Visible leadership: going back to the frontline, Davies, Nigel
Nursing Management, 2013, vol./is. 20/4(22-26)

Abstract: The report into care at Mid Staffordshire NHS Foundation Trust called for strong leadership in nursing and the government's response acknowledged the importance of senior managers gaining front line experience of the NHS. This article discusses the background to the need for visible leadership and the advantages and disadvantages of different approaches to engaging with the front line. Lessons from other industries are considered and a spectrum of engagement activities relevant to health care suggested. Senior leaders' visits to the front line have brought identified benefits for staff but there is little proof of patient benefits, so more research needs to be commissioned to generate evidence of effectiveness.
Is current NHS leadership sufficient or deficient? McComb, Jacqueline
British Journal of Healthcare Management, 2013, vol./is. 19/7(342-347)

Abstract: Organisations as large and complex as the NHS cannot function effectively without sufficient high-quality interprofessional leadership and development. This will only happen if managers and staff are supported with the necessary skills and have the commitment from the organisation to invest resources in creating leaders if the future vision of the NHS is to be realised. The King’s Fund—among other commentators and authorities on the NHS and the Department of Health—share the view that the era of heroic leadership styles are well and truly over. The NHS needs to shift into a model of shared/distributed leadership where staff can work interprofessionally, sharing their skills and knowledge, collectively leading to provide a better service to the patient. This requires engaging with others both internally and externally to the organisation to facilitate this, and also, for the skill of influencing change in the decision-making process. Thus, enabling a better outcome in relation to the future of the NHS.

Mission command: a leadership philosophy for the Health and Social Care Act 2012?
Howieson, W. B. International Journal of Clinical Leadership, 2013, vol./is. 17

Abstract: The Health and Social Care Bill was introduced into the House of Commons on 19 January 2011. On 27 March 2012, the Health and Social Care Bill gained Royal Assent and became the Health and Social Care Act 2012. In implementing this Act, it will be important to ask what leadership will be required to deliver this Act at the strategic, operational, and tactical levels of the NHS in England. In addition, is the current approach of ‘distributed’ leadership actually suited to the NHS, or is it, perhaps, a current trend which is culturally not tried, tested, or appropriate in a UK context? The British Armed Forces - a large, sophisticated, and most complex public sector organisation - employ the leadership philosophy of Mission Command. One does wonder if this philosophy would be appropriate to the NHS in England in implementing the Health and Social Care Act 2012. To try to answer this question, this paper will: outline briefly the Health and Social Care Act 2012; interpret how the Act will be operationalised; consider briefly current leadership thinking and culture in the NHS in England; introduce and define Mission Command; and suggest its benefits to the NHS in England. Finally, a suggested ‘way forward’ will be offered. It is hoped that this analysis will help researchers and practitioners alike further appreciate the philosophy of Mission Command and appreciate its potential applicability to the NHS in England in implementing the Health and Social Care Act 2012.

Quality improvement leadership: it’s child’s play, Wilson, Steve
British Journal of Healthcare Management, 2012, vol./is. 18/6(325-328)

Abstract: Leading quality improvement is complex and challenging. It requires a broad range of skills and behaviours to bring about the big changes required. Looking outside of our normal sphere of experience and activity can give a new perspective to the task. As quality improvement (QI) leaders there is much we can learn from children about creativity, motivation, communication and resilience. This article sets out seven simple lessons that we can learn from children, and from this suggests the quality improvement skills that are essential to support successful QI leadership.
The relationship between nursing leadership and patient outcomes: a systematic review, Wong, Carol
Journal of Nursing Management, 2013, vol./is. 21/5(709-724)

Abstract: The purpose of this review was to describe findings of a systematic review of studies that examine the relationship between nursing leadership and patient outcomes. BACKGROUND: With recent attention directed to the creation of safer practice environments for patients, nursing leadership is called on to advance this agenda within organizations. However, surprisingly little is known about the actual association between nursing leadership and patient outcomes. RESULTS: Evidence of significant associations between positive leadership behaviours, styles or practices and increased patient satisfaction and reduced adverse events were found. Findings relating leadership to patient mortality rates were inconclusive. The findings of this review suggest that an emphasis on developing transformational nursing leadership is an important organizational strategy to improve patient outcomes.

Leadership styles and theories, Giltinane, C
Nursing Standard, 2013, vol./is. 27/41(35-39)

Abstract: It is useful for healthcare professionals to be able to identify the leadership styles and theories relevant to their nursing practice. Being adept in recognising these styles enables nurses to develop their skills to become better leaders, as well as improving relationships with colleagues and other leaders, who have previously been challenging to work with. This article explores different leadership styles and theories, and explains how they relate to nursing practice.

