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Evaluation of leadership in the NHS – last five years

NHS Evidence; TRIP Database; Cochrane Library; AMED; BNI; CINAHL; EMBASE; HMIC; Health Business Elite; MEDLINE; PsychINFO; Google Scholar; Google Advanced Search

Evidence search string(s):

Database search terms: evaluation: leadership: NHS: National Health Service

Google search string(s):

Summary

There are a number of items which deal with specific programmes within the NHS and this search includes the most general ones from PsychINFO, Medline, and HMIC.

I have checked BNI and CINAHL using the same search terms and come up with nothing any more relevant.

Guidelines

Evidence-based reviews
Published research

1. Patient centred leadership in practice.
   Citation: Journal of Nursing Management, November 2008, vol./is. 16/8(900-904), 0966-0429;1365-2834 (Nov 2008)
   Author(s): Hiscock, Michele; Shuldham, Caroline
   Language: English
   Abstract: Aim: To explore patient centred leadership at every level in an organisation and provide practical examples of how this was demonstrated in an acute tertiary NHS Trust.
   Background: There is a direct relationship between leadership and quality of care. With increasing expansion of their role nurses are in a key position to influence and lead colleagues to improve patient care. Evaluation: The Leadership Qualities Framework (NHS Institute of Innovation and Improvement 2006) is used to illustrate the various qualities used by clinical leaders in examples of leadership in practice. Key issue: Leadership development with the emphasis on the patient drives improvements in service delivery and patient safety. Conclusion: Patient centred leadership is demonstrated when there is support at the top of the organisation. Politically aware nurses make effective patient centred leaders. Leadership development programmes provide staff with opportunities to acquire essential skills and qualities in order to contribute to the vision of the organisation. Implications for nursing management: Managers should support staff and take risks in order to empower nurses to implement initiatives which improve patient care. A process of communication using a variety of tools can have a impact on a range of staff. Patient centred leaders are role models for tomorrow's leaders, their impact has lasting effect and wider implications within an organisation and beyond. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
   Publication Type: Journal; Peer Reviewed Journal
   Source: PsycINFO
   Full Text: Available from EBSCOhost in Journal of Nursing Management

2. Predicting nursing home adherence to a clinical trial intervention: Lessons for the conduct of cluster randomized trials.
   Citation: Journal of the American Geriatrics Society, December 2011, vol./is. 59/12(2332-2336), 0002-8614;1532-5415 (Dec 2011)
   Author(s): Tjia, Jennifer; Mazor, Kathleen M; Field, Terry; Doherty, Peter; Spenard, Ann; Gurwitz, Jerry H
   Language: English
   Abstract: Objectives: To describe factors predictive of nursing home (NH) adherence to a clinical trial intervention. Design: Post hoc analysis of a cluster randomized trial (CRT) evaluating a structured communication intervention to improve nurse-physician telephone communication in NHs. Setting: NH. Participants: All eligible licensed nursing staff in all participating NHs. Measurements: Adherence was defined as active participation for at least 3 months of the 12-month trial. NH characteristics hypothesized to affect trial outcomes (profit status, bed size, nursing staff time, NH quality, and leadership turnover) were measured a priori. The association between intervention adherence, NH characteristics and preintervention questionnaire response rate was examined. Results: Of 13 intervention NHs, seven adhered to the intervention. Three factors differentiated adherent from nonadherent NHs: director of nursing turnover (nonadherent NHs 50% vs adherent NHs 0%, P = .03); Centers for Medicare and Medicaid Services (CMS) nurse staffing rating (range: 1-5) (nonadherent NHs mean 3.7 +/- 0.5 vs adherent NHs mean 4.3 +/- 0.5), P = .048); and questionnaire response rate (nonadherent NHs 15.6 +/- 10.0% vs adherent NHs 34.2 +/- 12.1%, P = .02). Profit status, bed size, and number of NH deficiencies on state surveys were not significantly associated with intervention adherence. Conclusion: CMS nurse staffing rating, leadership turnover, and questionnaire response rate are associated with adherence to a CRT intervention. Pretrial evaluation of NH staffing rating by CMS and of response to a questionnaire can help investigators improve trial efficiency by screening for NHs likely to adhere to a CRT intervention. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
   Publication Type: Journal; Peer Reviewed Journal
   Source: PsycINFO
   Full Text: Available from EBSCOhost in Journal of the American Geriatrics Society
3. Action learning: A tool for the development of strategic skills for nurse consultants?

**Citation:** Journal of Nursing Management, January 2010, vol./is. 18/1(105-110), 0966-0429;1365-2834 (Jan 2010)

**Author(s):** Young, Sarah; Nixon, Eileen; Hinge, Denise; McFadyen, Jan; Wright, Vanessa; Lambert, Pauline; Pilkington, Carolyn; Newsome, Christine

**Abstract:** Aim: This paper will discuss the process of action learning and the outcomes of using action learning as a tool to achieve a more strategic function from Nurse Consultant posts.

