Birkbeck
UNIVERSITY OF LONDON

Exploring the Dynamism of Stakeholder Salience in Mega-IT Projects: some evidence from NHS middle managers.

David W Wilson
Wen Zhang

Roadmap

Birkbeck UNIVERSITY OF LONDON

- Motivations
- Introduction
  - The project and its environments
  - Why middle managers
  - The method and lens
- The responses
- Analysis
- What's next

© David W Wilson & Zhang Wen, Birkbeck College

Motivations

Birkbeck UNIVERSITY OF LONDON

- Controversy of project size, duration, global sourcing
- Things have only got *bitter*
- Opportunistic access – what would an inductive research process surface?

Introduction

- the Project Environments

- Wanless (2002)report
- NHS, size, complexity, power distances
- Reform of IT a critical element in making the NHS more efficient and cost-effective (Bacon & Pugh, 2006;Currie and Guah, 2007).

© David W Wilson & Zhang Wen, Birkbeck College

Introduction

- Middle Managers

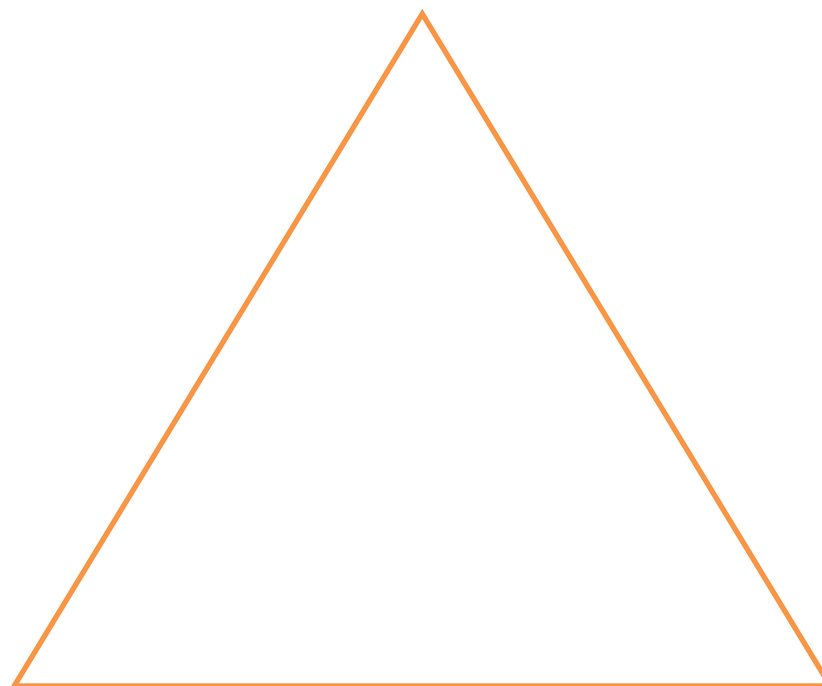
Anthony

&

Drucker

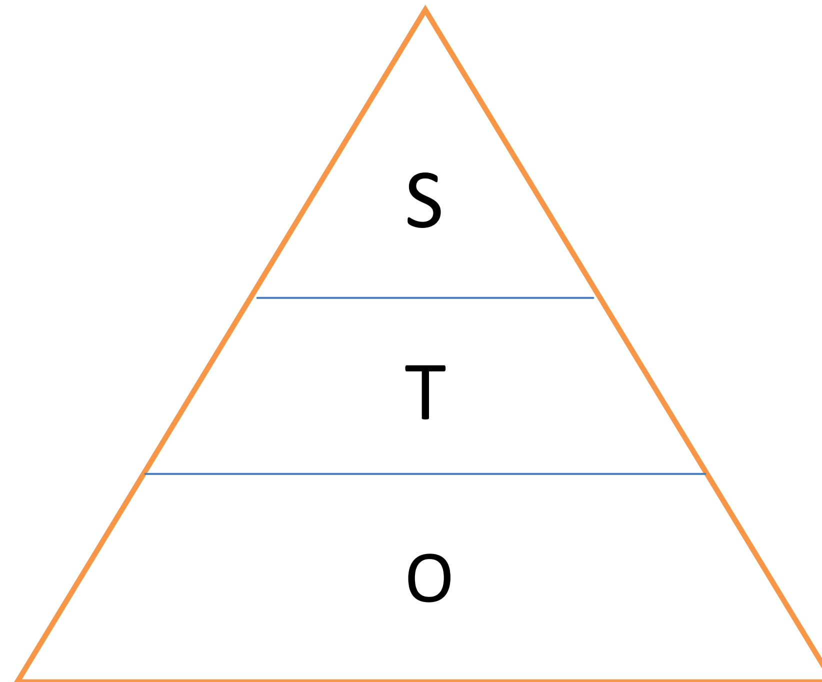
Introduction

-Anthony’s Triangle



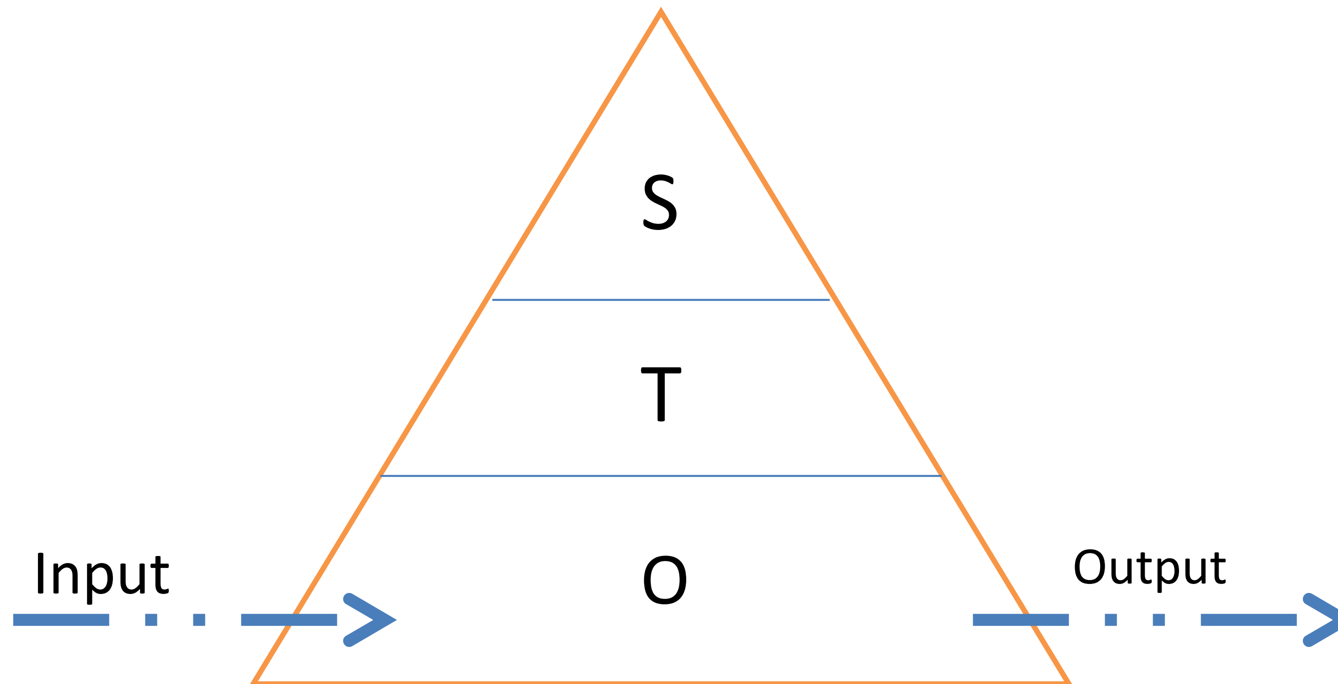
Introduction

-Anthony's Triangle



Introduction

-Anthony's Triangle

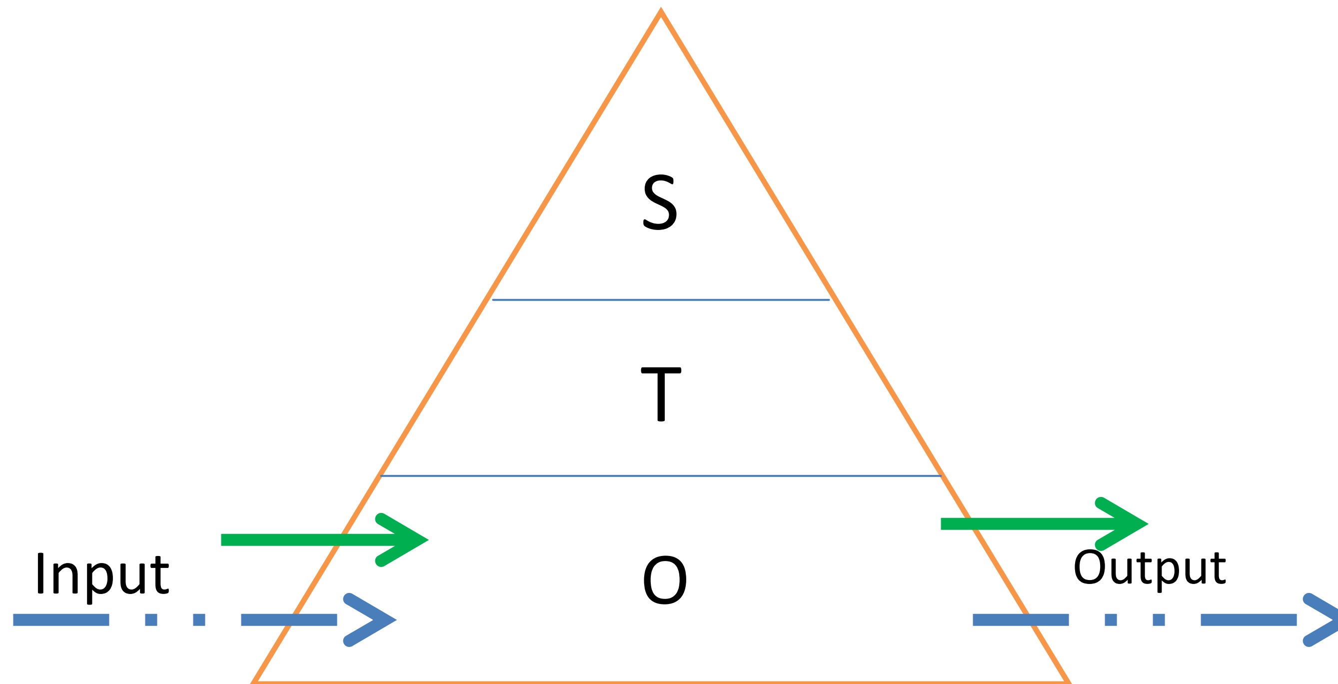


Add the workflow – so we can see the organisation is doing something useful

© David W Wilson & Zhang Wen, Birkbeck College

Introduction

-Anthony's Triangle



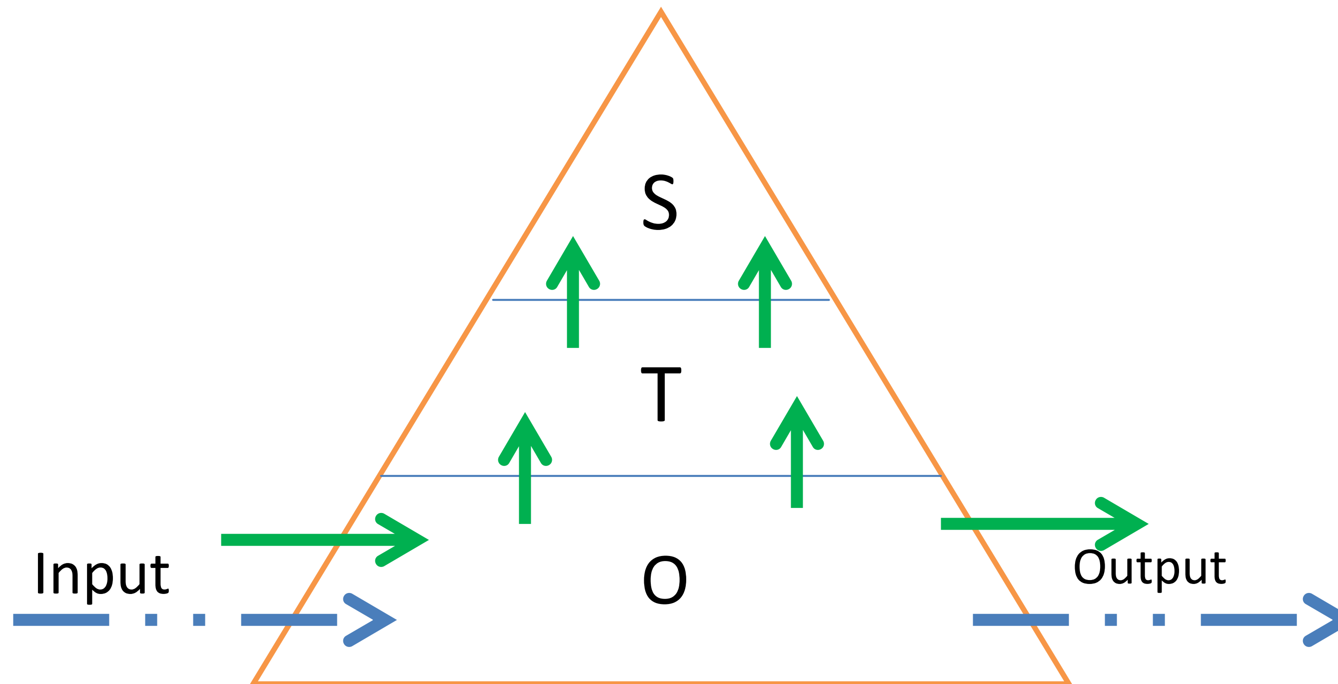
Add the information flows – so we can keep track of the stuff

© David W Wilson & Zhang Wen, Birkbeck College

Introduction

-Anthony's Triangle

Birkbeck UNIVERSITY OF LONDON



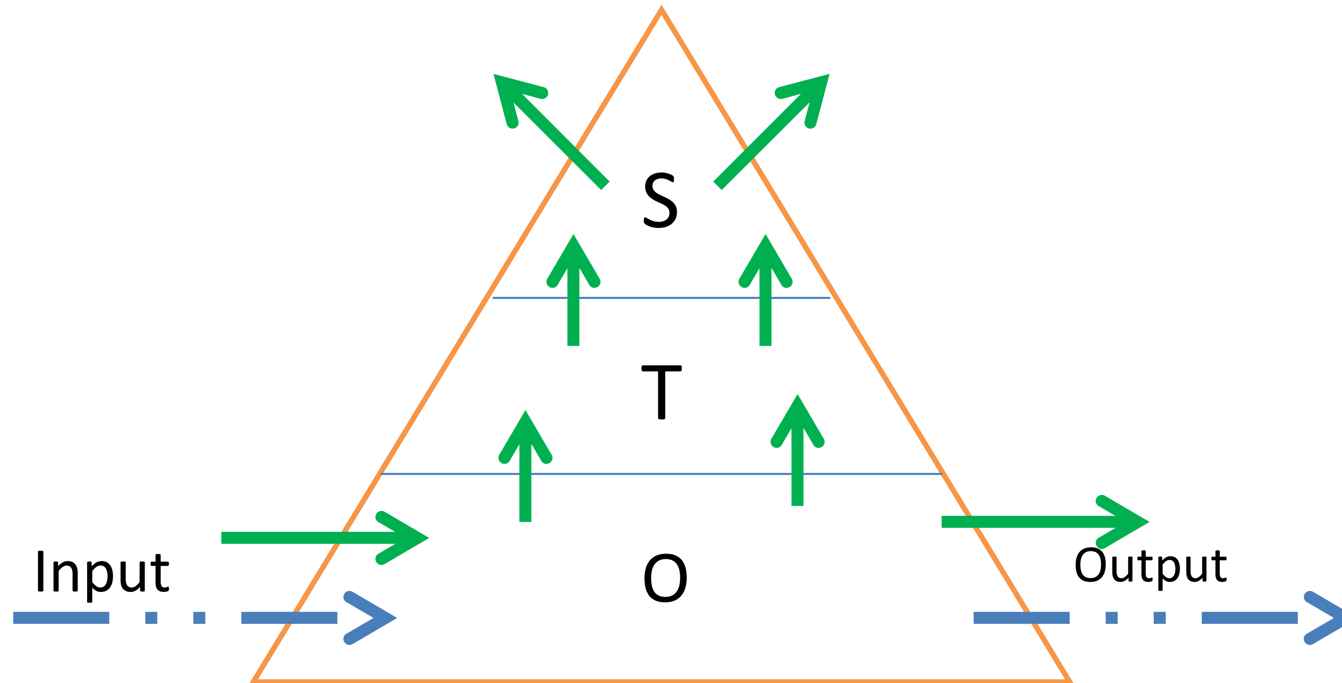
Add the control flows – so we can keep track of the staff

