



# Do innovation labs work to improve health and care services?

A pragmatic rapid evidence review  
January 2024



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# Foreword

We commissioned Innovation Unit to undertake this evidence review to provide an overview of the evidence base for innovation labs. It focuses in depth on the health and care sector in the UK and expands out to focus on international examples and those in other sectors.

We wanted to use this evidence to help develop our strategy and approach in Q Lab as we mature – and we wanted it to go above and beyond our existing learning and evaluation. For this reason, instead of including evidence about Q Lab’s activities, it examines the wider evidence base and how it has evolved since the Lab’s inception in 2017.

Throughout the review, short case studies introduce relevant learning from Q Lab on the topics discussed. Q is in continued conversation with the emerging evidence that is presented here.

## How to use the findings

This evidence review promotes discussion about the positive contributions that innovation labs can make and the tensions they need to consider if they are to achieve impact. It starts with an overview of the published evidence before providing more detail on tensions with – and the future potential of – innovation labs, through insights from practitioner interviews.

The insights in this review will be helpful if you are involved in designing and running an innovation lab, or if you are interested in different structures and mechanisms to enable improvement and innovation in health and care.

### Libby Keck

Head of Design and Collaboration | Q Labs Network



## About Q and Q Lab

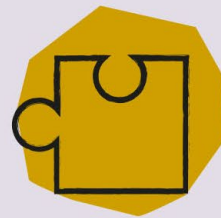
Q is a community of thousands of people across the UK and Ireland, collaborating to improve the safety and quality of health and care. Together, we make faster progress to change health and care for the better.

Within Q, we developed Q Lab in response to the challenge of designing improvement and innovation, at scale, in complex health and care challenges. Our Lab brings people together to develop, test and implement solutions to issues that span health and care.

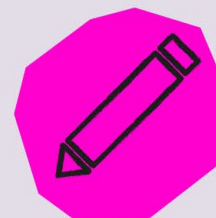
'We help people understand and explore diverse perspectives. Drawing on design and systems-thinking techniques, we build people's confidence to work with complexity and to design solutions to intractable issues.'

Q Lab has also supported the development of Q Lab Cymru. Launched in July 2021, Q Lab Cymru is an initiative to improve health and care for people in Wales. It is a partnership between Improvement Cymru, the all-Wales improvement service for NHS Wales, and Q. Throughout this evidence review we have focused our examples on Q Lab, as there are differences in the model used by Q Lab Cymru.

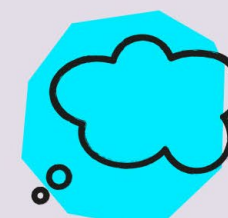
### The Q Lab approach



Building **partnerships** and **convening stakeholders** across organisational, professional and geographic boundaries around **shared priority topics**



Supporting teams to **creatively design** solutions. Enabling them to experiment and learn in a supported environment and implement ideas in practice



Providing spaces for **reflective learning** and **sense-making**. We help people to understand the problem and the system they are operating in



Distilling and **communicating insights** to enable changes in practice. We foster social learning and support people to act and effect change

## About the authors

Q commissioned Innovation Unit to deliver this rapid evidence review. Innovation Unit is a not-for-profit social enterprise with a mission to grow and scale the boldest and best innovations that deliver long-term impact for people, address persistent inequalities, and transform the systems that surround them.

Innovation Unit has a 20-year history of engaging with the evidence base for social innovation labs, including delivering research and learning projects with Nesta and the Health Foundation. Understanding the conditions required for innovation and enabling collaborative change to tackle inequalities and reshape systems is at the core of what they do.

The findings of this review are relevant to its work, including as support partner on the Health Foundation's Adopting Innovation programme.

This evidence review was developed by Lizzie Cain, Sonja Dahl, Hannah Raffin and Matthew Horne. They share previous experience working in Nesta's innovation skills team and in co-production in health research, policy and practice, along with design, social research and evaluation. These experiences influenced their understanding of this work, their research approach and their access to interviewees.

Innovation Unit team received support and input from Libby Keck, Jen Morgan and Jo Scott from Q in developing this evidence review.

## Acknowledgements

We would like to thank everyone who so generously gave their time and expertise to contribute to this evidence review, including the interviewees and the individuals who reviewed this report.

### Interviewees

Anna Birney  
Jesper Christiansen  
John Craig  
Bas Leurs  
James Lewis  
Kuranda Morgan  
Charlotte Williams

[Read more about the interviewees.](#)

### Reviewers

Jenna Collins  
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# Executive summary

What role can social innovation play in systems change? What are the similarities and differences between improvement and innovation? How can we set up innovation labs to achieve the greatest impact?

These are all questions that the Q team have asked themselves during the development of Q Lab. These are explored in detail through this evidence review. But Q commissioned this pragmatic evidence review to answer one key question: ‘Do innovation labs work for improving health and care services?’

This evidence review cannot provide a definitive answer to this question (see [Section 3](#)), but what it does is to surface:

- shared features that define innovation labs ([Section 4](#))
- the main ways that labs contribute to positive change ([Section 5](#))
- tensions and trade-offs in the development and delivery of innovation labs ([Section 6](#))
- practical insights for how to maximise labs potential impact in the future ([Section 7](#)).

## Understanding the evidence base

Social innovation labs usually focus on complex situations and ‘wicked’ problems (problems without any easy solution, and where cause and effect are unclear) and take a systemic approach to tackling these problems. Most often, they work at the early stages of idea generation and testing, rather than implementing ideas at scale.

It is not easy to identify innovation labs in published evidence. This is because they are not always called ‘labs’ (it is not a term that everyone in the health and care sector uses) and not many exist.

Of the innovation labs that do exist, very few have published evaluations. Indeed, developing robust evidence for labs presents some fundamental challenges. For example, the evidence they draw on, and refer to, is often qualitative and descriptive.

This is partly because the action research methods that labs use are often reflected in their evaluation approach. It is also because their activities, working on complex and systemic issues, are unlikely to be suited to randomised control trials.

But this does not mean we should be satisfied with the quality of the current evidence base. The lack of evaluation data could be a sign of deficiencies in labs impact and purpose. People who run and commission labs need to do more to build the evidence base for labs and other collaborative approaches to change.

### Definition

The term ‘innovation labs’ is used here as a shorthand for all labs focusing on social innovation and operating within the public sector. The review includes organisations whose innovation functions follow a lab approach, even if they do not call themselves labs. Read more about the definitions for innovation labs practice in [Section 1](#).

## The role of innovation labs

While there is diversity in the form and function of labs, this evidence review highlights five shared features, shown below.

### Five features of innovation labs



Providing a separate and distinct space for innovation



Multidisciplinary and multi-methods, underpinned by design thinking



Experimenting, testing and learning



Involving diverse stakeholders through co-design and co-production



Human-centred practice

## Evidence of impact

Based on the scope of this review, there is not yet enough evidence to say whether or not innovation labs ‘work’ for improving health and care services. This is because of the limited amount of evidence available and the variation across innovation labs.

Nevertheless, evidence does show that labs can contribute to positive change in three main ways.

### How labs can positively impact health and care



Generating successful innovations



Creating connections between stakeholders



Developing the skills, capabilities and mindsets of participants

## Tensions and trade-offs

There are limitations on how far innovation labs can realistically achieve longer-term impacts. There is no systematic evidence that they are doing so. [Later in this review](#), we explore these limitations, framing them as tensions and trade-offs in innovation lab practice.

These include challenges with:

- evidencing and evaluating impact
- different worldviews and paradigms that underpin labs and traditional management structures
- ensuring clarity of scope, scale and purpose
- positioning of labs within systems and organisations
- balancing strategic alignment with the intention to disrupt the status quo.

## Maximising the potential of labs in future

Drawing on insights from interviewees, the [final section](#) of this evidence review highlights two areas of focus to maximise the potential for labs in the future:

- considering how to make best use of labs alongside wider innovation ecosystems
- sharing evaluation approaches and learning, to build the evidence and enhance the collective development of labs in health and care.

# Introduction



1

What role can social innovation play in systems change? What are the similarities and differences between improvement and innovation? How can we set up innovation labs to achieve the greatest impact?

These are all questions that the Q team have asked themselves during the development of Q Lab. These are explored in detail through this evidence review. But Q commissioned this pragmatic evidence review to answer one key question: ‘Do innovation labs work for improving health and care services?’

The review focuses on the UK. Because it was designed to inform the development of Q Lab, it deliberately excludes evidence from Q Lab evaluations and focuses instead on the wider innovation lab landscape beyond Q’s work. It includes some short case studies, authored by the Q team, that highlight its learning on the topics that are discussed.

### Definition

The term ‘innovation labs’ is used here as a shorthand for all labs focusing on social innovation and operating within the public sector. The review includes organisations whose innovation functions follow a lab approach, even if they do not call themselves labs.



## What is an innovation lab?

There is a variability in the structure, design, features and implementation models of innovation labs in health and care, and in the public sector more broadly. There is still debate about definitions<sup>1,2,3</sup> but this one, from Santarsiero et al, may be the most comprehensive:

'... innovative spaces that can take the form of physical, virtual, or hybrid environments that foster creative and innovative thinking, support open and user-centred approaches to innovation, and facilitate the involvement of various public stakeholders and private individuals in innovation processes to understand user needs better, guide technological change, envision and define innovation opportunities, and develop new solutions and methods.'<sup>4</sup>

Public sector innovation labs, referenced regularly in this review, can similarly be defined as:

'... a semi-autonomous organisation that engaged diverse participants – on a long-term basis – in open collaboration for the purpose of creating, elaborating, and prototyping radical solutions to open-ended systemic challenges.'<sup>5</sup>

The PSI lab literature consists of a range of articles focusing on developing the concept of labs and devising types to differentiate between them. These categories vary widely, distinguishing labs by factors such as the period of their inception (their 'generation'), purpose, position and approaches.<sup>2,3,6,7</sup>

There are no categories of this nature for innovation lab practice in health and care. It may be that the broader PSI lab types can also be applied within health and care, but there has been no attempt to apply them.

## What is a social innovation lab?

Nesta defines social innovation as 'new products, services or models that both meet social needs and create new social relationships or collaborations.'<sup>8</sup> These examples are 'social' both in ends and means. They may generate financial value, but this is not necessarily their primary aim.

So, social innovation labs focus primarily on this area rather than technical or scientific innovations. This puts the emphasis on understanding how an innovation can work in practice as much as on the innovation itself.

In addition, these labs may focus on 'systems innovation', for which there is no precise definition, but refers to tackling complex challenges – changing the underlying structure of a system rather than just its individual parts. Nesta describes systems innovation as 'an interconnected set of innovations, where each influences the other, and with innovation both in the individual parts of the system and in the ways they interconnect'.<sup>8</sup>



# Methodology

2

A rapid pragmatic evidence review is a review that takes place over a short period of time, providing a quick overview of the readily available evidence on a specific topic.

For this review, the research team took a flexible, iterative approach, balancing a systematic approach to reviewing evidence with attention to context. This was partly due to the scarcity of published evidence on innovation labs in health and care in the UK.

This led us to look at a much wider evidence base, internationally and beyond the boundaries of health and care, to gather a wider range of insights. However, the rapid nature and scope of the review meant that we had to take a pragmatic approach in prioritising sources according to their relevance, rather than their comprehensiveness.

We also believed that we needed to identify and explore the most relevant evidence in this emerging space- particularly, an expansive understanding of what constitutes 'evidence' - just as innovation labs bring together different forms of experience, expertise and skills across professional and geographic boundaries.

So, we conducted semi-structured interviews with people working in innovation labs and health and care and they directed us to further sources of evidence.

