A nationwide initiative to increase nursing and midwifery research leadership: Overview of year 1 programme development, implementation and evaluation

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Abstract

Aims and objectives: To report on the development, implementation and evaluation of the first year of the National Institute for Health Research 70@70 Senior Nurse Research Leader Programme.

Background: Internationally, there is a lack of nursing and midwifery research and policy contribution to healthcare sectors. To address this, funding was obtained for a Senior Nurse and Midwife Research Leader Programme in England. The programme aimed to increase nursing and midwifery research capacity and capability and support the development of future research leaders.

Design: The programme had three phases: development, implementation and evaluation. The cohort study's evaluation phase consisted of a survey and qualitative written feedback.

Methods: An online survey was sent to cohort members (n=66). Quantitative survey data was analysed in Survey Monkey. Written feedback asked cohort members to summarise their activities and any challenges. Data was thematically analysed. The 'Strengthening the Reporting of Observational Studies in Epidemiology' reporting checklist was used.

Results: Thirty-nine (59%) cohort members responded to the survey. Responders valued being part of a network (46%), having protected time (22%) and having workplace autonomy (13%). Challenges reported included difficulties accessing online resources (32%), lack of collaborative opportunities (17%) and organisational barriers (10%). Fifty-six (85%) cohort members submitted the written report. The main themes were 'relationship and profile building', 'developing capability and capacity', 'developing the workforce', 'patient and public involvement and engagement' and 'quality improvement'.

Conclusions: The 70@70 programme has increased the research profile of the nursing and midwifery professions at a local and national level. International healthcare systems can learn from this, by considering optimal ways to provide nurses and midwives with the tools, resources and confidence to actively contribute to research policy and practice.

Relevance to Clinical Practice: The initiatives undertaken through year 1 of the programme have created a platform through which research can be incorporated into clinical practice, education and teaching.

Keywords

Nursing; midwifery; research; workforce planning; leadership

Introduction

Globally, nurses are the largest group of healthcare professionals and are continually engaged in innovative practice (Hughes, 2006). Across international healthcare systems, nurses provide the majority of patient facing care and are expertly positioned to provide timely responses and solutions to many global health challenges (Hughes, 2006); this has been evidenced throughout the Covid-19 pandemic (Bass, 2020). Because of this, nurses and midwives (NMs) have unparalleled contributions to make in shaping healthcare policy and practice to improve service delivery, patient outcomes and care satisfaction.

The United Kingdom (UK) alone employs approximately 437,000 nurses and 22,000 midwives, compared to 189,000 doctors; the majority work in National Health Service (NHS) hospital, community and primary care settings (Statistics, 2018). Over the last decade, an understanding of the contribution that nurses and midwives have made to clinical research has increased, in part due to the development of National Institute for Health Research, which was established in 2006 in England (Research, 2020c). Funded by the Department of Health and Social Care (DHSC), its remit is to improve the health and wealth of the nation through research (Finch, 2007; Health, 2006). Some of this involves funding, supporting and delivering high quality research, investing in world-class infrastructure and a skilled delivery workforce and improving research training pathway opportunities for healthcare professionals (Research, 2020c) However, for NMs, utilising these opportunities has been challenging as, unlike their medical peers, NMs lack protected time to undertake research training and have less access to structured career progression pathways to support them, limiting their capability and capacity to progress (Finch, 2007).

Background

Research active healthcare organisations have lower mortality rates and better overall clinical care outcomes, in part due to research active clinicians' attitudes and beliefs around the benefits of research for improving patient care (Borschmann, 2014; Ozdemir, Karthikesalingam, & Sinha, 2015). Healthcare professionals who are research active are more likely to refer patients to research studies, improving their access to innovative and new healthcare treatments and technologies and ensuring that future care decisions are based on the most up to date evidence (Lambert, Smith, & Goldacre, 2015; Rahman, Majumder, & Shaban, 2011).

Research capacity building should underpin the roles of all members of a multidisciplinary healthcare team, increasing the quality and safety of patient care and developing a sound evidence base; research active clinicians contribute to improved outcomes in clinical care and increased job satisfaction (Bramley, 2018; Commission, 2018; Richardson, Avery, & Westwood, 2019; Turner et al., 2017). However, unlike other multidisciplinary team members, NMs are less embedded in the research agenda and have a limited research profile compared to their contemporaries; this reduces their potential to fulfil their research aspirations and contribute to the national and international research priority setting process (Finch, 2007). Research infrastructure is in place to support NMs and the NIHR Clinical Research Networks (CRNs) provide one example of this, through promoting and supporting clinical research nurse and midwifery career development and training opportunities (Research, 2020a). The CRN consists of 15 Local CRNs across England which coordinate and support the delivery of high quality research across the NHS and the wider health and social care sector (Research, 2020a). However, whilst CRNs focus largely on developing clinical research nurses and midwives to provide support with the recruitment of study participants and the delivery of clinical research studies (Research, 2020a), there has also been a drive to promote NM clinical academic careers (Health, 2006).

