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Leading the acceleration of evidence into practice: a guide for executive nurses

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NHS England and NHS Improvement

Contents

Foreword

When I began my role as Chief Nursing Officer for England, I made it clear that nurses and midwives leading transformational change are at the heart of my long-term vision. To help achieve this I set out three priorities. The first is to build a workforce fit for the future; the second is restoring and renewing the reputation of the nursing and midwifery professions across the health and care sectors, and the third is for us to speak with one voice as a profession.

Central to successful system transformation is to truly demonstrate the use of evidence-based practice. We know the importance of this is often stated, but how much research is translated into practice varies across the country. I want to work with executive nurses to deliver the ambitions in this guide.

The implementation of the evidence-base can be achieved by creating the right culture, the right leadership at the point of care, capability in interpreting and implementing evidence and engaging staff and patients in evidence-based policy and practice.

I am a strong advocate for environments which embrace evidence-based practice, leadership at all levels and establishing mechanisms to support staff as innovators within their own areas of practice. Accelerating the use of research and evidence into practice helps us continually strive to prevent and tackle health inequalities and improve the care experience for the patients, individuals and populations we care for and work alongside. Additionally, it ensures strong nursing leadership is recognised as key to the delivery of the NHS Long Term Plan.

I have witnessed many excellent examples of organisations embedding the use of research and evidence in practice – making it a part of everyday culture. This has served to truly enhance and improve practice, influenced nursing strategy and empowered nurses in their leadership and career aspirations.

Creating an evidence-informed profession involves a number of roles, from researchers and clinical academics, and all nurses and midwives each embedding

evidence in everyday practice in whatever role they undertake, in every area of practice. This guide is written to support you as leaders and role models in putting a greater focus on research and evidence, equipping nursing and midwifery leaders with the necessary knowledge, skills and enthusiasm to drive and embed evidence-based improvements and innovations.

I would like to thank the NIHR Dissemination Centre as our partner, for its approach to enhancing evidence-based practice among nursing and midwifery teams and for its work with us to drive forward innovation and improve patient care.

This guide is primarily directed at executive nurses and midwives working in positions where you have the opportunity to lead the acceleration of evidence into practice. I hope it will also be useful for lead nurses in social care, third sector and private facilities. I encourage you to read the guide and its examples of good practice and to think about how you could implement the practical advice in your organisation. I look forward to seeing the outcomes research implemented within practice as we work together to improve care, experience and outcomes for those we care for while also ensuring that the importance of nursing research is fully recognised and understood.

Ruth May

Chief Nursing Officer for England

National Institute for Health Research overview of leading the acceleration of evidence into practice

This guide is intended to promote awareness and use of evidence in organisations across the system. The National Institute for Health Research (NIHR) was set up in in 2006 and is now the nation's largest funder of health and care research. There has never been a better time to implement research findings, with a variety of resources and support to hand. In previous times, it could be argued that there was often less understanding of the value of research and relevance to busy clinical staff and managers, and it could also be hard to find. Now there are much stronger systems for practice-informed research and research-informed practice.

The NIHR focuses on real-world problems and uncertainties which are relevant to nursing and midwifery and the funding of high-quality studies across a variety of subjects, specialities and sectors. Nurses, midwives and other professionals, together with patients and the public, come together on formal panels to decide which studies are funded and identify topics for new research. The NIHR also funds fellowships and teams to support nursing research. And when research is complete, the NIHR works with nurses and midwives to make sense of the evidence and promote its use in practice through evidence summaries and themed reviews.

We are delighted to work in partnership with the Chief Nursing Officer for England in producing this guide to offer practical advice on developing an evidence-informed culture and how to incorporate evidence into business as usual and we look forward to working more closely with executive nurses.

Tara Lamont, Director, NIHR Dissemination Centre

Elaine Maxwell, Clinical Advisor, NIHR Dissemination Centre

Introduction

This is a practical guide to provide executive nurses with insight into fostering a culture that encourages staff to be innovative and use research and evidence to inform and support the sustainability and transformation of care. Such a way of working will also put the professions at the heart of achieving the Long Term Plan (NHS England 2019) and other national agendas and initiatives.

