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Making research matter  
**Chief Nursing Officer for  
England's strategic plan for  
research**

Version 2, November 2021

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# Foreword

Research led by nurses and contributions they make as members of multidisciplinary research teams can drive change. It is the cornerstone of high-quality, evidence-based nursing. I am a strong advocate for nurse-led research across health and social care, environments which embrace evidence-based practice, and establishing mechanisms to enhance research capacity across the profession.

This strategic plan for research sets out a policy framework for developing and investing in research activity across the NHS in partnership with others. At its heart is the shared ambition to create a people-centred research environment that empowers nurses to lead, participate in and deliver research, where research is fully embedded in practice and professional decision-making, for public benefit.

I would like to thank the National Institute for Health Research, Health Education England, Council of Deans of Health, The Nursing and Midwifery Council and the Royal College of Nursing for their collaborative approach to increasing research activity across the nursing profession. Collectively, we need to target new approaches and evidence for improving population health and patient experience and outcomes. We will continue to work closely with the Innovation, Research and Life Sciences Group at NHS England and NHS Improvement to ensure this plan aligns with and supports plans to increase research in the NHS and complements ambitions set out in the Department of Health and Social Care's vision for research – Saving and improving lives: the future of UK clinical research delivery.

To encapsulate the collective voice of nursing leadership in research, this strategic plan has been developed with the engagement and commitment of nurses across all sectors and fields of practice and academic colleagues. And expertly facilitated by the heads of nursing research at NHS England and NHS Improvement. I thank them for their unrelenting energy in this. It is critical we come together to lead the delivery of this plan.

For me, as Chief Nursing Officer for England, research is a golden thread for the future of our profession. It is an ambitious plan, but one I believe, collectively, we can deliver and embed across health and social care.

Ruth May  
Chief Nursing Officer for England

The NHS is a world-class service where research has been at the very heart of innovation, change and improving outcomes in a wide range of clinical settings. Research undertaken in the NHS has had far-reaching impacts across the globe in areas like genomics, surgery, pharmaceuticals and the practice of healthcare.

That nurses lead, undertake and deliver research across the NHS is vital for continually improving healthcare. Research and use of the evidence it generates enables us to address some of the most important and interesting challenges, including the advancement of our future workforce.

Research enables us to solve problems and identify future opportunities in areas like health promotion, patient safety, personalised care, artificial intelligence and health-related technologies to improve outcomes. This research plan for nursing recognises the inherent strengths in the academic and clinical academic nursing community, and will help guide a range of co-ordinated activities in the coming years to build a stronger research community that has a real and positive impact on the NHS, and a strong foundation for practice and nurse education.

This first ever research strategic plan for nursing has been developed based on engagement and discussion with nurses working in a wide range of different contexts. It outlines our mission to celebrate current successes, develop our strengths and clearly articulate how we can move forward together to build an outstanding research community.

Professor Mark Radford  
Chief Nurse, Health Education England  
Deputy Chief Nursing Officer, NHS England and NHS Improvement

Over a million people were recruited into COVID-19 related studies in 2020/21; nurses were central to recruitment and delivery of these studies. Many led to rapid changes in the way people with COVID-19 are treated. These internationally recognised achievements required research to become the business of many nurses.

Nurses are at the heart of plans for the future of clinical research in England, bringing their expertise to the delivery of studies and the generation of research questions relevant to care delivery and patient outcomes. This strategic plan sets out what we need to focus on to embed this expertise in all settings where nurses seek to improve patient and care outcomes.

We know that being involved in research improves patient outcomes and staff retention. However, not all patients and members of the public are offered opportunities to be involved in research studies. A key goal of the Department of Health and Social Care's Equality, Diversity and Inclusion Strategy is to ensure people with the greatest health need are supported through research. Hence it is essential nurses know about studies taking place in their area of work and can support people who want to join studies.

This strategic plan complements work underway through the NIHR Nursing and Midwifery office to invest in career pathways that enable nurses to move between supporting, delivering and leading research. A key focus for the NIHR and NHS England and NHS Improvement is addressing geographical disparities in research opportunities for nurses, and thereby achieve this plan's vision where England is the best place for nurses to lead and get involved in research, underpinned by consistent and co-ordinated infrastructure, and environments that enable timely adoption of findings.

Professor Ruth Endacott  
Director of Nursing and Midwifery, National Institute for Health Research

In the face of the biggest health and care challenge the world has seen, and in the context of other ongoing substantial transformational change, the nursing profession has never had a more important role. The opportunities for nursing to be fully recognised as a modern and contemporary profession and to establish our leadership within this new global era of health and care delivery are significant, nationally and internationally.

Nurses play a major role in achieving goals like improving population health and achieving universal health coverage. They do this while working in very different ways, adapting to new models of service delivery, and ensuring provision of high quality, safe and effective care in pressurised, complex and high acuity environments across all the sectors.

The profession's work in research, academia, innovation and practice is fundamental to patient safety and the delivery of optimal care across both health and social care.

However, there is still a great deal to do. Nurses can view research as a potential add on to an already extremely demanding and challenging job and, consequently, as a role for the few, rather than the many.

The ambitions for change in this strategic plan for research are much welcomed; particularly increased investment in, and support for, nurses to lead, participate in and deliver research across both the NHS and social care, which will make it easier to pursue a nursing career that involves research; no matter where nurses work or the distinct role they undertake.

As this strategic plan sets out, this will strengthen the profession's involvement in decision-making in local and national research-related developments. Not only to enable the recognition and dissemination of the critical outcomes of our professional practice and enquiry, across all specialties, fields and sectors, but also to test whether the models and pathways of care are structured correctly for those working within them.

The importance of nurse-led research has never been greater. We need to ensure that examination, testing and measuring of nursing practice, policy and innovation is built-in to keep ahead and shape and secure the future of nursing.