While we spoke to only a small number of stakeholders, they provided valuable perspectives on, and nuanced challenge to, the current and potential role of innovation labs.

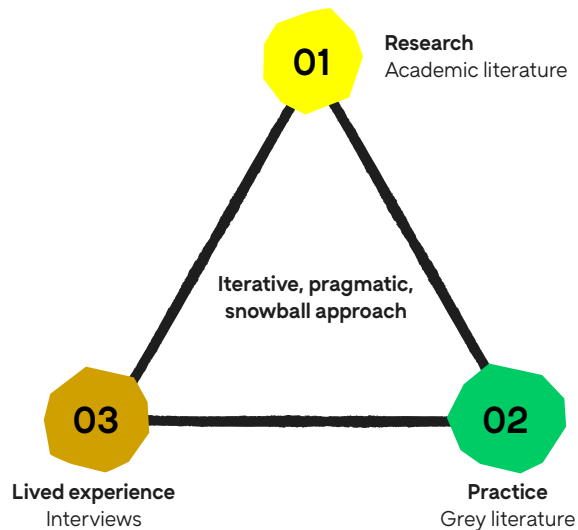
We drew extensively on sources such as blogs or reports published by innovation labs, rather than simply those published in academic journals. There is considerable overlap between those developing practice and those researching it. If we relied on publications alone, we would have risked missing relevant and timely insights in this emerging field.



## Framework and search strategy

To conduct the review, we used the three fields of knowledge framework (see Figure 1) to bring together evidence from research, practice and first-hand experience. As well as searching specific databases and websites, we used a snowball approach (using the reference lists and citations found in publications) to identify further relevant sources.

Figure 1: Three fields of knowledge framework



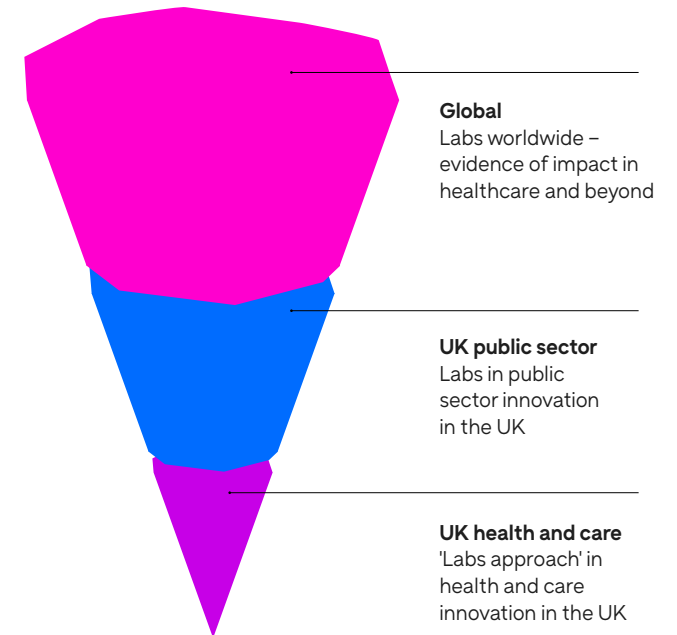
Source: Innovation Unit 2023

Our review focused on publications from 2016 onwards. This was to make sure we were accessing the most recent evidence, though it does mean that some important literature that predates this time was excluded.

Initially, we searched only for evidence set in the UK health and care sector, but the limited amount of evidence led us to expand our remit to include labs across the UK public sector and internationally. The quantity of evidence available in these last two categories, combined with the rapid nature of the review, means we had to be selective in what to include. In recognition of this, we aimed to identify the evidence sources most transferable to the UK health and care context.

This report provides an overview of the most readily accessible evidence.

Figure 2: Funnel search strategy



Source: Innovation Unit 2023

### Find out more

Read more about the desktop search strategy in [Appendix 1](#).

# Interviewees

To identify interviewees, we drew on the networks of Q and Innovation Unit.

We focused our search on:

- individuals working in innovative practice in UK health and care
- people leading current public-sector innovation lab practice in the UK and internationally.

We identified 22 potential interviewees and went on to conduct seven semi-structured interviews. We prioritised the interviewees who were best connected to the topic and who were available for interview within the review period.



**Anna Birney**  
Director, School of System Change,  
Forum for the Future

› UK public sector



**Jesper Christiansen**  
Co-founder and Executive Director,  
States of Change

› International public sector  
*Formerly Head of Research and Programme Lead at MindLab*



**John Craig**  
Chief Implementation Officer, UCL Partners

› UK health and care sector  
*Formerly CEO at Care City*



**Bas Leurs**  
Innovation Lab and Learning Lead,  
United Nations Development Programme Accelerator Labs

› International public sector



**James Lewis**  
Director, Y Lab

› UK public sector



**Kuranda Morgan**  
Evidence Lead, Nesta

› UK public sector



**Charlotte Williams**  
Chief Strategy and Improvement Officer,  
Mid and South Essex NHS Foundation Trust

› UK health and care sector

## Find out more

Read more about the interview content and structure in [Appendix 2](#).



# Understanding the evidence base

# 3

Generating a clear understanding of the evidence base for innovation labs is challenging because this is such an emerging and diverse area. For example, labs use multiple different terms to describe themselves and do not necessarily include the word 'lab'.

Other terms used to mean similar things include:

- policy innovation lab
- innovation hub
- design lab
- public sector innovation lab
- innovation centre.

This presented significant challenges to our search strategy. This review is as comprehensive as the evidence we could access for innovation labs in UK health and care.

This limits how far we can make generalised conclusions about the value of an innovation lab approach, although the evidence is still valuable for exploring the nature and potential value of innovation labs. A further complication is that there is some disagreement around what constitutes 'evidence' in innovation labs, as part of the wider debate around lab approaches themselves.

## Health and care landscape

The academic evidence on innovation labs within the UK health and care sector is scarce. Our evidence review found only a small number of publications that explicitly use the term 'innovation lab' in a health and care context.

There is slightly more academic evidence on innovation labs in health and care from further afield, but the area is still under-researched due to the limited spread of labs in this sector.<sup>1,4,9</sup>

The literature on the topic is 'fuzzy and incomplete'<sup>4</sup> and there have been few attempts to describe the characteristics, function and management of innovation labs in the context of health and care.<sup>10</sup>

The existing academic evidence on innovation labs in this context is overwhelmingly focused on labs in hospitals and medical centres.<sup>1,4,11,12,13</sup> However, innovation labs can also be based in other health and care settings, such as universities, private health organisations and social systems.<sup>1</sup> These settings are particularly under researched.



Beyond the academic research, grey literature (information published outside of traditional publishing channels) provides a similarly patchy picture. A key challenge was identifying UK innovation labs in health and care that did not describe themselves as such but either used the term ‘innovation lab’ to describe their practice or share the key characteristics of a lab approach.

The innovation landscape of the NHS and wider health and care system includes a wide range of national, regional and organisational initiatives, projects, structures and programmes that are not classified as innovation labs. In this context, drawing a boundary around what constitutes ‘lab practice’ is not easy. Further research is needed to analyse these wider functions and their connection to innovation lab approaches.

### **Public-sector landscape**

Within the wider public sector, there is a more consolidated, yet still limited, evidence base on innovation labs, usually called ‘policy innovation labs’ or ‘public sector innovation (PSI) labs’.<sup>14</sup> These labs tend to focus on policy design, collaborating with governments and other public

organisations to solve social issues, focusing on topics such as health and care, welfare, the environment and open or big data.

They share a number of similarities with innovation labs in health and care settings, but there are some differences,<sup>14</sup> as we shall see in [Section 4](#).

### **The nature of the evidence**

Traditional hierarchies of evidence, such as those used in health and care, prioritise randomised control trials, quasi-experimental studies and meta-analyses as ‘gold standard’. All these methodologies use comparators and quantitative analyses to evaluate causality.<sup>15</sup>

In contrast, the evidence analysing and discussing innovation lab approaches is overwhelmingly qualitative. There are some qualitative reviews of innovation labs based on semi-directed interviews with practitioners and surveys, but most papers focus on theoretical development or case studies. Much of the research uses methodologies that correspond with the approach itself, including action research, sensemaking workshops and design methodologies.<sup>2,10,16,17</sup>

One review of the academic literature on policy innovation labs found that the literature in the field was mainly descriptive, with ‘no attempt to provide rigorous causal explanations’.<sup>14</sup> Reviewing the academic literature on innovation labs in health and care, we came to the same conclusion. Few innovation labs in the public sector have published process or impact evaluations of their overall lab approach.

When looking at literature published since 2016, and excluding Q Lab from the review, we were unable to find any other explicitly named innovation labs in UK health and care. The evaluations that have been published focus on specific projects or programmes of work and only a small number are conducted by an objective, independent party. It is challenging to make generalisations because of the diversity of mandates, structures and functions of innovation labs.

It may not be feasible – or appropriate – to apply ‘gold standard’ criteria and quantitative standards of evidence to the work of innovation labs. This is because traditional evaluation models connect objectives to tangible outputs, and research methodologies aim to assess causality and replicability. These models cannot always be applied to innovation labs for the following reasons:

- Intended outputs for innovation labs may not be clear from the beginning, and objectives may develop and change over time in response to context circumstances.
- The activities delivered by innovation labs are often not intended to be exactly replicable elsewhere.

This is not to say that the evidence base, as it currently stands, is sufficient. Dixon-Woods and others note the need for a stronger research foundation for similar collaborative approaches.<sup>19</sup> Similarly, Cole identifies a lack of clarity in purpose and intended impact across the innovation lab sector that could restrict its capacity to bring about positive change.<sup>16</sup>

#### Reflection questions

What is our shared responsibility for building the evidence base for innovation labs?  
How can we demonstrate and share evidence for what does and doesn't work?





# The role of innovation labs

4

The ambition behind more recent innovation labs (often called 'fourth generation labs') is to generate new solutions to ever-more wicked, complex problems. These are defined as problems with multiple causes, interdependencies and stakeholders, and for which there is no clear solution.<sup>7</sup>

There is widespread acknowledgment that current governance structures are ill equipped to deal with the complexity and scale of 21st-century challenges, such as climate change and structural inequalities.<sup>2</sup>

Evidence suggests that the vast majority of public-sector innovation labs are intended as a form of systemic practice. They are attempting to make sense of, and respond to, increasingly complex challenges and provide a new form of experimental governance.<sup>2,6</sup> For example, the UK government's Policy Lab describes itself as best suited to 'tackling intractable, complex, systemic policy problems that require fresh thinking and can lead to potentially transformative solutions.'<sup>20</sup>

Proponents of innovation labs in health and care see them as playing a similar role. Partly, they seek to address the systemic shift in focus from illness and treatment to addressing the building blocks of a healthy society, where everybody can thrive.

But it also relates to broader social challenges.<sup>21</sup> For example, Diabetes UK describes its Tackling Inequalities in Diabetes Lab as an environment that enables participants within the system to step back and view the system from the outside. It develops prototypes that go beyond mitigating symptoms to addressing root causes.<sup>22</sup>

In general, the evidence suggests that public-sector innovation labs focus more on generating and testing new solutions to complex challenges than on implementing them at scale. The evidence shows that most policy innovation labs focus on the earliest stage of policy formulation, rather than on the decision-making or implementation stages of the policy cycle.<sup>3</sup>

This cannot be seen so clearly in innovation labs in health and care, but an overview of the outputs generated by the labs identified in this review paints a similar picture. However, there are some outliers: one of the few case studies in the literature is a Finnish hospital lab that aims to enhance innovation capacity in developing and implementing new ideas, rather than early problem framing and involving end users.<sup>13</sup>

'If we want to tackle the big challenges of our time, the best way to do that is through bringing different perspectives together to create a more holistic understanding... and exploring how new innovations can come from that.'