Clinical leadership for high-quality care: developing future ward leaders, Enterkin, Judith
Journal of Nursing Management, 2013, vol./is. 21/2(206-216)

Abstract: This paper reports upon the development, delivery and evaluation of a leadership programme for aspiring Ward Leaders in one National Health Service Trust in England. Background: The ward sister role is fundamental to quality patient care and clinical leadership, however the role is increasingly difficult to recruit to. A lack of formal preparation and skills development for the role has been widely acknowledged. METHOD: An evaluation of a programme of education for leadership. Three cohorts (n = 60) completed the programme. Semi-structured questionnaires were completed by participants (n = 36: 60 per cent) at the conclusion of the programme. Qualitative data from questionnaires was analysed using a thematic approach. RESULTS: Participants reported increased political, organizational and self-awareness, increased confidence, feelings of empowerment and the ability to empower others. Opportunities for networking with peers were valued within the action learning approach. For some participants, career intentions were clarified through reflection. CONCLUSION: The majority of participants had benefited from the leadership programme and valued this development as an empowering preparation for future careers. IMPLICATIONS FOR NURSING MANAGEMENT: Investment in leadership preparation for future ward sister roles is strongly recommended as part of a strategy designed to enhance quality improvement, career path development, workforce empowerment and retention.

Collaborative leadership: it’s good to talk, Wilson, Steven
British Journal of Healthcare Management, 2013, vol./is. 19/7(335-337)

Abstract: It’s often said if you want something done right, you have to do it yourself. After all, our society traditionally rewards individual achievement over cooperative effort; we celebrate the great leader as a charismatic heroic figure standing alone taking the tough decisions.
Everything is possible : personal leadership experiences, Coutts, G.
Journal of the Royal Society of Medicine, 2013, vol./is. 106/1(10-12)

Abstract: My Scottish grandfather used to say 'When all is said and done; there is more said than done'. Making things happen requires leadership. Leadership is creating extraordinary results through ordinary people. There are lots more complicated or esoteric definitions of leadership, but this simple definition summarizes what I have personally learnt from 20 years in four health systems across three continents. Leadership involves personal characteristics which include transmitting passion, energy and heat into an organization as well as leading through people.

Effective leadership : more questions than answers, Wilson, Steve
British Journal of Healthcare Management, 2013, vol./is. 19/1(22-23)

Abstract: There's a common myth that says to be a successful leader you must have all the answers. It's true that an ability to solve problems quickly and decisively is essential for effective leadership but when we neglect to ask for input then we get the right answer to the wrong question.

Effective medical leadership for consultants, Green, Matt
BMJ, 2012, vol./is. 345/7885(GP6-GP7)

Abstract: In their second article, Matt Green and Lynne Gell explore how consultants can apply managing services, improving services, and setting direction domains of the Medical Leadership Competency Framework.

Leadership models for healthcare improvement, Da Costa, Joanna
British Journal of Healthcare Management, 2012, vol./is. 18/11(575-580)

Abstract: An ability to lead collaboratively across professional boundaries is a key aspect of successful introduction of quality improvement initiatives. In healthcare, excessive importance is attributed to the personal and positional qualities of leadership. The traditional hierarchal model of postgraduate medical training is not conducive to developing practical leadership skills among doctors and does not support change and innovation. Medical professionals should actively promote the development of leadership skills amongst their more junior colleagues with a particular emphasis on collaborative working across professional boundaries.

Exploration of transformational and distributed leadership, Tomlinson, Julie
Nursing Management, 2012, vol./is. 19/4(30-34)

Abstract: Throughout government policy in Scotland, a new emphasis has been placed on clinical leaders as a way to improve quality and restore the public's confidence in health care. This article reports on a study that explored the leadership styles of senior charge nurses and the effects these may have on clinical teams. Findings suggest that, where there is transformational leadership and sharing of leadership roles across teams, staff are more engaged and organisational goals are met. The findings also highlight the need for better communication between senior management and clinical teams to ensure sustainable, good services.
Leadership and governance in seven developed health systems, Smith, Peter C
Health Policy, 2012, vol./is. 106/1(37-49)

Abstract: This paper explores leadership and governance arrangements in seven developed health systems: Australia, England, Germany, the Netherlands, Norway, Sweden and Switzerland. It presents a cybernetic model of leadership and governance comprising three fundamental functions: priority setting, performance monitoring and accountability arrangements. The paper uses a structured survey to examine critically current arrangements in the seven countries. Approaches to leadership and governance vary substantially, and have to date been developed piecemeal and somewhat arbitrarily. Although there seems to be reasonable consensus on broad goals of the health system there is variation in approaches to setting priorities. Cost-effectiveness analysis is in widespread use as a basis for operational priority setting, but rarely plays a central role. Performance monitoring may be the domain where there is most convergence of thinking, although countries are at different stages of development. The third domain of accountability is where the greatest variation occurs, and where there is greatest uncertainty about the optimal approach. We conclude that a judicious mix of accountability mechanisms is likely to be appropriate in most settings, including market mechanisms, electoral processes, direct financial incentives, and professional oversight and control. The mechanisms should be aligned with the priority setting and monitoring processes.