Susan Aitkenhead  
UK Director of Nursing and Deputy General Secretary/Chief Executive Officer,  
The Royal College of Nursing

# Summary

The Chief Nursing Officer (CNO) for England's strategic plan for research is for all nurses working in health and social care, whether they are already or thinking about getting involved in research, colleagues in academia and the third sector and all those who support research. It has been developed in partnership with stakeholders across the health and care system including the Innovation, Research and Life Sciences Group within NHS England and NHS Improvement specifically to ensure alignment across the organisation.

The plan sets out the CNO's ambition to "create a people-centred research environment that empowers nurses to lead, participate in and deliver research, where research is fully embedded in practice and professional decision-making, for public benefit". This plan complements the ambitions set out in [Saving and improving lives: the future of UK clinical research delivery](#) and will form part of NHS England and NHS Improvements contribution to the delivery of this vision.

Fulfilling this ambition will strengthen and expand nurses' contribution to health and care research of global significance. This provides the scientific basis for the care of people across the lifespan; during illness and through to recovery and at the end of life, as well as through preventing illness, protecting health and promoting wellbeing.

Research is necessary in any professional field to advance and improve practice. Research led and delivered by nurses, and the contributions they make as members of multidisciplinary research teams, can drive change. Evidence from research influences and shapes the nursing profession, and informs and underpins policy, professional decision-making and nursing actions. Above all, the nursing profession cannot sit still: to plan and deliver consistently excellent care, in partnership with the public and in support of the [NHS Long Term Plan](#), it must continue to adapt to the complexities of modern healthcare.

## What we will achieve

There are **5** themes underpinning our vision:

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- 1. Aligning nurse-led research with public need -**  
so the portfolios of relevant funders reflect the research priorities of patients, carers, service users, residents, the public and our profession.



- 2. Releasing nurses' research potential -**  
to create a climate in which nurses are empowered to lead, use, deliver and participate in research as part of their job, and the voice of the profession is valued.



- 3. Building the best research system -**  
so that England is the best place for nurses to lead, deliver and get involved in cutting-edge research.



- 4. Developing future nurse leaders of research -**  
to offer rewarding opportunities and sustainable careers that support growth in the number and diversity of nurse leaders of research.



- 5. Digitally-enabled nurse-led research -**  
to create a digitally-enabled practice environment for nursing that supports research and delivers better outcomes for the public.



## Strategy and plans for delivery

We have identified actions related to each of these themes to realise the vision and bring about sustainable change.

1. **People-centred research.** This includes establishing a process to identify and prioritise the next decade's most pressing areas for research; those most pertinent to the practice of nursing and reflecting the key challenges facing health and care. Funders will need to know what these priorities are. We will also develop systems and processes that give nurse researchers access to demand signalling and horizon scanning information.
2. **Releasing research potential.** We are engaging with the profession to build a common purpose and commitment to the plan. We will concentrate on developing fair and diverse ways for all nurses, whatever their role and setting, to participate in research. We will also support health and care organisations to understand the benefits of giving nursing staff time to lead, deliver and implement research, embedding the idea that research is an essential and rewarding part of effective nursing care.
3. **Coherent systems underpinning transformation.** This includes developing a co-ordinated and consistent England-wide approach to building nurse-related research capacity and capability – from pre-registration to professorial level. This will help tackle variation and inequalities across the country and require working with partners to develop national and regional infrastructure. It will also involve fostering practices and processes that help accelerate change in nursing practice based on research findings.
4. **Sustainable and supported careers.** This includes raising awareness of the breadth of opportunities for nurses to become involved in research – whoever they are and wherever they work. We will design a framework to enable seamless transition through the stages of a research-related career. This also means increasing opportunities during pre-registration nursing programmes so students can experience the variety of research-related roles available to them throughout their careers.
5. **Digital capability.** Working with NHSX we will foster a digitally-enabled environment that supports nurse-led research and nursing-related digital

innovation; one that boosts nurses' confidence in using data to support and conduct research. We will need to develop research leadership in digital technologies and data science, and take steps to ensure relevant research expertise is visible, embedded and valued across the profession.

## Next steps

This plan will be delivered in three phases: **discover**, **build** and **sustain**. A detailed implementation plan, developed with the profession, our partners and the public, will follow this strategic plan in Spring 2022, and set out what we will deliver in 2022 and 2023.

Together we can work towards a future where research led by nurses is business as usual in health and care settings. We are determined to increase the involvement of the nursing profession in decision-making about research-related developments; that the benefits of high quality research led by nurses are realised and better recognised; and that it becomes easier for nurses to pursue a career that involves research.

# Scope

This document sets out the Chief Nursing Officer (CNO) for England's vision and strategic plan for broadening the involvement of nurses in research, both leading and delivering it. We have worked with the CNO's Strategic Advisory Board for Research and Shared Professional Decision-Making Council – Research to develop this vision.

While the plan will be of interest to nurses across health and social care, the academic, clinical academic and research delivery nursing workforce, health and social care organisations and the wider research community, it has particular relevance for:

- chief nurses in provider organisations, regions and integrated care systems
- health and social care provider executive and non-executive board members with responsibility for or interest in research
- deans of university faculties engaged in healthcare education and research.

The Chief Midwifery Officer of NHS England and NHS Improvement will shortly publish an aligned plan for the midwifery profession. Both plans will feed into NHS England and NHS Improvement overall plans to support research in the NHS being led by the Innovation, Research and Life Sciences Group within NHS England and NHS Improvement.

Nurses involved in research delivery make an important contribution to fostering a positive research climate: ensuring the opportunity to participate in research is open to as many people as possible, and integrating research into day-to-day care processes. This strategic plan is relevant to this group; however, the National Institute for Health Research (NIHR) also shortly plans to address the specific contribution of the nursing workforce to research delivery.

Implementation will necessitate close and co-operative working across a number of organisations, in particular NHS England and NHS Improvement, NHSX, Health Education England (HEE), NIHR, other funders of health-related research, Council of Deans of Health, the Royal College of Nursing (RCN) and Department of Health and Social Care (DHSC). We will develop a detailed implementation plan with our partners, the profession and public, and publish it in Spring 2022.

