**Healthcare Leadership**

**Chairs and non-executives in the NHS: The need for diverse leadership**

*NHS Confederation* June 2019

Diversity in leadership is important for the future of the NHS, particularly in light of the need to implement the new NHS Long Term Plan, which promotes greater integration between staff and expresses the need for transformational change across health services. Equality, diversity and inclusion (EDI) is about having best practice in the governance of organisations and better engagement with the staff. For the NHS, this will lead to significant improvements in the standards of care delivered within its institutions. However, EDI is an area that the NHS needs to make significant progress in to reflect the spirit of the equality and diversity legislation and the NHS’ stated ambition to create a more diverse leadership. This report examines the arrangements for the recruitment and appointment of chairs and non-executives within the NHS (NHS non-executives include chairs and non-executives). As the report demonstrates, the progress and gains made in the early 2000s towards a more diverse board leadership in NHS trusts (including foundation trusts) has gone into reverse or made no progress. As a community of leaders, chairs and non-executive directors are often not representative of the communities they serve and the staff they govern.

**NHS people plan: new ‘leadership compact’ to drive behaviour at the top**

*Valeria Fiore*

*Healthcare Leader* 4 June 2019

NHS England and NHS Improvement will produce a new document to specify which cultural values NHS leaders need to have and the leadership behaviours they should display, the interim NHS people plan has announced. Known as the ‘leadership compact’, the document will set out new standards and behaviours for NHS leaders working for central and local NHS organisations and ‘shape the recruitment, development, and appraisal’ of NHS leaders.

**Banish idea of nursing as ‘women’s work’ to promote more female health leaders – report**

*Kimberley Hackett*

*Nursing Standard* June 2019

Nursing Now survey analysis suggests ways to address gender imbalance in senior positions. The perception of nursing as a ‘feminine’ or ‘nurturing’ profession is creating a barrier to women progressing into leadership roles, according to a new report. Based on a global survey of more than 2,500 former and current nurses, the report calls for the status of the profession to be raised in the wider health sector by challenging the perception that nursing is a ‘soft science’. Report below.

**Investing in the Power of Nurse Leadership: What Will It Take?**

*Newman, C. et al.*

*IntraHealth International, Nursing Now, Johnson & Johnson* June 2019

This report is the product of a collaboration among IntraHealth International, the Nursing Now campaign, and
Johnson & Johnson. It draws from a review of existing literature, a survey of 2,537 nurses and nurse-midwives from 117 countries, and eight key informant interviews of nurse leaders to provide an in-depth analysis of the gender-related barriers to and facilitators of nurse leadership. The report derives from that analysis a set of recommendations for policymakers and implementers at the global, national, and institutional levels to accelerate strengthening nursing leadership and gender equality in the global nursing workforce. In-depth interview data were thematically analyzed using Nvivo 12 based on key themes that included: sociocultural norms, structural barriers (e.g., lack of child care, training opportunities), family-work life balance, discrimination, and sexual harassment.

Untapped potential: Investing in health and care data analytics
Martin Bardsley et al.
The Health Foundation May 2019
Improvement in the quality of health and care services depends on good-quality analytical support. We need to use data to identify areas of poor care, guide choices about priorities for care, improve efficiency and improve patient care. An organisation’s analytical capability is their ability to analyse information and use it to make decisions. However, we know that in practice health and care systems are often not able to draw on high-quality analytical support. There is a shortage of people with the right skills and tools to do analysis, and collaborate with clinicians and managers on using their insights to improve care. This is exacerbated when the analysts we do have spend much of their time doing relatively low-value work – for example, compiling reports that aren’t read. By investing in the analytical workforce, we will be able to unlock the full potential of data.

Organizational Culture Is the Key to Better Health Care
Stephen J. Swensen et al
NJEM Catalyst 2019
Culture is the way in which organizations make decisions about what they are and aren’t going to do, and the cumulative way in which employees experience their jobs and lives at the organization. Both of these directly influence the types of care that patients experience. Simply put: Change your organizational culture and you change the patient experience. We surveyed members of the NEJM Catalyst Insights Council — who comprise health care executives, clinical leaders, and clinicians — about organizational culture. The survey explores the current state and the priority of organizational culture change, the effectiveness of creating and sustaining culture, patient care versus the bottom line, the amount of culture change necessary, strategies for changing organizational culture and accountability for culture change, and the importance of culture change being led by a physician. Completed surveys from 710 respondents are included in the analysis.

