



Making Ideas Stick

 pile of rocks ceases to be a pile of rocks when someone has the idea of a cathedral.

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are coming to realise, despite the human misery that Covid-19 has delivered, it has also brought innovations and ideas that, in another time, would have taken years to introduce.

Now the challenge, is to make sure we don't lose them and the bigger challenge... make them stick.

How do we make sure no *light-bulb-moment* is forgotten, no inspiration too small and no idea is left to wither in the heat of the day-today.

Here are five thoughts to help make ideas STICK.

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Stories

How many good ideas have come and gone? Lost to history. Failed to be implemented properly. Shelved, buried and binned.

How is it, some ideas stick and others slip away?

Ideas that stick are the ideas that come with a story. You might call it a rationale, a logic or a reason.

The fact is, it's the story that makes an idea, or an innovation or change, stick. Something we remember and something that inspires us.

The story gives us the why, the how and the where... all rolled into one.

Stories connect with us, make us curious. We want to know what happened next... how it ended.

We want to hear the story of the people struggling against bureaucracy, the tide of demand, PPE, the problems, the waste, the delays and risks.

We want to hear about the light-bulb moment, how it fixed the issue, how it changed things for the better. Who came up with the idea and when. Who were the winners...

The NHS is full of stories, from the front-line of Covid and from the every-day challenges. People doing the work, who will tell you how they discovered they needed to change something, to get the job done.

The need for change, the overwhelming imperatives of the moment and the fact that they didn't seek permission, is part of the story and the urgency of change and the history of Covid2020.

*These are the stories that inspire us.
The stories that make us want to be like
them. Encourage us to be change-
makers.*

Stories that make us want to rewrite the plot of our work and our lives by using the ideas that have stuck to us.

Huge changes in the use of technologies, to give patients safe, convenient, Covid-risk-free access to services, tell their own story.

The story of a patient with a pressing need, a smart phone in their pocket and a willing GP on the other end of the line.

A call, support, advice, a prescription sent by email... tells is the story of how and why change happened for one patient and became the change that made it possible for others to be helped in the same way and how tele-care became routine and why we now talk of digital-first.

The story of patients on a ward who, because of Covid restrictions, couldn't see their visitors. Sharon Kidd, patient experience manager, working at United

Lincolnshire Hospitals used iPads to create virtual visiting times.

An idea, with a story, that appealed to so many people. Virtual visits became 'normal' in locked-down care homes.

Even end-of-life care, so difficult to manage sensitively, negotiating the rules and infection control, used smart phones and tablets, to help ease the unbearable.

It starts with the story about a patient who cannot be visited and desperate to see the ones they love.

The story, retold, made the idea sticky and is now part of hospital routine.

It's stories that make change.

Ideas that come with stories are sticky. They stick in our minds, we remember them and their impact. The stories give us the reason to share, adopt and make change happen. The confidence to copy and do it for ourselves.

It is the story that tells us this can be done. The story that spells out change in a way that no business plan could ever explain.

Ideas that come with stories are the ones that will be remembered. Implemented because they are validated

by the people who first did them and gave us the reason to do them again, for others.

Don't expect people to guess why an idea works or is worth changing.

Don't try and calculate it.

Tell the story of how it happened and what happened.

Take people on the same journey that the idea travelled and make implementation your destination.



Tested

Ideas that emerged during Covid didn't all fire up straight away. In the work-a-day of the NHS, not all innovations work.

There are suggestions that are dumped and work-arounds that don't hack it.

The ones that work are kept because they keep-working. They'd been tested in in practice, trialed and proved. Validated in use. No time for pilot studies or assessments. The change was needed, the change was made, it worked. That was the test, it worked.

That's the kind of test that makes ideas sticky.

Bench-tested to destruction, not in a laboratory but by the brutal, unforgiving, relentless work-a-day.

Passing the 'water-cooler test', when people talk about it, say it works, it's better... is when an idea becomes sticky.

The NHS has 'more pilots' than BA. The ideas that fly are the ones that are tested in the testing environment of the front-line.

It's 'proven in practice' that is so important. Those are the ideas that will stick. Ideas that we can say; we did this, it worked and we can prove it and we are still doing it. That is the validation that ideas to become sticky, need.

Want an idea to stick? Prove it works.

Ideas that have emerged, from the front-line, particularly in the Covid period are the ideas that have been tested by people with no time to finesse or fiddle about. '*This was an idea that we put in place and it was tested, 24-7*'. We did it, it was nearly right, we changed it, it worked and it stuck. That's all the proof you need.

Somerset FT, had over 200 innovations, ideas and changes emerge during Covid. They were all inspired, put in place and made to work by the people doing the job... they kept them because they worked.

Interestingly, all of them have since gone through the Trusts QI process and permanently adopted.

Ideas born of a story, put into use and tested in practice are the ideas that stick, get cemented in and nailed on. Sticky ideas, because people saw their worth in practice.

