



Centre for
Organising Health
and Care Research

COHCR Newsletter

Issue 4: April 2026

Dear COHCR Colleagues,

Welcome to our COHCR Newsletter.

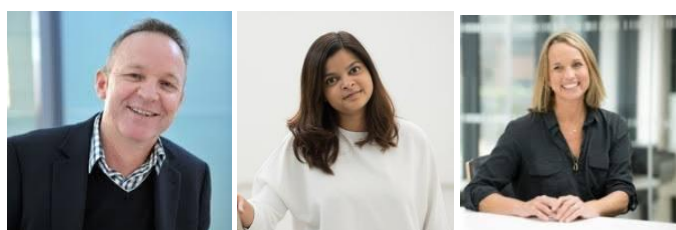
Inside this issue

COHCR event updates.....	2
Academic publications	5
Pathways to impact	9
Forthcoming conferences	11
Calls for submissions: Special issues	12
Funding opportunities.....	13
Policy strategy reports	14
Researcher spotlights.....	15
Contact us and contribute to future issues	16

We hope you discover something of value to help develop your work in health and care contexts – whether that’s a new connection or creating a next step in research. Please let us know any feedback - contact us at cohcr@wbs.ac.uk.

With thanks for your support for COHCR.

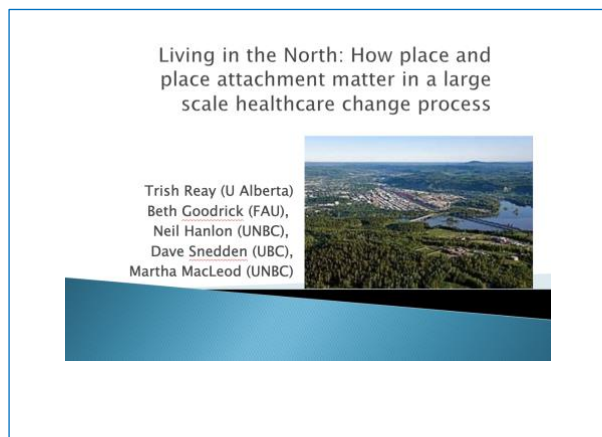
Graeme, Ila, Amy



COHCR event updates

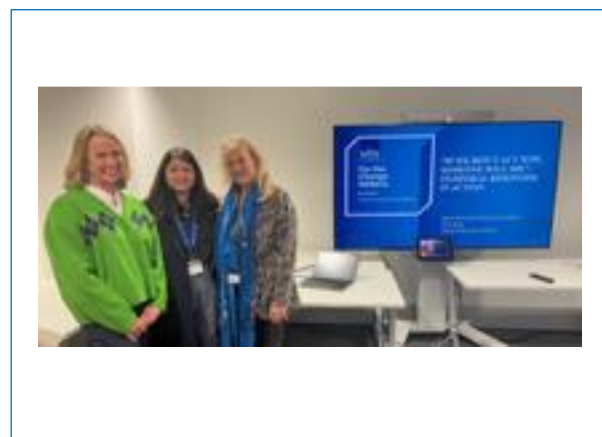
2025/6 Seminar Series: Thank you to everyone who has attended and contributed to the monthly seminars.

December 2025, Professor Trish Reay, University of Alberta



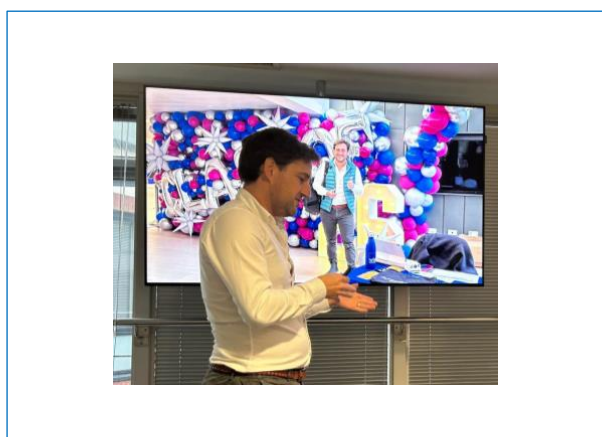
Trish presented a paper that she is developing with colleagues focused on large-scale health system change in a remote, isolated northern Canadian territory from a 11-year longitudinal study including over 450 interviews. Trish discussed the dynamics of institutional change in relation to actor interactions and place attachment.

