



Royal Devon  
University Healthcare  
NHS Foundation Trust

**Nursing, Midwifery, Allied Health  
Professions and Health Care Scientists  
(NMAHPHCS) Research Strategy**

**July 2022**

## Nursing, Midwifery, Allied Health Professions and Health Care Scientists (NMAHPHCS) Research Strategy



### Building the best research system (A)

Co-ordinated approach to building capacity and capability from pre-reg to professorial level

Foster practices and processes that help accelerate change in practice based on research with timely access to, and adoption of research findings

Researchers supported to use digital solutions to develop and deliver research



### Releasing NMAHPHCS research potential (B)

Create a climate in which NMAHPHCS are empowered to lead, use and deliver research where voice of NMAHPHCS is valued and impacts on conduct, leadership and translation of research

Participation in research supported within all roles

Build a common purpose and commitment to the research strategy



### Developing future NMAHPHCS leaders of research (C)

Raising awareness of breadth of opportunities for staff (sustainable and supported careers)

NMAHPHCS empowered / enabled to lead across breadth of research activity

Research led by NMAHPHCS becomes 'business as usual' in health and care settings

Champion careers with research as a significant component



### Aligning NMAHPHCS led research with public need (D)

Establishing a process to identify and prioritise research in collaboration with patients and the public

Prioritise research most needed by health and care systems

Identify challenges that would most benefit from knowledge generated by NMAHPHCS research

PPI in research and innovation as standard

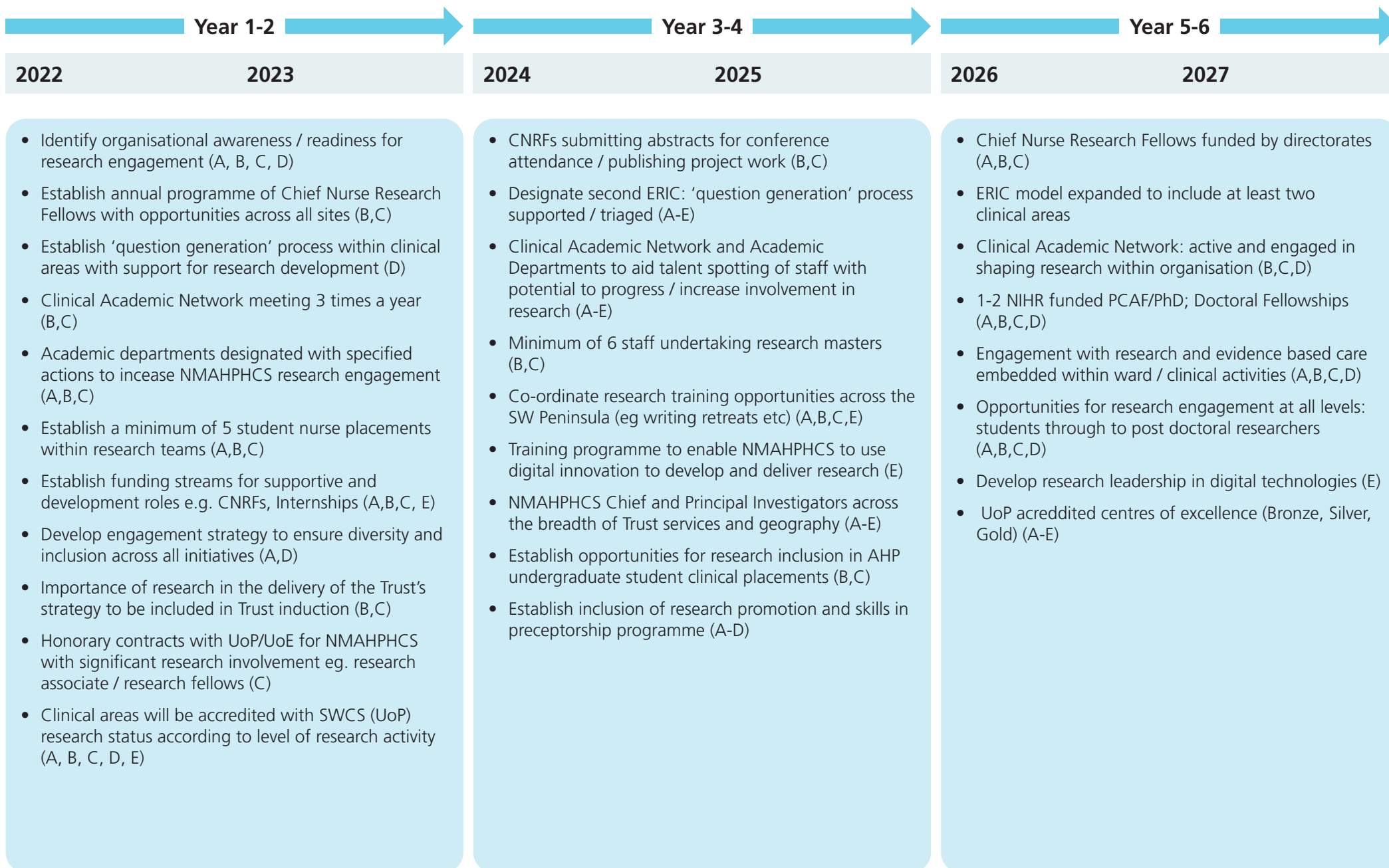
### Digitally enabled NMAHPHCS led research (E) (underpinned by digital innovation in the development and delivery of research)

