Round up
Celebrating 35 years!

In September 2012, we met with colleagues past and present, and leaders in nursing research and health policy to celebrate thirty five years of research impact. The NNRU, founded in 1977, was set up to conduct independent academic inquiries into key policy questions for the Department of Health. We pride ourselves in continuing to undertake high quality empirical research to inform policy relevant to the nursing community. Previous Unit Directors, including Professors Peter Griffiths, Fiona Ross and Jack Hayward, as well as other nursing leaders and academics from across the country, attended the event to celebrate and support the Unit’s ongoing, innovative work.

Sally Brearley, Chair of the Nursing and Care Quality Forum, and a visiting research fellow at the NNRU, was at the event and said: “We need to applaud all the work that has gone on, and is still going on in the Unit, but also we need to emphasise how much we want it to carry on. There is great need for such a research base focused on nursing and it is important that this research should be led by nurses”. Howard Catton, Head of Policy and International at the RCN, added his congratulations to the Unit on behalf of the College and said: “The profession owes a debt for the evidence the NNRU gives and the changes it enables. With the new ministerial team in place this is a time like no other where chief nurses and policy leaders need to be supported by cutting edge research.”

The evening also provided us with an opportunity to launch Policy+ Review, a publication which provides succinctly packaged evidence of the Unit’s inquiries over the past five years.

The future presents new challenges as the Department of Health has decided not to re-commission a National Nursing Research Unit through its Policy Research Programme. The security offered by 5 year funding programmes such as the PRP policy research unit has been enormously beneficial in developing an ongoing programme and building team expertise. It allows researchers to engage with highly topical and current policy questions pertinent to policy makers – such as our national programme of work related to the Health Visitor Implementation plan.

We would like to thank the Department of Health’s Policy Research Programme for its support over the years, and to take this opportunity to thank King’s College London and the Florence Nightingale School of Nursing and Midwifery for its on-going support to allow us to continue the important work of the unit and secure more funding in the forthcoming 18 months. Since 2008 we have successfully secured funding for individual projects through competitive open calls to the value of an additional £2 million.

We are looking forward to continuing to be as successful in the future!
Recently awarded projects

**The impact of moving to single room hospital accommodation - Phase 2**

**Funder: NHS National Institute for Health Research (NIHR) Health Services and Delivery Research Programme (HSandDR)**

Evaluating a major innovation in hospital design: workforce implications and impact on patient and staff experiences of all single room hospital accommodation.

This research is the second phase of a longitudinal study undertaken using a new build hospital in real time as an opportunity for a natural experiment investigating patients and staff experiences before and after a move to single room accommodation. It builds on a recently completed study (see below) funded by the Engineering and Physical Sciences Research Council (EPSRC) via the Health and Care Infrastructure Research and Innovation Centre (HaCIRIC) at Imperial College London which has examined staff and patient experience in old hospital buildings at Maidstone and Tunbridge Wells NHS Trust before the move to all single room accommodation at the new Tunbridge Wells Hospital at Pembury.

This study will use mixed qualitative and quantitative methods to produce a rounded picture of the issues under investigation. The research design includes three main elements:

1. Case study research examining staff and patient experiences in four case study wards before and after the move.
2. Economic analysis to determine nurse staffing costs and overall costs before and after the move.
3. Comparator study comparing the before and after outcomes and resource use with two control hospitals.

Our collaborators on this study are Maidstone and Tunbridge Wells NHS Trust, Imperial College London and Southampton University.

Together, phases 1 and 2 will deliver a project that answers significant questions for healthcare generally and the NHS in particular. This study will generate robust evidence on which to base future hospital re-design decisions for the NHS.

Full details about the project, including the project protocol, can be accessed via the NIHR HS&DR website at www.netscc.ac.uk/hsdr/projdetails.php?ref=10-1013-42

**Start date:** January 2012  
**End date:** December 2013  
**Contact:** Clarissa Penfold / Jill Maben

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**Meeting with the Australian Nursing and Midwifery Federation 20 Feb 2012**

The New Royal Adelaide Hospital will be the first Australian public hospital to provide every inpatient with the privacy of a single room en-suite. The delegation were looking to learn from research being undertaken by NNRU in Maidstone and Tunbridge Wells NHS Trust in relation to the new Tunbridge Wells Hospital.