**Background:** It is documented that one of the most challenging aspects of Nurse Consultant roles, in terms of leadership, is the strategic contribution they make at a senior corporate Trust level, often across organizations and local health economies. A facilitated action learning set was established in Brighton, England, to support the strategic leadership development of eight nurse consultant posts across two NHS Trusts.

**Evaluation:** Benefits to patient care, with regard to patient pathways and cross-organizational working, have been evident outcomes associated with the nurse consultant posts involved in the action learning set. Key issues: Commitment by organizational nurse leaders is essential to address the challenges facing nurse consultants to implement change at strategic levels. Conclusions: The use of facilitated action learning had been a successful tool in developing the strategic skills of Nurse Consultant posts within this setting. Implications for nursing management: Action learning sets may be successfully applied to a range of senior nursing posts with a strategic remit and may assist post holders in achieving better outcomes pertinent to their roles.

(PsycINFODatabase Record (c) 2012 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Source:** PsycINFO

**Full Text:** Available from EBSCOhost in Journal of Nursing Management

4. Implementation of releasing time to care-The productive ward.

**Citation:** Journal of Nursing Management, July 2009, vol./is. 17/5(647-654), 0966-0429;1365-2834 (Jul 2009)

**Author(s):** Wilson, Gwyneth

**Language:** English

**Abstract:** Background: This paper describes the implementation of the NHS Institute for Innovation and Improvement Productive Ward-releasing time to care programme. It will discuss the benefits and key successes and provides advice for those wishing to implement the programme. In Lord Darzi's Next Stage Review, he advocates an ambitious vision of patient centred-clinician led, locally driven NHS. The Releasing Time to Care programme is a unique opportunity for everyone working within the NHS to improve effectiveness, safety and reliability of the services we provide. Whilst being situated within a National Health Service policy environment learning from this work can be translated nationally and internationally, as the principles underpin the provision of high quality care.

**Evaluation:** Evaluation is currently in relation to each of the 15 modules rather than as the programme as a whole. It uses various methods including audit, observation, activity follow through, satisfaction surveys and process mapping. Each month data is collated for each of the 11 metrics which has shown a reduction in falls, drug administration errors and improvement in the recording of patient observations. Key issues: One of the key issues is that an essential component for the success of the programme lies in the tangible support of the Trust Board/Board of Directors. Evidence shows that this programme improves patient satisfaction as it enables the provision of an increase in direct patient care by staff and subsequently improved clinical and safety outcomes. Ward Sister/Charge Nurse development includes Leadership, Project management and Lean Methodology techniques. Conclusion: The Releasing Time to Care programme is a key component of the Next Stage Review. It will create productive organizations by being a catalyst for the transformation of Trust services, enabling staff to spend more time caring for patients and users. This release in time will result in better outcomes and subsequent improvement with patient and staff satisfaction and experience of the NHS as well as a cultural change for the workforce. Implications for nursing management: Releasing Time to Care, also known as the productive ward, offers a systematic way of delivering safe, high quality care to patients across healthcare settings. The Institute for Innovation and Improvement, have devised a programme of 15 modules based on 'lean' methodology. It has been widely
piloted and in January 2008 was rolled out as a national initiative with 50 million pump priming money. Evidence shows that the programme can improve patient satisfaction as it enables the provision of an increase in direct patient care by staff and subsequent improved clinical and safety outcomes. The programme has to be implemented in a structured manner in order to assure its success and release the benefits. Core to this success is Board level commitment. Board members need to sign up to and understand the concepts of the programme and their role in supporting the ward staff. The organization needs to understand the benefits that the programme will bring to the organization as well as the challenges. The Board needs to understand that the programme is focused on improving the quality of care for patients and not an opportunity to reduce costs.

(PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO
Full Text: Available from EBSCOhost in Journal of Nursing Management

5. Leadership as part of the nurse consultant role: Banging the drum for patient care.

Citation: Journal of Clinical Nursing, January 2009, vol./is. 18/2(219-227), 0962-1067;1365-2702 (Jan 2009)

Author(s): McIntosh, Jean; Tolson, Debbie

Abstract: Aims and objectives: This paper draws upon an evaluation of the first group of nurse consultants in Scotland. The evaluation aimed to identify the extent to which they fulfilled the remit of their posts which comprised four core functions. One of these functions was to provide professional leadership and this paper focuses on this element of the role and aims to explore it in relation to the attributes of transformational leadership.