**Internal enablers:** Academic Departments, Chief Nurse, Aligning research with other Trust strategies, Chief Nurse Research Fellow (CNRF) programme, Embedding Research In Care (ERIC) model, Clinical Academic Network, Consultant Nurse/AHPs, R&D Department and research teams

**External enablers:** National Institute of Health Research (NIHR), Clinical Research Network SW Peninsula, Peninsula Applied Research Collaboration (PenARC), SW Research Design Service, Council for AHP Research (CAHPR)

**Key collaborators:** NHS England and Improvement SW, University of Exeter, University of Plymouth, SW Clinical Schools, SW Health Education England

This strategy aims to increase engagement with research at all levels, within and beyond traditional professional boundaries, across the organisation with equality, diversity and inclusion at the core: from ensuring staff are promoting evidenced based care, offering research opportunities to patients and delivering research to developing and undertaking research, gaining external funding to support research activity and disseminating research findings into practice.



Year 1 and 2 (2022-23)	How / actions	Lead	Measures of success
Evaluate / Identify organisational awareness / readiness for research engagement	Launch Research Capacity and Culture Tool across organisation	RF/MS	% response and data analysed
Establish annual programme of Chief Nurse Research Fellows	Annual adverts inc. Comms, dissemination strategy (via previous CNRFs, CAN group, senior nurses, academic depts) Training programme and speakers co-ordinated Funding secured (some funds from SWCRN) Ensure CNRFs from RDE and ND, acute and community Ensure ethnic representation Involve Chief Nurse in interviews/final presentations	MS	CNRFs completing annual programme Projects completed CNRFs gaining external funding or promotion Diversity within cohort (professions, geography, grade, ethnicity, gender representation). CNRFs from different sectors
Establish 'question generation' process within clinical areas with support for research development	Start with ERIC clinical areas Extend to other areas interested Offer to academic departments and via CAN group	MS	No. of clinical problems identified No. of clinical areas interested No. of questions developed into projects (audit, service evaluation, QI, research)
Clinical Academic Network (CAN) meeting 3 times a year	Virtual meetings x 3-4 per year CNRFs join CAN post secondment	MS	Increase in no. of staff joining CAN CAN engagement / activity
Academic departments designated with specified actions to increase NMAHPHCS research engagement	Reapplications for academic departments include questions re how to engage NMAHPHCS	HQ	NMAHPHCS within academic depts. engaged in CAN or applying for CNRF, RA, Internships or other research funds / roles
Establish a minimum of 5 student nurse placements within the clinical research teams and the CRF	Liaise with UoP, UoE and T&L teams and CRF / Trust delivery teams re possibilities Involve research staff who lead re students	LG/SK	No of student placements taking place within research per annum across CRF and delivery teams
Establish funding streams for supportive and development roles, including digital expertise	Funding secured via RCF for innovative roles within R&D Advertise / appoint Chief Research Information Officer to lead on digital innovation within research	HQ	Individual in post
Develop strategy to ensure diversity and inclusion across all initiatives	Contact ethnic minority network and inclusion lead Liaise with previous CNRF and LGBTQ (rde-tr.LGBTQnetwork@nhs.net)	MS/RF	Diverse representation within CNRF roles, CAN Recognition / acknowledgement of diversity and inclusion in widest sense in research activity
Research session included in Trust induction	Liaise with Karen Hughes Develop text / graphics to include	LG/SK	Research included in Trust's induction document
Honorary contracts with UoP	Honorary contracts eg Research Associate / Research Fellow / Associate Professor for staff with significant research engagement to enable access to training / research support services (Approved by SWCS/UoP)	PS	No. of honorary contracts held
Research Accredited SWCS/ UoP centres	Work with units or teams across organisation to develop bronze, silver or gold accreditation for level of research activity – awarded by SWCS (UoP)	PS	One at each level by 2025