Can leadership behaviour affect quality and safety? Bohan, Peter
British Journal of Healthcare Management, 2012, vol./is. 18/4(184-190)

Abstract: Leadership behaviours of executives in healthcare are considered to be of prime importance, with strategy, structure and process being key elements of team and organisational effectiveness. This research identified that executives were clear on what type of leadership behaviour is expected of them; seeing themselves as transformational, setting clear goals and expecting the best from their teams. They also identified elements of autocratic and transactional leadership were required frequently in the achievement of targets. There was acute recognition of the tensions between quality and safety and the target-driven approach required by commissioners and the current financial climate. External drivers for quality and safety included losing foundation trust status and the resultant financial penalties. It was acknowledged the commissioners have huge power and influence over the direction of where the organisation concentrates effort to influence policy which could also provide tension with the quality and safety strategy. Finance and ‘doing more for less’ are constant themes, with competition to keep quality and safety on the agenda. Quality and safety has a reputation for being problematic, many executives believed changing the organisational culture requires evaluation.

A framework to develop leadership potential, Mortlock, Sue
Nursing Management, 2011, vol./is. 18/7(29-32)

Abstract: Leadership has been acknowledged as central to the development and delivery of health care. This article describes the NHS leadership framework, which was launched by the NHS Institute for Innovation this year to enable all staff in any setting to understand their progression as leaders and support the NHS to foster and develop talent. It consists of a series of published documents and online tools for individuals and organisations, which set out the expectations of clinical and non-clinical leaders at every level. The framework also provides guidance to those who commission leadership development.
A critical account of the rise and spread of 'leadership': the case of UK healthcare, Martin, G.
Social Science and Medicine, 2012, vol./is. 74/3

Abstract: This paper considers the rise of 'leadership' in discourses relating to the British health service, and the application of the term to increasingly heterogenous actors. Analysing interviews with NHS chief executives from the late 1990s, and key policy documents published since, the authors highlight how leadership has become a term of choice among policymakers, with positive cultural valences which previously predominant terms such as 'management' now lack. The authors note in particular how leadership is increasingly conferred not only on those in positions of formal power but on frontline clinicians, patients and even the public, and how not just the implementation but the design of policy is now constructed as being led by these groups. Such constructions of the distribution of power in the health service, however, contradict the picture drawn by academic work. The authors suggest, therefore, that part of the purpose of leadership discourse is to align the subjectivities of health-service stakeholders with policy intentions, making their implementation not just everyone's responsibility, but part of everyone's sense of self. Given the realities of organisational life for many of the subjects of leadership discourse, however, the extent to which leadership retains its current positive associations and ubiquity remains to be seen.

An exploration of the leadership attributes and methods associated with successful lean system deployments in acute care hospitals, Steed, Airica
Quality Management in Health Care, 2012, vol./is. 21/1

Abstract: The lean system has been shown to be a viable and sustainable solution for the growing number of cost, quality, and efficiency issues in the healthcare industry. While there is a growing body of evidence to support the outcomes that can be achieved as a result of the successful application of the lean system in hospital organisations, there is not a complete understanding of the leadership attributes and methods that are necessary to achieve successful widespread mobilisation and sustainment. This study was an exploration of leadership and its relevant association with successful lean system deployments in acute care hospitals. This research employed an exploratory qualitative research design encompassing a research questionnaire and telephonic interviews of 25 healthcare leaders in eight hospital organisations across the United States. The results from this study identified the need to have a strong combination of personal characteristics, learned behaviours, strategies, tools, and tactics that evolved into a starting adaptable framework for healthcare leaders to leverage when starting their own transformational change journeys using the lean system. Healthcare leaders could utilise the outcomes reported in this study as a conduit to enhance the effective deployment, widespread adoption, and sustainment of the lean system in practice.

Understanding strategy, change and leadership in UK health and social care, Willcocks, Steve
Journal of Integrated Care, 2011, vol./is. 19/6(23-32)

Abstract: PURPOSE: This paper seeks to explore the relevance of strategy in health and social care. In particular, it aims to look at contrasting perspectives, generally related to either planned or emergent change. DESIGN/METHODOLOGY/APPROACH: The paper is literature based and conceptual and, as such, makes use of methods associated with a literature review. Evidence is utilised from a general literature search on strategy, alongside policy-specific and documentation. FINDINGS: A critical commentary on strategy in health and social care, from an historical perspective, is presented. It suggests that strategy in the context of recent reforms in health and social care is more likely to be characterised as emergent, and processual. It also offers an insight into the leadership implications of different approaches to strategy. ORIGINALITY/VALUE: The paper makes a connection between general ideas about strategy and their relevance in a particular context, i.e. health and social care.
Emerging clinical leadership development in the NHS, Moll, Sarah
British Journal of Healthcare Management, 2011, vol./is. 17/10(481-485)

Abstract: Leadership development for clinicians is a relatively new concept in the NHS. Even more recent is the notion that investment in emerging clinical leadership also has added value. Most previous initiatives have aimed primarily at leadership development amongst senior doctors. However, opportunities to engage more junior colleagues in clinical leadership and medical management within the NHS have started to appear and attract increasing interest. In the NHS Next Stage Review in 2008, Lord Darzi called for the establishment of clinical (Darzi) leadership fellows to support clinicians with a particular interest in leadership. Within the North West 14 such posts were piloted in 2009-10, identifying and recruiting emerging clinical leaders from multidisciplinary backgrounds. This article highlights some of their experiences and lessons learnt.