January 2026, Professor Eivor Oborn, Warwick Business School, University of Warwick



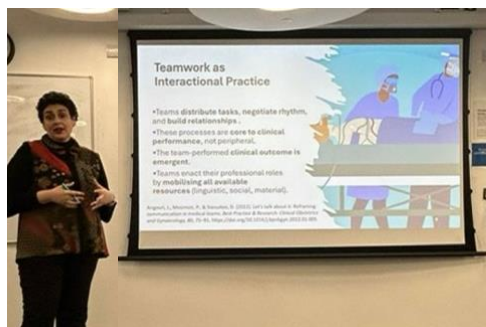
Eivor presented a paper that she is developing with Dr Agnieszka Latuszynska, and Professor Trish Reay. Focused on 12-month observations and 51 interviews within Agnieszka's PhD study, it explores how practitioners manage temporal dynamics and complexities within riskwork and decision-making.

February 2026, Dr Dane Pflueger, Warwick Business School, University of Warwick



Dane presented a developing paper that explores how "quality" is constructed and applied in healthcare organisations. Focus on practice included how quality is monitored and communicated on hospital wards, patients' experiences of their relationship with healthcare professionals and the dynamics of how quality is perceived by patients.

March 2026, Professor Jo Angouri, Applied Linguistics, University of Warwick



Jo presented articles from her current [RESPOND research programme](#) of socio-linguistic research. This bridges a significant gap to create a focus on communication in health contexts. She discussed the focus on decision-making with members of emergency response teams in Wales and presented the [P.A.T.H.S model](#) that she has developed.

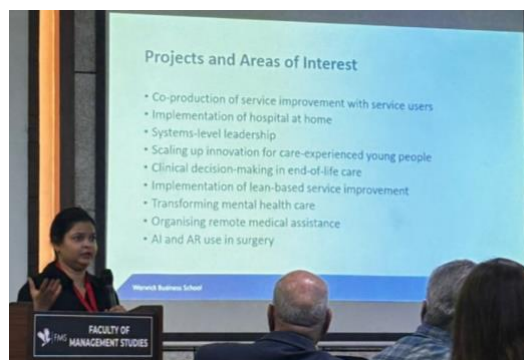
COHCR @ International Conferences

10th Anniversary Celebration Centre for Healthcare Management, BI Norwegian Business School, Oslo, 10th December 2025



Professor Helen Bevan and Professor Davide Nicolini presented at the Conference attended by Norwegian healthcare professionals. Helen's presented '*Navigating through change: a heretical perspective*'. In Davide's presentation '*Weaving Expertise for Healthcare Innovation*' he discussed boundary work and relational coordination.

Indian Healthcare: Organisational Challenges & Solutions, Delhi, 25-25 February 2026



WBS COHCR sponsored the Conference and Ila Bharatan attended to represent COHCR. Presentations and discussions between academics, clinicians, and professionals from government and voluntary sector organisations in India, Australia and the UK focused on the challenges and opportunities to building resilient, equitable and sustainable health systems in India.

Forthcoming COHCR events

Hybrid care pathway configuration: Operational trade-offs in combining digital and in-person hospital care

Dr Vincent Peters, Assistant Professor, Tilburg University and Dr Tom Aben, Assistant Professor, Operations Group, WBS

7 May 2026, WBS, 11am-12pm

This seminar, co-hosted with WBS Operations Group, focuses on research that advances our understanding of hybrid care configuration as an operational design phenomenon. A qualitative multiple case study in four hospitals included 79 interviews with healthcare professionals and patients, observational data and archival data. Findings highlight configurational challenges and trade-offs. Vincent and Tom discuss how the findings can be used to guide hybrid care pathway configuration, aligning digital and in-person elements, to optimize operational performance *and* patient experience.

More details on the [COHCR website](#); email cohcr@wbs.ac.uk to register.