Why aren’t more doctors NHS chief executives?
David Oliver
BMJ 2019; 365
Last month, Susan Gilby joined a small band of doctor CEOs in the NHS acute sector when she was confirmed as chief executive of the Countess of Chester Hospital. Other names on this small list include Jackie Bene at Bolton, Marcel Levi at University College, David Rosser in Birmingham, and Tim Orchard at Imperial College. Their CVs make interesting case studies. Even executive medical directors rarely make the jump to CEO. We see more doctor CEOs outside the hospital sector, but it’s still a small minority. NHS Providers found that only a third of NHS CEOs had clinical qualifications, 63% of whom trained as nurses, but only 19% as medical doctors and 15% as pharmacists or allied health professionals.

NHS boards are too often ‘another country’
Naomi Chambers
University of Manchester Alliance Manchester Business School May 2019
The observations and findings of a study which examined 43 NHS board meetings in England and Wales. Late last year, a cohort of senior healthcare scientists on a leadership programme carried out 43 different observations of NHS board meetings across England and Wales. The findings of these scientists confirm concerns expressed elsewhere with regard to variations in the quality of board leadership. The observers were well aware that these were meetings held in public rather than public meetings, and what that difference implied.
We still need to talk about boards
NHS Providers June 2019

In the summer of 2015 we published our paper We need to talk about boards, in the context of the Five year forward view and the debate that ensued about legal and organisational forms. Much has changed since then, with publication of the NHS long term plan and the drive towards system working, with its emphasis on collaboration rather than competition. However, even in the context set out above, individual organisations remain important. They are the only bodies corporate within systems with the legal powers to make decisions and are legally accountable for the outcomes of that decision making. Their directors are answerable to the board even when making decisions under delegated powers and all board members are liable for the ensuing outcomes. For providers, this means the board, which embodies the organisation, remains the legitimate unit of decision making. So while system working is likely to impact on the way in which boards work, it has made board oversight more important than ever. The policy emphasis on collaboration over competition makes legislation to revise NHS structures and ways of working more likely at some point in the future. When this is brought forward, whatever the shape of the resulting organisations, it is vital that board leadership should be at its heart. This revised version of our 2015 paper sets out our rationale for board leadership now and in the future.

The role of health in place-based leadership
Phil Richardson
NHS Confederation 15/05/2019

As integrated care systems continue to develop a closer working partnership between the NHS, local authorities and other organisations that deliver health and wellbeing services, Dr Phil Richardson, chief system integration officer at NHS Dorset CCG, observes there is a real opportunity to also play a role in supporting economic growth.

Talking leadership: Ben Fuchs on ‘advantage blindness’
Ben Fuchs
The King’s Fund

Ahead of our annual leadership summit on compassionate and inclusive leadership, we explore why it’s important for those in management and leadership roles to be aware of potential blind spots.

Lessons in leadership with Layla McCay
Angela Sharda
Healthcare Leader 3 June 2019

Layla McCay started her career in the NHS as a temp medical secretary, typing applications, letters and answering queries when she was a medical student. Today she is director of international relations at the NHS Confederation with a remit to ensure the NHS is able to learn and share international knowledge and experience.

Anticipating Disruptive Innovations With Foresight Leadership.
Pesut, D.J.

The purpose of this article is to discuss the importance of foresight leadership to anticipate disruptive innovations in health care. Nursing foresight leadership is defined. Types of foresight leadership styles are described. Selected disruptive trends in health care are identified. Strategies to develop foresight leadership are discussed. Foresight requires transformational leadership skills. Resources to support the development of foresight leadership are referenced. Readers are invited to engage in actions and learning activities to develop foresight leadership capacity to anticipate disruptive innovations in health care and build transformational leadership capacity of people in the profession of nursing.

Using Interpersonal Leadership Skills to Maximize Perioperative Team Member Engagement
Leadership Insights June 2019, Vol. 109, No. 6

Perioperative nursing leaders use many tools to optimize performance, improve practices, and boost productivity. However, team engagement is the key component for every success that a perioperative nursing
leader achieves. Team member engagement can be a challenge for any leader in the perioperative setting because of the wide variety of specialty practices and the sheer number of staff members, physicians, and others who frequently collaborate to provide perioperative care.

