Practice Development

Research and Development Strategy for Nursing Midwifery & Allied Health Professionals Acute Division NHS Greater Glasgow and Clyde

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Executive Summary

Aim
To contribute to the evidence-base to inform practice for NMAPs to ensure delivery of effective patient care:

Guiding principles:
- To improve health care for clients/people across the lifespan,
- Informed by clinical practice priorities, professional needs and health policies locally, nationally and internationally
- Multidisciplinary, interagency, and inclusive of clients and other stakeholders
- Theoretically and methodologically robust
- Research will be conducted within agreed financial budget
- Contributes to the building of research capacity and capability for NMAHPs
- Professional development of practitioners
- A clear and supported dissemination strategy

Context NMAHP Research within the Acute Division NHS GG &C
- NMAP research theme is placed within the wider community of Practice Development
- Activity is based across the 5 sites and has a base within the Clinical Research Facility
- We are cognisant of local, Scottish, UK and WHO policies in relation to the Community and Public Health and Health Improvement agendas and aim to both inform and be informed by relevant policy.

Strategic Goals
- To contribute to health improvement by enhancing our capability and capacity to undertake high quality research in relation to promoting, improving, and delivering effective health care
• To work towards developing a career pathway that will utilise research skills and will recognise the value of independent research activity within the NMAHP community

• To ensure effective means of dissemination of our research to key stakeholders and end-users, including its translation and integration into practice

**Key operational objectives**

• Identify areas for research activity of relevance to practitioners and reflect clinical priorities

• Develop mechanisms of support that will facilitate a productive, creative and innovative research environment

• Constitute an organizationally representative research implementation group to guide delivery of the research strategy

• Maintain and develop strategic collaborations locally, nationally and internationally with expertise and track record in areas of interest

• Collaborate with relevant research active institutes including HEIs, research consortia, Clinical Research Facilities and disease specific research networks

• Develop a focused areas of research that builds on past experience, clinical priorities and professional development

• Consider new and emergent areas of work that relate to high quality health care provision

• Plan activities to provide research training and experience commensurate with staff’s professional development needs

• Provide research support to allow individuals with high levels of clinical expertise to take forward a role in research

• Identify and prioritise applications to funding bodies in line with the research strategy
• Enhance the capability and capacity of staff engaged in research;
• Disseminate research findings in professional and academic journals and within the healthcare community more widely

**Research Themes**

Clinical Research Themes Priorities.

9 broad areas of clinical practice were identified through interviews with the Heads of Nursing (appendix 4) a summary of these included:

• Medication,
• Clinical assessment tools,
• Modernising Nursing Careers
• Evaluation of New Initiatives
• Models of Care
• Patient Safety
• Infection Control
• Learning & Education
• A broad Theme called Miscellaneous

A range of issues were included as sub themes as outlined in the sections to follow:

1. **Medication**
   In the medication theme issues of importance were the management of medication, how it impacted on patient care specifically investigating nurses as prescribers of medication; explanation of strategies to reduce errors this links with patient safety alliances, clinical risk and route cause analysis and the impact of “no interruption” policy.

2. **Clinical Assessment**
   In the clinical assessment theme sub themes include risk assessment. This was identified by Community Midwife’s examination of competence and capability and evidence should be collected to ensure any assessment tools used were fit for purpose in addition
assessment tools should be focused on clinical decision making. The implementation of a universal screening tool was thought to be an improvement by creating a single reference system as opposed to many records which examine small areas of risk assessment. This should be evaluated and in particular the acute recovery period for patients was thought to be an important time for having a single assessment tool.

3. Modernising Nursing Careers
Theme 3 looked at modernising nursing careers in terms of how that linked with medical careers and on service delivery that there should be a clearer career framework that makes the route to advanced practice clearer for new nurses and also advancement to nurse consultant and advanced practitioner role. Roles of particular interest that the organisation thought should be looked at were the role of Health Care support workers within Rehabilitation, the impact on nurse’s roles of “doctor light” provision of care. Evaluation of a range of new roles that are likely to immerse such as anesthetic assistant and advanced practitioners and how this related to work force planning, recruitment and retention should be subject to evaluation.

