

Evaluation of a research internship scheme for health care practitioners

Anne-Marie Timoroksa

Research Nurse Neurosciences and Stroke,
Lancashire Teaching Hospitals

The internship scheme

- ▶ Health Education North West awarded funding to UCLan
- ▶ Steering Group established, including:
 - Directors of Nursing, AHP Leads, Specialists from partner Trusts
 - Research & Development Managers
 - Trust Library personnel
 - Academic staff from School of Nursing at UCLan
- ▶ The Steering Group took a collaborative approach to programme design and training provision

Design of the internship programme

- ▶ Competitive application process - sign-off by line manager and R+D lead essential
- ▶ Backfill for one day/week for up to 40 weeks
- ▶ **Interns could conduct their own small 'stand-alone' project or contribute to an ongoing project in the Faculty of Health and Wellbeing**
- ▶ Programme of training days for whole cohort
- ▶ Individual academic supervision from academic with relevant expertise

Clinical Academic Research Internship UCLAN (May 2017 - May 2018)



The application process...

CLINICAL ACADEMIC RESEARCH INTERNSHIPS **uclan**
University of Central Lancashire

Recruiting Now

Interns would join a team of researchers at UCLan. You would be interviewing staff working in the ED, paramedics and stroke specialist clinicians around the early identification of stroke patients who don't present with classic FAST symptoms and the role of stroke mimics. Other research ideas may be

Nurses, Midwives, Allied Health Professionals & Health Scientists

Would you like to:

- Explore issues to improve patient care?
- Be one of a group of research interns?
- Enjoy a funded secondment opportunity?

All with the support of a team at UCLan and LTHTR

For further information or an application form contact:

Lancashire Teaching Hospitals 02223



Research internship scheme

- ✓ Relieved from clinical practice 1 day per week
- ✓ Introduced to our academic support team
- ✓ Given a timetable for the year
- ✓ Shown around the academic research facility at UCLAN
- ✓ Discussed resources that we could access to help with our projects



The Project: Management and Identification of Dehydration after Stroke (MIDAS)

Our aim was to find out how dehydration in acute stroke was identified and managed.

- Clinical Audit
- Stroke MDT staff interviews

Figure 2. Example audit questions

Identifying Dehydration:	
Is the patient able to take oral fluid?	Yes/No
Is the patient Nil by mouth?	Yes/No
Have Intravenous fluids been commenced?	Yes/No Date/Time
Is there a fluid balance chart?	Yes/No



Results of the clinical audit

- Nurse dysphagia screen completed - 44 (88%)
- Nurse dysphagia screens completed within 4 hours of admission - 15 (30%)
- Fluid balance charts commenced on admission - 46 (90%)
- Bloods taken on admission - 48 (96%)
- Repeat bloods within 72 hrs of admission - 9 (18%)



Stroke multi-disciplinary team interviews

***You can't** be there to give them drinks all the time. Or **monitor** what they are having... **More staff** I think that would be a big help... And **people being trained better** in fluid balance. I think that we lack on that.*

Assistant Practitioner

***We need to be better trained** in monitoring the basics like hydration so we're not causing further issues and acute kidney injuries.... I don't think we got a lot of training around such a **fundamental human necessity**.*

Stroke Specialist Nurse

Challenges experienced on the internship

- Time management between the internship and clinical work
- Working with new teams in new areas
- Learning new skills and working independently



Opportunities during and after the internship

- The Research & Innovation Showcase (LTHTR)
- Presenting the project within the Trust
- The Burdett Trust programme
- UK Stroke Forum 2018
- Progression, personal development and career path



Hydration in Acute Stroke Care

Anne-Marie Timoroka, Research Nurse¹; Colette Miller, Research Associate¹; Stephanie Jones, Senior Research Fellow²; Liz Boaden, Senior Research Fellow²; Dame Caroline Watkins, Professor of Stroke and Older People's Care²

¹Lancashire Teaching Hospitals NHS Foundation Trust; ²University of Central Lancashire

Background:
Over a third of acute stroke patients are dehydrated within 24 hours of admission to hospital¹. Dehydrated stroke patients are four times more likely to worsen over the first 72 hours, display more frequent and severe neglect, and have higher incidence of venous thromboembolism, when compared with their adequately hydrated counterparts^{2,3}. Conversely, too much fluid has been linked to cerebral oedema, cardiac failure and hyponatraemia. The evidence suggests that not only is there little research to guide the clinical management of dehydration⁴, but that current practice is not in line with national guidelines⁵.

Aim/Objectives:
The aim of this study is to identify how dehydration is currently identified and managed in those who have experienced stroke and have subsequently been admitted to hospital.

Methodology:
Phase One of this study will involve carrying out a clinical audit at Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR) to capture patient data recorded within the first 72 hours of admission around hydration (See figure 1).

Phase Two will involve staff interviews to explore knowledge and practice in relation to the identification and management of dehydration in acute stroke patients.

The information gathered will form the first part of a four year study. Findings will be used to inform staff training in order to ensure that staff have the skills needed to be able to identify and manage dehydration early after stroke.

Inclusion criteria: All patients with a confirmed stroke diagnosis, over the age of 18, admitted to hospital.

Exclusion criteria: Patients with transient ischaemic attack (TIA)

Figure 1. Project development process

- Literature review of hydration in stroke.
- Internal discussions & ideas for project.
- Design of audit form.
- Guideline summary, protocol and ethics.
- Trial audit at LTHTR.

Figure 2. Example audit questions

Identifying Dehydration:	Yes/No
Is the patient able to take oral fluid?	Yes/No
Is the patient Nil by mouth?	Yes/No
Have Intravenous fluids been commenced?	Yes/No
Is there a fluid balance chart?	Yes/No

Benefits for patients and the trust

- Improve identification and management of dehydration saving resources.
- Minimise complications associated with dehydration such as infection, deep vein thrombosis, constipation.
- Minimise rates of mortality and length of hospital stay.
- Improve patient experience by ensuring needs are met.
- Ensure that clinical practice is in-line with national guidelines.

