

The Southampton Model of research delivery: ensuring effective research delivery through innovative workforce development

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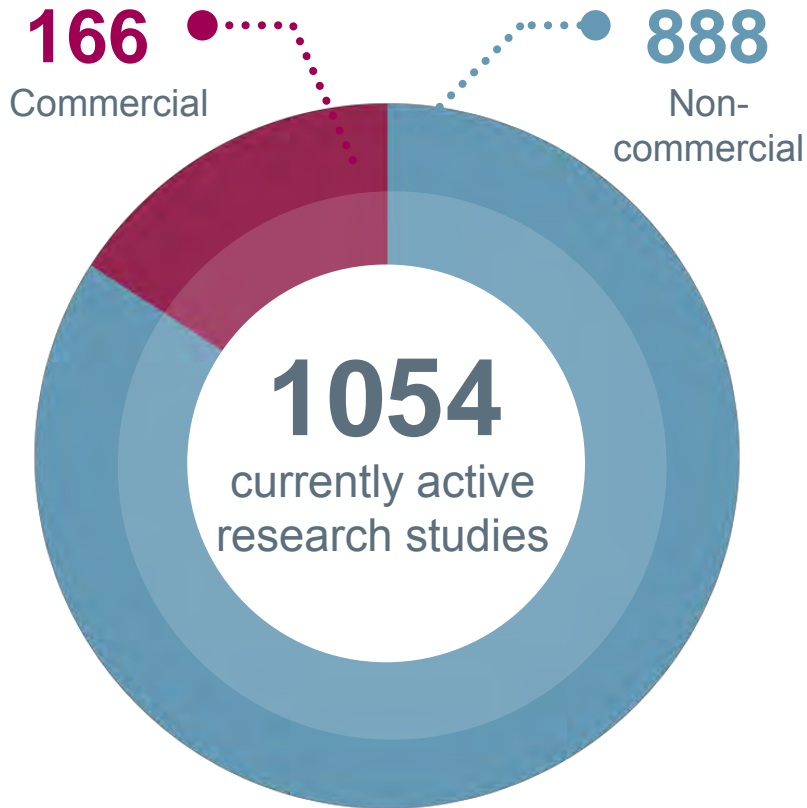
University Hospital Southampton NHS FT

- UHS is one of the largest acute teaching trusts in England, with an annual spend of £700 million at three sites in Southampton.
- It provides hospital services for 1.9 million people living in Southampton and southern Hampshire and specialist services including neurosciences, respiratory medicine, cancer, cardiovascular, obstetrics and specialist children's services to more than 3.7 million people in central southern England and the Channel Islands.
- In the top 10 NHS Trusts to work in – Staff Survey 2017
- More than 10,500 staff



Quality

Safe, effective, caring, responsive to needs



The policy landscape

- The NHS constitution pledges to inform patients of research that they may be eligible to participate in.
- A good example is in oncology, where research participation is very much routine and often the only way to receive innovative treatments. 1/3 patient at UHS is recruited into a cancer research study.
- However, this often does not occur in other specialties, and can be particularly challenging with a number of barriers causing difficulties:
- Under-resourced studies; no follow-up funding; overstretched clinical services
- Do all patients really want to be in studies and there needs to be more balance between policy statements and patient choice

References

Department of Health. *The NHS Constitution for England*. London: 2013.

