioners and supporters. It is a fluid rather than a static approach to project implementation. It is much better suited to innovation projects than piloting, because it invites a team to generate several promising concepts and systematically develop, reject or prioritise the best. Time and costs can be expanded or contracted very flexibly, and it facilitates early failure – minimising risks and reputational damage. It is accessible and easy for anyone to use it.

#### Prototyping has several benefits:

- it draws heavily on customer experience and insights, giving an early readout on the attractiveness and feasibility of ideas;
- it is exploratory, so it invites collaboration and the generation of options as well as the means of making progress systematically towards a preferred model;
- it results in better ideas and more clearly articulated service descriptions;
- it can incorporate careful consideration of the delivery and economic model right from the outset, enabling commissioners to prioritise replicability and affordability – resulting in services more likely to diffuse; and
- cycles of prototyping can be repeated to build staff capability and confidence with a new idea, or to build demand from new customers;

It can yield lessons about what isn't useful, or about mechanisms that are but need to be utilised in different ways to be viable even if the overall idea fails. These lessons, if shared, can help drive improvements in a field of practice and improve proposals at a later round.

Area of support needed	Level of expertise/development of project		
	1-3 Low level of development/thinking/expertise	4-6 Some development and planning has occurred, some level of expertise exists	7-9 High level of development/expertise
1. Idea – stage of development	Idea 'on paper' only, no testing to date, could be further developed	Idea has been developed from initial concept/some prototyping has occurred/testing but further development needed Some awareness of other similar projects/evidence in this area	Idea has been tested/prototyped and some success criteria have been measured. Reasonable confidence that idea will deliver some ROI Awareness and networking with other similar projects
2. Sustainable funding	A small amount of money has been granted to initiate idea development only/for first year only	Project has been partially funded but additional funding needs to be obtained in year/for further years	Adequate funding has been provided from RIF or other sources to support this project to implementation stage
3. Project lead	Inexperienced project lead who has no or little change management experience and has little training in these areas; or project lead felt to have inadequate capacity to deliver	Project lead recognises that they have some development needs and wants to get support and development in these areas	Project lead is an experienced leader who has managed change and implemented projects previously
4. Project team	Project team not yet identified or in place/lack of clarity over workforce resources needed	A plan exists of workforce resources required but not all in place yet/not yet fully funded	A project team is in place and has the capabilities and competence to deliver the necessary tasks

5. Project plan	No project plan exists and the project lead/team lack project planning skills	A project plan is partially developed/exists at a high level. More work is needed on developing baseline data	A detailed project plan is in place with realistic milestones/goals and detailed responsibilities and tasks, linked to stage gating and SHA assessment triggers if appropriate. Budget plans are in place and good baseline data exists
6. Change management/theory of change	Project team and lead have not considered the human aspects of change/how to achieve necessary change within key stakeholder groups and has little expertise in this area	Project lead has identified some stakeholder issues but needs further help to consider the right approach to engaging them. Some communication has been planned and a vision for the project is partially developed	Project has an articulated vision, a defined change plan and has identified key stakeholder groups for communication and involvement, with appropriate actions detailed in the project plan
7. Risk assessment and mitigation plans	No risk assessment has been carried out	Some work has been done on assessing potential risks but this needs further work and monitoring	An in-depth risk assessment is in place and is being monitored as part of the project management structure
8. ROI/evaluation and measurement	Not yet clear how to measure ROI or evaluate the project	Project has detailed some ways of measuring outcomes and ROI but needs further help to develop these and define ways of capturing the data. Both social/health impact and financial data are being considered	Project has some evaluation and ROI data already and a clear plan of what to measure /capture during the implementation phase. This includes both social/health and financial measures. Information is being regularly captured and analysed

9. Monitoring data for Stage-gating/contract requirements	Projects currently unfamiliar with or unable to provide monitoring information requirements	Some monitoring requirements are in place but these need to be further developed	Monitoring requirements are in place, regular reporting cycles exist and all contractual obligations are being met
10. Commissioner relationship development/ Scalability and diffusion plan	Project relates to one organisation or site and has not considered how to roll-out. There has been no engagement of commissioners	Some thought has been given to small scale roll-out to neighbouring organisations/some discussions have started with commissioners	Project contains a diffusion plan/roll-out plan or project specifically focuses on diffusion. Commissioners are aware and purchasing decisions have been made or are close to being made for the service long-term
<b>Specific topics</b>	<b>Use if relevant to project</b>		
Technology	The idea is dependent on new technology and technology development and testing are needed	Technology development is under way but further testing is needed	Technology needed to support the idea exists, is ready to use and is costed within project costs
Organisational structure/ organisational readiness	Innovation requires delivery within a new organisation specifically set-up/ or a new business plan is required for how this may be delivered	Innovation is being delivered within an existing civil society organisation that needs to develop for a health context/or new partnerships are needed to deliver the innovation/or further work is needed on the correct organisational structure for delivery	Innovation is being delivered in an existing organisation within its current structure and roll-out is planned within existing business plans
Building and physical environment	The innovation involves doing something in a different setting/ physical space but the environmental design issues have not yet been considered	Some thought has been given to environmental design but these ideas are not well developed and may need capital input/further design	The physical environment requirements for the project have been thought through and included in the project plan, including capital and building work if relevant

# Annex B

## Diagnostic scoring sheet

Project title .....

Project lead .....

Area of support needed	Level of expertise development of project	
	Score	Notes
1. Idea – stage of development		
2. Sustainable funding		
3. Project lead		
4. Project team		
5. Project plan		
6. Change management/ theory of change		
7. Risk assessment and mitigation plans		

8. ROI/evaluation and measurement		
9. Monitoring data for stage-gating/contract requirements		
10. Commissioner relationship development/Scalability and diffusion plan		
<b>Specific topics</b>		
Technology		
Organisational structure/organisational readiness		
Building and physical environment		

# Annex C

## Example agendas of learning events

### Agenda

[Date]

9 – 9.30	Coffee on arrival
9.30	Welcome and introductions
10.15	Innovation – achieving sustainability
10.30	‘Elevator’ pitches – communicating with stakeholders
11.00	Coffee
11.15	‘Elevator’ pitches continued
11.45	Identifying and communicating effectively with different stakeholder groups
12.45	Lunch
13.30	Team innovation exercise
14.15	Return on Investment
15.00	Feedback on Return on Investment work
15.30	Tea
15.45	On-going learning groups
16.45	Plenary and identification of further support needs

### Agenda

[Date]

9.00	Overview of day and key objectives
9.15	Introductions
9.30	Return on Investment and evaluation – recap on previous session
10.00	Influencing commissioners and others
10.30	Coffee
10.45	Preparing your pitch
11.30	Delivering your pitch to an investment panel
13.00	Lunch
13.45	Diffusion – how to spread your project
15.00	Tea
15.15	The role of the HIEC – Dawn Lawson
15.30	Tea
15.45	Future support requirements from the HIEC for innovation projects
16.20	Identifying on-going learning needs
16.30	Close

This series of guides is designed to help funders and project leads to set up and sustain innovative projects across the NHS. The *How to* guides draw together the material on supporting health innovation which the Young Foundation has been delivering and refining as part of its support for the Regional Innovation Funds (RIFs).

The methods, techniques and approaches described within should act as a guide to the innovation process rather than a definitive and restrictive roadmap to success. By embedding these principles into future innovation activities we hope to further increase the quality, support and eventual success of innovators in the NHS.

These guides have been collated by the Young Foundation and NESTA working to support, advise and increase the capacity of the RIFs.