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**Informing the development of NICE Quality Standards through secondary analysis of qualitative, narrative interviews on patients’ experiences**

**Funder: NIHR Service Delivery and Organisation (NIHR SDO) programme**

This 18-month project aims to

i) identify common, core components of patients experiences of the NHS to inform the development, and measurement, of NICE Quality Standards

ii) examine their reach and limitations in describing the aspects of care that are important to patients from diverse backgrounds, with experience of different conditions and NHS care pathways.

The project team, led by Sue Ziebland at the University of Oxford, will undertake a secondary analysis sampled from over 60 collections of qualitative interviews (each containing 40-50 interviews, with ethics approval for this purpose) held by the University of Oxford Health Experiences Research Group, on topics pertinent to current NICE Quality Standards work. Experienced researchers with a part time secondment to the Clinical Guideline National Collaborating Centre will spend 14 months analysing the interview transcripts to identify the core components of patients’ experiences and check their findings in 6 focus groups with service users. The final 4 months will include a series of expert facilitated workshops and training with NICE staff. The costs are primarily for research and project management staff. The project will address the needs of the NICE Quality Standards team and the Clinical Guideline Collaborating Centres in a strong
and focused collaborative study. We will also inform the design of questionnaires to measure patients’ experiences, prepare guidelines for qualitative data sharing and run a training course on qualitative secondary analysis.

**NIHR Post-doctoral Research Fellowship 2012**
**Funder: NIHR National Institute for Health Research (NIHR)**

Dr. Caroline Nicholson will commence a three year NIHR post doctoral fellowship soon (start date to be confirmed). Her post doctoral study will use a 4-staged mixed method design underpinned by the phased approach proposed by the MRC Framework for Complex Interventions. The project aims to answer the research question ‘What are the Supportive Care needs of frail older adults and how can they be effectively identified and met in acute medical settings?’ It will employ mixed methods to systematically and comprehensively build evidence and consensus to design and evaluate a complex intervention to improve supportive care delivery for frail elders in acute medical settings.

**Ongoing projects**

**Accelerated Experience-Based Co-Design (AEBCD)**
**Funder: NIHR Service Delivery and Organisation (NIHR SDO) programme**

This project led by Louise Locock at the University of Oxford has two components: implementing the intervention (Accelerated Experience-Based Co-Design or AEBCD), and an ethnographic process evaluation. With regard to the intervention, we have produced two trigger films, one on intensive care and one on lung cancer, based on secondary analysis of existing patient experience interviews. In each of our trust partners (Royal Brompton and Harefield and Royal Berkshire), the first project on intensive care has been completed. The service improvement facilitators in the trusts completed staff discovery interviews; organised separate workshops for patients and staff and a joint staff and patient workshop to view the trigger film together, identify joint priorities for improvement work, and agree co-design working groups. The co-design working groups met regularly and implemented their planned changes. Both have held well-attended celebration events to review achievements and disseminate the project to colleagues. With regard to the process evaluation, the organisational ethnographer has continued to observe all the workshops at both trusts and a sample of the co-design working group meetings. She is also interviewing key participants, and getting further feedback in the form of reflective diaries and focus groups with patients and carers involved in co-design. Short questionnaires have also been used at the end of workshops to elicit views about the process. She continues to assemble costing information. A report consolidating all the evaluation evidence to date is in preparation (which will feed into our final report). Thus far, the evidence suggests the accelerated approach to EBCD is well received by patients and staff. While patients do not always identify fully with the views expressed in the trigger film, they stimulate very similar conversations to ‘traditional’ EBCD, and may improve staff engagement by removing defensiveness in the face of personal criticism. To date, using an accelerated approach had no discernible effect on the functioning of the co-design working groups in the ICU pathway or on the type of improvements implemented.