# Value of research for nursing profession

Research is necessary in any professional field to advance and improve practice. Research led by nurses and the contributions they make as members of multidisciplinary research teams can drive change. Evidence from research influences and shapes the nursing profession, and informs and underpins policy, professional decision-making and nursing actions.

To give people who use health and social care the best possible care and treatment, those caring for individuals, local communities and larger populations need to draw on a robust research base. In today's rapidly changing healthcare environment, a strong nurse-led research agenda can help organisations redesign care delivery and improve work environments; for better care, experience and outcomes and to contribute to economic growth. A knowledgeable, research-enabled and research-active nursing workforce is fundamental to quality, safety and innovation in practice and enabling the prevention of illness, protection of health and promotion of the public's health. But to have evidence-based practice, we need evidence. High-quality nurse-led research and support to innovate and use evidence in practice enables nurses and those who work with them to develop new knowledge and practice, ultimately transforming care.

Above all, the nursing profession cannot sit still; it needs to continuously adapt to the complexities of modern healthcare to plan and deliver consistently excellent care.

“Regardless of role or position, collectively committing to advancing nurse-led research, and the profession's contribution to wider research agendas, will create opportunities to innovate, improve care and develop careers.”

Dr Lesley Young-Murphy, Executive Director of Nursing: Chief Operating Officer, North Tyneside CCG

## Case study: Increasing access to psychological treatments by telephone

There is growing demand for psychological therapy. Karina Lovell, a mental health nurse and professor at University of Manchester, has with colleagues developed and evaluated low intensity psychological interventions delivered by telephone (tCBT) for people unable to access treatment because of where they live or their caring or other responsibilities. The

[MUSICIAN randomised controlled trial](#) found that in people with chronic widespread pain a short course of tCBT was more effective in the short (6 months) and longer term (24 month) and more cost-effective than exercise. Read about patient perspectives of pain management in primary care [here](#). The team have an ongoing programme of research into psychological interventions delivered by telephone.

### Case study: Improving healthcare student and staff wellbeing – Schwartz rounds

Healthcare staff are prone to experiencing trauma, stress and burnout. To help mitigate this Schwartz Center Rounds® provide confidential time and space for them to reflect on the emotional, social and ethical challenges of delivering healthcare.

Jill Maben, Professor of Health Services Research and Nursing at the University of Surrey, and colleagues evaluated their impact. In regular attenders poor psychological wellbeing halved and attendees experienced increased empathy and compassion for colleagues, reduced isolation, improved teamwork and communication.

Read more [here](#) and watch a film [here](#). An implementation guide can be accessed [here](#); it has changed rounds training in the UK and been adopted in Australia. Based on this work rounds have been implemented in 20 universities, including for nursing, midwifery and paramedic science students at the University of Surrey. An evaluation of rounds in higher education is underway.

# Our vision

... a people-centred research environment that empowers nurses to lead, participate in and deliver research, where research is fully embedded in practice and professional decision-making, for public<sup>1</sup> benefit.

Fulfilling this ambition will strengthen and expand nurses' contribution to health and care research of global significance. This in turn provides the scientific basis for the care of people across the lifespan; during illness and through to recovery and at the end of life, as well as through preventing illness, protecting health and promoting wellbeing.

By addressing barriers and enhancing nurses' involvement in and leadership of research, this plan complements the ambitions set out in [Saving and improving lives: the future of UK clinical research delivery](#).

The changes we want to see are:

- research led by nurses becomes **business as usual** in health and care settings
- research most needed by health and care systems is **prioritised** and effectively translated to underpin nursing practice
- increased investment in, and **support** for, nurses to lead, participate in and deliver research for the NHS and social care
- for it to be easier to pursue a nursing **career** that involves research
- greater opportunities for nurses at all levels of practice to get involved in research with increased **confidence, knowledge and skills**
- increased **involvement** of the nursing profession in decision-making in local and national research-related developments
- benefits and **impact** of research led by nurses recognised at all levels of the NHS and social care, as well as greater public awareness of nurses' contribution to science and discovery
- increased **involvement** of nurses in researching use of digital technologies and data science to support practice and improve outcomes for the public.

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<sup>1</sup> 'Public' refers to patients, service users, carers, residents and other members of the public.

# Our strategy and plans for delivery

To bring about change and fulfil the ambitions, action is needed with regard to five areas:

- aligning nurse-led research with public need
- releasing nurses' research potential
- building the best research system
- developing future nurse leaders of research
- digitally-enabled nurse-led research.

## Aligning nurse-led research with public need

Improvements in health promotion and illness prevention programmes, infection prevention, symptom management, communication and the planning and organisation of care delivered by nurses are testament to the power of research led by nurses. We need to continue to further the science underpinning nurse-led interventions across all fields of practice – to address the needs of people and populations, and tackle health inequalities.

Quality nurse-led research focuses on the issues most important to those who use, work in and manage health and care services, and succeeds in realising impact. Priorities must be shaped in collaboration with patients, service users, carers and the public. Moreover, research led by nurses has a role in reducing inequalities in health outcomes across different populations through focusing on social determinants of health.

While we have a clear view of the challenges the NHS and the broader health, public health and social care system are facing over the next decade,<sup>2</sup> we are yet to formulate the areas of research the profession is best placed to address. This is essential so that those who commission and fund research can take these into account. In a world where we are increasingly dismantling the barriers between healthcare, public health and

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<sup>2</sup> Rand Europe (2017) [Future of health: findings from a survey of stakeholders on the future of health and healthcare in England](#). Rand Corporation.

social care, research led by nurses must be agile and inclusive and be prepared to adapt to meet changing priorities.