© David W Wilson & Zhang Wen, Birkbeck College

Introduction

-Anthony's Triangle

Birkbeck UNIVERSITY OF LONDON

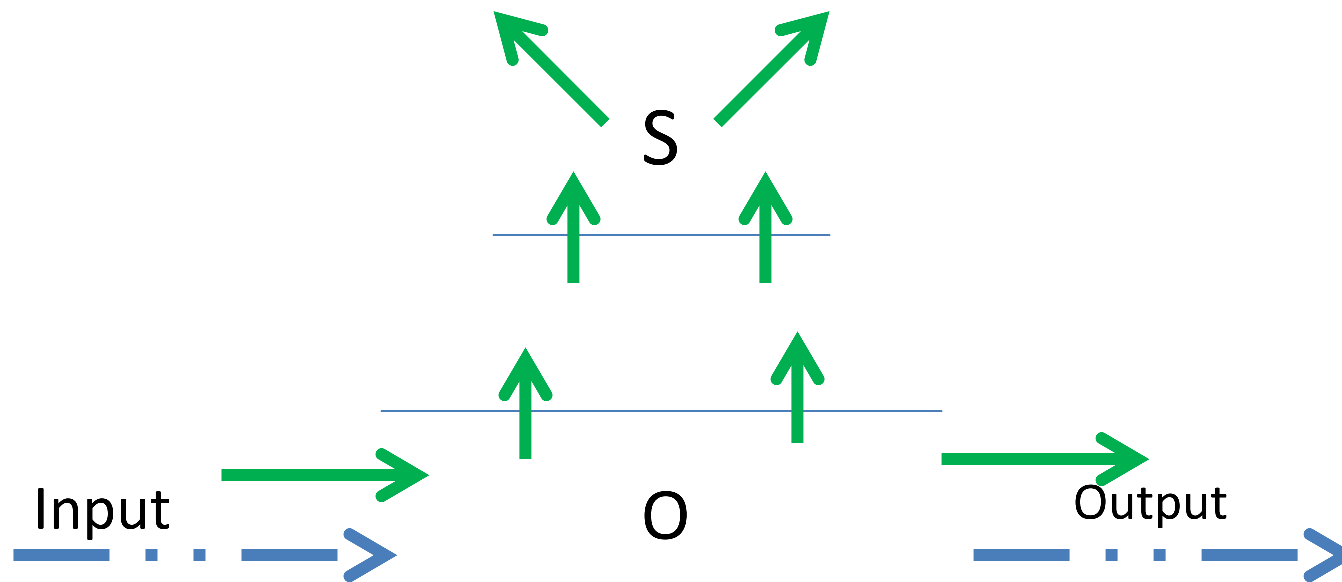


Add the scanning flows – so we can keep track of the game

© David W Wilson & Zhang Wen, Birkbeck College

Introduction

-Drucker's Vision

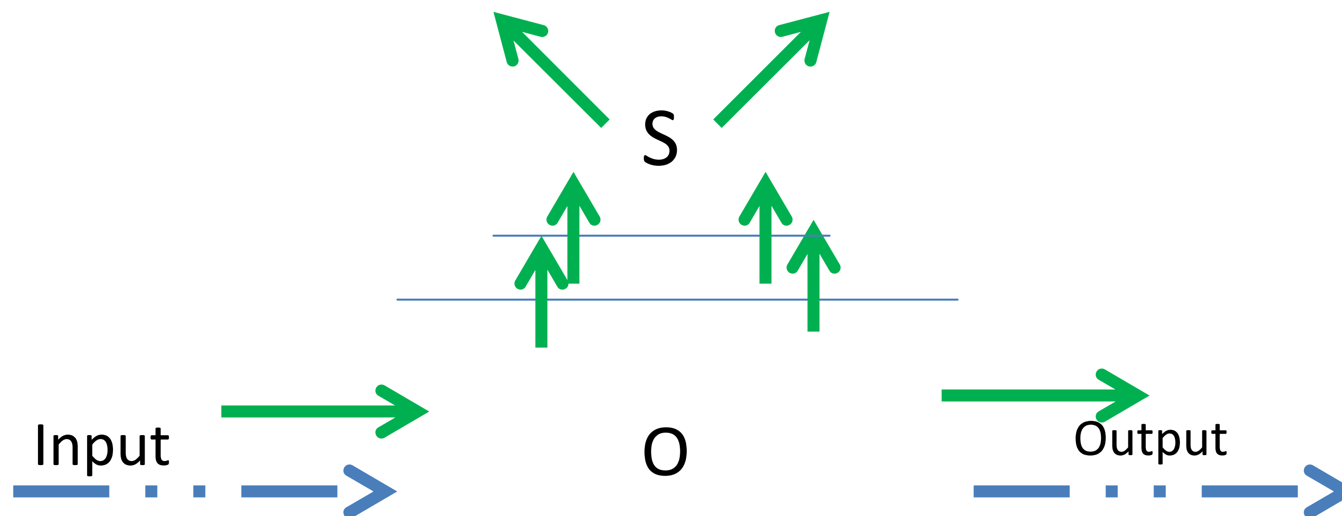


Add the scanning flows – so we can keep track of the game

© David W Wilson & Zhang Wen, Birkbeck College

Introduction

-Drucker's Vision



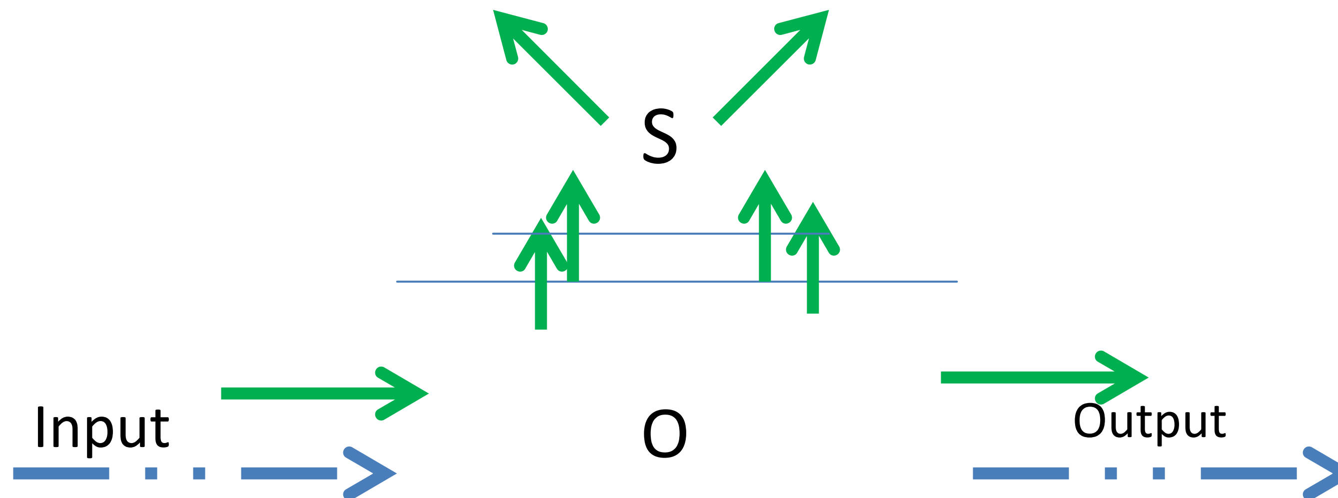
Middle management is getting squeezed

© David W Wilson & Zhang Wen, Birkbeck College

Introduction

-Drucker's Vision: the leaner

Birkbeck UNIVERSITY OF LONDON

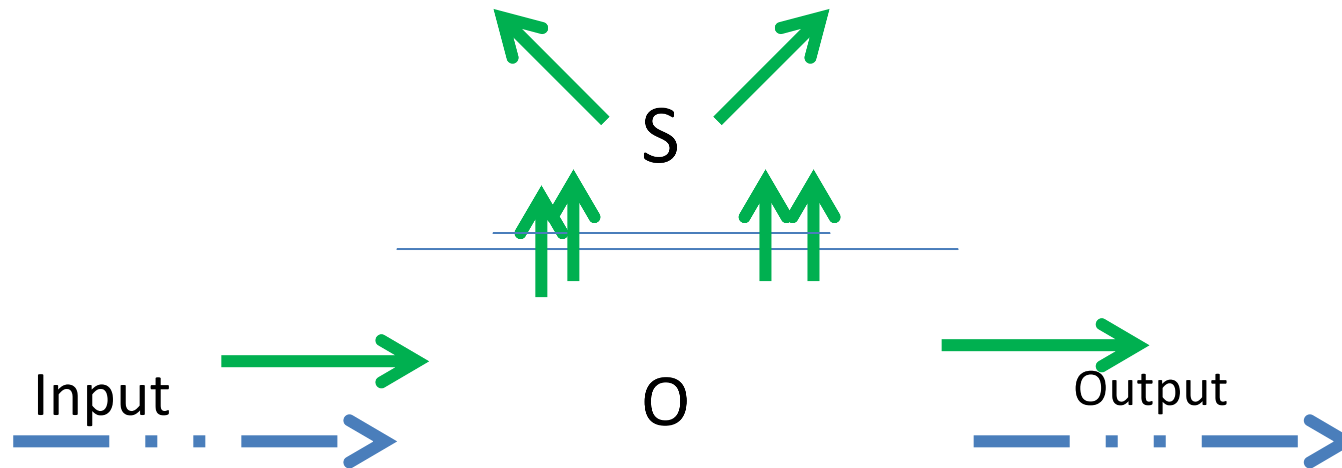


..and squeezed

© David W Wilson & Zhang Wen, Birkbeck College

Introduction

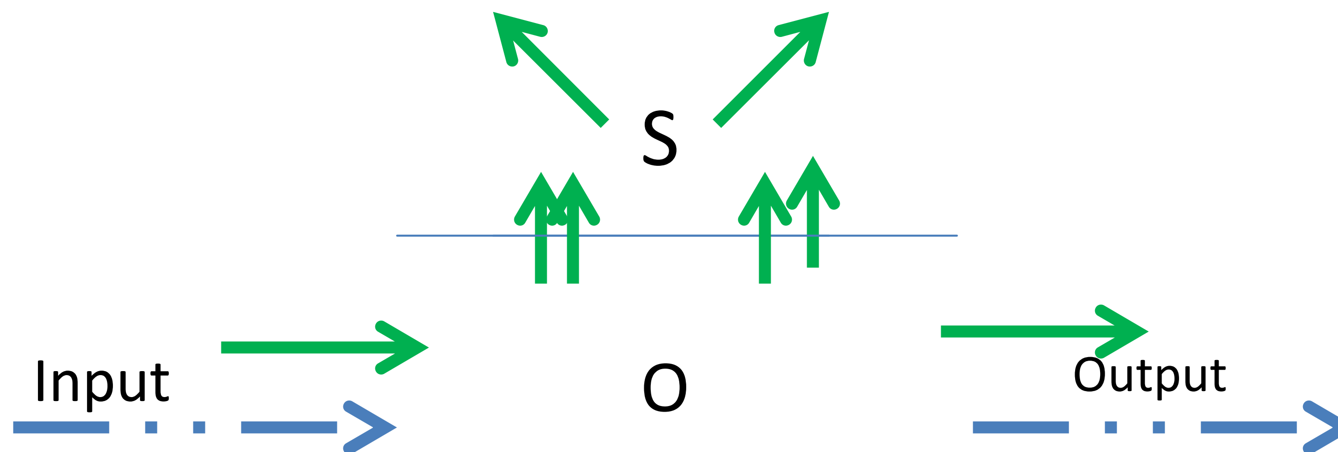
-Drucker's Vision: the flatter



predicted to … disappear

Introduction

-Drucker's Vision: the leaner, flatter organisation



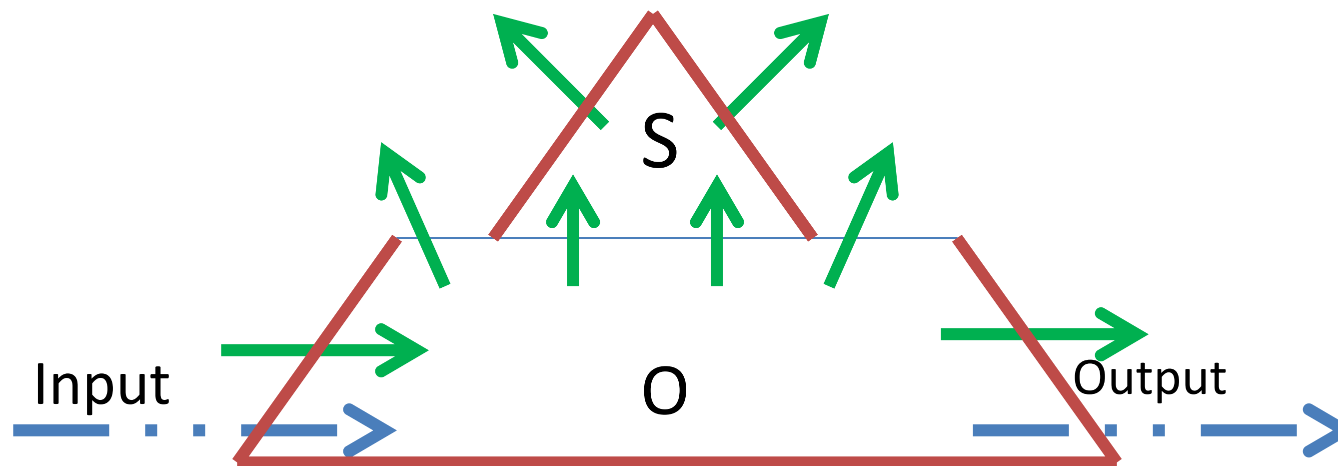
But has Middle Management really disappeared?

© David W Wilson & Zhang Wen, Birkbeck College

Introduction

Birkbeck UNIVERSITY OF LONDON

-Drucker's Vision: the leaner, flatter organisation



But has Middle Management really disappeared?

© David W Wilson & Zhang Wen, Birkbeck College

The Method

Birkbeck UNIVERSITY OF LONDON

- Inductive Theory Emergence
- Grounded Theory (?)

"to understand this research situation, what is happening and discover the implicit theory in the data" (Dick, 2005) explaining Glaser (1992)

"the researcher suspends his/her preconceptions, remains open, and trusts in *emergence of concepts from the data*" (Christiansen, Grounded Theory Institute, 2011)

© David W Wilson & Zhang Wen, Birkbeck College

The Method

Birkbeck UNIVERSITY OF LONDON

- Dick (2005) asserts that Glasser shuns recording and transcription for more interviews and note taking
- Here recordings were only made when respondents were conducive (minority)
- Problem Area rather than research question
  - the NHS National Programme for IT in England

The Method (cont…)

Birkbeck UNIVERSITY OF LONDON

- Probe list grew as interviews progressed
- Iterative process of probe and response
- Respondent list grew as respondents recommended others
- Interviews summarised after each interview
- Respondents asked to agree/enhance summary
- Themes analysed then compared with previous interviews
- literature search began after interviewing was thought to have reached saturation

© David W Wilson & Zhang Wen, Birkbeck College

The Method (cont…)

Birkbeck UNIVERSITY OF LONDON

- Guiding probes
  - How long you have been working in the NHS and what is your role?
  - What do you know about the National Programme for IT in the NHS information?
  - What do you think about this Programme?
  - What involvement do you have in the Programme?
  - Do you think that the Programme is successful or on the right track? And why?
  - Do you think the NHS needs an integrated system and why?
  - Do you think the Programme will finish on time and with budget?

The Method (cont…)

Birkbeck UNIVERSITY OF LONDON

- Statistics
  - average interview time is about 25 minutes, majority 30 minutes; some around 15 minutes
  - 16 interviewees
    - 4 Trust Information Management & Systems (IM&S) managers
    - 2 Project Managers
    - 5 Department System Managers
    - 5 Department Senior Managers
  - NHS experience
    - 2 persons having only about 2 years
    - the rest of the interviewees all have over 5 years NHS experience
    - half having over 10 years experience