Kuranda Morgan, Evidence Lead, Nesta (interview)

## Shared characteristics of innovation labs

Social innovation labs vary considerably in form, function and mandate. However, the evidence reveals five characteristics shared by most innovation lab approaches, shown below.

Figure 3: Five features of innovation labs



Providing a separate and distinct space for innovation



Multidisciplinary and multi-methods, underpinned by design thinking



Experimenting, testing and learning



Involving diverse stakeholders through co-design and co-production



Human-centred practice

The rest of this section explores each of these features in turn.





## Feature 1

# Providing a separate and distinct space for innovation

Social innovation labs are semi-autonomous or autonomous organisations that create a space for innovation that is separate from the structures in which they are embedded. Romm et al describe the use of 'space' in innovation labs through three dimensions:

- **Physical spaces** supporting sensemaking and promoting innovation
- **Social spaces** facilitating and encouraging interactions among stakeholders
- **Imaginary spaces** challenging mental models and shaping propositions collaboratively.<sup>23</sup>

One interviewee compared innovation labs to the UK's What Works Centres – a network of nine independent centres that work to improve the use, creation and uptake of evidence in public-sector decision making. Part of the value of these structures is the way they enable participants to think beyond the political confines of government.

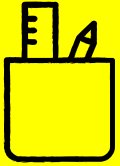
In this sense, innovation labs are separate 'islands of experimentation'<sup>26</sup> that create distinct space and time for participants to reflect deeply about the problem at hand.<sup>24</sup> This assumption is underpinned by wider evidence relating to individual and organisational learning and development. This evidence suggests that there is a reciprocal relationship between a learner and their environment and that creating a specific space for learning optimises learning capabilities.<sup>26</sup>

This focus on learning is seen as particularly important in the public sector, including in health and care. Multiple interviewees highlighted the value of innovation labs in rebuilding innovation capabilities in public services. Interviewees reflected on how these skills have been effectively 'designed out' by a focus on targets, efficiencies and value for money. This has removed the legitimacy and support required for this work to achieve public value.

Human learning systems in public services is another example of the movement against narrow conceptions of governance as 'markets, management and metrics'. The human learning systems approach shares many similarities with innovation labs. Its adoptees include Healthcare Improvement Scotland and its iHub innovation function.<sup>27</sup>

'A lab provides the space for peripheral vision... to look beyond just "keeping things going" – the day-to-day priorities.'

James Lewis, Director, Y Lab (interview)



## Feature 2

# Multidisciplinary and multi-methods, underpinned by design thinking

Design thinking focuses on understanding people and systems to identify problems and solutions.<sup>28</sup> Most of the literature on innovation labs – both for public sector labs and those in health and care – identifies the use of service design methodologies as a key feature,<sup>1,7,14,29</sup> while some authors consider it essential.<sup>30</sup>

For example, in a survey of 52 independent innovation labs in Australia and New Zealand, around 70% of respondents reported that almost all of their staff had prior experience working in a design agency. When asked about which methodological framework they used, the most frequent response was human-centred design.<sup>29</sup>

Service design methodologies that are user centred derive from design thinking. They include ‘ethnography, visualisation techniques and collaboration with citizens and other stakeholders to clarify problem definition and co-create solutions.’<sup>3</sup>

There has been widespread interest, in the UK and internationally, in using service design and creative methodologies to support transformation agendas and rethink delivery models in health and care.<sup>31</sup>

However, innovation labs also use other methodologies and approaches supporting innovation, exploring and generating value from a multidisciplinary approach. These include:<sup>30,32</sup>

- participatory and action research methodologies
- evidence and stakeholder mapping
- data science analytical techniques
- behavioural insights.

Systems thinking and similar approaches to problem solving are also increasingly common across innovation lab practice.<sup>2</sup>

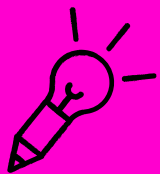
As one example to taking a multidisciplinary approach, the Helix Centre is an innovation lab based at St Mary’s Hospital, part of London’s Imperial College NHS Trust. The centre uses

human-centred design to bring together designers, technologists, clinicians and researchers to develop digital solutions for early detection of disease, effective treatment and holistic care.

In one project, it redesigned the way staff conduct and record difficult conversations about life-sustaining treatments. By combining design research and information design expertise, the multidisciplinary team co-designed a new plan, process and visual device that puts clients at the centre of emergency care decisions.<sup>33</sup>

‘Design thinking helps you understand and look at the mechanisms behind why an intervention leads to outcomes and how you can develop it to meet the needs of diverse stakeholders in the first place.’

Kuranda Morgan, Evidence Lead, Nesta (interview)



### Feature 3

## Experimenting, testing and learning

The term 'lab' is traditionally associated with scientific innovation, and this is no accident: experimental approaches are central to social innovation too.<sup>14</sup>

Malby describes health and care innovation labs as conducting three stages:<sup>34</sup>

- developing a hypothesis
- rigorous testing
- developing interventions through prototyping.

In health and care labs, prototyping is the preferred method for testing new ideas quickly and with minimal risk.<sup>34,35</sup> Similarly, in policy innovation labs it is seen as a way to understand the effectiveness of public policies and programmes, and to generate content to inform evidence-based design.<sup>36</sup>

This commitment to experimentation comes with a need to embrace risk. Labs are able to test divergent and unproven ideas at a level not usually accepted within public services. As Schauberger et al explain: 'Labs embrace the idea that innovation involves risk, surprise and sometimes failure, rather than aiming for reliability, replicability and productivity.'<sup>18</sup>

For example, the evaluation of the Care City Innovation Test Bed programme (which is not explicitly an innovation lab but shares many of the same features) explicitly states that it is expected and accepted that not all innovative ideas will deliver the expected results. This means rapid testing is necessary to identify learning, adapt approaches and begin the cycle again.<sup>37</sup>

'A lab is somewhere where you can explicitly experiment and learn... You want things to fail in a lab. That's the whole point.'

Anna Birney, Director, School of System Change (interview)





#### Feature 4

# Involving diverse stakeholders with co-design and co-production

Innovation labs are underpinned by the logic of open innovation, which involves a multidisciplinary approach and bringing together diverse relevant stakeholders to 'co-innovate'.<sup>4</sup> This goes against the myth of the individual 'super innovator' who will carry out innovation on their own – although this belief still holds some credibility in the health and care sector.<sup>28,38</sup>

Central to the innovation lab approach is one hypothesis: that bringing together diverse stakeholders, with different views and experiences of a 'wicked' problem, will help clarify what the problem is and increase the likelihood of finding a solution.

This is not a new argument: it is widely accepted that the complex challenges faced in the health and care context cannot be addressed by one group of specific stakeholders alone, in isolation from wider interactions in the system.<sup>18,34</sup>

Advocates of the lab approach recognise that successful innovation is not only developed from individual outputs, such as a product or tool. It also stems from strengthening the capacity and skills of the people within a system to innovate, helping create a culture of continuous learning.<sup>39,40,41</sup>

One interviewee, Charlotte Williams, described her trust's innovation programme as a form of organisational development: 'This is about how our staff enrich their experience, our patients get better care, and we learn in this organisation.'

'The interesting thing about the notion of a lab is that it helps to bring together people within, or at the boundary of, a larger organisation under the banner of innovation.'

John Craig, Chief Implementation Officer, UCL Partners and former CEO of Care City (interview)





## Feature 5

# Human-centred practice

Involving end users is a fundamental element of co-production and co-design. In health and care, these may include patients, families and frontline staff. Target populations actively engage in the design process<sup>36</sup> and generate new ideas through exploring how innovation will actually affect the people delivering and using services.<sup>14</sup>

As an approach to innovation, user involvement has grown as part of a wider shift across public services, but especially in health and care and in design practice. Experience-based co-design (EBCD) is one widely used quality improvement approach that involves service users, carers and staff working together to tackle inequalities and improve experience of services.<sup>42,43</sup>

There is considerable evidence supporting the benefits of this user-centric approach:

- Improving patients' experience of health and care services increases the probability of improvement in safety and clinical effectiveness.<sup>42</sup>
- Focusing on patient experience is also a way to assess health and care performance and quality, and to understand the strengths, weaknesses and overall usability of the health and care system.<sup>42</sup>
- The disruptive and challenging nature of co-designing with people who have lived experience generates ideas and outputs that are likely to be more impactful, relevant and applicable in practice, thanks to the context-specific inputs that inform decision making.<sup>44</sup>

'It's a way of rehearsing what new ways of working might look like.'

Bas Leurs, Innovation and Learning Lead,  
UNDP Accelerator Labs (interview)



## The relationship between innovation and improvement approaches

There is relatively little published evidence that explicitly explores the relationship, synergies and differences between innovation labs and other improvement approaches in health care. However, ‘innovation’ and ‘improvement’ are often paired together in literature and practice because both are core approaches to developing effective health and care models.

If, and when, they are distinguished, it usually relates to how far they work within existing systems or seek to disrupt them.

The Institute for Healthcare Improvement describes innovation as the ‘creation of something fundamentally new and different’, in contrast to improvement as an iterative and incremental approach to optimise existing systems.<sup>45</sup>

Table 1 sets out how these differences are traditionally viewed. However, the reality is not as clear cut as the table implies. Improvement is increasingly recognised as a broader practice, which moves beyond standardised quality improvement approaches to blend multiple methodologies, including those used within innovation labs. The same is true in reverse, with quality improvement methodologies included in a lab’s suite of tools and approaches.

Similarly, in health policy and practice, innovation is no longer viewed as purely a research and development activity relating to technology and individual entrepreneurship, separate from frontline practice. Instead, it is increasingly recognised as an approach that should be front and centre in tackling the complex challenges facing the health system. It is often explicitly paired with improvement.<sup>46,40,41,47</sup>

Table 1: Comparing traditional views of improvement and innovation

Improvement	Innovation
Incremental change and adaptation	Fundamental change and transformation
Remains within existing systems and paradigms	Disrupts existing system, shifting paradigms
In pursuit of a specific aim relating to standardisation and reliability	Exploratory, actively seeking to be different
Low risk threshold	High risk threshold
Uses standardised tools and processes	Uses creative methods, flexible in application
Ongoing process, planned and structured	Discrete, fluid, iterative, non-linear process

There is a lack of evidence that explicitly explores the similarities and differences between innovation lab and broader improvement approaches (beyond quality improvement alone). However, it is possible to identify considerable overlap in their key features:

- Both are user centred – for example, involving patients and frontline staff) and using co-production or co-design to give those closest to a challenge the time, resource, space and skills to collaborate.<sup>43,48</sup>
- Both follow a ‘test and learn’ approach, carrying out multiple iterations of an intervention.<sup>46</sup>
- Both are viewed as helping create learning health systems, supporting collaborative learning through doing.<sup>40</sup>
- Developing and sustaining cultures of improvement or innovation within an organisation or system requires similar facilitators, facing similar barriers. These barriers include resource, leadership, skills and capabilities, accountabilities and incentives.<sup>46,41</sup>
- The skills and mindsets cultivated in innovation labs and improvement processes are remarkably similar (see Figure 4, right).

Figure 4 sets out features included in both Nesta’s Competency framework for experimenting and public problem solving<sup>49</sup> and the Health Foundation’s The habits of an improver.<sup>68</sup>

The learning point [overleaf](#) shows how Q Lab has explored the skills and capabilities required across improvement and innovation, that come together in innovation labs practice.