**Our vision is that the portfolios of relevant funders reflect the priorities for nurse-led research with potential to realise health and wellbeing benefits for the public, as well as positive outcomes for the nursing workforce.**

**Aims:** To identify the challenges and policy questions that would most benefit from knowledge generated through nurse-led research, working with those who work in, manage and use health and care services, ensuring priorities are reflected in the portfolios of relevant funders and understood by the nursing and wider research community.

We are committed to:

- Establishing a process to identify and prioritise the most pressing areas for research over the next decade; those that are most pertinent to the practice of nursing and reflect the key challenges facing health and care delivery.
- Making the output from prioritisation exercises available to funders.
- Developing systems and processes that give nurse researchers easier access to information on demand signalling and horizon scanning.

We will achieve this by:

- Developing a sustainable approach to identifying the challenges and policy questions that would benefit most from knowledge generated through nurse-led research, collaborating with those who work in, manage and use health and care services.
- Developing mechanisms to ensure the output from prioritisation exercises are readily available to funders and the research community.
- Fostering ways for nurses in the research community, including those delivering studies led by other professions, to more readily appreciate the type and range of evidence needed to support the professional practice of nursing.

"It [priority setting partnership setting process] was a rewarding and enjoyable experience. I felt my views, together with the many informative and useful contributions from others, were heard and valued."  
(Community service user)



- Increasing opportunities for nursing staff to work more closely with academics and clinical academics so that they – the ones closest to day-to-day issues in practice – can shape research questions as they emerge.

### Case study: Strengthening public, patient and service user involvement in research – creating an online space about health research

To increase participation and engage diverse populations in health research, opportunities for involvement need to be well publicised. Eleanor Hoverd, a research nurse and HEE/NIHR pre-doctoral clinical academic fellowship award holder at the University of Warwick and West Midlands Clinical Research Network, is enabling patient and public involvement by creating a user-friendly online space. It will make research results available to the public and provide opportunities to get involved in shaping research priorities. The accessibility and usability of this online space is being evaluated.

Read more [here](#) and [visit the online space](#).

### Case study: Identifying evidence uncertainties in community nursing – a James Lind Alliance Priority Setting Partnership

Community nurses often lack the expertise and confidence to get involved in research. This means the evidence base for this field of nursing is under-developed.

Led by a group of NIHR 70@70 senior nurse leaders, a James Lind Alliance (JLA) Priority Setting Partnership was established to identify the top 10 evidence uncertainties in community nursing. This involved patients, carers and families, as well as community nurses and other healthcare professionals. It achieved widespread stakeholder engagement with those involved in and undertaking community research locally and nationally. The identified [top 10](#) will be used to make sure health research funders and policy-makers are aware of what matters to the people using research findings.

For more information on this priority setting exercise and the group of nurses who led this work see [here](#).

## Releasing nurses' research potential

Research is vital to a high-performing health and care system.<sup>3</sup> Put simply, it improves healthcare by identifying the best means to prevent illness, protect health, promote wellbeing, diagnose and manage conditions – and in relation to nursing, by identifying the best ways to practise and improve quality and safety.

Nurses collectively are the largest professional group in the NHS and are the healthcare professionals who spend the most time at the bedside, in people's homes and communities, around the clock, seven days a week, 52 weeks of the year. They are ideally positioned to identify and pursue answers to highly pertinent health and care services and policy-related research questions.

Despite our country's strong research environment, historically the nursing profession has not been as active as other professions in research. This means research can remain on the side lines, in need of greater integration into the fabric of professional practice. Nurses, at whatever stage of their career or background, are not always able to incorporate research into their day-to-day activities. Similarly, nurses may not always seek opportunities to influence decisions about funding, conduct and translation of research into practice.

Embedding and valuing research at the heart of professional nursing practice could have enormous impact. For this we need to make using evidence and contributing to research as easy as possible for nurses, so the positive impact of staff dedicating time to research (doing, supporting and using evidence) is fully realised.

**Our vision is to create a climate where nurses are empowered to lead, use, support and participate in research as part of their job, where the voice of the profession is valued and impacts on conduct, leadership and translation of research.**

**Aims:** To create an environment where leading, delivering and supporting research is valued and embedded in the everyday practice of nurses, raising the profile of research

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<sup>3</sup> Boaz A, Hanney S, Jones T, Soper B (2015) [Does the engagement of clinicians and organisations in research improve healthcare performance: a three stage review](#). *BMJ Open* 18:133; Jonker L, Fisher SJ (2018) [The correlation between National Health Service trusts' clinical trial activity and both mortality rates and care quality commission ratings: a retrospective cross-sectional study](#). *Public Health* 187: 1–6; Jonker L, Fisher SJ, Dagnan D (2019). [Patient admitted to more research active hospitals have more confidence in staff and are better informed about their condition and medication: results from a retrospective, cross sectional study](#). *J Eval Clin Practice* 26:1 203–208.

among the profession, the NHS and social care, and strengthening the nursing voice and contribution to decision-making in local and national forums related to research.

We are committed to:

- Building a common purpose and shared responsibility among the profession for what we want to achieve.
- Raising awareness about the scope of opportunities for nurses to lead, deliver, support and implement research, and the impact of involvement – whoever they are and wherever they work.
- Developing fair and more diverse ways for all nurses, in all roles and settings, to take a more active role in research, especially in settings where there has been less opportunity to get involved (social, community and primary care).
- Supporting health and care organisations to understand the benefits of enabling nursing staff to have time to lead, deliver and implement research.
- Encouraging nurses to seek and take up positions of influence where decisions are made about prioritisation, commissioning, management and translation of research.
- Taking steps to increase the visibility of nurse-led research locally, regionally, nationally and internationally.
- Strengthening the profile of clinical academic nurses and the contribution they make to improving health outcomes.