Essential leadership skills for motivating and developing staff, Curtis, E. Nursing Management, 2011, vol./is. 18/5(32-35)

Abstract: Achieving and sustaining high quality patient care and containing costs are important aspects of a nurse manager's role, and a successful manager needs to have the skills and ability to motivate and develop staff. This article focuses on how effective leadership can increase motivation and empowerment among nurses, examines the relevance of transformational leadership to motivation, and suggests practical ways of maintaining a motivated work environment.

Resource scarcity and priority-setting: from management to leadership in the rationing of health care? Dickinson, Helen
Public Money and Management, 2011, vol./is. 31/5(363-370)

Abstract: While continued interest in the application of priority-setting technologies is perhaps unsurprising in a time of austerity, they require sensitive implementation for their full potential benefits to be realized. This article looks at the role and value of leadership in addressing problems of a lack of perceived legitimacy and governance that have been raised in connection with the rationing enterprise. The potential and limitations of key leadership concepts such as 'sense-making' and 'framing' are explored, and notions of relational leadership and the importance of leading with political astuteness are discussed.

The third wave of leadership: the power of we, Stanton, Emma
International Journal of Clinical Leadership, 2011, vol./is. 17/1(49-51)

Abstract: Increasing life expectancy and ever-growing expectations of health, in combination with the fiscal challenge for high-value care, warrant new models of leadership and professionalism. Learning from recent unexpected political partnerships, we advocate a partnership approach to clinical leadership: one that sees clinicians job-sharing leadership roles. This approach could be extended to a more sophisticated level - partnering those from different professional backgrounds into a combined leadership capacity, to bridge the silos that are currently perpetuated. Unarguably, change is hard. However, such are the challenges that lie ahead for the NHS that resilience is essential. We believe that in the current climate, harnessing the power of we, over the power of I, offers as yet untapped potential in the NHS for improving the ultimate quality and experience of patient care.
The place for coaching for clinical leadership, Gorringe, Alan
International Journal of Clinical Leadership, 2011, 17/1(19-23)

Abstract: Recent studies of leadership within clinical settings have demonstrated that using executive coaching as an integral part of a leadership initiative is the most valued and powerful input by participants in a leadership development programme (Flanagan et al, 2008). Further, the work of exceptional coaches can be at its most distinctive when the required behavioural change is particularly demanding, for example, in a context such as that occupied by clinical leadership in meeting the demands of today's National Health Service. This article describes the features of a particular model of executive coaching, 'coaching in context', that has been found to be of such benefit to clinicians working in a variety of fields, or contexts. The success of coaching initiatives depends on the range of experience and skills of the coach, including an in-depth knowledge of psychology.

What is clinical leadership? : a journal-based meta-review, Howieson, Brian
International Journal of Clinical Leadership, 2011, vol./is. 17/1(7-18)

Abstract: Clinical leadership has attracted significant headlines in recent times; areas in which it is hoped that leadership can make a difference or where sadly, it has been neglected or found wanting include healthcare reform, regulation, patient safety and patient care. Professor (Lord) Darzi has now placed clinical leadership at the centre of his NHS nextstage review, 'A High Quality Workforce'. This is all well and good; however, are clinicians clear what clinical leadership is, why it is relevant and important, and what are the key issues under debate? The aim of this article is to try and answer these three questions and in doing so, help clinicians and researchers comprehend further the meaning and complexity of clinical leadership. To achieve this aim, this article will introduce and offer a definition of leadership; review leadership in a healthcare context; conceptualise leadership at the strategic, operational and tactical levels; and, in detail, examine the key leadership messages, which were reported in the British Medical Journal during the period 2000-2009. Finally, the article will suggest where next for the clinical leadership research.