The Bernard Crump Memorial Masterclass

The Best at Getting Better: Creating the Conditions for a High-Performing Health and Care System

A Masterclass with Göran Henriks, Senior Strategic Advisor, Region Jönköping, Sweden

10 June 2026, WBS London, The Shard 12pm-4pm

This event celebrates the outstanding legacy of Bernard Crump, Emeritus Professor of Practice in Healthcare and Leadership at WBS. Bernard was a global leader of healthcare improvement; an internationalist, futurist and systems thinker.

Göran Henriks will lead the Masterclass. Göran is *Senior Strategic Advisor, Region Jönköping County, Sweden* and has been at the heart of one of the most remarkable transformations in modern healthcare — guiding a regional health system from conventional hospital management to a globally recognised model of quality, learning, and people-centred care.

The event will include presentations, interactive group discussions and an expert panel. We will explore the evidence behind one of the most successful healthcare improvement stories in the world, with opportunities to apply the learning to your own system, organisation, or research.

Places are limited. Please register [here](#) by 30 April 2026.

Academic publications

We spotlight recent publications from COHCR community members investigating implementation of health and care service interventions: *Hospital at Home* and *Recommended Summary Plans for Emergency Care and Treatment (ReSPECT)*; and focusing on workforce: the role of HR in addressing healthcare's workforce crisis and the implementation of wellbeing initiatives.

Title: **Enablers and Barriers Affecting Implementation of Hospital at Home Services in England – A Regional Qualitative Study of Hospital at Home**

COHCR Authors: Sophie McGlen, Sarah Woolley, Graeme Currie, David Aldulaimi, Dan Lasserson

Study: Comparative qualitative case study including 81 interviews with clinicians, policymakers and managers in 8 Hospital at Home services that identifies key factors to support implementation.

Journal: The Journal of Advanced Home Medicine

Link: [doi:10.64919/001c.2696373](https://doi.org/10.64919/001c.2696373)

ABSTRACT: Hospital at Home (HaH) services, offering acute care in patients' homes, are increasingly recognized for their clinical and cost-effectiveness. In response to the 2021 NHS England initiative promoting HaH, understanding the barriers and facilitators to its implementation is essential for effective scaling across health systems. The objectives were to explore the key factors that enable or impede the successful development and implementation of HaH services within the English NHS, focusing on provider and system-level influences. A comparative qualitative case study design was employed, involving in-depth data collection across eight HaH services within three Integrated Care Systems (ICSs) in England. Data was collected from 81 interviews with clinicians, policymakers and managers along with observations and documentation. The study was conducted in multiple HaH services operating within ICSs in England, encompassing diverse organizational and service delivery contexts. The results revealed five key themes: adaptation of clinical practices for home-based care; Influence of change agents and leadership experience; access to resource and support, including staffing and digital infrastructure; governance structures, with innovation-friendly policies supporting progress; shared learning and collaboration with hospital-based clinicians. The successful implementation of HaH services depends on dynamic adaptation of clinical practices, effective leadership, supportive governance, and ongoing cross-sector collaboration. These findings offer practical insights for healthcare leaders and policymakers aiming to expand HaH and similar home-based care models within complex healthcare systems.

Title: Care Home Staff Experiences of Implementing the Recommended Summary Plan for Emergency Care and Treatment, 'ReSPECT', with Residents in Their Care: Implications for Their Role and Practice

COHCR Author: Jenny Harlock

Study: Semi-structured interviews exploring the experiences of care home staff of implementing 'ReSPECT' in conversations with residents, their families, and health professionals, with implications for decision-making in an emergency.

Journal: Journal of Long-Term Care

Link: <https://doi.org/10.31389/jltc.417>.

ABSTRACT: Emergency care treatment planning is increasingly required in care homes for residents living with frailty and/or ill-health. ReSPECT (the Recommended Summary Plan for Emergency Care and Treatment) is a type of emergency care treatment plan used widely in UK care homes to guide treatment decisions in medical emergencies when residents are unable to speak for themselves. Study objectives were to understand care home staff experiences of implementing ReSPECT with residents in their care, and the implications for their role and practice. Semi-structured interviews were conducted with 31 care home staff from 12 care homes (seven residential, two nursing and three dual-registered) and one care provider group across three diverse areas of England between 2022 and 2023. Interview data were analysed thematically, drawing on Normalisation Process Theory (NPT) constructs. Care home staff facilitated and coordinated conversations with residents, their families, and health professionals to complete ReSPECT plans, and supported conversations to elicit resident wishes and reach a shared understanding of treatment scenarios. However, care home staff found interpreting ReSPECT recommendations in an emergency challenging and had mixed experiences of implementing recommendations with attending health professionals. Limitations: Self-selecting bias may have influenced findings. Current ReSPECT guidance for its use in care homes is limited to the role of care home staff in supporting conversations and does not reflect findings regarding their role in actively using plans in an emergency. There is a need for guidance for care home staff to support them in making informed decisions when interpreting ReSPECT plans in an emergency.