‘Helping teams and providers become Learning Health Systems gives them the tools to diagnose and solve problems and to drive improvement from within, turning them into “engines of innovation and improvement”.’<sup>40</sup>

**Figure 4: Similarities between innovation and improvement skills**



\*although, in improvement, this is more calculated



Q Lab learning point

# Skills and attitudes for improvement and innovation

Libby Keck

“ We partnered with Nesta to develop a practical tool called Skills for collaborative change.<sup>50</sup> This tool sets out the skills and attitudes needed for collaborative and creative problem solving. These are skills and attitudes that people use and develop when working with innovation labs.

The work was prompted by our observation that people working with Q Lab were developing new skills and capabilities for collaboration (based on their experience of working across organisations and professional silos) and creativity (using tools and techniques from innovation that were less known to Q members). These skills and capabilities sit at the intersection between improvement and innovation.

We drew on Q’s experience of large-scale collaborative approaches, the Health Foundation’s quality improvement expertise and Nesta’s extensive experience of innovation. We were inspired by Nesta’s Competency framework for experimenting and public problem solving<sup>49</sup> and the Health Foundation’s The habits of an improver.<sup>68</sup>

The tool is another lens through which to see the similarities and differences between improvement and innovation shown in [Figure 4](#).

It highlights skills and attitudes needed for creative and collaborative problem solving. Skills are relatively easy to learn and develop, whereas attitudes are deeply ingrained. Attitudes can change, but this does not happen quickly or easily.

The tool can be used for individual or collective reflection. It invites people to move away from focusing only on their individual role to thinking about their contribution in a team setting.”

## Find out more

Q (2020). Skills for collaborative change. London: The Health Foundation, available at: [q.health.org.uk/resource/skills-for-collaborative-change](https://q.health.org.uk/resource/skills-for-collaborative-change)

The definition of improvement as relating to incremental change is explicitly seen as a form of innovation in the wider public sector innovation literature. For example, the OECD Observatory of Public Sector Innovation lists four ‘facets’ of innovation.

The first of these is ‘enhancement-oriented innovation’.<sup>51</sup> This refers to change that builds on existing structures, improves practices and achieves better results. In other words, improvement can be seen by some as an approach to innovation – one that focuses on optimisation rather than radical disruption.

In terms of practice in health and care specifically, organisations and networks often support both innovation and improvement at the same time. Healthcare Improvement Scotland’s ihub is one example of an organisation that works in this way. Evidence from the United States also highlights the existence of cross-functional teams working on both areas.<sup>47</sup>

This approach is also increasingly prevalent in the UK. For example, Mid and South Essex NHS Foundation Trust brings innovation and quality improvement together in the same directorate, in service of a shared core organisational goal. As Charlotte Williams explained in her interview: ‘Everyone has an opportunity to grow, innovate and improve.’

One interviewee suggested that the deployment of innovation labs within health and care could be seen as another development in improvement practice, taking a more experimental approach with a greater focus on complexity.

The Institute for Healthcare Improvement states that ‘having an understanding of both (innovation and improvement) as levers for change is a distinct advantage in problem solving.’ This recognises that improvement can use the techniques of innovation in pursuit of an incremental aim, while innovation can be a method for removing roadblocks in improvement projects.

The Health Foundation has itself highlighted the importance of these connections, arguing that ‘thinking of improvement and innovation as being in opposition in this way is a mistake.’ It continues: ‘The right approach to innovation and improvement is to evolve them hand in hand.’<sup>52</sup>

Arguably, the definitions of, and boundaries between, improvement and innovation – and especially lab approaches – are blurred and relative. It is perhaps most helpful to see them as part of a pipeline or continuum, in relationship with each other and sharing multiple features, particularly when working collaboratively to achieve change.

#### Reflection questions

How can we deepen our understanding of what approaches to draw on when tackling complex and system challenges?

How do you understand the overlap between improvement and innovation? How are they distinct and complementary?

What theories and evidence do you use to support your choices?

# Evidence of impact

5



There is a lack of evidence around innovation labs in health and care, as well as the wide variety of labs, in terms of their structure, aims and activities. This makes it impossible to generalise findings relating to individual labs, or to conduct a comparative analysis.<sup>6</sup>

Because the innovation and improvement landscape in health and care is diverse, with overlapping approaches and characteristics, it is difficult to identify an appropriate counterfactual against which we can compare any one lab approach.

So, the question of whether an innovation lab ‘works’ means different things in different contexts, depending on individual labs’ aims and approaches. Neither is there a consensus or consistency on evaluating innovation labs. This creates additional ambiguity when we try to measure whether they ‘work’.

### Three areas of impact

What the evidence reviewed does show is that labs can contribute to positive impact within health and care in three main ways.

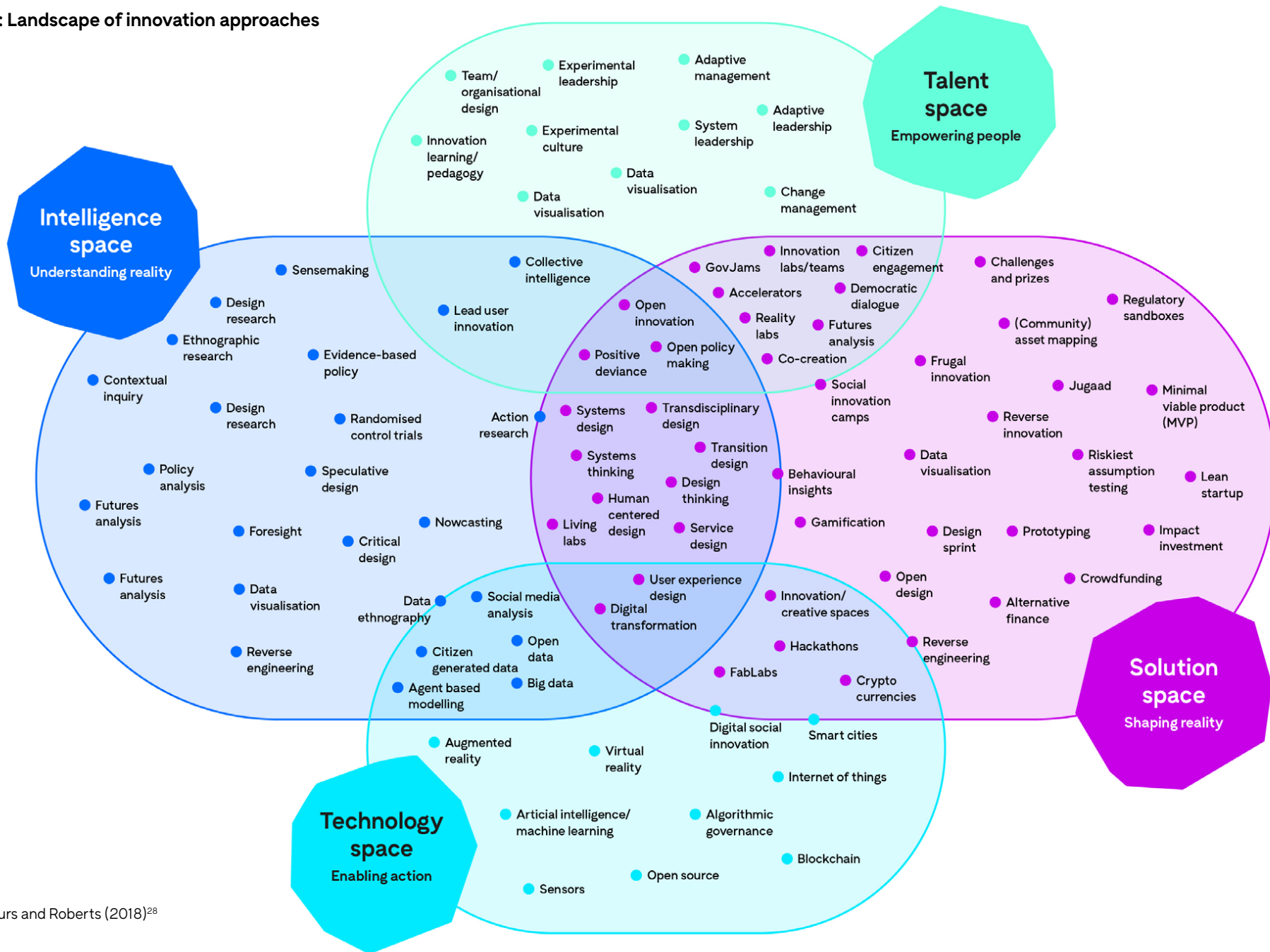
**Figure 5: How labs can positively impact health and care**

-  Generating successful innovations
-  Creating connections between stakeholders
-  Developing learning, skills and capabilities

This aligns with Nesta’s Landscape of innovation approaches (see [Figure 6](#)), which positions innovation labs in the space of ‘solutions’ and ‘talent’.



Figure 6: Landscape of innovation approaches



Source: Leurs and Roberts (2018)<sup>28</sup>

## Generating successful innovations

Publications by UK-based health and care innovation labs or programmes focus primarily on examples of innovations that have been ‘successful’ in some form. For example:

- **The Helix Centre** lists multiple innovations that have secured additional funding for test and scale, been secured by external companies, or are being rolled out in other settings.<sup>53</sup>
- **Care City**, an east London-based social enterprise that delivered the Care City Test Bed programme, was designed to undertake real-world testing of high value digital innovations, with two of nine selected found to be promising in terms of cost-effectiveness and outcomes in the external evaluation.<sup>54</sup>
- **Mid and South Essex NHS Foundation Trust’s** Innovation Programme has had success in supporting the development of app-based innovations. They define success through evidence of improved service delivery and patient outcomes, as well as apps being shortlisted for prizes and sold to other trusts.<sup>55</sup>

- **Beyond the UK**, Molloy’s review of 17 hospital-based design and innovation labs found that nearly all of them had generated innovations that had been implemented in their local system (meaning the hospital or its parent organisation).<sup>1</sup>
- **A case study of a Finnish lab** reported the generation of multiple new products, many of which were purchased by large companies or have become successful business ideas and start-ups.<sup>4</sup>

Elsewhere, the literature shows that the development and implementation of a specific innovative solution is not the only valuable output from an innovation lab.

Ferrarezi et al’s evaluation of a Brazilian public sector innovation lab found that participants recognised defining and understanding a problem as a key benefit of participation.<sup>35</sup> Even when their original objectives had not been achieved, all six case studies (including two in health and care) reported improvements in their subsequent activity as a result of incorporating the insights generated within the lab. Some even recorded cost savings.

Of the case study examples shared by the Policy Lab, most refer to impact through contributing to decision making or influencing policy change.<sup>56</sup>

## Creating connections between stakeholders

Many advocates and participants see the human-centred, co-production-based, ‘open’ innovation approach taken by innovation labs as core to their value.

