

<b>Subject:</b>	PHT Nursing, Midwifery and AHP Led Research
<b>Prepared by:</b> <b>Sponsored by:</b> <b>Presented by:</b>	Greta Westwood, Head of Nursing, Midwifery and AHP Research Julie Dawes, Director of Nursing Julie Dawes, Director of Nursing
<b>Purpose of paper</b>	Describe the development of the PHT clinical academic nurse, midwife and AHP workforce and identify a plan for the continued clinical academic workforce
<b>Key points for Trust Board members</b> <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	The post of Head of Nursing, Midwifery and AHP research is essential in delivering an integrated research and innovation agenda.  PHT's clinical academic NMAHP workforce is comparable with to our NHS partners.
<b>Options and decisions required</b> <i>Clearly identify options that are to be considered and any decisions required</i>	The nursing, midwifery and AHP clinical academic strategy (Appendix 1) is endorsed and becomes part of the PHT Research and Innovation Strategy.
<b>Next steps / future actions:</b> <i>Clearly identify what will follow the Trust Board's discussion</i>	Integrate the NMAHP research strategy into the revised PHT Research and Innovation Strategy.
<b>Consideration of legal issues (including Equality Impact Assessment)?</b>	NA
<b>Consideration of Public and Patient Involvement and Communications Implications?</b>	NA

**Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register**

<b>Strategic Aim</b>	<ul style="list-style-type: none"> <li>• Embed research in PHT culture, policies and practice</li> <li>• Maximise patient participation in high quality,</li> </ul>
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	<p>funded and NHS focused research</p> <ul style="list-style-type: none"> <li>• Develop an expert clinical academic workforce</li> <li>• Maximise the clinical and economic benefits of research and research innovations</li> </ul>
<b>BAF/Corporate Risk Register Reference (if applicable)</b>	NA
<b>Risk Description</b>	NA
<b>CQC Reference</b>	NA

<b>Committees/Meetings at which paper has been approved:</b>	<b>Date</b>
NA - Approved by Professor Anoop Chauhan	13 <sup>th</sup> January 2014

## 1. Purpose

This paper has been prepared to inform the Board about the developments of the PHT clinical academic<sup>1</sup> workforce of Nursing, Midwifery and Allied Health Professions (NMAHPs) since 2012. The Board is requested to consider the recommendations made at the end of the paper to ensure the clinical academic workforce continue to be funded in the future.

This report provides the Board with additional PHT research activity generated and led by nurses, midwives and Allied Health Professionals (AHPs) that is integral to the PHT research strategic aims:

- Embed research in PHT culture, policies and practice
- Maximise patient participation in high quality, funded and NHS focused research
- Develop an expert clinical academic workforce
- Maximise the clinical and economic benefits of research and research innovations

## 2. Background

Clinical academics make a demonstrable impact on the quality of care and the productivity and safety of services<sup>2</sup>. They contribute to the generation of new knowledge about care and treatment and actively seek out the best evidence to support improvements in the outcomes and experiences of those we care for.

PHT wishes to attract and sustain a workforce with the capacity and capability to deliver world leading healthcare. Health research is critical to its clinical strategy and essential to challenge practice, transform healthcare and improve quality. Realising this vision, the Director of Nursing, in collaboration with the Faculty of Health Sciences, University of Southampton agreed an innovative post, Head of Nursing, Midwifery and AHP Research to develop this new workforce. This was appointed to in April 2012.

## 3. Head of Nursing, Midwifery and AHP Research – Key objectives

- To establish and deliver a PHT clinical academic strategy for nursing, midwifery and AHP led research (Appendix 1)
- Provide leadership and create an environment that fosters and supports non-medical driven research, innovation and service development
- Develop personal programme of research
- Make a contribution to the PHT vision through leadership that contributes to profile of the nursing directorate

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<sup>1</sup> A nurse, midwife or allied health professional who engages concurrently in clinical practice and research, providing clinical and research leadership in the pursuit of innovation, scholarship and provision of excellent evidence-based healthcare. A central feature of their research is that it aims to inform and improve the effectiveness, quality and safety of healthcare. They focus on building a research-led care environment including the development of capacity and capability. They challenge existing practice as well as working within, and contributing to, a research rich environment that leads the way towards achieving excellence in healthcare and health outcomes (DH 2012).