The UK DHSC define a clinical academic as someone who works within both a clinical and an academic environment (Carrick-Sen, Richardson, Moore, & Dolan, 2016). Progression along a clinical academic pathway may span from undergraduate through to post-doctoral level and involves the development of research leadership skills and research capacity building (Carrick-Sen et al., 2015). Whilst medical professionals have worked within clinical academic settings for decades and have had access to protected time for research (Walport, 2005), this has not been the case for NMs who have not, until recently, been offered these opportunities, reducing their research capacity and capability development (Health, 2006). Initiatives such as the NIHR Nursing and Midwifery Incubator have recently been established to accelerate research capacity building and support the development of a skilled NM clinical academic research workforce by enabling effective networking and knowledge sharing, providing access to research training and funding opportunities and supporting professional development (Research, 2020d). This, combined with other locally led initiatives, has increased the visibility of the NHS NM research workforce. However, there remains a substantial gap between the NM research and policy contribution to healthcare sectors, compared to other healthcare professions (LD Prybil, 2007; L Prybil et al., 2005; Walton, Lake, Mullinix, Allen, & Mooney, 2015), reducing their profile and lessening the contribution and impact they can make to clinical care.

To address this gap, in 2018, funding was obtained from the DHSC for the NIHR to develop, implement and evaluate a Senior Nurse and Midwife Research Leader Programme (SNMRL) over a three year period. Coined the 70@70 SNMRL, to acknowledge 70 years since the creation of the NHS, the programme set out to recruit 70 SNMRLs with the aim of realising the largely untapped, potential for senior NMs to increase research capacity and capability, support the development of future research leaders and contribute to a number of key NIHR priorities. This would enable NMs to directly inform, implement and deliver on national healthcare priorities (Research, 2019). The development of the 70@70 programme is radical in its nature, recognising the real need for NMs to be provided with time and resources to focus on healthcare research in their local area and at a

national level, as a means of increasing NM research capacity, improving patient care outcomes and demonstrating research leadership within the multidisciplinary care team. The innovative nature of the programme means that it is flexible in nature, allowing cohort members the required autonomy to focus on research priorities within their own clinical areas, as well as providing national networking and collaborative opportunities so that any research innovations can be shared and promoted. The projected impact and outcomes of the programme are likely to have implications at an international level as other healthcare systems may seek to learn from it, by sharing best practice and building on its key principles and vision of developing NM research leaders of the future.

Thus, the aim of this paper is to report on the development, implementation and evaluation of the first year of the three year NIHR 70@70 SNRL Programme.

Methods

The 70@70 SNMRL Programme in England involved three phases: development, implementation and evaluation; this was cross-sectional in design. Each phase is described in more detail below. The 'Strengthening the Reporting of Observational Studies in Epidemiology' (STROBE) reporting checklist was used [see Supplementary File 1] (STROBE, 2009). Ethical approvals were not required to evaluate the programme.

Phase 1: Programme development

In 2018, 70@70 SNMRL Programme planning commenced to ensure it would fulfil the programme's purpose, role outline and projected outcomes (Table 1). This involved regular consultation meetings and the establishment of a project Steering Group Committee, with stakeholders including senior NHS nurses, midwives and representatives from the NIHR Academy, Clinical Research Networks and

Dissemination Centre. The Steering Group Committee met quarterly to provide strategic oversight, professional direction, knowledge, advice and the provision of objective assurance to the DHSC regarding programme development. The evidence-based programme promoted experiential learning and collective decision-making, to allow SNMRL cohort members to benefit from a unique, forward thinking, adaptive and flexible programme. Programme development included utilising established learning and educational methods and teaching practices including setting clear programme goals, developing relevant and timely course content and module delivery and producing clear and realistic timelines for delivery. This included access to online materials through the NIHR Learn platform (Research, 2020b), which offered a range of bespoke 70@70 learning resources, captured through soundbites, video and slide presentations. It also offered online networking forums and a communications section for SNMRLs to access updates and monthly newsletters.

Table 1. NIHR 70@70 Programme purpose, role outline and projected outcomes

70@70 overview	Descriptors
Programme purpose	To strengthen the research voice and influence of nurses and midwives in health and social care settings
	To enhance connections between the research voice and perspectives of NHS nurses and midwives with NIHR research agendas
	To champion the promotion of an embedded research active culture among nursing and midwifery staff
	The cohort will possess skills and knowledge to support innovation and research implementation in pursuit of high quality, evidenced based healthcare practice
Role outline	To promote the importance of a vibrant integrated research culture in health and care to improve quality of care and health outcomes
	To act as a proactive champion for developing nurse and midwife research capacity and capability supporting an integrated research delivery culture
	To encourage research collaborations and the interdisciplinary sharing of research knowledge and skills in the care setting
	To actively link with the wider work of the NIHR, including its future development
	To support the development of future research leaders with the NIHR Academy
	To support the identification of research priorities as they relate to front line nursing and midwifery practice and ensure they have a "route to visibility"
Programme outcomes	Significant enhancement of NIHR profile among nurses and midwives
	A cadre of leaders to input, advise and influence NIHR decision-making on research that relates closely to nursing, midwifery and care quality issues
	Active involvement of key practice and quality focused senior leaders in health and care services in the prioritisation of the NIHR's work
	A vibrant community of clinical research leaders which will better link the research assets of organisations
	An improved pipeline of nurse and midwife researchers based in environments that are more receptive to the acceleration of key findings into practice

The programme plan also consisted of bi-annual meetings with the entire 70@70 cohort, and regional hub meetings led by experienced NM clinical academic leaders. Facilitator hubs were based in the Midlands, North England, London and South East and the South West. Each hub was projected to meet face-to-face quarterly for 'action-learning' meetings, with facilitators helping SNMRLs to achieve their goals, resolve group conflict, promote authentic dialogue, discussion and develop research ideas and collaborations. Action learning sets create an environment that promotes collaborative learning through peer support and aim to facilitate challenging conversations, issues and opportunities using a problem-solving approach (Machin & Pearson, 2014).