© David W Wilson & Zhang Wen, Birkbeck College

Key Themes emerged

from the summaries of interviews

Birkbeck UNIVERSITY OF LONDON

1. Increasing uncertainty with regard to the future of the National Programme for IT and decreased support for the goals of the Programme.
2. The NHS National IT infrastructure is the only success from the Programme.
3. Centralised procurement and no clinical engagement.
4. No room for contractors to breathe to deliver products.
5. One size fits all is not going to work.
6. Do we need an integrated system? Local system is better than national.
7. Lack of skilled IT professionals and experienced project managers.
8. Poor communication in all aspects in the implementing process.
9. No attention to middle management's feedback.

© David W Wilson & Zhang Wen, Birkbeck College

Increasing uncertainty with regard to the future of the National Programme for IT and decreased support for the goals of the Programme

- *'I have my doubts. The government may just scrap the Programme to make financial savings and achieve efficiencies.' – Interviewee No. 15*
- *'I am not sure what the current government will do about the Programme as this was initialised by the previous government. It is all about politics.' – Interviewee No. 1*
- *'Technology is not the issue. There is nothing wrong with the technology. It is the people who run it caused all the problems.' – Interviewee No. 4*
- *'We know the system is not fit for purpose yet, but we have to use it because it is funded by the government and the trust does not have to pay for it. But this seems going to be changing. If the government is not going to fund any more, what is going to happen for the parts having not been implemented?' – Interviewee No. 5*
- *'Who knows what the government is going to do tomorrow? They keep changing policies. People lose their jobs. It's all down to money! money! money! … With the uncertainty of the new government and current economy climate, it is just a matter of time before they change their mind to stop this thing (the Programme).' – Interviewee No. 7*
- *'The slow growing economy is a huge challenge to the new government. They are cutting the NHS budget. Each trust has to save money. The IT system (the Programme) does not have a bright future at all to me.' – Interviewee No. 8*

© David W Wilson & Zhang Wen, Birkbeck College

The NHS National IT infrastructure is the only success from the Programme

Birkbeck UNIVERSITY OF LONDON

- *'I think this (the National IT infrastructure) is probably the only good thing we can get out of the Programme. Not like other components, this is definitely a success.' – Interviewee No. 1*
- *'It is much better now than before as we have a secured network to transmit patient data, especially sensitive patient data and confidential information. It is now quicker and safer.' – Interviewee No. 2*
- *'We can now rely on the NHSMail to send information to others (home care companies). Not like before, we have to zip the information in an encrypted file manually and then set a password (to protect the information). It was taking ages to send one (piece of) information.' – Interviewee No. 12*
- *'We sent information (containing patient data) regularly to people like PCT (primary care trusts), GPs, (etc.). I think the NHSMail is the best ever happened. It is easy and secure to use … It took me quite a while to get use to the NHSMail, but it worth the effort. Everyone finds it really helpful.' – Interviewee No. 7*

Centralised procurement and no clinical engagement.

