

Promoting excellence in care through research and development

an RCN position statement

A blue-tinted photograph of a female nurse in a clinical setting, smiling and looking down at a patient. The nurse is wearing a white uniform with a stethoscope. The patient's face is partially visible on the right side of the frame.

*“..while compassionate care is
important, compassionate but
ill-informed care may be harmful”.*

Royal College of Nursing, 2003

Promoting Excellence Working Party

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Contents

1.	Introduction	2
2.	Action	2
3.	Position statement	3
4.	Conclusion and recommendations	6
	References	7
	Appendix 1: Working party membership	8
	Appendix 2: Good practice examples	8

1

Introduction

Excellence in patient care is dependent on both research and development (R&D). Without R&D, health care practitioners would not be able to build the sound evidence base needed to underpin practice. This applies equally to the knowledge and skills necessary to develop their practice and new knowledge and understanding.

The nursing professions¹ make up almost 80% of the health care workforce (UK Parliament, 1999), but their potential to deliver excellence in care has been thwarted by:

- ❖ shortcomings in the body of professional knowledge
- ❖ limited research and development capacity and capability in nursing throughout the UK (Higher Education Funding Council for England, 2001 and Scottish Executive Health Department, 2002)
- ❖ a nursing culture that does not universally value research and development.

This situation led a group of nurses from across the UK to form a working party to consider how to expand the nursing knowledge base and R&D capacity, and importantly how to create a culture in the profession that promotes these values.

2

Action

The working party of nurses from across the UK considered how to:

- ❖ expand the knowledge base on which nursing draws
- ❖ extend the research and development capacity and capability in nursing
- ❖ identify and develop a culture that values, promotes, sustains and rewards research and development in nursing.

As a result of their discussions, the working party published a draft position statement for consultation (McMahon, 2003) which encouraged nurses to participate in the debate, to feedback on initial proposals and to provide examples of good practice.

The responses to that draft have shaped the following statement in this document. It outlines the beliefs and values of nurses on the role of R&D in nursing, and how this agenda could be progressed and by whom. Examples of good practice are included in the Appendix to facilitate professional networking and to highlight the potential of investment in R&D in nursing.

1 Nurses, midwives and health visitors.

Position statement

The following statement highlights how research and development are essential in the delivery of excellence in patient care.

Statement

If the public is to be properly served through systems that ensure that nurses are both accountable and knowledgeable, there must be a commitment to the identification of gaps in nursing knowledge, to the generation of new knowledge and application of knowledge in practice.

Although some robust nursing research is available to inform practice, there is a shortfall of nursing research available in relation to many nursing activities. Further, there is much good practice, which is not examined and disseminated widely enough to benefit the larger population (see, for example, Kitson and Currie, 1996).

Nursing needs its own unique knowledge base and must take responsibility for developing this, rather than drawing on knowledge from other disciplines, relying on other professional groups and a generic R&D agenda. The standard of R&D in nursing should be equal to that expected of any health professional group, and should conform to statutory requirements for each of the four UK countries.

To deliver evidence-based practice, in line with the clinical governance agenda (Currie, Morrell, & Scrivener, 2003), research *and* development must be recognised to have equal importance and value. Nurses and nursing cannot advance their contribution to effective health care without both (see Department of Health, 2002; Department of Health Social Services and Public Safety, 2002; Welsh Health Circular, 2003; and The Scottish Office NHS Scotland, 2003).

Nursing needs to embrace a philosophy of practice that sees participation in R&D as a legitimate nursing activity. Additionally, it is essential that there is a supportive culture in nursing and health care, with the appropriate infrastructure. Achieving this requires the commitment of a range of health care stakeholders (see Figure 1).

Figure 1: Stakeholders



While the commitment of all health care stakeholders, identified in Figure 1, is key to this agenda, individual nurses, health care providers (HCPs) and higher education institutions (HEIs) are also pivotal to this process.

Promoting excellence in R&D in nursing will develop knowledgeable and accountable practitioners² who will advance the quality of their nursing practice as a result.

² The Code of professional conduct for nurses exists to protect the public through professional standards (Nursing and Midwifery Council, 2002). It clearly asserts: "As a registered nurse, midwife or health visitor, you are personally accountable for your practice." The code also specifically states that as a professional nurse, midwife or health visitor "you have a responsibility to deliver care based on current evidence, best practice and, where applicable, validated research when it is available". One of the ways to achieve this is through the maintenance of up-to-date professional knowledge and competence.

Table 1 shows the requirements needed in the individual nurse, dependent on their roles and responsibilities. R&D should be seen as an essential and integral part of nursing practice. Therefore, all nurses should be given the opportunity to participate in R&D activities at an appropriate level to their roles, experience and qualifications.

Table 1:
Requirements of the individual nurse

- a) Can identify gaps in knowledge and pressing clinical needs to inform priority setting.
- b) Understands the dynamic relationship between R&D and clinical effectiveness.
- c) Can be questioning, reflexive and a critical thinker (can “think outside the box”).
- d) Demonstrates how R&D is an integral part of their professional development portfolio and nursing career pathway.
- e) Builds R&D into their personal development plan/appraisal.
- f) Can identify and appropriately utilise R&D leadership and support structures in their organisation.
- g) Can identify and appropriately utilise library/IT/web resources in their organisation.
- h) Contributes to the recording of R&D activity within corporate R&D databases and returns as appropriate.
- i) Contributes to the reporting and dissemination of R&D activity as appropriate.
- j) Demonstrates a commitment to using research in practice and sharing knowledge.
- k) Actively contributes to/supports initiatives designed to link/bridge R&D and clinical practice (for example, shared governance).
- l) Understands the importance/relevance of links with HEIs* for R&D.
- m) Endeavours to bring a nursing perspective into other disciplines’ R&D activity.

* Higher education institution (HEI).

In order to develop leaders in R&D throughout health care settings, a viable clinical and academic career pathway should be pursued by a section of the nursing workforce. If health care providers are to ensure standards of practice and value for money, there must be a commitment to the development of staff who can both participate in and lead R&D activities (see the requirements of HCPs outlined in Table 2).