In the development phase, a workshop was undertaken with hub facilitators and programme leads to clearly articulate the developmental process SNMRL cohort participants would move through. This 'route to visibility' (Figure 1) was framed through the three year programme structure, outlining the predicted start and end skills and behaviours of the cohort, as well as anticipated demonstrators of progress, providing a key framework for the first year of the programme and beyond.

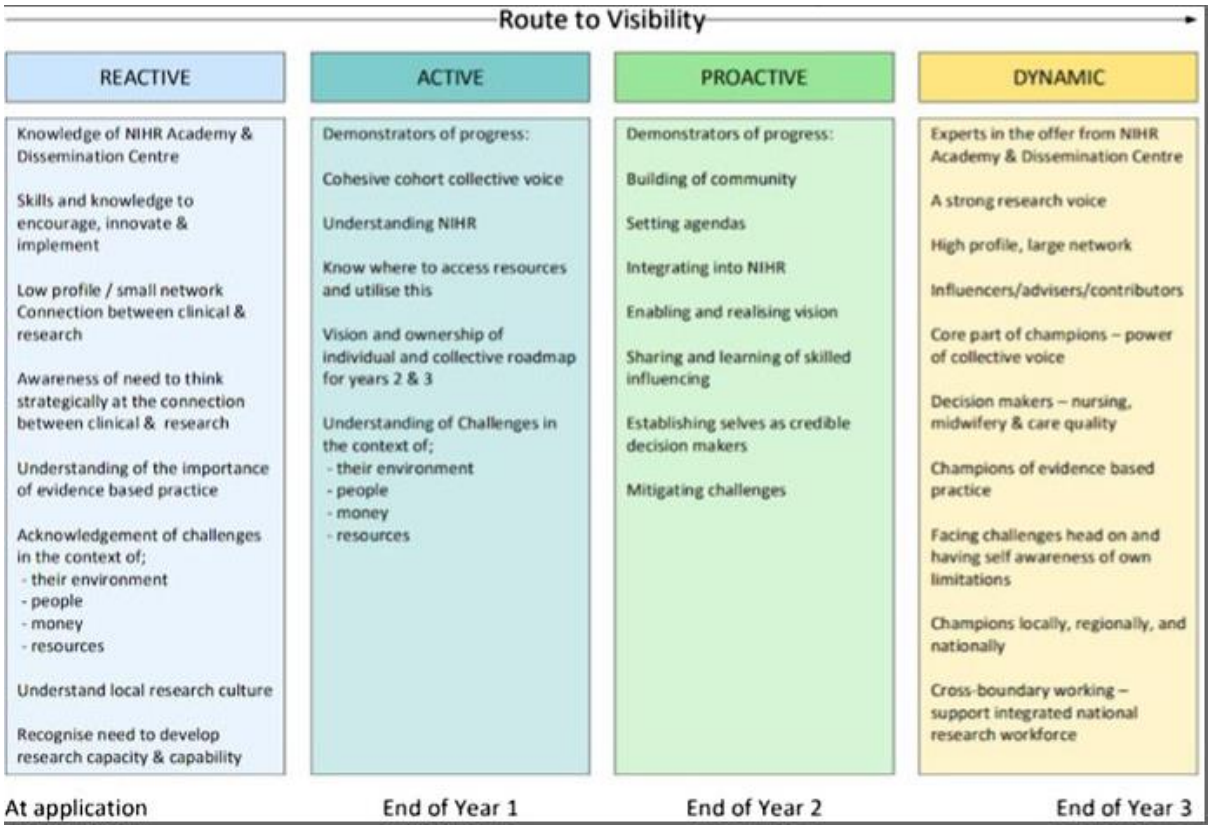

Figure 1

Route to Visibility for 70@70 SNMRLs

A Programme Director was appointed to the 70@70 Programme with responsibility for ensuring that the project processes and outcomes were delivered, captured and evaluated successfully. In addition, the programme development benefited from project manager roles, finance team support, project coordinators and a communications officer, who developed a strategy to publicise the programme at a national level (Research, 2019). One specific role of the Programme Director was to promote the programme and they visited sites including NIHR Clinical Research Facilities and Biomedical Research Centres as well as local Nurse, Midwife and Allied Health Professionals meetings and conferences across England.

Phase 2: Programme Implementation

The implementation phase commenced in 2018. A call for senior NM applicants was advertised on the NIHR website and in newsletters which were distributed to NIHR local clinical research networks and Chief Nurses working in NHS Trusts across England. The application window was four weeks, between November to December 2018. Applicants were required to submit supporting information, along with answers to questions pertaining to: their motivation for applying; a description of perceived research challenges within nursing and midwifery; opportunities they would like to influence to drive NIHR research and innovation.