The guide recognises the challenge for executive nurses in creating and leading an evidence-informed practice environment. It includes examples of how to enable such provision (eg access to pertinent evidence summaries) and to support staff to translate research into practice across settings. For some, this may be a new way of working, so the guide aims to support success through a blend of practical advice and insights from organisations who are further along this journey.

Background

The role and responsibilities of executive nurses are wide-ranging but assuring professional nursing standards within the organisation remains firmly at the core of all practice. The Nursing and Midwifery Council (NMC) sets out a framework for practice in the standards within its code (2018). One of the four principles of the code is to practise effectively. This requires all registrants to always practise in line with the best available evidence, and inherent in this is the need for nursing, midwifery and care staff to continually refresh their knowledge of the best available evidence to enhance outcomes and experiences for patients, individuals and populations.

An important, wider benefit of organisations promoting and valuing evidence-based practice is that such environments correlate with increased levels of job satisfaction; nurses and midwives who are engaged and empowered to deliver research-informed care may also experience increased cohesion in team structures (World Health Organization 2017).

The NMC code describes registrants' personal responsibility for keeping up to date with the best available evidence and for this evidence to inform their practice. However, to enable this, the system, organisations and teams need to ensure that

relevant, actionable evidence can be identified and presented in a way that practitioners can engage with and use to influence their practice – establishing an environment that facilitates this way of working.

There is an additional challenge in that more evidence is published daily than individuals can absorb. While organisations share selected studies, there is an opportunity to do more to help staff translate evidence into practice. Research suggests that it takes an average of 17 years for new understanding and knowledge to be incorporated into clinical practice, and that the application of this knowledge can be variable (Morris, Wooding and Grant 2011). The journey from evidence into practice can be complex, with at least five stages recognised from knowledge discovery to evidence summary, then translation into practice recommendations, integration into practice and evaluation (Stevens 2004). Ensuring smooth transitions between these stages needs careful planning. We recommend that organisations and systems create an environment that complements individual professional responsibility, establishing processes which facilitate this translation of research into practice. This includes integrating evidence developed from experience with best available literature (Sackett 1996).

A vision for research and evidence in nursing

This guide directly aligns to the vision for research and evidence in nursing articulated by Ruth May, Chief Nursing Officer for England, as well as the ways of working promoted and advocated by the NIHR. The guide considers examples of why it is important to enhance nursing research capacity and capability, as well as how executive nurses champion and influence the provision of the right settings and support to undertake research within health and care delivery; using evidence and evaluation to inform and influence practice. Use of evidence is a key aspect of nursing excellence and demonstrating this through collective leadership and accreditation can provide additional assurance to the board and the public.

Creating the right settings for evidence informed practice

Over recent years, there has been focus on increasing the number of nurses and midwives actively involved in conducting research and obtaining doctoral qualifications. This includes the jointly developed Health Education England (HEE) and National Institute for Health Research Integrated Clinical Academic Programme, which helps individual practitioners to develop the skills to be independent researchers. This has led to a welcomed increase in nurse-led knowledge discovery at a higher level, however, there is now also an opportunity to build on this success. The ambition is to make use of evidence everybody's business and to highlight the importance of supporting the dissemination and implementation of research and evidence.

This includes moving away from simply communicating research findings, to actively translating the knowledge; where research findings across a given topic or specialty are integrated to truly inform practice recommendations which can then be agreed and implemented. Successful models have ensured that all of the workforce, not just those engaged with research generation, are involved and signed up to this way of working. Executive nurses can lead the way in this organisational effort by ensuring the right conditions are in place within the workplace.

Successful implementation of evidence in nursing practice is associated with collective leadership and organisational culture (Sandström et al., 2011). The Promoting Action on Research Implementation in Health Services (PARiHS) framework (Kitson, Harvey & McCormack, 1998), proposes that successful implementation of evidence in practice is dependent on three key elements;

The credibility of the evidence to the audience,

The context of the unit or team in which it is being implemented, and,

The way the process is facilitated.

