

Impact case study (REF3b)

Institution: University of Glasgow
Unit of Assessment: C19 Business and Management Studies
Title of case study: Improving Organisational Development, Risk Management and Planning in Local and National Healthcare Settings
1. Summary of the impact (indicative maximum 100 words)

University of Glasgow research on service design, delivery, and performance in healthcare settings shaped strategies for integrating health and social care organisations in the, then newly formed, East Glasgow Community Health Care Partnership resulting in changes to the organisational development and partnership working practices. Additionally, the research contributed to intelligence and improved practices for ensuring patient safety in Lancaster Royal Infirmary. Through a series of workshops, targeted research communication and collaborative working on strategic planning, the research on service delivery and resilience in healthcare settings contributed to, and shaped developments of, Emergency Guidance and Business Continuity Planning prepared by NHS Scotland, the Scottish Government and NHS 24.

2. Underpinning research (indicative maximum 500 words)
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The creation of Community Health Partnerships (CHPs) across Scotland between 2004 and 2005 was integral to the Scottish Government’s policy on the restructuring of NHS Boards aimed at improving health outcomes and reducing health inequalities. This policy was also aligned to the wider public health ambitions of Scotland and was set against a culture of collaboration that has long characterised healthcare in Scotland. In Glasgow, a highly integrated structure was adopted where Health and Social Care organisations were more closely aligned through joint management structures and shared staff appointments under 5 Community Health Care Partnerships (CHCPs).

University of Glasgow research evaluated the success of the creation of a CHCP in East Glasgow (an organisation employing around 1250 staff) over a 3-year period (Oct 2005-Dec 2008). The research was led by Moira Fischbacher-Smith (MFS) (Senior Lecturer, University of Glasgow since 1998) in collaboration with business management scholars at the University of Glasgow (Judy Pate, Senior Lecturer at the time of research; Philip Beaumont, Professor, at the time of research).

The researchers carried out a repeat survey (n=389) and qualitative interviews (n=34) with CHCP staff in addition to developing case studies of each of the main areas of service provision within the CHCP. Through close collaboration with practitioners, the research highlighted areas and issues that needed to be addressed in order to improve service integration and partnership working, enhance the management of the CHCP and increase the participation of staff in delivering successful outcomes. The research revealed that staff were positive about the potential for partnership working but that many of the benefits had yet to be realised and expectations about partnership potential varied across CHCP service areas (eg, Mental Health, Learning Disabilities and Childrens’ Services). A large part of the work was focused on providing feedback to the CHCP’s Senior Management Team about how they could better work with staff across the CHCP, particularly as trust in Senior Management was low. Much of the attention in the research was on identifying ways that Organisational Development staff could support the CHCP in achieving its partnership ambitions.

Latterly, MFS extended the work on organisation and service design in healthcare settings through collaborative research (with Professor Denis Fischbacher-Smith (DFS), University of Glasgow, 2006-present) exploring the role of public health in dealing with adverse events and mass emergencies. In particular, their joint 2009 paper, ‘We may remember but what did we learn? Dealing with errors, crimes and misdemeanours around adverse events in healthcare’, published in *Financial Accountability and Management*, considered the vulnerabilities that exist within organisations and the processes by which healthcare organisations can learn from near misses and early warnings of failure.

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This research built on an earlier project undertaken by DFS and practitioners from Royal Lancaster Infirmary (Professor Andrew Smith (Consultant Anaesthetist, Patient Safety Research Unit); Kate Casey (Knowledge, Education, Learning & Development Division (KELD)); and James Wilson) reported in 2008 on bedside checking within acute hospitals as the last line of defence for patient safety. The researchers carried out a survey of wristband use for patient identification and safety, interviewed staff, and observed staff at work. The findings indicated that clinical staff were highly aware of local and national policies on wristband use, but were ambiguous about some of the details therein. By contrast, the research showed that non-clinical staff such as ward clerks and porters were less aware of policy, although their actions also exposed patients to risks resulting from misidentification. Attention to detail in application and use, especially during handover and transfer, and an appreciation of the role played by 'non-clinical' staff, were some of the key recommendations made in the research to ensure further gains in patient safety.

DFS and MFS subsequently developed their research on the vulnerabilities that exist within healthcare organisations and between healthcare providers and other organisations as a function of external threats, failures of business continuity strategies, and the response to mass emergencies. In 2013, DFS and MFS published "The Vulnerability of Public Spaces: Challenges for UK hospitals under the 'new' terrorist threat" in *Public Management Review*. This research explored how hospitals are vulnerable to attack, highlighting ways in which every day events can mask more problematic and potentially damaging intentions, and set out a range of challenges for policy makers and practitioners in relation to protecting public spaces, crisis management strategies (including business continuity) and the nature of resilience.