References

1. Timoroka AM, Jones S, Jones S, Miller C, Watkins C, Boaden L. Hydration in acute stroke care: a clinical audit. *Stroke*. 2017;48(12):3200-3204.
2. Timoroka AM, Jones S, Jones S, Miller C, Watkins C, Boaden L. Hydration in acute stroke care: a clinical audit. *Stroke*. 2017;48(12):3200-3204.
3. Timoroka AM, Jones S, Jones S, Miller C, Watkins C, Boaden L. Hydration in acute stroke care: a clinical audit. *Stroke*. 2017;48(12):3200-3204.
4. Timoroka AM, Jones S, Jones S, Miller C, Watkins C, Boaden L. Hydration in acute stroke care: a clinical audit. *Stroke*. 2017;48(12):3200-3204.
5. Timoroka AM, Jones S, Jones S, Miller C, Watkins C, Boaden L. Hydration in acute stroke care: a clinical audit. *Stroke*. 2017;48(12):3200-3204.

Together we can conquer stroke

Centre for Health Research and Innovation

Lancashire Teaching Hospitals NHS Foundation Trust

Research and Innovation Showcase 2018
Friday 30 November
BOOK YOUR PLACE NOW

KEYNOTE SPEAKERS

Dr Richard FitzGerald, CRF Director (NIHR Royal Liverpool and Broadgreen Clinical Research Facility) and Dr Amitava Ganguli (Medical Director, Medical and Scientific Affairs, Covance) - *Experimental Medicine and the role of clinical research facilities*

WITH

Professor Hedley Emsley (Consultant Neurologist), Dr Alison Birtle (Consultant Oncologist, Rosemere Cancer Centre), Dr Christian DeGouveia (Consultant Paediatric Neurologist), Lancashire Teaching Hospitals

ALSO STARRING the cast of Research & Innovation at Lancashire Teaching Hospitals. And much, much more — don't miss this opportunity

REGISTER YOUR FREE PLACE ON EVENTBRITE AT
<https://www.eventbrite.com/e/research-and-innovation-showcase-2018-tickets-48915591852>

Evaluation of my internship experience

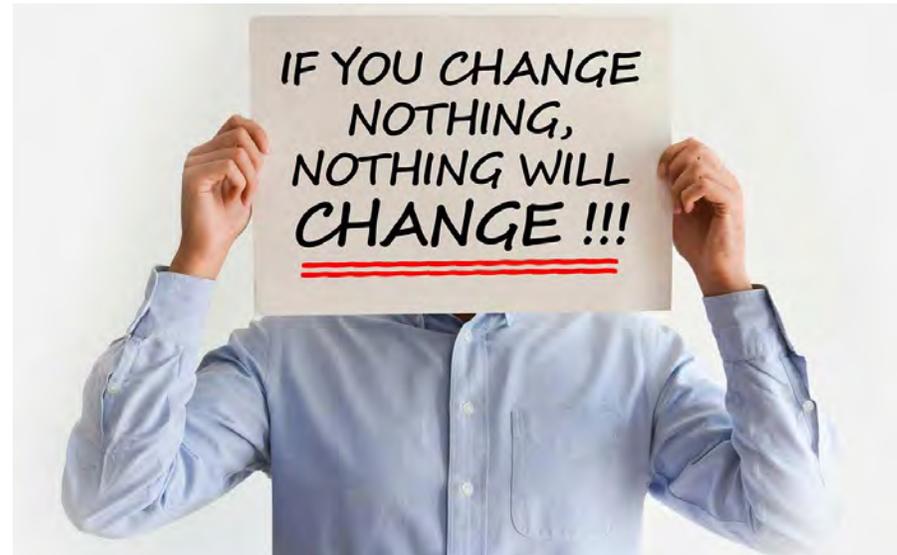
- ✓ Learnt new skills
- ✓ Worked with new teams in new areas
- ✓ Gained knowledge and experience in research
- ✓ Become more confident in carrying out clinical research
- ✓ Sharing the experience with others



Interns' achievements since 2014...

- ▶ Poster presentations at Showcase events (all!)
- ▶ Presented at regional and national conferences
- ▶ Published peer-reviewed papers and other articles
- ▶ Influenced Trust policy and practice (e.g. steering group for dementia)
- ▶ **Gained academic credit at Master's level for their internships (Student Initiated Module)**
- ▶ **Master's in Clinical Research**
- ▶ NIHR pre-doctoral Clinical Academic Fellowship
- ▶ Doctoral training fellowship

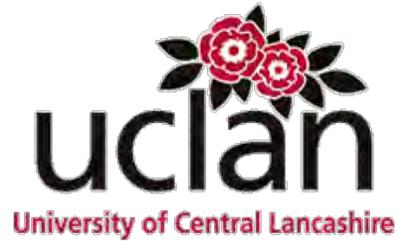
Take the opportunity and give something a go outside of your comfort zone...







Lancashire Teaching Hospitals
NHS Foundation Trust



Everybody wants to be a CAT!

Developing a Clinical Academic Trainee Programme

Dr Philippa Olive, RN RSCN

Clinical Academic Faculty and Workstreams



- ▶ Research Engagement Programme
- ▶ Research Internships (HEE/UCLan/CLAHRC NWC)
- ▶ Research Café
- ▶ Research Development Group
- ▶ Lay Research Group
- ▶ Clinical Academic Trainee Programme
- ▶ Writing4Cake: Writing Support Series

The Clinical Academic Trainee Programme

Originated from LTHTr (2014) **‘Nursing, AHP and Midwifery Research Strategy: Leading improvements in healthcare through research’**

Aims:

- ▶ opportunity for NMAHPs to embed evidence-based, patient-focused research and innovation in practice
- ▶ local pathway for NMAHPs wanting to combine research and practice career
- ▶ develop skills, experience and attributes for NIHR / National competitive Clinical Academic Fellowships
- ▶ foster a growing and sustainable body of clinical academics

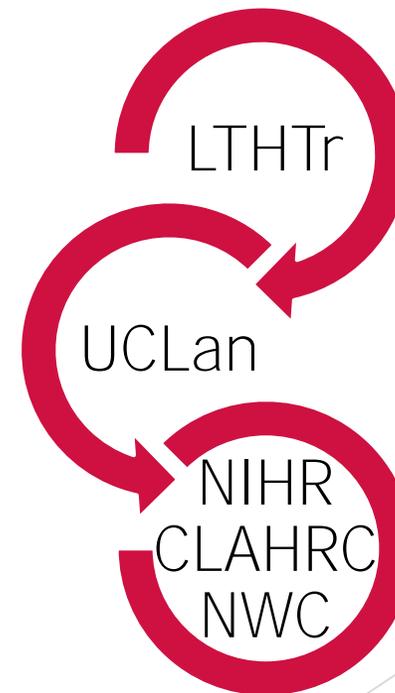
Programme Design: 4+1 model for 3 years

Design, implement & evaluate an evidence-based, patient-focused healthcare improvement



1st Cohort: 8 -> 6

In-kind investments building on established relationships





The Impact Of Altered Body Image Among Stroke Patients And The Effect On Recovery

Perlelope Doward: Staff Nurse, Lancashire Teaching Hospitals NHS Foundation Trust, CAT Research Programme. Supervised by Joanna Harrison and Josephine Gibson, UCLan

Background
There are 13 million people worldwide who suffer a stroke. 3 million of these are left with a permanent disability. 1 million are left with a permanent disability (PMD) due to the loss of their face. This is a devastating condition for the individual, often leading to a loss of self-esteem and a negative impact on their recovery.