It is recognised that organisational wide implementation is more likely to succeed where a clear process is used to identify evidence and agree actions and implementation strategies are tailored specifically for the organisation (DiCenso et al., 2002).

> Provision of the right settings in an organisation supports the translation of evidence into practice.

Using evidence-based best practice is at the core of the NMC's standards of proficiency for registered nurses as well as interpreting available research. Indeed, when considering the recently published future nurse and midwifery standards (NMC, 2019), there is a commitment to ensure that the practice standards respond to changing models of care and new ways of working.

In conjunction with these commitments, as well as the right settings for a research-ready workforce, it is widely accepted that all healthcare professionals need to have foundational understanding of the role of research in assessing, evaluating and improving practice. Universities play a crucial role in equipping the future workforce with the skills and confidence to apply and produce evidence.

Across health and care, there are examples of nursing and midwifery research centres and teams which are often in collaboration with local universities. These often include joint academic posts and examples continue to emerge where knowledge transfer is collaborative.

Case study 1: University College London Hospital (UCLH) and University College London (UCL) Centre for Nurse, Midwife and AHP Led Research (CNMAR)

Dr Rachel Taylor, Director CNMAR, University College London Hospital

UCLH NHS Foundation Trust established the Centre for Nurse, Midwife and AHP Led Research (CNMAR) in 2010, funded through UCL/UCLH NIHR Biomedical Research Centre. Its mission is "Delivering exemplary NMAHP-led research, supporting clinical academic careers and promoting evidence-based practice to enhance patient care, experience and outcomes".

The CNMAR acknowledges that most NMAHPs will not enter a clinical academic career pathway but strives to foster a culture where NMAHPs are interested in and apply research evidence in their clinical practice. This is done through running various research education initiatives, hosting the Chief Nurse Research Fellowship and Intern programme, and publication of an in-house journal, CONNECT, demonstrating how research, service evaluation and quality improvement being undertaken by NMAHPs is improving patient care.

The fellowship/intern and journal are funded through UCLH Charity. The CNMAR aims to establish formal Clinical Academic Pathways for nurses and midwives at UCLH and UCL. It includes a resource centre and promotes a range of events to foster research awareness and support nurses, midwives and AHPs employed by UCLH and UCL who wish to engage in research and developing evidence-based practice.

More information is available here:
https://www.uclh.nhs.uk/OurServices/ServiceA-Z/Nursing/Pages/UCLHUCLCentreforNurseandMidwifeLedResearch.aspx

Other organisations are collaborating with universities and research organisations such as Academic Health Science Networks (AHSNs) and Academic Research Collaboratives (NIHR ARCs). Such exposure to research can provide an opportunity for translating evidence into practice. Every organisation will be at a different starting point depending on the research infrastructure but implementing evidence into practice is always possible.

Case study 2: A sector of opportunity: working in partnership to address what matters to people who live or work in care homes

Professor Karen Spilsbury, Academic Director of NICHE Leeds and Professor of Nursing, School of Healthcare, University of Leeds

In September 2018 NICHE-Leeds (Nurturing Innovation in Care Home Excellence in Leeds) was launched. This is a partnership between academics and the care home industry to provide the leadership, expertise and interdisciplinary collaboration needed to help care homes innovate efficiently, effectively and develop quality of work, care and resident life in a sustainable way. The partnership builds on the successful Academic Collaborative Centre on Care for Older People (ACC-COP) in the Netherlands. Both programmes of research focus on mobilising and translating established research evidence for care home practice and policy and, where research evidence is lacking, generating new evidence through competitively funded research studies.

The NICHE-Leeds model has two key principles. First, the resident-centred focus ensures that research and development concentrates on clinical and/ or organisational areas that will promote quality of life, quality of care, choice and autonomy, and/ or meaningful activities for residents or focus on quality of work for staff, which will have a direct influence on residents' care. The second principle is interdisciplinary collaboration between care, policy, education and research. This partnership is currently established between the University of Leeds and two care home organisations (Westward Care and Springfield Healthcare) that are members of the Leeds Care Association, as well as Adult Social Care Services at Leeds City Council.