Title: **A Mixed-Methods Cluster Randomised Waitlist-Controlled Trial of a Goal-Based Behaviour Change Intervention Implemented in Workplaces**

COHCR Authors: Ila Bharatan, Agnieszka Latuszynska, Graeme Currie

Study: A mixed-methods cluster randomised controlled trial conducted with 28 workplaces and 225 staff to identify effective interventions for inclusion in workplace health and wellbeing initiatives.

Journal: International Journal of Environmental Research and Public Health

Link: <https://doi.org/10.3390/ijerph22030398>

ABSTRACT: Previous research suggests a goal-based intervention called ‘mental contrasting and implementation intentions’ improves participants’ health and wellbeing. The present study sought to extend these findings to workplaces in the United Kingdom. A mixed-methods cluster randomised controlled trial was conducted with 28 workplaces and 225 staff. All participants deliberated on wishes (potential goals) about improving their health and wellbeing. In the intervention arm, participants were guided to think about the benefits and obstacles to achieving a wish (mental contrasting) and to plan actions to overcome these obstacles (implementation intentions). The results showed no substantive effect of the intervention on average self-reported progress towards what they wished to do for their health and wellbeing four weeks later (mean difference on a 1–7 scale: –0.19; 95% credible interval: –1.08–0.71). Unexpectedly, anxiety increased, and we found evidence that might suggest people identifying as men or of Asian ethnicity made less progress in the intervention group. To explain the results, qualitative focus group data were analysed, guided by normalisation process theory (NPT) and the behaviour change wheel (BCW). Three key themes emerged: insufficient differentiation from other approaches using writing/drawing (NPT), a mismatch between an internal motivational intervention and external barriers (NPT/BCW), and poor timing of opportunities (NPT/BCW). The discussion explores how these results can enhance future workplace health and wellbeing initiatives.

Title: **Why HR Has Failed to Address Healthcare's Workforce Crisis:
The Need for a Systems Partner Role**

COHCR Author: Graeme Currie

Study: A framework that outlines three HR roles in system-level engagement, as a systems partner, participant, and bystander, to enhance HR engagement and support health workforce recruitment, retention and reform.

Journal: Human Resource Management Journal

Link: <https://doi.org/10.1111/1748-8583.70037>

ABSTRACT: Attempts to remedy sustained workforce challenges facing healthcare organizations globally have been largely ineffective, despite increased political attention. In this paper we draw on contextually based human resource theory to explain why these challenges remain intractable. We demonstrate that professional healthcare workers' employment relationships are embedded within systems as well as organizations, and that system-level constraints limit organizational capacity to address workforce issues. Informed by UK and US examples of issue-oriented, place-based and system approaches to stakeholder convening we argue that progress requires both stakeholder coordination at the system level (premised on “deviant innovation”, Legge, 1978) and strategic HR innovation (“conformist innovation”, Legge, 1978) within organizations. We develop a framework identifying three potential HR roles in system-level engagement: systems partner (actively convening stakeholders), participant (contributing to system-level initiatives), and bystander (remaining organizationally focused). While acknowledging barriers to HR adopting a systems partner role, we advocate for enhanced HR engagement as a systems participant, combined with strengthened within-organization “conformist innovation” as a business partner to support health workforce recruitment, retention and reform. We identify corporate HR managers and OD specialists as particularly well-positioned to pioneer system-level engagement, whether as participants in existing initiatives, as collaborators through intermediaries or, where feasible, as systems partners driving stakeholder coordination.