One hundred and forty-three applications were submitted by senior NMs. An initial screening review of applications was undertaken by the NIHR's Clinical Research Network core team. The remaining applications were moved to the formal shortlisting stage. The shortlisting panel comprised of senior NMs from clinical and academic settings. All panel members were blinded to minimise shortlisting bias, by only reviewing applications outside their organisation. Notification of successful outcomes

was provided to candidates in December 2018 and the programme formally commenced on the 1st April 2019 with the first cohort meeting held in London, England in May 2019.

Demographic characteristics of cohort members is shown in Table 2. Cohort members were geographically spread across the county, though the biggest cluster was in London and the South East (n=27). The professional experiences and roles of the cohort were diverse, in terms of NHS Agenda for Change banding (NHS, 2020), work roles and levels of clinical academic experience. Sixty-six cohort members were nurses and four were midwives. Eighty-nine per cent were in clinical roles ranging from band 7 to 8d and 7% were in clinical academic positions within university organisations. Grading was not recorded in 4% of the cohort.

Table 2. Characteristics of 70@70 cohort participants

Characteristic		*N* (%)
Professional role	Nurse	66 (94)
	Midwife	4 (6)
Role banding	7	12 (17)
	8a	24 (34)
	8b	15 (22)
	8c	9 (13)
	8d	2 (3)
	Academic grade	5 (7)
	Not recorded	3 (4)
Geographic location	London and South East	27
	North England	21
	Midlands	12
	South West	10

Healthcare setting	NHS (secondary care)	59 (84)
	NHS (mental health/community)	6 (9)
	Academic	4 (6)
	Clinical commissioning groups	1 (1)

During the implementation phase, at the request of cohort members to reduce 70@70 email 'traffic', weekly emails and monthly newsletters were introduced to share updates, actions and blogs from other cohort members. In addition, Twitter (#70@70) was used as a platform to promote 70@70 cohort activities and stories.

In addition to the bi-annual cohort meetings, where guest speakers included the Chief Nursing Officer and Chief Midwife for England, three regional hub meetings, were organised by 70@70 cohort members. The first meeting (module 1) intended to set the scene for cohort members and outlined various tools and resources available to complement face-to-face interaction within the hub groups. Topics such as resilience, storytelling and accelerating knowledge into practice were covered. Module 2 focused on healthcare data, with a focus on performance, targets and metrics. Module 3 provided an overview of how to identify and prioritise evidence gaps in NM practice and develop suitable methodologies to answer tractable research questions. The module also covered opportunities available at the NIHR Academy in research training, as well as identifying potential research funding opportunities.

Throughout the implementation phase, four 70@70 members left the programme. Three changed job roles that were not compatible with the requirements of attending or completing the programme and the fourth left to commence a full-time PhD, which was a marked success itself.

Phase 3: Programme Evaluation

Evaluation of year 1 of the programme used a sequential approach, consisting of an online survey and qualitative written feedback. All data collected was accessed and stored in line with GDPR requirements. Data used for reporting purposes was blinded in that no one was identifiable, and consent was subsequently sought from the 70@70 cohort members for the data collected to be used in external reports and publications.

Online survey

Recruitment, data collection and analysis

In January 2020, a short online survey, developed by the 70@70 core team, was sent to SNMRLs via Survey Monkey to ascertain their programme experiences (Table 3). Participants were given four weeks to complete the survey and were sent weekly email reminders. Survey data was both quantitative and qualitative. Quantitative data was analysed in Survey Monkey and descriptive statistics were used to summarise the responses. Qualitative responses were grouped into common themes under the survey question headings.

Table 3. Online survey questions used to evaluate the NIHR 70@70 programme for cohort members

If you were to give an overall programme score, between 0–100 (low-high), what would that be?
Explain why you have given this score.
What works well for you?
What doesn't work so well?
Have would you rate the information from hub 1 and explain your score
Have would you rate the information from hub 2 and explain your score
Do you have a clear understanding of your role on the NIHR 70@70 programme?
How have you found the NIHR Learn platform i.e. access, ease of use, quality of materials etc.
What would you like to see in the next two years? In particular, in future hubs?

Written feedback

Following survey completion, qualitative written feedback was sought from cohort members.

Recruitment, data collection and analysis

70@70 SNMRLs were emailed a written report Word template in December 2019. They were asked to provide a summary of their activities and describe any challenges or barriers they had faced, with an online submission deadline of March 2020. The report's purpose was to ascertain the value of the programme and shape its evolution over the remaining two years (appendix 1). SNMRLs were prompted to describe how they felt they had made a significant contribution to the NHS as a senior research nurse/midwife leader and how they supported a vibrant and integrated research culture.

Report data was collated and a thematic approach was taken, organizing the dataset and enabling it to be communicated clearly (Khedri, 2012).Given the variation of the submitted content from the

SNMRLs, the data from each section of the report were reviewed and common themes were summarised and managed using Microsoft Excel.

Results

Online survey

Thirty-nine (59%) of the 66 members responded to the survey (Table 4). The programme was generally well evaluated, with a median overall programme score of 74/100. Whilst 92% of responders scored the programme ≥50, 8% scored it at ≤40. Reasons for this included feeling the programme lacked leadership development, a lack of perceived value from the hub meetings and module content and a lack of networking opportunities. Eighty percent of responders felt they had a clear understanding of their 70@70 SNMRL role all or most of the time.