Scotland’s Digital Health and Care Institute (now Digital Health and Care Innovation Centre) developed Experience Labs, aiming to bring together academic, business, and civic partners to work collaboratively and explore possible solutions to society’s complex health challenges. The evaluation shows that those involved identified the lab’s ability to build synergy between different stakeholders as valuable beyond the scope of the lab itself, with the potential to influence systemic connectivity and practice.<sup>18</sup>

To a certain extent, this is already happening in Mid and South Essex NHS Foundation Trust, where interactions between innovation fellows and staff are ‘seeding major change and infecting the ambition and decision making of the organisation.’<sup>55</sup> Similarly, Diabetes UK states that a priority outcome for its inequalities-focused lab is to create an ‘extraordinary community of people committed to tackling inequalities in diabetes.’<sup>22</sup>

Further afield, Molloy’s study showed that design labs in hospitals enable stakeholders within and outside the hospital to form connections that would not otherwise occur.<sup>1</sup> External stakeholders are almost always involved in lab activity – whether as part of individual projects or through formal ongoing partnerships with foundations and other philanthropic organisations, academia, government, the healthcare industry and local community.<sup>1,4</sup>

The Finnish case study reports that the hospital lab’s strongest impact was in enabling opportunities for two-way dialogue and networks. Especially between participants with different social identities and institutional cultures, who may find it challenging to work together effectively.<sup>13</sup>

Similarly, users in the Brazilian public-sector innovation lab saw collaboration as unleashing freedom for creativity and experimentation, improving results through identifying blind spots and new opportunities.<sup>35</sup>

### **Developing learning, skills and capabilities**

For many innovation labs, the outcomes they generate for participants in relation to innovation learning, skills and capabilities is core to their existence. Some actively focus on training a critical mass of people within organisations to be fluent in design and other innovation methodologies.<sup>1</sup>

Conversely, the Finnish hospital lab case study found that learning within and between organisations was strengthened through participants building their knowledge of the innovation process, as well as their own innovation competencies.<sup>13</sup>

According to Santarsiero et al, innovation lab activities create the learning environments that facilitate and stimulate innovative thinking.<sup>4</sup>

The Health Foundation refers to this as establishing the ‘human infrastructure’ that is needed for change in complex adaptive systems.<sup>40</sup>

The Care City Test Bed focused specifically on equipping and empowering health and care staff to use digital technology to extend their role and improve service efficiency and health outcomes. They explain: ‘although products and technology often take centre stage in health and care innovation, translation of the technology into real improvement in outcomes is facilitated by people.’<sup>37</sup>

Similarly, Diabetes UK’s Tackling Inequalities in Diabetes Lab lists ‘teams equipped with the skills and practices to tackle inequality in diabetes’ as its second priority outcome.<sup>22</sup>

Not all the innovative outputs generated within labs will work, but that does not mean that the process is a failure. Good Lab – a coalition of charities attempting to accelerate innovation in income growth – deliberately focused on upskilling within all of its lab work and strengthening the value of the innovation journey.

This paid off: 100% of participants reported increased skills and knowledge at the end of the programme, as well as feeling more motivated to continue working in this way.<sup>24</sup>

The potential for individual innovations to transform systems is limited, but the potential for a critical mass of people within a system, equipped with innovation capabilities and practices, is far greater.<sup>41</sup>

It is not just the skills required to support innovation that are important but also the sense of connectedness, understanding the value of the work and wanting to engage in the process.

Two case studies highlight this as the most important outcome for participants. The evaluation of Y Lab's Innovate to Save programme describes shifting the mindsets and 'innovation imagination' of public servant participants. Ferrarezi et al's Brazilian public-sector innovation lab evaluation described participants feeling more able to challenge the status quo and embrace new approaches.<sup>32,35</sup>

Resilience is a necessary quality for those attempting to innovate in the public sector and

health and care, as they are likely to come up against the obstacles of existing structures and ways of working. Charlotte Williams of Mid and South Essex NHS Foundation Trust spoke about how limited internal resource and support for innovation within the NHS means that 'those innovators or those people championing a project need to be the people that can make it happen.'

Maintaining momentum and successfully making innovation happen is not easy. In his interview, James Lewis noted that Y Lab often provides significant emotional support to the public service innovators it works with, to help them battle against the challenges of the traditional system and manage the reality of incremental progress.

The [learning point overleaf](#) shows how Q Lab has sought to evaluate the skills and capability development that innovation labs can create.

#### Reflection questions

How can we make the most of the impact labs can achieve, in generating innovations, creating connections and developing skills and capabilities?

What does it tell us about the space that innovation labs should be operating in?





Q Lab learning point

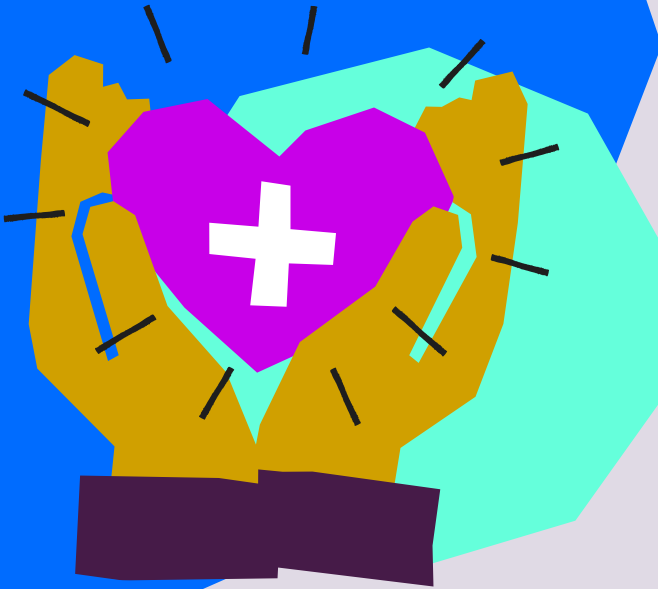
# Articulating and evaluating skills development

Libby Keck

“ We see skills development as a key area of impact for Q Lab. This sits alongside our ambition to support the development of successful innovations, and the sharing of knowledge and insight in the Q community. The applied nature of our work, and the emphasis both on building agency and fostering peer learning, are meaningful ways to learn in communities.<sup>26</sup>

We are still grappling with how we track and evidence the development of skills and connections through the lab. For example, the boundary between who is ‘inside’ or ‘outside’ of a lab is unclear. This is an essential part of the cross-boundary working and collaboration we seek to foster, but it poses questions about who benefits from the learning opportunity and how to maximise and evidence this.

We have also observed identified a tension in whether skills development is seen as a meaningful measure of impact. This may come from different perspectives on whether change starts with individuals, who then influence the system they are part of, or whether it is driven by the new innovations and ideas that change how care is delivered.”





# Tensions and trade-offs

6

This section brings together learning and insights from interviewees around tensions that need to be negotiated in innovation labs practice.

These include tensions around:

- evidence and evaluation
- conceptual and theoretical challenges
- clarity of scope, scale and purpose
- position within a system or organisation
- alignment to strategic priorities.

### **Evidence and evaluation**

Evaluation is crucial for justifying the existence of innovation labs.<sup>35</sup> In his interview, Christiansen described labs as being ‘in the business of intangibles’.

Compared to the roll-out of a new technology or the digital agenda, it’s harder to point to [the work of social innovation labs] and call it innovation: it’s less easy to neatly package. But this explorative, boundary pushing and frontier space is exactly where labs should operate. They can’t do that unless also proving their political and strategic value too.<sup>57</sup>

There are different views about how to evaluate and demonstrate the impact of innovation labs.<sup>41</sup> Some call for more robust and rigorous evidence of impact, but this presents challenges given the methods and approaches innovation labs use to influence change.

In policymaking and health and care, robust evaluation still predominantly means randomised control trials, quasi-experimental approaches, evidence of cost-saving and measurable outputs.<sup>21,43</sup> However, this is fundamentally at odds with the design-led, collaborative and iterative methodologies of innovation labs, their diversity, and the context within which most labs operate.

As Martin and Dixon-Woods note, evidence for the effectiveness and cost-effectiveness of innovation labs is inconsistent and depends on the circumstances of their development, application, and purpose.<sup>58</sup> Neither is there a shared understanding of the type of results that show whether a lab is ‘successful’.

‘It should always be a co-creative process in which decision makers and researchers, or whoever... work together to figure out what the approach to evaluation should be.’

Kuranda Morgan, Evidence Lead, Nesta (interview)

Meanwhile, Werneck highlights that as the short-term return is often minimal, it is not uncommon for decisionmakers to be resistant and suspicious of innovation labs for failing to live up to their expectations.<sup>35</sup>

While there are challenges to evaluation, labs should still be expected to have a strong rationale for their activity. However, Cole states that there is ‘very little in either practitioner or academic literature that makes it explicit how PSI [public sector innovation] labs are conceptualising their approaches to change, and how this then shapes their strategy, activities and impacts.’<sup>2</sup>

This point is echoed by Schuurman and Tönurist, who suggest that the theoretical foundations of innovation labs are practice driven and ‘mainly established “post-hoc”’.<sup>59</sup> In other words, they make sense of what is already happening rather than guiding development. This means that labs risk being ineffective in how they deliver their activities, but also in their ability to identify, evaluate and communicate their potential impact and the public value they generate.

Cole suggests that labs need to make more use of theories of change and similar frameworks, drawing on methodologies such as complexity thinking to consider the assumptions, values, structures, paradigms and cultures that may be enabling or inhibiting innovation.<sup>16</sup> In his interview, Bas Leurs suggested that multiple theories of change are needed if the systemic work of innovation labs is to encapsulate the multiplicity of theories underpinning different aspects of activity.

Process evaluations of innovation labs that simply report outcomes for participants, without the context of an overarching strategic rationale and underpinning theory, open up legitimate questions about the real value of the structure. As John Craig put it, labs can risk being seen as nothing more than a place where ‘adults have fun’.

Of course, developing skills is a valuable outcome – if it is in the service of building capacities required to contribute to wider change.



Leurs also highlighted the ‘different paces and layers of change’ inherent in this work. When his programme of work began, the only measure of success was establishing innovation labs as functioning entities, followed by key performance measures focusing simply on profile and visibility.

If the vision for a lab is for it to create value, then evidencing this value will look different in each context, with varying purposes, depending on the stage of an innovation lab’s maturity. It will also – importantly – depend on who is making the decision around what is valued.

In one example of evaluating innovation lab approaches, the insights team at Mid and South Essex NHS Foundation Trust developed an evaluation framework at the start of an innovation programme.

Rather than looking at longer-term measures (such as patient outcomes, which will not be realised for months or years), the goals and corresponding assessment criteria focus on:

- the stated aims of the programme itself – the intermediary outputs and outcomes
- other indicators of success for early-stage innovations
- performance indicators linked to priority activities (such as examples of collaborations across their integrated care system, feedback from staff participants and external funding secured)
- reach, using tools to map their projects across the system.

This evidence base underpins a narrative of progress aligned to the organisation’s strategic priorities,<sup>60</sup> strengthening internal support for the programme and supporting external recognition through awards and inspections.

The [learning point overleaf](#) describes the benefits and challenges evaluation has presented to Q Lab.



# The challenge and opportunity of evaluation

Libby Keck

“ In Q we are in the privileged position of being part of the Health Foundation – an evidence-led organisation that can fund and support evaluation. We have mirrored the iterative learning approach of innovation labs in how we developed Q Lab.