<sup>2</sup> Westwood G, Fader M, Roberts L, Green SM, Prieto J, Bayliss-Pratt L. How Clinical Academics are Transforming Patient Care. Health Services Journal (2013) 27<sup>th</sup> September 2013  
<http://www.hsj.co.uk/home/innovation-and-efficiency/how-clinical-academics-are-transforming-patient-care/5062463.article>

## 4. Key Achievements

### 4.1 Externally Funded Clinical Academic Nurses, Midwives and AHPs

External funding for and appointed 13 PHT Clinical Academics since April 2012 as shown in Table 1 and Figure 1 adding to the existing 2011/12 clinical academic nurse. Therefore there are currently 14 appointed (n=9) or planned and funded PHT (n=5) clinical academic nurses and midwives (doctoral and post-doctoral) and this compares with the Wessex university teaching hospital (Figure 2). PHT's competitive advantage is the joint appointment of a senior nurse in the organisation leading this change (Head of Nursing, Midwifery and AHP Research) and who works with several universities as funding partners.

In addition 5 PHT nurses, midwives and AHPs bid for national funding, National Institute of Health Research (NIHR) clinical academic internships. These internships are funded pro rata for 6 months to allow individuals access to research modules and academic supervisors and provide backfill for clinical time. The internship concept is to enhance the chance of success for NIHR funded Masters in Clinical Research (MRes) or Clinical Academic Doctoral applications. Two PHT internships are now undertaking PhD programmes (one a PHT clinical academic midwife). Three nurses have either completed or are on funded MRes programmes.

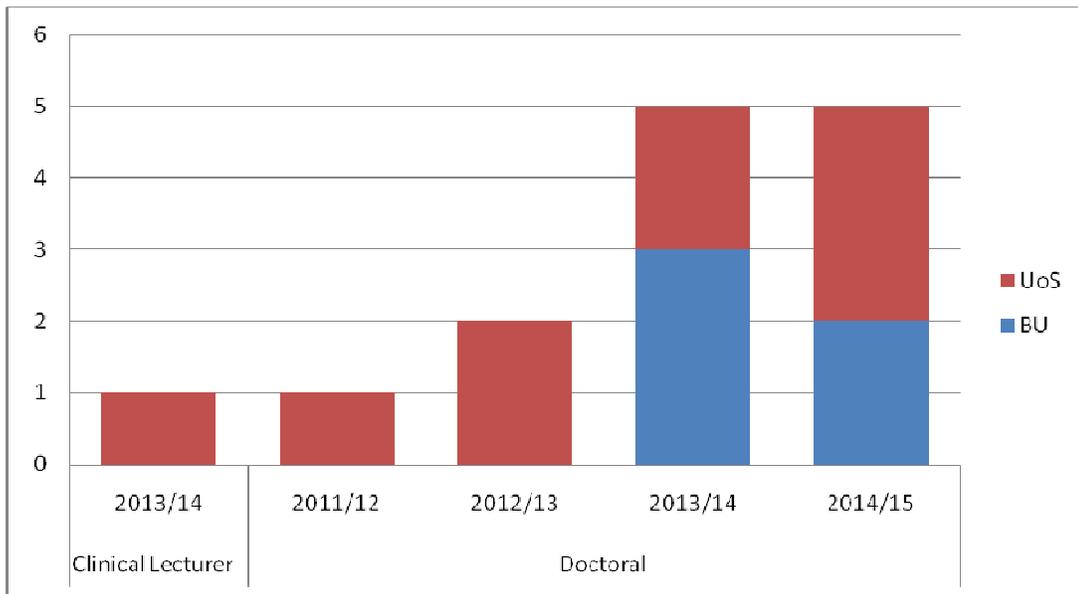
**Table 1: PHT Clinical Academics since April 2012 Current & Planned (externally funded)**

	No.	Nurses/Midwives/AHPs	Doctoral /Post Doc/ Intern	External funding	Funding p.a	Total
<b>2012/13</b>	2	Nurses	Doctoral	√	£10,000	<b>£20,000</b>
	4	Nurse/Midwives/AHPs	Internship	√	£10,000	<b>£40,000</b>
<b>2013/14</b>	1	Nurse	Post-Doctoral	√	£15,000	<b>£15,000</b>
	4	Midwives	Doctoral	√	£8,000	<b>£32,000</b>
	1	Cancer nurse	Doctoral	√	£7,000	<b>£7,000</b>
	1	Nurse/Midwives/AHPs	Internship	√	£10,000	<b>£10,000</b>
<b>2014/15</b>	1	Nurse – alcohol (TBC)	Doctoral	√	£7,000	<b>£7,000*</b>
	2	Renal nurses (TBC)	Doctoral		£20,000	
	2	Midwives (TBC)	Doctoral	√	£8,000	<b>£16,000**</b>
<b>Total</b>	<b>18</b>					<b>£147,000</b>