Findings to date
The majority of research in this area has been carried out in the UK. It has been found that stroke patients who experience a change in their body image are more likely to experience a negative impact on their recovery. This is due to the fact that a change in body image can lead to a loss of self-esteem and a negative impact on their recovery. This is due to the fact that a change in body image can lead to a loss of self-esteem and a negative impact on their recovery.

Conclusion
The findings of this research will be used to develop a new intervention for stroke patients who experience a change in their body image. This intervention will be aimed at helping stroke patients to cope with a change in their body image and to improve their recovery. This intervention will be aimed at helping stroke patients to cope with a change in their body image and to improve their recovery.

Methods
Literature search
Multiple searches were conducted to gather information from a variety of databases, including Embase, Medline, CINAHL, PsycInfo, HealthSTAR, Proquest, and Scopus. Search terms included stroke, body image, and recovery. The search was limited to English language articles published between 2000 and 2020. The search was limited to English language articles published between 2000 and 2020.

Public and Patient Involvement
Stroke survivors and families from local support groups have been involved in the development of the research. This involvement has been aimed at ensuring that the research is relevant to the needs of stroke survivors and their families. This involvement has been aimed at ensuring that the research is relevant to the needs of stroke survivors and their families.

Would you like to know more about this research? Please contact Perlelope Doward on 01524 595959 or perlelope.doward@lth.nhs.uk

Head and Neck Cancer: Promoting Patient Independence

Garau D, Baldwin J, Beaver K, Williamson S

Background
Head and neck cancer is a common cause of death in the UK. It is a complex disease that can affect the mouth, throat, and larynx. The symptoms of head and neck cancer can be difficult to detect, and the disease can often be diagnosed at a late stage. This can lead to a poor prognosis and a high mortality rate.

Project stages
1. Identification of patients who are at risk of losing their independence.
2. Assessment of the patient's needs.
3. Development of a care plan.
4. Implementation of the care plan.
5. Evaluation of the patient's progress.

Early assessment
Early assessment is essential for the identification of patients who are at risk of losing their independence. This involves a thorough assessment of the patient's physical and psychological needs. This involves a thorough assessment of the patient's physical and psychological needs.

Individual care planning
Individual care planning is essential for the development of a care plan that is tailored to the patient's needs. This involves a thorough assessment of the patient's physical and psychological needs. This involves a thorough assessment of the patient's physical and psychological needs.

Preliminary findings
The preliminary findings of this research suggest that early assessment and individual care planning can help to improve the independence of patients with head and neck cancer. This involves a thorough assessment of the patient's physical and psychological needs. This involves a thorough assessment of the patient's physical and psychological needs.

How can Women's Experience Of Elective Caesarean Section be Enhanced?

Lisa Mackay, Rebecca Cookson, Nicola Miles, & Carol Khobri

Background
Elective Caesarean Section (ECS) is a common mode of delivery. However, the experience of ECS can be negative for many women. This is due to the fact that ECS is often performed without the woman's consent. This is due to the fact that ECS is often performed without the woman's consent.

Objectives
The objectives of this research are to explore the experience of women who have undergone ECS. This involves a thorough assessment of the patient's physical and psychological needs. This involves a thorough assessment of the patient's physical and psychological needs.

Women's support
Women's support is essential for the development of a care plan that is tailored to the patient's needs. This involves a thorough assessment of the patient's physical and psychological needs. This involves a thorough assessment of the patient's physical and psychological needs.

Continuity of care
Continuity of care is essential for the development of a care plan that is tailored to the patient's needs. This involves a thorough assessment of the patient's physical and psychological needs. This involves a thorough assessment of the patient's physical and psychological needs.

Timely Discharge
Timely discharge is essential for the development of a care plan that is tailored to the patient's needs. This involves a thorough assessment of the patient's physical and psychological needs. This involves a thorough assessment of the patient's physical and psychological needs.



Lancashire Teaching Hospitals NHS Foundation Trust **ucian**
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Elective neuro-theatres at RPH: Identifying the key contributors of inefficiency and developing a strategy in order to improve the patient pathway, optimising operative time and reducing delays and/or cancellations.

Anna Lant, Angela Mauback, Mandy Barker, Jacqueline Coupe, Lois Thomas, Alison McLaughlin.

Project

YEAR 1

- Literature review;
- Investigation of Trust database;
- Identification and investigation of the challenges;
- NEXT STEPS: Further study -> Y2.

YEAR 2

- Stake holders;
- Implementing change and reassess;
- Recommendations (ACTION-> Y3)

YEAR 3

- Take the recommendations forward and stabilise implementations;
- Evaluation and transform the study in good practice.

**Late starts in neurosurgery
(April 2016-June 2017)**

29 723 minutes of delay
= 495.39 Hours
123.85 Sessions

**Cancellations in neurosurgery
(April 2016-June 2017)**

18% of the total procedures have been cancelled

Patients cancelled: 895
Patients operated on: 1755



STRENGTHS **WEAKNESS**

Not just a photograph - Do clinical staff requesting x-ray examinations understand radiation?

Rebecca Hankin¹ and Stephanie Jones²
¹Diagnostic Radiographer & Clinical Academic Trainee, Lancashire Teaching Hospitals NHS Foundation Trust; ²Senior Research Fellow, UCLan

Background

Diagnostic radiographers use X-rays, a form of ionising electromagnetic radiation to produce images of the body in order to aid in the diagnosis and treatment of medical conditions. The most significant dose-limiting factor is the patient.

The most common source of ionising radiation used in diagnostic radiography is the X-ray tube. X-rays are produced when a beam of electrons strikes a target material, causing the target material to emit X-rays. The amount of radiation emitted depends on the voltage and current of the X-ray tube. The amount of radiation emitted is also affected by the distance between the X-ray tube and the patient.