Table 4. Online survey responses for year 1 evaluation

Survey responses (*n* = 39)		Units
Programme score (low-high)		% (range)
		74 (20–90)
		***N* (%)**
Clear understanding of role	Yes	7 (18)
	Mostly	24 (62)
	Sometimes	4 (10)
	Unsure	3 (8)
	No	1 (2)
What works?[a]	Part of network	29 (74)
	Protected time	14 (39)
	Set own objectives	8 (20)
	NIHR Learn resources	7 (18)
	70@70 communication	5 (13)
What could be better?[a]	Navigating resources	21 (54)
	Lack of national collaboration	11 (28)
	Organisational barriers	10 (26)
	Other work commitments	4 (10)
	Differing seniority levels	4 (10)
Hub 1 information rating	Excellent	22 (57)
	Good	11(28)
	Okay	4(10)
	Poor	2(5)
Hub 2 information rating	Excellent	20(51)
	Good	16(41)
	Okay	1(3)
	Poor	2 (5)

In response to what had worked well, common responses included feeling part of a network (46%); protected time for the programme (22%); having autonomy over work objectives (13%); NIHR Learn resource access (11%) and availability and good communication from the 70@70 core team (8%). When asked what had not worked well, the main issue raised related to difficulties in accessing and navigating NIHR Learn and email accounts (32%). Other challenges included a perceived lack of opportunity to collaborate as a complete 70@70 cohort (17%), organisational barriers within individual NHS trusts (10%), balancing the 70@70 programme with other work commitments (6%) and differing levels of seniority between cohort members (6%). In response to the question 'what would you like to see in the next two years', the most common themes related to leadership development and networking, accessing research training and development opportunities and promoting and demystifying clinical research roles in practice (Table 4).

Written Feedback

Of the 66 cohort members, 56 submitted the written report. Reasons provided for not returning the written report were largely due to the need to return to frontline clinical duties due to the COVID-19 pandemic. In addition, one individual requested an extension for medical reasons.

The main themes to emerge from the written reports were 'relationship and profile building', 'developing capability and capacity', 'developing the workforce', 'patient and public involvement and engagement' and 'quality improvement' (Table 5).

Table 5. Common themes identified from 70@70 cohort members survey

Common survey themes	Responder comments
Role clarity	"Clarity over expectations of the roles of delegates & hub facilitators"
Clinical Academic Pathway development	"I personally would like a clear academic career pathway developed for Nurses and Midwives in the NHS to make it more desirable and achievable than it currently is.
Networking opportunities	"Would be good to hear about different people's challenges and top tips for what has worked"
	"I'd like to see more of what has worked in more forward-thinking organisations to increase nursing and midwifery capacity and capability for research"
	"I would like to hear/share experiences with the 70@70 nurses/midwives about what they are doing in their Trusts"
Meeting content, format and learning materials	"Presentations by 70@70 members to share project work"
	"Focus on operational change/change management initiatives"
	"Concentrate on developing advanced leadership skills"
	"How to influence at the strategic level"
	"Centralised meetings over 1.5 days"
	"More drop in virtual meetings"
	"Easier access to materials"
	"The importance of PPI"
Increased national profile	"More opportunities for contributing to national work"
	"I would like to find out what all the separate hub groups are working on – it's very difficult to know what's happening outside of those people in my local hub"
	"More about how we can influence as a whole group of senior nurses"
	"For 70@70 Nurse Leaders to present at the national hub meeting"
	"How we can change the culture".
	"More opportunity to influence at a national level e.g. with [Chief Nursing Officer], NMC etc"

Relationship and profile building

Many cohort members described closer working relationships with their local Clinical Research Networks and increased attendance at strategic cross organisational clinical research meetings. Many commented on the positive impact of having a dedicated research platform to promote NM research through the 70@70 and being able to apply their experience and knowledge strategically and at a Trust wide level. Increased and regular meetings with Chief Nurses and/or Chief Executives also enabled individual Trust's Research and Development (R&D) departments to benefit from the voice of the 70@70. The four midwives on the 70@70 programme collaborated nationally with the Royal College of Midwives to grow midwifery research engagement. One cohort member commented that they were determined to raise the profile of nurse researchers and the challenges they faced in developing clinical research careers. The need for this was exemplified through another cohort member collecting baseline data to incorporate into a nursing research strategy and establishing that just under half of nurses did not know where R&D was in the Trust or what the NIHR was.

Developing capability and capacity

Cohort members reported developing education and training sessions, including an introduction to research training for novice clinicians and a Clinical Schools Conference attended by NMs to highlight opportunities for accessing support to pursue clinical academic career pathways. Another member provided regular research leadership lectures to university students, whilst others collaborated with Higher Education Institutes to teach pre-registration nurses about research, as well as hosting student nurse research conferences.

Many SNMRLs had applied to external research grant funders, either as principal or co-investigators, with many successful outcomes. Numerous publications were co-authored by cohort members in

year 1, citing the support of the 70@70 programme and poster and oral research abstracts were accepted at national and international healthcare conferences. Members also reported collaborative working with Chief Nurses, Senior Nurses, Midwives and Allied Health Professionals to develop new clinical academic opportunities, often in partnership with neighbouring universities. This included obtaining funding to host bi-annual academic writing retreats for nurses, developing a research training package for nurses to increase their engagement in research design and delivery and developing a local Research Scholar programme.