**A study of the barriers to early presentation and diagnosis with breast cancer in black African, black Caribbean and white women**
**Funder: Cancer Research UK**

Breast cancer is one of the most common cancers to affect UK women. Women from black ethnic groups diagnosed with breast cancer tend to have more advanced disease and are less likely to survive than white women. The literature (largely from the USA) suggests black women have lower breast cancer awareness, and different cultural values to white women, resulting in their taking longer to seek medical help after discovering breast symptoms, or choosing not to take up breast screening. This UK based research investigates barriers to early diagnosis with breast cancer in black African and black Caribbean women as part of the National Awareness and Early Diagnosis Initiative (NAEDI). The project, led by Professor Emma Ream, is a collaboration between the NNRU and colleagues across King’s College London and the NHS. Jill Maben is providing methodological expertise to the project team.

Data collection is currently on-going in London and analysis of the interviews with women has commenced, with focus groups to be held with women outside London in the coming year.
Members of the project team who worked with the NHS Institute for Innovation and Improvement to determine the learning and impact of the Productive ward; Releasing time to care (RTC) in the UK, are members of the research team for this study assessing the impact of RTC across Saskatchewan and Ontario, Canada. This three year study aims to develop and implement rigorous evaluation methodology to study how Releasing Time to Care: The Productive Ward (RTC), impacts patient and provider outcomes in 33 hospital units (20 hospitals) and 10 units (10 hospitals) in two provinces. The evaluation employs qualitative and quantitative methods to answer the questions: (a) Does RTC have a positive impact on hospital unit work life quality and patient outcomes? and (b) what contextual factors are important to the effectiveness of RTC?

Data collection nears completion and Professors Jill Maben and Peter Griffiths visited the research team in Saskatchewan in September 2012.

Start date: April 2010
End date: March 2013
Contact: Jill Maben

This study is funded by Dimbleby Cancer Care and is led by Emma Ream at Kings College London. The study aims to enhance the role of carers in the outpatient setting by using Experience based co-design to develop and implement a carer intervention. Phase I commenced with observation of the chemotherapy day unit and of scheduled consultations with healthcare professionals. Twenty healthcare professionals were interviewed about their perceptions and experiences of providing support to carers and the challenges and opportunities for improving support. Twenty filmed interviews were also undertaken with carers about their experiences of supporting a friend or relative through chemotherapy. A compilation film of carer experiences was produced and shown to carers and healthcare professionals in Phase II of the study: the co-design events. Three events took place: a staff event, a carer event and a joint staff/carer event. During these events, interview and observational data were fed back and staff and carers subsequently worked together to develop a carer support package to be tested as an intervention in Phase III of the study. A DVD and a leaflet were produced which aim to improve the support and information provided to carers. This package is to be delivered in a nurse-led consultation. The intervention is now being tested in a small exploratory RCT of 40 carers where 20 will receive the intervention and 20 will receive usual care. The intervention will be evaluated through focus groups with healthcare professionals and carers.

Start date: June 2011
End date: April 2013
Contact: Vicki Tsianakas/Glenn Robert

This work aims to address questions about the configuration, composition and organisation of the healthcare workforce within a complex health system. We are interested in finding out what types of (diabetes-related) activities are undertaken by different healthcare professionals; to what degree does this vary across practices and over time, and how does this variation impact on patient outcomes? For example, do practices where nurses undertake a higher proportion of consultations with people with diabetes perform worse, the same or better in terms of patients’ glycaemic control than other practices?

Previous NNRU research using Quality Outcome Framework practice-level data found a positive relationship between practice nurse staffing levels and chronic disease outcomes that included diabetes. At Stage 2 we are using THIN patient level data obtained from Cegedim Strategic Data Market Research UK (CSD MR) to further our understanding of workforce in GP practices and its impact on outcomes of people with diabetes.

The first wave of analysis exploring the relationship between practice nurse activity and glycaemic control (HbA1c) over the period 2002-2009 was presented at the RCN Research Conference in
April 2012. This research found that higher practice nurse activity (i.e. proportion of consultations) was associated with lower HbA1c levels in the early part of the period, subsequently there was little to choose between practices that made more or less use of practice nurses (i.e. doctors delivering most of the care).

A survey of 250 THIN practices was undertaken via the CSR MR Additional Information Service in the summer to provide data for the economic component of the study and supplementary information on staffing and management of diabetic care. A further THIN update was recently acquired that covers the period up to the survey so that these data can be linked. This has increased the number of practices contributing to the study. Re-analysis of these new data, for the period 2002-2011, is about to commence.