Table 2:
Requirements of the health care provider

- a) Works in partnership with HEIs and local people to develop a strategy, with clearly defined priorities for nursing research and the development of practice.
- b) Understands HEIs’ funding arrangements and strategic/operational imperatives.
- c) Works in partnership with HEIs in knowledge generation and in effective, sustained change in practice.
- d) Can demonstrate links between R&D strategy and clinical governance and modernisation agendas.
- e) Can demonstrate how commitment to R&D has impacted on organisation-wide performance through performance assessment such as accreditation/benchmarking etc.
- f) R&D skillmix is known ie, numbers of nurses with Bachelors, Masters, M.Phil / PhD, other research training – completed and in progress.
- g) Has R&D skills development plan with targets and resources.
- h) Has clearly defined research career pathway(s).
- i) Has a clearly defined and appropriately qualified R&D leadership position with clear lines of influence in both the HCP and an HEI.
- j) Provides nursing staff with access to library/IT/Web resources in the workplace and information literacy skills development opportunities.
- k) Recognises that R&D activities are an integral part of professional development and provides development opportunities and support for R&D and innovation in nursing.



- l) Provides nursing staff with access to research support structures (for example, for putting together research bids, research supervision).
- m) Can identify capacity building intent within R&D in progress.
- n) Has knowledge of nursing involvement in Trust R&D activity with details of sources of funding.
- o) R&D activity in nursing can be identified as integral part of corporate / business plans.
- p) Can demonstrate outputs from nurses involved in research in last five years through publications, conference presentation and local press.
- q) Can demonstrate links with other HCPs for Nursing R&D mentorship purposes.
- r) Can demonstrate how nursing R&D strategy/development plan does or will integrate with its overall organisational R&D strategy.
- s) Works with HEIs to develop and sustain integrated career pathways, with appraisal.
- t) Expects engagement of its research staff with HEIs.

Finally, the partnership between HCPs and higher education is vital to ensuring the success of R&D in nursing. It is assumed that knowledge derived from higher education has academic rigour. Genuine partnerships must ensure that they generate knowledge that makes a difference to patient care, and a commitment to supporting both research and development in nursing practice (see the requirements of HEIs outlined in Table 3).

Table 3: Requirements of the higher education institution

- a) Works in partnership with HCPs* to develop R&D priorities.
- b) Understands HCPs' governance arrangements and strategic/operational imperatives.
- c) Provides development opportunities and support for R&D and innovation in nursing.
- d) Can articulate how research makes a difference to the HCPs it works with.
- e) Provides research training and supports capacity building for HCPs.
- f) Works with HCPs to develop and sustain integrated career pathways, with appraisal.
- g) Supports provision of R&D leads for HCPs.
- h) Encourages engagement of its research staff with HCPs.
- i) Supports development of information literacy in nurses.
- j) Provides flexible opportunities for nurses to integrate R&D into their professional development.
- k) Facilitates provision of research support structures within HCPs.
- l) Ensures that all R&D activity involving HCPs is appropriately reported/logged.
- m) Facilitates/supports use of research in practice and sharing of knowledge.
- n) Works in partnership with those leading the general nursing agenda.

* Health care providers (HCP)

4

Conclusion and recommendations

One way to increase the number of nurses participating in, and leading R&D activities is to develop national R&D standards and guidelines in clinical practice for NHS trusts and other HCPs. This could be used as part of a dynamic, developmental system of acknowledging excellence in care through R&D.

It is fundamental that there should be access to, and maintenance of, the whole range of R&D skills required to contribute to the development and integration of evidence into practice.

There are a number of clinically-based professorial positions and nurse consultant posts in R&D throughout the UK. These senior nurses should be identified and promoted as leaders dedicated to the development and maintenance of an R&D infrastructure and culture. At a minimum they should have well established and clearly defined links between their HCP and HEIs. In some cases the posts are joint appointments, and the R&D strategies of both the HCP and HEI are fully integrated. Examples of R&D leadership and good practice are provided in the Appendix.

Leaders with the necessary skills to fulfil these complex roles should be equipped through innovative curricula including, for example, professional doctorate programmes. R&D leadership roles should be promoted across the UK, and underpinned by nurses engaged in integrated clinical academic career pathways.

Identifying and benchmarking best practice would lead to the establishment of standards and a dynamic and developmental system. This would acknowledge and promote good practice and excellence in R&D. A wide range of stakeholders would benefit from this. For example:

- ◆ public and patient groups that want improvements in public health, and patients' experiences and outcomes
- ◆ HCPs responsible for clinical governance that want to improve external assessments of their quality performance
- ◆ HEIs involved in academic, industrial, or public service partnerships that want to demonstrate that they are generating knowledge that will make a difference³.

The commitment of all of the stakeholders (see Figure 1) is an essential condition to promote excellence in nursing care through R&D.

For further information, visit www.man.ac.uk/rcn/promotingexcellence

3 Increasingly Government funding for R&D is dependent on demonstrable benefits to the economy and to society. It is therefore incumbent on higher education institutions to demonstrate that they are generating knowledge that is making a difference.



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Appendices

Appendix 1: Working party membership

Professor Veronica Bishop, Editor, *Nursing Times* Research, London

Professor Steve Campbell, Professor of Nursing Practice, Northumbria University, Head of Nursing Research and Practice, City Hospitals Sunderland NHS Trust, Sunderland

Dr Ann Caress, Lecturer, School of Nursing, Midwifery & Health Visiting, University of Manchester, Manchester

Sue Hinchliff, Director, Accreditation Unit, Royal College of Nursing Institute, London

Claire Johnston, Director of Nursing & Performance, Camden & Islington Mental Health & Social Care NHS Trust, London

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Colin Rees, Project Leader, All Wales NM & HV Research, The Welsh Assembly, Cardiff

Professor Sydney Salmon, Director of Nursing & Primary Care, Ulster Community and Hospitals H&SS Trust, Belfast

Theresa Shaw, Deputy Director, Foundation of Nursing Studies, London

Margaret Smith, Director of Nursing, North Glasgow University Hospitals NHS Trust, Glasgow

Professor Heather Waterman, Professor of Nursing and Ophthalmology, School of Nursing, Midwifery & Health Visiting, University of Manchester, Manchester

Val Woodward, Senior Lecturer, Institute of Health Studies, University of Plymouth, Plymouth

Appendix 2: Good practice examples

1. Hull & East Riding Community NHS Trust

Name of trust: Hull & East Riding Community NHS Trust

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Description of trust

The trust provides a range of health and social care services to people across Hull and the East Riding of Yorkshire, a population of approximately 575,000. Over 2,500 people work for the trust to deliver services in people's own homes, in local clinics, health centres, local authority premises and schools to provide convenient care near to where people live.