4. Evaluation of New Initiatives
It was acknowledged that the nursing represents 65% of the work force within Acute services and ensuring that this workforce was fit for purpose is an area that was considered something that should be examined in a research framework. There should be improved follow up of health care outcomes beyond individual episodes of care and a better balance and integration of care across primary/secondary care. The impact of unscheduled care and the ability to meet targets such as 4 hour trolley waits in A&E was suggested as an area for researching and an improvement in strategies to approach challenging behavior from patients and staff.

5. Models of Care
Consideration should be given to different models of care and the focus was suggested on the evaluation of a single system model integrated with primary and secondary care another model care was emerging in the new ambulatory care units in particular the role of the generic worker and emergency practitioner role and in the field of chronic disease
management. Within models of care the impact of self care should be monitored and assessed and evaluated together with the education that is developed to support self care. One of the priorities for the ambulatory care unit will be the management of minor injuries and which will be nurse-led and detailed workforce planning and education will be required to be undertaken in order to support the needs of such a service and evaluation of its impact would be an area that should be researched. Reduction of health inequalities, addressing deprivation issues and their impact on health together with promoting healthier ageing were highlighted. The area of avoidance of the “revolving door” syndrome and making the most of the patients own medication was highlighted as an area for development in research. The new model of caring for patients during the nightshift is under review with nurse specialists taking on junior doctors roles. The impact that this has on patient’s outcomes is cited as an important area for research as was pain control.

6. Patient Safety
Patient safety was highlighted as a theme particularly looking at management of violence and aggression and the impact on outcomes. This would include investigation and articulation of staff behaviors in relation to attitudes and behavior. An examination of how to better promote positive attitudes in staff was highlighted. Patient safety was also concerned with falls and poor nutrition and that these were enduring issues that have been identified for a long number of years that still remain a challenge. An examination of the patient’s day, its activities and achieving normalisation during hospital stay was considered an area for describing and identifying areas for development. The treatment of individuals with Learning disabilities was thought to be poorly developed and further work directed in this area was highlighted together with Clinical risk management specifically in this area and more generally.

7. Infection control
Investigation and evaluation of hand hygiene technique, the role of the hygiene champion nurses and investigation of improved mechanisms were considered important to insure that current practices are standardised throughout the organisation and evaluated.
8. Learning and Education

An examination of different approaches to learning in the work place was raised as an area for further investigation and better understanding of their processes and outcomes. Particular reference was made to models of education such as learning support networks for staff focusing on the promotion of numeracy skills and a better understanding of clinical outcome indicators, their variability their influencing factors and their limitations.

9. Miscellaneous

A miscellaneous group of issues which are covered in some of the other 8 themes were raised but had a broader theme of exploring issues around defining care and compassion. Examples of research questions arising from these clinical priorites are provided together with suggestions for research studies of the appropriate methodological approach.

Conclusions

A wide range of clinical priorities are identified by Senior nurses which can form the basis of research questions and research methods appropriate to answering them.
Figure 2: MRC Framework for Complex Interventions (See reference list for more information and discussion of its application to research)

APPENDIX 4  CLINICAL AND RESEARCH PRIORITIES

TOPICS OF HEADS OF NURSING REVIEW

MEDICATION
CLINICAL ASSESSMENT TOOLS
MODERNISING NURSING CAREERS
EVALUATION OF INITIATIVES
MODELS OF CARE
PATIENT SAFETY
INFECTION CONTROL
LEARNING&EDUCATION

REFERENCES
1 Introduction

The purpose of this document is to provide a platform for consultation that takes into account the changes currently taking place across NHS Scotland and more locally NHS Greater Glasgow & Clyde (NHS GG&C). The intended outcome is that the consultation will culminate in an agreed research strategy for nursing and allied health care professionals across NHSGG& Clyde. The proposed strategy derives from a scoping exercise of research priorities for nursing, midwifery, & allied health professionals (NMAHP) The scoping exercise was conducted with heads of nursing and allied health professionals (HoN/AHPs), acute care division, and is set in the context of current policy drivers. Details of the scoping exercise are described in Appendix 1&2. Contributions to the content, direction, and implementation of the final document strategy document are requested. A template for responses is attached.