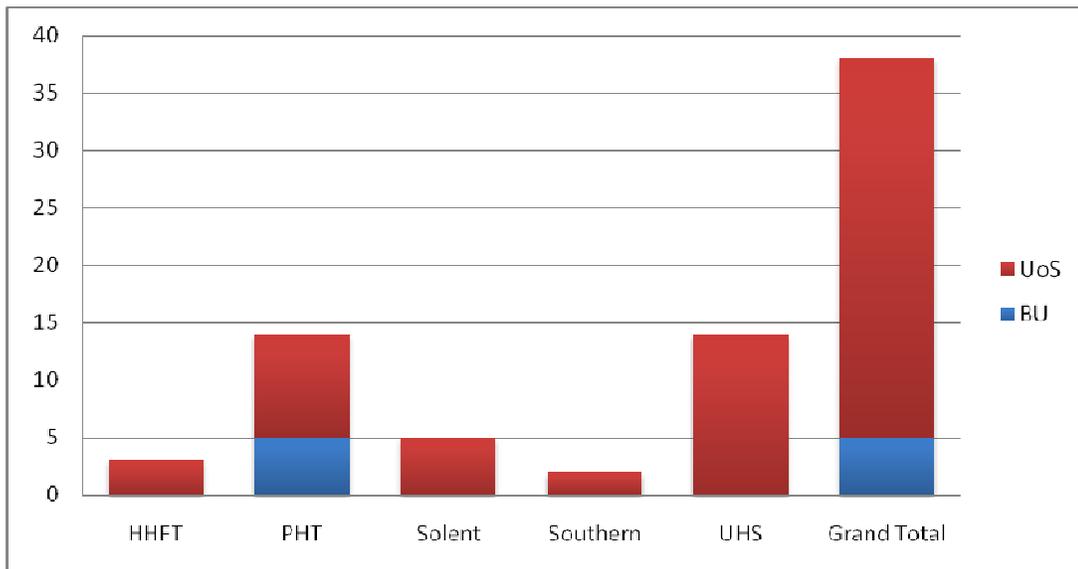
\* Alcohol Research UK funded PhD studentship grant **£21,000** (starting October 2014) "The experiences and recovery needs of alcohol dependent patients following detoxification programmes (POST DETOX): an exploratory qualitative study"

\*\* Planned for 2014/15

**Figure 1: All PHT Current and Planned Clinical Academics by Year (n=14)**



**Figure 2: All Wessex Clinical Academics by NHS Organisation (n=38)**



#### 4.2 Developed themed centres of clinical academic excellence

All clinical academic research is now themed (Appendix 2) under:

- Public Health and Long Term Conditions – alcohol, renal, respiratory, cancer, diabetes
- Ageing and Dementia
- Maternity Care
- Fundamental Care in Hospital – deteriorating patient, pressure ulcer prevention, nutrition

### 4.3 Grants Submitted

Since April 2012 the Head of Nursing, Midwifery and AHP Research has submitted both her own grant applications, as co-applicant for external funding worth £2,451,770, which is summarised in the below box. It does not include the clinical academic funded posts in Table 1.

<b>SUMMARY</b>	
<b>Total submitted = £2,451,770</b>	
<b><i>Funded = £72,293</i></b>	
<b><i>Decision pending = £1,926,198</i></b>	
<b><i>Not funded = £453,279</i></b>	

<b>Funded</b>	<p><b>Jan 2013</b> Health Foundation – Shine 2013, <b>£72,293</b> (co-applicant) for 15 months - Service Improvement Project – awarded January 2013 “The development of a computerised decision making tool to support women, their partners and midwives to make a decision about place of birth”</p>
<b>Decision Pending</b>	<p><b>Sept 2013</b> NIHR Health Services and Delivery Research Programme - <b>£818,451</b> (co-applicant) CLECC (Creating Learning Environments for Compassionate Care): A randomised Controlled Trial to Evaluate the Effectiveness of CLECC in Promoting Compassionate Care in General Hospitals</p> <p><b>Dec 2013</b> Alcohol Research UK - <b>£53,870</b> - lead applicant “The High Risk and Alcohol Dependent Older Population: Demographics and Alcohol Recovery Needs”</p> <p><b>Jan 2014</b> Marie Curie Cancer Care - <b>£470,877</b> – co-applicant “A mixed method research study to inform the development of an evidence-based end of life care complex intervention for people with advanced alcoholic-related liver disease who are homeless or precariously housed”</p> <p><b>Jan 2014</b> NHS England Nurse Technology Fund - <b>£416,000</b> – co-applicant Sister e-Assistant – Tablets for all Ward Sisters and additional iPods</p> <p><b>Jan 2014</b> NHS England Nurse Technology Fund – <b>£167,000</b> – co-applicant Hospital @ Night – Electronic Scheduling and Task Tracking software</p>
<b>Not funded</b>	<p><b>May 2013</b> NIHR Research for Patient Benefit - <b>£247,487</b> – lead applicant A feasibility study to evaluate the acceptability of a nurse led hospital outpatient post detoxification intervention and its impact on alcohol recovery</p> <p><b>Sept 2013</b> Resuscitation Council UK <b>£56,157</b> – lead applicant “The identification of human factors that influence nurses’ compliance with an electronic vital signs capture and charting protocol of the detection of the deteriorating patient: a mixed methods study”</p>