To date, we have worked with external evaluators for two lab projects and internal evaluators for one lab project. The findings have played a huge part in our continued evolution.<sup>61,62,63</sup>

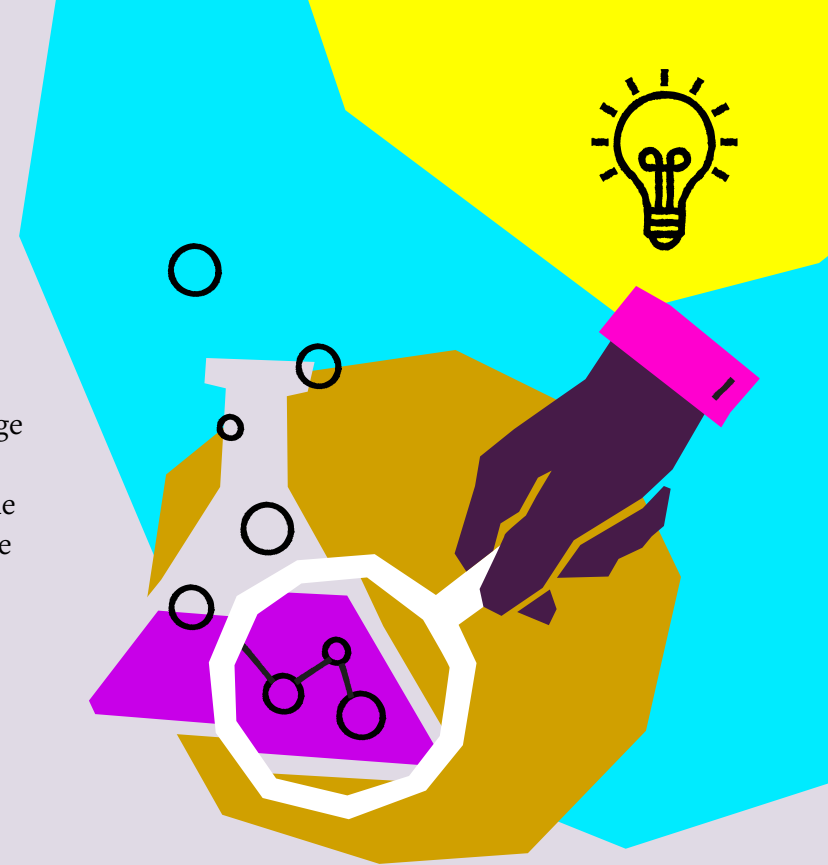
Despite this positive context, evaluating the lab and demonstrating impact continues to present challenges. We have taken a developmental evaluation approach to iteratively informing our practice, focusing more on process measures than outcome measures.

This is partly due to the time lag between the lab activities and the ultimate outcomes in the health and care system. It also relates to how the Lab works with teams from the earliest stages of developing innovation ideas. Our next external evaluation will focus on teams that we have supported through to implementation, to better understand the impact of their interventions and the impact Q Lab has had.

We underpin our approach with a theory of change that connects to Q's wider theory of change.<sup>64</sup> This has been crucial in allowing us to bring in the wider improvement and innovation evidence base and context to inform our activities and predict how our activities could lead to wider outcomes.

We are now starting to see which outcomes are well evidenced, which show promising evidence and which are not yet showing the evidence we had hoped for. The greatest impact has been on individual participants, increasing their skills for collaborative change, building capacity and understanding in collaboration, and increasing their confidence to influence change in complex systems.

So far, there is limited evidence that ideas emerging from the lab are being implemented at scale in the health and care system. In the coming year, we are planning our first retrospective evaluation that will aim to deepen our understanding of impact. It has taken us a long time to reach this stage in our development, and the enabling context in which we existed (at the Health Foundation) has given us the space and time to support Q Lab to mature. ”



## Conceptual and theoretical challenges

In addition to the practical barriers to evaluation and evidence, there are also conceptual and theoretical challenges. These include foundational differences in the assumptions and framing that underpin traditional public service approaches versus innovation lab approaches.

This tension is especially powerful in the health and care system, with its basis in scientific methodologies and hierarchies of knowledge. Heavily reliant on data from existing processes to inform decision making, this stance is in almost total opposition to design-led approaches. In contrast, design methodologies embrace risk and uncertainty, focusing on creating something new. If data does exist, it is emergent rather than comprehensive.<sup>1</sup>

The iterative nature of innovation labs means that often, the specific activities they undertake cannot be rigorously and strategically planned. But the process is driven by what is created and learned, potentially leading to unexpected outcomes and opportunities.<sup>18</sup>

Molloy's study of design labs in hospitals surfaced a tension that can exist between how a host organisation may see the role of an innovation lab versus the lab's ambition for its work.

The designers he interviewed wanted to work on ambitious projects focused on systemic change, such as reframing concepts of health, building healthy communities or revolutionising the structure of hospitals. Meanwhile, the host hospitals understood design in terms of graphic or product design, as opposed to service or systems design.<sup>1</sup>

This shows how introducing innovative approaches into an unfavourable environment may risk curtailing the potential for impact from the start – not least, in terms of mismatched expectations around remit, autonomy and alignment. As Anna Birney noted in her interview, 'We need spaces separate from the whole system to be innovating... to do the failing, to have freedom to explore, and not judge them by the same criteria or the same return on investment.'

'Academic research and design have different epistemological standpoints, different organisational and institutional approaches, and work to different timescales, but they can actually support each other very well.'

James Lewis, Director, Y Lab (interview)

There is potential for powerful collaboration between approaches. Y Lab is a public services innovation lab based in a Welsh university, bringing together research and design to support practice in local government.

In his interview, James Lewis, the lab's director, talked about the tensions that sometimes arise between the academics and designers he works with, but also how the two approaches can come together effectively.

When integrating the rigour of research methodologies with creativity and flexibility of design methodologies, this forges successful innovative practice. Nevertheless, facilitating an environment within the public sector where this partnership can flourish has been an ongoing challenge.

### **Clarity of scope, scale and purpose**

The impact that an innovation lab can achieve depends on its scope, scale and purpose. This varies from lab to lab, and the diversity of labs presents challenges in how they are viewed by stakeholders and commissioners.

Discussing the trade-offs of running a lab, Christiansen argued that labs are often set up to fail – especially if seen as a ‘shiny new thing’ or pet project, touted as the solution to deep systemic problems.<sup>57</sup>

In his interview, John Craig commented that if a small team within a single innovation lab is expected to bring about large-scale change, ‘there is an order of magnitude gap between the problem and the solution.’

This is especially the case if a lab is ‘bolted on’ to an existing organisational structure and expected to tackle complex challenges in a short period of time. Expectations about its impact will never be met, which means it is unlikely to survive – especially in the political context of the public sector.

'Is it useful to use labs to derive a project, or as a cultural change mechanism, or as a steward of systems change? Depending on where you land in that typology, there will be different answers to the realm and effectiveness of the approach.'

Jesper Christiansen, Co-Founder and Executive Director, States of Change (interview)

Both Craig and Christiansen argued that for an innovation lab to generate impact at scale, it must focus on just a few priorities, in depth, over multiple years. This is evidenced by the case of the Danish MindLab, once seen as the exemplar public sector innovation lab.

Run by Christiansen, its initial success came from a ‘laser focus’ on specific policy areas, a deep understanding of the relevant systems and subsequent credibility with citizens and policymakers. However, as its popularity grew,

the lab became more flexible and expanded its remit at the cost of specialist expertise. This undermined its success.<sup>57</sup>

More recently, the mid-term evaluation of the United Nations Development Programme (UNDP) Accelerator Labs showed that governmental partners struggle with the ambiguity of innovation labs and the value they can offer. Launched with a narrative of radical redesign and tackling global challenges, in reality the UNDP Accelerator Labs are currently working on small-scale experiments and incremental innovations at a country level.

The mismatch between an ambitious long-term aim and the modest foundational work required to get there can be a substantial risk if the lab approach is ineffectively communicated.<sup>39</sup>

Very few innovation labs have oversight and involvement at every stage of an innovation process. Those delivering activities within a lab may have no influence over, or even knowledge of, the ongoing development of innovative ideas or outputs emerging from the initial support they provide.

This is because they are not the ‘owners’ of the problems they’re trying to tackle but the facilitators of the process of problem identification or idea generation.<sup>35</sup> As a consequence, labs are often ill equipped to evaluate the long-term impact of their innovations.<sup>4</sup>

For example, Y Lab’s Innovate to Save programme evaluation notes that investigating the long-term impact of the lab activities on service-user outcomes or cashable savings required longer timescales, different methodological approaches and greater resources than those available.<sup>32</sup>

In this case, the lack of evidence may not necessarily mean lack of impact – but lack of evaluation means that this remains unclear.

The [learning point overleaf](#) shows how Q Lab has been intentional in the support it provides at different stages of the innovation process.





Q Lab learning point

## Supporting adoption

Libby Keck



“ In developing Q Lab, we were very mindful of how most labs work at the early stages of the innovation process. Building on the Health Foundation’s research into how to support successful innovations to spread, and recognising the network opportunity within the Q community, we have attempted to pay greater attention to enabling adoption.

For example, by spending more time on understanding the problem and engaging stakeholders to develop solutions, we aim to increase an understanding of context that can support adoption. Many of our workshops have open invites for any Q members with an interest in, and experience of, the topic in question.

We have used grant funding as a mechanism to support teams who go through a lab process, to help them implement their ideas in practice. This provides an additional 12 months of funding, supplemented with improvement coaching and action learning sets, to mature the interventions developed in the lab.

We have seen how the shift from innovation to implementation represents a significant adjustment for teams. This is most evident in the skills needed in the team to project manage the intervention, negotiate governance and procurement processes and influence decision makers. We don’t yet know whether this continuation funding will be sufficient to realise the ambition for the scale of change we want to support. ”

## Position within a system or organisation

Perceptions of an innovation lab are influenced by its position and role, shaped by its starting conditions. There is no ‘optimal’ position, but interviewees highlighted the need to provide clear answers to the questions ‘why?’, ‘where?’ and ‘who?’, as a necessary foundation for effective practice.

A significant portion of the value of innovation labs comes from their characteristic as a different space within a system or organisation. When asked how to define innovation labs, John Craig talked about them being ‘within and at the edge of a system’, with James Lewis stating that they are ‘both external and within at the same time.’ This boundary-spanning role provides a degree of separation from ‘business as usual’, allowing for space to explore alternatives.

Kuranda Morgan explained: ‘You’re able to be more innovative and less stuck in how politics or culture would influence you, more able to think in a broader, systems perspective.’ There are

pros and cons to being both within and without: ‘insiders’ may struggle with the licence and drive for innovation unless the authorising environment is particularly supportive, while ‘outsiders’ may struggle to gain traction and visibility.

Exactly what this looks like depends on the individual circumstances and mandate of the lab.

Care City was founded by the London Borough of Barking and Dagenham, along with North East London Foundation Trust, which together wanted to create a different kind of organisation with the ability to work in new ways. Care City was able to operate with greater flexibility and less bureaucracy than the large public-sector organisations, but with partners that shared priorities.

Elsewhere, James Lewis said he believed Y Lab’s base in Cardiff University creates a certain prestige that participants can use to their advantage when they return to their public sector roles, legitimising challenges to existing ways of working or approaches.

Both these examples are of entities that exist primarily to work with people in external organisations. This affects how they are perceived, both positively and negatively. John Craig noted that the ‘outsider’ nature of a lab can ‘reify practice, separating it from the people who will actually use or embed any innovations.’

James Lewis built on this idea, discussing how those working in public services may only feel able to explore innovative practice within the lab space, not in their normal environments. Anna Birney corroborated this, having experienced frustration from participants who are unable to implement any of their innovative practice when they return to their usual roles.

‘People are allowed to work differently here with a degree of permission that isn’t quite so accessible elsewhere.’

James Lewis, Director, Y Lab (interview)

There are still tensions and challenges for in-house innovation lab functions to navigate – particularly in attempting to simultaneously do things differently and operate within the current system. Jesper Christiansen talked about this in relation to the UNDP Accelerator Labs: ‘You want to integrate into the context, but you also want to disrupt the context.’

However, there can be benefits too. The MSE Innovation Programme is embedded within Mid and South Essex NHS Foundation Trust. Rather than actively trying to be a ‘different’ space, Charlotte Williams said she deliberately focuses on incorporating the innovation activity within everyday staff experiences.

