



Annual Report 2007/08



Establishing the Centre – Strategy Update

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Establishing the Centre

King's PSSQRC is a completely new venture: while benefiting from the expertise of senior staff within both KCL and KCH, it is starting research programmes 'from scratch'. Moreover, given half-year funding in the first year the Centre has only been fully operational with effect from October 2007. Centre set-up has involved recruitment of new staff, establishment of premises and associated support, and development of new and pioneering programmes of research in the largely uncharted field of organisational research on patient safety and service quality.

The Centre has successfully recruited 8 new research staff and established 4 research programmes, covering Innovations, Organisational Governance, Risk, and Workforce. The programmes include 14 senior academic staff of King's College London (KCL) from a wide range of disciplines together with 4 senior executives from King's College NHS Foundation Trust (KCH). The Centre has also established 5 PhD studentships, including 2 ESRC CASE awards with 3 years external funding. Further studentships and other capacity development opportunities for NHS staff are currently being recruited. Each programme has developed 2 projects, currently at initial/pilot stage.

Personnel issues and changes to note: Given the specialist nature of the research roles, it has taken several recruitment rounds (using internet, key print media and professional networks) to achieve the full staffing complement, with research staff recruited over the period October 07-June 08, which in turn has delayed full start-up of all research programmes, and in particular for the Risk Programme. The Programme Director for Risk is now Dr Anneliese Dodds who replaced Professor Mike Clarke with effect from summer 07 on his departure from KCL. The overall Lead Executive for the Centre from within KCH is now Medical Director, John Moxham, with effect from May 2008, on the departure from KCH of CEO Malcolm Lowe-Lauri. Malcolm Lowe-Lauri has agreed to continue his involvement in the Centre by chairing our Scientific Advisory Board.

Embedding the Centre within the Trust

Each programme includes a Lead Executive from KCH who has been closely involved in identifying initial topics for project development, advising on implementation of research within the Trust, including facilitating additional service contacts. The executives are: Innovations – Professor Tim Newton, Deputy Director R&D; Organisational Governance – Dame Jacqueline Docherty, Acting CEO and Director of Operations; Risk – Professor John Moxham, Medical Director; and Workforce – Mr Mike Griffin, Director of HR. Each programme has made links with wider staff teams within KCH, including its First Choice change management initiative.

In addition, Centre Director, Naomi Fulop, has been co-opted to the Trust's R&D Executive Group to facilitate research links and synergy with future Trust research strategy.

Stakeholder Partners and Other Links

- Other local NHS and academic stakeholder partnerships are well-advanced via the Centre's Steering Group and wider participation in the Academic Health Sciences Centre development.

- Joint projects are under development, notably in the Workforce and Innovations Programmes with Guys & St Thomas's NHS Foundation Trust (GSTT) and South London and Maudsley NHS Trust (SLaM).
- There are representatives from GSTT and SLaM NHS Foundation Trusts and their BRCs, together with Lambeth and Southwark PCTs on the Centre's Steering Group.
- There are regular meetings with Imperial PSSQRC and the GSTT & KCL BRC and the SLaM & IoP Specialist BRC, including regular Directors meetings and representation on BRC committees, including representation of Sandall and Fulop on GSTT & KCL BRC Translational Board.

Presentations about the work of the Centre have also been given to senior managers and clinicians both within KCH and to local health care partners GSTT and SLaM.

Links have also been established with the NPSA, which includes a Conference hosted by NPSA for both national Centres and regional units (Nov 07), and Programme Director for Innovations, Jane Sandall represents the Centre at the NPSA Workshop and Meetings Group. In addition, links have also been made with Niii, both their Patient Safety and Research streams, with plans for a future joint methodology workshop to explore appropriate metrics. The Workforce Programme has also established links with the Healthcare Commission through its work on the annual NHS staff survey data.

Cross-Programme Working

There are regular cross-programme academic meetings to ensure synergy and links between the four programmes within the Centre. One of the ESRC CASE studentships recently awarded is a joint collaboration between the Risk and Workforce Programmes.

Communications and dissemination

A Communications Strategy Group has been established, including external consultants and senior staff of both KCL and KCH. This Group has devised a strategy for communication, identifying key messages, audiences and an initial programme of activities (see Forward Look below for further details).

Branded marketing materials and stationery, incorporating the NIHR logo, have been produced. A dedicated website, www.kingspssq.org.uk, has been established. A number of conference papers and presentations have also been given in the first year, (see Appendices 1 & 2 on page 10 - 12).