Developing the workforce

Members reporting increased interaction with clinical teams that historically were not research active, in areas such as Child & Adolescent Mental Health Services, End of Life Care and Occupational Health & Wellbeing Teams. Workforce development and engagement activities included speaking at >50 research events and working closely with external research partners on 70@70 projects, including a national project with the James Lind Alliance to identify research priorities in community nursing. (Table 6). Other areas of progress included a perceived increase in healthcare professionals actively approaching SNMRLs to seek advice and guidance about clinical research opportunities and a review of nursing job descriptions to ensure research was incorporated as a core component. One SNMRL secured financial commitment from a Research Steering Group (comprising Chief Nurses, Research and Development Directors and NIHR leaders) to develop a Clinical Academic Career Pathway for nurses, midwives and allied health professionals.

Table 6. Case study outlining research capacity building project undertaken by 70@70 cohort members

Four 70@70 members, based in Oxfordshire, Kent, Northumbria and Leicestershire formed a research collaboration with the James Lind Alliance to undertake a priority setting partnership (PSP) to identify the top ten research priorities in Community Nursing. This was in response to the current shortage of research in community nursing and the far-reaching consequences of this in terms of limited training and development opportunities, decreased retention, recruitment and wellbeing of community nurses, and the subsequent detrimental impacts on patient care. The 70@70 members secured funding from the NIHR Applied Research Collaboration (ARC) to undertake the PSP, which will align with the ARC's strategic health and social care priorities, with a pathway to impact within the next 2–3 years. This project commenced in April 2020. To date the 70@70 PSP team have developed a working study protocol, gained the support of national community nursing leaders from the National District Nursing Network, Queens Nursing Institute and International Collaboration for Community Health Nursing Research the community trust Community Health Alliance Research Trusts. They have also identified Steering Group Members for the project and have interviewed and appointed PPI representatives to provide input and feedback throughout the course of the study. In addition, they have appointed a James Lind Alliance Chair, an Information Specialist and a project co-ordinator, with the first Steering Group Meeting in Summer 2020. This project recognises the need to increase research capacity in the community setting and paves the way for similar projects in other areas such as public health and social care.

Patient and Public Involvement and Engagement

The qualitative data revealed innovative approaches to patient and public involvement and engagement (PPIE). This included promoting research to PPIE via posters, working with charities and community groups, as well as providing spoke placements for student nurses within R&D, which included their involvement in a PPI café. Other initiatives included hosting stands at hospital main entrances to promote research opportunities; continued support of patient research ambassadors; PPI helping to develop patient information leaflets and protocols; establishing contact with PPIE Trust members to build relationships with those interested in research.

Quality Improvement

A few cohort members reported close working with their Trust's Quality Improvement Team to

develop a strategy to align research and Quality Improvement in a streamlined, cost-effective way, to support the delivery of excellent patient care. The impact of this is exemplified through an NHS Care Quality Commission report which identified how research had been embedded within the organisation, aligned to the Trusts strategic quality improvement programme and was used to directly benefit patient care, inform and change practice.

Discussion

The establishment of the NIHR 70@70 SNRL programme is the first time that a nationally funded research leadership programme, specifically aimed at NMs with the aim of increasing their research voice and influence in health and social care settings, has been implemented in the UK [23]. There have been demonstrable impacts of the programme within its first year with evidenced examples of diverse, far reaching means that NMs have contributed to the national healthcare research agenda. This has been achieved through increasing the research profile of the NM workforce, supporting more junior staff to engage with and broaden their research skill sets, facilitating the inclusion of PPIE in the clinical research pathway, conducting and disseminating research at an international level and embedding research into practice to improve the quality of patient care. However, the evidence presented reflects only the outcomes of the first year of a three year programme. It is anticipated that over the course of the 70@70 these achievements and markers of distinctions will continue to grow exponentially, with the long term view of creating a sustainable research culture within NM practice and providing a strong connection between NMs working in the NHS and the research agendas set by the NIHR and DHSC.

Despite the clear achievements identified, the first year programme evaluation has revealed the extent of work required to move research up the NM strategic agenda. Reports that many NM staff did not know where R&D was located in their respective trusts, provides a clear indication that they lack knowledge of research and awareness of it as a career choice, something that is supported in

previous literature (Faulkner-Gurstein, Jones, & McKevitt, 2019; Yanagawa, Takai, & Yoshimaru, 2014). Furthermore, the successful, but new, collaborations made by 70@70 members with Chief Nurses, Chief Executives, Senior NMs, Allied Health Professionals and partner organisations indicates that until the implementation of the 70@70 programme, NM research had not been a priority in many hospital trusts. Nurses are vastly underrepresented on strategic boards and committees (LD Prybil, 2007; L Prybil et al., 2005; Walton et al., 2015). Increased representation by 70@70 SNMRLs will raise the voice of NMs and allow a platform from which to fully contribute to the national research agenda.