“The path to a career in research is not as clear cut as I thought it would be. However, working at Nottingham University Hospitals NHS Trust as a novice nurse researcher has provided enormous opportunities through access to specific programmes, mentors and support. I’m now in a position to come up with a research topic and lead from concept to completion.” (Tony Ndungu, ED Staff Nurse, NIHR Predoctoral Clinical Academic Fellowship (PCAF) award holder)

We will achieve this by:

- Developing interventions that encourage a culture where using, leading, participating in and supporting research is valued and embedded in the everyday practice of nurses.
- Identifying the most effective ways to play our part in implementing [Saving and improving lives: the future of UK clinical research delivery](#), partnering with key stakeholders to develop a co-ordinated approach to fully embed research across the NHS and social care.

- Working up approaches to raise the profile of research among the profession and health and care organisations; in particular, the contribution of the clinical academic and academic nursing workforce.
- Working with partners to ensure nurses can access education and training in the skills they need to confidently engage in research at all levels – from knowing what research is happening locally, using evidence in practice, to recruiting patients, contributing to multidisciplinary research teams, to fulfilling the roles of principal and chief investigators.
- Pinpointing ways to help nurse leaders appreciate the benefits of giving nursing staff time to be involved in research.
- Finding ways to boost the nursing voice, profile and involvement in decision-making in forums related to research locally, regionally, nationally and internationally.

### Case study: Managing multiple health conditions in older adults – MODS

Depression in older people is common, overlooked and poorly treated, especially in those with complex mental–physical multimorbidity. Professor David Ekers, Clinical Director of Research and Development at Tees Esk & Wear Valleys NHS Foundation Trust and Clinical Professor of Health Service Research & Nursing at University of York, with colleagues is building on findings from the [CASPER](#) and [COBRA](#) studies to refine and test a simple scalable psychological intervention to ameliorate the impact of the common mix of mental and physical health problems in older people. The research was rapidly redesigned to examine the intervention’s impact on low mood and social isolation in this population during the COVID 19 pandemic.

Read more [here](#) about the MODS research programme, including the [BASIL-C19](#) study.

### Case study: Strengthening organisational leadership – development and implementation of a clinical research nurse consultant post

In June 2021, The Newcastle upon Tyne Hospitals NHS Foundation Trust appointed Ben Hood, Clinical Research Nurse Consultant: Cancer Research, a post established through its longstanding partnership with Cancer Research UK.

As an autonomous practitioner, Ben is providing visible leadership and expertise in the delivery of cancer clinical research, clinical trial management and service development. The post is key to improving patient experience when moving from a standard care pathway to participation in complex early phase clinical trials, through leadership of service

developments and independent academic research. Ben will help build the trust's research capability and capacity among nurses, midwives and allied health professionals by working closely with the trust's research lead, and consultant nurse and allied health professional practitioner peers.

Read more [here](#) and [here](#) about the work Ben has led.

## Building the best system

The UK has an outstanding clinical research base formed of universities, dedicated research institutes and NHS infrastructure.<sup>4</sup> Through the combined efforts of healthcare professionals, researchers, participants, regulators, charities and industry the UK has been a world leader in COVID-19 research, with nurses playing their part in this enormous effort.

Over the last decade we have taken great strides to develop research capability and capacity among the nursing profession:

- the NIHR Academy Nursing and Midwifery Incubator was formed to examine career blocks and create better opportunities
- the NIHR 70@70 Senior Nurse and Midwife Research Leaders programme was introduced to strengthen nurse and midwife leadership and build research capacity and capability within NHS organisations
- the Clinical Academic Roles and Career Pathways Implementation Network (CARIN), hosted by the Council of Deans for Health, was formed to share innovation and best practice of joint clinical academic roles.

However, there is no forum for stakeholders to come together to develop a co-ordinated response from the NHS, public health and social care organisations, universities, research funders and professional organisations.

Support for research career development and opportunities varies widely across the country. Much research activity is concentrated in the south east of England, and otherwise in urban areas like Manchester, Southampton and Leeds.<sup>5</sup> If we are to build a

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<sup>4</sup> [Saving and improving lives: the future of UK clinical research delivery.](#)

<sup>5</sup> <https://blogs.bmj.com/bmj/2019/05/01/cheng-hock-toh-current-geographical-spread-research-failing-patients/>

well-functioning, cohesive system across England, different organisations with relevant interests – nationally, regionally and locally – need to have a shared agenda that better co-ordinates their efforts and collaboration.

Research undertaken and delivered by nurses is not as visible across health and social care as it should be. Organisations can use the data collected to monitor research performance to raise the profile of research, but its heavy focus on participant recruitment does not readily recognise or make visible the range of ways research led and delivered by nurses can benefit patients, health and care organisations, communities and the workforce. Collection and analysis of the right kind of data would enable better understanding of the impact of organisational and system-wide interventions.

Leadership at all levels is critical to bringing about change. The chief nurse in health and adult social care organisations should actively champion research and with the rest of an organisation's executive team, set the research agenda for the organisation.

**Our vision is for England to be the best place for nurses to lead and deliver cutting-edge research, underpinned by consistent and co-ordinated infrastructure, and environments that enable timely access to, and adoption of, research findings.**

**Aims:** To work with partners to develop national and regional infrastructure to unleash the full potential of nurses to support, deliver and lead research and address inequalities in research opportunities for nurses.

We are committed to:

- Establishing a consistent England-wide approach to nursing-related research capacity development in health and social care from pre-registration to professorial level (novice to expert).
- Exploring ways metrics and reporting could increase the visibility and appreciation of nurse-led research across the NHS and social care.
- Fostering practices and processes that help accelerate change in nursing practice to reflect beneficial research findings.
- Developing ways for nurse leaders of research to take a significant role in shaping nursing practice and health and care delivery.

We will achieve this by:

- Clarifying the roles and responsibilities of different stakeholders and organisations in building nurse-related research capacity and capability to achieve system-wide leadership and better co-ordination across the research and practice community.
- Working with partners to develop national and regional infrastructure to unleash the full potential of nurses to lead and deliver research.
- Developing and implementing a framework to capture the impact of this plan on outcomes for patients, health and care organisations, communities and the workforce.
- Championing environments where nurses are strongly encouraged and supported to undertake and deliver research and be involved in timely adoption of research findings.
- Supporting initiatives to promote collaboration among nurses across the research delivery, academic, clinical academic and clinical communities.
- Enabling improved connections with the global nursing research community, learning from and contributing to, international research activities.