Background: Nurse consultants were introduced in the UK in 2000. Their purpose was to achieve better outcomes for patients and strengthen leadership. Nursing research identifies leadership as a key element of the role, with postholders adopting transformational leadership approaches. Research from the fields of sociology and psychology identifies difficulties in formulating a coherent theory of leadership, arguing for better understanding of leadership processes. Design: Qualitative. Methods: This paper draws on 31 semi-structured interviews with four nurse consultants who were interviewed twice over six to nine months and 23 other ‘stakeholders’ who worked with them. Results: Varied leadership activity at ward, NHS Trust and strategic levels was identified. Postholders used approaches that resonated with the attributes of transformational leadership. Leadership processes included developing a vision for the service, acting as mediator and champion, and exerting control over complex change initiatives. Techniques of leadership included taking a 'softly softly' approach, pacing change initiatives and arguing assertively with those in senior positions. Interview findings also identified the level of preparation that was required to meet the remit of the posts, highlighting the importance of interpersonal skills and intellectual effort in achieving outcomes. Conclusions: Nurse consultants require considerable technical expertise, cognitive and interpersonal skills, and the ability to take risks. The data suggest that the leadership attributes required are transformational in nature but that they also exceed those identified in much of the literature. These posts require appropriate support if they are to be sustainable. Relevance to clinical practice: This paper adds to our understanding of the complexity of the nurse consultant role and highlights the challenge of providing appropriate professional development for postholders. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO
Full Text: Available from EBSCOhost in Journal of Clinical Nursing

6. Making the shift from hospital to the community: Lessons from an evaluation of a pilot programme.

Citation: Primary Health Care Research and Development, October 2008, vol./is. 9/4(299-309), 1463-4236;1477-1128 (Oct 2008)

Author(s): Ham, Chris; Parker, Helen; Singh, Debbie; Wade, Elizabeth

Abstract: Aim: To analyse the experience of a pilot programme designed to shift care from hospital to the community. Background: The white paper, Our Health, Our Care, Our Say, published in England in 2006, set out a vision for the future of primary care and community services. A key component of this vision is to provide care closer to home. The NHS Institute for Innovation and Improvement established a pilot programme in five
field test sites to explore the scope for bringing about shifts in care from hospital to the community. This paper reports the results of the evaluation of the programme. Methods: A comparative case study design was used including interviews with key stakeholders at different points during the pilot programme, participation in discussion groups, documentary analysis, and collation of activity and output statistics. By comparing evidence drawn from 14 projects in the five field test sites, the evaluation was able to identify the impact of different factors on the progress of the projects. Findings: All of the projects made some progress in taking forward their plans to shift care, although there were wide variations in what had been achieved at the end of the test and learn phase. Key factors influencing progress were the existence of a receptive context for change, project focus, organisational leadership, project management, stakeholder analysis, clinical engagement and leadership, overcoming barriers to change, aligned incentives, training and support, measuring and monitoring progress, and the timescale for change. A critical requirement in programmes of this kind is 'getting the basics right' through dogged attention to project and change management. Also important is ensuring that the evidence on change management and quality improvement is acted on by those leading change programmes. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal  
**Source:** PsycINFO

7. The role of oncologists in multidisciplinary cancer teams in the UK: an untapped resource for team leadership?.

**Citation:** Journal of Evaluation in Clinical Practice, December 2011, vol./is. 17/6(1200-6), 1356-1294;1365-2753 (2011 Dec)  
**Author(s):** Lamb B; Payne H; Vincent C; Sevdalis N; Green JS  
**Abstract:** BACKGROUND AND AIMS: In the UK, cancer care is managed via multidisciplinary teams (MDT). Core members of these teams are typically surgeons, oncologists, radiologists, pathologists and clinical nurse specialists (with other health care professionals potentially present). Good teamwork, including team communication and leadership, has been shown to be a prerequisite for safe care delivery in other health care contexts, but cancer MDT team working processes are yet to be fully explored. This study aimed to assess the self-perceived contribution of oncologists to MDTs, with emphasis on their potential role as team leaders. METHODS: Data were collected at the British Uro-oncology Group 6th Annual Meeting (Sep 11-12 2009, York, UK). Respondents completed various items related to their perceived contribution to MDTs, aspects of current and potential MDT leadership, team decision making in these meetings, and also demographic information. RESULTS: Seventy-seven oncologists attended the meeting, of whom 61 fully completed the survey (response rate 79%). Oncologists reported that their contribution to the MDT discussion carries equal weight to those of surgeons, radiologists and pathologists. Whereas 83% of respondents reported that MDT chairmanship could rotate, only 39% reported that it does in their own MDTs. More than 90% of respondents thought that oncologists (clinical or medical) could chair these meetings, but only 25% of them had ever chaired their own MDT. CONCLUSIONS: Despite a high level of contribution to MDTs and the respect of their colleagues, oncologists are not taking leadership roles within MDTs at the level that they expect. This study raises the question of whether a re-evaluation the leadership of MDTs is required with clinicians from a variety of specialities being given opportunities to develop skills necessary to lead cancer MDTs and improve team performance and ultimately cancer care. 2010 Blackwell Publishing Ltd.  
**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't  
**Source:** MEDLINE  
**Full Text:** Available from EBSCOhost in Journal of Evaluation in Clinical Practice