It is important that clinical staff who request X-rays have a good understanding of radiation safety and the risks associated with X-ray examinations. This is particularly important for those staff who are responsible for the safety of the patient and the staff themselves.

The aim of this study was to assess the knowledge of radiation safety among clinical staff who request X-rays. The study was conducted in a hospital setting and involved a questionnaire survey of clinical staff who request X-rays.

The results of the study showed that a significant number of clinical staff did not have a good understanding of radiation safety. This highlights the need for further education and training for clinical staff in this area.

The implications of this study are that clinical staff who request X-rays should receive appropriate training and education to ensure they have a good understanding of radiation safety. This will help to reduce the risk of radiation exposure to patients and staff.

Conclusions

The study has shown that clinical staff who request X-rays do not have a good understanding of radiation safety. This highlights the need for further education and training for clinical staff in this area.

Literature Search

A search strategy was developed using the Boolean terms radiation, knowledge and health personnel. The search database was searched from 2010 to 2017 to find relevant literature. The most relevant literature was selected for inclusion in the study.

Figure 1: Number of images taken

2016: 1000
2017: 1200

Aims & Objectives

The aim of this study was to assess the knowledge of radiation safety among clinical staff who request X-rays. The study was conducted in a hospital setting and involved a questionnaire survey of clinical staff who request X-rays.

The objectives of the study were to:

- Assess the knowledge of radiation safety among clinical staff who request X-rays.
- Identify the areas where clinical staff have a poor understanding of radiation safety.
- Develop a strategy to improve the knowledge of radiation safety among clinical staff who request X-rays.

Next Steps

The next steps in this study are to:

- Develop a strategy to improve the knowledge of radiation safety among clinical staff who request X-rays.
- Implement the strategy and evaluate its effectiveness.
- Conduct a follow-up study to assess the long-term impact of the strategy.




Achievements



Learning 1



- ▶ It really does take a village
- ▶ Very different projects, each with different learning and development requirements at different times
- ▶ Responsive, Adaptive, Flexible: drawing on existing systems

Learning 2

- ▶ Clinical team: investment and accountability
 - ▶ application for ‘funding’ as possible solution
- ▶ Recognising quick(er) wins vs slower burns
 - ▶ innovation implementation vs research -> innovation and their different associated outputs
- ▶ Environment for success
 - ▶ **Team leader endorsement; project part of team’s strategic goals;** patient experience-centred culture; research and innovation culture
 - ▶ Clinical team engaged from beginning to agree project
 - ▶ Enabling earlier identification of academic team and training and development
 - ▶ Two CATs per project (loneliness; sharing burden of work)
 - ▶ First cohort as contact / network for next

Becca's Clinical Academic Faculty Journey



Research
Engagement
Programme

Clinical
Academic
Trainee
Programme

NIHR ICA
Pre-doctoral
Fellowship
application

Clinical Academic Faculty associated NIHR ICA success, last 2 years

- ▶ NIHR MClInRes x 2 (SaLT, Nurse)
- ▶ NIHR Doctoral Research Fellowship (Nurse)

Thankyou, always happy to discuss and share!

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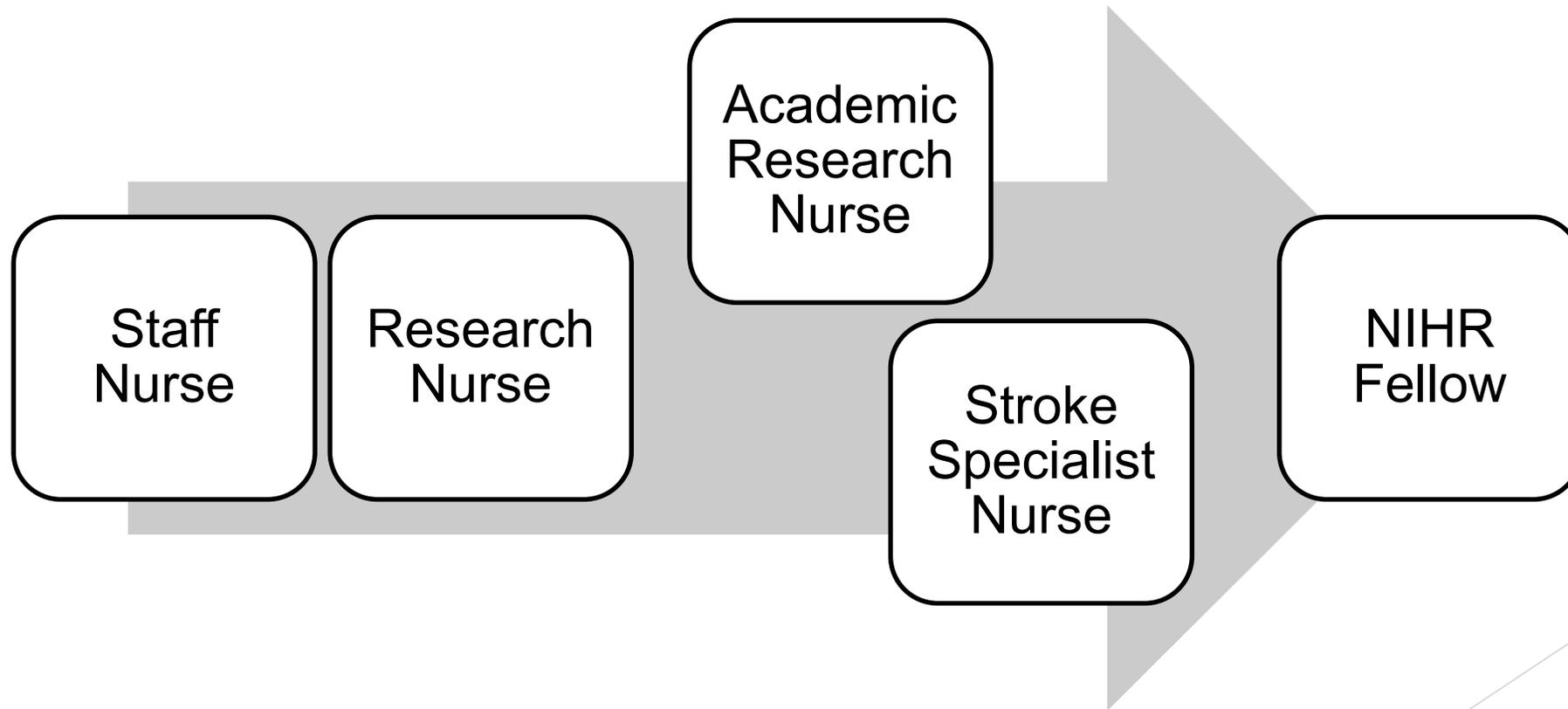
From staff nurse to NIHR doctoral fellow