' 'I don't understand why they (the local service provider and subcontractors) don't see it. If they can make (the system) work in one hospital, they can easily sell it to others. We wanted to work with them (it seems we don't have too much choice anyway) but they didn't engage with us.' – Interviewee No. 16

'Whoever designed it cleared has no idea of a real hospital setting. They have no clinical experience let alone how the real hospital staff want to use it … Whoever chose the system might have good IT knowledge, but he or she didn't have a clue what we need in hospital at daily basis.' – Interviewee No. 15

'It is an American design and the terminology is quite different from UK settings. If they want to use it nationally, they should at least change to accommodate our needs.' – Interviewee No. 6

'To me I don't think the product is ready yet. They need to take it away and work on it. There is a lot of work needs to be done. It order to do that, they need proper clinical engagement.' – Interviewee No. 3

'We are the front line staff use the system. They (the local service provider or its subcontractors) should appreciate more about our opinion regarding how to change it or improve it. Don't you think so?' - Interviewee No. 11

© David W Wilson & Zhang Wen, Birkbeck College

Centralised procurement and no clinical engagement (…cont)

Birkbeck
UNIVERSITY OF LONDON

'I don't understand why they (the local service provider and subcontractors) don't see it. If they can make (the system) work in one hospital, they can easily sell it to others. We wanted to work with them (it seems we don't have too much choice anyway) but they didn't engage with us.' – Interviewee No. 16

'Whoever designed it cleared has no idea of a real hospital setting. They have no clinical experience let alone how the real hospital staff want to use it … Whoever chose the system might have good IT knowledge, but he or she didn't have a clue what we need in hospital at daily basis.' – Interviewee No. 15

'It is an American design and the terminology is quite different from UK settings. If they want to use it nationally, they should at least change to accommodate our needs.' – Interviewee No. 6

'To me I don't think the product is ready yet. They need to take it away and work on it. There is a lot of work needs to be done. It order to do that, they need proper clinical engagement.' – Interviewee No. 3

'We are the front line staff use the system. They (the local service provider or its subcontractors) should appreciate more about our opinion regarding how to change it or improve it. Don't you think so?' - Interviewee No. 11

© David W Wilson & Zhang Wen, Birkbeck College

No room for contractors to breathe to deliver products

'A lot of contractors have seen this as an one-off opportunity (for their business) to get in the contract (to supply systems for the NHS National Programme)…but when they realised how tight the contract is, and they can't fulfil the contract, they will just leave to cut down the cost as the NHS only pays when they deliver the products (as specified in the contract).' – Interviewee No. 2

'I got a feeling there were problems in the contracts because you can feel that they (the contractors) just want out. It is like "Yes, here is the product". Are they going to carry on updating it and maintaining it or they just move on now?' – Interviewee No. 16

'From what I saw, the contractors in order to fulfil the contract and get paid for it, they just need to get bodies on the floor … they don't worry about the quality (of the system they are delivering). They don't need to worry about whether it works. ' – Interviewee No. 7

'It is really surprising me that the clinical tools in the system are not as advanced as what I can do when I do my internet shopping … the specifications must have been written ages ago and (have become) out-dated.' Interviewee No. 15

© David W Wilson & Zhang Wen, Birkbeck College

Birkbeck
UNIVERSITY OF LONDON

One size fits all is not going to work

'The standards were not set up correctly initially at all; otherwise (the Programme) will not end up like now. It was rushed by the government, without cost-effectiveness evidence.' – Interviewee No. 7

'(The government) thought each hospital is operating similarly, which most people have the same idea, admitting the patients, getting the patients treated, and then discharging the patients. However, each hospital is different…I was surprised to hear that we have to compete with other hospitals in the region to get patients (to get funding). I thought we are all the same, but that is not true. Each hospital is working separately with their own business model.' – Interviewee No. 1

'The government should've considered linking existing systems, rather than replacing them. The standards should've set up what system requirements are so all the systems can link together in the future. Because this wasn't done in the beginning, now different systems are implemented like GP system and the hospital system, but they can't talk to each other.' – Interviewee No. 11

© David W Wilson & Zhang Wen, Birkbeck College

Birkbeck
UNIVERSITY OF LONDON

One size fits all is not going to work

‘ ‘One size fits all – it is just so naïve! Integrating health care records is complex and requires the culture changes in the NHS. Every hospital is different. It seems they share the same principles (to treat patients), but each hospital chooses different ways to work to best uses of their resources.’ – Interviewee No. 15

‘The reality is every hospital is different. Each hospital has its own speciality and special service. The IT system should be designed for that special purpose. Everyone has a computer nowadays, but it doesn’t mean each has the same system or programmes on the computer. We are individuals and they need to acknowledge it.’ – Interviewee No. 16

‘Everyone wears different sizes of clothes and shoes because each one of us is different. Why do we have to use a same IT system, which doesn’t make things easier at all.’ – Interviewee No. 13

© David W Wilson & Zhang Wen, Birkbeck College

Do we need an integrated system? Local system is better than national

'I don't think we need a national integrated system. The local system serves its purpose and has done a pretty good job…What is the chance that Ms. Jones will go on a trip and fall ill and the local A & E requires her medical history? It is rare. The patient tends to stay locally. They don't usually change their GPs…For the analysis purpose such as antibiotics usage or c-diff rate, there is no need to look at a whole country as the trend is different from area to area.' – Interviewee No. 5

'The system we are using now is new and it's supposed to be a national integrated system, but it has many pitfalls so we just think why can't we buy our own system. There are systems in the market specified for the area we are working, and they are easy to use and understand.' – Interviewee No. 16

'A lot of hospitals and GP surgeries already have their own IT systems, which are easy to use and has good support from the providers. Now the newly introduced system will mean they have to abandon their old systems. It is waste of money and time.' – Interviewee No. 10

'Most places already have very good system, why can't they connect them together instead introduce a new one … If the national one is easy to use that will be fine. It is not the case though.' – Interviewee No. 8

Lack of skilled IT professionals and experienced project managers

'I was working in an American private company and it was completly different (from working in an NHS hospital). My salary in NHS is half compared to before…The reason why I'm working in the NHS is because it is secure, and the main reason is my wife is working in London.' – Interviewee No. 1

'I think the trust lacks skilled IT professionals and experienced project managers. I have seen a lot of people who is really good at IT and project managing has left for private companies...I think this is a common issue and a very serious issue in the NHS, from the top to the bottom.' – Interviewee No. 6

'We had a (so called) IT manager who was supposed to support and help everyone if there is a problem (with the new system). First of all, you couldn't get hold of her most of the time. Then she was too busy to sort out 'who knows what' problems. She had no time to train anyone, which was part of her responsibilities. Otherwise, she even didn't know what the problem was and how to sort out the problems herself. It was a bit concern.' – Interviewee No. 15

'Woking in the NHS instead of private companies supposed to be more stable and secure although the money is not good. But now it is not the case. I am concerned about my future and whether I should find a job somewhere else in a private company.' – Interviewee No. 3

'The NHS pays a lot less than private companies, but the job is tougher though. It is very difficult to keep someone in the post for long … Who wants to work harder but gets less pay? No one.' – Interviewee No. 4

© David W Wilson & Zhang Wen, Birkbeck College

Poor communication in all aspects in the implementing process

Birkbeck UNIVERSITY OF LONDON

'We had no idea what it is and why we had to change to it. We were really confused in the training. The trainer seemed not understand who they were training and what they needed to train. In the end, the trainer was confused as well.' – Interviewee No. 13

'I figured out how to use the system by myself, because it was not help at all in the training…I'm not sure if I use the system correct, but I know how to get information what I want…I believe there is more information I can get out of the system.' – Interviewee No. 12

'It seems to me there was no plan at all when coming down to the training…they implemented the system and then left us with no one knowing how to use it … Communication should play a paramount role in implementing the system, so everyone knows what they are doing; but it is not what happened.' – Interviewee No. 10

Poor communication in all aspects in the implementing process

Birkbeck UNIVERSITY OF LONDON

'I thought I was going to use the system right after the training, but when I started using the system it was more than six months after (I have been trained), and I already forgot.' – Interviewee No. 16

'It is ridiculous that we have to wait for 72 hours to get someone to fix a problem. I have been told that some changes have to be sent to BT to change and their standard turnaround time is 72 hours. This is just ridiculous! This can be a huge clinical risk, you know!' – Interviewee No. 3

'There was no communication between the top and the front line staff. Training was minimal. There was someone available initially but they didn't know what they were talking about sometimes. Now there is no one to help you or you have to wait for ages for it.' – Interviewee No. 14

No attention to middle management's feedback

'I think a lot of people noticed the issues, but the reason why we didn't raise it is because I don't think there is anywhere to raise it.' – Interviewee No. 1

'This is a government thing. The trust board wants us to get this installed by this date, (and) we just have to do it. I knew there will be a lot of problems, but we just have to get the best out of it.' – Interviewee No. 6