Senior researchers are 'embedded' in care homes (funded by the care home organisation for 1 day a week). These embedded researchers actively seek to understand service and care delivery problems and helping care homes develop research questions and translate knowledge for their home context. The model goes beyond traditional approaches based on 'informing' or 'imposing' research, based change on homes/organisations).

https://niche.leeds.ac.uk/

Other resources

- ✓ Many organisations have support from the [NIHR Clinical Research Network](#) nurses to support research delivery locally.

- ✓ The [NIHR 70@70 research leadership programme](#) has funded 70 part-time senior nurse and midwifery leaders to build a research-led care environment in health and care organisations. These nurses and midwives are from across England and are tasked to enhance the research capacity and capability of the nursing and midwifery workforce.

- ✓ The [NIHR Nursing and Midwifery Incubator](#) has been established to accelerate capacity building and support the development of a skilled clinical academic research workforce across the nursing and midwifery professions.

> Executive nurses could consider having a named team member responsible for evidence dissemination and knowledge translation – demonstrating the commitment to evidence-based care delivery which will be monitored and evaluated.

An online survey of UK nurses and midwives (Veeramah, 2016) found that 97% agreed every nurse or midwife should make a conscious effort to use evidence to guide their practice and 82% said they have access to relevant databases and the internet at their place of work. However, 38% used secondary sources of information, such as information from medical colleagues, policy and procedure manuals and audit reports rather than research literature to inform their practice. It is suggested that this may be due to a lack of confidence in critical appraisal and / or a lack dedicated time for reviewing evidence.

> Always support nurses and midwives to feel engaged, empowered and confident in reviewing and interpreting the available evidence to delivery best possible care.

For nurses and midwives to use best available evidence well, time is required to embed evidence in practice. This could include sessions to consider how evidence presented by organisations such as the NIHR Dissemination Centre and National Institute for Clinical Excellence (NICE) can be applied into practice. Examples of

how to do this include formal committees and conferences as well as informal opportunities at ward and team level. Organisations who are truly demonstrating such leadership also consider how the senior teams are engaged with communication of emerging evidence.

Culture and collaboration

Kueny et al. (2015) report that nurse managers describe the pivotal role of a collaborative atmosphere in which to create strategies and to operationalise research findings. Experience shows that collective leadership can support this, harnessing and enabling all nursing and midwifery staff to improve the outcomes and experiences for individuals, families and populations, addressing local, regional and national unwarranted variations and inequalities.

Case study 3: Nottingham University Hospitals NHS Trust

Dr Joanne Cooper, Assistant Director of Nursing – Research, Innovation and Professional Regulation; Honorary Professor University of Nottingham; Coventry University

Research active organisations are associated with improved patient outcomes. Developing the confidence and skills of nurses and midwives in evidence-based practice (EBP) and research activity is pivotal, in addition to resourcing time for them to identify, develop, implement and evaluate the improvements made. Nottingham University Hospitals NHS Trust demonstrates the value of a de-centralised model of staff engagement and leadership, termed Shared Governance. Its success results from placing direct care staff at the centre of decision-making, sharing responsibility and accountability for the decisions that directly affect their daily practice.

Developed from a single pioneer council in 2012 to 87 councils in 2020, training on EBP and quality improvement (NHSI Quality Service Improvement and Redesign) is embedded within the set-up programme and supported by Trust-level councils with decision-making powers in relation to research, education and EBP policies and procedures. Examples of innovations include a reduction in time for maxillofacial assessments prior to cardiac surgery, implementing community-based children's cardiopulmonary resuscitation training and cost savings from reducing unnecessary variations in clinical product use.
https://www.nuh.nhs.uk/nursing-midwifery-shared-governance

Developing the nursing and midwifery workforce is important but best practice also requires working across specialties, disciplines and professional boundaries in multi-disciplinary collaboration. It is also extremely valuable to facilitate closer working relationships between Research and Development Teams, Quality Improvement personnel and library and knowledge services within organisations, who will have skills in implementation science. Outside of the organisation, AHSNs and NIHR ARCs have expertise in knowledge translation and lead projects in specific areas of evidence.