Services include: children's services; dental; learning disability services; mental health; sexual health; specialist substance misuse; therapy services; allied health professionals; chaplaincy; continence service; psychology; and services to aid independent living and stroke services.

Infrastructure to support R&D

The trust has an R&D strategy and an effectiveness strategy.

The trust has established and supported a Nursing Research Support Unit (NRSU) in partnership with the University of Hull. Two research nurses were initially employed and the NRSU produced a consultation report and action plan. Due to cost pressures this was reduced to one post and the work of the NRSU is currently being evaluated.

The trust also has established a multi-disciplinary postgraduate researchers' support network for those staff undertaking or intending to undertake research degrees. There are currently six nurse members of this network.



Examples of clinically-based research and development projects/activity that have made a difference to patients' experience/outcomes

The trust produces an annual directory of innovations and good practice projects, many of which are clinically-based, nurse-led and make a difference to patients.

Some examples from this year's directory are:

- ❖ coping Skills Enhancement Circuit
- ❖ implementation of 65+ screening programme for previously referred and assessed clients with organic difficulties
- ❖ evaluation of ongoing medication management clinic
- ❖ coping with voices education group
- ❖ client perception of staff morale
- ❖ crisis management and co-ordination
- ❖ non-clinical fatigue and pain management in occupational health
- ❖ evidence-based patient information
- ❖ carer's group evaluation
- ❖ total bowel management.

Any Internet links

Not yet, but potentially.

Contact Allyson Kent for more information.

2 Barnsley District General Hospital NHS Trust

Name of trust: Barnsley District General Hospital NHS Trust

Name of contact: Jeff Bailey

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Description of trust

The trust serves a population of 240,000. Services offered to the public include: medical; surgical; and women's and children's specialties. There are 771 (690.80 wte) nurses and midwives, and 290 (235.36 wte) health care assistants and auxiliaries.

Infrastructure to support R&D

The trust has used part of its allocation of R&D funding to employ two research nurses to act in a generic role supporting multi-disciplinary research activity. The trust has also built up close links with the University of Sheffield through the Trent Institute for Health Services Research (TIHSR). These nurses are supported by more experienced researchers from Sheffield University seconded to the trust part-time through the TIHSR. After three years this arrangement is being formalised through a joint trust and TIHSR appointment, who will continue to support the research nurses.

The research nurses have gained confidence in research and IT skills, have undertaken master's degrees, and have enabled the trust to increase its research output. The availability of nurses in the trust with research skills has also been enhanced by secondment to various small projects (see below), some of which have also been enabled by trust R&D funding.

Examples of clinically-based research and development projects/activity that have made a difference to patients' experience/outcomes

Here are some examples:

1. Barriers to using research in nursing project

As part of the strategy to promote clinical nursing research, a project was devised to assess barriers to using research in nursing at BDGH, and to measure research skills in nurses. The project was

conducted by a clinical nurse, seconded part-time, funded by the trust R&D department, and supported by researchers from Sheffield University. Outputs include increased skills and confidence for the nurse researcher, a possible publication, and evidence on which to base subsequent nursing research development work.

2. Evaluation of the heart manual for cardiac rehabilitation

This project was funded by the local Health Action Zone to promote better access to cardiac rehabilitation. A health visitor was seconded to the project full-time for ten months, and completed the project under supervision of a researcher from Sheffield University. Acting on the results, cardiac rehabilitation policy is being reviewed and the heart manual introduced for all AMI patients. The health visitor who carried out the research is undergoing further research training. The results have been disseminated at local and national conferences, and a publication is in preparation.

3. The FED Project

This project was funded by PPP Healthcare to promote a better nutritional understanding for elderly patients following a medical incident. The interim results show a need for better nutrition for the elderly. This long running project has formed an increased awareness of research among clinical nurses because of recruitment practices on all medical wards and departments

4. SURUSS

This nurse-led project has now been completed and has led to a nationally used series of methods for determining antenatal Downs Syndrome. The results have been presented nationally and internationally.

5. Corneal Donation

This small study has led to a nurse practitioner identifying a potential for retrieving corneas and has since become the trust's corneal retrieval nurse. The study was part of the New Researcher Training Programme that the trust joined as part of a Trent Institute initiative

6. Domestic Violence against Pregnant Women

This nurse-led project initiated in the trust has led

to increased awareness, and highlighted a need for action in this problem area.

Any Internet links

We are developing a website initially for use internally to be followed by an external link.



3. Southern Derbyshire Acute Hospitals NHS Trust

Name of trust

Southern Derbyshire Acute Hospitals NHS Trust

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Description of trust

The Southern Derbyshire Acute Hospitals NHS Trust incorporates the Derbyshire Royal Infirmary, Derby City General Hospital, Derbyshire Children's Hospital, Derby Chest Clinic and the Grove Hospital.

We have been rated a three-star acute trust by the Department of Health for the past three years and provide a wide range of services including: general medical; surgical; maternity; rehabilitation care; and accident and emergency services. We have a total of 1,235 beds and serve a population of over half a million people throughout Southern Derbyshire.

The trust employs over 6,500 staff from doctors and nurses to housekeepers and porters, with an annual budget of around £200 million. This year the trust will see and treat over 600,000 people as inpatients, outpatients, emergency patients and day cases.

Infrastructure to support R&D

Research posts

The trust employs a lead for nursing research whose salary is funded by charitable trust funds. The trust also employs a lead for midwifery research whose salary is funded by the NHS R&D Levy. The lead for nursing research is managerially responsible to the R&D Manager and reports to the director of nursing. This post holder also sits on the Nurses and Midwives Advisory Council, which is the trust's monthly strategic meeting for its most senior nurses. By sitting in both departments, nursing research is firmly embedded in both nursing and the R&D departments. The research lead is skilled in undertaking research, supervising research and disseminating research studies.

We are currently negotiating the possibility of implementing nursing researcher/practitioner posts. These posts will allow staff to combine working in clinical practice with undertaking practice-based

research. They will enable us to develop new researchers and form part of a career pathway for staff. These post holders will be supported to undertake research qualifications.

Research strategy

Nursing research is addressed in two complementary strategies: the Nurses, Midwives and Therapists Research and Practice Development Strategy; and the Trust's Research and Development Strategy.