'I was so <<expletive deleted>> off by them (the contractor). I have given them what they required and told them what we want, but a month later they came back with the exact same questions, and this happened not just once. I reported to the director but in the end I have been told we still have to work with them.' – Interviewee No. 7

'We have our own system, but we have been told we need to replace it with the new product (in the National Programme) as soon as possible … We engaged with (the contractor) several times (to discuss) … we noticed a few issues and recorded in the issues log. We told the board that the product is not fit for purpose. Initially we've been told to carry on working with them and we have to change the system (what we are currently using) because it can save a lot of money for the trust. Luckily we didn't give up because we thought the clinical risk is too high to have such a system. We kept trying and trying and some board members were agreeing with what we said in the end. So now we can keep our old system until they can make the system (within the National Programme) fit for use.' – Interviewee No.15

Birkbeck
UNIVERSITY OF LONDON

Toward a Theory of Stakeholder Identification and Salience:
Defining the Principle of Who and What really Really Counts

Ronald K Mitchell, Bradley R Agle, Donna J Wood

The Academy of Management Review, Vol 22, No 4, Oct 1997 pp.853-867

THE ANALYSIS LENS

Mitchell, Agle & Wood's
Stakeholder Salience Theory

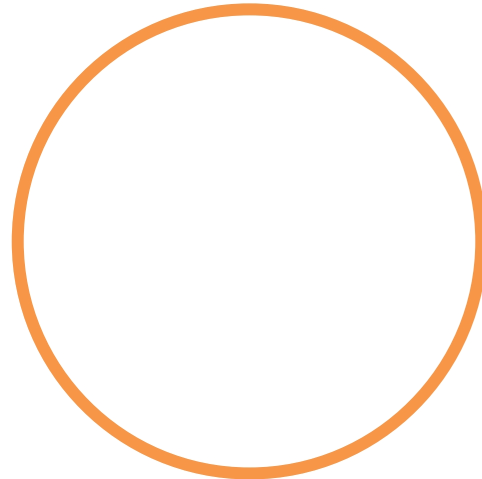
- PLU
  - Power
  - Legitimacy
  - Urgency

© David W Wilson & Zhang Wen, Birkbeck College

Mitchell, Agle & Wood’s

Stakeholder Salience Theory

Power

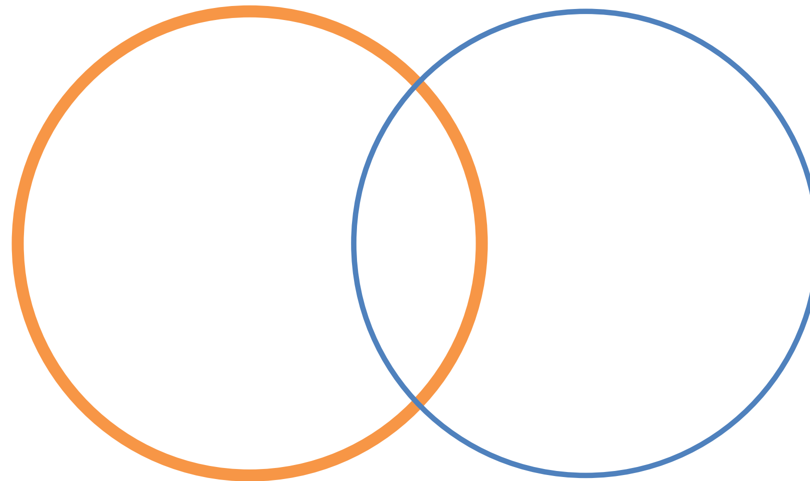


Mitchell, Agle & Wood's

Stakeholder Salience Theory

Power

Legitimacy



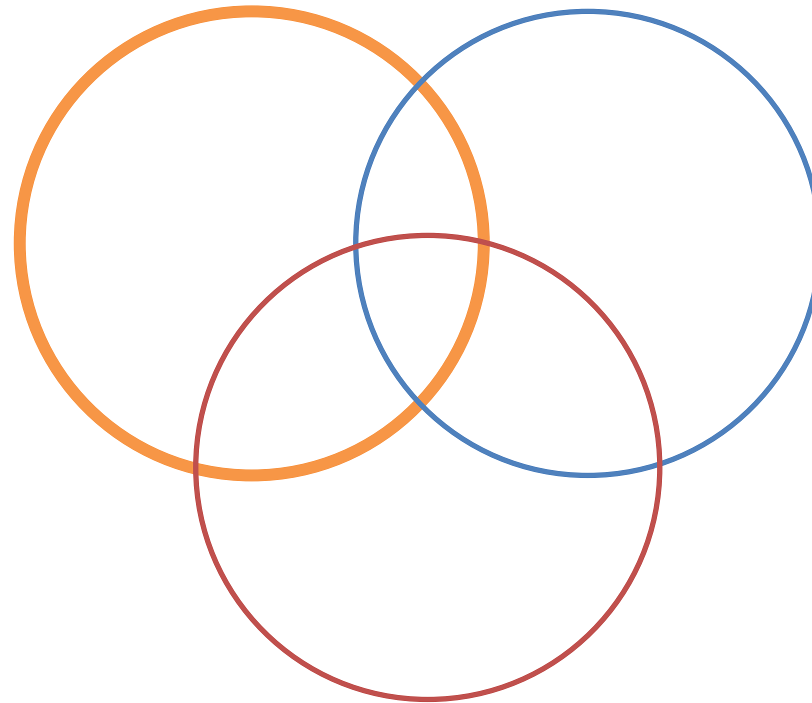
© David W Wilson & Zhang Wen, Birkbeck College

Mitchell, Agle & Wood's

Stakeholder Salience Theory

Power

Legitimacy



Urgency

© David W Wilson & Zhang Wen, Birkbeck College

Mitchell, Agle & Wood's

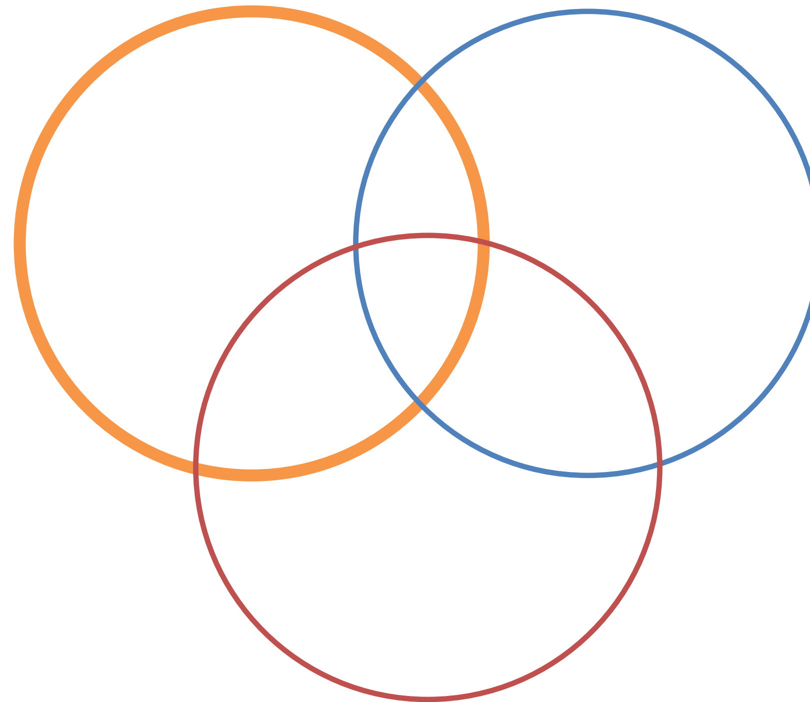
Stakeholder Salience Theory

Power

Legitimacy

Determine 7 "D"

Stakeholder Typology

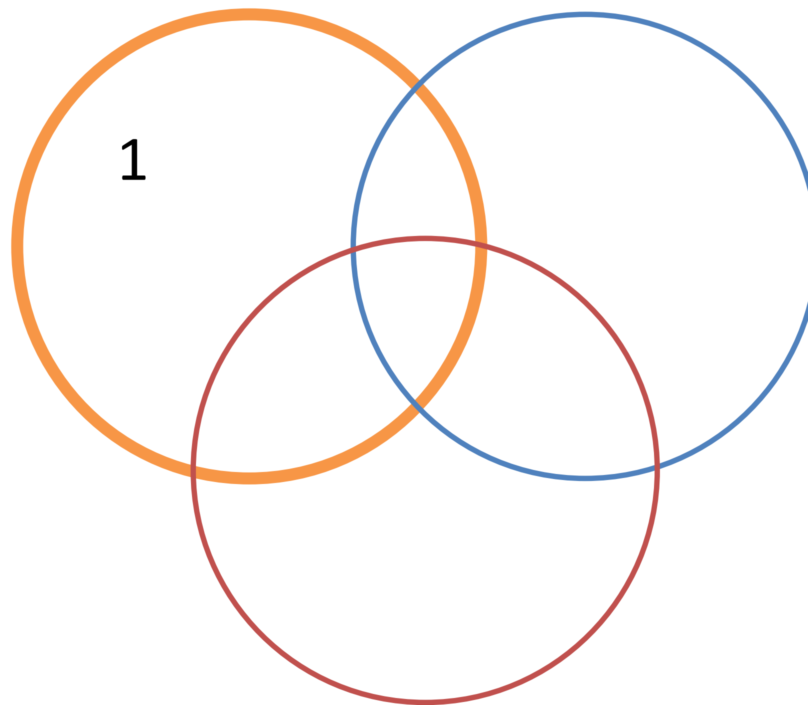


Urgency

© David W Wilson & Zhang Wen, Birkbeck College

Mitchell, Agle & Wood's

Stakeholder Salience Theory



Determine 7 "D"