Case study 4: Wessex Academic Health Science Network – translating evidence on hospital care for older people living with frailty

Eight acute service NHS Trusts worked with Wessex Academic Health Science Network to translate evidence on the hospital care for older people living with frailty. Following the publication of the NIHR Dissemination Centre's themed review of the evidence, Comprehensive Care, a steering group of hospital clinical representatives (including nurses), the AHSN lead for Healthy Ageing and a clinical advisor from NIHR Dissemination Centre was established, and an audit based on the evidence in the themed review developed to assess current practice and guide improvements.

The audit focused on measuring practice rather than the incidence of frailty. It measured practice at individual ward and unit level and raised awareness of the management of people living with frailty across the whole hospital not just for those under the care of specialist frailty and older people teams.

The audit results were shared across participating Trusts leading pragmatic discussions about what constitutes best practice. Each Trust developed a local improvement plan, and this has informed the Wessex improvement plan. Two Wessex-wide projects emerged: development of Tier 1 and Tier 2 frailty training materials, and agreement of standards for screening people admitted to any part of the hospital for frailty together with how to record this. The audit will be rerun in October 2020, incorporating Older People Mental Health services.

https://wessexahsn.org.uk/projects/208/developing-an-acute-frailty-audit

Supporting staff to engage with evidence

Careful consideration should be given to which evidence is communicated and how. An evidence informed service requires a constant comparison of new evidence against existing policy and practice knowledge in the workplace, including discussion about the merits and usefulness of changing practice. The skills to interpret evidence and their feasibility in being implemented in the local organisation are important. It is recognised that nurses often can rely on informal, interactive sources of evidence (Spenceley et al., 2008), in part due to capacity and capability (Lomas, 1991). Evidence suggests that successful translation of evidence into clinical practice is enhanced when using a systematic implementation strategy (DiCenso et al., 2002), going beyond disseminating the research recommendations (Lomas, 1991).

Whilst nurses are increasingly developing their role in appraising the technical quality of research, less attention has been given to supporting nurses (and other clinicians) in identifying which research evidence will add most value and should be disseminated, or indeed used to address current practice. Research findings vary in the quality of the research, the size of the effect reported and the relevance of the setting the research was conducted in.

Executive nurses can support teams to consider and discuss new evidence by setting out clear organisational priorities within an environment which encourages the team to discuss the complex practice setting as well as the pros and cons of changing current practice.

Confidence in the quality of the research can be provided by using evidence summaries from trusted sources. The Cochrane Library and NICE both publish systematic reviews with very detailed technical evaluation. The NIHR Dissemination Centre provides a range of summaries, including single study summaries and themed reviews on a particular topic in plain English for a broader audience. All three have rigorous quality assurance processes to ensure high quality appraisal, meaning that technical questions about the evidence have already been addressed.

Suggested questions to consider locally:

1. Is this a priority for your local context?
2. Will the intervention work within your organisational structures?
3. Will the size of the benefits outweigh the cost and effort of changing practice?

It is good practice to engage staff and service users in answering these questions collaboratively, selecting the most pertinent and actionable research to utilise locally. Examples of techniques used by organisations successfully working in this way include a Delphi technique of ranking papers (Bourri et al., 2014) or asking a panel of people to rate the evidence against a number of different criteria.

Case study 5: NIHR Evidence

High quality research does not always yield actionable findings. Identifying evidence for implementation involves an understanding of current policy and practice, available resources and the relative priority of new findings to a complex system. One way to do this is to ask a panel of diverse stakeholders to review the usefulness of the evidence.

The NIHR through its dissemination team scans research every week to find the best evidence for busy frontline staff and others. Less than 2% of research studies are worked up into summaries. The centre has recruited a panel of over 1,500 raters including service users, public representatives, clinical professionals, policy makers, managers and academics to help select the most useful evidence. Raters are asked two questions – is it important? Is it relevant?