Nursing has teamed up with Midwifery, Therapy and Practice Development to present a combined Nurses, Midwives and Therapists Research and Practice Development Strategy. The overall purpose of this strategy is to deliver evidence-based patient-centred care.

While the trust promotes a multi-professional approach in the trust's R&D strategy, nursing research is highlighted as requiring specific attention to promote capacity building activities.

Initiatives to support research in the trust

We run a number of initiatives in the trust to support nursing research. These include:

◆ Research and Practice Development Support Scheme

This scheme is designed to help nurses, midwives and therapists undertake a piece of research and implement their findings in practice. Nurses who are undertaking the scheme are given two hours per week for a year to undertake a research project and also allowed to attend four training workshops. The training workshops focus on practical skills such as gaining ethical approval, writing for publication, designing PowerPoint presentations, and how to get research findings into practice. All the nurses on this scheme have two supervisors: a research lead; and a practice development nurse. The practice development nurses assist with implementing their findings into practice. At the end of the scheme the nurses present their research at the trust's annual Research and Practice Development Conference.

◆ Nurses, Midwives and Therapists Research and Practice Development Conference

This conference is held annually and presents around 25 speakers. The speakers are nurses, midwives and therapists who have undertaken some research activities in the past year.

◆ Research Interest Group

This is an electronic newsletter, which is compiled by the Lead for Nursing Research and is distributed every two weeks to over 100 research-interested nurses, midwives and therapists throughout the trust. The newsletter provides research-related information such as funding and training opportunities relevant to trust staff. The first section in the newsletter provides information on nurses who have, for example, had an article published, given a conference paper or received funding.

◆ Recognition for research achievements

We endeavour to recognise research achievements such as changes in practice resulting from research studies, publications, conference papers and funding awards. Each nurse who achieves one of these successes receives a letter from the Director of Nursing congratulating them on their achievement. This recognition does not cost much but can have quite an impact on the recipients. Some nurses who have received these letters keep them in their personal portfolios and in one of our paediatric wards they are displayed in the sister's office.

In addition, nurses who are undertaking some research activity are featured in the hospital magazine and the electronic research newsletter.

Research is one of the headings on the nursing staff appraisal form. This shows that research is valued by the trust and considered to be part of the nurse's role.

Research outcomes

Changed or informed practice is the most important outcome for a research project. By focusing on changes in practice we emphasize the relationship between research and practice development and stress that research is about improving patient care and not merely an academic exercise. Some examples of our research projects are given in the following section.

We also expect all nurses who are undertaking research to disseminate their findings through publications and conference papers and we provide support to enable them to do so. In the past year (2002-2003) we have had over 30 articles accepted for publication.

Being awarded funding is another indicator of our

research activity. In the past year (2002-2003) four studies were awarded external funding and one study was awarded internal funding.

Links

Internal

To provide a co-ordinated approach to research-based practice we have found it important to closely link research and practice development. We hold joint meetings between research staff and practice development staff to ensure that research feeds into practice development and that practice development feeds into research.

Like many other trusts, staff find it difficult to differentiate between research, audit and service evaluation. We have found it helpful, therefore, to have close links with the Audit Committee and Service Evaluation to pick up projects which have been submitted to the wrong department. To facilitate this the lead for Nursing Research also sits on the Audit Committee and the Service Evaluation Panel.

External

We have links with our local universities, primary care and acute trusts. For example, representatives of both our local universities attend regular Research and Practice Development Steering Group meetings. We also have regular formal meetings with representatives from the primary care trusts in Southern Derbyshire and are in contact with the research leads at the other acute trusts in Nottinghamshire and Derbyshire.

Joint appointments

We are currently discussing the possibility of having joint research appointments with one of our local universities.

Examples of clinically-based research and development projects/activity that have made a difference to patients' experience/outcomes

Ideally all nursing research projects conducted in the trust focus on improving patient care and meeting local or national needs. The following five studies provide examples of projects that have changed, or will change, our clinical practice.



◆ Temperature measurement in paediatrics

Contrary to the nurse's initial impression, the study found children preferred tympanic measurement.

◆ Pre-operative shaving

When the study is completed the trust will be able to implement a research-based pre-operative shaving policy and the review will be published in the Cochrane Library.

◆ Bladder spasm in patients undergoing trans-urethral surgery

Preliminary statistical analysis suggests that bladder spasm is linked to length of surgery, insertion of a catheter and is most effectively treated by Buscopan. The findings will be used to develop a protocol to manage pain relief for patients undergoing trans-urethral surgery.

◆ Surgical hand scrubs prior to surgery

A surgical sister is undertaking a systematic review of hand scrubbing and use this review to develop a trust policy.

◆ Patients, visitors and staff preferences for hospital visiting times

The main finding showed that neither patients, visitors or nursing staff considered open visiting to be their first preference for a visiting policy.

Any Internet links

The nursing research strategy is not currently available online but the lead for Nursing Research will be pleased to discuss any aspect of nursing research at Southern Derbyshire Acute Hospitals NHS Trust.

4. Royal Hospitals Trust, Belfast

Name of trust: Royal Hospitals Trust, Belfast

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Description of trust

The Royal Hospitals is Northern Ireland's biggest and best known hospitals complex. Almost two-thirds of the Northern Ireland population live within 40 minutes travel from the 70 acre site, which is situated only a few minutes drive from Belfast city centre. Made up of four linked hospitals - the Royal Victoria, Royal Jubilee Maternity Service, Royal Belfast Hospital for Sick Children and the Dental Hospital - the Royal treats more than half a million people every year and has a worldwide reputation for excellence. Almost all the regional, medical, surgical and dental specialty services for Northern Ireland are provided by the Royal hospitals. The Royal has more than a fifth of all acute beds in Northern Ireland. We have a staff of some 6,000 including a quarter of all hospital doctors in the province and 2,500 registered nurses and midwives.