Stakeholder Typology

1. Dormant

© David W Wilson & Zhang Wen, Birkbeck College

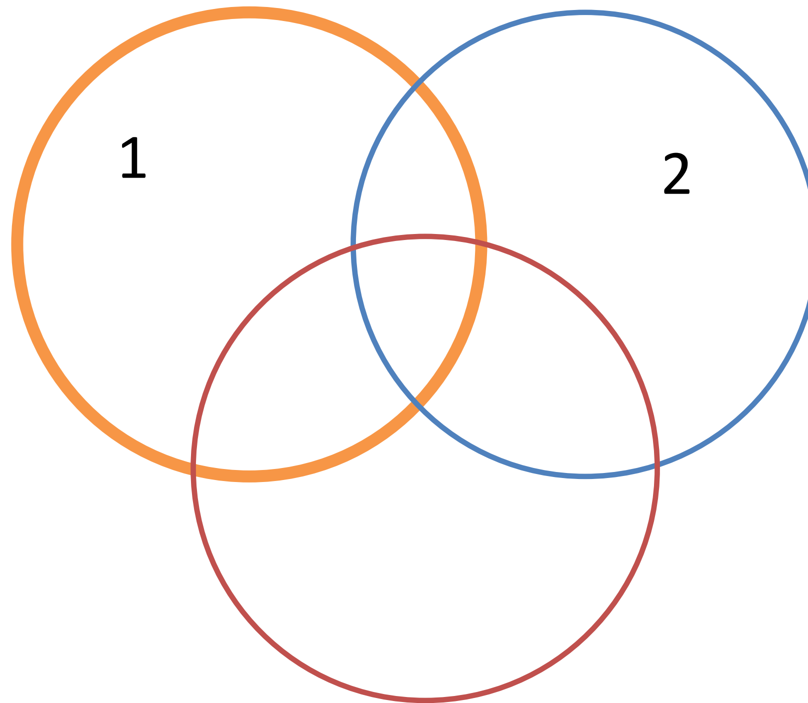
Birkbeck
UNIVERSITY OF LONDON

Mitchell, Agle & Wood's

Stakeholder Salience Theory

Power

Legitimacy



Urgency

Determine 7 "D"

Stakeholder Typology

1.Dormant

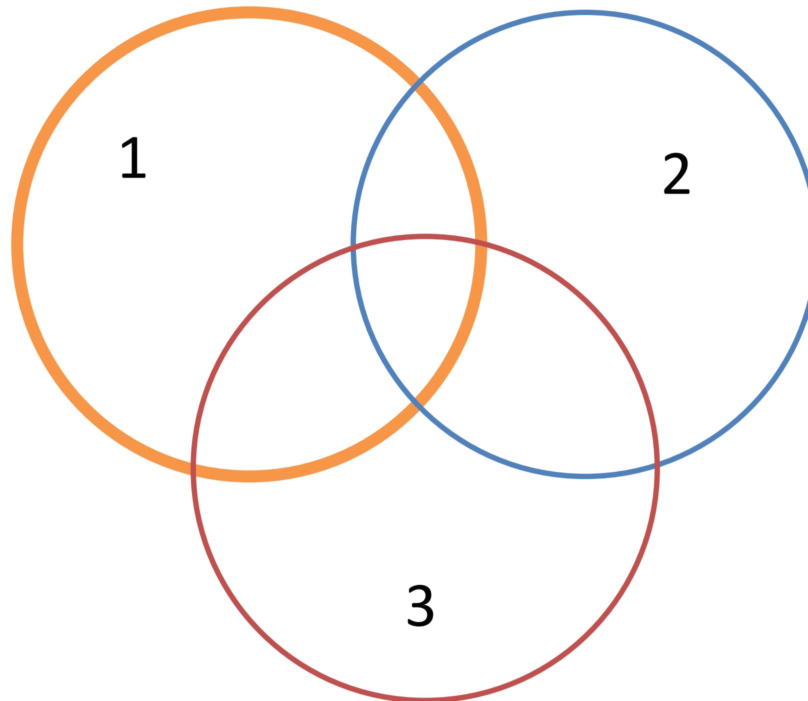
2.Discretionary

© David W Wilson & Zhang Wen, Birkbeck College

Mitchell, Agle & Wood's
Stakeholder Salience Theory

Power

Legitimacy



Urgency

Determine 7 "D"

Stakeholder Typology

1. Dormant
2. Discretionary
3. Demanding

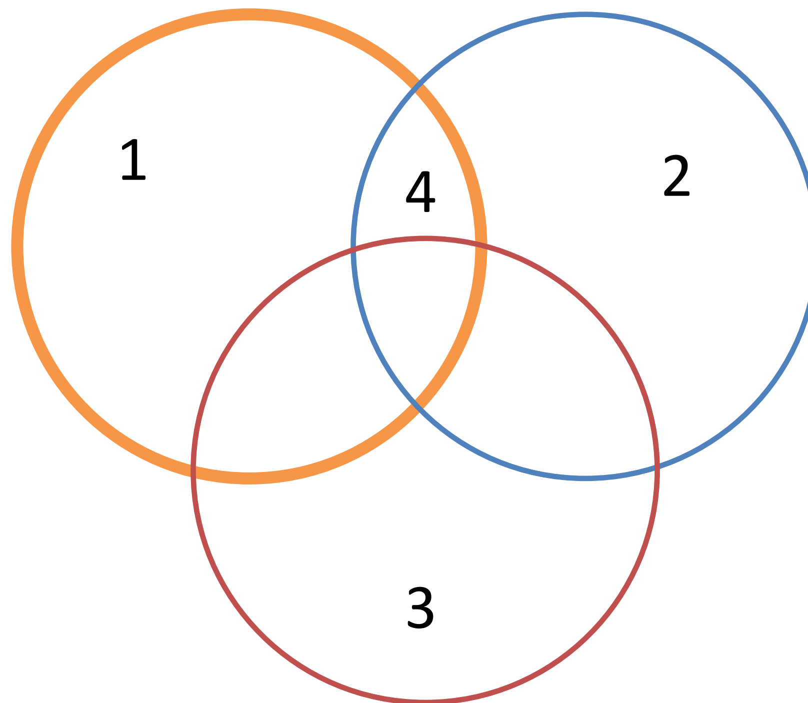
© David W Wilson & Zhang Wen, Birkbeck College

Mitchell, Agle & Wood's
Stakeholder Salience Theory

Birkbeck UNIVERSITY OF LONDON

Power

Legitimacy



Urgency

Determine 7 "D"

Stakeholder Typology

1. Dormant
2. Discretionary
3. Demanding
4. Dominant

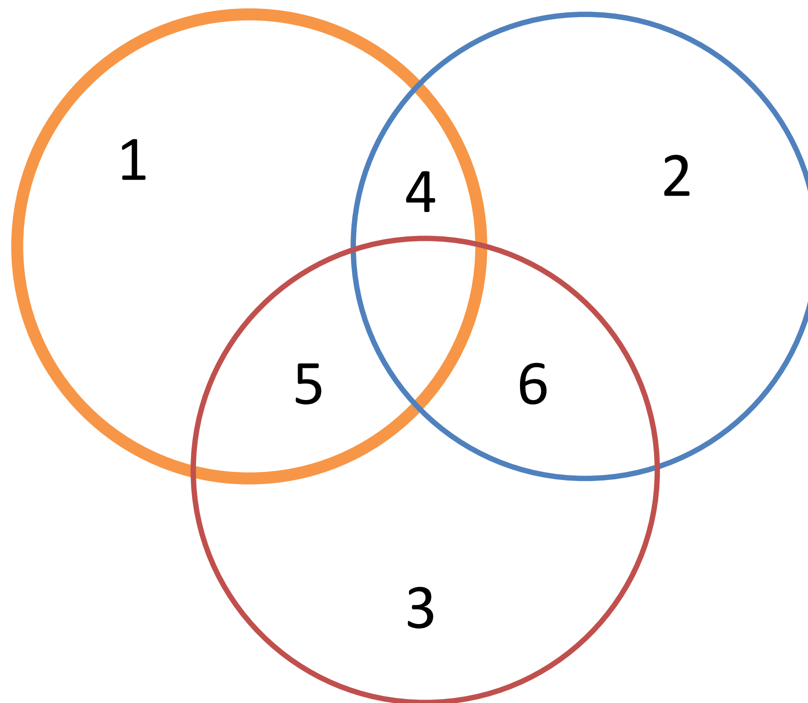
© David W Wilson & Zhang Wen, Birkbeck College