2 Context

The NHS is committed to providing high quality patient care. Integral to meeting this provision is the development and utilisation of evidence based practice which is grounded in robust clinical research and relevant to current practice. Health care practitioners have a responsibility to take cognisance of relevant research findings as well as generate ideas that may be researched for the purpose of improving patient care. The ‘guiding star’ for innovation is that it must have the potential to positively impact on the quality and effectiveness of clinical care. Fostering such a culture, however, will require an organisational infrastructure that links clinical priorities to the research agenda, identifies and supports practitioners whose investigative skills are at the level required to advance practice and improve care, or who have the ability to attain this level, and formulates career pathways that equip practitioners with the research and clinical skills they require to deliver on the organisational goals. In terms of approaches to research that may be taken that are informed by a research question the MRC have summarised a research methods pathway that is a helpful way to understanding appropriate research methodology specifically related to complex interventions which are most commonly the nature of health service research (Appendix 3).
3 Policy Drivers
The European Working Time Directive (EWTD) and reduction of medical staff working hours has led to an increased number of nurses, midwives, and allied health professionals advancing their role and operating at a high level. In addition, there has been a shift in role boundaries, most noticeably with regard to the scope of practice, multi-disciplinary working, and the emergence of NMAHP specialist practitioner and consultant posts. These changes, have occurred at a time when many health care professionals approach retirement age (WHO 2000, DoH 2000) and as the number of older people with complex health problems, and subsequent demand for health care services, has risen. These changes call for a more research orientated approach to practice. The increase in the number of ‘helper’ and assistant grade staff that have resulted from recent changes, alongside recommended and anticipated changes to service delivery, add weight to the need to develop a research culture within the organization.

4 Current position at NHSGG&Clyde Practice Development
It is difficult to estimate the number of practitioners who currently possess the investigative skills necessary to function at the level required, and to identify, initiate, and evaluate change. It is estimated that around 150 nursing & midwifery staff are currently employed in a research post. In a recent review of Nursing Midwifery research posts in GG&C 136 research active staff within the acute Services division were identified (GG&C 2006). The report identified a clear need to provide research skills education and training that would enable Research Nurses/Midwives to develop a leadership role.

Practitioners working at specialist and Consultant level are required by the nature of their position to have appropriate research and development skills in order to identify and provide clinically effective, evidence-based, high quality services. Although a number of such higher level appointments have been made within the acute services division, to date, no explicit cognisance of appointees’ investigative abilities has been required. If these practitioners are to advance practice, they will be required to demonstrate and utilise high level research skills. Support for the advancement of practitioners whose role involves research and/or practice development functions is available (Scottish Executive
Within GG&C acute services division, informal support structures are available. More formal pathways are, however, limited. If investigative practices are to be both clinically relevant and theoretically sound, access to more formal pathways of training and support will be required.

5 Clinical priorities for NMAP research

Following the findings of the research nurse/midwife review (NHS GG&C 2006), a scoping exercise was conducted within the Acute Services Division (ASD) to identify the key priority areas for NMHAP research/advancement of clinical practice. Participation was sought from the Director of Nursing, Heads of Nursing and Allied Health Professionals (HoN/AHPs) from each of the six acute services divisions namely: Emergency Care and Medical Specialties; Access and Surgical Specialties; Older People and Rehabilitation Services; Women and Children’s Services; Regional Services, and Facilities and Diagnostics. The method used to conduct this work is detailed in (Appendix 1 & 2)

The scoping exercise indicated a large number of topics that were considered relevant and clinically important to the acute division (Appendix 4). A preliminary analysis of the findings of these is shown in Table 1 alongside exemplars from the specific topic areas identified by the participants. As illustrated, these are concordant with the wider NHS priorities (Best Health Best Care: An Action Plan, 2007) and can be considered as key priorities for research within division.
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<tr>
<th>Category</th>
<th>Sub category</th>
<th>Exemplars of specific topic areas</th>
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<td>Patient Safety</td>
<td>Improving health</td>
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<td>Systematic clinical assessment</td>
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<td>Respect for patients and their families</td>
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<td>Workforce planning</td>
<td>New roles and models of care</td>
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<td>Building research capacity &amp; capability</td>
<td>Learning support/mentorship in the clinical environment</td>
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<td>Managing unscheduled care</td>
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<td>Primary/Secondary care interface practice</td>
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6 Research Strategy