Alison McLoughlin

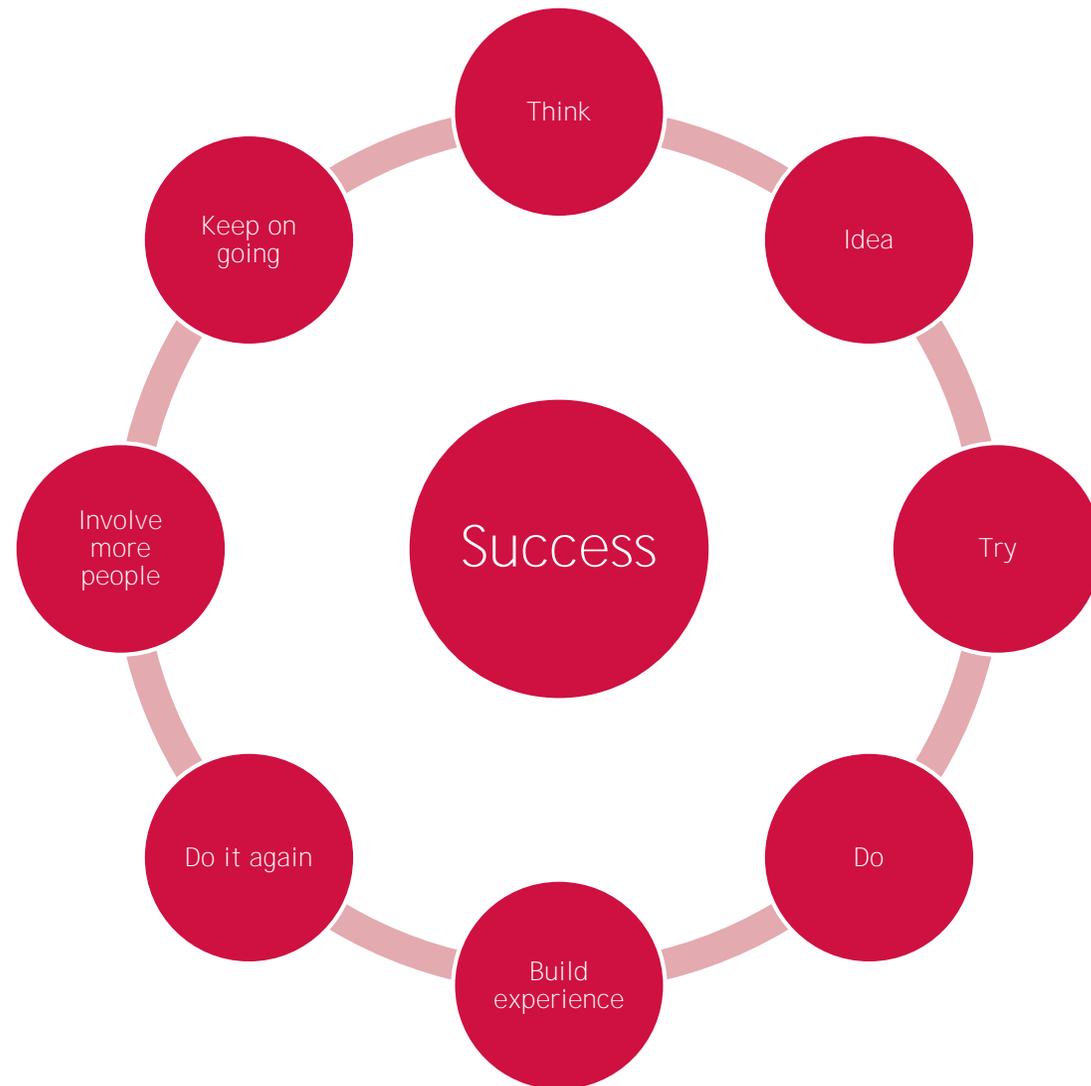
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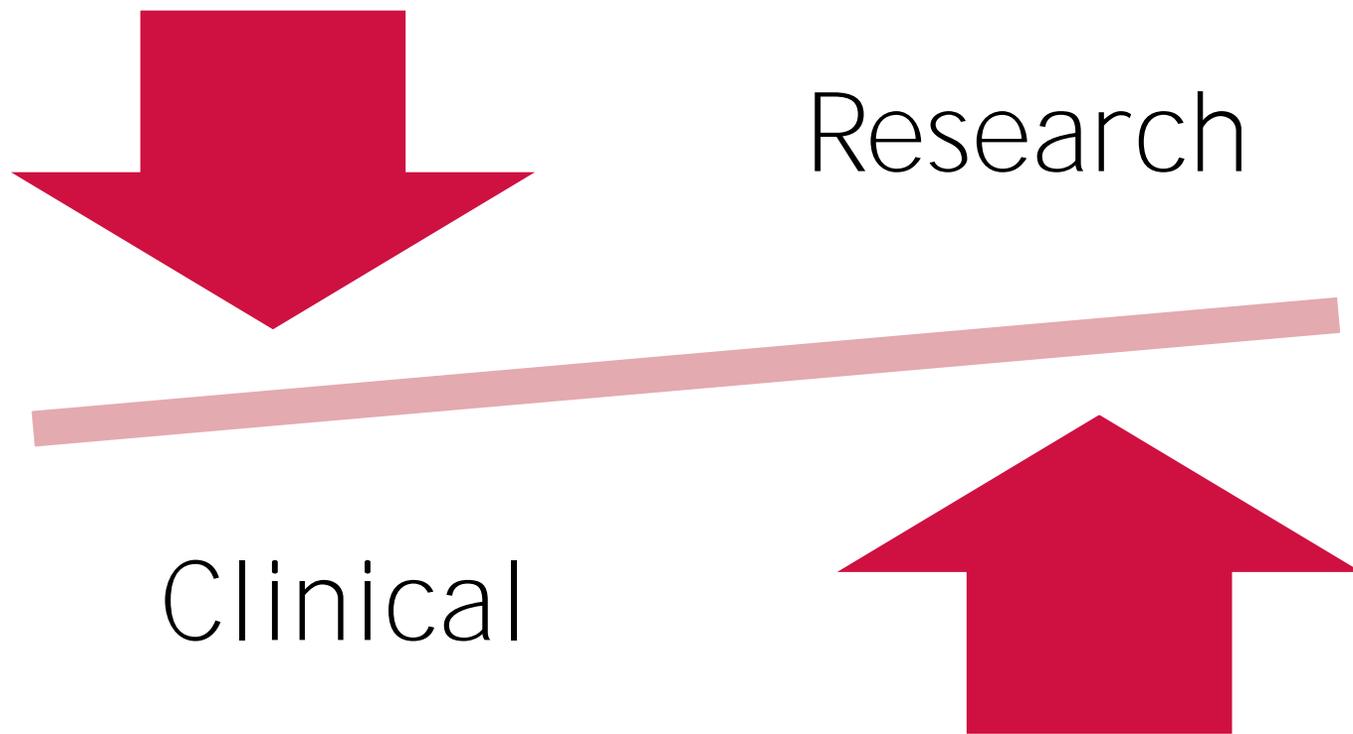
The Journey