Tested is not certified, or approved. There is much value in an idea that is 'good enough'. Good enough to do the job in a testing environment and good enough to work and deliver the result that is needed.



Ingenious

Is your idea ingenious? Is it unexpected? Did it pop-up in a lightbulb moment? Does it make people inquisitive? Are we intrigued?

Most organisations think in terms of process. For good reason they'll have 'their way' of doing things. That's why they're called organisations... because they are organised.

Some ideas are disruptive and who wants to see their organisation disrupted.

Unexpected ideas are hard to implement because organisations make it hard. They are trained and focused on avoiding the unexpected.

The NHS is no different. The process of looking after people is serious and full of risk. Make an error and the consequences can be disastrous. It is no place for either disruption or risk.

Changing the way the NHS does things often takes a huge effort or an event of national significance, an historic moment.

Much of the work of paramedics has changed, in some cases, overnight, in the light of lessons learned, dealing with bombings, terrorist attacks and civil disasters.

Covid turned the NHS upside down and brought with it, instant learning and urgent change.

Really good ideas stick because they stand out, they are not part of a process. They get our attention, intrigue us, inspire us and make us ask, why didn't I think of that. They stick to us.

Some are counter intuitive.

Professor Brian Dolan's famous pyjama-paralysis idea was counter intuitive. People in hospital are in bed, wear pyjamas and that's that. Except, it wasn't.

*Staying in bed is not a good idea.
Counter intuitive? Certainly for a
service that counts beds and uses beds
as a measure and a yardstick for just
about everything it does.*

Actually, Dolan showed us staying in bed can result in 10-20% decrease in muscle strength in a week! One to three percent in a day! In bed for around four weeks and expect a 50% decrease in muscle strength. It's called deconditioning.

Dolan's message was ingenious, unexpected, intrigued us and it stuck. Now it's an international movement, to get, particularly elderly people, moving, out of bed and wearing clothes, not their PJs.

Sticky ideas appeal because they are ingenious.

Sticky ideas challenge what is happening. Sticky ideas are surprising and make us pay attention.

Sticky ideas come from a curiosity that says; why do we do it like that? In the Covid period, curiosity was driven by the question; we can't do what we always do because we are too busy, it's not practical, it won't work... what can we do instead.

Need, created a gap and curiosity filled it.

The kind of experiences the front-line workforce went through, in the late winter and spring of 2020 are only likely to happen once in a lifetime. The changes that came about tell us the NHS workforce is ingenious, resourceful and resilient.

The fact is, they have always been ingenious, resourceful and resilient. The shame is, they've never been left to get on with the job in the way the front-line took charge of responding to the pandemic. They used their ingenuity to make the Service, better, quicker, safer and more cost efficient.

Ingenuity is sticky because it has the unique appeal that it is born of people who know what they are doing and it comes from curiosity which fascinates us all.



Communication

Got an idea that you want to stick? Tell people about it. The more people know what's possible, the stickier the idea will get.

Ideas that are ingenious, been tested and have a story, are the ideas that get communicated, talked about and become the subject of good-gossip.

They take-off on social media.

At the height of the covid pressures, Bradford Teaching Hospitals FT, introduced the concept of 'wobble rooms'; where staff could go, for a few minutes, to share worries, 'say it out-loud', have a little cry/shout/scream, or just sit quietly.

The idea was collated by the [Academy of Fabulous Stuff](#) and the Trust featured it on their Twitter feed.

There were thousands of views and Wobble-Rooms created a huge amount of interest. Pretty soon, scores of Trusts [copied the idea](#).

Others finessed it by adding 'wobble-boxes' of lavender scent, herbal teas and magazines.

That was an idea that has well and truly stuck! It was an idea with a story, that had been used and tested, to great effect and it was ingenious, with a name that intrigued us.

They could have been ‘staff rest rooms’... but I doubt it would have been an idea that stuck quite like this

Effective communication, so often, is about telling stories. If an idea has a story, inspires us, makes us inquisitive, communication happens and the idea sticks.

If a hospital operates on an elderly person, and gives them a new hip, it's just another new hip.

If a hospital operated on a 90 year, who is looking forward to getting back to her ballroom dancing classes, it's a human interest story... it gets communicated, written and talked about.

The human element is where the story begins. It's the same for ideas. How they help people, change things for people, make things better for people.

The story of the Apple iPad is a fascinating. They invented a product we never knew we needed. A laptop with no keyboard, poorer memory and functionality and twice the price of a laptop. It fulfilled no obvious need.

Apple sold 15 million of them in nine months. The fastest selling gadget of all time. It was less about technology, it was more about fashion.

The iPad is tactile, slim, stylish, you hold it, touch it. It has become even slimmer and dramatically faster.

It was done by word of mouth. People told stories; iPads were convenient, easy to use and appealed to business users and families wanting to connect.

Apple had a very valuable sticky idea on their hands! Word of Mouth was an endorsement and advertisement.

WOM, as marketers call it, is the kind of advertising you can't buy.