**Leadership in 21st century military healthcare: what did clinical psychologists ever do for us?**
Rachel Norris et al
*Journal of the Royal Army Medical Corps* Volume 165, Issue 2

Psychology is integral to the concepts and practice of leadership. Leadership models often have their roots in psychological paradigms, making it intrinsically easy for psychologists to grasp and apply them alongside clinical models. Psychologists’ ‘second-order’ skills have been used to good effect in the changing landscape of military mental healthcare: modelling adaptive responses to change, understanding the non-conscious aspects of relationships in hierarchical organisations, working with systems, the ability to diagnose situational requirements and act accordingly, drawing on a range of psychological theories and leadership styles. The clinical psychologist as a professional who can help others ‘reframe’ a situation or experience is key to their leadership role within healthcare settings, ‘enabling others to achieve shared purpose in the face of uncertainty’. The contribution that clinical psychology has made to leadership in Defence over the past 20 years will be illustrated by personal accounts from ‘experts by experience’.

**Navigating the Pathway to Leader Emergence in Self-Managed Work Groups Over Time: Should I Self-Promote and Try to Emerge Initially as a Leader?**
JoAnne Yong-Kwan Lim
*Sex Roles* April 2019, Volume 80, Issue 7–8, pp 489–502

Despite literature revealing the negative effects of self-promotion on important outcomes for women in interviews, there is limited attention on whether this relationship exists in a peer-to-peer context (e.g., self-managed work groups). Whereas men’s self-promotion is vital to attain interview success, work has shown that self-promoting men are not viewed favorably in a peer-to-peer setting. Moreover, most self-promotion research has focused on a single time point. It is thus a puzzle as to whether and when one should use self-promotion to emerge as a leader in a self-managed work group over time. The present findings imply that managers need to be aware of possible biases in leader emergence ratings resulting from self-promotion if such ratings are utilized in their promotion decisions. Despite progressive improvements made with respect to gender-related issues over the years, societal expectations of gender norms in work groups appear to persist.

**Theoretical Development and Empirical Examination of a Three-Roles Model of Responsible Leadership**
Voegtlin, C., Frisch, C., Walther, A. et al.

This article develops theory on responsible leadership based on a model involving three leadership roles: an expert who displays organizational expertise, a facilitator who cares for and motivates employees and a citizen who considers the consequences of her or his decisions for society. It draws on previous responsible leadership research, stakeholder theory and theories of behavioral complexity to conceptualize the roles model of responsible leadership. Responsible leadership is positioned as a concept that requires leaders to show behavioral complexity in addressing all three roles. In three studies, we provide a first empirical test of antecedents and outcomes of the roles model of responsible leadership. The results of the studies indicate that responsible leadership is positively related to the leader’s perceived effectiveness, favorable stakeholder evaluations and employee engagement with the organization and society. Responsible leadership behavior, in turn, seems to be facilitated by leader empathy, positive affect and universal value orientation.

**Leading well: Challenges to researching leadership in occupational health psychology – and some ways forward**
Karina Nielsen & Toon W. Taris
*Work & Stress*, 33:2, 107-118

Studies on the effects of leadership in occupational health psychology build on the assumption that leaders influence their followers’ health and well-being. Although this assumption has received support, this introductory paper to a special issue of Work & Stress on leadership argues that a number of questions regarding leadership and follower health and well-being remain unanswered. We identify four issues that we argue warrant further attention. Based on these considerations, we conclude that further research is needed.
to fully understand the effects of leadership on employee health and well-being.

**Intentional interprofessional leadership in maternal and child health.**
McGrath ER
*Leadersh Health Serv (Bradf Engl)*. 2019 May 7;32(2):212-225.
This paper aims to describe an interprofessional leadership training program curriculum implemented by a new maternal and child health leadership training program, its collaboration with a well-established leadership consortium, the measures taken to evaluate this training and implications for other leadership programs. The in-depth focus on one's self, teams and on the wider community enhances each individual's grasp of how people and organizations approach women and children's health challenges and strengthens their ability to negotiate among the diverse disciplines and cultures.

**Adapting Leadership Perceptions Across Tasks: Micro-Origins of Informal Leadership Transitions**
Cook, A. et al
Relational theories of leadership emphasize the relevance of dynamic changes of informal leadership structures in teams, especially when teams are confronted with new tasks. In this study, we examine how leadership perceptions change in a new task and focus on two potential moderators: interpersonal contact and perceived change in competence allocation. We discuss theoretical implications regarding informal and shared leadership research and practical implications regarding leadership development, as well as team diagnostics and interventions.

**Emergence of informal clinical leadership as a catalyst for improving patient care quality and job satisfaction.**
Boamah SA
Analyses the critical attributes of clinical leadership and test a model linking clinical leadership behaviours of staff nurses to patient care quality and job satisfaction. Research has historically proclaimed the beneficial effects of clinical leadership for optimizing care and improving patient outcomes. Few studies, however, have assessed the influence of clinical leadership at the staff nurse level and empirically tested the concept. The findings indicate that informal leadership at the clinical level may be an underused asset in health care and if identified and developed, staff nurse clinical leaders have potential to improve the delivery of patient care and may offer a tangible solution to the patient safety conundrum.