Journeys are not often linear



Blending Roles



Overcoming the Fear



Time



Formulating the question



Harness your driving force



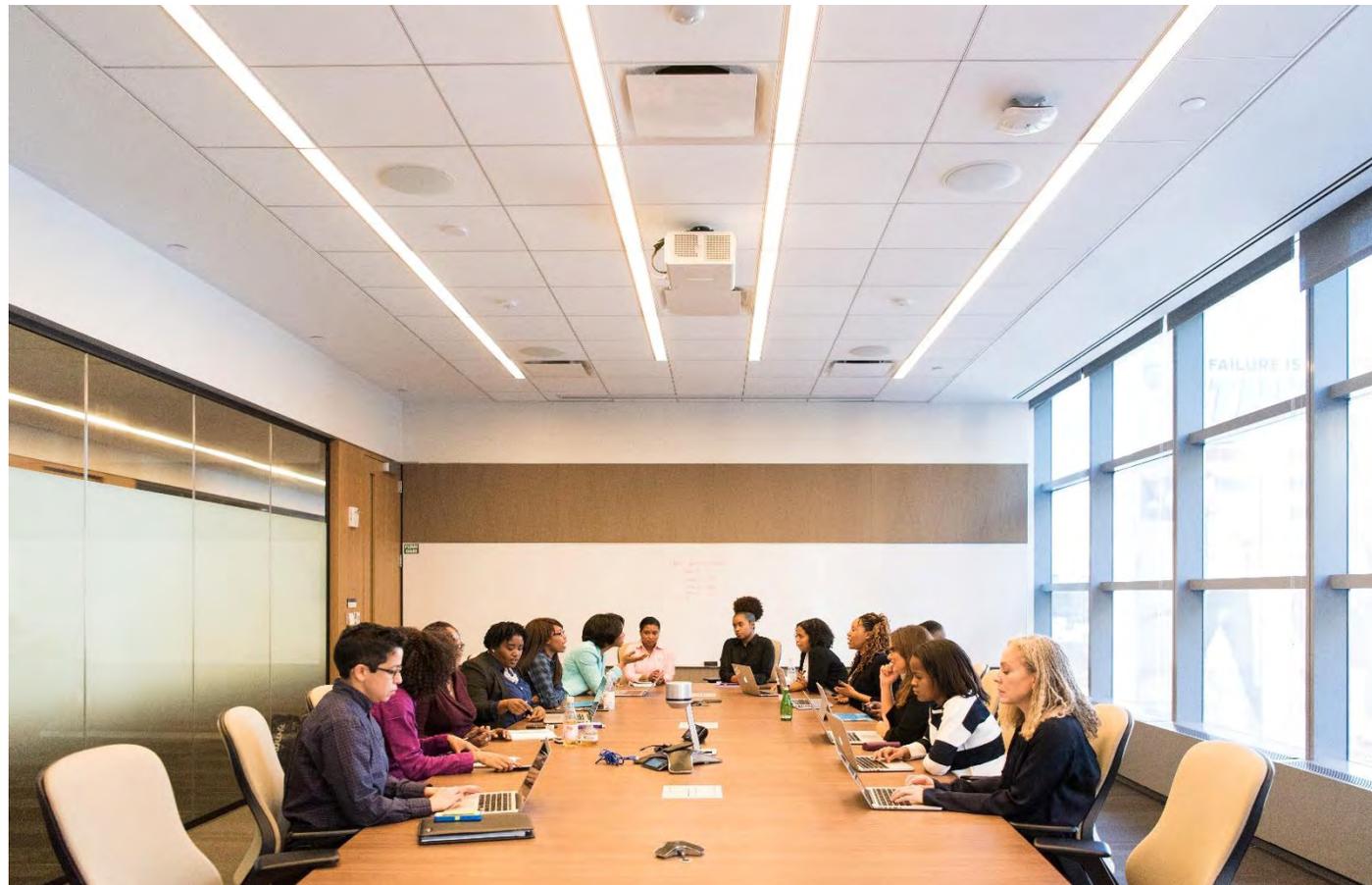
You can always check



Imposter syndrome



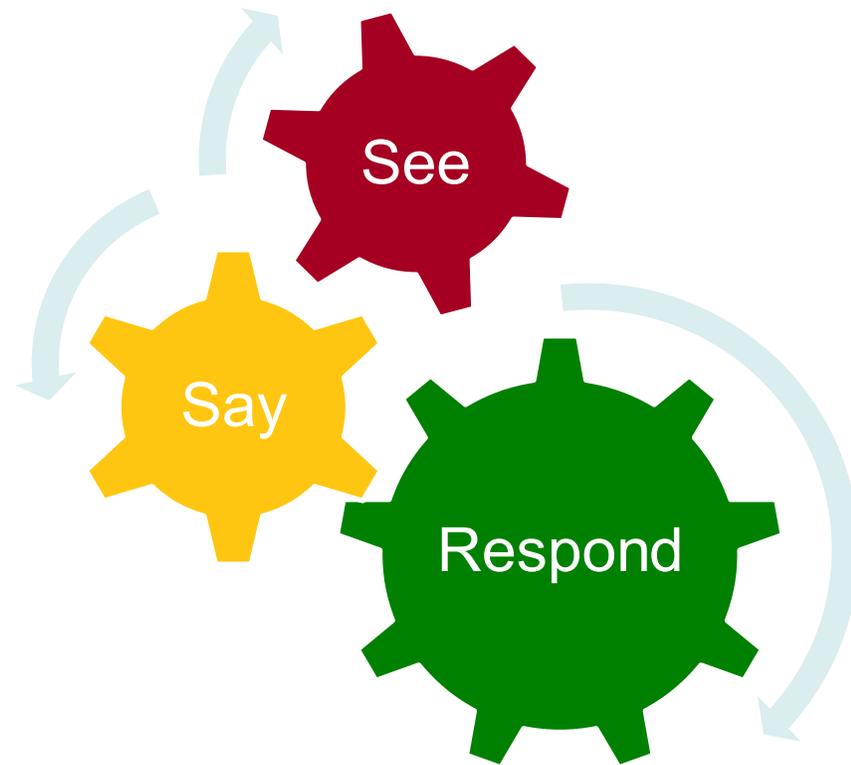
Interview



Not just you....