WOM is the same for ideas;

'We've done this and it worked for us'. 'We did it, too and it worked for us...try it for yourself'

Ideas that make things better, faster, safer are likely to be the ones we are interested in but the real sticky ones are the ones that are 'better' for nurses to use, 'faster' for the department's turn around time and 'safer' for Mrs Brown.

Put the people into the idea and it becomes sticky.

Sticky ideas find advocates, disciples and fans. Amplifying what they say helps put stickiness into ideas. That's the kind of communication that works.

Northumbria Healthcare Foundation Trusts, during Covid, kept-up with outpatient demand by switching the majority of appropriate appointments to digital-first and on-line. It's an interesting story, but not much sizzle. A lot of Trust did it.

Here's the difference...

Northumbria calculated they saved 600,000 miles of patient journeys, made life easier for patients, cut car parking costs, ran clinics on time, plus saved tonnes of carbon footprint into the bargain.

Some of the consultants were able to conduct their clinics, from home.

They put the patient and their journey into the idea, told the story and made it sticky.

The told of consultants being able to avoid Covid risks and infection control rigmarole, by working from home, accessing patient records and talking directly with patients and their families.

*It created change in three weeks that hadn't been achieved in thirty years.
The idea stuck.*

Studies from the world of marketing tell us; 92% of consumers trust recommendations from friends and family, more than any other form of advertising.

Up to 50% of purchases are the result of a word-of-mouth recommendation. That means half of advertising is a waste of money. If only companies knew which half!

Ideas that we hear about from friends and colleagues are the ones that have stuck, telling friends and colleagues is the way to do it.

Departments that have ideas that work, will only truly be in the business of sticky ideas, when they tell another department and their idea is adopted or adapted by them.

The key is in sharing. The more ideas are shared, the stickier they become.

Sticky ideas are usually simple and straightforward;

'they do this and solve that problem, by...'

If an idea can't be communicated in a sentence... it's probably slippery and can't be sticky!



Ideas and innovations can evaporate. They just disappear. Ideas that were not quite right. Ideas that needed more work or joining-up with another idea, to make them sizzle.

Ideas at the risk of melting away. One minute they are there, the next they are gone.

Even the best ideas can be lost in the maelstrom that is; a shift on a ward, a week in a management office, a month in a department and in the Board room that measures time in quarters of a year.

Even brilliant ideas, the ones that that really worked, can be subsumed and disappear if the centre of gravity or the organisation pulls us back into the old routines.

Every idea is worth keeping. No matter how small. When it comes to ideas, there is no such thing as a little idea. Little ideas can change practice, methods and how organisations work, for ever.

Ideas are hard to come by but very easy to lose.

A psychiatrist working in Somerset Foundation Trust noticed, mental health outpatients *Did Not Attend* rates were consistently high. His idea was simple, ask why people didn't turn up!

He called the patients... asked why they didn't attend. Asked, was there anything he could do to help.

He learned about bus time-tables, school pick-up times, caring duties, attending for job and benefits interviews and the daily lives of his patients and why the odds were stacked against appointments that were simply mailed-out, without any thought, or conversation or agreement about what was convenient and what would work.

Simple changes were made. Sticky ideas... and he watched the DNA rates plummet.

Ideas that are not implemented today, may provide us with a solution for tomorrow. Incomplete ideas may find their missing piece and the jigsaw complete.

If they are carefully kept and curated, we may get to see how they fit into the bigger picture. They must be preserved, not just parked. Indexed, not shelved. Remembered and accessible.

To save ideas we need a keeper-of-ideas.

Ed Smith, the former Chair of NHSI speaks about [Covid Custodians](#).

Someone in the organisation who can straddle the boundaries and silos of hierarchies and departments. Like the white knight, moves across a chess board, to record innovations and new ways of working.

Recording, preserving and keeping ideas, stored, indexed safely, to be brought out and used, when the time is right.

Organisations have short memories. The keeper-of-ideas, the Covid Custodian has a task to ensure, in the biggest of organisations, no idea is left fallow, no innovation left behind, no change forgotten.

It is important because it is ideas that will shape the organisation's future.

Ideas must stick to the organisation and to do that organisations must make themselves sticky. That means, making a serious effort to collect, collate and cherish them.

Ed Smith puts great emphasis on the organisation's memory and such is the importance he places on it, he recommends this work to be led by a non-executive director, at Board level.

Demonstrating the commitment to ensuring all ideas stick.

Vital work led by a NED, having the power, prominence and influence to move into and across the organisation looking for and encouraging idea-makers to keep their work and make it sticky.



ideas are sticky if they...

... tell a story, work for people doing the job... are ingenious, invite us to be inquisitive and curious... can be communicated and shared with simple messages... and their legacy preserved in the custody of the keeper-of-ideas, custodians who make their organisations sticky...

My idea is sticky because

Its Story is...

It was tested by...

It's ingenious because...

It can be communicated in the sentence...

Is worth keeping because...