UHS Research Infrastructure

- NIHR WT Clinical Research Facility
- NIHR Biomedical Research Units x 2
- ECMC, CRUK Centre, Clinical Trials Unit
- NIHR Biomedical Research Centre
- Trust-wide research team

Why we do Research

- ***HSMR – “significant correlation between academic output and mortality rates”***
Bennett W, Bird J, Burrows S, et al. Does academic output correlate with better mortality rates in NHS trusts in England? Public Health 2012;126:S40–3.
- ***“Research active Trusts had lower risk-adjusted mortality for acute admissions, which persisted after adjustment for staffing and other structural factors.”***
*Ozdemir BA, Karthikesalingam A, Sinha S, et al. Research Activity and the Association with Mortality. PLoS ONE 2015;10(2):e0118253.
doi:10.1371/journal.pone.0118253*
- ***“Organisations in which the research function is fully integrated into the organisational structure can out-perform other organisations that pay less heed to research and its outputs”***
Boaz A, Hanney S, Jones T, Soper B. Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review? BMJ Open 2015;5:e009415 doi:10.1136/bmjopen-2015-009415

Staffing

Boaz et al 2015

- Attract high quality staff
- Change in attitudes and behaviour that research engagement can promote
- Research-active staff may differ from their peers in non-research-active settings because of: personal characteristics, multidisciplinary collaboration, additional training and education or specialisation
- Applying the processes and protocols developed in a specific study (not counting any impact from regimens in the intervention arm) to all patients with specific illness, irrespective of their involvement in the trial
- Centres within networks build up a record of implementing research findings
- Network membership increases the likelihood of physicians recommending guideline concordant treatment
- Use of the infrastructure created to support trials more widely, or for a longer period, to improve patient care

“Boaz A, Hanney S, Jones T, Soper B. Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review?” BMJ Open 2015;5:e009415 doi:10.1136/bmjopen-2015-009415

Building the team – a responsive workforce

- **45** research staff all nurses and midwives
- University employed

1999

- **125** research staff mostly nurses
- 109 Research Nurses
- 13 Clinical Trials Assistants/Associate Practitioners
- 3 Trial administrators support
- UHS/University employed