The future of leadership and management in the NHS: no more heroes, 2011

Abstract: This is the report from a commission established by the King's Fund in 2010 to investigate and report on management and leadership in the NHS. Its brief was to take a view on current NHS management and leadership, establish the nature of management and leadership required with the current challenges facing health services, and make recommendations about what is required to strengthen and develop management and leadership in the NHS. The commission recommends that the plan to substantially cut administration costs and the number of management posts should be reconsidered, although a rationalisation of the extensive demands of regulators and performance managers would be welcome. They also recommend that NHS organisations and providers must take responsibility for their leadership and management development, including new consortia or GP commissioning bodies. The commission also feel that clinicians need to be more involved in management and leadership and that board development in foundation trusts and governance arrangements in new commissioning bodies need particular attention. Another recommendation is that there should be a more effective mechanism to debar clearly culpable individuals from holding executive positions in health care.
The future of leadership and management in the NHS: no more heroes: report from The King's Fund Commission on Leadership and Management in the NHS, 2011

Abstract: At a time of enormous change in the NHS, leaders and managers have a crucial role to play. But what sort of leaders does the service need? Does the model, prevalent in public service over recent years, of the 'hero' chief executive still hold sway? The King's Fund set up a commission on leadership and management in the NHS with a brief to: take a view on the current state of management and leadership in the NHS, establish the nature of management and leadership that will be required to meet the quality and financial challenges now facing the health care system, recommend what needs to be done to strengthen and develop management and leadership in the NHS. The commission invited submissions from individuals and organisations with an interest in management and leadership and commissioned papers from experts. 'The future of leadership and management in the NHS: no more heroes' reflects the conclusions of the commission's work. The conclusions challenge some of the negative attitudes towards managers, challenges current plans for major reductions in management and administration costs. The commission believes that the NHS needs to move beyond the outdated model of heroic leadership to recognise the value of leadership that is shared, distributed and adaptive. In the new model, leaders must focus on systems of care and not just institutions and on engaging staff in delivering results. There is a clear message that the NHS will be able to rise to the financial and quality challenges it is faced with only if the contribution of managers is recognised and valued. It is also essential that the number of managers in the NHS, and expenditure on management, is based on a thorough assessment of the needs of the health service in the future rather than arbitrary targets and is supported by continuing investment in leadership development at all levels. In taking this approach, the commission emphasises the contribution of both general managers and clinical managers to leadership, the fact that leaders exist at all levels - from the board to the ward - and the increasing importance of leadership across systems of care as well as in individual organisations.

Encouraging a new kind of leadership, Gowan, Isobel
British Journal of Healthcare Management, 2011, vol./is. 17/3(108-112)

Abstract: There is increasing evidence that good management and leadership lead to better patient outcomes (Mountford and Webb, 2009). In the UK there is an increasing demand that NHS leaders have a clinical background (DoH, 2009a), yet there is relatively little focus on leadership skills during clinical training. We describe here an innovative programme commissioned and designed to bridge that gap in the final year of postgraduate medical training. We explain the structure of the programme, and that the aim was, and still is, to use experiential and reflective learning to enable doctors on the cusp of becoming consultants to broaden their horizons and manage their circumstances (both personal and professional) more effectively. This means helping them to understand their own individual needs, strengths and development areas, and to grasp with greater insight the system in which they work. We found that a tailored, non-didactic leadership programme, coupled with leadership coaching, was critical to improving clarity of goals, self-management, self-perception, self-confidence, preparedness for leadership and NHS knowledge for Specialist Registrars, who have gone on to gain hospital posts.

A co-productive health leadership model to support the liberation of the NHS, Nicol, Edward
Journal of the Royal Society of Medicine, 2011, vol./is. 104/2(64-68)

Abstract: Following the recent white paper - Equity and Excellence: Liberating the NHS - we need a 21st-century model of leadership in the NHS that re-focuses on the centrality of the relationship between clinicians and patients. This paper argues the case for co-productive 'Health Leadership' that can meet the challenges set by the current Big Society agenda, Darzi and Wanless, so that we achieve a sustainable, high quality NHS, fit for the 21st century.
Identifying clinical leadership functions, Willcocks, Stephen
British Journal of Healthcare Management, 2011, vol./is. 17/3(96-100)

Abstract: The white paper Equity and Excellence: Liberating the NHS (2010), will bring about large-scale changes to structure, process, and not least, new ways of working-requiring inter-related changes in culture, behaviour and practice. Given the scale of these changes, this represents a considerable challenge for clinical leaders in the NHS. As Giordano points out: 'Courageous decisions are needed to reshape services and help us prepare for the most significant leadership challenge the NHS is ever likely to face' (Giordano, 2009). It may well be the most significant challenge but it is not necessarily new to the NHS. It has happened at each change of government. Flanagan, writing at the beginning of the New Labour government in 1997, wrote: 'Managers are key to implementing change in the NHS. New Labour will require them to drive their set of changes over the next few years. Have they been equipped to cope?' (Flanagan, 1997). The same question can be asked this time round, although, given the nature of the reforms, it can also be asked of clinical leaders. Are they equipped to take on the leadership role/function?

Leading and Managing Change

Managing clinical improvement projects, Phillips, J.
Nursing Times (Apr 24 2013)

Abstract: This paper, the second of a three-part series looking at change management tools, provides a practical guide on how to use common project management principles in practice. Much of the literature on project management focuses on the business arena, with little reference to clinical settings, identifying this literature and understanding its relevance to managing projects in healthcare can be difficult. This article provides a practical guide to identifying the key principles of good project management and applying these in health settings.