Standardised Neurological Observation Schedule for Stroke (SNOBSS)





Any Questions?



Building Research Capacity aligned with health and social care partners' priorities



Colette Miller

Research Capacity Delivery Manager
CLAHRC North West Coast



Session Overview

- CLAHRC NWC
- Health Inequalities Assessment Tool (HIAT)
- Capacity Building
- Research Internships
- Evaluation
- Partner Priority Programme

CLAHRC North West Coast

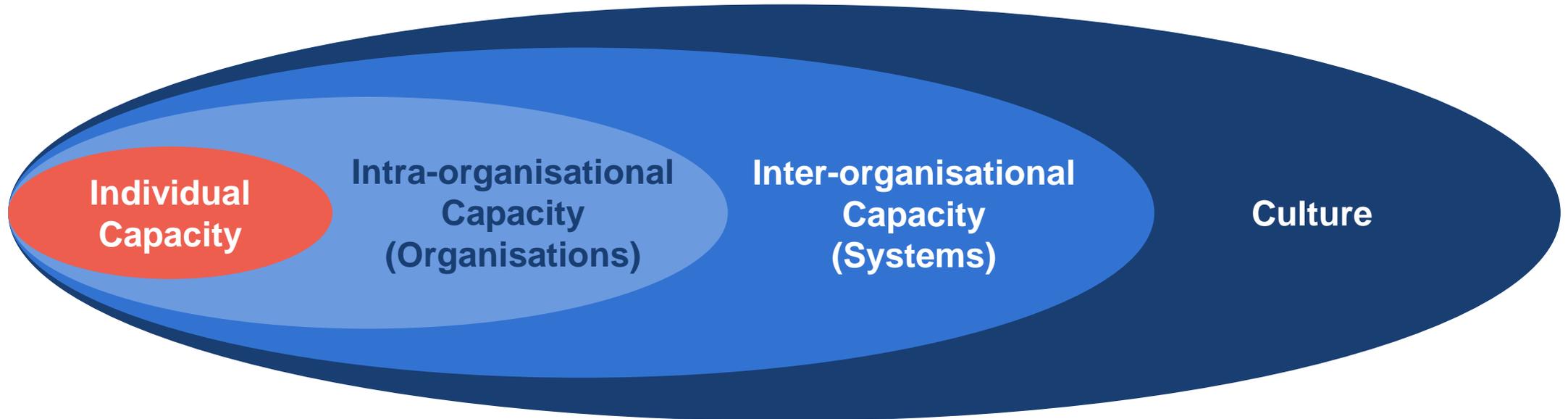
38 Partner Organisations including:

- Clinical Commissioning Groups
- NHS Trusts
- Local Authorities
- Higher Education Institutions

Mission:

To **work collaboratively** with **Partner organisations** and other stakeholders including **members of the public** to **co-produce** and conduct **high-quality applied research designed to decrease health inequalities** and improve the health of the population of the NW Coast.