When setting the programme up, she avoided the use of the word ‘lab’ because of concerns around its associations. For her, the label risked creating a sense of ‘otherness’ among those who may not feel they belong in a lab, creating barriers to participation.

### **Alignment to strategic priorities**

Disrupting the context requires a mandate – one for which the lab has ownership and autonomy but that is linked to wider resourcing and governance. So, the purpose of an innovation lab needs to be aligned with the strategic priorities of the host organisation or system. Interviewees pointed to the dangers of mismatches between labs and the authorising environments within which they sit.

On the one hand, if a lab maintains its countercultural work, it may be shut down or buried under other layers of bureaucracy and rendered ineffective. On the other, if it attempts to ensure survival through pragmatism, compromising on its fundamental characteristics, it risks becoming assimilated and losing its value.

This can be particularly challenging in the public sector, where politics come into play and those in positions of power – along with their priorities – can change quickly.

Aligning the purpose with wider systemic priorities beyond that of the host organisation can be a mitigating factor, as Y Lab demonstrates. James Lewis acknowledged that the lab has



secured relative freedom and flexibility, as well as continued core funding, partly because its work can be used as an exemplar of how its university host is fulfilling its civic mission agenda.

In turn, this supports the lab's ability to continue operating, thus generating more value and further increasing the security of its position.

Nevertheless, aligning purpose to strategic priorities alone is not enough. There are many bureaucratic and practical barriers – especially in public-sector organisations and health and care systems. Torvinen and Jansson describe the level of rigidity in health and care policies and procedures.<sup>13</sup> This is understandable in relation to patient safety but can act as a key barrier in reducing risk appetite and stifling innovation capacity.

This can be seen in the case of the Care City Test Bed. The evaluation states that it is difficult to realise the benefits of iterative approaches as 'it is extremely challenging to change goals, partners or deliverables.' It adds 'where we did try to do this a year ago, the administration process is still not completed.'<sup>37</sup>

'What labs are actually doing is the process of value creation. They create value not just for the organisation, but for our partners, to communities, and so on.'

Bas Leurs, Innovation Lab and Learning Lead,  
UNDP Accelerator Labs (interview)

Molloy's study supports this, with interviewees highlighting that the permission-based culture hindered lab autonomy and flexibility.<sup>1</sup> Similarly, resourcing – both in terms of finances and staff time – is another challenge. The MSE Innovation Programme has increased the research and development funding by 286% over three years. However, securing this income has required significant investment of time and energy.<sup>55</sup>

Similarly, frontline staff cannot simply step away from their roles. This has to be planned, with cover found for their work and usually a time limit on their ability to participate. This does not align with the open-ended, iterative processes taking place in innovation labs.

### Reflection questions

How have you understood the value of innovation labs in your context?

What approaches have you taken to evaluating and communicating impact?

What more can we do as practitioners to share and build the evidence base for innovation labs?



# Future potential for innovation labs

7

There is no single innovation lab approach that can be applied consistently across organisations, or even projects. The flexible, iterative nature of the approach is needed when working with complexity, responding to and contributing to change within dynamic systems.

Nevertheless, our interviews with practitioners at the forefront of this work offered insight into how innovation labs and lab approaches could effectively play a role in sustainable, systemic change in health and care. Ultimately, every conversation returned to contribution and collaboration: with innovation labs taking their place in a wider ecosystem of innovative approaches, developing shared practices and cultivating cultures of learning in their work and beyond.

**'Nobody's creating systems change until we're all creating systems change.'**

Anna Birney, Director, School of System Change (interview)

## **An ecosystem of innovation**

As Nesta's Landscape of innovation approaches demonstrates, there is an extensive suite of innovation approaches and methodologies in use across the public sector.<sup>28</sup> This is perhaps even more the case within the NHS. The study by Marjanovic et al<sup>41</sup> of innovation in the health and care system lists multiple examples:

- academic health science networks
- catapults
- collaborations for leadership in applied health research and care
- innovation hubs
- knowledge transfer networks,
- quality improvement initiatives
- sustainability and transformation partnerships
- test beds
- vanguards
- various other regional networks and organisations.

The authors point out that it is unclear whether stakeholders within the system make best use of these programmes and the opportunities they provide for collaboration. Some of these initiatives are national, some are regional and others are based within organisations. The remit of these initiatives therefore affects their access to resources, potential for influence and engagement, and how they are perceived. Innovation labs are one of the smallest entities in this list.

**'We're seeing a shift from labs as structures and projects to labs as a mentality and culture.'**

Jesper Christiansen, Co-Founder and Executive Director, States of Change (interview)

Similarly, the literature on innovation in health and care makes it clear that the space for research and development is crowded. Two areas receiving less resource and attention are engagement and implementation (although this is beginning to change).<sup>38,41</sup>

This is partly because spreading and sustaining an innovation that is developed and tested in one area requires a whole series of additional innovations when attempting to adopt it elsewhere.<sup>46</sup> As John Craig said, ‘Significantly shifting business as usual is the hard bit.’

He believes that the small size and specific positioning of innovation labs is well suited to innovating implementation pathways, using mixed methods and collaborative approaches to translate research developments into effective practice.

Both Craig’s current and former organisations – UCL Partners and Care City – focus on health and care innovation, but he described comparing the two as ‘like comparing dogs with animals.’

UCL Partners is one of the Academic Health Science Networks established by NHS England. It is responsible for coordinating the research and development system in London and the south east. It is a system shaper, working across the entire innovation pipeline through multiple partnerships and with considerable resources. On the other hand, Care City is an innovation centre working on local innovation projects within one borough.

The two organisations interact and may contribute to tackling shared priorities (for example, workforce or dementia), but they have very different roles and remits. System change is a shared effort. Innovation lab approaches have their place, but there is a need to strengthen understanding about how and where they are best used.

Anna Birney expanded on this, asking: ‘How much innovation do you need in a whole health system and where does that come from?’ She continued: ‘There’s something about the boundary choice of what you’re really contributing, and not trying to pretend that you can do everything for everyone.’

Anna also explored the idea that the real challenge facing health and care at the moment is ‘innovating the transition process of the current system... the paradigm moving from sticking plaster to prevention.’ Bas Leurs added that if innovation labs are going to be effective in contributing to this systemic shift, ‘the most likely way to achieve that is by having a lot more, smaller, pockets trying to do things together.’

In Essex, Charlotte Williams talked about the ‘innovation family’ that her NHS trust has created through its work internally and externally, with place-based partners and frontline staff playing as much a role as the innovators. Similarly, James Lewis hoped that Y Lab can use its privileged position within a university to act as a platform and bridge. In this way, it can bring partners together, stewarding an ecosystem with a shared potential for impact greater than the sum of its parts.

This need to strengthen alignment between different entities working on similar challenges is also emphasised in the literature. It is necessary for preventing what could be called ‘initiative-itis’

– what Marjanovic et al describe as ‘introducing initiatives that duplicate effort and waste resources by ‘reinventing the wheel’, rather than developing a consistent rhythm of learning and improvement that builds on existing capacity.<sup>44</sup>

The UNDP Accelerator Labs programme is attempting to combat this by creating a network to connect the labs. The aim is to spread and leverage learning in order to accelerate shared and individual development and build an evidence base.<sup>39</sup>

This is linked to the idea of a ‘portfolio approach’, in which no single lab ‘owns’ the approach to tackling a complex challenge. Instead, there is a portfolio of systems-change movements working together to develop shared coherence and maximise value. This is an emerging field in the social innovation sector, with a range of international innovation labs exploring new collaborative approaches, frameworks and capabilities in increasingly complex, interrelated and uncertain problem spaces.<sup>65</sup>

In his interview, Jesper Christiansen proposed that system change should focus on exploring different approaches to engaging with the existing communities and projects within a system – not necessarily starting from scratch, saying: ‘It’s less about creating new experiments, new projects, new innovation efforts in parallel with the other things. It’s more about working with what’s already there.’

#### Reflection questions

How do different innovation, research and implementation initiatives co-exist in your system?  
What role can labs play as part of broader systems change movements?



## From measurement to learning

The limited evidence base for innovation labs (as we saw in [Section 3](#)) and challenges in their clarity of scope (seen in [Section 6](#)) can contribute to confusion around their role, remit and subsequent effectiveness. One solution that has been proposed is to create shared metrics to strengthen our understanding of outputs and impacts.<sup>41</sup> However, once again this can be at odds with the context-specific nature of innovation labs and their multidisciplinary methodologies.

The Nuffield Trust highlights the importance of developing metrics that value the desired outcomes of those involved in innovation at the frontline, with flexible and agile application.<sup>66</sup> Another key lesson, drawn from the Care City Test Bed, is the importance of managing metrics and accountability requirements carefully, to avoid diverting attention and resources away from delivering the actual work.<sup>37,66</sup>

Until recently, the only impact framework for cultural change in government was one developed by Nesta and States of Change, in partnership with public sector innovation lab practitioners

(See Find out more, below).<sup>67</sup> However, it is unclear whether this framework has been put into practice, and there is no literature on its applicability to innovation labs in health and care.

Nevertheless, more practitioner-led frameworks are emerging, designed to encourage shared practice. This includes work by Lindsay Cole, who runs the Solutions Lab in Vancouver. Cole has developed a framework (the Theorising initiation flower)<sup>69</sup> to support stronger conceptualisation of the purpose of public-sector innovation labs. Its aim is to enable richer planning and comparison across sectors and settings.<sup>2</sup>

### Find out more

Find Nesta's States of Change Cultural change impact framework at [media.nesta.org.uk/documents/O6.18\\_Cultural\\_Change\\_Impact\\_Framework.pdf](https://media.nesta.org.uk/documents/O6.18_Cultural_Change_Impact_Framework.pdf)

Find Cole L. A call for stronger theorization of public sector innovation labs. Medium; 2020 at [lrcole.medium.com/a-call-for-stronger-theorization-of-public-sector-innovation-labs-71d25c3f71f4](https://lrcole.medium.com/a-call-for-stronger-theorization-of-public-sector-innovation-labs-71d25c3f71f4)

'People are recognising that the learning process is more important than the evaluation process.'

Anna Birney, Director, School for Systems Change (interview)

Similarly, the UNDP Accelerator Labs show how an evaluation framework can be applied to a network of innovation labs that have shared assumptions, approaches and definitions of success but different operating conditions. This framework does include metrics, but with flexibility for each lab to apply them as appropriate.

The evaluation highlights outcomes halfway through the network's lifespan relating to project approaches, new relationships, learning, and culture shifts. It also explores 'signals' of potential long-term impact at a system level, acknowledging the maturity of the work.

This involves identifying any positive practice at lab level that could be supported and nurtured into system-level outcomes. For example, pockets of innovation leadership may be seen as laying the foundations for organisational innovation capacity.<sup>39</sup>

Anna Birney talked extensively about a need for approaches to evaluation in the sector to shift to recognising questions of contribution rather than attribution, and looking at monitoring progress towards change rather than measuring it. She uses ‘most significant change’ – a story-based, qualitative research methodology, to establish outcomes of innovation lab activity.

Similarly, Bas Leurs highlighted the potential of developmental evaluation: an approach designed to support the process of innovation and iteratively inform practice. UNDP still uses data monitoring but to shape evaluative thinking as initiatives unfold, offering scope to accommodate and respond to complexity. In his interview, he explained: ‘Doing [evaluation] in a traditional way, you assume that the world

is static and you can plan for change. Once you execute your plans effectively, you can measure it.

‘Developmental evaluation assumes that the world is unstable; that when you intervene in reality, it’s impossible to predict what will emerge, and this is deeply embedded in complexity theory... You just have to engage with the system and then see what happens, and work with that.’