The support of Nursing Midwifery and Allied Health Professionals (AHP’s) research activity is part of the corporate Practice Development function of the organisation and is guided by the following principles:

- Research is integral to service delivery and high quality effective patient care
- Research activity complies with the guidelines outlined in the clinical governance strategy, R&D management processes and adheres to ethical standards as outlines by the National Ethics and Patient Safety Service
- Established links to the wider R&D function of the organisation and research funding bodies
- Activity should reflect the wider research and development agenda within the NHS Scotland which has a strong focus on translational research that leads to benefit for patients and the population.

Taking these principles into account, the proposed research strategy aims to address the findings from the review of Nursing Midwifery & AHP research posts (NHS GG&C 2006), the clinical priorities review as identified by the HoN & AHPs (Appendix 4), and current policy drivers. Many of the areas identified from the scoping exercise cross divisions as well as thematic boundaries. Pooled resources re-directed to clearly focussed priority issues is, therefore, likely to have a greater positive impact on the attainment of the organisation’s strategic objectives and should be considered.

The broad objective of the research strategy is that the research conducted within the organisation will focus on national health and clinical priorities, and professional development. To move us toward attainment of this goal, eight objectives are proposed. Consultation and comment with regard to their content, scope, level, implementation and potential impact has been undertaken.
7 Proposed Objectives

Over the next five years, we will:

1. Increase the number of practitioners working within NHSGG&Clyde who possess investigative skills at the level required (MSc/PhD) and enable them to actively apply these skills to improve practice.

2. Promote and maintain a research infrastructure that will support NMAHPs in the generation and utilisation of relevant research relevant to clinical practice.

3. Access to research training and experience commensurate with staff’s professional development needs

4. Provide mentorship, according to individual need, for those who are undertaking NMAHP research and contributing to the organisational portfolio of research activity that will facilitate productive, creative and an innovative research environment

5. Undertake research projects in focussed areas of practice guided by priorities for effective practice and patient care that are theoretically and methodologically strong.

6. Contribute to project development and funding applications that build on and develop existing areas of research and clinical expertise and are in line with the research strategy

7. Identify new areas of research that arise from the changes in service provision, patient and population need.

8. Further develop strategic collaborations locally, nationally and internationally with HEIs, the Clinical Research Facility, research consortia, and disease specific research networks and the wider NHS that enhances the capacity and capability of the researchers through access to relevant expertise and groups with a track record in areas of interest to the organisation.
9. Ensure an effective and supportive mechanism for dissemination of research findings and articulate their relevance to practice.

10. Consider new and emergent areas of work that relate to high quality health care provision

8 Implementation

It is proposed that delivery of these objectives will achieved through appropriate investigative practice identified from an agreed selection of the priority areas identified in the scoping exercise (Table 1). Specific research questions derived from these priority areas will be articulated and agreed with HoN/AHPs and practitioners with an active research remit. These will ultimately feed into the agreed research/practice development organisational objectives. Areas that will be focussed on are:-

- Constitute an organizationally representative research implementation group to guide delivery of the research strategy
- Identification of the best mechanisms to be put in place in order to appropriately invest in research activity
- Clarity on the resources, staff and funding available to invest in research activity
- Focus on balance of research activity at different levels, for example, MSc, PhD level or as a principal investigator of externally funded projects?
- Identification of the workforce engaged in research
- Identification and application to externally funders of research
- Capture of research knowledge generated within the organisation by NMAPs and support for wider dissemination of findings.
- Research will be conducted within agreed financial
Appendix 1

Topic Guide

Research Priorities NHS GG&C Acute Services Division (ASD)

- Key priorities for NMAHP research within the ASD in general?
- Key priorities for research specific to own hospital / area?
- What, if any areas from the previous strategy (own document) should be retained?
- Could / should these (areas identified by individual) be focused?
- Key clinical priorities

If yes

- What from own perspective would facilitate this?
- Is there anything you feel might impede its progress?
- What would help overcome this?
Appendix 2

The Scoping Study

Method
A meeting with the Heads of Nursing and Allied Health Professionals (AHP) was arranged with the purpose of obtaining Senior nurses and AHP views of the key priorities for research. A brief topic guide (Appendix 2) was sent in advance of a pre-arranged meeting with a request that the wider group within each directorate be given the opportunity to indicate their views on the clinical/research priorities within their own clinical area. A series of six face to face individual and dyadic interviews involving ten participants were conducted. Hand notes were taken at the time of the interview and subsequently transcribed. Following each interview, participants were sent a copy of the transcript and provided the opportunity to comment on their accuracy or provide additional information. No amendments were requested and no additional information was received.