Capacity Building



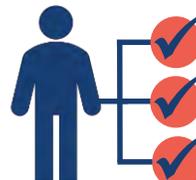
TRAINING



LEARN



KNOWLEDGE



SKILLS



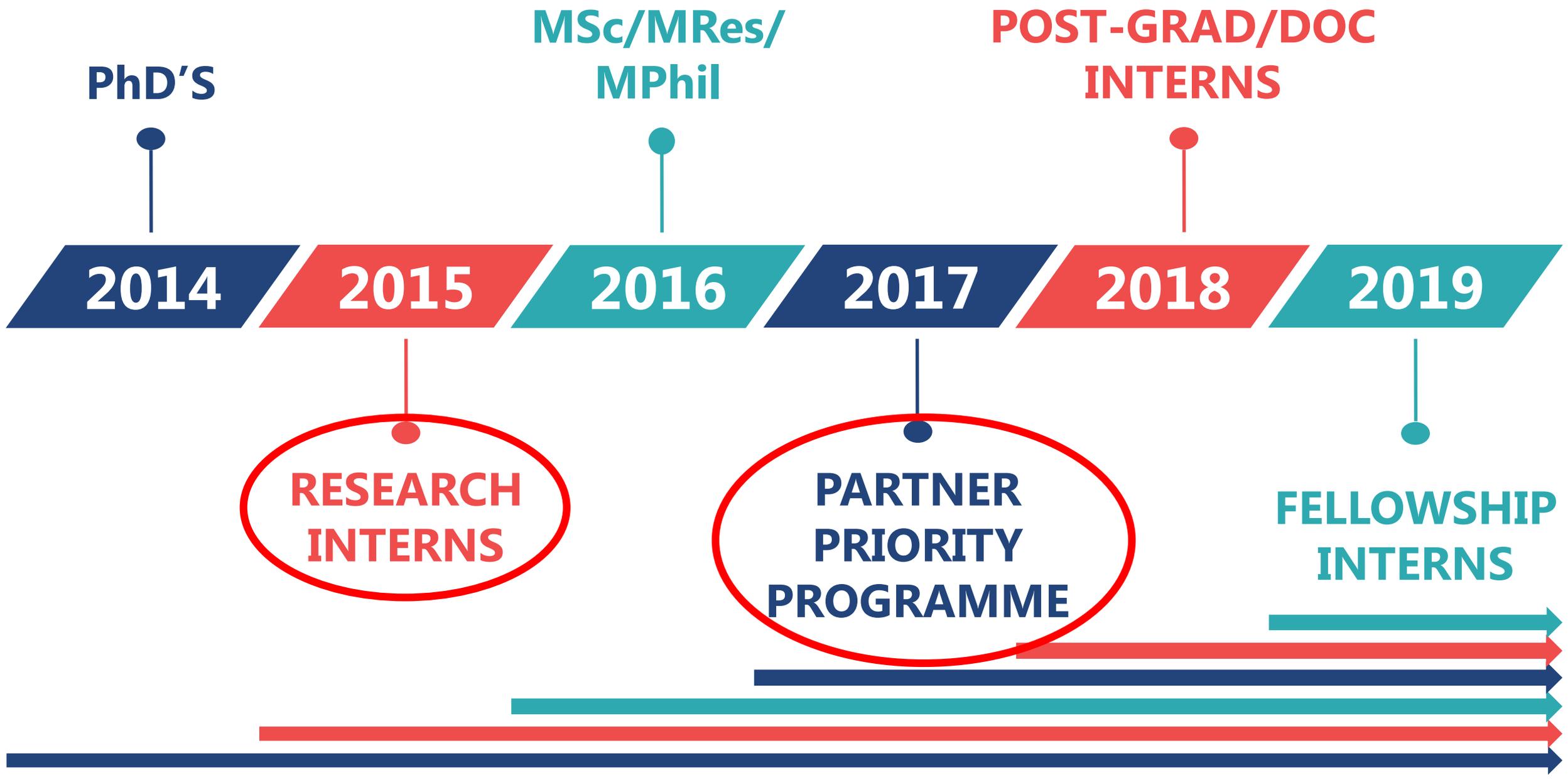
COACHING



SUPPORT



DEVELOPMENT



CLAHRC NW Coast – 68 Interns

Roles represented in the CLAHRC NWC Internship Programme		
19 Nurses	5 Doctors	2 midwives
8 Other role	4 CCG Managers	1 Speech & Language Therapist
7 Local Authority	3 Public Advisors	1 Paramedic
6 Physiotherapists	3 Administrators	1 Dietician
5 Occupational Therapists	2 Radiographers	1 Social Worker

Research Internships

- Intern-led
- Research project
- Funded secondment, salary back-fill
- Research training, taught programme
- Clinical & Academic Supervision
- University credits

Conference Attendance
Peer-reviewed Journal Articles
Individual Accolades
MSc Clinical Research
Research Fellowships



Research Internship: Evaluation

Aim: To explore the experience of interns in undertaking the internship scheme and the impact on research capability and capacity building.

Professional background of interns participating in the evaluation

2 Nurses	1 Mental Health Support Worker
2 Radiographers	1 Clinical Studies Officer
1 Physiotherapist	1 Local Authority Engagement Consultant

Research Internship: Evaluation

"It's confirmed to me that yes research is something that I want to be involved in on an everyday basis as part of my clinical role and subsequently as a result of that I applied for the masters (NIHR Masters in Clinical Research)" (participant 7).

CLAHRC NWC Mission:

To **work collaboratively** with **Partner organisations** and other stakeholders including **members of the public** to **co-produce** and conduct **high-quality applied research designed to decrease health inequalities** and improve the health of the population of the NW Coast.



Partner Priority Programme

Aim: To share knowledge and experience to identify which of the new healthcare models being developed by Partners are most effective in improving population health and wellbeing, reducing emergency admissions, and reducing health inequalities.

Programme Comparison

Research Internship

- Intern-led
- Research project
- Funded secondment, salary back-fill
- Research training, taught programme
- Clinical & Academic Supervision
- University credits

Partner Priority Programme

- Partner-led
- Evaluation project
- Funded secondment, salary back-fill
- Research training, taught programme
- Public Advisors
- Collaborative Implementation Groups (CIGS)
- Clinical & Academic Supervision
- University credits

IMPACT CASE STUDY: Jane Neve

Partner: North West Boroughs NHS FT

Year: 2017

Scheme(s): Partner Priority Programme Round 1

Project: “Knowsley Live Well Project”

Outcome: Evaluation Project
Published PPI involvement
Developing Fellowship Application



Supporting our communities to live life well



Evaluation of an integrated approach to meet the physical health needs of mental health service users – The Knowsley Live Well project

Jane Neve, Nurse Consultant NWBH; Dr Alina Haines, Research Associate, University of Liverpool

INTRODUCTION

Those with serious mental illness (SMI) are at greater risk of complex, physical co-morbidity and premature death compared to the general population. Life expectancy is reduced by 15-20 years as a result¹. Recent national reports highlight the fact that those with SMI die largely from treatable long term conditions associated with risk factors which are modifiable².



Knowsley is ranked 145th of 150 local authority districts for premature death rates and has the worst levels of income and employment deprivation.

North West Boroughs Healthcare NHS Foundation Trust implemented a programme to offer mental health service users a proactive physical health assessment in conjunction with their mental health assessment, and provide advice; brief intervention and/or onward referral to health promotion or physical health services if a physical health need is identified with the aim of reducing health inequalities.

AIMS & OBJECTIVES

The purpose of the evaluation is to determine the effectiveness of the physical health assessment and most effective point of delivery. Specific aims include identifying:

- Whether the assessment is effective in recognising previously unknown and/or unmet physical health need,
- Whether the assessment leads to referral to health promotion or physical health services,
- Experiences of service users who attend; views of those who don't,
- The experiences of staff in providing these assessments,
- Enablers and barriers to delivery/ access of the service.

DESIGN

Qualitative data will be gathered from the service users and staff via questionnaires and semi structured interviews. Quantitative data will be obtained from service user records, both electronic. Disaggregated data will be used to explore which groups including socio-economically disadvantaged groups are accessing the health assessment. This data will be used to inform service design and rollout with the key aim of reducing health inequalities within the populations served by the Trust.

PROGRESS SO FAR & NEXT STEPS...

Questionnaires have been distributed to staff and service users in both the assessment and recovery teams. Semi-structured interviews have been completed with staff.

IMPACT CASE STUDY: Louise Richards

Partner: Lancashire Teaching Hospitals
NHS FT

Year: 2018

Scheme(s): Partner Priority Programme
Rounds 1 & 2

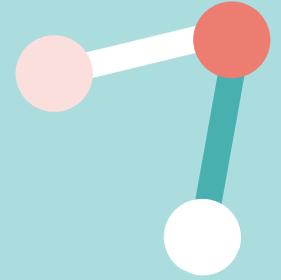
Project: “The Neonatal Early Supported
Transfer home project” NEST@home

Outcome: Evaluation project
Implementation Plan
Winner “Best Poster” Dissemination event



Thank You





NIHR CLAHRC North West Coast Health Inequalities Assessment Toolkit (HIAT)

<http://www.hiat.org.uk>