Levering in Additional Funding

The Centre has been successful in obtaining awards from both NCCRCD and ESRC in 07/08:

Centre-wide: Clinical Fellowship - Integrated Academic Training in Public Health, NIHR Dec 2007

Organisational Governance: (Fulop N). CASE Studentship 'The role of organisational governance in patient safety: the case of hospital acquired infections' Jan 2008

In addition, other externally-funded grants associated with Centre staff include:

Organisational Governance: (Fulop N). Collaborative Project EUFP7, Development of a European Implementation Score for Measuring implementation of Research into Healthcare Practice using vascular disease as an example. Sep 07

Organisational Governance: (Fulop N, with Reeves B). Evaluating the innovation and implementation of electronic patient records, NHS Service Delivery and Organisation R&D Programme, Oct 03 – Mar 07

Organisational Governance: (Fulop N). Changing cultures, relationships and performance in local health care economies, NHS Service Delivery and Organisation Programme, Dec 05 – 30 Nov 08

Organisational Governance: (Fulop N). An evaluation of the configuring hospitals pilot, NHS Service Delivery and Organisation Programme, Apr 04 – Aug 07

Innovations: (Sandall J, jointly with: McFarlane, C. McCourt, Newburn, M. Macfarlane, A. Miller, A. Silverton L, Murphy, D. Campbell, R. Marlow N.) NCCSDO and DH Policy Research Programme. The Birthplace in England Research Programme: assessing outcomes and safe practice. (Brocklehurst P, et al).

Innovations: (Sandall J with Manthorpe G). DH Policy Research Programme, Workforce analysis of maternity support workers – scoping study of impact of widening skill mix on maternity service delivery, 06-07

RESEARCH HIGHLIGHTS

New Projects

New projects have been developed through an iterative process, taking account of Trust priorities, focus of the Centre and research expertise. Each project has been developed drawing on the relevant theoretical and empirical literature. Eight new projects have been initiated across the four programmes:

Innovations:

- (i) Assessing patient safety and patient experience of innovative healthcare procedures and therapeutic innovation.
- (ii) Failure to rescue: problems and solutions.

Organisational Governance:

- (i) Improving governance arrangements for infection control and medication errors.
- (ii) The role of Foundation Trust governors and members in quality and safety.

Risk:

- (i) The use of incident and near-miss reports.
- (ii) The effects of employment of temporary staff on risk management (jointly with the Workforce Programme)

Workforce:

- (i) Developing the psychological contract, with particular reference to bullying and harassment of staff, to improve service quality.
- (ii) Evaluating the impact of an intervention, based on experience outside the health sector using the concept of the service profit chain, for improving the quality of the patient experience.

Key achievements to date include the development of project plans in consultation with stakeholders and governance structures, and the completion of literature reviews for each programme's initial projects. Four 'Working Papers' outlining key background issues have been produced covering each of the four programmes and have been published via the Centre's website (www.kingspssq.org.uk).

It is too early to provide examples of effective translation but the aim of each project is to develop and test interventions (see below section 'Forward Look'). As set out in our original bid, the 4 programmes are closely inter-related and there is considerable scope for cross-working. Work has begun on a number of cross-cutting themes, including the development of methods to evaluate the interventions each programme will be developing. One specific project on the effects of temporary staff on risk management has been developed jointly by the Risk and Workforce programmes.

New Research Training

The Centre has established 5 PhD training opportunities, to which 2 posts have been recruited and 3 are under recruitment. The Centre has been awarded 2 ESRC CASE studentships for 3-year f/t PhD training; and has also established 2 full time Centre PhD Studentships and a PhD secondment opportunity to enable an existing research project within KCH to be advanced. In addition several newly recruited Centre staff have received research methods training with specialist providers.

IMPACT ON HEALTHCARE PROVISION

Given King's PSSQRC is a new start-up, although building on relevant expertise and existing related research programmes, there are as yet no impacts from the Centre research itself. Below, however, are details of relevant previous work impacts by Centre members.

Findings from Fulop's research on the implementation of the National Programme for IT (funded by the NIHR SDO Programme) were used by Connecting for Health to inform the development of its communication strategy and led to her giving evidence as an expert witness to the Health Select Committee Inquiry on Electronic Patient Records in May 2008.