*You can give them wings to fly*: a qualitative study on values-based leadership in health care.
Denier Y. et al
Within contemporary health care, many of the decisions affecting the health and well-being of patients are not being made by the clinicians or health professionals, but by those involved in health care management. Existing literature on organizational ethics provides insight into the various structures, processes and strategies - such as mission statement, ethics committees, ethical rounds ... - that exist to create an organizational climate, which fosters ethical practices and decision-making. It does not, however, show how health care managers experience their job as being intrinsically ethical in itself. In the present article, we investigate the way in which ethical values are present in the lived experiences and daily practice of health care management. What does it imply to take up a managing position within a health care institution and to try to do this in an ethically inspired way?

**Staff**

**NHS Interim People Plan**
**NHS Employers** 03/06/2019
NHS England/Improvement has published the Interim People Plan for the NHS. This has been developed over the last few months and sets an agenda to tackle the range of workforce challenges in the NHS with a particular focus on the actions for this year. The plan is structured into the following themes, with each theme
having a number of immediate actions that need to be taken by NHS organisations to enable the people who work in the NHS to deliver the NHS Long Term Plan. Key actions for employers are: make the NHS the best place to work, improve our leadership culture, prioritise urgent action on nursing shortages, develop a workforce to deliver 21st century care, and develop a new operating model for workforce.

**The NHS workforce plan is an off-the-scale fantasy:** opinion
Andy Cowper, editor, Health Policy Insight, London, UK
BMJ 2019 365:i4036
The lack of quantifiable staffing targets means shortfalls and rota gaps will remain the new NHS normal. The Interim NHS People Plan is fantastic, not in the sense that it’s extremely good but that it is aligned to and derived from fantasy. What it sets out is simply not credible for tackling the NHS’s workforce challenges.

**Exploring the Relationship Between Exclusive Talent Management, Perceived Organizational Justice and Employee Engagement: Bridging the Literature**
Edward P. O’Connor & Marian Crowley-Henry
This conceptual paper explores the relationship between an organization’s exclusive talent management (TM) practices, employees’ perceptions of the fairness of exclusive TM practices, and the corresponding impact on employee engagement. We propose that in organizations pursuing exclusive TM programs, employee perceptions of organizational justice of the exclusive TM practices may affect their employee engagement, which may influence both organizational and employee outcomes. The paper considers the perspectives of employees not included in corporate talent pools and explores how exclusive TM practices, as inputs, could lead to negative employee engagement outputs. In unpacking how exclusive TM practices could impact on employee engagement, the implications for organizations are underlined. The ethics and perceived fairness of exclusive TM practices, which have the potential to marginalize employees and lead to their disengagement, are considered.

**Flexible working qualitative analysis: Organisations’ experiences of flexible working arrangements**
Leonie Nicks et al
Government Equalities Office March 2019
Flexible working, defined by the UK government as “a way of working that suits an employee’s needs”, is critical for improving workplace gender equality. Women do the majority of unpaid care work in the UK and so the majority of flexible workers are women. While the impact of other flexible working arrangements is yet to be well understood, the negative impact of part-time working disproportionately affects women’s careers and contributes to the gender pay gap. The challenge of widening access to and successful implementation of flexible working arrangements for both men and women faces employers across many sectors. Yet it could be the key to women’s retention and progression at work and gender equality across society as a whole. The main aim of this study was to identify key barriers and facilitators for organisations offering flexible working, and the key barriers and facilitators to employees taking up or accessing flexible working. We examined this from the perspective of Human Resources (HR) professionals.

**Disability Summit 2019 Summary**
NHS Employers 2019
On 30 April 2019 nearly 200 people from across the health and social care sector joined us for our fourth Disability Summit at the Tower Hotel in London. This year is a landmark year for our sector with the launch of our new Workforce Disability Equality Standard (WDES) in the NHS and the roll out of our Learning Disability Employment Programme as part of the recently announced Long Term Plan. But we wanted the summit to be more than this, and to allow us to celebrate the achievements of people with disabilities and learn about best practice in the field of employing people with disabilities.