If you would to include an article with a focus on Organising Health and Care in our next issue of the COHCR newsletter, please email the DOI link to cohcr@wbs.ac.uk

Pathways to impact

Focus on Practice: Engagement with health and care practice community

Practice Webinar: Developing Innovations to Enable Care-Experienced Parents' Succeeding, Webinar, Making Research Count, 17 March 2026



Amy Lynch and Rosie Oswick shared findings from the literature review they conducted with Graeme Currie. They outlined three frameworks (outcome domains, design models and implementation ingredients) to a group of 30 professionals from health, social care and voluntary organisations across England. Discussions focused on how professionals might use the frameworks to develop services to enable care-experienced parents to be the parents they aspire to be and the need for more research and wider system change.

The webinar was based on a [literature review](#) conducted in the initial phase of the formative process evaluation of [Baby Steps](#), as part of NIHR Applied Research Collaboration West Midlands and building on findings from the ESRC-funded [EXIT Study](#).

Presentation: How do social workers lead? An evaluation of the role and contribution of Adult Principal Social Workers, PSW Network, London, 5 February 2026.



Amy Lynch, WBS and Lisa Smith, Research in Practice, attended the Principal Social Worker Network event to build awareness of the new study and invite local authorities to participate as case study sites. *How do social workers lead? An evaluation of the role and contribution of Adult Principal Social Workers* is funded by NIHR and led by Robin Miller, University of Birmingham.

The study aims to contribute to understanding of relational leadership practices through its distinct focus on social work and support leadership development in participating sites.

Research Excellence Framework: COHCR Research features in three planned WBS Impact Case Studies

Exploring Innovation in Transition for young people leaving care, to enhance service provision and outcomes (EXIT)

The National Audit Office has recognised that measures need to be taken to improve care leavers' experiences of transition from care and their life outcomes. A programme of research at WBS has examined how to support implementation and sustaining of innovation, beginning with EXIT (2020—2024). EXIT was co-created with service providers and care experienced young people, who were employed as peer researchers. EXIT supported meaningful innovation in participating organisations and enhanced psycho-social outcomes for peer researchers. Learning informed a toolkit of 'innovation ingredients', leading to evaluating *Baby Steps* – an innovation for care-experienced parents. For more information see [EXIT Website](#).

Implementing & Sustaining Health & Social Care Improvement (COHCR)

Health and social care systems are complex, and incremental change is not enough. The Centre for Organising Health and Care Research (COHCR) at WBS delivers research that changes how care is organised. Through high-impact knowledge exchange and interdisciplinary work in implementation science, human resource management, and operations management, COHCR embeds research directly within care providers externally funded evaluations in real time as service transformation progresses. This approach enables NHS and partner care organisations to implement, sustain, and scale service improvements. Starting in the Midlands, COHCR's work now drives service improvement across the NHS nationally. For more information see [COHCR Website](#).

Improving quality and efficiency through lean-based healthcare transformation: Scaling up Virginia-Mason System in the English NHS

NHS England must improve quality within a context of rising demand and limited resources. To address the challenge, in July 2015, the Secretary of State for Health announced the partnership between the US leading hospital system, Virginia Mason Institute (VMI), and NHS England hospital providers. The aim of the partnership was to develop a localised version of the Virginia Mason Production System originating in USA, based upon 'lean' principles. In a four year study (2018-2022) WBS researchers fed in lessons in real time to embed and spread a culture of, and capability for, continuous improvement within hospital providers in NHS England. For more information, see [report on VMI website](#).

If you would like to share your experiences of developing practice or policy impact within health and care for inclusion in the next issue of the COHCR newsletter, please email cohcr@wbs.ac.uk.