Sandall's national study, funded by the DH, and partly conducted at KCH, which explored the impact of the organisation of midwifery work on midwives' lives and wellbeing and service delivery models for women and babies, was cited in evidence informing the NICE Intrapartum Care Guidelines (2008) which recommended that 'team midwifery should not be recommended' and that there should be studies carried out to investigate the effects of caseload midwifery. The role of innovative service delivery models which make patient journeys through care safer is part of the Innovations programme of work.

Sandall's DH commissioned research, a national workforce analysis of the role of maternity support workers in England (which included GSTT NHS Trust) informed future NHS workforce policy, which raised questions about workforce skill mix and shifting occupational boundaries in healthcare and the governance of unregulated workers . Findings informed guidance provided by the Chief Nursing Officer for England in May 2007 to maternity services to review the working practices of all support workers within maternity services and NMC advice for non-regulated healthcare staff, and ongoing workforce planning. This resulted in invitations by the Royal College of Midwives, the Nursing and Midwifery Council and some LSA Regions to inform future thinking in this area.

PATIENT AND PUBLIC INVOLVEMENT

PPI is being developed at both the strategic level and within individual research programmes and projects. The Centre's Steering Group includes 2 KCH PPI Governors. The Centre is in the process of establishing PPI representatives within research programmes to facilitate involvement throughout the research process from project development through to dissemination; a pool of representatives is being established to support all 4 programmes, sought via both KCH governors and partner healthcare organisations (Lambeth and Southwark PCTs, Iop & SLAM). The PPI Manager of KCH is actively assisting with these developments.

The Centre has actively promoted its start-up and future opportunities for involvement via the KCH Members magazine. Further marketing is planned, including involvement in the forthcoming KCH Open Day for the local community as well as at the launch of the Centre to be held at the Trust in June 08 (see under section 'Forward look').

MANAGEMENT ARRANGEMENTS

The Centre has established an infrastructure to support day-to-day management for both business and academic areas together with mechanisms to oversee Centre governance (see diagram below).

Management Board – chaired by the Centre Director, meets monthly, comprising KCL Programme Directors and KCH Lead Executives, which oversees strategic direction and detailed management of the Centre.

Academic Group – chaired by the Centre Director, meets monthly bringing together all 4 programmes, comprising research staff and Programme Directors, which focuses upon academic debate and cross-programme links.

Programme meetings. Each programme has regular meetings of their staff including Key Researchers and Lead Executives, together with more frequent supervision meetings between each Programme Director and research staff.

There are also structures looking outwards drawing upon external representatives to ensure both rigorous governance and Centre links with other appropriate stakeholders.

Communications Strategy Group, comprising internal corporate KCL and KCH staff together with external communications consultant expertise.

Scientific Advisory Board, which meets annually (first meeting June 08), comprising senior academics from Europe and the UK to ensure academic quality.

Membership:

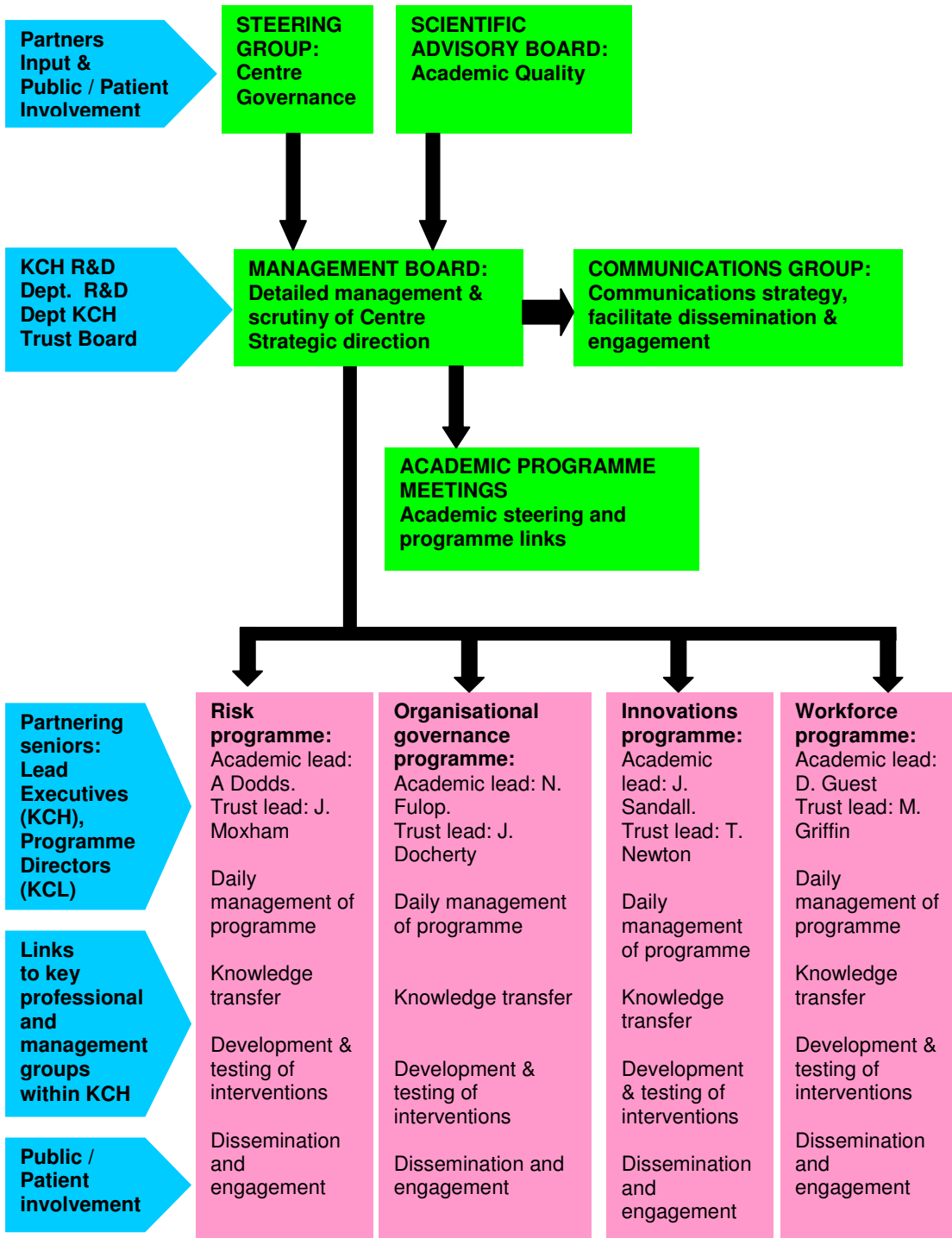
- Professor Marc Berg, Institute of Health Policy and Management, EU Medical Centre, Erasmus University;
- Professor Michael Clarke, Director, Royal United Services Institute;
- Mr Malcolm Lowe-Lauri, Chief Executive, University of Hospitals Leicester NHS Trust;
- Professor Lorna McKee, Chair in Management Studies, Business School, University of Aberdeen;
- Professor John Øvretveit, Director of Research, Medical Management Centre, Karolinska Institutet;
- Professor Jaap Pauwe, Professor of Human Resources Management, Faculty of Social and Behavioural Sciences, Tilburg University;
- Professor Andrew Webster, Director of Science and Technology Studies, University of York.

Steering Group - chaired by the Trust Medical Director, meets twice a year, comprising senior Centre staff and a number of external members representing local healthcare and academic stakeholders, which oversees Centre governance.

Membership:

- Professor John Moxham, Medical Director KCH (Chair);
- Anne McNaughton, KCH PPI Governor;
- Hedi Argent, KCH PPI Governor;
- Eileen Sills, Chief Nurse and Director of Clinical Services, GSTT;
- Richard Trembath Director/Graham Lord Deputy Director GSTT & Kings BRC;
- Phillipa Garety, Head of Psychology, SLAM;
- Joanna Murray, Senior Lecturer IoP & SLAM Specialist BRC;
- Hiten Dodhia, Assistant Director Public Health, Lambeth PCT;
- Geraldine O'Dea, Acting Director Public Health, Southwark PCT;
- Professor Ernest Choy Director R&D KCH/Tim Newton Deputy Director R&D KCH;
- Zoe Lelliott, Deputy Director Strategy KCH;
- Professor Naomi Fulop Centre Director KCL;
- Dr Susan Ormrod, Centre Manager.

PSSQ RESEARCH CENTRE: ORGANISATIONAL STRUCTURE



FORWARD LOOK

RESEARCH PROGRAMMES

The Centre anticipates an exciting year ahead as it moves from start-up to implementation of the first wave of research projects. Projects within each programme will be moving into the phase to develop and test interventions.