Start date: April 2010
End date: December 2012
Contact: Trevor Murrells

QUASER (Quality and Safety in Europe by Research)
Funder: European Union FP7 programme

The QUASER project is a three year EC FP7 funded project investigating the relationships between organisational and cultural factors and quality in European hospitals. Data collection in the ten case study hospitals (two in each of the five participating countries) is complete. We have analysed the data from interviews, observations and documents and produced reports for each of the five partner countries. These reports form the basis of the cross case analysis which is now underway. For the cross case analysis we have identified important themes in the data and are now analysing these across countries to identify similarities, differences and patterns that we can interpret. The aim is to answer fundamental questions such as how quality is enacted in the five study countries, the influence of macro and meso level factors on quality improvement initiatives at the micro level, and how leaders influence quality work. The cross case analysis will directly inform the development of the Quality and Safety Guide for Hospital Leaders and Framework for Assessing Hospital Quality for payers. The consortium has held two meetings in 2012. We met in Lisbon, Portugal in February and in Stavanger, Norway in June. The Lisbon meeting focused on analysing the data from the case study hospitals. Researchers presented and discussed emerging themes from the data and refined and iterated the analysis process to ensure reliability between the countries. In Stavanger preliminary results from the cross case analysis were presented and a process was agreed for completing the analysis.

Start date: April 2010
End date: March 2013
Contact: Glenn Robert

Health Visitor Programme
Funder: Policy Research Programme (PRP)

This PRP-funded research aims to support the roll out of the Government’s Health Visitor Implementation Plan 2011 – 2015, by providing evidence from existing research and fresh insights from empirical work to inform this Health Visitor service expansion.

Our three research studies are:
1. A synthesis of research about health visiting practice: a scoping review of the existing published literature on health visiting practice, and its impact on child and family wellbeing; The final report (“Why Health Visiting? A review of the literature about key health visitor interventions, processes and outcomes for children and families”) is under review and we hope will be available soon.
2. Voice of users and service delivery: a scoping review and qualitative exploration of service users’ perspectives on the dimensions of health visiting they find most helpful and valuable; the data for this study has been collected and is currently being analysed with final report due December 2012.
3. Recruitment, retention and preparation for Health Visiting: a scoping review and qualitative study of recruitment and retention challenges and opportunities and health visitor preparation and continuing professional development. The data for this study has been collected and is currently being analysed with final report due December 2012.

The research team (Jill Maben, Sarah Cowley, Astrida Grigulis, Sara Donetto, Karen Whittaker, and Mary Malone) will be presenting at the annual Community Practitioners and Health Visitors Association (CPHVA) conference in November 2012 and at the International Collaboration for Community Health Nursing Research (ICCHNR) conference in 2013.

Professor Maben continues to be a member of the Health Visitor Taskforce established by CNO and chaired by Dame Elizabeth Fradd.

Start date: April 2011
End date: December 2012
Contact: Jill Maben
Completed Projects

An Evaluation of the Spread and Sustainability of Experience-Based Co-Design developed through the ‘The Point of Care’ Programme and the Integrated Cancer Centre, South East London

Funder: Guy’s and St Thomas’ Charity

This evaluation study looks at the spread and sustainability of Experience-Based Co-Design (EBCD) patient-centred service improvement methodology. EBCD was introduced in 2009 to the Integrated Cancer Centre through a collaborative project between King’s College London, The King’s Fund and Guy’s and St Thomas’ and Kings College Hospital NHS Foundation Trusts. This research focuses on the progress and outcomes of this work in four cancer services. Data collection and analysis has now completed and the project report is being finalised. The work comprises three elements. First, the sustainability of the EBCD work conducted in the original breast and lung cancer services. This element uses patient, staff and stakeholder interviews, documentary evidence and observational work to examine participants’ experiences of EBCD work as well as to examine organisational and attitudinal changes that have arisen from this work. Second, the study traces the spread of the EBCD methodology into two other cancer services, colorectal cancer services and gynaec-oncology, and spread to other services outside cancer using a mix of staff and stakeholder interviews and documentary evidence. Finally, the context and progress of EBCD spread and sustainability is examined in relation to trust-wide and national secondary data sets on patient experience in cancer services. Interviews with staff, patients and stakeholders involved in the EBCD work in lung cancer services.