Infrastructure to support R&D

In 2000 the Royal appointed a Professor/Director of Nursing Research and Practice Development (PD) as a joint appointment with the School of Nursing, University of Ulster. The post is set at ADNS level and has authority to lead nursing development and research in the trust. A strategy for nursing R&D has been developed as an integrated approach to research, practice development and clinical education. A team of 22 people has been recruited to facilitate this, working across all specialties in the trust. The Royal has led the development of the Research Governance Framework for R&D in Northern Ireland, and nursing research is an integral component of this. The Director of Nursing Research & PD works collaboratively with the trust's Director of Research. Four jointly appointed research associate posts have been created between the Royal and the University of Ulster. Two other joint posts (fixed-term) have been created between the trust and the Royal College of Nursing (RCN) and Northern Ireland Practice and Education Council

(NIPEC). In addition, in 2003 the Royal invested in excess of £100,000 in developing a Nursing Development Centre in the trust from where the Nursing Development Team work: Director of Nursing Research & PD; Head of Clinical Education; Practice Development Co-ordinator; Nursing Development Facilitators (11); research associates/project officers (5); consultant nurses (2); and administrative support (2). R&D grants in excess of £600,000 have been secured for programmes of work in the trust in the last two years. The strategy is being evaluated on an ongoing basis and as a part of the trusts accountability framework.

Examples of clinically-based research and development projects/activity that have made a difference to patients' experience/outcomes

For example, some projects include:

1. Person-centred nursing project

This is a quasi-experimental design with a PD intervention. The project is in its second year and is due for completion in 2005 (joint trust/university funding)

2. Development of person-centred practice in perioperative nursing

This is an emancipatory practice development project (trust funded). The project started in 2002 and is a five-year programme of work.

3. Development of person-centred rehabilitation practices in services for older people (trust/university funding)

This is a three-year emancipatory practice development programme. The programme has secured two external competitive grants for particular strands of work:

- ◆ BUPA Foundation: development of a methodology for the collection of user narratives as an indicator of care quality with older people (£80,000)
- ◆ R&D office NI/HRB Republic of Ireland (jointly with University College, Cork): identification of the contextual indicators that inhibit the use of evidence among nurses in the promotion of continence with older people (£160,000).

4. Development of a Clinical Careers Framework for Nurses (the REACH Programme) (DHSSPS & joint post with the RCN – £120,000):

An integrated realistic evaluation programme and accreditation framework.

5. Development of person-centred nursing in surgical settings (joint project with Belfast City Hospital) (DHSSPS funding £150,000):

A two-year programme of emancipatory practice development and research work with 60 clinical leaders across eight surgical specialties. This project started in 2003.

Any Internet links

Trust strategy documents are not placed online. However, copies are available by contacting Professor Brendan McCormack.

5. Epsom and St Helier NHS Trust, St George's Healthcare NHS Trust, Joint Faculty of Health and Social Care Sciences, and Kingston University/St George's Medical School

Name of trust:

Epsom and St Helier NHS Trust
St George's Healthcare NHS Trust
Joint Faculty of Health and Social Care Sciences, and Kingston University/St George's Medical School

Name of contact: Sharon Hamilton, Head of Nursing Research

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Description of trust

Epsom and St Helier were formed from the merger of two district general hospitals and associated cottage hospitals. St Helier hospital is located on the edge of south London, while Epsom hospital is located approximately ten miles away in Surrey. The trust has approximately 900 beds and 1,800 nurses.

St George's hospital is a large teaching hospital in Tooting, south London with a medical school and faculty of health and social care sciences on campus. It has approximately 900 beds and 1,500 nurses.

Infrastructure to support R&D

Each trust and the university have active R&D



committees, each of which have senior nurse members. The Head of Nursing Research is a member of the Sutton/ Merton/ Epsom/ Kingston and Richmond ethics committee.

In 1997, St. Helier hospital appointed a senior lecturer in nursing research in collaboration with Kingston University to undertake a PhD and lead nursing research. The R&D committee funded the post following a competitive bidding process.

In 2002, Epsom and St Helier NHS Trust/St George's Healthcare NHS Trust and the Joint Faculty of Health and Social Care Sciences collaboratively appointed a Head of Nursing Research to develop the infrastructure across the organisations to support nursing research. The Head of Nursing Research chairs a Joint Nursing and Midwifery Research Development Group, which has 22 members across the organisations and the primary care trusts. Members include all nurse consultants and clinical specialist nurses actively involved in leading their own research. Each member of the group is responsible for leading and developing research in their area and reports back to the group. The longer term aim of this group is to expand to become a nursing research network across south west London.

St George's Health Care NHS Trust has appointed a part-time senior nurse (R&D) to support the work of the Head of Nursing Research.

The Head of Nursing Research will be publishing a nursing research strategy.

The Head of Nursing Research leads a Priorities and Needs programme of research in nursing interventions.

Infrastructure such as dictaphones, transcription machines and SPSSPC have been purchased for the specific use of nurses in their research.

Examples of clinically based research and development projects/activity that have made a difference to patients' experience/outcomes

Example of work include:

Hamilton, S. *The management of change: an evaluation of the use of a multifaceted strategy to implement best practice in stroke assessment*. PhD study, research-based at St Helier hospital. Improved

the completeness of the nursing assessment from 9% pre-implementation of guidelines to 74% post-implementation.

Brooks, W., Whittet, A. *An evaluation of a moving and handling teaching programme for nurses on a stroke unit*. Study to improve the moving and handling skills of all nurses (including health care assistants) on a stroke unit. Outcomes being evaluated.

Farnell, S. *A study to compare the accuracy and reliability of non-invasive methods of measuring temperature in critically ill adults*. Study based in the intensive care unit at St George's hospital.

Dawson, D., Farnell, S. *A study to explore nurses' experiences during their first six months of working in critical care*.

A number of research secondment opportunities are available for nurses at the trusts. An E grade nurse from the stroke unit is currently on secondment to undertake data collection in a research project. An H grade nurse is taking up a secondment with the university.

The Head of Nursing Research is collaborating on research projects with colleagues internal and external to the organisations. For example, a project is underway to describe convention physiotherapy in stroke rehabilitation with the Professor of Rehabilitation at St George's Medical School.

All members of the Joint Nursing and Midwifery Research Development Group are encouraged to submit abstracts of their research for conferences, particularly the RCN Research Society conference.

Any Internet links

A web page is being developed at each trust.

6 East Kent Hospitals NHS Trust

Name of trust: East Kent Hospitals NHS Trust

Name of contact: Vicki May

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Description of trust

East Kent Hospitals provides acute hospital services at three main hospitals, but has approximately 1,634 beds over five hospital sites (William Harvey Hospital, Ashford; Queen Elizabeth Queen Mother Hospital, Margate; Kent & Canterbury Hospital, Canterbury; Royal Victoria Hospital, Folkestone; and Buckland Hospital, Dover). The geographical area covers approximately 50 miles, representing both rural and town communities.