Innovations

- Project (i) Patient safety and patient experience of innovative healthcare procedures. This project will develop, pilot and evaluate intervention(s) aimed at improving the quality and safety of these procedures.
- Project (ii) Failure to rescue: problems and solutions, will pre-test the impact of specific interventions designed to facilitate communication processes during escalation in maternity and acute medicine, in particular the tool, SBAR, on responses and management of early signs of deterioration in intrapartum and hospitalised patients.

In addition there are plans to publish a further working paper and peer reviewed publication from project (i), on the process and impact of health technology innovation within the health care system compared to other types of innovation in health care. There are also plans to produce academic papers for publication in peer reviewed journals from project (ii) on quality of care, and on SBAR intervention impact in the health service compared with other high risk industries.

Organisational Governance

- Project (i) Improving governance arrangements for infection control and medication errors. Following the mapping exercise to describe the governance regimes for infection control and medication errors and an in-depth ethnographic study, this project will be moving into the phase to develop and test interventions.
- Project (ii) The role of Foundation Trust governors and members in quality and safety. Following the mapping exercise to describe the governance regimes for infection control and medication errors and an in-depth ethnographic study, this project will be moving into the phase to develop and test interventions.

In addition, we plan to publish a further working paper from project (i) examining infection control and medication error governance regimes using data from our mapping exercise. A paper for publication in a peer reviewed journal will be based on this working paper, together with the first one already published on 'Governing for Patient Safety' as seen on www.kingspssq.org.uk. We also plan to publish two working papers from project (ii). The first will be based on the literature review relating to governance issues and the involvement of users, patients and the public in quality and patient safety, and the second paper will use data from the initial mapping exercise to describe current opportunities for and barriers to involvement. We will begin discussions with two other Foundation Trusts (GSTT and SLAM) to extend the study to their organisations.

Risk

- Project (i) In search of better organisational learning using incident reporting. This project will work to assess reporting behaviour in different divisions. The recently appointed second researcher to this programme will produce a description of risk management systems prior to identification of new areas for further research.

In addition there are plans to publish a second working paper for project (i) on the learning process of adapting a national regulatory framework to a local Trust, and to develop the literature review from working paper 1 (see Appendix) with initial data on factors affecting incident reporting for peer reviewed journal publication.

In addition there is related work by programme staff that we anticipate will be linked into the programme:

- (i) Rogers will complete a Home Office funded project focussed on pre-event communication about CBRN terrorism with members of the public in February 2008.
- (ii) Rogers is now part of a DG SANCO grant (3 years until 2011) targeted at training health care workers (this is still broadly defined at this point) to respond to acute chemical incidents (accidents or terrorism).

Workforce

- Project (i) Reducing levels of bullying and harassment at KCH. This project will design and implement an intervention to reduce levels of bullying and harassment at KCH.
- Project (ii) Evaluating the impact of interventions based on the service profit chain, will collect pre-intervention and post intervention data with reference to the Panthea initiative.

In addition there are plans to develop working paper 1 on the literature on bullying, from project (i), for publication in a peer reviewed journal. A further four initially internal outputs are planned for project (i) comprising reports on: National Survey of NHS Staff data; Grievance Cases; Interview data; and Evaluation of intervention. Project (ii) plans to publish a working paper evaluating the Panthea intervention together with an academic paper for publication in a peer reviewed journal.

We will also be presenting the findings of our analysis of bullying and harassment of staff by staff at the November NHS Employers HR Conference in Birmingham, sharing a platform with the HR Directors of KCH and SLAM who will be talking about their strategies to address the problem. There will also be papers analysing the problem in more detail by then. Given the high incidence in the local Trusts, this might attract some publicity.

CENTRE-WIDE

Research

We plan to continue the work we have begun to develop methods to evaluate the organisational interventions to be tested by each programme, in particular on the process and 'outcome' measures appropriate to use. We plan to publish a working paper from this work.

Partnerships

Plans are currently being developed for joint project work with stakeholder partner organisations, in particular on both the Innovations programme (Project (ii) Making journeys and transitions in care safer), and Workforce programme (Project (i) Bullying and

harassment). There are plans for other projects to develop with our other local partner organisations, as appropriate (described above).

Research capacity development

As noted in our original bid monies are earmarked to 'backfill' NHS posts to help develop research capacity via a series of secondments for KCH and local stakeholder health care organisation staff to conduct research at a variety of levels and for varying periods, including the potential to undertake higher degrees – adverts have been placed with a closing date of 30th June and we have already received a number of strong expressions of interest with supporting approval from line managers.