Developmental evaluation has also been identified as an approach that fits well with quality improvement in health and care. Here, evaluation becomes part of the intervention, informing further planning and action.<sup>68</sup> This aligns with the push for NHS teams and providers to become ‘learning health systems’, with the tools to define, diagnose and solve problems from within.

The description provided by Hardie et al contains numerous similarities to the innovation lab approach: ‘it is the ability of learning health systems to bring people together to ask questions, interpret data, reconcile differing views and make decisions that allows them to successfully effect change in a complex adaptive system.’<sup>40</sup>

The methodological approaches favoured by labs are underpinned by a focus on learning, as well as the nature of the complexity of the challenges they seek to address. This is especially true when considering systems change – moving beyond outputs and outcomes to look at the factors that influence how, and why, change is occurring.<sup>39</sup>

Bringing evaluation and learning approaches together can be challenging. A key recommendation from the UNDP Accelerator Labs evaluation was to ‘evolve impact measurement approaches to encourage accountability for learning and improvement’, rather than for accountability and reporting (which is still the default approach for many).

Y Lab, too, experienced challenges with shifting practice and mindsets. Its aim was to develop a more reflective, developmental learning environment but the team was accustomed to working to more rigid academic research and evidence standards.

In contrast, Bas Leurs suggested that designers are more comfortable with iterative processes such as the Double Diamond model: 'Of course you want to have a solution and an output or an outcome, but the emphasis is how you got there, the workings out and the things you learned along the way.'

#### Reflection questions

What evaluation approaches have you found most valuable?

How can we strengthen the combined evidence base for labs?





# Conclusions

8

This section sets out the key conclusions and takeaways from the report. The evidence for innovation labs is still immature. It should be a priority for practitioners to undertake appropriate evaluations and share evaluation findings and practices with others in the field.

Innovation labs cover a range of teams, organisations, and practices. There are some strong similarities in how they work and what they can achieve. Sharing this more widely may help people to understand the role that labs can play and strengthen their potential for impact.

To be successful, labs need to:

- be part of a wider improvement and innovation ecosystem
- be strategic in the choices they are making about how to influence change.

### **Building the evidence base**

It is currently impossible to draw conclusions about whether innovation labs are successful at improving health and care. This is due to the limited evidence base for innovation labs in health and care, the diversity of labs, the small number in existence and the limited number of published evaluations.

This is not a simple problem to address: it is connected to the early stages of innovation that many labs support and to the challenges of evaluating iterative and complex change.

Evaluation is an essential part of building the evidence base for labs and understanding how they can support system-wide change. Evaluation is also essential to demonstrate the relevance of innovation labs and support their continued development.

The many approaches highlighted in this report indicate the growing number of opportunities to connect across labs to strengthen evaluation practices.

### **Recognising the shared characteristics and impact areas**

The wide diversity of labs confuses people's understanding of what labs are and what they can offer. To tackle this, it can be useful to highlight their shared characteristics, to describe the unique contribution that labs can make and how they can work alongside other approaches. Defining areas of commonality also presents greater opportunity for shared inquiry and learning between labs as part of a community of practice. ([See Figure 3](#))

There are some areas of consistent, promising work in which innovation labs are adding value. They include:

- generating successful innovations
- creating connections between stakeholders
- developing the skills, capabilities and mindsets of participants.

Highlighting these areas can help people who are developing or commissioning innovation labs to understand whether they could add value.

It must be recognised, however, that these are intermediary outcomes. They could lay the foundations for impact on the health and care system, but this is not guaranteed.

### Seeing innovation labs as part of a wider ecosystem

Innovation labs are unlikely to improve health and care services at scale in isolation. They need to be part of a wider ecosystem of innovation across the system, working in partnership with others.

One of the biggest opportunities for the future is to better understand how labs can exist alongside other initiatives to contribute to broader system change. The practitioners we interviewed all emphasised the need for a comprehensive approach to tackling complex shared challenges.

Labs can support collaboration across boundaries by bringing stakeholders together in dedicated spaces to build innovation skills, capabilities, and mindsets. To do this most effectively, they must focus on sharing their learning, to accelerate progress and create the conditions for change.

### Engaging with tensions in lab design and delivery

This evidence review highlights the tensions and trade-offs that many innovation labs face. It is important for a lab to consider:

- its position within or outside of organisations
- how to negotiate scope and purpose
- how to apply design and systems thinking in a health and care context.

'Labelling it as a lab or an innovation team, or whatever, doesn't really matter... [these approaches] involve a different way of seeing, thinking and doing; a different way of relating to the world, the challenge at hand, the opportunity space [for innovation] and the people and partners we work with.'

Bas Leurs, Innovation Lab and Learning Lead, UNDP Accelerator Labs (interview)

There are no right or wrong answers to these questions and the interviews and the Q Lab learning points show the many different decisions that labs have taken, based on their individual context. It is important to be aware of the consequences of the choices made when negotiating these tensions.

Where a lab is positioned within a system or organisation – particularly its alignment with strategic priorities – has a considerable influence on its ability to add value.

Despite the wide variations in this emerging area of work, the review does highlight the potential for innovation labs to enable culture change. However, to do this successfully, a lab must have a coherent view of the type of change it wants to influence and must pivot and respond to its contexts.

For practitioners, this means adopting a learner's mindset when developing innovation labs and considering how to grow and develop lab practices alongside others, to support this fast-growing field.

#### Find out more

To find out more about this work, contact the Q team: [q@health.org.uk](mailto:q@health.org.uk)

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# Research approach

To write this report, Innovation Unit research team conducted a pragmatic, rapid review of the evidence on innovation labs in the UK health care context. Rather than taking a rigid and solely systematic approach to reviewing the evidence in this field, we took a flexible and iterative approach.

This was for three main reasons:

- The scope and time allocated to review the evidence only allowed for a ‘rapid’ review of the existing evidence base.
- The published evidence on innovation labs focusing on health and care and set specifically in the UK – which we have systematically reviewed – is very scarce. This meant we had to be pragmatic and explore a much wider evidence base internationally and beyond the boundaries of health and care to gather a wider range of insights.

- In the same way that successful innovations are often the result of crossing boundaries between knowledge fields, our organisation supports a blended approach to looking at the evidence base allows the gathering of the most relevant insights on innovation lab’s effectiveness.

So, we have looked at three different fields of knowledge:

- **The research field** the academic literature
- **The practice field** the grey literature
- **The lived experience field** through interviews with practitioners.

We took a methodical rather than systematic approach to uncovering the existing evidence in these fields of knowledge. As a starting point, we searched for and recorded the academic literature on the topic using specific keywords on databases such as google scholar. We explored the most prominent UK lab websites in health and care and looked for any published evidence on the impact of their lab.

We also looked at publications from the leading UK think tanks and organisations, such as Nesta, The King’s Fund and others working in the field of health and care innovation. Looking at this pool of evidence, we used a snowball approach to look at what evidence they used to surface other pieces of literature we might have missed in the initial search.

Finally, we drew on the networks of Q and Innovation Unit to connect with and interview a small number of leaders in the field of innovation labs. Interviewees also directed us to further evidence linked to practice.

## Exclusion criteria

We created two main exclusion criteria when reviewing the evidence. We purposefully excluded publications from Q Lab. We also excluded all the literature that was published prior to 2016, with the aim of getting a sense of what is the latest, most recent evidence on innovation labs.

Although the original brief intended to exclude any evidence that was set outside the UK or was not related to health and care, due to the limited amount of evidence on labs in UK health and care,

we had to take a different direction and used a funnel approach:

- 1 We reviewed evidence of innovation labs and ‘the lab approach’ in the health and care sector that is set in the UK.
- 2 We looked at evidence on innovation labs in the UK public sector and government policy, which does not necessarily include a focus on health.
- 3 We looked at evidence on labs worldwide, in health and care and beyond.

In these last two categories of evidence, we did not aim to be comprehensive in our coverage but rather to choose the pieces of evidence that would be the most relevant to the UK health and care context.

## Search strategy

The table below sets out how we approached the evidence search.

**Table A1: Search strategy**

Search strategy	Details
Q Lab internal evidence review	All quoted sources that are from 2016 or later
Keyword search on Google Scholar	Keywords: innovation lab, lab, health and care, health, care, NHS, design lab
Databases of UK think tanks working in health care innovation	Nesta, The King’s Fund, Health Foundation, Innovation Unit
Websites of innovation labs or similar structures in UK with a focus on health and care and/or innovation	Helix Centre, Care City, Lab4Living, People Powered Health, Policy Lab, Y Lab, Good Lab, UCL Policy Lab, Government Open Innovation Team, WMCA Inclusive Growth Unit, Social Finance, Oxford Hub, Health Foundry, Health Foundation Adopting Innovation Programme, NHS Accelerated Access Collaborative, Health Innovation Network, Population Health Innovation Lab, National Collaborating Centre for Mental Health, National Innovation Collaborative, Health Innovation Manchester, Digital Health and Care Innovation Centre Scotland, NHS England Innovation Lab, NHS Transformation Programme
Snowball academic search	Sources quoted in academic or grey literature previously reviewed
Content shared by interviewees	Linked to their work or the wider ecosystem of innovation labs
Prior knowledge	Content known through prior knowledge and experience of reviewees

This search strategy resulted in a log of 131 relevant sources (see Table A2). Of these:

- 50% are academic sources and 50% are grey literature
- 50% cover the UK and 50% are international
- 3% of the literature was from the UK, set in health and care and included the word 'lab'. When including international literature, this rose to 17%.

The next stage of our review was to categorise the evidence according to the following criteria:

- location
- focus
- sector
- summary
- use of the word 'lab': yes/no
- where we found it
- methodology.

We then prioritised the evidence based on its relevance and quality (see Table A3).

**Table A2: Relevance assessment**

Higher	Lower
<ul style="list-style-type: none"> <li>• Literature using the word 'lab'</li> <li>• Meta-analyses or systematic reviews of the lab approach</li> <li>• Set in the UK or in a context comparable to the UK</li> <li>• Covering health and care</li> <li>• Evaluation of labs</li> <li>• Looking at effectiveness or impact of labs</li> </ul>	<ul style="list-style-type: none"> <li>• Literature on innovation not mentioning the lab approach</li> <li>• Labs not relevant to the UK health and care context (labs set in the private sector)</li> <li>• Policy innovation lab literature that is not relevant to the UK and/or health and care context</li> <li>• Literature on individual lab interventions</li> </ul>

**Table A3 Quality assessment**

Higher	Lower
<p>Peer-reviewed academic literature</p> <p>Rigorous evaluations of labs, interventions or programmes in grey literature.</p> <p>Both of these were informed by the following What Works Centre for Wellbeing frameworks:</p> <ul style="list-style-type: none"> <li>• Quality checklist for qualitative studies (2016)</li> <li>• Quality checklist for quantitative evidence of intervention effectiveness (2016)</li> </ul>	<p>Blogs consisting of individual opinions</p>

## Appendix 2

# Interview guide

Innovation Unit and Q team collaboratively identified interviewees, drawing on our respective networks. We developed a longlist before prioritising and shortlisting based on relevance and availability.

Innovation Unit conducted interviews virtually, with a standardised topic guide tailored to each interviewee's area of expertise. The interviews explored:

- interviewee experiences with innovation labs
- defining a lab approach and key characteristics
- effectiveness and value of lab approach
- enabling conditions for lab approaches
- critiques and tensions of lab approaches
- sustainability and scale
- evaluating lab approaches
- relationship to complexity and system change
- the nature of the evidence base for lab approaches
- context-specific considerations (for example, health and care or the UK).



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