Planning successful change incorporating processes and people, Hewitt-Taylor, Jacqui
Nursing Standard, 2013, vol./is. 27/38(35-40)

Abstract: Implementing change is a core element of developing healthcare practice. While planning the practical aspects of change is vital, so too is considering how people will perceive and be affected by an innovation, including what individuals and teams will gain or lose, who the opinion leaders will be and the influence of workplace culture. The aim of this article is to highlight some of the considerations that may be useful in planning successful change.

Use of process mapping in service improvement, Philips, Joanna
Nursing Times, 2013, vol./is. 109/17/18(24-26)

Abstract: This article, the last of our three-part series on change management tools, analyses how process mapping can be used to show how processes are currently carried out and identify any changes that may improve the patient experience. The tool takes into account patient opinions so staff are able to see the pathway from patients' perspectives. It offers advice on how to write up the results and how they can be analysed to identify where changes can be made.
**Selecting the best theory to implement planned change,** Mitchell, G. Nursing Management, 2013, vol./is. 20/1(32-37)

**Abstract:** Planned change in nursing practice is necessary for a wide range of reasons, but it can be challenging to implement. Understanding and using a change theory framework can help managers or other change agents to increase the likelihood of success. This article considers three change theories and discusses how one in particular can be used in practice.

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**Demystifying ward nurse manager's approach to managing change,** Moen, Charlotte
International Journal of Clinical Leadership, 2012, vol./is. 17

**Abstract:** The current literature and Department of Health (DH) policies suggest change should be implemented by frontline clinicians using a transformational leadership approach. Despite this, change is still often led by senior managers utilising a 'top down', transactional approach. It could be argued that this is primarily due to an absence of clinical leadership due to a paucity of leadership development opportunities for clinicians. In order to encourage frontline clinicians to lead change we firstly need to understand how change is implemented on the frontline and to ascertain their development needs. This paper explores how frontline clinical leaders, specifically ward nurse managers (WNMs), implement change and why they choose a particular strategy. The aim is to explore the change process, through investigating change management from the perspective of those leading change. A case study methodology was adopted. The case study comprised 18 WNMs from one acute NHS hospital within the UK. The data were collected via semi-structured questionnaires and interviews. The case study demonstrates the WNM's soft approach to change management, based on transformational principles, is in contrast to senior managers who focus on managerial leadership. This point is not explicit in the previous literature and two new models are offered to explain this conclusion. This study provides new insight into the WNM's approach to managing change and their development needs. This is an important perspective that so far has been neglected. The conclusion was, the WNMs appear to be intuitively adopting change models and using a pragmatic, experiential approach to implement change. However, their progression from change novice to expert is stifled by their poor theoretical evidence base and their lack of experience of leading change. A bespoke 'Leading Change' development programme for WNMs is recommended.

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**Using rapid spread to achieve change in practice,** Nursing Times, 2012, vol./is. 108/37(28-29)

**Abstract:** This article describes the development of Rapid Spread, a method of bringing about rapid changes in practice, and gives a step-by-step guide to using it to manage change. Trusts using Rapid Spread have seen measurable improvements in patient outcomes. Our experience shows that nurses are keen to embrace new practice that improves patient care.

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**Using service improvement methodology to change practice,** Nursing Standard, 2013, vol./is. 27/23(51-57)

**Abstract:** This article discusses the role of service improvement methodology in changing the quality of care delivered. It outlines the six-stage framework for quality improvement recommended by the NHS Institute for Innovation and Improvement The reader is encouraged to complete a series of activities to plan and deliver a service improvement project. Potential challenges to the successful delivery of a service improvement project are also considered. The article concludes with an example of the use of the six-stage framework to improve the quality of urinary catheter care in one acute NHS trust.
Innovation sustainability in challenging health-care contexts: embedding clinically led change in routine practice, Martin, G, Health Services Management Research, 2012, vol./is. 25/4(190-199)

Abstract: The need for organizational innovation as a means of improving health-care quality and containing costs is widely recognized, but while a growing body of research has improved knowledge of implementation, very little has considered the challenges involved in sustaining change - especially organizational change led 'bottom-up' by frontline clinicians. This study addresses this lacuna, taking a longitudinal, qualitative case-study approach to understanding the paths to sustainability of four organizational innovations. It highlights the importance of the interaction between organizational context, nature of the innovation and strategies deployed in achieving sustainability. It discusses how positional influence of service leads, complexity of innovation, networks of support, embedding in existing systems, and proactive responses to changing circumstances can interact to sustain change. In the absence of cast-iron evidence of effectiveness, wider notions of value may be successfully invoked to sustain innovation. Sustainability requires continuing effort through time, rather than representing a final state to be achieved. Our study offers new insights into the process of sustainability of organizational change, and elucidates the complement of strategies needed to make bottom-up change last in challenging contexts replete with competing priorities.