Start date: July 2011
End date: October 2012
Contact: Jill Maben

Development project for a national clinical audit of Essence of Care – Food and Nutrition

Funder: Healthcare Quality Improvement Partnership (HQIP)

The Healthcare Quality Improvement Partnership (HQIP) commissioned King’s College London to undertake a development project to support a national clinical audit of the quality of nutritional care provided to health care inpatients and social care residents, based upon the Essence of Care Benchmarks for Food and Nutrition.

The objectives were defining the types of organisations to be included, identifying criteria to be audited, determining samples sizes and data collection methods, conducting a pilot audit, considering how to present results back to submitting units in order for the audit cycle to progress action and self-improvement and making results available to users, patients and carers.

A scoping exercise to establish the range of services to be included and a literature review were conducted. Audit tools were developed and used in conjunction with identified criteria. The audit was piloted in three acute hospitals and four care homes. Differences were highlighted in the delivery of nutritional care according to whether the manager, member of nursing/care staff or patient/resident completed the audit form.

The final report summary that is available at: http://www.kcl.ac.uk/medicine/research/divisions/dns/projects/audit/Summary17052012.pdf concluded that the scope and size of the national audit required further consideration, a national audit would have to encompass a very large number of care homes, the selection of patients/residents presents a number of challenges, 50 audit criteria and audit tools were produced and direct observation would considerably strengthen any future audit.

Start date: October 2010
End date: November 2011
Contact: Trevor Murrells

Role of Context in Quality Improvement

Funder: The Health Foundation

The Health Foundation has repeatedly found through its support for research and development on quality improvement in healthcare that results were disappointing. Promising interventions did not transfer to new settings, or could not be sustained. The usual explanation was a dynamic context – contextual factors, changing over time or varying between settings, frustrated efforts to improve quality. The Foundation decided to explore the role of contextual factors in healthcare improvement further. A set of ‘think pieces’ from leading researchers in the field was commissioned. Building on these, this project - led by Professor Naomi Fulop - was a best evidence review of the influence of contextual factors on successful improvement of healthcare quality. The final report was submitted in spring 2012.

Start date: August 2011
End date: March 2012
Contact: Glenn Robert

Boundary Spanning and Healthcare Quality

Funder: National Institute for Health Research Health Services Research programme

The aim of this two year project was to explore the processes by which ‘boundary spanning’ can support horizontal and vertical health care integration through enabling knowledge exchange (as well as knowledge creation) between different sectors, organisations and professions. We undertook an in-depth, longitudinal case study of a demonstration project that took place in four specific topic areas in a deprived area of a Primary Care Trust during the period 2010-2012 and assessed whether such processes lead to improvements in the quality of health care. Interviews were undertaken with key stakeholders and observation of key meetings and other data collection (online survey, diaries) was completed. The final project report was submitted to NIHR in August 2012.

Start date: July 2010
End date: August 2012
Contact: Glenn Robert
Frailty, end of life (EOL) and workforce issues –

i) Evidem (End of Life) Phase 2 Funder: NIHR
Dr. Caroline Nicholson collaborated with Professor Claire Goodman (at the University of Hertfordshire) on the Evidem (EOL) phase 2 study. It was a two-phase study examining end of life (EOL) care for residents with dementia in care homes. (www.evidem.org.uk).

Dr. Caroline Nicholson designed and implemented the intervention in Phase 2. The draft report has been written and papers are in progress.

Start date: October 2010
End date: June 2012
Contact: Caroline Nicholson

ii) FOD- CC Frailty Operative Definition – Consensus Conference Funder: EU
Dr Caroline Nicholson participated in the Frailty Operative Definition – Consensus Conference (FOD-CC http://www.fod-cc.com). The FOD-CC Study was an international research project involving 152 experts with the aim of establishing a definition of frailty for clinical use. A modified Delphi process was used to attempt to achieve consensus definition. The Results have been written, report written and papers are now in progress.