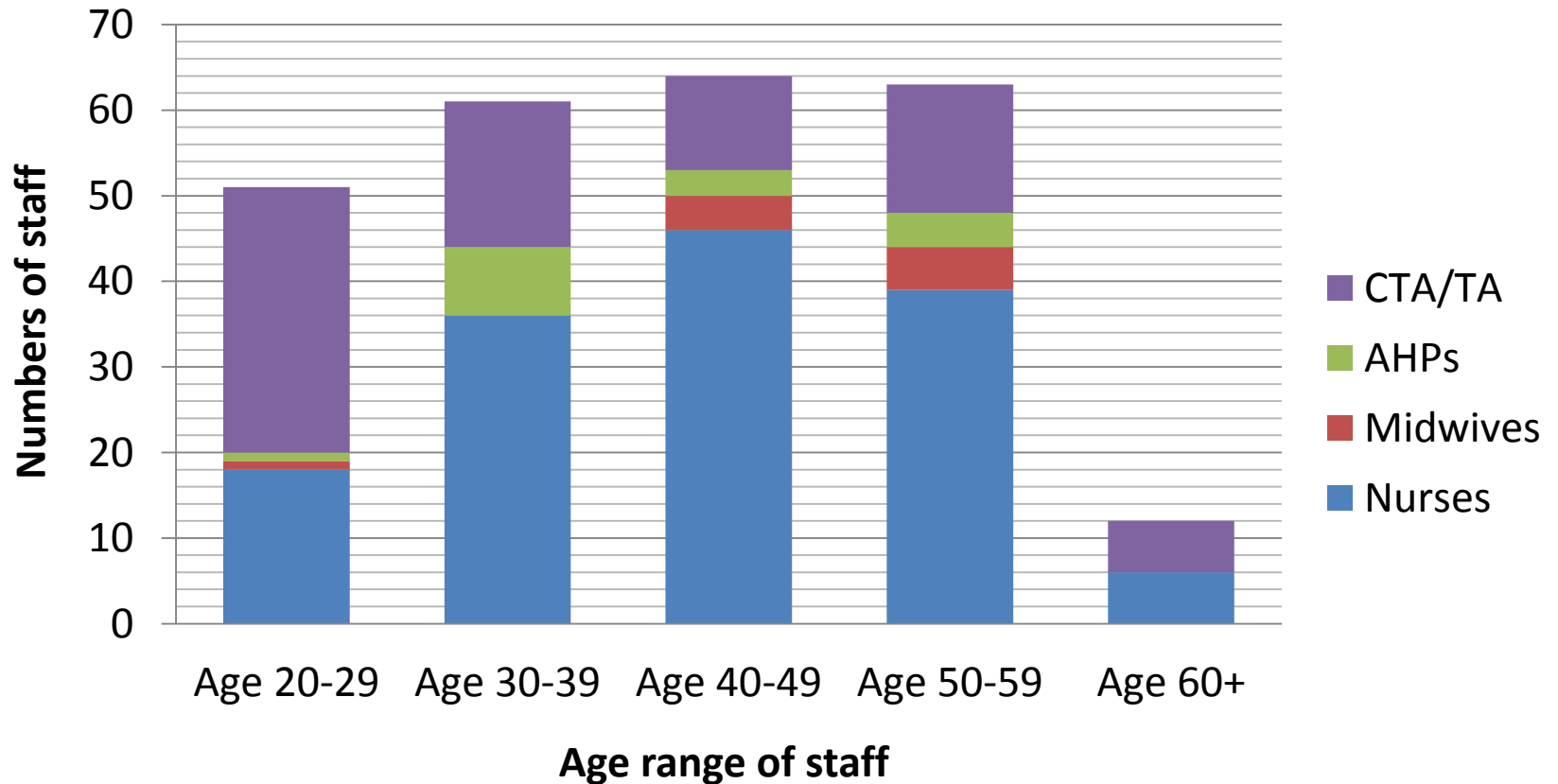
2009

- **264** research staff more diverse skill mix
- 183 Research Nurse, Midwife, AHP mostly UHS employed
- 57 CTA/ Associate Practitioners
- 26 Trial admin support

2017



Our demographic picture – snapshot 2016



The model unwrapped

- Working in research now offers:
 - Permanent contracts
 - Centralised team released from medical line management
 - Retire and return to research work posts for Gen X
 - Flexible working, career break and winter month working
 - Pre-exit interviews – to assess what changes we can accommodate to retain staff



The model unwrapped

- Embedding research with clinical colleague collaboration and empowerment
 - Joint Clinical and Research posts – CNS/Research Nurse and Ward Nurse/Research Nurse
 - Combined CNS/research nurses/academic shared posts
 - Clinical academic career pathways alongside and as part of research nursing
 - More nurse led research delivery and protocol design input
 - Student nurse placements and mentoring



Benefits of our one team approach

- Supportive management infrastructure with clear lines of accountability and team specialty definition
- Dedicated clinical research education team working to training and education framework,
- Participate in annual UHS hospital training needs analysis



Benefits of our one team approach

- All staff access formal induction programme, including statutory and mandatory training,
- Ongoing study delivery training, feasibility and consent
- Responsive education delivery system
i.e. communication skills for support staff



Research support for nursing team

- Development of research support staff to support nursing – including career structure
- Clinical Trials Assistants, Trial Administrators, Clinical Research Coordinators: sitting within our research nursing team and hierarchy support balanced portfolio management and set-up
- Laboratory, research governance and study set-up support
- General administration support



Research support for nursing team

- Dedicated Research physician and medical fellows to support study delivery
- Staff support – staff meetings, UHS research forum, peer group meetings, clinical trials day events, community and public engagement activities and open days, conference attendance, international investigator meetings, internal and external awards



The future is bright - what the model can lead to

- Increase joint roles, all clinical staff have research good clinical practice training and on delegation logs,
- More patients offered the opportunity to participate in research
- Traditional separate clinical research nurse role evolves as all nurses have a part to play in research
- Increased staff support: stress surveys, wellbeing sessions, resilience workshops

Hear from our team at UHS

- <https://youtu.be/x5XKV6mWHaE>.



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