Mitchell, Agle & Wood's

Stakeholder Salience Theory

Power

Legitimacy



Urgency

Determine 7 "D"

Stakeholder Typology

1. Dormant
2. Discretionary
3. Demanding
4. Dominant
5. Dangerous
6. Dependent

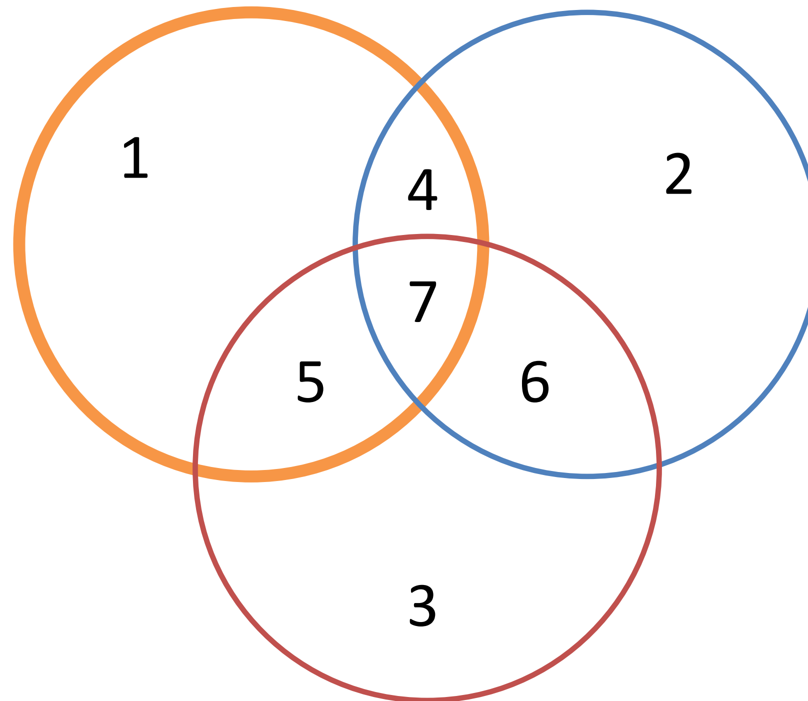
© David W Wilson & Zhang Wen, Birkbeck College

Birkbeck
UNIVERSITY OF LONDON

Mitchell, Agle & Wood's
Stakeholder Salience Theory

Power

Legitimacy



Urgency

Determine 7 "D"

Stakeholder Typology

1. Dormant
2. Discretionary
3. Demanding
4. Dominant
5. Dangerous
6. Dependent
7. Definitive

© David W Wilson & Zhang Wen, Birkbeck College

The Stakeholders and their attributes

Stakeholder	Attribute
Governance Agencies	Power, Legitimacy
Professional Groups	Legitimacy
Patients/Public at large	Urgency

© David W Wilson & Zhang Wen, Birkbeck College

The NHS 9 "C" s Typography

NHS Institute for Innovation and Improvement.
Stakeholder Analysis.
http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/stakeholder_analysis.html
Accessed [August 1st 2011].

Commissioners: those that pay the organisation to do things

Customers: those that acquire and use the organisation's products

Collaborators: those with whom the organisation works to develop and deliver products

Contributors: those from whom the organisation acquires content for products

Channels: those who provide the organisation with a route to a market or customer

Commentators: those whose opinions of the organisation are heard by customers and others

Consumers: those who are served by our customers: ie patients, families, users

Champions: those who believe in and will actively promote the project

Competitors: those working in the same area who offer similar or alternative services

NHS Institute for Innovation and Improvement.
Stakeholder Analysis.
http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/stakeholder_analysis.html
Accessed [August 1st 2011].

NHS Stakeholder Analysis Four sector table

High power	**Satisfy** Opinion formers. Keep them satisfied with what is happening and review your analysis of their position regularly.	**Manage** Key stakeholders who should be fully engaged through full communication and consultation.
Low power	**Monitor** This group may be ignored if time and resources are stretched.	**Inform** Patients often fall into this category. It may be helpful to take steps to increase their influence by organising them into groups or taking active consultative work.
	Low impact/stake holding	**High impact/stake holding**

The NHS **Nine sector table**

NHS Institute for Innovation and Improvement.
Stakeholder Analysis.
http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/stakeholder_analysis.html
Accessed [August 1st 2011].

High power			
Moderate power			
Little or no power			
	Little or no impact	**Moderate impact**	**High impact**

The Stakeholders and their attributes

Top Down Period /Planning Procurement Phase

Stakeholder	Attribute	Mitchell "D" Type
Governance Agencies	Power, Legitimacy (but divesting)	Dominant
Trust Top Management	Legitimacy, Urgency	Dependent
Middle Management	Legitimacy, Urgency,,	Dependent (weak)
Patients/Public at large	Urgency	Demanding

© David W Wilson & Zhang Wen, Birkbeck College

The Stakeholders and their attributes

Top Down Period /Implementation Phase

Stakeholder	Attribute	Mitchell "D" Type
Governance Agencies	Power, Legitimacy (but divesting)	Less Dominant
Trust Top Management	Power, Legitimacy	Dominant
Middle Management	Legitimacy, Urgency,, Power	Definitive (weak)
Patients/Public at large	Urgency	Demanding

© David W Wilson & Zhang Wen, Birkbeck College

The Stakeholders and their attributes

Post Review

Stakeholder	Attribute	Mitchell "D" Type
Governance Agencies	Power, Legitimacy	Dominant but weakening (?)
Trust Top Management	Legitimacy , Urgency	Dependent (strengthening ?)
Middle Management	Legitimacy , Urgency	Dependent (strengthening?)
Patients/Public at large	Urgency	Demanding (but confused)

© David W Wilson & Zhang Wen, Birkbeck College

Some conclusions

Birkbeck
UNIVERSITY OF LONDON

- Mostly the people remain the same, especially those with "iron rice bowls"
- But their status changes during project phases
- Other research (Petter,2008; Young and Jordan, 2008) show similar attitudes of Middle Management.

© David W Wilson & Zhang Wen, Birkbeck College

Birkbeck
UNIVERSITY OF LONDON

Discuss

© David W Wilson & Zhang Wen, Birkbeck College

References

Carlisle D. *NHS woos informatics specialists*. The Guardian, 10 June 2009

Coiera EW*. Lessons from the NHS National Programme for IT*. Medical Journal of Australia. Volume 186 Number 1. 2007.

Coiera E. *Building a National Health IT System from the Middle Out*. Journal of the American Medical Informatics Assoc. 16:271–273. DOI 10.1197/jamia.M3183. 2009

Cross M. Will Connecting for Health deliver its promises? BMJ 2006;332:599-601. 2006

Currie W, GuahM W, *Conflicting institutional logics: a national programme for IT in the organisational field of healthcare*, Journal of Information Technology (2007) vol 22**,** pp 235–247.

Dick B. Grounded theory: a thumbnail sketch. http://www.scu.edu.au/schools/gcm/ar/arp/grounded.html [accessed September 2nd 2011]

Glaser, B. *Basics of grounded theory analysis*. Mill Valley, Sociology Press, 1992

 © David W Wilson & Zhang Wen, Birkbeck College

References (cont)

Birkbeck UNIVERSITY OF LONDON

Grounded Theory Institute. What is grounded theory. http://www.groundedtheory.com/what-is-gt.aspx [acccessed September 2nd 2011].

Hendy J, Fulop N, Reeves BC, Hutchings A, Collin S. Implementing the NHS information technology programme: qualitative study of progress in acute trusts. BMJ, doi: 10.1136/bmj.39195.598461.551. 2007.

Mitchell, R K, Agle B R , Wood, D J. *Toward a Theory of Stakeholder Identification and Salience: Defining the Principle of Who and What really Realy Counts* The Academy of Management Review, Vol. 22, No 4, Oct 1997 pp.853-867

NHS Institute for Innovation and Improvement. Stakeholder Analysis. http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/stakeholder_analysis.html [August 1st 2011].

Petter S *Managing user expectations on software projects: Lessons from the trenches* International Journal of Project Management, V26 No 7, October 2008, Pages 700-712

Robertson A, Cresswell K, Takian A, Petrakaki D, Crowe S, Cornford T, Barber N, Avery A, Fernando B, Jacklin A, Prescott R, Klecun E, Paton J, Lichtner V, Quinn C, Ali M, Morrison Z, Jani Y, Waring J, Marsden K, Sheikh A. Implementation and adoption of nationwide electronic health records in secondary care in England: qualitative analysis of interim results from a prospective national evaluation. BMJ 2010;341:C4564. doi:10.1136/bmj.c4564. 2010

Young R, Jordan E, *Top management support: Mantra or necessity?* International Journal of Project Management, V26 No 7, October 2008,Pages 713-725

© David W Wilson & Zhang Wen, Birkbeck College