The trust serves a population of 600,000 and employs approximately 8,000 employees, of which 3,500 are in nursing.

There are approximately 150 clinical areas that are currently in 15 directorates (although restructuring is imminent).

We have a one star rating.

Infrastructure to support R&D

In July 2002 under the umbrella of 'shared governance', the Nursing & Quality Directorate set up its first Nursing & Midwifery Research & Development Forum. Approximately 15 to 20 members come from a wide range of clinical areas and represent a mixture of nursing and midwifery grades. The forum also has members from supporting areas such as the local university, the library services, audit and the trust R&D department. The forum exists to promote nursing and midwifery research activity and change clinical practice. The forum does this by:

- ◆ informing people about research appraisal workshops and accessing clinical research databases
- ◆ providing support and supervision to those undertaking a research project
- ◆ helping people write high quality research proposals in line with national and local priorities.

- ◆ peer review research proposals
- ◆ putting people in touch with possible funding sources
- ◆ facilitating the pathway through the trust R&D department and Ethics Committee processes
- ◆ helping and promoting the dissemination of research findings via presentations at national conferences and journal publications.

Managerial support for attending these meetings has been secured by all members.

In addition to the forum, the trust has a small R&D department (1 manager, 1 secretary and a part-time clinical director). They oversee all governance issues and have a national perspective on all NHS research. They support multi-professional research, although medical research still predominates.

All trust employees have access to the intranet, Email and the Internet. However, clinical staff rarely have time to access this. Additionally, all staff can gain access to excellent library resources.

In the trust there is also a small central Nursing Practice Development Team, consisting of five WTE. They support all nursing staff in a variety of ways, leading on trust-wide initiatives such as essence of care benchmarking, which have strong links to the development aspects of R&D and changing practice. The trust also supports several practice development nurses working in some directorates/specialties, and a few joint appointments with the local university in the way of lecturer/practitioner posts.

Examples of clinically based research and development projects/activity that have made a difference to patients' experience/outcomes

The forum has only been in existence for one year, but its achievement levels are high, at this stage not necessarily resulting in differences to patient experiences but in producing foundation blocks to build on, as no central co-ordination of nursing research existed previously.

Work initially started with establishing a strategy and action plan.

We then had to let people know that the forum existed. This was achieved as part of the wider launch of 'shared governance', and, additionally, we



produced an information leaflet.

We then had to look at simplifying the research process as too many people were confused and did not know how to access the right help at the right time. We produced a flow chart and this is sent out when a nurse makes enquiries to the trust R&D department, and by all members if approached for help. Additionally this is available on the forum's web page on the intranet.

We have set about increasing the number of nurses available to peer review research projects that come through the trust R&D department from three to nine, and this course will be offered bi-yearly. This course has also formally established criteria for both what peer reviewers need in terms of qualifications/experience and what is looked for by them in a project. This reviewing criteria has also been made available to those writing projects so they can set about achieving the criteria in a fair and open manner.

We are establishing a database of all research and development activity. This has, however, been very difficult over such a large area, battling with a culture of not to share information and people not recognising that what they are doing is research or development. It is anticipated that this will get easier as the forum's presence becomes more established.

Additional achievements have been to facilitate/mediate two separate projects at the ethics stage.

The forum's final achievement is being part of organising a nursing and midwifery conference for the trust. The philosophies of dissemination are being shared through 40 poster and 16 verbal presentations of development initiatives and changing practice that have occurred over the past two years. Many of the presenters are first-timers, and the conference is free to 250 nurses and midwives of all grades from A to H+. This will be an excellent example of sharing practice and will hopefully show some people that changing practice is achievable in challenging times and that dissemination has to be part of any research and development process to prevent the wheel forum being reinvented

Any Internet links

All our information is available on the trust intranet, so it is not available outside of the trust. If people contact me I will be more than happy to pass information on electronically and we, as a forum, will need to address this in the future.

vicki.may@ekht.nhs.uk

7. Barts and the London NHS Trust

Name of trust: Barts and the London NHS Trust

Name of contact: Dr Angela Grange

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Description of trust

Barts and the London NHS Trust is one of the largest employers in east London with over 6,600 staff providing services to more than half a million patients each year. There are nearly 1,000 doctors and dentists, 1,948 qualified nurses, 107 qualified midwives and 197 qualified allied health professions (AHPs) working with patients at: The Royal London; St Bartholomew's; and the London Chest Hospitals. The trust provides the capital's largest trauma service, and is one of five cancer centres serving London and the home counties. The renal service is the largest in Europe, and the trust is a national centre for specialties such as retinoblastoma and colo-rectal surgery. There are seven clinical directorates with over 40 medical, surgical and emergency specialties, many of which are at the leading edge.

Infrastructure to support R&D

A draft nursing and midwifery strategy has been written and is awaiting approval by the trust Nursing Policy and Maternity Governance Boards (a system of nursing and midwifery shared governance is in operation in the trust). It is hoped that this strategy will be combined with the therapy R&D strategy in the near future to form a joint strategy as the aims and objectives are similar. Collaborative working between nursing, midwifery and AHPs is already underway to develop a joint strategy.

An inter-professional research team has been approved by the Nursing Policy Board and Therapy Evidence-Based Practice Group, to support the implementation of the R&D strategy. Approval for this is being sought from the Maternity Governance Board. The inter-professional team will comprise nursing, midwifery and AHP representation as well as research experts and academics from partner institutions. It will be key to putting aspects of the R&D strategy into operation.

A research facilitator for nurses, midwives and AHPs

was appointed by City University in September 2003, based in the trust R&D Department. The main aim of the research facilitator project is to build research capacity within nursing, midwifery and AHPs. This is being approached by developing a caseload of nurses, midwives and AHPs to support in three areas: 1) getting started in research; 2) acquiring funding for research; and 3) disseminating research results. An inter-professional researcher network is also being established in the trust to support novice researchers.

There are four consultant nurses and one consultant midwife in the trust. There are several lecturer practitioner posts and newly emerging research practitioner posts. These posts are joint appointments with City University.

Access to IT needs improving, but all wards have a PC for staff to access evidence. There are good training facilities provided by the Medical and Dental Library and School of Nursing Libraries in searching for evidence. An Electronic Information Liaison Officer has been in post for ten months to support staff at the London Chest Hospital to find evidence to support their practice.