### Case study: Regional infrastructure to facilitate development of capacity and capability

The Clinical School collaboration between University of Plymouth and both NHS trusts in Cornwall supports a growing local and south-west regional network of research active nurses and midwives.

While geographically challenged, without access to a resource-rich research centre, we have demonstrated that with local investment in research leadership, strong support at the right level in an organisation, and the help of our local university, we are supporting the adoption of research evidence to benefit patient care and promote appreciative enquiry. Our nurses and midwives now have access to travel scholarships; research role-modelling with research active clinical academics in practice; a supported career pathway that starts with our newly established Chief Nurse Research Fellowship Programme; a vibrant county-wide early career researcher group; post-doctoral support; protected research time in job plans to support their career transition; equality, diversity and inclusion activities to reach our ethnic minority colleagues and international nurses; and a strong research delivery team connected to and embedded in practice.

Kim O’Keeffe BEM, Dual Executive Director for Nursing Midwifery and Allied Health Professions at Royal Cornwall Hospitals NHS Trust and Cornwall Partnership Foundation

Trust, and Honorary Associate Professor of Nursing at the University of Plymouth says about this development: “With modest infrastructure investments and being locally and regionally networked with professorial and academic colleagues, we have a great foundation to build on and respond to the CNO’s plan. I am looking forward to driving its delivery on the ground”.

### Case study: A systems approach to strengthen children and young people’s health research

Between 2001 to 2020, the number of children and young people (CYP) in England with serious, life-limiting conditions rose from 33,000 to around 87,000, with many surviving longer and living at home.

The CYP Health Research team in Nottingham, led by Professor Jane Coad and set up in 2019, has invested in professorial appointments and infrastructure to enable leadership of innovative CYP and family/carers health needs research in community and acute settings. It builds on Midlands regional and national partnerships, including with Nottingham Children’s Hospital, and relationships with industry and sector charities.

Research income of about £5 million and outputs-informed resource allocation have influenced policies and guidelines, and changes in specialist training are achieving improvements in care and service provision. Read more [here](#) about the work of this team.

## Developing future nurse leaders of research

As with everything in nursing, people are our most important resource for research. Research is a team effort and relies on having highly skilled and experienced nurses to deliver and lead it. Many people and organisations have been working to increase the number of nurses committed to pursuing a research-related career and more are now seeking such development opportunities. But nurses still only make up a small percentage of those with academic, clinical academic and principal investigator roles.<sup>6</sup> The path to strengthening research activity and embedding research into care delivered by nurses cannot happen overnight; it requires long-term planning.

While HEE and NIHR have developed a [framework for clinical academic careers](#) and offer a series of awards, from pre-doctoral through to advanced fellowships, nurses who

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<sup>6</sup> Baltrucks D, Callaghan P (2018) Nursing, midwifery and allied health clinical academic research careers in the UK. Council of Deans of Health: London.



choose to pursue a clinical academic career often have to carve out a role for themselves and encounter significant challenges in doing so. A career structure and associated roles need to be developed. Change is needed to provide opportunities to participate in research at all stages of and in all types of nursing career. A clear research career pathway that includes a more structured approach to developing clinical academic and research delivery nursing posts will help solve the nursing recruitment and retention challenges faced by the NHS.

Nurses want more opportunities to get involved in research and for many that this becomes a major part of their career, as demonstrated by the demand for the HEE/NIHR pre-doctoral fellowship and internship schemes and the number of enquiries from nurses interested in becoming principal investigators. We need to capitalise on this interest. Interventions are likely to be needed across the career pathway, from undergraduate through to experienced academics, clinical academics and those leading research delivery. Any new initiatives should address the development needs of people from multiple specialisms, geographies and backgrounds, and barriers to career progression arising from characteristics such as race or sex. By facilitating nurses from diverse backgrounds to step forward and get involved in research we will support the ambition for fair care and health for all. As clinical academic roles will always only make up a small proportion of the nursing workforce, we must provide opportunities and remove barriers to ensure all nurses who wish to be active in research are able to do so.

**Our vision is to offer rewarding opportunities and sustainable careers that support growth in the number and diversity of nurse leaders of research.**

**Aims:** To create an environment where research-focused careers are a rewarding and positive career choice for nurses.

We are committed to:

- Raising awareness about the scope of opportunities for nurses to become involved in research – whoever they are and wherever they work – to improve the diversity of nurses involved in research.
- Championing careers in which research is a significant component.
- Developing career structures and associated roles across health and care settings so that capacity and capability to undertake nurse-led research and lead research delivery is fully embedded.

- Increasing opportunities during pre-registration nursing programmes for students to experience the variety of research-related roles available to them.
- Building on experiences during the pandemic regarding research involvement, to keep nurses engaged with research.

We will achieve this by:

- Build on existing career frameworks (the range of research training awards, university-related career pathways and enhanced, advanced and consultant levels of practice) to provide a clearer career path for clinical academic and research delivery nurses, facilitating seamless transition through different career stages.
- Developing and deploying interventions to inspire, enable and increase the pool of nurses committed to a research-orientated career.
- Working with partners to develop more opportunities and training for research roles at earlier stages of a nursing career.
- Analysing what impedes nurses who embark on and wish to continue to pursue a clinical academic career, and developing an action plan with stakeholders to address these challenges.
- Developing campaigns to highlight the importance of careers where research is a significant component and that research-focused careers are rewarding career choices for nurses.
- Working with partners to develop initiatives to increase the number and diversity of clinical academic nurses in different settings and fields of practice: more nurses early in their research career to more research leaders who manage programmes of research of international significance.
- Taking action to facilitate increase in numbers of nurse leaders of research from under-represented groups.