Raters also add some context such as whether international reviews take account of current treatments and working practice in the UK. Sometimes, research is inconclusive or well known. But often raters report that this is surprising and could change the way they work or think. This is particularly important if it is research which is already in guidelines and should be well established but is not reaching everyone. NIHR evidence products can be found online:
https://discover.dc.nihr.ac.uk/portal/search/signals

Identifying the pertinent evidence is not enough, it needs to be presented to the rest of the nursing team. Evidence is best presented in an easy access format, using a standardised template. This supports staff to assimilate and understand the findings of the research. Using multiple types of media (including interactive methods) are most effective (Grimshaw et al 2012).

Engage with the communications department in your organisation to support dissemination of the available research and evidence and / or findings of your organisation's change programmes.

Could you engage your R&D department in sharing evidence?

Communications plans can be tailored to engage staff on this journey.

Translating evidence into practice

Decisions about changing practice are based on a complex interaction of content, evidence, risk and resource availability – combining the principles in the previous sections of the guide. Successful implementation of evidence into practice will involve consideration of these factors in addition to agreeing a policy, guideline or protocol.

Research shows that organisations' readiness for change is a crucial precursor to implementing new evidence into practice. Successful implementation of a new intervention is enhanced when organisational readiness is well addressed (Weiner et al., 2008). It is recommended to consider, among other factors:

- Is this the right time?

- Does it directly align to the priorities of the organisation?

- How agile is the organisation?

- Are the benefits of implementing the evidence clear?

Case Study 6: The NHS Long Term Plan, evidence and practice

The NHS Long Term Plan has identified a number of strategic priorities. These include cancer, cardiovascular disease, maternity and neonatal health, mental health and learning disabilities, stroke, diabetes and respiratory care. At a local level, decisions are needed about how best to integrate and shape services to improve quality and care and provide value for money.

Evidence can help but needs careful alignment with local constraints and priorities. The NIHR has involved decision-makers in making sense of the evidence. For instance, an NIHR themed review on organisation and quality of stroke services in 2017 provided a narrative which addressed important local questions. These

included issues of how to speed up thrombolysis, deliver benefits of centralised stroke services in rural and dispersed communities or deliver early supported discharge consistently.

Another recent NIHR review on learning disability services research in 2020 highlighted the importance of GP health checks in preventing avoidable emergency readmissions, the role of learning disability liaison nurses during hospital stays and different approaches to managing behaviour which challenges in the community. Sometimes research provides mixed findings and individual studies have different weight depending on study design and quality. A further area of evidence is safe staffing. The NIHR review on ward staffing looked at the evidence for the number of nurses in the light of other factors that influence safety.

Busy nurse leaders don't have the time to appraise all the evidence themselves each time. But they can look to trusted sources where the right people and processes have been engaged to make sense of the evidence in a responsible way.

Considering the evidence

Evidence needs to be considered within the complex setting of practice, taking into account all available research and evidence. Other considerations include recognising that research evidence is often less certain than acknowledged and apparently clear findings may not be relevant across organisations. Indeed, part of the implementation process involves assessing whether the findings can be replicated in a different structure or setting.

Service users and other key stakeholders also have experiential knowledge. Discussing new evidence with them is important and can identify any potential unintended consequences. Decision making involves considering new evidence in the light of existing knowledge drawn from past research, experience, trusted experts and understanding of local circumstances. These 'mindlines' (Gabbay and le May 2004) are important factors in determining whether practice should be changed.

A system to review processes and policies to ensure the evidence base has been reviewed can facilitate evidence informed practice. It can also identify what needs to be 'unlearnt': changing practice based on new evidence and identifying obsolete processes that need to be stopped. For example, many organisations run a procedures database with trigger dates for a period review of the evidence.

Some organisations have "knowledge translators" or "Knowledge Mobilisation Fellows" in the team who can help set the evidence into local context and support the team to consider how the evidence might be implemented in practice in the organisation. Executive nurses could consider networks of knowledge translators, sharing the resource across organisations. This role might be incorporated into existing roles, including nurse and midwife consultants, advanced practitioners and specialist practitioners.