Leading change: 3 – implementation, Kerridge, Joanna
Nursing Times, 2012, vol./is. 108/6(23-25)

Abstract: The potential for all staff to contribute to service improvement, irrespective of discipline, role or function, is outlined in the 2011 NHS leadership framework. This advocates developing the skills of the entire workforce to create a climate of continuous service improvement. As nurses are often required to take the lead in managing change in clinical practice, this final article in a three-part series focuses on implementing and reviewing change.

Leading change: 2 – planning, Kerridge, Joanna
Nursing Times, 2012, vol./is. 108/5(23-25)

Abstract: National initiatives have outlined the importance of involving frontline staff in service improvement, and the ability to influence and manage change has been identified as an essential skill for delivering new models of care. Nurses often have to take the lead in managing change in clinical practice. The second in a three-part series is designed to help nurses at all levels develop the knowledge and skills to function as change agents within their organisations. This article focuses on planning the change and dealing with resistance.

Leading change: 1 - identifying the issue, Kerridge, Joanna

Citation: Nursing Times, 2012, vol./is. 108/4(12-15)

Abstract: To enable sustainable change, nurses need to take the lead in managing it. Recent national initiatives have emphasised the importance of frontline staff in service improvement. The ability to influence and manage change has been identified as an essential skill for delivering new models of care. This article is the first in a three-part series designed to help nurses at all levels develop the knowledge and skills they will need to initiate and manage change. This article focuses on identifying what needs to be changed and why.
System tools for system change, Willis, Cameron D
BMJ Quality and Safety, 2012, vol./is. 21/3(250-262)

Abstract: Health system transformations are influenced by dynamic relationships within and between individuals and institutions, as well as political, educational and legislative factors. This article aims to promote awareness of five tools that recognise this complexity and that are proposed to have value for decision makers: concept mapping, social network analysis, system dynamics modelling, programme budgeting and marginal analysis, and the tools for knowledge management and translation. METHODS: The authors briefly describe the methodological approach of each tool, provide a commentary on the conditions in which these tools have been employed, and discuss their impact on the processes and outcomes of system transformation. An international advisory panel was convened based on a combination of experience, expertise and perspective. The panel assisted in synthesising the evidence relating to each tool and, in partnership with the authors, refined the interpretation of the role and value of each tool for system transformation. FINDINGS: The tools discussed may impact the structural and procedural outcomes of transformation as well as the values, behaviours and attitudes of people undergoing change. The techniques described provide those undertaking transformation with methods to negotiate clinical, academic, political, organisational and cultural perspectives, and recognise the pivotal role of context in transformation. CONCLUSIONS: This review offers a novel synthesis of how these tools may add value to decision making for health policy. The tools discussed, while not a panacea to the challenges of large system change, provide methods that acknowledge the complexity of the transformative challenge and present innovative paths to co-produced solutions.

Real reform begins within : an organizational approach to health care reform, Denis, Jean-Louis
Journal of Health Policy, Politics and Law, 2012, vol./is. 37/4(633-645)

Abstract: Health care systems are under pressure to control their increasing costs, to better adapt to evolving demands, to improve the quality and safety of care, and ultimately to ameliorate the health of their populations. This article looks at a battery of organizational options aimed at transforming health care systems and argues that more attention must be paid to reforming the delivery mechanisms that are so crucial for health care systems’ overall performance. To support improvement, policies can rely on organizational assets in two ways. First, reforms can promote the creation of new organizational forms; second, they can employ organizational levers (e.g., capacity development, team-based organizations, evidence-informed practices) to achieve specific policy goals. In both cases organizational assets are mobilized with a view to creating complete health care organizations - that is to say, organizations that have the capacity to function as high-performing systems. The challenges confronting the development of more complete health care organizations are significant. Real health care system reforms may likewise require implementing ecologies of complex innovation at the clinical, organizational, and policy levels. Policies play a determining role in shaping these new spaces for action so that day-to-day practices may change.

Implementing change : the greatest risk, Zollinger-Read, Paul
British Journal of Healthcare Management, 2012, vol./is. 18/5(231)

Abstract: Risk Register-two words that recently grabbed a disproportionate amount of column inches. The transition from the 'old world' to the new will have many risks, whether they be continuity, staff or financial risks. Yet there are perhaps two significant risks, both critical and crucial palpable by their absence. In NHS speak, the first is called 'staff engagement'.
Organizational readiness for innovation in health care: some lessons from the recent literature, 
Williams, Iestyn Health Services Management Research, 2011, vol./is. 24/4(213-218)

Abstract: There is no single intervention that will trigger or ensure innovation in health care, as the interaction between the innovation and the context of its introduction is necessarily complex and variable. Although academic attention has recently turned to the role of organizations in promoting and embedding innovation, this literature remains light on prescription, and tends to ignore the issue of substitution and disengagement. Innovation needs to be adapted as well as adopted into organizational contexts and receptive climates for innovation can only be developed incrementally over time. This paper identifies recommendations for increasing the readiness of health-care organizations for innovation. Key organizational strategies for embedding innovation include: development of incentives; sophisticated knowledge management; interfunctional and interorganizational coordination and collaboration; and development of an innovation infrastructure. More attention is required to substitution and disengagement of interventions and practices (exnovation) in the current economic climate.