“Nurse-led research is pivotal to the pursuit of evidence-based nursing. This strategic plan will enable the development of future nurse leaders of research and place nursing’s research contribution at the core of efforts to improve patient and population health. We are looking forward to contributing to the development of the implementation plan.” (Professor Calvin Moorley (Chair) and Layla Bolton Saghdaoui (Deputy Chair), on behalf of the CNO’s Shared Professional Decision Making Council – Research)

## Case study: Pre-registration engagement in research – PACER workshops

Pre-registration nursing programmes need to provide students with research knowledge, skills and confidence. A recent [survey](#) identified a range of available opportunities to learn about evidence-based practice, research methods and critical appraisal. But there remains little focus on learning about research while on placement. Led by Professor Michelle Briggs, Manchester University NHS Foundation Trust has designed a series of Practice-based Academic and Clinical Engagement in Research (PACER) workshops that allow nursing students to explore different routes to research involvement and gain insight into what career pathways in research can look like. The workshops are offered to students on placements, attract about 25–30 students each time they are run, and involve 4.5 hours study time offline (reading key resources and guided reflection) and a 3-hour face-to-face workshop with clinical academic staff. The workshops have provoked interest in potential research placements and careers, and been well evaluated.

See the Council of Deans of Health’s [report](#) on why students should have the opportunity for a research placement and how some universities and NHS organisations are approaching this issue. [Read here](#) for more about the nursing, midwifery and allied health professions research unit at the trust.

## Case study: Developing the next generation of research leaders

Developing new research leaders is as much about sponsorship as mentorship. Dr Cathy Murphy went from being a PhD student supervised by Professor Mandy Fader (Professor of Continence Technology at the University of Southampton), to gaining an Alzheimer’s Society UK post-doctoral fellowship, to becoming the chief investigator of an NIHR Health Technology Assessment-funded clinical trial in seven years. “Sponsorship is about creating and taking opportunities to advocate for and share leadership with a talented researcher so that they can grow in confidence as they take ever bigger steps onto the national and international stage”, says Mandy.

Now the co-chair of an international consensus committee panel and an editorial member of a Cochrane group, and with several successful grant applications under her belt, Cathy says she is much less daunted in taking big steps: “Mandy has helped me open doors, but also to have the courage to walk through them”.

Read more about Cathy’s work as part of her Alzheimer’s Society fellowship [here](#) and the Bowel and Bladder Management research group at the School of Health Sciences, University of Southampton [here](#).

## Digitally enabled nurse-led research

Good data is a key enabler, helping to transform care processes and evidence the impact of change. Digital technologies are designed to help people manage data more effectively. The NHS has a strong track record of digital innovation and this is helping to deliver better care and outcomes. As 'digital first' becomes the norm, nurses are embracing new ways of working. However, while nurses are increasingly comfortable with using digital technologies to support direct patient care, limitations in the digital research environment continue to hamper nurse-led digital research, curbing our ability to address important concerns of the public, NHS and profession itself.

Nurses need knowledge and skills to make the best use of data from digital technologies, inform care delivery and help manage the health of populations. We need usable systems, agreed practice standards and a supportive digital infrastructure to generate data useful for research as a by-product of care. As a profession, we need a greater understanding of data, data structures and data science, of digital technologies and of digital practice. Only then will we realise the full potential of healthcare data and digital innovation to support the research process and ensure that valuable research findings make their way into practice and education. We need a shared commitment to use data and digital transformation at scale and an inclusive community of practice to help ensure digital innovation reflects the needs of our population, and helps develop a workforce prepared for the future.

**Our vision is to create a digitally-enabled practice environment for nursing that supports research and delivers better outcomes for the public.**

**Aims:** To work with partners to create a digitally-enabled environment that facilitates nurse-led research and nursing-related digital innovation that levers nursing practice data for research into prevention and treatment, and into enhancing digital technologies so they better support efficient workflow and effective decision-making.

We are committed to:

- Contributing to building a digitally-enabled environment that better supports cutting-edge nurse-led research and innovation.
- Developing research leadership in digital technologies and data science and taking steps to ensure that related research expertise is visible, embedded and valued across the profession.

- Identifying priorities and enabling research in digital technologies and data science that can help improve quality and safety and population health management.
- Facilitating development of a robust data architecture to underpin research that is relevant and useful to nursing practice.

We will achieve this by:

- Working with academic partners to develop interventions to increase the profession's research knowledge and skills around digital technologies and data science, and develop a nurse-related research workforce and nurse-led research leadership in these fields.
- Identifying research priorities for nursing practice that might benefit from the support of digital technologies and data science, working with industrial partners to ensure solutions are fit for purpose.
- Aligning with national strategic digital initiatives, supporting work at NHSX on data structures, digital technologies, communication standards and information governance, and thereby ensuring that practice-level data is useful for research and nurses are confident in using it to support and conduct research.
- Establishing mechanisms for gathering and disseminating relevant digital innovation research evidence, raising its profile, and exploiting pathways to adoption for practice, education and policy.
- Cultivating partnerships and alliances to form a broad community of practice to optimise and share learning, to ensure digital innovation meets the diverse needs of the public, profession and health and care system.

### Case study: Contact tracing in care homes using digital technology – CONTACT

Effective testing and contact tracing are key parts of managing and learning to live with communicable disease in care homes. Traditional approaches are not useful in this setting.

Led by Professor Carl Thomson at the University of Leeds, the [CONTACT trial](#) uses Bluetooth™-enabled wearable technology to capture contacts between individuals, and between individuals and their environment. Fobs on lanyards, clothing or wristbands enable capture, encryption, storage and recall of real-time and historical contacts. A list of positive case's contacts and contact locations can be quickly generated. A monthly structured report of take-up, infection control and prevention (IPC) success, individuals' infection risks – based

on contact frequency and duration – provides the basis for supporting home staff to effectively manage risks.