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Forthcoming conferences

Organisational Behaviour in Health and Care (OBHC), 2026

- Theme: Organising sustainable health and care
- Location: University of Oxford
- Date: 8-10 April 2026
- Link: Click [here](#)

European Group for Organizational Studies (EGOS), 2026

- Theme: Reframing Organizations in the More-than-Human Society
- Location: University of Bergamo; Online
- Date: 9-11 July 2026
- Link: Full Conference, click [here](#); Sub-theme 63: Transcending Humans: The Future of Health and Wellbeing, click [here](#)

Academy of Management, 2026

- Location: Philadelphia, PA, USA
- Date: 31 July - 4 August 2026
- Links: AOM-wide: Click [here](#); Health Care Management Division: Click [here](#)

Calls for submissions: Special issues

Journal: *BMJ Mental Health*
Theme: Innovations and Ethical Implications in AI-Powered Mental Health Care
Deadline: 30th April 2026
Call for papers: Link: [here](#)

Journal: *Social Science and Medicine*
Theme: Polarization and Health Policy in a Global Context
Deadline: 30th April 2026 (Abstract)
Call for papers: Link: [here](#)

Journal: *Journal of Healthcare Quality Research*
Theme: Patient Safety Redefined: strategies for Safer Healthcare Systems
Deadline: 30th June 2026
Call for papers: Link: [here](#)

Journal: *Social Science and Medicine - Health Systems*
Theme: Systems thinking resilience
Deadline: 31st August 2026
Call for papers: Link: [here](#)

Journal: *Journal of Organizational Behavior*
Theme: Chronic Illness at Work: Advancing Theory and Practice in Organizational Behavior
Deadline: 30th June 2027
Call for papers: Link: [here](#)

Funding opportunities

Scheme	Funding Scope	Deadlines
<u>NIHR Public Health Research: Domestic violence against women and girls</u>	Research that will evaluate the effectiveness of community interventions that support female survivors and victims of domestic abuse in mitigating physical and mental health impacts.	21 April 2026
<u>NIHR Public Health Research: Veterans' health</u>	Research which evaluates the effects of interventions on the mental, physical, or both aspects of Veterans' health.	21 April 2026
<u>BHF Cardiovascular Grand Challenge</u>	Focus on artificial intelligence-powered transformation in cardiovascular health, supporting large-scale, collaborative research programmes ranging from discovery through to clinical practice to drive breakthroughs in prevention, diagnosis and treatment. Expected to provide at least one award of up to £10 million over five years. Contact Harbeena Lalli if you are interested in collaborating on an application (h.lalli@warwick.ac.uk)	Opens: April 2026
<u>Huo Early Career Fellowships</u>	Key questions within the broad topic of the effects of usage of and exposure to digital technologies on brain development and function (including physiological responses), social behaviour and interactions, and the well-being and mental health of children and young people. Fellowships are for 3 years; £130,000 pa.	1 May 2026 23:59 UK time
<u>Huo Junior Faculty Research Grants</u>	Key questions within the broad topic of the effects of usage of and exposure to digital technologies on brain development and function (including physiological responses), social behaviour and interactions, and the well-being and mental health of children and young people. Grants are for up to 3 years ; up to £170,000 pa.	1 May 2026 23:59 UK time
<u>NIHR Public Health Research: Gambling Evaluation Team</u>	A new evaluation team for the prevention stream of the gambling levy. Play a vital role in the retrospective and prospective evaluation of projects and activities delivered within the Gambling Levy Prevention Programme, aimed at preventing and reducing gambling-related harms in England. Initial contract, at a value of up to £3 million, lasting until 2030, with the potential for additional work and associated funds should there be a need.	13 May 2026
<u>NIHR Research Programme for Social Care</u>	Research that generates evidence to increase the effectiveness of social care services, provides value for money and benefits people who need or use social care services, and carers. Research will cover both adults and children's social care. All proposals are expected to have a high degree of involvement from relevant people who need or use social care and the social care workforce.	Round One: 17 June 2026 1pm
<u>NIHR Public Health Research: Loneliness in the community</u>	Research that evaluates the health and health inequality impacts of community initiatives that aim to address loneliness at a population level.	18 August 2026

With thanks to Lisa McNiece and Zoe Lottering. For more information or discuss a potential application, please contact research@wbs.ac.uk

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Policy strategy reports

Health and care strategy reports explore the use of AI; rank patient safety globally; offer insights on the future of health and care; spotlight A&E and cancer care; provide evidence on the role of ICBs; discuss reducing NHS waiting lists; report on a NHS public perception survey and provide an overview of unpaid caring roles.