Year 3 and 4 (2024-25)	How / actions	Lead	Measures of success
CNRFs submitting abstracts for conference attendance / publishing project work	Identify mentor for each CNRF to assist with project progress, abstract submissions and publication Sessions in CNRF programme re abstract writing, poster presentations Opportunities to join writing workshops	MS	No. of abstracts submitted No. of conference presentations No. of articles submitted for publication No. of articles published
Designate second ERIC clinical area: 'question generation' process supported / triaged	Publicise / advertise for 2nd ERIC clinical area Application / Interview process for ERIC clinical area Embed Research facilitator to support and identify clinical problems / question generation	MS	2nd ERIC clinical area status granted through competitive process Clinical problems identified and triaged into audit, service evaluation, QI, research
Clinical Academic Network and Academic Departments to aid talent spotting of staff with potential to progress / increase involvement in research	CAN and Academic depts. encouraged to identify staff (to MS/HQ) with interest in / potential in research	MS / HQ	New staff being highlighted to MS/HQ from CAN and Academic Depts to apply for CNRF, RA, Internships, joint research/clinical roles etc
Minimum of 6 staff undertaking research masters modules	Trust wide assessment / evaluation of staff with post grad qualifications Promotion of relevant research masters modules from UoP and UoE Funding available via L&D, R&D; Directorates for staff to apply for Masters modules	MS / HQ	No. of staff with PGcert / Masters / PhD recorded on ESR No of staff applying / undertaking research masters modules
Co-ordinate research training opportunities across the SW Peninsula (eg writing retreats etc)	Identification of research training opportunities across the SW Peninsula (eg CNRFs, via Clinical Schools, PenARC etc)	MS	Provision of activities available to staff from sites across the SW Integrated training opportunities (including for CNRFs across SW)
Training programme to enable NMAHPHCS to use digital systems	Chief Research Information Officer to develop digital training programme for research interested staff (eg RedCAP, EPIC)	NK	Training programme in place and No. of staff attended No. of initiatives / projects conducted using digital systems at core
Establish inclusion of research promotion and skills in the preceptorship programme	Liaise with preceptorship training providers (Workforce development team) Develop resources for research promotion	L&D / Talent & Learning	No. of preceptors attended training
Research experience included in AHP undergraduate student clinical placement provision	Liaise with UoP, UoE and Marjon University (other HEIs as appropriate) to coordinate appropriate inclusion of research experience in placement offers	RF	No. of hybrid placements / research placements No. of AHP professions included Student, supervisor and HEI feedback

Year 5 and 6 (2026-27)	How / actions	Lead	Measures of success
Chief Nurse Research Fellows funded by directorates	Approach directorates re funding CNRF roles (include Carolyn Mills)	MS/HQ	No. of CNRFs funded by directorates across the breadth of the Trusts sites No. of directorates funding CNRF roles across the breadth of the Trust sites
ERIC model (minimum 2 clinical areas) established within organisation	Research Facilitator, core group and steering group support within ERIC units	MS	ERIC units active / visible within organisation
Clinical Academic Network: active and engaged in shaping research within organisation	CAN approached re any new research initiatives within organisation Quarterly CAN meetings and core groups established as needed	MS	CAN feedback into initiatives Ongoing CAN activity / input from group
1-2 NIHR funded PCAF/PhD; Doctoral Fellowships	Raise awareness of application process via CAN and Academic Departments Support staff from early stages (eg CNRF, RA, Intern) with view to long term plan / success eg building publications Practice interviews and support with applications, host statements	MS	No. of applications for PCAF / PhD / post doc awards No. of successful applications
Engagement with research and evidence based care embedded within ward / clinical activities	Details of local /national research opportunities available in wards / outpatients and Trust website Academic depts. to include research as standard in clinical team meetings Research Ambassadors (ie patient reps) Develop Research Link Nurse (and MAHP) roles in all ward areas	MS/PS	No. of research ambassadors / link nurses
Opportunities for research engagement at all levels: students through to post-doctoral researchers	Research in undergrad curriculums Research placements for students Develop innovative posts to combine research /clinical care (or revising JDs to actively include research) CNRF roles across organisation CAN group Support to apply for RA / Internships / PCAF / PhD Academic depts. actively supporting NMAHPHCS engagement Post Doc Funding through NIHR Links with SWCS Research themes and involvement/collaboration in studies led by SWCS/UoP	MS/PS/HQ/RF Talent & Learning	Student nurse placements embedded Existence of combined research / clinical posts CNRF roles ongoing Active CAN group Applications for NIHR ICA schemes No. of Post doc honorary contracts with UoE or UoP No. of post docs funded Links to SWCS research themes
Develop research leadership in digital technologies	Appoint Chief Research Information Officer Identify NMAHPHCS digital champions	NK	Digital technologies being consistently used to support research development and delivery
UoP accredited centres of excellence	Accredited through SWCS/UoP	PS	One each of Bronze, Silver and Gold
Repeat evaluation of organisational awareness / readiness for research engagement	Repeat Research Capacity and Culture Tool across organisation	RF/MS	% response and data analysed