We will also be recruiting for 3 of the 5 unfilled full time PhD studentships established (one ESRC CASE studentship and two Centre-funded studentships). Further, one of the research associates is planning to register for a part-time PhD from Sept 08. In addition to training activity conducted this year, we plan to develop a substantive training strategy, mapping relevant training opportunities available.

Further Funding

We will develop applications to NIHR and the MRC for projects as follows:

Cross-programme (Fulop, N). NIHR SDO programmes on management effectiveness and patient safety.

Organisational Governance: (Baeza J, Fulop N). The NIHR Research for Benefit programme. Beyond QOF:Patients' perspectives of the QOF diabetes indicators.

Risk: (Anderson J with other externals). The MRC. Cognitive Work Analysis: A method for the analysis and design of healthcare systems.

Innovations (Sandall J, Wolfe C, Boaz A). GSTT Charity. Safety and Risk in type II Translation: Communication and management of risks and benefits of novel health technologies in clinical practice.

We will develop further the discussion we have had to date with Imperial PSSQRC on joint work, building on the complementary expertise of the two Centres.

Communications/dissemination

Key objectives of the communications strategy are:

- To establish the Centre as a major player in the field of PSSQ, with particular reference to organisational factors, in particular:
- To build and maintain the reputation of the Centre and ensure appropriate dissemination of information;
- To encourage involvement in the work of the centre from a wide stakeholder group; and
- To safeguard existing funding and attract new sources of funding for the future.

We have a number of activities planned to take forward these objectives most immediately. We are planning, in June 08, for a number of public and outward-facing events to both publicise and take forward the work of the Centre in terms of both its academic strategy and involvement of a variety of stakeholders:

PPI Meeting at 24th June will be the first in a series of activities designed to engage public and patients in the research programmes as lay advisors and co-researchers.

Scientific Advisory Board the first of these will be held at 25-26th June.

Launch of the Centre with invited audience comprising local stakeholders and keynote speakers to be held 26th June. Speakers include: Stephen Ramsden OBE, CEO Luton & Dunstable NHS Foundation Trust and Director of National Patient Safety Campaign; Professor Andrew Webster, University of York, Professor Michael Clarke, Director of Royal United Services Institute, plus Dame Jacqueline Docherty, Acting CEO KCH, and Professor Sir Lawrence Freedman, Vice-Principal KCL.

PSSQ Forum is both a physical and virtual forum that will be launched at 26th June – registration forms in launch packs and on website. An open seminar series will begin in September 08; there will also be topic-specific, invitation-only workshops, and a discussion board on our website to be moderated by Centre staff.

KCH Open Day at 6th July to publicise our work with the local community.

Further communications work flowing from our strategy anticipated for 08/09 includes: establishing a media liaison and monitoring function; development of a workshop and seminar programme via the PSSQ Forum; additional academic events including annual lecture with invited speaker of international renown; development of substantive publications plans for each programme.

Participation at key conferences in 08/09 includes: Patient Safety Congress (May 08); and SDO Annual Conference (June 08).

Appendices

APPENDIX 1:

Research Publication Attributed to Kings PSSQRC

Programme	Publication
Publications	
Innovations	Mackintosh N, Sandal J. Failure to Rescue: problems and solutions. Working Paper 1, 2008; http://www.kingspssq.org .
Organisational Governance	Fulop N, Chamberlain J, Baeza J, Humphrey C, Magnusson C, Rothstein R. Governing for Patient Safety. Working Paper 1. 2008; http://www.kingspssq.org .
Risk	Kodate N, Dodds A. Factors Affecting Willingness to Report Patient Safety Incidents in Hospitals. Working Paper 1. 2008; http://www.kingspssq.org .
Workforce	Woodrow C, Guest D. Workplace Bullying, Patient Violence and Quality of Care: a review. Working Paper 1. 2008; http://www.kingspssq.org .
Cross-Programme	Fulop, N & Sandall, J. Establishing a national PSSQRC: a multidisciplinary partnership between a teaching hospital and a university. Patient Safety Research, Porto Sep 07
	Fulop N, Lowe-Lauri M. Establishing the NIHR King's PSSQRC: a partnership between a teaching hospital and a university. HSRN/NHS Confederation, London Oct 07
	Fulop N, Dodds A., Guest D, Sandall J. Patient Safety Research Workshop – King's PSSQRC. NPSA, London Nov 07
	Fulop N. An innovation in knowledge production and utilisation? NIHR King's PSSQRC: challenges and opportunities. Sixth International Conference Organisational Behaviour in Healthcare, Sydney Mar 08