Analysis
Transcripts were reviewed individually following each interview. These were re-reviewed as a group once all interviews had been conducted and a content undertaken. Following this, individual topics were grouped into cognate areas (Excel document) and categorised in accordance with specific topic areas that had been identified for inquiry and evaluation.

Findings
From a preliminary analysis three main categories and nine sub categories were identified: ‘Patient Safety’, ‘Respect for patients and their families’, and Health service careers’ and ‘NMHAP professional development’. These are shown in Table 1, alongside exemplars from the specific topic areas suggested by the HoN/AHP participants. This initial analysis has been undertaken to demonstrate the way in which themes can be identified from a wide range of clinical and research topics. It is not the definitive area of research theme priorities as this will be assimilated following wider consultation within the organization. As illustrated, the areas identified are concordant with the wider NHS priorities.
Appendix 3

Approaches to generating research knowledge

- An understanding of what evidence/knowledge exists for an area of practice. This would involve the healthcare literature, systematic reviews on particular areas of practice or health care delivery and clinical guidelines.

- To clarify if the problem identified has not been fully explored and that this would be the basis for further work in the context of descriptive quantitative research or qualitative exploration or audit.

- Where a clearly identified issue is apparent then interventions could be designed to address that problem. Research would be designed to test the efficacy of new service delivery or new approaches to patient care within a robust evaluation framework with a range of outcome measures both patient focused and clinically focused.

- The medical research council provides guidance on approaches to research in the context of complex interventions in health care and a schematic for this is provided in figure one and figure two.

![Figure 1 Key elements of the development and evaluation process](image-url)
Figure 2: MRC Framework for Complex Interventions (See reference list for more information and discussion of its application to research)
Appendix 4  Clinical and Research Priorities

TOPICS OF HEADS OF NURSING REVIEW

MEDICATION

- Medicines management
- Impact of patient administered drugs
- Impact of independent nursing prescribers in administration of medicines
- Strategies to reduce Medical error administrations
- Patient safety alliances
- Safety, errors.
- Clinical Risk –
- Systems and Processes – what happens elsewhere
- Root/Cause analysis
- Impact of ‘no interruption’ policy.

CLINICAL ASSESSMENT TOOLS

- Risk Assessment - Community midwife
- Examination of competence and moving this towards capability to ensure that assessment tools are fit for the purpose and utilised
- Be a focus on clinical decision making
- Implementation of a universal screening tool - single record system
- MUST tool - Training/Education & investigation/development - not suitable for children
- Acute recovery using single assessment

MODERNISING NURSING CAREERS

- Modernising nursing careers
- Impact of modernising medical careers on service delivery
- Clear career framework with route for advanced experiential practical skills
- Consultant Nurse/ Advanced practitioners for older people
- Exploration of roles
  1. Rehabilitation/Health Care support workers
  2. New role development particular with a Doctor “light” provision of care & focusing on assessment and diagnosis and the use of validated assessment tools
  3. Anaesthetic assistant
  4. Advanced Practitioners/ Advanced Practice

Workforce planning particular focusing around recruitment and retention
 Open training and education needs and a profiling of what the role of Health Care Practitioners might look like in the future and to ensure that they are fit for purpose
 Pre-habilitation in the management of forthcoming surgical patients
 Impact of the role of the senior charge nurse review which is ongoing and the role of the clinical nurse leader
 Advance practice and Nutrition
 Modernising nursing careers including advance practice, fast tracking of graduate nurses to master’s level and new models of clinical academic careers
   Role of NPs in MRU – Action Plans
   ENPs – most experienced nurses but who in A & E
   Trainer for ENPs
   New SN – Rotational programme RAD. Evaluation – project steering grp. –
   Previously evaluated. Good support = retention.
 Modernising Nursing Practice - Rehab
 Early Career Fellowships