Case study 7: National Institute for Health Research knowledge mobilisation research fellows

Professor Fiona Cowdell, Professor of Nursing and Health Research, Birmingham City University

Knowledge mobilisation is 'moving knowledge to where it is most useful'. Professor Fiona Cowdell is one of 20 knowledge mobilisation research fellows funded by the NIHR since 2013 to develop innovative ways to bring people together and share knowledge. One of these is known as mindline amendment. We all have mindlines (professionals, patients and the public) built over time from a complex amalgamation of knowledge sources such as communication with others, opinion leaders, media and from personal tactic knowledge and experience.

Professor Cowdell has been mobilising knowledge about the treatment of eczema, which effects around 20% of children in the UK and leads to many GP appointments. Treatment involves 'getting control' through appropriate use of topical steroids and 'keeping control' with consistent use of emollients. Although treatment appears simple there are misconceptions, such a steroid phobia, held by practitioners and lay people alike.

A team including lay people, nurses, health visitors, GPs, community pharmacists, pharmacy staff and researchers co-created five simple, evidence based and consistent eczema care messages to amend mindlines by adding reliable and useful knowledge and by removing outdated or inaccurate information. These have been shared across a virtual community in one postcode area in the Midlands. Activities have included 'ItchySaurus' sessions in nursery and primary schools, events at places of worship, information in GP practices, pharmacies, supermarkets, a drop-in session in a shopping centre with 80+ consultations in one day, focused Twitter and Facebook presence and non-traditional teaching for practitioners. Evaluation is now in progress (March 2020).

Assuring improvement

Having supported staff to become increasingly aware of and confident in interpreting research, the next step is to ensure they have the skills to fully embed available evidence into practice and contribute to improved outcomes.

A review of the literature suggests that there is an association between the engagement of individuals and healthcare organisations in research with improvements in healthcare performance (Boaz et al., 2015). Executive nurses may consider how the use of evidence could be a metric in annual appraisals to demonstrate the professional commitment to research aligned to the Code and revalidation. Similarly, quantifying nurse and midwife participation in research studies is another useful indicator to demonstrate a research-active setting.

Communicating with boards about strategic goals, initiatives and achievements is an important part of the evidence-based practice journey (Bisognano and Schummers, 2015). This might include objectives around knowledge translation embedded in the nursing and midwifery strategy as well as an annual report. This can help provide the organisation with a clear view of progress and achievements; making it visible and measurable.

> Change programmes take time. Assurance of evidence-based practice includes demonstrating that emerging evidence is reviewed, and the evidence informed change has been successfully implemented and has achieved the anticipated outcomes.

A Shared Governance approach was described earlier in the guide. This can extend to shared monitoring and assurance of processes translating evidence into practice. For example, when sub-committees review the evidence base of nursing and midwifery practice together, this can demonstrate the organisation's commitment to evidence informing their collective practice. Organisations may have other approaches to translating evidence into practice - the key to success being in the involvement of practitioners at every level in the process.

Case study 8: Whittington Health NHS Trust's Reflective Reading Club for revalidation

Catherine Wardle, Assistant Librarian, Whittington Health Library

The Reflective Reading Club was specifically devised for nurses employed by Whittington Health across the entire Integrated Care System. The club is a joint venture with between the library services and the Nursing Directorate (who select the articles to be read). It runs every month and is well attended by nurses from both acute and community services. The club facilitates reflectively reading and contributes to nurses' continuing professional development (CPD) hours.

Each nurse who is due to revalidate that year receives an email invitation to join a session. The email details all the club dates and times and the paper that will be read for each session. The nurse replies with their preferred date (each nurse can attend 2 sessions per revalidation). The library sends out the paper (with an expectation of 1.5 hours to fully read and reflect) together with a reflection checklist. The nurse attends the club and works through the checklist with the group. This fulfils the NMC participatory learning requirements as well as stimulating reflective discussion amongst peers from a range of settings, allowing professional networking and the sharing of ideas.