APPENDIX 2:

Publications of staff of Kings PSSQRC

Programme	Publication
Publications	
Innovations	Gottfredsdottir H, Sandall J, Bjornsdottir K. This is just what you do when you are pregnant: A qualitative study of prospective parents in Iceland who accept nuchal translucency screening, Midwifery. Doi 10.1016/j.midw.2007.12.004.
	Gourounti K, Sandall J. Do pregnant women in Greece make informed choices about antenatal screening for Down syndrome? A questionnaire survey, Midwifery (on-line 20 February 2007). Doi: 10.1016/j.midw.2006.09.001.
	Gourounti K, Sandall J. Admission cardiotocography versus intermittent auscultation of foetal heart rate: effects on neonatal Apgar score, on the rate of caesarean sections and the rate of instrumental delivery: a systematic review, International Journal of Nursing Studies. 2007; 44: 1029-35. doi: 10.1016/j.ijnurstu.2006.06.002.
	Ehrich K, Williams C, Farsides B, Sandall J, Scott R. Choosing embryos: ethical complexity in staff accounts of PGD, Sociology of Health and Illness. 2007; 29 (7): 1091- 106 doi: 10.1111/j. 1467-9566.2007.01021.
Organisational Governance	Hendy J, Fulop N, Reeves B, Hutchings A, Collin S. Implementing the NHS information technology programme: qualitative study of progress in acute trusts. Brit Med J. 17 May 2007; doi: 10.1136/bmj.39185.598461.551.
	Fulop N, Spurgeon P. Processes of change in the reconfiguration of hospital services: the role of stakeholder involvement. In McKee L, Ferlie E, Hyde P. (eds). Organising and Reorganising - Power and Change in Health Care Organisations. Palgrave Macmillan. 2008.
	Fitzgerald, L., Ferlie, E., Addicott, R., Baeza, J. Buchanan, D. and McGivern, G. Service improvement in health care - Understanding change capacity and change context. Clinician in Management; 2007; 15; 61-74.
	Buchanan, D., Addicott, R., Fitzgerald, L., Ferlie, E. and Baeza, J. Nobody in charge: distributed change agency in healthcare. Human Relations. 2007; 60, 1065-1090.
	Collin S, Reeves B, Hendy J, Fulop N, Hutchings A, Priedane E. Computerised Physician Order Entry (CPOE) and Picture Archiving and Communication Systems (PACS) implementation in the NHS: a quantitative before-and-after study. Brit Med J (in press).
	Worrall, A., Ramsay, A., Gordon, K., Maltby, S., Beecham, J., King, S., Shaw, I., Walshe, K., & Lelliott, P. Evaluation of the Mental Health Improvement Partnerships programme. Report for the National Co-ordinating Centre for NHS Service Delivery and Organisation R&D. London: NCCSDO. 2008.
	King, M., Jones, Richardson, A., Murad, S., Irving, A., Aslett, H., Ramsay, A.I.G., Coelho, H., Andreou, P., Tookman, A., Mason, C., & Nazareth, I. The relationship between patients' experiences of continuity of cancer care and health outcomes: a mixed methods study. British Journal of Cancer. 2008; 98, 529-536.
Risk	Frewer L.J, Salter B. Societal trust in risk analysis: implications for the interface of risk assessment and risk management. In Siegrist, M. Earle, T.C. and Gutscher, H. (eds). Risk Management and Public Trust. Earthscan, London. 2007; P143-158.
	Greenaway J, Salter B, Hart S. How policy networks can damage democratic health: a case study in the government of governance. Public Administration. 2007; 85(3):1-22.
	Rogers MB, Raynor DK.T, Svarstad B, Knapp P, Aslani P, Koo M, Krass, M, Silcock J. Consumer medication information in the United States,