EVALUATION OF INITIATIVES
 Acknowledging that the nursing force represents 65% of the workforce and we should be able to have better means of evaluating the impact that they have
 Insuring the workforce of nursing are fit for purpose
 Better follow up of outcomes beyond episode of care
 Balanced and integration of care across Primary & Secondary Care
 A&E has a focus on through put to particular time targets but a question mark over the examining the quality of care during an A&E stay
 Unscheduled care collaborative (4hr trolley wait) – Target 98% by Dec 2007
 Resources (Increased pt numbers/severity of disease). Current services to address.
 Improved strategies to approach challenging behaviour
MODELS OF CARE

- Improvements on patients well being -
  Evaluations of the single system model integrating Primary and Secondary Care

- The New ambulatory Care Units-
  Interested in the Role of the Generic worker and the emergency practitioner role in the field of Chronic Disease management

- Promotion of patient self care

- Priorities for the Ambulatory Care unit will be the management of Minor injuries this will be a Nurse Lead Unit and will require detailed workforce planning for staffing of that unit but also to take into account the deficit it will leave in existing A&E as staff are drawn from that source Ambulatory Care will also be a priority as will the training of Emergency Nurse Practitioners

- There requires to be a policy referral pathway

- There are plans for a new medical day care area and the development protocols to outline which patient groups would be appropriate to be cared in this way and examination of the development of a role for a Nurse Practitioner in Acute receiving.

- Oxygen therapy in the community

- Reduction in Health and equalities tackling deprivation and it’s impact on health
  Promoting healthier ageing

- Chronic disease management

- The new model of Ambulatory care one of the issues that was raised was the management of long term conditions as people live longer long term conditions is going to be a bigger health issue and their focus is on improving prevention, interventions, promoting self care for patients, improving follow up and links with the community services to put in place early detection of deterioration and promote good control of disease with more effective medicines management, more independence on patient empowerment and have tools to identify high risk patients particular in relation to admission to hospital

- Service design

- Models of Care

- Services support Resp ESD, HF Liaison, CR
Move to ACADS
Medical day bed area – who? Clients?
Policy referral pathway
How secondary care is able to support the management of people in the community making the most of your medications and avoidance of the ‘revolving door’ where patients are discharged to early, and are then re-admitted
Patient Centered Care - Rehab support worker

PATIENT SAFETY
Violence & Aggression
Staff behaviour in relation to attitudes & courtesy
Patient safety in relation to falls and nutrition
Patients’ safety that initiatives be enduring
An examination in promoting positive attitudes through appropriate use of body language:
   Facial Expressions & Anger Management
Improved Strategies to approach challenging behaviour
Valuation of protected meal times in relation to it’s impact on diagnostics services and portering
Valuation of Resuscitation Training
Examination of the patient day - its activity and ways of achieving normalisation
Care Tracheotomies and Management of chest pain
Learning disability
Clinical risk management
‘Hospital at night’ and it’s impact on patient outcomes
The management of reduction and falls in hospitals
Pain Control
   Problem: Pain control continues to be inadequate at times. This may be a particular problem for patients who experience pain which is not acute and who are not receiving Palliative care.
Documentation
**Problem:** Nursing documentation is not standardised. Some work in this area (Patient Pathways)

- Catering
- Complaints
- Clinical incidents – communication A & D discharge
- Child Protection
- Nutrition
- Environmental Audit
  - Staff Questionnaire
  - Patient IV – telephone call

**INFECTION CONTROL**

- Infection control management in particular, hand hygiene & the role of hygiene champion nurses
- Infection Control

**Problem:** Current practices are not standardised. It is not clear whether the practice of nurses (and possibly AHPs) has a research basis. One example would be the inconsistency with which aprons are worn. There is, therefore, a need to identify what research exists in this area.

**LEARNING & EDUCATION**

- Learning support networks for staff
- Promoting Numeracy skills
- Better understanding of clinical outcome indicators

**MISC**

- Issues around defining caring & compassion
References

http://www.ukcrc.org/PDF/Nurses_report_August_07_Web.pdf