There are many clinical nurse specialists and practice development nurses in the trust and these nurses work closely with the Senior Nurse for Practice Development, and the Clinical Effectiveness Unit to evaluate outcomes of their care. The *essence of care* benchmarks have been implemented trust-wide, and are being continuously monitored via the Practice Development Unit (PDU). The PDU has close links with the RCN, which is involved in the implementation of the PD strategy in the trust, and the RCN Leadership programme is well established.

The trust has close links with the Workforce Development Confederation in developing training programmes and career pathways.

Examples of clinically based research and development projects/activity that have made a difference to patients' experience/outcomes

There is a strong research culture in nursing in a few trust departments, for example, renal, cardiac, cancer and infection and immunity. Nurses working in these directorates regularly present their research at national and international conferences. There are



many nurses working with medical colleagues on clinical trials research. The trust has its own Clinical Research Centre.

Rather than list all projects recently conducted by nurses, we will highlight some specific projects led by nurses that have impacted on/or have the potential to impact on clinical practice:

- ◆ a research project was conducted in conjunction with City University, which explored the care of older people in relation to reasons for delayed discharges. The results of this research led to the implementation of a new role – care co-ordinator, with improved length of stay outcomes
- ◆ a research study piloted the introduction of a new way of working within medical teams on general medical wards, from medical firms visiting wards to ward-based medical teams. Improvements in communication and co-ordination of care between medical and other colleagues were observed
- ◆ a research study investigating cardiovascular disease risk has the potential to challenge the basis of the CHD National Service Framework. Preliminary results suggest that the current policy on the use of lipid lowering drugs for patients with, or at risk from, heart disease needs to be reviewed if expensive drug treatment is to be most appropriately targeted
- ◆ an evaluation of the mental health services in A&E revealed a whole series of problems faced by trust staff caring for people with complex physical and mental health needs. This resulted in the development of a further research proposal focusing on the mental health needs of general medical patients. The project also mapped out the training needs of staff involved in liaison nursing, and an MSc course has been validated by City University to meet these needs
- ◆ a research study investigated the conditions, human and environmental, that make drug errors more likely to occur, and the checking procedures that are most effective in preventing errors. The results led to the implementation of a Medicines Nurses Forum, which meets monthly and is attended by ward nurses to discuss problems and identify solutions. A nurse is also working with the Clinical Physics Department to establish an equipment library

- ◆ a research study to compare hospital and home IV antibiotic therapy in adults with cystic fibrosis.

Any Internet links

R&D information is accessible via the trust intranet pages with information on: funding and training opportunities; research ethics application process; research governance issues; dissemination; finance; and research support for nurses, midwives and AHPs.

Information on the research facilitator project for nurses, midwives and AHPs is available via the trust intranet and City University website www.city.ac.uk/barts/research/depts/hcru/researchers/grange_a.htm

Once approved the nursing and midwifery R&D strategy will be available on the trust intranet pages. Unfortunately the trust R&D department does not have an external web address to advertise the strategy, but it will be freely supplied on request.

8. City Hospitals Sunderland NHS Trust

Name of trust: City Hospitals Sunderland NHS Trust

Name of contact: Prof Steve Campbell

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Description of trust

The trust is an acute-based organisation with a full range of medical and surgical specialties for a large general hospital, with some community paediatric services and child psychiatry. The trust is the second largest organisation in the north east of England, and has a reputation for high quality services. It has had a three star evaluation for the last three years, and impending foundation status. On the various sites (largely now at Sunderland Royal Hospital), there are 975 acute beds and 18 ITU/HDU beds. The trust had an income of £167.7 million in 2002/03. There are 4,600 staff of whom approximately 1,300 are registered nurses, with a further 600 auxiliary nurses/HCAs. The trust cared for:

58,179 inpatients;

259,265 outpatients;

36,073 day cases;

234,498 AHP contacts;

and had 106,238 A&E attendances.

This is well above the national average for the population served.

Infrastructure to support R&D

Systems to support R&D are complex and have been established over a number of years. Central in these systems is the Nursing Practice Research Centre (NPRC), led by the Professor of Nursing Practice, who is also the Head of Nursing Research and Development in the Trust. The NPRC is part of the Directorate of Nursing and Quality in the trust, and the Head of Nursing R&D, partnered with the Head of Nursing/Chief Matron, are the two senior support posts to the Executive Director of Nursing and Quality.

The staffing in the NPRC comprises: the Head of Nursing R&D, who is a joint appointment (50:50) with Northumbria University; and a principal lecturer (vacant 20:80) again with Northumbria University (earlier in the development this post was

at SL level and with University of Sunderland).

Currently Dr Helen Hancock is a research associate working on a variety of projects with a particular focus of clinical decision-making.

Other joint appointments exist in the trust. For example, there are two lecturer practitioners with Northumbria University, one in cancer care, and the other in ICCU, who has a largely teaching function. There are five nurse consultants in the trust, who are professionally accountable to the Director of Nursing via the Head of Nursing R&D. All of these are developing or are established researchers.

The NPRC has strong *insider* relationships with a number of integral services with the trust, these include: Organisational Development and Modernisation (OD&M); Clinical Governance; and Research and Development. The NPRC complements its partners, such as conducting a number of research projects that could be termed modernisation, with OD&M, providing qualitative input with clinical governance, as well as providing qualitative expertise in partnership with R&D, and for governance purposes.

The Head of Nursing R&D sits on a number of key committees in the trust and outside: the R&D Strategy Group; the Scientific Review Committee; the Education and Training Steering Group; the LREC; the Steering Group of the TPCT; the Research Conscious Workforce sub-group of the TPCT; the SHA Nurse Consultant Review Committee; the Modernisation Team; and not least the Strategic Nursing and Midwifery Forum, which from time-to-time he chairs on behalf of the Director of Nursing.

While being an integral part of City Hospitals, the NPRC is also allied with Northumbria University's Nursing, Midwifery, and Allied Health Professions (NMAHP) R&D unit. Members of the NPRC have membership of NMAHP. This relationship provides a degree of wider academic community, and has afforded secondments into projects, and access to patients and staff at CHS for research purposes.