Start date: February 2011
End date: June 2012
Contact: Caroline Nicholson

The impact of moving to single room hospital accommodation – Phase 1
Funder: Engineering and Physical Sciences Research Council (EPSRC) via the Health and Care Infrastructure Research and Innovation Centre (HaCIRIC) at Imperial College.

A ‘before and after’ study of the impact of moving to a single room hospital accommodation: workforce implications, and staff and patients’ experience of care in a new physical environment.

This study examined care processes and staff and patient experiences in old hospital accommodation at Maidstone and Tunbridge Wells NHS Trust prior to the closure of facilities and relocation of services to the new Tunbridge Wells Hospital at Pembury.

A report of this research will be available via the NNRU website shortly. A second phase of research which builds on this study is now underway (see new projects above).

Start date: January 2010
End date: December 2011
Contact: Clarissa Penfold/Jill Maben

Nurse forecasting: Human resource planning in nursing
Funder: RN4CAST (EU FP7)

How many registered nurses will we need to deliver care well in the future? By considering not only the volume of care needed, but the relationship between staffing and the quality and outcomes of care provided, RN4CAST sheds new light on registered nurse forecasting methods. The study, funded by the EU 7th framework, revealed that nurse staffing and workforce issues have a significant impact on both staff satisfaction levels and patient care.

The RN4CAST survey in England covered almost 3,000 nurses from over 400 general medical and surgical wards, and provides further evidence of the links between nurse staffing and the quality of care patients receive. On wards with poorer RN staffing levels, nurses were more likely to report that care had been left undone due to lack of time. This places increased pressure on staff, which has a knock-on effect on morale; nearly half of the nurses surveyed reported they would leave their current job if they could.

Study results were presented at an EU policy conference in December 2011 and international findings were published in the BMJ in March 2012.

A report on the nurse survey in England was launched by the NNRU in July 2012.

Start Date: January 2009
End Date: December 2011
Contact: Jane Ball

Patients’ experiences of care and the influence of staff motivation, affect and well-being
Funder: NIHR SDO

This study is now complete and the final report due to be published soon. We have published three papers to date form the empirical data on the links between patient experience and staff wellbeing that this study has highlighted (see Publications).

Start date: July 2008
End date: September 2012
Contact: Jill Maben

Mentorship capacity: an investigation of adequacy to meet pre-registration student need
Funder: NHS London

Mentorship is regarded as having an important role in developing student confidence and competence; this project evaluated whether mentorship capacity is perceived as sufficient to meet pre-registration student need. We have explored capacity in relation to: resources- including mentor-student ratios, placement availability and funding for courses; education and experience of mentors; and factors that facilitate or constrain the provision of mentorship in practice settings. The final report has now been drafted and is under review due for publication later this year. The project is funded by NHS London and is a collaboration between King’s College London and Chelsea and Westminster NHS Hospital Trust.

Start date: October 2010
End date: October 2012
Contact: Sarah Robinson
NNRU Staff News

New NNRU staff members

Jane Hughes has joined the health visiting team for three months to cover the maternity leave of Dr Astrida Grigulis.

Dr Ruth Young joins the team part-time. Ruth’s recent research has looked primarily at international health workforce migration, and mobility of health nurses and other health professionals within the European Union.

New visiting positions

Professor Donna Havens, Visiting Professor
The University of North Carolina at Chapel Hill

Professor Pam Smith, Visiting Professor
University of Edinburgh

Professor Moira Livingstone, Visiting Professor
Centre for Workforce Intelligence

Following retirement, Sarah Robinson and Sarah Cowley continue to support our work programme. Sarah Robinson’s work on mentorship continues and Sarah Cowley is supporting our health visiting work together with Heather Wood and Christine Bidmead.