8. The 'F.E.E.L.' good factors in nursing leadership at board level through work-based learning.  
**Citation:** Journal of Nursing Management, November 2008, vol./is. 16/8(992-9), 0966-0429;1365-2834 (2008 Nov)  
**Author(s):** Jumaa MO  
**Abstract:** AIM: The aim of this commentary is to raise awareness about the apparent lack of formal activities and the paucity of published papers in nursing leadership development at the board level in the United Kingdom (UK). The paper suggests a way
BACKGROUND: The author has been serving at a board level, within and outside of nursing, locally, nationally and internationally since 1988. His current experience as an active board member and honorary treasurer of a leading charity organization in the Southeast of England and participation on a Board Leadership Development programme in the United States of America (USA) led to the need to write this commentary.

EVALUATION: Leadership at the board level is different because the board is the governing body of an organization. The board has overall responsibility for running the organization. The overall duty is to manage less and LEAD more. The need for this type of leadership is on the increase because these are turbulent days in the healthcare industry. This growing trend witnesses increasing and greater demand from key stakeholders for nursing and healthcare services: rising exposure to liability and litigation; a demand for stronger accountability and questioning of the nature and delivery of nursing and healthcare services. Effective and successful leadership judgment is made based on both numbers [efficient resources utilization (RU)] and stories [effective client/patient satisfaction (CS)].

CONCLUSIONS: Nurses and others in the healthcare industry need to guide against the leadership myths that: 'everyone can be a leader'; 'leaders deliver business (service) results'; 'people who get to the top are leaders'; and 'that leaders are great coaches'. This commentary demonstrates these myths could be converted to become realities through developing and possessing most if not all the knowledge, skills and attitudes implicated in the Effective Board Leadership Capabilities Development Profile presented in this paper.

IMPLICATIONS FOR NURSING MANAGEMENT AND LEADERSHIP: Possessing board level leadership capabilities is significant to nursing management and leadership from three key perspectives: the need for nurses to become 'recognized' leaders of the healthcare industry; possessing the knowledge, skills and attitudes relevant for effective board leadership; and the need to use the technology of the 21st century to aspire to an essentially intentionally global nursing community.

Publication Type: Journal Article
Source: MEDLINE
Full Text: Available from EBSCOhost in Journal of Nursing Management

Citation: Journal of Nursing Management, November 2008, vol./is. 16/8(900-4), 0966-0429;1365-2834 (2008 Nov)
Author(s): Hiscock M; Shuldham C
Abstract: AIM: To explore patient centred leadership at every level in an organisation and provide practical examples of how this was demonstrated in an acute tertiary NHS Trust. BACKGROUND: There is a direct relationship between leadership and quality of care. With increasing expansion of their role nurses are in a key position to influence and lead colleagues to improve patient care. EVALUATION: The Leadership Qualities Framework (NHS Institute of Innovation and Improvement 2006) is used to illustrate the various qualities used by clinical leaders in examples of leadership in practice. KEY ISSUE: Leadership development with the emphasis on the patient drives improvements in service delivery and patient safety. CONCLUSION: Patient centred leadership is demonstrated when there is support at the top of the organisation. Politically aware nurses make effective patient centred leaders. Leadership development programmes provide staff with opportunities to acquire essential skills and qualities in order to contribute to the vision of the organisation. IMPLICATIONS FOR NURSING MANAGEMENT: Managers should support staff and take risks in order to empower nurses to implement initiatives which improve patient care. A process of communication using a variety of tools can have a impact on a range of staff. Patient centred leaders are role models for tomorrow's leaders, their impact has lasting effect and wider implications within an organisation and beyond.

Publication Type: Journal Article
Source: MEDLINE
Full Text: Available from EBSCOhost in Journal of Nursing Management

10. Stability in shifting sands: contemporary leadership roles in critical care.
Citation: Journal of Nursing Management, October 2008, vol./is. 16/7(837-45), 0966-0429;1365-2834 (2008 Oct)
Author(s): Endacott R; Boulanger C; Chamberlain W; Hendry J; Ryan H; Chaboyer W
Abstract: BACKGROUND: Contemporary nursing leadership roles in critical care are a
reflection of the changing environment in which critical care is provided. KEY ISSUES: In the UK, critical care nursing faces challenges in the form of: reduced number and seniority of medical staff cover for acute wards; mandated responsibility for management of patients outside of critical care units, without corresponding responsibility for managing staff; increased public and political awareness of deficits in critical care; increased use of Assistant Practitioners; and emphasis on longer-term outcomes from intensive care. EVALUATION: New leadership roles have met these challenges head on with two main foci: patient management across the acute/critical care interface and hospital wide policies and practice. CONCLUSIONS: The leadership roles examined in this paper highlight three underpinning goals: improved quality and safety of patient care; improved communication between professionals; and empowerment of junior nurses and doctors. IMPLICATIONS FOR NURSING MANAGEMENT: There has been considerable investment in strategic leadership roles for critical care nursing; evidence is developing of the return on this investment for patient and service outcomes. Consideration must now be given to the preparation, mentorship and development of leadership roles for the next generation of nurse leaders.