With colleagues from clinical governance, and R&D, the NPRC provides support to the nurses in the trust for a variety of research projects, whether for degrees, clinical need, or academic interest. The NPRC leads the Research Appreciation course for the trust with support from colleagues. This provides



insight into methods and access and governance issues – a study has been carried out into its effectiveness and alternative forms of delivery.

Examples of clinically based research and development projects/activity that have made a difference to patients' experience/outcomes

Each year the trust holds a nursing conference in partnership with the Royal College of Nursing and the University of Sunderland. This gives locally-based researchers the opportunity to present their work in preparation for national and international conferences.

◆ Patient journey project

Part of the modernisation work, 12 services have participated ranging from Acute Coronary Syndrome, COPD to the last 72 hours of life of lung cancer patients. Resulted in more patient-focused services

◆ Essence of care

The NPRC leads this project with one of the matrons, and is a good example of collaboration with the Practice Development Nurse team

◆ Health care assistants

Are they prepared to take on a wider role, and those that have undertaken more training – what impact are they making with their colleagues and patients? £17,500 from Culyer funds

◆ LEO – impact study

Similar methodology, about whether LEO makes a difference to colleagues working with the G grade nurses. £17,500 from WDC funds

◆ Nurse Practitioner training and evaluation

A study into the development of nurse practitioners to cover junior doctors' hours reductions on nights, development of the training, as well as evaluation of impact. £42,000 from Department of Health (via CHS)

◆ Strategy enmeshed into the Modern Nursing project, and into the R&D strategy

Where the NPRC leads the Delivery of Care programme.

Any Internet links

Contact Steve Campbell for details of the projects listed above.

9. Christie Hospital NHS Trust

Name of trust: Christie Hospital NHS Trust

Name of contact: Linda Scott, Senior Nurse, Professional Development

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Description of trust

The Christie Hospital is the largest single-site cancer centre in Europe. It provides care for people with cancer and their families across the Greater Manchester and Cheshire Cancer Network, the largest of the UK's Cancer Networks. As well as specialist clinical provision, the trust incorporates the Paterson Institute for Cancer Research. The trust is a recognised world leader in cancer care and research. Services provided include chemotherapy, radiotherapy and surgery, as well as rehabilitative services, such as physiotherapy, occupational therapy, and supportive & palliative care. The trust has some innovative services, including art therapy and a range of complementary therapies.

Infrastructure to support R&D

The trust has a research strategy, which highlights the links between research and excellence in clinical care and which also recognises the need for support for nursing and the allied health professions (AHP), as fledgling research disciplines in the trust. The research strategy has been produced within a tripartite framework of clinical governance, education and research strategy development.

Nurse and AHP-led research activity in the trust has been recognised through incorporation into one of the trust's named research programmes – Improving the Patient Experience. The nursing element of this programme includes eight trust nurses who are working towards research degrees (MPhil and above), a nurse consultant who has a Macmillan research scholarship and a £0.25 million Community Fund research grant, joint with a local hospice (St Ann's) and two local higher education institutions (HEI), the universities of Manchester and Salford, to

explore complementary therapy service provision in three cancer centres.

The trust has a Nurse Learning and Development Unit, headed by the Senior Nurse for Professional Development. The NLDU includes support for clinical practice (pre and post-registration), professional development and research capacity/capability building. We have a well-established shared governance programme, with three councils (Human Resources, Education & Research and Practice Development), as well as an over-arching Co-ordinating Council. Shared governance activity is multi-professional and includes representation from a local HEI (the University of Manchester). Our clinical oncology services are currently working towards accreditation as a Practice Development Unit. There are more than 30 research nurses working in the trust, some of whom are under-taking nurse-led research as well as supporting others' research.

The trust has excellent links and collaborations with the Manchester-based Macmillan Research and Development Unit (formerly Macmillan Practice Development Unit). Activities include secondment of trust nurses to unit research projects, facilitating research capacity and capability building, and involvement of unit staff in the supervision of higher degrees by research.

Four years ago, a joint post was established between the School of Nursing, Midwifery and Health Visiting at the University of Manchester and the trust. This half-time post, involving secondment of a post-doctoral researcher from the university, was specifically for facilitation and promotion of nursing R&D in the trust. Appointment at this level of research experience, and good links with the HEI have been central to the success of the role. The remit of the post has expanded considerably since its inception and includes individual support (eg for nurses wishing to apply for/undertaking a higher degree, individuals wishing to undertake service evaluation); supporting and promotion production of public output (papers, conference submissions, applications for R&D awards); facilitation of shared governance projects; promotion of research and evidence-based practice (eg through critical appraisal skills teaching, workshops on writing for

publication and submitting conference abstracts); and development of research proposals. The post-holder has also had a strategic role, leading on development of trust nursing research strategy and contributing to the education strategy and research governance initiatives, particularly regarding user involvement in research. In recognition of the importance of multi-professional working, the post-holder, although mainly focusing on nurses, also provides support for allied health professionals and junior medical colleagues. The recent appointment of a Reader in Cancer and Supportive Care at the University of Manchester has provided an exciting opportunity to review the role and we hope that a substantial programme of externally funded nursing research will develop over the next couple of years.

Examples of clinically based research and development projects/activity that have made a difference to patients' experiences/outcomes

There are numerous shared governance projects that have influenced patient care, including: development of care pathways (eg for patients experiencing spinal cord compression and those with brain tumours); evidence-based care plans (eg oral care); an evidence-based cancer-specific wound care formulary. One multi-professional shared governance project, an evaluation of the use of ozone treatment for radiotherapy skin reactions, has resulted in a publication and is being developed as a proposal for external funding. The trust has a very active clinical benchmarking group, undertaking work connected with the *essence of care* initiative, and the team recently won a *Nursing Times* award for their work regarding nutrition. A trust nurse is undertaking ground-breaking work exploring use of aromatherapy massage in patients receiving high dose chemotherapy. A multi-professional group, including three trust nurses, recently secured £0.25 million to undertake a multi-centre evaluation of complementary therapy service provision. Two trust nurses are central to work on exploring late effects of cancer treatment. There are a number of audit and service evaluation projects being led by nurses, including: an audit of cardiopulmonary resuscitation documentation, which has led to a review of trust CPR guidelines; an evaluation of a chair massage service for carers; and an evaluation of a nurse-led



telephone follow-up service, which has recently been accepted for publication.

Any Internet links

The research strategy is available to Christie staff via the trust intranet. We have R&D pages on the trust's web site, which are accessible to individuals outside the trust.



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