A strength of the 70@70 recruitment process was that all applications to the programme were blind peer reviewed, reducing selection bias. However, this has led to an uneven distribution of 70@70 SNMRLs across England. Although there are 70@70 SNRL's in all 15 NIHR Local Clinical Research Networks (Research, 2020a), in some there is only one SNRL whereas others have as many as seven with high numbers clustered around London and the South of England. Historically, most research funding is awarded to and conducted in the South of England (Council, 2015), whereas the North of England has a higher incidence and prevalence of morbidity and mortality rates (Buchan, Kontopantelis, & Sperrin, 2018). In addition, though the SNRLs worked in a range of clinical settings including oncology, cardiovascular, gastroenterology, maternity and mental health, not all clinical areas were represented by the cohort. Finally, though some SNRLs worked in primary care, community or mental health trusts, the majority were situated in tertiary centres. To address these issues, future programmes should work to enable a more evenly distributed spread in terms of clinical area, setting and geographical location as a means of reducing the health inequalities gap (Buchan et al., 2018) and generating equitable nursing and midwifery led outcomes in all areas of health and social care.

The 70@70 aimed to attract SNMRLs who were committed to championing an embedded research active culture in their organisations and who possessed the skills and knowledge to pursue

innovation and the delivery of high quality, evidenced based nursing, midwifery and healthcare practice (Research, 2019). Whilst year 1 outcomes indicate that this benchmark is being met, there were differences between the characteristics of the SNMRLs. These related to their banding/seniority level, which ranged from bands 7 (n=12; 17%) to 8d (n=2; 3%), as well as their professional roles, with some cohort members holding clinical academic roles in university and NHS organisations, whilst others held full clinical roles, but were committed to promoting a research culture within their organisations. This meant that the long terms goals and aspirations of the cohort differed at times, with some members more focused on clinical academic research development, some on improving the quality and efficiency of research delivery and others committed to raising the research profile of nursing and midwifery more generally. Whilst these differences in seniority and aspirations were, in the most part, healthy, encouraging discussion, debate and a wide range of perspectives to be shared and learned from, the diversity has also meant that the scope and focus of the programme has been harder to define. Feedback from the cohort will enable constructive changes and refinements to be made over the remaining years to address these relational, context dependent challenges and will provide learning points for any future initiatives (Haji, Morin, & Parker, 2013). Additionally, a more comprehensive demographic data capture at the programme outset, in terms of academic qualification status, banding and professional roles would have helped to tailor the content of the first year modules. Future evaluations, over years two and three of the programme, will incorporate appropriate and rigorous data collection and analytical approaches to ensure data outputs are produced and shared which reflect the true extent of the outcomes and impact of the 70@70.

Measuring the value and impact the 70@70 programme in the first year was challenging for many reasons. Cohort members had staggered start dates, due to contract variations between the NIHR and different NHS Trusts. This meant that although the programme officially commenced in May 2019, some cohort members did not start until September 2019. Thus, by the end of year 1, some SNMRLs had had a full year to establish their roles, develop networks and undertake initiatives;

however, others were further behind. Also, the wide and varying roles of the SNMRLs meant that the different outcomes and goals achieved were sometimes hard to map against the original programme purpose, role outline and projected outcomes. Additionally, in the latter part of the first year many 70@70 nurses were redeployed to frontline nursing care to help in the fight against Covid-19 (Nursing, 2020). This made clear comparisons between the progress of different cohort members difficult. In years two and three, work will be done to ensure more tightly defined quantitative and qualitative data metrics are established to enable clearer reporting of outcome measures and impact going forward.

Conclusion

This paper has reported on the first year of the newly implemented 70@70 SNMRL programme. It has provided an overview of the radical and innovative nature of the programme and the reasons why it was required: to provide NMs with a research voice through which to implement changes to nursing policy and practice, to increase NM research capacity and capability, to enhance the standing of the professions and to achieve the goal of underpinning NM practice with a sound evidence base. Healthcare systems in many countries can learn from the strategic aims of the 70@70, by considering the best ways to provide nurses with the tools, resources and confidence to step into the research arena and to actively contribute to research policy and practice. As the largest healthcare workforce globally (Hughes, 2006), this strategic goal is at the same time ambitious, but also overdue. Future evaluations of the 70@70 will continue to measure its success over years 2 and 3 of the programme and will enable an evolving cohort of NMs to help shape the research landscape across the UK and internationally by refining and informing clinical research priorities on a more equal footing with their professional counterparts.

Relevance to Clinical Practice

The 70@70 programme has many implications for clinical practice and is relevant to all nurses, regardless of their chosen career pathway. Whilst the programme has set out to support and develop a cohort of senior NM professionals, who can utilise the resources and networking opportunities provided to develop as research leaders, the potential impact of the programme on clinical practice goes far beyond the cohort members. By raising the profile of nursing research as a credible, valuable and meaningful entity, the programme has the potential to tap into the hearts and minds of NMs across the UK and beyond, who are interested in research but are not sure how it fits with their clinical roles and professional identities. The many innovations and projects initiated through year 1 of the programme can help to raise awareness of how NMs can get involved in research at any level. Whilst the CRNs have been a vital support in developing research nurse capability and capacity, the 70@70 programme will help to develop this same capability and capacity not only in research nurses but also in nurse and midwifery researchers who are interested in carrying out their own research. The programme has created a platform through which the variety of ways that research can be incorporated into clinical practice, education and teaching can be harnessed. This may provide NMs with the confidence to engage with research in some way, whether by getting actively involved, by understanding the evidence-base underpinning their own practice or by signposting patients and colleagues towards research opportunities that are available to them. In doing so, the mantra that 'research informs practice' is likely to be realised on a wider level and the perceived 'inaccessibility' of research can be challenged and re-shaped so that research becomes part of every nurse and midwife's professional identity.