Plus ça change, plus c'est la même chose: senior NHS managers' narratives of restructuring, 
Macfarlane, F. Sociology of Health and Illness, 2011, vol./is. 33/6(914-929)

Abstract: The National Health Service (NHS) is regularly restructured. Its smooth operation and organisational memory depends on the insights and capability of managers, especially those with experience of previous transitions. Narrative methods can illuminate complex change from the perspective of key actors. We used an adaptation of Wengraf's biographical narrative life interview method to explore how 20 senior NHS managers had perceived and responded to major transitions since 1974. Data were analysed thematically using insights from phenomenology, neo-institutional theory and critical management studies. Managers described how experience in different NHS organisations helped build resilience and tacit knowledge, and how a strong commitment to the 'NHS brand' allowed them to weather a succession of policy changes and implement and embed such changes locally. By synthesising these personal and situated micro-narratives, we built a wider picture of macro-level institutional change in the NHS, in which the various visible restructurings in recent years appear to have masked a deeper continuity in terms of enduring values, norms and ways of working. We consider the implications of these findings for the future NHS.

Planning to innovate: designing change or caught up in a game? 
Mowles, C. Perspectives in Public Health, 2011, vol./is. 131/3(119-123)

Abstract: In this article I engage with some orthodox theories of the management of innovation and change, which take for granted the idea that they can be predicted and controlled. Organizations are thought to be systems with boundaries, which managers acting as engineers, or doctors, can 'diagnose' and restore to 'health', or order differently. As an alternative, and by drawing on an experience of working with health service managers, I argue instead that change and innovation arise as a result of the interweaving of everyone's intentions. Organizations are sites of intense political interaction and contestation, and exactly what emerges is unpredictable and unplannable, even by the most powerful individuals and groups.

The challenge of managing change: what can we do differently to ensure personalisation? 
Corne, Michelle Journal of Integrated Care, 2011, vol./is. 19/2(22-29)

Abstract: This article questions whether traditional management approaches will be sufficient to deliver change when it comes to implementing personalisation, and outlines an alternative approach based on collaborative working in 'communities of practice'.
**Managing change by empowering staff, Bowers, B.**
Nursing Times, 2011, vol./is. 107/32-33(19-21)

**Abstract:** Nurses must constantly adapt to a variety of radical and incremental changes in the way they work, but their emotional responses can inhibit changes from being sustained in practice. Implementing sustainable and meaningful change means supporting each individual to find value in new ways of working. This article shows how a team of community nurses were empowered to improve their practice by using an electronic caseload tool. This was done in a structured and supportive way by using Lewin’s change management process, an approach that has benefits for supporting and sustaining changes in practice.

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**What has change management in industry got to do with improving patient safety? Noble, D.**
Postgraduate Medical Journal, 2011, vol./is. 87/1027

**Abstract:** Healthcare is often in a constant state of change - for political, technological, patient related, and scientific reasons. Yet, for a business where change is the norm, too little time is spent thinking theoretically about how change occurs. One area where change is still needed is in patient safety. Presented is an analysis of the literature on change to suggest how this may inform patient safety. The results were, no one change approach guarantees success in patient safety. Success very much depends on selecting the best fit change framework and adapting it to local context. Well regarded change models, like that of Kotter, are not well tested within a healthcare context. Those that are, such as Pettigrew, do not specifically address all the issues associated with patient safety. Kotter’s phases of change may be applied in a healthcare context to enhance patient safety. The conclusion was, Kotter’s model is well studied in non-healthcare contexts and has potential to be adapted for improving patient safety.

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**A longitudinal study of change in the English National Health Service, Guven-Uslu, Pinar**
Financial Accountability and Management, 2011, vol./is. 27/4

**Abstract:** This paper reports the findings of a longitudinal comparative case study of 3 NHS hospital Trusts in England, investigating the perceptions of clinical, managerial and accounting professionals towards changing cost accounting and performance measurement practices. It incorporates both qualitative and quantitative data analysis, and is based on a contextualist understanding of change management; utilising the content-process-context approach to investigate the influence of receptive versus non-receptive contexts on change. The analysis reveals limited success is improving performance measurement practices (the content of change) in Trusts. Nevertheless the specific context within which change was operationalised was found to be very important, with central managers playing a key role in influencing change. The process of change indicated slow shifts in clinical-accountant-managerial relations, partly driven by changes in financial flows within the organisations.
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