**Publication Type:** Journal Article; Review

**Source:** MEDLINE

**Full Text:** Available from EBSCOhost in *Journal of Nursing Management*

11. **Implementing a strategy to promote lifelong learning in the primary care workforce: an evaluation of leadership roles, change management approaches, interim challenges and achievements.**

**Citation:** Quality in Primary Care, 2008, vol./is. 16/3(147-55), 1479-1072;1479-1064 (2008)

**Author(s):** McLaren S; Woods L; Boudioni M; Lemma F; Tavabie A

**Abstract:** OBJECTIVES: To identify and explore leadership roles and responsibilities for implementing the workforce development strategy; to identify approaches used to implement and disseminate the strategy; and to identify and explore challenges and achievements in the first 18 months following implementation. DESIGN: A formative evaluation with qualitative methods was used. Documentary analysis, interviews (n = 29) and two focus groups (n = 12) were conducted with a purposive sample of individuals responsible for strategy implementation. Data were transcribed and analysed thematically using framework analysis. SETTING: Regional health area in Kent, Surrey and Sussex: 24 primary care trusts (PCTs) and 900 general practices. RESULTS: Primary care workforce tutors, lifelong learning advisors, GP tutors, patch associate GP deans and chairs of PCT education committees all had vital leadership roles, some existing and others newly developed. Approaches used to implement the strategy encompassed working within and across organisational boundaries, communication and dissemination of information. Challenges encountered by implementers were resistance to change - evident in some negative attitudes to uptake of training and development opportunities - and role diversity and influence. Achievements included successes in embedding appraisal and protected learning time, and changes in educational practices and services. CONCLUSIONS: The use of key leadership roles and change-management approaches had brought about early indications of positive transition in lifelong learning cultures.

**Publication Type:** Journal Article

**Source:** MEDLINE

**Full Text:** Available from EBSCOhost in *Quality in Primary Care*

12. **Building a clinical leadership community to drive improvement: a multi-case educational study to inform 21st century clinical commissioning, professional capability and patient care.**

**Citation:** Education for Primary Care, January 2013, vol./is. 24/1(22-8), 1473-9879;1473-9879 (2013 Jan)

**Author(s):** Lynch M; Verner E

**Abstract:** The new NHS requires transformational leadership; people with the knowledge and motivation to make effective change combined with an understanding of the system they work in. The aim of the Practice Leaders’ Programme (PLP) is to generate the conditions needed to focus the energy and collaborative creativity required for innovation to enhance leadership skills across the health economy improving patient care. The PLP engaged 60 local leaders from central England in a new approach enabling them to influence others. It has informed educational policy and practice and helped change professional behaviours. Each participant implemented improvements in care and participated in six action
learning sets (ALS) and up to six coaching sessions. Evidence of progress, learning and impact was identified in project reports, reflective diaries and evaluations. The ALS brought together key individuals from clinical and management disciplines across a diverse organisation to redesign a system by developing a shared vision for improving the quality of patient care. The links forged, the projects initiated, and the skills cultivated through the PLP produced ongoing benefits and outcomes beyond the course itself. Coaching sessions helped participants focus their efforts to achieve maximum impact and to become resilient in managing service change effectively. The programme has evolved over four years, building on recommendations from external evaluation which identified statistically significant increases in leadership competences. Further enhancement of this programme secured an International Health Improvement Award. Three key findings of positive impact have emerged; personal growth, service improvement, and legacy and sustainability.