3. References to the research (indicative maximum of six references)

1. Pate, J., Fischbacher-Smith, M., and MacKinnon, J. (2010) 'Health improvement: countervailing pillars of partnership and profession'. *Journal of Health Organization and Management*, 24 (2). pp. 200-217. ISSN 1477-7266 [[Link](#)]
2. Smith, A.F., Casey, K., Wilson, J., and Fischbacher-Smith, D. (2011) 'Wristbands as aids to reduce misidentification: an ethnographically-guided task analysis', *International Journal for Quality in Health Care*, 23 (5), 590-599. [REF2]
3. Fischbacher-Smith, D. & Fischbacher-Smith, M. (2009) 'We may remember but what did we learn? Dealing with errors, crimes and misdemeanours around adverse events in healthcare', *Financial Accountability and Management*, 25 (4), pp. 451-474 [REF2]
4. Fischbacher-Smith, D. & Fischbacher-Smith, M. (2013). 'The Vulnerability of Public Spaces: Challenges for UK hospitals under the "new" terrorist threat'. *Public Management Review*, 15(3): 330-343. [REF2]
[All 4 research outputs above were published in international, high-impact, journals that operate rigorous peer-review].
5. Fischbacher, M., Mackinnon, J., Pate, J., and Beaumont, P. (2007) Improving Population Health in Glasgow: Managing Partnerships for Health Improvement (Phase I), Glasgow Centre for Population Health [[Link](#)]
[The excellent quality of this research is evidenced by the fact that it attracted repeat funding of approximately £100,000 between 2005 and 2007.]
6. Fischbacher-Smith, D., Fischbacher-Smith, M and BaMaung, D. (2010) 'Where Do We Go From Here? The evacuation of city centres and the communication of public health risk from extreme threats.' In Bennett, P; Calman, K; Curtis, S and Smith, D. *Risk Communication and Public Health*, 2nd Edition. Oxford: Oxford University Press. [AVAILABLE FROM HEI]

Grants:

- Fischbacher, M.; Beaumont, P. and Pate, J. (2005), "Improving Population Health in Glasgow: Managing Partnerships for Health Improvement", Funding Source: Glasgow Centre for Population Health, £92,000
- Fischbacher, M.; Beaumont, P. and Pate, J. (2007), "Improving Population Health in Glasgow: Managing Partnerships for Health Improvement", Funding Source: Glasgow Centre for Population Health, £97,000
- Smith, A., Smith, D., and Kane, M. (2006-2007), "An exploration of bedside checking processes for in-patients in the acute care setting" National Patient Safety Agency. Award Value £63,088

4. Details of the impact (indicative maximum 750 words)
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Shaping organisational development and partnership working within East Glasgow CHCP

The CHCP research evolved as an ongoing dialogue with practitioners. The research team were often a conduit for staff to communicate issues across the organisation and in turn to receive feedback from that process. This was not a formalised pattern of engagement but one that developed from the fact that MFS was embedded in the project, working for a day per week on this study and spending extensive periods of time within the CHCP; the research assistant was based full time on the project and spent 2-3 days per week in the CHCP. This allowed them to use their research to influence thinking and practice within the CHCP.

As a result of participating in management meetings, observing staff discussions and working on an ongoing basis to provide feedback to East Glasgow CHCP, the researchers were able to shape the CHCP's service delivery and organisation to improve its efficient partnership working and performance. As the research findings were disseminated they were incorporated into East Glasgow CHCP correspondence and workshops, and provided on their internal web pages. The work shaped the agendas at senior management meetings and CHCP committee meetings; local politicians, partner organisations, and representatives from the local community attend the latter.

East Glasgow CHCP's Chief Executive referred to the research as providing him with "*a mirror in which to reflect*" on his own practice and the success of the partnership. Through surveys and interviews, the team provided evidence on which the CHCP could base its decision making and priorities, and engage with staff to address the considerations that featured in the research data, such as lack of trust in management. Particular impact was made in terms of influencing – and directly informing – the CHCP's Organisational Development (OD) activities and workshops. Research findings in relation to inter-professional working and communications were used to shape OD inputs and to improve staff understanding of partnership working.

Stimulating debate among health and social care practitioners

Research briefing notes were also regularly circulated to staff and featured at staff events as a means of stimulating discussion around the research themes and feeding them back into practice. For example, one of the key findings after the first year of the CHCP's existence was that staff were unsure whether they could trust senior managers. The researchers worked with the CHCP to explore the extent to which staff were 'waiting to be convinced' that their efforts would be valued or whether there was a degree of cynicism within the organisation which would prevent the cultivation of efficient and effective working practices and relationships. During the second phase of the study, there was no improvement in the level of trust staff had in their senior managers but communications improved considerably and staff were clearer about the purpose of the CHCP, its structure and communications, and less concerned about the dilution of their professional identity. This was due in large part to the efforts of the senior management team to improve dialogue with and involvement from a range of staff; an area of the research in which the University of Glasgow project was particularly influential.