The club has been incredibly successful and creates a safe, reflective environment where nurses are able to consider the content of a research paper and reflect on their own work and that of their colleagues. Nurses arrive well prepared and ready to listen, reflect and participate. Each nurse receives a certificate of attendance accruing 3 hours of CPD time which they can add to their professional portfolio. https://www.whittington.nhs.uk/default.asp?c=38526

Conclusion

This guide has set expectations for executive nurses to promote, advocate and demonstrate evidence-based practice. The different sections have acknowledged the complexity whilst describing key benefits and enablers. The case studies used are just a few examples that show how the importance of this is widely recognised across the country, but there is undoubtedly variation as to how embedded this way of working is. Embracing opportunities to create an evidence informed culture, strong nursing leadership at the point of care and capability in interpreting and implementing best evidence together with engaging staff and patients in evidence-based policy and practice are key components of excellence in nursing and midwifery. Executive nurses need to consider how best to create the conditions for this. The actions that have been recommended should allow executive nurses to assess where their organisations are on the journey and the next steps for them locally.

Nurses and midwives as leaders in generating new research findings and in the transfer of evidence to practice is a key ambition of the CNO for England. This includes all nurses and midwives, not just those with research training or research related job titles and it is anticipated that these colleagues will actively engage with evidence and consider how it might be implemented. To achieve this, executive nurses are asked to consider the processes that will facilitate the involvement of the whole workforce and consider how they can support their teams to always use the best available evidence.

Questions to facilitate discussion:

- ✓ How might we ensure that nurses and midwives in our organisations receive information about evidence relevant to their practice?

- ✓ Is there opportunity to collaborate with other organisations across the system to share resources and examples of knowledge transfer, including local Academic Health Science Networks and NIHR Applied Research Collaborations?

- ✓ Are existing resources being used to the best advantage?

- ✓ Does everyone know about the Library service and R&D departments on disseminating new evidence?

- ✓ How do we decide which evidence is relevant and can be used to shape priorities for developments of practice?

Further resources

There are many resources reporting research findings. Four sources are particularly held in high regard:

1. The National Institute for Health and Care Excellence (NICE): a world first, NICE evaluate both the technical quality of research findings and appraise the potential application, notably the cost benefits https://www.nice.org.uk/

2. The National Institute for Health Research: the NIHR Dissemination Centre identifies the most reliable, relevant and significant health research findings and summarises them in a range helpful formats https://discover.dc.nihr.ac.uk/portal/search?q=

3. Cochrane UK: a global independent network of researchers, professionals, patients, carers and people interested in health producing credible, accessible health information that is free from commercial sponsorship and other conflicts of interest http://www.evidentlycochrane.net/

4. Joanna Briggs Institute: an independent, international, not-for-profit research and development organisation based in the University of Adelaide, South Australia. It undertakes systematic reviews and offers a range of evidence-based practice tools and resources https://joannabriggs.org/about.html

5. Research Portfolio: A collection of research studies that demonstrate the impact and contribution that nursing, midwifery and care staff can make to transforming health and care, and as key contributors to delivering the Long-Term Plan. The research studies showcased in the portfolio are not representative of all nursing, midwifery and care staff research, but offer a cross sectional overview of studies that demonstrate practice and research leadership: https://www.england.nhs.uk/nursingmidwifery/research-and-evidence/research-portfolio/

6. Academic Health Science Networks (NHS England): There are 15 Academic Health Science Networks (AHSNs) across England, established by NHS England in 2013 to spread innovation at pace and scale – improving health and generating economic growth. Each AHSN works across a distinct

geography serving a different population in each region:
https://www.ahsnnetwork.com/

7. NIHR Academic Research Collaborations (ARCs): The ARCs scheme aims to improve outcomes for patients and the public; improve the quality, delivery and efficiency of health and care services; and increase the sustainability of the health and care system both locally and nationally. The funding supports, facilitates and increases the rate at which research findings are implemented into practice: https://www.nihr.ac.uk/explore-nihr/support/collaborating-in-applied-health-research.htm

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