

Institution: Liverpool John Moores University (LJMU)		
Unit of Assessment: 17		
Title of case study: Creating operational benefits and service improvements in an NHS Trust through leadership development		
Period when the underpinning research was undertaken: 1 st January 2005 – date		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Aileen Lawless	Reader of HRD	Sept. 1996 - date
Johan Coetsee	Programme Leader	March 2010 – date
Jim Stewart	Professor of HRD	June 2016 - date
Hannah Wilson	Senior Lecturer: Business Research Methods	March 2018 – date
Period when the claimed impact occurred: 2018-2020		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact <p>In 2018, a Senior Leaders Development Programme (SLDP) was designed and delivered by Liverpool Business School (LBS) for an NHS Trust. The SLDP is based on the LBS Integrated Model of Leadership Development informed by critical reflection, questioning insight and collaborative ways of working.</p> <p>The impact extended beyond the 75 members of staff who participated in the SLDP, with localised improvements made to individual professional practice and the effectiveness of team working within the Trust. A number of notable improvements to the experience of service users and patient care across the Trust have been reported. These include; improvements to waiting times for ophthalmology appointments (92% (previously 69%) of patients are now seen within 10 weeks), a reduction in waiting times for blood test results for patients in the Emergency and Urgent Care department (from 120 minutes to 60 minutes) and the establishment of a new community based heart failure service and tuberculosis (TB) testing clinic for migrants (16-35 years old) who have recently arrived in Liverpool.</p>		
2. Underpinning research <p>The SLDP is underpinned by a model of integrated action learning derived from research initially undertaken by Lawless, (nee Corley) and published in UR1 and UR2. This research has been further developed by Lawless and colleagues in UR3 to UR5. We refer here to the results of the research as the LBS Integrated Model of Leadership Development. The model is focused on the relationship between management education and management practice with the aim of identifying the barriers to, and enablers of, the transfer and translation of learning to facilitate action and impact in the workplace. The research challenges the mechanistic approach to leader development and advocates for the integration of critical reflection, questioning insight and collaborative ways of working as key processes, and content, within leadership developmental programmes. The outputs cited below have made a significant contribution to debates on the relationship between academia and practice, and to understanding the processes involved in enabling and supporting transfer between the two communities within organisational communities of practice. The insights derived from the research have been applied by Liverpool Business School in the design and delivery of Liverpool Royal NHS Hospital Trust SLDP programme. These</p>		

insights are incorporated into the LBS Integrated Model of Leadership Development and are described below.

Organisational learning occurs when key organisation decision-makers are involved in the design and delivery of development initiatives (UR1). Hence, LBS worked collaboratively with the Trust in all stages of the SLDP. UR1 also shows that the inclusion of critical theory into the curriculum enhances learning. This too has again been demonstrated in this case.

UR2 shows that the introduction of critical approaches needs to be handled sensitively to ensure participation rather than exclusion. In addition, this sensitive facilitation of critical approaches within action learning supports the transfer of action and learning within and across communities of practice in educational and organisational contexts (UR3).

Another key aspect of effective leadership development in the LBS model is the teaching and facilitation of reflective practice (UR4). The research in UR4 demonstrates that reflection is not a simple process of transfer to a work context but requires an ability to translate learning into something meaningful for individuals and their professional contexts.

The research offers a definition of leadership as a collective willingness to tackle “wicked” issues. This in turn shows that when action learning is employed for leadership development purposes, the individual-focused nature of leader development must be challenged in favour of collective and collaborative approaches to leadership. (UR5).

Action learning as ethos and method underpins the LBS Integrated Model of Leadership Development and this model is captured more fully in UR6. This output highlights that learning occurs when learners are together and when they are apart.

The application of this research in the SLDP and subsequently by the senior leader participants from the Trust has impacted on them and their colleagues’ professional practice. This in turn has enabled the participants to achieve significant change and impact in their roles and more widely in the organisation.

3. References to the research

The underpinning research (UR) has been published in academic journals and subjected to rigorous peer review.