Appendix

REFLECTIVE TEMPLATE GUIDANCE

●Participants are asked to provide a summary of their activities / achievements under each of the seven headings included in this template. Bullet examples are provided under each heading.

●At the end of Year 1, it is not expected that participants will have completed all activities against each of the headings, where this is the case, please write N/A in the evidence box under that heading.

●Participants should provide answers in bullet point format (please be as concise as possible).

●Participants must complete Section One below

●Section Three: Future Hub Meeting Topics can be left blank

●Once complete, please send your full submission to: 70at70@leeds.ac.uk

Your full submission should include:

●This completed template

●Year 1 Objective Table (with progress updates) - this can be in Word or Excel format

●Year 2 Objective Table - this can be in Word or Excel format

The deadline for your full submission is midnight on 23rd March 2020

Section One: Personal details

Name

Job Title

Regional Hub

Specialty Group

Section Two: Reflections

1. Making a significant contribution to the NIHR as a senior leader

Examples:

●Strengthening the research voice and influence of nurses and midwives in NHS organisations

●Enhancing the connection between the research voice and perspectives of NHS nurses and midwives with the NIHR research agendas

●The developing 70@70 community would comprise selected senior clinical nurses and midwives who are committed to championing the promotion of an embedded research active culture among nursing and midwifery staff in their organisation

●Encouraging and supporting innovation and research implementation in pursuit of the delivery of high quality, evidenced based nursing and midwifery and healthcare practice

●Engaging with and providing advice and suggestions to the Chief Scientific Adviser and the DHSC SRE2 Directorate on key activities, programmes and consultations

●Providing formal leadership within the NIHR at regional and national levels

Evidence:

2. Leading the development of NIHR-funded staff

Examples:

●Promoting the importance of a vibrant integrated research culture in health and care to improve the quality of care and health outcomes;

●Acting as a proactive champion for developing nurse and midwife research capacity and capability supporting an integrated research delivery culture in their care setting;

●Encouraging research collaborations and the interdisciplinary sharing of research knowledge and skills (dissemination) throughout their care setting;

●Actively linking with the wider work of the NIHR, including its future development;

●Supporting the development of future research leaders with the NIHR Academy Executive;

●Supporting the identification of research priorities as they relate to front line nursing and midwifery practice issues and ensure they have a 'route to visibility' in the research landscape.

Evidence:

3. Acting as an ambassador for the NIHR

Examples:

●Identifying and utilising platforms for promoting NIHR activity;

●Working with stakeholders, especially the NHS, and public health and social care systems, to disseminate and act on the NIHR's aims;

●Being key communicators within the NIHR.

Evidence:

4. Exhibiting research excellence

Examples:

●Developing and maintaining a track record of clinical and applied research which is of benefit to patients, the public and the health and care system.

Evidence:

5. Contributing to growth

Examples:

●Playing a leading role in NIHR's contribution to growth;

●Attracting, developing and retaining a highly skilled health research workforce;

●Providing the clinical evidence to help the NHS and public sector to make efficient use of resources;

●Providing the research evidence that contributes to establishing a healthier workforce and wider population;

●More information about the types of activity that contribute to growth can be found in the publication The NIHR as an Engine for Growth at: http://www.nihr.ac.uk/life-sciences-industry/documents/Brochures%20and%20flyers/The_NIHR_as_an_engine_for_growth.pdf

Evidence:

6. Integrating Patient and Public Involvement and Engagement in Research

Examples:

●Providing leadership and support capacity development for PPIE;

●Please note the distinction that the NIHR makes between "involvement," "engagement" and "participation" in research. More information can be found in the INVOLVE publication "NIHR Senior Investigators: Leaders for patient and public involvement in research" http://www.invo.org.uk/wp-content/uploads/2014/11/9985INVOLVEseniorinvestigatorspubWEB.pdf

Evidence:

7. List of publications & citations

Reminder of acknowledgement text:

●Participants must acknowledge their NIHR Senior Nurse and Midwife Research Leader status when publishing research. The following statement should be included in publications:

“[X] is a National Institute for Health Research (NIHR) Senior Nurse and Midwife Research Leader. The views expressed in this article are those of the author(s) and not necessarily those of the NIHR, or the Department of Health and Social Care.”

●Where research is funded by the NIHR, NIHR Senior Nurse and Midwife Research Leaders can use the “Funded by NIHR” logo to acknowledge this funding.

List of publications and citations

Section Three: Future Hub Meeting topics

Please add any relevant topics/speakers that you would like to be considered for future Hub meetings in Years 2 & 3

Top Tip: Don't forget to include your Year 1 & Year 2 Objective tables to your email when you send your full submission to: 70at70@leeds.ac.uk

Your full submission should include:

●This completed template

●Year 1 Objective Table (with progress updates) – this can be in Word or Excel format

●Year 2 Objective Table – this can be in Word or Excel format

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What does this paper contribute to the wider global clinical community?

- This paper provides insights into the development, implementation and evaluation of a national programme aimed at developing research capacity and capability in nursing and midwifery.
- It demonstrates the multiple ways that nurses and midwives can contribute to the clinical research landscape thorough innovative practices, strategic decision-making and leadership development.
- It reflects on ways in which research should be embedded within the roles of all nurses and midwives, regardless of their chosen career pathways