**Learning Disability Nurse Leadership Programme**
Florence Nightingale Foundation 2019
A scholarship to improve the career of nurses who care for people with learning disabilities. Health Education England has joined forces with the Florence Nightingale Foundation to offer this career development opportunity to recognize the contribution of Learning Disability Nurses. Since 1929, the Florence Nightingale Foundation has been committed to advancing the study of nursing and midwifery practice, promoting excellence and preparing nurses and midwives to follow in the footsteps of its namesake, to provide the best possible care to patients across the UK. This leadership programme is fully funded by Health Education England. It offers 40 Learning Disability Nurses bespoke leadership development to become Florence Nightingale Nurses and develop as future leaders of healthcare. We will accept applications from nurses working in the field of Learning Disability in the NHS or NHS commissioned services across England.

**Inclusive Clinical Practice and Policy for Muslim Nursing Students.**
Hopkins A.F. et al.
*J Transcult Nurs*. 2019 Mar 2;1043659619832079.
Increasing diversity in nursing offers opportunities and challenges. This article addresses considerations for clinical and educational policies when working with Muslim nursing students and suggests changes to facilitate inclusive environments. For the nursing profession to embrace diversity, faculty must be aware of the discrimination and general lack of knowledge toward Muslim nurses/students in the United States and reasonable accommodation for cultural and religious beliefs.

**Ethnic minority staff and patients: a health service failure: A call for papers for a special theme issue of The BMJ**
Zosia Kmielowicz et al
*BMJ* 2019;365:l2226
This autumn The BMJ will publish a special issue to reflect the working lives of doctors from ethnic minority backgrounds and the healthcare experiences of ethnic minority patients. Why? Because despite decades of evidence of disparities in health outcomes related to ethnicity and differential attainment among clinical staff, there has been little action. We want to highlight discrimination and health inequalities related to race and ethnicity, and we invite submissions on how to better characterize the problems, air debate, and find solutions.

**NHS becoming less diverse at board level, report reveals**
Kat Keogh
*Nursing Standard* 08 June 2019
Lack of diversity on NHS boards is leading many nurses to believe equality of opportunity in the health service is a myth. That’s the warning from the RCN, after a new report revealed falling rates of women and people from black and minority ethnic (BME) backgrounds in NHS boardrooms. The percentage of chairs and non-executive directors of NHS trusts in England from a BME background almost halved from 15% in 2010 to 8% in 2018, according to the report from the NHS Confederation. Meanwhile, the proportion of women in those positions dropped from 47% in 2002 to 38% in 2018. In contrast, the report says, more than three quarters of the NHS’s total workforce is female and 19% of staff are from a BME background.

**Gender Differences in How Leaders Determine Succession Potential: The Role of Interpersonal Fit With Followers.**
Rink F. et al
This paper examined the existence of gender differences in the degree to which leaders’ perceptions of successor potential is influenced by interpersonal fit. In Study 1 (N = 97 leaders, N = 280 followers), multi-source field data revealed that for male leaders, ratings of followers’ potential as successors were positively related to interpersonal fit, measured by the degree to which followers saw their leadership as being close and interpersonal (i.e., being coaching, transformational, and leading by example). For female leaders, these relationships were absent, suggesting that they are less influenced by interpersonal fit. In Study 2 (N = 311 leaders), a scenario study provided causal evidence that male leaders rated potential successors more positively when they perceived greater interpersonal fit with followers, whereas female leaders’ successor ratings were not informed by perceptions of fit. We discuss the theoretical and practical implications for gendered leadership successor perceptions in organizations.
**Mentoring**

**Peer Support offer - A sector-led approach**

**NHS Providers** June 2019

The Local Government Association (LGA), NHS Providers, NHS Clinical Commissioners (NHSCC), NHS Confederation and ADDAS have come together to develop a uniquely sector-led approach which offers support for sustainability and transformation partnerships (STPs) and local systems which voluntarily seek help from within the sector.

**Leadership books**

**Leadership with impact: preparing health and human service practitioners in the age of innovation and diversity**
Araque, Juan C. & Weiss, Eugenia L.
[2019] Oxford University Press

**The no-nonsense guide to leadership, management and teamwork [electronic resource]**
Allan, Barbara
2019 Facet Publishing

**How to lead smart people: leadership for professionals**
Mister, Mike, & Singh, Arun
2019 Profile Books

**No bullsh*t leadership: why the world needs more everyday leaders and why that leader is you**
Hirst, Chris,
2019 Profile Books

**Exploring leadership drivers and blockers**
Woodward, Ian C., et al
2019 Palgrave Macmillan

This bulletin is based partly on the leadership blog for Thames Valley and Wessex Leadership Academy: [https://blogs.bodleian.ox.ac.uk/tvw-knowledge-hub/home/](https://blogs.bodleian.ox.ac.uk/tvw-knowledge-hub/home/)

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