UR1. Corley, A. and Thorne, A. (2006). Action learning: avoiding conflict or enabling action. *Action Learning: Research and Practice*, 3(1), 31-44. ISSN: 1476-733.

UR2. Lawless, A. (2008). Action learning as legitimate peripheral participation. *Action Learning: Research and Practice*, 5(2), 117-129. ISSN: 1476-733.

UR3. Lawless, A., Sambrook, S. and Stewart, J. (2012). Critical human resource development: enabling alternative subject positions within a MA HRD educational programme. *Human Resource Development International*, 15(3), 321-336. ISSN: 1367-8868.

UR4. Griggs, V., Holden, R., Rae, J., and **Lawless, A.** (2016). From reflective learning to reflective practice: assessing transfer. *Studies in Higher Education*, published on-line Oct. 2016 1-12. DOI: 10.1080/03075079.2016.1232382.

UR5. Edmonstone, J., **Lawless, A.**, & Pedler, M. (2019). Leadership development, wicked problems and action learning: provocations to a debate. *Action Learning: Research and Practice*, 1-15. DOI: 10.1080/14767333.2019.1568967.

UR6. Wilson, H. K., Tucker, M., Hannibal, C. and Qu, Z. (2020) Learning together, learning apart: Integrated action learning through a socio-technical systems lens. *Action Learning: Research and Practice*, DOI: 10.1080/14767333.2020.1843403

Further evidence of the quality of the research is indicated by successful peer reviewed funding grants as indicated below.

Research Grants:

1. British Academy of Management (UR 4). *Reflection in management practice: an exploration of the extent and nature of reflection post formal tuition*. Sept 2014-Oct 2015. £3,340.
2. University Forum for HRD (UR 3). *Evaluating the impact of a masters educational programme: a HR(D) practitioners perspective*. Jan-Dec 2012. £2000

4. Details of the impact

Two mechanisms provide the pathway to impact. First, research insights in the LBS Integrated Model of Leadership Development informed the design and delivery of the NHS Trust Senior Leaders Development Programme (SLDP). Between September 2018 and March 2020 75 senior leaders of the Trust have participated in the research informed programme. Second, application of the research in the Trust was achieved when these senior leaders used the LBS model to transform their personal and team leadership. This transformation translated into extended impact within and across the wider Trust thus creating additional beneficiaries, including staff and patients.

Debbie Herring, Executive Director of Workforce for Royal Liverpool and Broadgreen University Trusts stated that, 'Our staff have found the Senior Leaders programme extremely useful' [S1].

In October 2019, Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust merged to create Liverpool University Hospitals NHS Foundation Trust. The new Trust provides care for 630,000 people in Merseyside and employs 12,000 staff. Debbie stated that 'the SLDP was really well received by people from different roles across the trust (medics, nurses, managerial). It has been particularly useful for senior managers, helping them to gain a better understanding of the wider external picture (merging trusts). Subsequently, staff survey results over the last two years relating to leadership improved for managers who had participated in the programme' [S2].

The programme encouraged 'a new way of working', which allowed the individual care groups (departments) to have a greater autonomy over decision-making.' The programme provided the confidence, style and skills for people to work as departmental teams and also as a trust wide team, leading to performance improvements in a number of areas [S2]'.

A number of positive changes in key areas such as Ophthalmology, Urgent and Emergency Care and Urology, are as a direct result of the programme. [S2]

Illustrative Examples of Improvements to operational delivery and patient care**Respondent 1: (*Ophthalmology*) [S3]**

30th August 2018 - Baseline: RTT (referred for elective treatment) compliance was at 69% with over 1000 patients waiting over 18 weeks for commencement of treatment.

Changes made: Change of scheduling process

Approach followed: "The reflection and the way I listen to the team has helped me manage the process to manage the people to achieve this compliance."