Dr Sarah Robinson, Visiting Senior Research Fellow

Professor Sarah Cowley, Visiting Professor

Christine Bidmead, Visiting Research Associate

Dr Heather Wood, Visiting Research Associate

PhD Students

Vania Gerova (since 2009)
PhD title: “The association between maternity staffing, the organisation of maternity services and outcomes in the NHS trusts in England”

Laura Nasir (since 2009)
PhD Title: “Facilitating knowledge exchange between health care sectors, organisations and professions: studying boundary spanning processes and their impact on health care quality”

Clarissa Penfold (since 2010 – part time)
PhD Title: “Hospital design: Implications for work practices, care quality and patient safety”

Simon Waine (since 2010)
PhD Title: “Distractions and Interruptions in Healthcare”

Andrew Sargent (since 2011)
PhD Title: “The construction of professional identity in pre-registration undergraduate student nurses”

Paola Pierri (commenced 2012)
PhD Title: “Co-designing the experience of care for patient with rare genetic diseases and their families”

Goodbyes

Dr Mary Adams took up a post of Research Fellow in Engagement in the Division of Health and Social Care Research, School of Medicine, King’s College London.

Estelle Clinton took up a post of Executive Assistant to the President of Richmond University, London.

Laura Nasir remains a PhD student in the unit but following completion of the ‘Boundary Spanning’ project she has moved on to Tutor role in the school of Nursing.

Congratulations to

Dr Caroline Nicholson, who takes up her NIHR Post Doctoral fellowship in the unit for three years. Her study examines “What are the Supportive Care needs of frail older adults and how can they be effectively identified and met in acute medical settings?”

Dr Astrida Grigulis, baby Matiss was born on 31st August 2012. Congratulations to Astrida and Fred on the birth of their first child.

We send them all our very best wishes for the future.

Patient and Public Involvement at NNRU

The NNRU is delighted to welcome several new patients and members of the public to the wider NNRU team. We recently had a good response to a request made on the INVOLVE People in Research website for patients and members of the public to join the advisory group of one of our projects. With only limited spaces on the advisory group for that particular project, we asked those expressing an interest if they would be happy for us to keep their contact details and everyone said yes, which is excellent news.

We are therefore in the process of creating a standing group of patients and members of the public who we plan to keep fully up to date with what’s going on at the NNRU, and hope will become involved in future NNRU work, from proposals to projects to dissemination.

So thank you to everyone who responded to the posting and we look forward to working with you!
Policy+

While the dissemination of Policy+ began with circulation to colleagues in the Department of Health and senior NHS managers, it is now circulated to a much wider audience through about a thousand subscribers. The success of Policy+ in informing healthcare professionals about the implications of research in a succinct and timely manner is demonstrated by responses to our subscriber survey; one in ten respondents had discussed Policy+ with colleagues and one in seven had introduced changes as a result of what they had read.

Policy+ has featured in a wide range of health related publications and is disseminated further through the Nursing Times. In addition, The Nursing and Care Quality Forum, which was established in 2012 by the coalition government and supported by the Prime Minister, has drawn upon the Unit’s work through Policy+ to inform initial recommendations.

Since our last newsletter we have continued to produce Policy+, the Unit’s series of policy briefings for the profession on topics of current concern and interest. Recent issues have focussed on the implications of changes in nurse migration for the U.K. workforce, minimum staffing levels in English hospitals and the evidence base for Intentional Rounding.

Policy+ Review

September 11th 2012 saw the publication of Policy+ Review, a single volume to coincide with and celebrate the 35th anniversary of the Unit. This collection presents the 35 issues of Policy+ as a whole, under the four main themes in the Unit’s more recent programmes of work: 1) education and training; 2) the nursing workforce; 3) measuring care quality; and 4) delivering nursing care. The 35 issues published to date reflect the breadth and depth of key health service concerns that the Unit’s programme addresses and the key messages for policy and practice arising from this body of work that have been conveyed to healthcare professionals. They also demonstrate the range of sources we have used, including our own research, and the care with which evidence needs to be evaluated before conclusions can be drawn.
**Issue 33: December 2011**

**What are the implications of changes in nurse migration?**

Earlier this decade, a rise in healthcare demands and financial investment in nursing saw the United Kingdom rely heavily on overseas recruitment as a way to fill nursing vacancies in the National Health Service during the so-called ‘boom’ period. However, the recent ‘bust’ period with its decline in workforce investment has caused a significant drop in international recruitment to the UK. This Policy+ draws upon a number of sources in sub-Saharan Africa to examine the potential implications of these regulations on non-EU source countries and for the UK nursing labour market.