	Europe and Australia: a comparative evaluation. Journal of the American Pharmacists Association. 2007; pp717-724.
	Rogers MB, Lofstedt RL., Bouder F, Krieger K.. Special Edition Journal: The Management of Spent Nuclear Fuel: A UK Perspective. Journal of Risk Research. 2007.
<u>Innovations</u>	Sandall J. 'Approaches to Comparative Studies of Maternity Care', Maternal Health, Health Systems and Advocacy for Change, Beirut Jan 08
<u>Innovations continued</u>	Sandall J. Forum on the Maternity & Newborn (Organiser and Chair), Royal Society of Medicine, London, Mar 08.
	Sandall J. Safety and maternal health policy in the UK - professions, policies and people, Biomedical knowledge, culture, safety and maternal health policy: international perspectives, Birth, Culture and Society Study Group, Kings College London, 18th June 2007.
	Evaluating complex interventions - next steps, Continuity Matters Workshop, Evaluating service models designed to improving experience and outcomes for childbearing women and their babies in the inner city, King's College, London, 5th July 2007.
	Sandall J., How to encourage more home births in a safe service, there's no place like home: Birth at home, Maternity and Newborn Forum, RSM, 27th September 2007.
	Sandall J. Continuity Matters: Meeting the maternity delivery plan target, the 5th National Conference on Current Issues in Midwifery, Birmingham Children's Hospital. 4th and 5th October 2007.
	Sandall J, McDonald M. Caseload midwifery, Researching Complex Interventions for Complex Issues? HSRN 31st October 2007.
	Sandall J. Mansfield A, LSA Conference for supervisors of midwives in London: Sustainability of the midwives role, Royal College of Physicians. 29th October 2007.
	Sandall J. Support Workers in maternity services North East Local Supervising Authority Annual conference, Newcastle Marriott Hotel Metro Centre. 8th November 2007.
	Sandall J. How midwives and midwifery support workers can improve services for women: Learning from the past and lessons for the future, RCM 17th Annual Conference for Student Midwives, Imperial College, London. 19 December 2007.
	Sandall, J. Deciding who cares: a cross-national analysis of the politics of maternal health policy, Maternal Health Systems and advocacy for change, American University Beirut, Lebanon, Changing Childbirth Research Network Symposium, Jan 21-23 2008.
	Baeza JI, Fitzgerald L., Mc Givern G. The mediating role of clinicians: enablers and disablers of change. Paper presented at the 23rd EGOS Conference, Vienna, Austria, July 2007.
<u>Organisational Governance</u>	Fulop N., et al. Studying the implementation of IT innovations in health care: a broader approach. Sixth International Conference on Organisational Behaviour in Healthcare, Sydney, Mar 2008.
<u>Risk</u>	Salter, B. Politics, governance and biomedicine. Plenary Speech. Engineering Human Bodies Conference. Vienna. June 2007.

APPENDIX 3:

Abbreviations

PSSQRC – Patient Safety and Service Quality Research Centre

KCH – King’s College Hospital NHS Foundation Trust

KCL – King’s College London

NIHR – National Institute for Health Research

SDO – Service Delivery Organisation

DH – Department of Health

GSTT – Guys and St Thomas’s NHS Foundation Trust

PPI – Patient and Public Involvement

PCTs – Primary Care Trust

SLaM – South London and Maudsley NHS Foundation Trust

RA – Research Associate

HR – Human Resources

MRC – Medical Research Council

CEO – Chief Executive Officer

Niii – Chief Executive Officer

About King's College Hospital NHS Foundation Trust

King's College Hospital is one of London's most prestigious teaching hospitals, achieving Foundation Trust status in 2006. We have a unique profile of strong local health care provision, together with a portfolio of specialist services including Haematology, Liver, Neurology and Stroke. We are a recognised centre of excellence, committed to putting innovation at the heart of everything we do, to continue to raise standards of care for patients everywhere. Our key qualities are strong leadership, clinical excellence and a commitment to partnership, working with local GPs, other hospitals and patients in the local community, nationally and worldwide.

About King's College London

King's College London is one of the top 25 universities in the world (Times Higher 2007). A research-led university, King's has 19,300 students, and 5,000 staff. King's has an outstanding reputation for providing world-class teaching and cutting-edge research. The College is in the top group of UK universities for research earnings and has an annual income of approximately £400 million. King's has played a major role in many of the advances that have shaped modern life, such as the discovery of the structure of DNA. It is the largest centre for the education of health care professionals in Europe and is home to five Medical Research Council Centres – more than any other university.



**King's Patient Safety
and Service Quality
Research Centre**



How to contact us:

NIHR King's Patient Safety and Service Quality Research Centre

-2 Basement, Strand Bridge House
138-142 Strand, London WC2R 1HH
or

3 Binfield Court, 111 Coldharbour Lane,
London, SE5 9NU

Direct Tel & Fax: +44 (0) 20 7848 7152
or Tel: +44 (0) 20 3299 4660

Email: enquiries@kingspssq.org.uk
Website: www.kingspssq.org.uk