Publication Type: Historical Article; Journal Article
Source: MEDLINE

Citation: International Journal of Health Care Quality Assurance, 2012, vol./is. 25/4(237-53), 0952-6862;0952-6862 (2012)
Author(s): Morrow E; Robert G; Maben J; Griffiths P
Abstract: PURPOSE: This paper aims to focus on facilitating large-scale quality improvement in health care, and specifically understanding more about the known challenges associated with implementation of lean innovations: receptivity, the complexity of adoption processes, evidence of the innovation, and embedding change. Lessons are drawn from the implementation of The Productive Ward: Releasing Time to Care programme in English hospitals.DESIGN/METHODOLOGY/APPROACH: The study upon which the paper draws was a mixed-method evaluation that aimed to capture the perceptions of three main stakeholder groups: national-level policymakers (15 semi-structured interviews); senior hospital managers (a national web-based survey of 150 staff); and healthcare practitioners (case studies within five hospitals involving 58 members of staff). The views of these stakeholder groups were analysed using a diffusion of innovations theoretical framework to examine aspects of the innovation, the organisation, the wider context and linkages.FINDINGS: Although The Productive Ward was widely supported, stakeholders at different levels identified varying facilitators and challenges to implementation. Key issues for all stakeholders were staff time to work on the programme and showing evidence of the impact on staff, patients and ward environments.RESEARCH LIMITATIONS/IMPLICATIONS: To support implementation, policymakers should focus on expressing what can be gained locally using success stories and guidance from "early adopters". Service managers, clinical educators and professional bodies can help to spread good practice and encourage professional leadership and support. Further research could help to secure support for the programme by generating evidence about the innovation, and specifically its clinical effectiveness and broader links to public expectations and experiences of healthcare.ORIGINALITY/VALUE: This paper draws lessons from the implementation of The Productive Ward programme in England, which can inform the implementation of other large-scale programmes of quality improvement in health care.
Publication Type: Journal Article
Source: MEDLINE

14. Leadership for health improvement—implementation and evaluation.
Citation: Journal of Health Organization & Management, 2009, vol./is. 23/2(200-15), 1477-7266;1477-7266 (2009)
Author(s): Carr SM; Lhussier M; Reynolds J; Hunter DJ; Hannaway C
Abstract: PURPOSE: The purpose of this paper is to present a co-authored reflection on the health improvement leadership development programme and the key evaluation messages derived from piloting in an English National Health Service region. It highlights the specific attributes of this approach to health improvement leadership development and clarifies health improvement development issues.DESIGN/METHODOLOGY/APPROACH: Appreciative inquiry and soft systems methodology are combined in an evaluation approach designed to capture individual as
well as organisation learning and how it impacts on leadership in specific contexts.

**FINDINGS:** The evaluation exposes the health improvement leadership needs of a multi-organisation cohort, offers some explanations for successful achievement of learning needs while also exposing of the challenges and paradoxes faced in this endeavour.

**ORIGINALITY/VALUE:** There are limited reported templates of how to develop leadership for health improvement. This paper details a whole systems approach, acknowledging the impact of context on leadership and an approach to evaluating such complex initiatives.

**Publication Type:** Journal Article

**Source:** MEDLINE

15. Implementation of Releasing Time to Care - the productive ward.

**Citation:** Journal of Nursing Management, July 2009, vol./is. 17/5(647-54), 0966-0429;1365-2834 (2009 Jul)

**Author(s):** Wilson G

**Abstract:** BACKGROUND: This paper describes the implementation of the NHS Institute for Innovation and Improvement Productive Ward - releasing time to care programme. It will discuss the benefits and key successes and provides advice for those wishing to implement the programme. In Lord Darzi's Next Stage Review, he advocates an ambitious vision of patient centred - clinician led, locally driven NHS. The Releasing Time to Care programme is a unique opportunity for everyone working within the NHS to improve effectiveness, safety and reliability of the services we provide. Whilst being situated within a National Health Service policy environment learning from this work can be translated nationally and internationally, as the principles underpin the provision of high quality care.

**EVALUATION:** Evaluation is currently in relation to each of the 15 modules rather than as the programme as a whole. It uses various methods including audit, observation, activity follow through, satisfaction surveys and process mapping. Each month data is collated for each of the 11 metrics which has shown a reduction in falls, drug administration errors and improvement in the recording of patient observations.

**KEY ISSUES:** One of the key issues is that an essential component for the success of the programme lies in the tangible support of the Trust Board/Board of Directors. Evidence shows that this programme improves patient satisfaction as it enables the provision of an increase in direct patient care by staff and subsequently improved clinical and safety outcomes. Ward Sister/Charge Nurse development includes Leadership, Project management and Lean Methodology techniques.

**CONCLUSION:** The Releasing Time to Care programme is a key component of the Next Stage Review. It will create productive organisations by being a catalyst for the transformation of Trust services, enabling staff to spend more time caring for patients and users. This release in time will result in better outcomes and subsequent improvement with patient and staff satisfaction and experience of the NHS as well as a cultural change for the workforce.

**IMPLICATIONS FOR NURSING MANAGEMENT:** Releasing Time to Care, also known as the productive ward, offers a systematic way of delivering safe, high quality care to patients across healthcare settings. The Institute for Innovation and Improvement, have devised a programme of 15 modules based on 'lean' methodology. It has been widely piloted and in January 2008 was rolled out as a national initiative with 50 million pound pump priming money. Evidence shows that the programme can improve patient satisfaction as it enables the provision of an increase in direct patient care by staff and subsequent improved clinical and safety outcomes. The programme has to be implemented in a structured manner in order to assure its success and release the benefits. Core to this success is Board level commitment. Board members need to sign up to and understand the concepts of the programme and their role in supporting the ward staff. The organisation needs to understand the benefits that the programme will bring to the organisation as well as the challenges. The Board needs to understand that the programme is focussed on improving the quality of care for patients and not an opportunity to reduce costs.