- [Scribe and prejudice? Exploring the use of AI transcription tools in social care](#) (Ada Lovelace Institute)
- [Mixed-method evaluation of ambient voice technology: phase 1](#) (Nuffield Trust)
- [Ambient voice technology in health care: what's the evidence so far?](#) (Nuffield Trust)
- [Comprehensive recommendations for the implementation of artificial intelligence in healthcare: a narrative review on facilitators and barriers](#) (BMJ Open Quality)
- [Global State of Patient Safety 2025](#) (Imperial)
- [KPMG 2025 Global CEO Outlook: Healthcare](#) (KPMG)
- [The Model Emergency Department, high performing urgent and emergency care pathways](#) (NHS England)
- [The National Cancer Plan for England, delivering world class cancer care](#) (Department of Health and Social Care)
- [Commissioning: lessons from the last 30 years and implications for the new role of ICBs](#) – (Nuffield Trust)
- [Will specialist advice and guidance reduce the waiting list for planned care as the government hopes?](#) (Nuffield Trust)
- [Fixing the front doors? Public perceptions of the NHS and general practice](#) (The Health Foundation)
- [Unpaid care: the realities of caring in the UK](#) (The Health Foundation)

From report collated by Dr Andrea Gibbons, Somerset NHS FT, March 2026. Monthly QI Hub Healthcare Improvement Evidence Update available [here](#). With thanks to Helen Bevan.

Researcher spotlights

Celebrating the achievements of the winners and nominees for University of Warwick 2026 Research Celebration Awards, announced in the celebration event on 23rd March.



WINNER Research Culture **and NOMINEE Research Impact**

WBS Impact Team: Helen Bevan, Carly Hegenbarth, Haley Beer, Katharina Ditttrich – for the delivery of an effective and innovative co-designed transformative programme. The inclusive, accessible practical toolkits, training and salons, and research on impact frameworks have increased researchers' confidence, integrity and capability. The team has combined operational expertise with scholarly insight to raise the quality and visibility of impact work and significantly strengthen research culture at WBS.

WINNER Collaboration & Partnerships

Warwick Institute of Translational Medicine Team Award, including Dan Lasserson – for supporting the linkages between outstanding discovery research at Warwick, clinicians, stakeholders and with funders and investors to drive new translational therapeutics and diagnostics. The team has achieved key successes in improving fertility and miscarriage care and accelerating clinical trials into new medical technologies. They have built ecosystems for knowledge generation and application to tackle healthcare challenges as a regional community.

WINNER Research Enabler

WBS Research Office and Finance Team – for fundamentally transforming research enablement by revolutionizing funding support with a strategic partnership approach and exceptional communication that is reshaping WBS's funding culture. The team has built sustainable frameworks to create an ongoing infrastructure for nurturing future research communities. This cultural shift toward collaborative, anticipatory research enablement will shape WBS's research environment for years to come.

NOMINEE Research Impact

Sophie Staniszewska – for being 'quite simply one of the most significant change makers in the university' for her dedication to public, patient and community involvement and engagement in and democratisation of health research. Sophie is Chief Investigator on an NIHR funded study exploring the patient and public role in the implementation of evidence into health and social care practice and is developing a One Warwick strategy to change the University's ability to involve the public successfully in research.

NOMINEE Collaboration & Partnerships

Amy Lynch– for her exceptional contribution to collaboration with professional colleagues and young people in *Baby Steps* and *National House Project* to develop understanding and strengthen innovations that support care experienced young people. Amy has embedded inclusive, relational and participatory methods to create a foundation of shared learning and trust to proactively bridge academic insight with frontline innovation that has strengthened the care leaver innovation ecosystem.

Research Enabler

Carly Hegenbarth– for driving a series of initiatives and being a bridge builder between academics and professional staff, ensuring voices across the school are amplified, supporting academics to apply for impact funding to enable researchers at WBS to produce impactful research. Her contributions are integral to more academics understanding and becoming engaged with efforts to translate university resources into levers of positive social change.

For more information on the University of Warwick 2026 Research Celebration Awards – <https://warwick.ac.uk/research/research-culture-at-warwick/celebration-event/>

Contact us and contribute to future issues

We'd love to hear from you. If you would like to contribute to the next issue, please let us know about a recently published article or conference presentation, promote a forthcoming event or alert us to forthcoming Special Issues and Conferences with an Organising Health and Care focus.

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