**Issue 34: March 2012**

**Is it time to set minimum nurse staffing levels in English hospitals?**

Increasing economic pressures on healthcare systems raise concerns about how workforce cuts and reconfigurations may affect quality. Currently there are no centrally set minimum staffing levels for National Health Service organisations; providers are responsible for determining staffing requirements locally. In this Policy+ we look at the impact mandated minimum Registered Nurse (RN) staffing levels have had in other countries and consider current guidelines and recommendations.

**Issue 35: April 2012**

**Intentional Rounding: What is the evidence?**

In January 2011 the British Prime Minister called for changes in the way nurses deliver care. Following a number of critical reports, concern had been expressed about the need to ensure essential aspects of nursing care are consistently delivered. One of the Prime Minister’s recommendations is for NHS hospitals to implement hourly nursing rounds, to check on patients and ensure their fundamental care needs are met. This approach is related to ‘intentional rounding’ in the United States. Within the United Kingdom some organisations refer to this type of nursing activity as ‘care rounds’ or ‘comfort rounds’. In this Policy+ we examine different approaches to intentional rounding and review available evidence.

**Editorial team**

We would like to take this opportunity to thank Sarah Robinson who has been the co-editor of Policy+ since its inception in April 2007; her enthusiasm and vision for Policy+ is reflected both in the collection and in the breadth of its readership. Our appreciation extends to staff past and present across the Unit, who have authored and supported the publication of Policy+.

For information, please contact the editors: Jane Ball and Caroline Nicholson.

All issues of Policy+ including Policy+ Review are available on: [http://www.kcl.ac.uk/nursing/research/nrnur/policy/polcyplus.aspx](http://www.kcl.ac.uk/nursing/research/nrnur/policy/polcyplus.aspx)

**Publications**

**In Press**


Hayes, N. & Ball, J. “A achieving safe staffing for older people in hospitals”. [article pending online].


Morrow, E., Robert, G., Maben, J., Griffiths, P. “Impact of international scale quality improvement - lessons from The Productive Wards: Releasing time to care”. International Journal of Health Care Quality Assurance. DOI: 10.1108/095282661212214645


For information, please contact the editors: Jane Ball and Caroline Nicholson.

All issues of Policy+ including Policy+ Review are available on: [http://www.kcl.ac.uk/nursing/research/nrnur/policy/polcyplus.aspx](http://www.kcl.ac.uk/nursing/research/nrnur/policy/polcyplus.aspx)
an Operational Definition of Frailty: A Delphi Method based Consensus Statement. Journal of Gerontology: Medical Sciences


Conferences:


Ball, J. (2012) HSRN, Manchester, 19-20 June 2012

Ball, J. (2012) Invited speaker, Staffing to Care, RCN Caring about Care conference, Belfast, Northern Ireland, 27 Sept 2012


Maben, J. (2012) at the "Releasing Time to Care" (RTC) Research Team, Evaluation Meeting, Health Quality Council, Canada, Saskatchewan, 27-28 September 2012


Maben, J. (2012) Invited speaker, Staff morale and patients' experience: Understanding that enable an optimum environment for staff to deliver excellent care. International Collaborative meeting at Green Templeton College, examining the nursing contribution to the fundamentals of care at patient Oxford, 29 June 2012


About the NNRU

The National Nursing Research Unit (NNRU), based at the Florence Nightingale School of Nursing and Midwifery, King’s College London was founded in 1977, is a multidisciplinary national centre for nursing research in England. We undertake high quality empirical research and reviews to inform policy and practice relevant to the nursing workforce.

The NNRU is currently supported by the Department of Health’s Policy Research Programme (PRP) with a 5 year grant of £2.5 million from September 2007 - December 2012. To date there has been no re-commissioning of a Nursing Research Unit and thus our current PRP funding is drawing to a close. We have been successful in securing funding from other sources (an additional £2 million since 2008 from for example the NIHR, European Union, Research councils, Canadian Health services Research Institute, the Health Foundation and the NHS Institute for Innovation) and we will endeavour to be as successful in the future.

The National Nursing Research Unit’s current research concentrates on the effectiveness of the healthcare workforce and covers three key themes:

- Care quality and outcomes
- Organisations, physical environment and ways of working
- Nursing and health care workforce

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