**Publication Type:** Journal Article

**Source:** MEDLINE

Full Text: Available from EBSCOhost in Journal of Nursing Management

16. The matron's role in acute National Health Service trusts.

**Citation:** Journal of Nursing Management, October 2008, vol./is. 16/7(804-12), 0966-0429;1365-2834 (2008 Oct)

**Author(s):** Gould D

**Abstract:** AIM: The aim of this study was to describe how matrons in an acute National Health Service trust perceive and undertake their role since its reconfiguration in 2005 and
to investigate their needs for continuing professional development.

**BACKGROUND:** Matrons returned to acute National Health Service trusts in 2002 to provide a senior, authoritative nursing presence throughout clinical areas. Their function is to promote high standards of clinical care and leadership; ensure that administrative and support services are in place to deliver high standards of care; and provide a visible, accessible and authoritative presence in ward settings.

**METHODS:** Data were obtained by interview. A qualitative approach using a semi-structured interview schedule was used to obtain data from 22 matrons and the data were subjected to thematic analysis.

**RESULTS:** There were differences in the way that matrons performed their role. They promoted clinical leadership effectively and maintained a high clinical profile. Attempts to promote high standards of cleanliness and infection control were less effective because of the shortcomings of the domestic service.

**CONCLUSION:** Overall the matron role is proving effective. However, matrons' ability to promote adequate levels of environmental cleanliness and control infection is a cause for concern.

**IMPLICATIONS FOR NURSING MANAGERS:** The study findings suggest that where an existing service is performing poorly, expecting another occupational group to oversee it will not contribute to improvement unless resources can be improved.

**WHAT THIS PAPER ADDS TO CURRENT KNOWLEDGE:** This study has provided an in-depth evaluation of the matron role at a local level. It is to date the most comprehensive study of its kind.

**Publication Type:** Journal Article  
**Source:** MEDLINE  
**Full Text:** Available from EBSCOhost in *Journal of Nursing Management*

17. Four parts or one whole: The National Health Service (NHS) post-devolution.

**Citation:** Journal of Nursing Management, September 2008, vol./is. 16/6(662-72), 0966-0429;1365-2834 (2008 Sep)  
**Author(s):** Maslin-Prothero SE; Masterson A; Jones K  
**Abstract:** AIM(S): There is a need for nurse and midwifery managers to have an understanding of devolution and its implications for them and their colleagues. This paper will explain devolution, consider some health and social care policy including similarities and differences, and assess the impact of devolution on the nursing workforce and the regulation of nursing across the four countries of the United Kingdom (UK).

**BACKGROUND:** If managers are to manage effectively it is critical that they remain aware of emerging policy development and outcomes across the UK. It is now more important than ever that nurses maintain a keen eye on the impact divergent policy is having on practice as well as the UK nursing workforce.

**EVALUATION:** The impact of devolution across the UK will be explored using convergence and divergence as a framework; commencing by providing an overview of devolution and health, moving on to examine health policy in action across the four countries.

**KEY ISSUES:** Healthcare is highly political in nature. Devolution has implications for all, and adds to the complexity of health and social care provision. If managers are to manage effectively it is critical that they remain aware of emerging policy development and outcomes across the UK.

**CONCLUSION:** It is equally important that nurses, and nurse managers, develop and draw upon their political leadership skills, actively engaging in policy debates to ensure that when policies are translated into practice their outcomes are optimal in terms of quality, efficiency and sustainability. Implications for nursing management There is a need for nurse and midwifery managers to have an understanding of post-devolution structures and how they operate in order to work effectively, as well as to learn from the experiences of other parts of the UK.

**Publication Type:** Journal Article; Review  
**Source:** MEDLINE  
**Full Text:** Available from EBSCOhost in *Journal of Nursing Management*