December 2019 – Results: RTT compliance was at 92% and Patients were seen within 8-10 weeks of referral

Significance of results: Reduction in reputational risk, reduce waiting time target penalties, reduce patients suffering long term health problems due to delays to their treatment, increased patient satisfaction

Respondent 2: (*Urgent and Emergency Care*) [S4]

August 2018 - Baseline: Patients should only wait 60 minutes for blood results, but inevitably because of the volume sometimes it takes 120 minutes before results are available

Changes made: Change of process – blood is now processed and analysed in Urgent and Emergency care

Approach followed: working across boundaries and the use of newly developed social networks. The course had helped her to be more reflective and inclusive, saying, "Now I think it's not just about me – in doing all of this, being more inclusive, thinking more widely and understanding the chain of events more."

December 2019 – Results: Reduction in result turnaround time from 120 minutes to 90 minutes

Significance of results: reduce waiting time to start patient treatment, improving patient experience and health

Respondent 3: (*Urology*) [S5]

August 2018 - Baseline: Urology services unable to remove unwarranted variation so that patients receive assessment, treatment and care in the most appropriate setting, first time. Conflict existed between Departments regarding scheduling and resource allocation

Changes made: Change of scheduling process for Ultrasound department and nursing team was trained in operating the new system.

Approach followed: working across boundaries and the use of newly developed social networks. The course had helped her to be more self-aware, reflective, increase personal effectiveness, having open conversations and develop relationships. This new approach enabled her to enact change.

December 2019 – Results: Conform to national guidelines - patients received assessment, treatment and care in the most appropriate setting, first time.

Significance of results: reduce waiting time to start patient treatment, improving patient experience and health

Respondent 4: (*Community service improvement*) [S6]

Jan 2013 – Dec 2019 - Baseline: (1) Heart failure services not available in community clinics and (2) no TB-testing service available in Liverpool to identify new migrants (16 to 35 years old) who recently arrived in England (i.e. in past five years) from countries with a high incidence of tuberculosis.

Changes made: Obtain funds to start a heart failure service delivered in a community clinic and start a TB-testing service in Liverpool

Approach followed: Using network analysis, she identified the key role-players she needed to involve and where she needed to increase her level of social capital. This enabled her to achieve her objectives

Jan 2020 – Results: Start heart failure service in community and TB testing services.

Significance of results: The heart failure service community clinic provides patients with a clinical diagnosis of heart failure, reduces unnecessary admissions to hospital, optimises anti-heart failure therapies and improves the quality of life of patients. Patients are also seen at home if they are housebound or if they have a deterioration in symptoms. Providing TB-testing services in Liverpool provides new migrants with a service which quick testing results, reduces traveling time, costs and inconvenience for them.

In summary, significant impact that results from the application of the LBS Integrated Model of Leadership Development, and includes critical reflection, questioning insight and collaborative ways of working within a community of practice has three groups of beneficiaries: (i) individual leaders improving their personal leadership; (ii) improved performance of teams and iii) improvements in the NHS Trust service delivery which increases the reach of the impact through benefits to patients and communities.

5. Sources to corroborate the impact

S1: Debbie Herring, Executive Director of Workforce: *Royal Liverpool and Broadgreen University Trusts Testimonial Letter*

S2: *Interview with Debbie Herring (Executive Director of Workforce) and Karen Matteson (Head of Organisational Development and learning) Royal Liverpool and Broadgreen University Trusts*

S3: Respondent 1: Neaka Cope, the general manager from St Pauls Eye Hospital interview. DOI <https://doi.org/10.24377/LJMU.d.00000089>

S4: Respondent 2: Nicky Taggart, the General Manager for Urgent and Emergency Care interview. DOI <https://doi.org/10.24377/LJMU.d.00000089>

S5: Respondent 3: Hayley Deans, the Unit Manager in the Urology department interview. DOI <https://doi.org/10.24377/LJMU.d.00000089>

S6: Respondent 4: Jane O' Connor, the Lead Nurse Community Services interview. DOI <https://doi.org/10.24377/LJMU.d.00000089>