**Oct 2013** Health Foundation – Shine 2014, **£74,632** (co-applicant) for 15 months - Service Improvement Project  
“The Development, Feasibility and Acceptability of a Team Based Integrated Patient Handover Module to Improve the Patient Safety Culture: TIM Project”

**Oct 2013** Health Foundation – Shine 2014, **£74,973** (co-applicant) for 15 months - Service Improvement Project  
“An evaluation of the impact of ward-based, electronic displays of patient-specific ‘time-to-next vital signs observation’ data on staff adherence to vital signs monitoring schedules”

## **5. Sustainability**

Whilst support of the 14 clinical academic doctoral and post-doctoral fellows within PHT will begin to develop a research-led care environment, the kind of culture change and sustainability required in nursing, midwifery and the AHPs as a whole will not be achieved without developing a greater number of people in these roles. Without the creation of a critical mass and willingness to fully integrate this segment of the workforce into mainstream workforce plans the impact of these roles is unlikely to be fully realised. They are extremely unlikely to make any major contribution to research income generation or patient recruitment if the number is not increased.

There is a need to determine the size and shape of the PHT future clinical academic workforce. Recent calculations identified by University Hospital Southampton (UHS) Foundation Trust together with work by AUKUH has identified approximately 1% of the NMAHP workforce is appropriate. This figure should inform investment decisions around education and training and future R&D investment in clinical academic posts. Based on 1% of the PHT non-medical workforce (2,626 WTE) this requires approximately 26 clinical academic nurses, midwives and AHPs in 10 years. In 2 years PHT has achieved 50% of this quota. In order to create a continuous clinical academic pathway for current clinical academics a further 13 training posts are required.

An alternative to assessing the clinical academic workforce required is to align clinical academic teams, led by a Clinical Professor, to clinical specialities to produce clinical academic areas of excellence. These teams would work with the ward managers, matrons, heads of service and senior, advanced and consultant practitioners who work in these services.

The following clinical academic research themes have been identified (Appendix 2):

- Public Health and Long term Conditions (LTC) (respiratory, diabetes, renal, alcohol, cancer care)
- Ageing and Dementia
- Maternity Care
- Fundamental Care in Hospital (deteriorating patient, pressure ulcer prevention, nutrition)

These 5 (2 on LTC) research areas would then require:

- Clinical professors or clinical senior lecturers
- 10 clinical lecturers (2 per group working at post doc level)
- 10 clinical PhD students enrolled at any one time

## **6. Recommendations**

The Board is asked to note the following recommendations:

- Clinical Academic nurses, midwives and AHPS are an essential in the PHT workforce.

- The nursing, midwifery and AHP clinical academic strategy (Appendix 1) is endorsed and becomes part of the PHT Research and Innovation Strategy.

Appendix 1: PHT Nursing, Midwifery and AHP (NMAHP) Research Strategy V.4 January 2014 – For Consultation

We want to

- Develop NMAHP led research that is pioneering, high quality, patient focussed and linked to PHT strategic aims and high level objectives
- Lead in the delivery of NMAHP led, fundamental care research
- Attract and develop the best nurse, midwife and AHP researchers
- Expand research output linked to the enterprising PHT Research and Innovation Strategy

In order to

- Deliver improved evidence based best quality patient care and services
- Attract and retain the best NMAHP researchers
- Provide an integrated nursing research and delivery organisation

How we will do it

- Recruit the best NMAHP researchers every year
- Develop designated centres of clinical academic excellence, ie Medicine for Older People, maternity services, alcohol misuse
- Develop research that is patient safety focussed
- Collaborate with HEI, NHS and commercial partners
- Create an environment for clinical academic learning

How will we know if we are successful

- Top non-university, acute NHS organisation leading NMAHP research
- Hospital with the best quality and safety outcomes
- Number of NMAHP led research studies increases year on year
- Number of successful externally funded research and fellowships bids increases year on year
- Best clinical academics want to work in Portsmouth Hospitals NHS Trust
- Be the hospital recommended by friends and family
- Be the hospital recommended by staff

## Appendix 2: PHT Clinical Academic Themes – January 2014