**Citation:** Clinical Governance, 2012, vol./is. 17/4(277-286), 1477-7274  
**Author(s):** Strobl, Judith; Madhok, Rajan  
**Abstract:** PURPOSE: The purpose of this paper is to describe the experiences of Manchester Primary Care Trust (PCT) of driving improvement in quality and patient safety as commissioners in the English National Health Service (NHS). After the PCT's establishment in late 2006, considerable work was undertaken to develop and promote the
role of Commissioner as the custodian of standards of services for its resident population. This required engagement with internal PCT stakeholders and a range of external stakeholders locally, regionally and nationally. The authors’ experience should be of interest in the UK, and beyond given that many health systems have, or are moving towards, a commissioner: provider model. DESIGN/METHODOLOGY/APPROACH: This is a case study using self-reported observational approach. FINDINGS: The authors’ experience showed that commissioners can and should provide the leadership in driving quality improvements and patient safety, within their health systems. However, the challenges must not be underestimated, and the authors share some of the methods they used and lessons they learned. RESEARCH LIMITATIONS/IMPLICATIONATIONS: There is a considerable interest in promoting quality through better commissioning of health care services. However, there is limited research into the impact and effectiveness of using commissioning as a lever. Given that in the NHS, and elsewhere in the world, commissioning is seen as the organising principle for health systems, such research and evaluation should be a priority. PRACTICAL IMPLICATIONS: This case study has valuable lessons for the new NHS and the findings are relevant to other health systems. There is a danger that the new NHS will repeat some of the mistakes of the past, and hopefully this case study can help avoid, or limit, the risks. ORIGINALITY/VALUE: To the authors’ knowledge there is no comparable piece of work, and the data/findings have not been published or reported comprehensively before. The paper should be of value to not just the NHS but to health systems generally, since commissioning seems to be the prevailing model for organising them. [Abstract]

Source: HMIC

19. Mixed-methods evaluation of a leadership development programme for higher specialist trainees.
Citation: Psychiatrist, 2012, vol./is. 36/10(386-390), 1758-3209
Author(s): Healey, Christine; Fearnley, David
Abstract: AIMS AND METHOD: Newly appointed consultant psychiatrists have reported that management and leadership is an area for which they are unprepared. Our aim was to evaluate the impact of a leadership development programme based on the principles of ‘action learning’ for higher trainees. A questionnaire survey was sent to 54 trainees and consultants who had attended the programme. Qualitative interviews were conducted with 15 participants using the concept of maximum variance sampling. RESULTS: The relevance of the topics covered, the opportunity for free discussion and increased understanding of National Health Service policy were rated highest. At the end of a thematic analysis, themes were organised into four major categories: (a) lack of engagement with management during training; (b) the lasting impact of the leadership development programme; (c) understanding the larger organisational context; and (d) transition to consultant psychiatrist. CLINICAL IMPLICATIONS: The findings suggest that programmes such as this can be successful in raising awareness and increasing engagement in medical leadership and management. [Abstract]

Source: HMIC

Full Text: Available from Grantham Hospital Staff Library (lib330745) in Psychiatrist (was Psychiatric Bulletin); Note: ; Notes: Username: ulhtlibraries/Password: library
Available from Highwire Press in Psychiatrist, The
Available from Psychiatrist (was Psychiatric Bulletin) in Grantham Hospital Staff Library; Note: ; Notes: Use the link to request articles from the library. Complete the appropriate online form and press 'Send'.

20. Leadership for health improvement - implementation and evaluation.
Citation: Journal of Health Organization and Management, 2009, vol./is. 23/2(200-215), 1477-7266
Author(s): Carr, Sue
Abstract: PURPOSE: The purpose of this paper is to present a co-authored reflection on the health improvement leadership development programme and the key evaluation messages derived from piloting in an English National Health Service region. It highlights the specific attributes of this approach to health improvement leadership development and clarifies health improvement development issues.
DESIGN/METHODOLOGY/APPROACH: Appreciative inquiry and soft systems methodology are combined in an evaluation approach designed to capture individual as well as organisation learning and how it impacts on leadership in specific contexts.
FINDINGS: The evaluation exposes the health improvement leadership needs of a multi-organisation cohort, offers some explanations for successful achievement of learning needs while also exposing of the challenges and paradoxes faced in this endeavour. ORIGINALITY/VALUE: There are limited reported templates of how to develop leadership for health improvement. This paper details a whole systems approach, acknowledging the impact of context on leadership and an approach to evaluating such complex initiatives. 1 fig. 45 refs. [Abstract]

Source: HMIC

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There are many items with the words – evaluation, leadership and NHS in the title – with most of them being related to a particular Trust or programme – nothing specifically generic.

These two items might be of general interest:
1. Boaden, Ruth J
   Leadership development: does it make a difference?

   Purpose – This paper seeks to examine the impact of a leadership development programme provided for, and funded by, the NHS.

   Design/methodology/approach – It analyses the context, process of delivery and outcomes of the programme in the light of relevant leadership research. The programme itself is described after some consideration of the literature. Although the programme was originally commissioned by the NHS Leadership Centre for Human Resource (HR) professionals from the NHS, it is now offered to any aspiring or newly-appointed director, and aims (amongst other things) to enable NHS staff to manage people more effectively within the context of change.

   Findings – The paper concludes that the programme has, to date, been successful in impacting on personal and organisational contribution, as far as individual participants, commissioners and providers are concerned, and as far as can be measured within current understanding.

   Originality/value – The programme fits well with the most recent typologies of leadership development.

2. The National Health Service in England