The trial involves around 4,000 residents and staff, and has already found that key – often unexpected – people can act as vectors for transmission, bridging networks of staff and residents, and that staff networks can both help and hinder IPC.

### Case study: Virtual family visits to intensive care units during COVID-19

Visiting restrictions to intensive care units (ICUs) during the COVID-19 pandemic necessitated the deployment of rapid solutions to enable digitally secure virtual visiting and communication with families of critically ill patients. Professor Louise Rose of King's College London led research to identify how ICUs across the UK responded to pandemic-imposed visiting restrictions, and explored the experience of virtual visiting for family members, clinicians and family liaison team members. The team thinks enhancing access and developing a more consistent approach to family virtual ICU visits could improve quality of care, both during and beyond pandemic conditions. You can read about the research [here](#).

Learn more about [LIFELines](#) here – a philanthropic COVID-19 pandemic rapid response project led by Professor Rose and Dr Meyer, Guy's and St Thomas' NHS Foundation Trust, that delivered fourth generation-enabled Android tablets (Google) to ICUs with pre-installed aTouchAway software (Aetonix) to support family virtual visits to the ICU.

# Next steps

Together we need to create an environment where nurses at any career stage, in any specialty and any setting can work with patients, service users and the wider multidisciplinary team to investigate how care can be improved and apply the research findings. This is a challenging time for health and social care, but one of the best ways to keep people well and provide the best treatment and care is by enabling research to find effective new interventions and service solutions.

The five areas of action and activities included in this strategic plan, while high level in nature, will provide the basis for the development of detailed plans and a framework to measure the impact of the strategy. These will detail the steps we will take with partners in the coming months and years, to begin to turn our vision into reality. This strategic plan describes the areas that will be worked up into detailed plans.

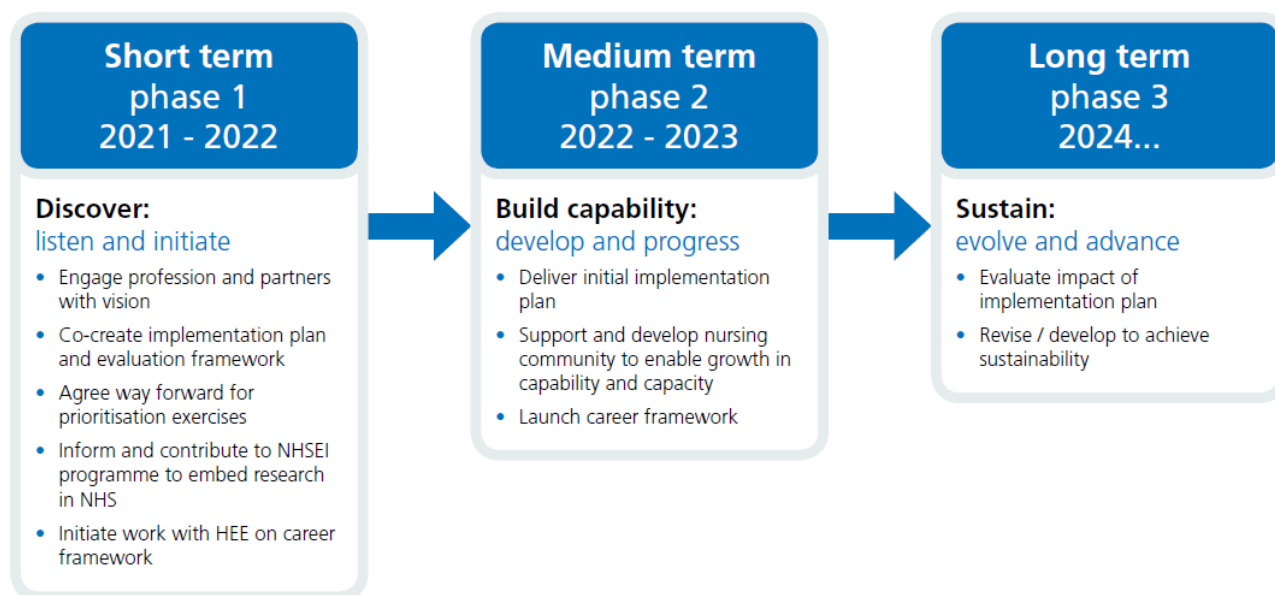
Our vision builds on our ability to work together in pursuit of our common goal – to create an environment where research is woven into the fabric of our profession. Nurse-led research brings about better understanding of the needs of patients and service users and delivers interventions and innovations that improve practice; we all benefit from this.

Delivering on this vision will require partners from across health and social care, universities, the NIHR and other research funders, and the public, to work together. We have drawn on this network to develop and test the vision. In particular, close collaboration between NHS England and NHS Improvement, HEE, NIHR, RCN, Council of Deans for Health and DHSC will be needed. This strategic plan is part of a wider drive to support research in health and social care and builds on commitments and priorities set out in the [NHS Long Term Plan](#), [Saving and Improving lives: the future of UK research delivery](#) and [Best research for best health: the next chapter](#).

## Phased implementation

Our strategic plan for research will be delivered in three phases (Figure 1): discover, build and sustain

**Figure 1: Implementation roadmap for CNOs Strategic Plan for Research**



**Phase 1: Discover: listen and initiate during 2021/22:** This phase includes the publication of this strategic plan, to be followed by our first steps to support delivery. We will form task and finish groups overseen by the CNO’s Strategic Advisory Board for Research to develop detailed plans for implementation and a framework to evaluate impact.

**Phase 2: Build capability: develop and progress during 2022/23:** In this phase we will develop and progress a range of activities, dependent on investment becoming available in 2022. We will publish our full plans in Spring 2022.

**Phase 3: Sustain: evolve and advance beyond 2024:** Once delivery is underway in 2022/23, we will consider the longer term and look at what actions might be needed to ensure progress is sustained and plans are evolved as we gather evaluative data and assess our progress against expected outcomes.



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