Significant issues were raised in relation to the capacity for change and partnership working – although willingness to change was often in no doubt - and the ongoing reporting of the study findings highlighted opportunities for management to take the development agenda forward, improve communications and better engage CHCP staff.

Influencing policy and strategy development by government and quasi-government bodies

Research by DFS carried out with Royal Lancaster Infirmary resulted in practical attempts to deal with the role of bedside checking as a means of preventing adverse events. The hospital used the research as an evidence-base from which it drew during development of its procedures on bedside checking. The study at Royal Lancaster Infirmary also formed the basis of a briefing paper issued in December 2008 on bedside checking in hospitals, issued under the Department of Health's Patient Safety Research Portfolio, aimed at healthcare professionals working in the UK and abroad, patients and carers using NHS services, academics and health service managers.

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DFS and MFS shared their research in progress on *The Vulnerability of Public Spaces: Challenges for UK hospitals* with key stakeholders in 2012. The Deputy Head of NHS Scotland Resilience commented on the usefulness of the research and circulated the paper to the newly formed Health Sector Resilience Group which sits under the Resilience Advisory Board for Scotland (RABS). RABS acts as a strategic policy forum for resilience issues, providing advice to Scottish Ministers and the resilience community on how best to ensure that Scotland is prepared to respond effectively to major emergencies. The Deputy Head of Resilience noted that the research could be used to effectively contextualise the work of the group which would discuss the paper at its meeting of 24 April 2012 (this research was subsequently published in *Public Management Review* in 2013, see Output 4 in Section 3, above).

Additionally, the research formed the focus of discussions during the closing session of a Scottish Government workshop with NHS Scotland staff on external risk and organisational resilience within healthcare facilitated by DFS in Glasgow on 26 April 2012. The workshop involved business continuity managers from hospitals across Scotland working in collaboration with senior staff from the Scottish Government's Critical Infrastructure Resilience Unit.

On the basis of the research, DFS was subsequently involved in discussions with 40 NHS Scotland and Health Board Winter Planning staff responsible for dealing with peak demand issues for health care services during winter at a workshop on 19 June 2012. At the workshop, DFS drew from the research to challenge the participants' understandings of 'resilience', particularly in the context of the lessons to be learned from the winter of 2012, during which widespread snow and ice caused severe disruption and increased winter-related health problems across much of the UK.

Following this, DFS worked with NHS 24 to review its business continuity and risk management process. This involved a thorough critique of the policies and practices of the organisation including recommendations for improving its strategy for business continuity management, which fed into the Business Continuity Management Group's ongoing development of revised 2013/14 Risk Management and Business Continuity Strategies; NHS 24 published its revised [Business Continuity Strategy](#) on December 2012 and revised [Risk Management Strategy](#) in April 2013.

In 2013, the Deputy Head of NHS Scotland Resilience forwarded the research to the NHS Resilience Forum, a national forum comprised of Emergency Planning and Business Continuity Managers from all 22 health boards serving Scotland who work on policy and guidance for approximately 158,000 NHS staff on how best to deal with emergencies, such as those relating to mass casualties, hospital lockdown and decontamination, among others. The Deputy Head of Resilience noted that the research detailed in the paper had been taken into account during the preparation of [Preparing for Emergencies: Guidance for Health Boards in Scotland](#) published in August 2013.

5. Sources to corroborate the impact (indicative maximum of 10 references)

1. (former) Director of East Glasgow CHCP can attest to the impact of the research on service design and operational development and delivery within the CHCP: [contact details provided].
2. E-mail exchange between researchers and high-level CHCP staff re: use of research to effect change in management behaviour and organisational development. [Available from HEI].
3. Patient Safety Research Portfolio Briefing Paper, December 2008 (see page 1, paragraph 2 for reference to University of Glasgow): [Link](#)
4. E-mail Correspondence with Scottish Government Officials re: 19 June 2012 Winter Planning workshop: [Available from HEI].
5. DFS Report for NHS 24 of Review of Risk Management and Business Continuity Strategies: [Available from HEI].
6. E-mail correspondence with Deputy Head of Resilience, NHS Scotland, re: the impact of the research on Emergency Guidance and its importance and relevance for Health Sector Resilience Group and NHS Resilience Forum: [Available from HEI].