

Title:

Engaging and developing the frontline clinical nurse to drive care excellence: Evaluating the Chief Nurse Junior Excellence in Care Fellowship Initiative

Authors:

1. Louise Bramley

PhD, MARM, BSc(Hons), RN

Clinical Lead Research and Innovation

Institute for Nursing and Midwifery Care Excellence, Nottingham University Hospitals NHS Trust, Nottingham, UK.

2. Joseph C. Manning

PhD, MNursSci (Hons), PGCert, RN.

Clinical Academic Senior Research Fellow in Children, Young People and Families Nursing

Nottingham Children's Hospital and Neonatology, Nottingham University Hospitals NHS

Trust, Nottingham UK; School of Health Sciences, The University of Nottingham, Nottingham

UK; Centre for Innovative research Across a Life-Course, Coventry University, Coventry UK.

3. Joanne Cooper

PhD, MARM, BSc(Hons), RN.

Assistant Director of Nursing (Research, Innovation and Professional Regulation)

Institute for Nursing and Midwifery Care Excellence, Nottingham University Hospitals

NHS Trust, Nottingham, UK.

Corresponding Author

Dr Louise Bramley, Nottingham University Hospitals NHS Trust, Derwent House, 1st Floor,
Flat 5, City Hospital Campus, Hucknall Road, Nottingham, NG5 1PB United Kingdom.

(louise.bramley@nuh.nhs.uk)

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Abstract

Background

Global challenges in the development of a highly skilled and motivated nursing workforce, jeopardises the delivery of high quality care. Flexible and innovative workforce solutions are required to overcome these challenges.

Aims

To describe the implementation and present the preliminary evaluation of a bespoke initiative called the 'Chief Nurse Excellence in Care Junior Fellow' designed to develop foundational clinical and academic skills of frontline junior clinical staff.

Methods

This initiative was developed and piloted at a large, inner-city, acute NHS Trust. The initiative involved two main components: a bespoke development programme and an improvement project that was supported by clinical and academic mentors. The initiative was evaluated using structured feedback, case studies, and data on dissemination activities.

Results

Six fellows completed the first cohort of the initiative that commenced in the spring 2016. Results showed positive impact on professional development relating to the acquisition of new knowledge and skills. Case studies of projects showed demonstrable impact on patient experience, outcomes and cost savings. Wider organisation and NHS impact was demonstrated through multiple dissemination activities.

Conclusion

This preliminary evaluation provides evidence that this initiative is a sustainable, clinically driven career development opportunity at a foundational level with demonstrable positive impact on care and staff development. Further work is underway to carry out a longitudinal structure, process and outcome evaluation with particular focus on impact.

Introduction

The effective professional development of a highly motivated and skilled nursing workforce is at the forefront of international health care debate (World Health Organization, 2016; Health Education England, 2015; Nursing and Midwifery Council, 2017). Nursing workforce deficits have been directly linked to poorer patient outcomes and staff experience (Aiken et al., 2014). Therefore measures to address these workforce challenges have been identified as a global health priority (Ball et al., 2016; Deloitte Centre for Health Solutions, 2017).

Policy documents and drivers (NHS England, 2014) have acknowledged the increasing complexity of patient care needs and expectations, the aspirations of current and future nursing and midwifery workforce as health care providers, and the need for flexible and innovative workforce solutions and roles; including those that combine opportunities for clinical and academic development (Association of UK University Hospitals, 2016; Health Education England, 2015).

In responding to the historical barriers for aspiring nursing, midwifery and allied health profession clinical academics as outlined in the Finch Report (UK Clinical Research Collaboration, 2007), Health Education England (HEE) and the National Institute for Health Research (NIHR) have established national funding streams that aim to provide distinct career pathways for those committed to establishing a clinical academic role. These include post-graduate research training, bridging awards, and mentorship in order to develop the next generation of clinical academic leaders (Health Education England, 2015). Westwood et al. (2018) outline a successful partnership model that utilises that strengths of strategic partnerships across health care and educational systems. However, despite national supportive infrastructure and examples of good practice, local evidence confirmed that there were limited opportunities for front-line staff to gain exposure to the realities of combining clinical demands and academic development outside of these schemes. Challenges for Trusts also include how best to identify, support and further develop those aspiring or

considering clinical academic roles outside the established pathways (Westwood et al., 2018), or not yet clear as to whether this is their preferred career option.

Allowing staff to experience aspects of clinical academic role developments as part of a strategic talent management approach is therefore essential in allowing staff to gain insight, experience, confidence, and develop networks essential for clinical academic roles and NHS leadership more broadly (Strickland, 2017).

Local research evidence (Haines, 2016) and extensive staff engagement identified that an in-house, locally driven 'foundational level' was required to provide staff insight, exposure and skill development. Specifically this comprised junior (NHS Agenda for Change [AfC] Band 5) leadership development of evidence based practice skills, project management and opportunities to experience the challenges and opportunities of innovation in today's NHS.

In this paper we describe an initiative that aimed to specifically target the development of frontline clinical nurses (AfC Band 5) 'Chief Nurse Excellence in Care Junior Fellowship' and present the preliminary results of the evaluation.

Aims and objectives

The aim of the initiative was to implement and evaluate a bespoke programme designed to develop skills in innovation, leadership, improvement science, and change management for frontline junior clinical staff (nurses and ODPs).

The objectives were to

1. Pilot the initiative and document the process of its implementation
2. Capture outcomes in relation to the impact on individual Chief Nurse Excellence in Care Junior Fellows, patients and the wider organisation

Methods

Setting

The initiative called the Chief Nurse Excellence in Care Junior Fellows was developed and piloted at a large, inner-city, acute NHS Trust whose organisational characteristics can be seen in Figure 1.

The Initiative

The design and implementation of the initiative involved two main components (Figure 2).

Component one was a bespoke individual development programme. This was designed and underpinned by an 'inclusive' talent management theoretical approach which was chosen as it recognised the full range of talent across the organisation and was commensurate with our shared governance ethos (Swales et al., 2014). Personal development including clinical academic and leadership experience. This was guided by a bespoke framework mapped against the VITAE researcher development framework (<https://vitae.ac.uk/vitae-publications/rdf-related/researcher-development-framework-rdf-vitae.pdf/view>) (VITAE, 2011) and improvement science methodology (Roe et al., 2015). This process was monitored and evaluated using a skills matrix. Individuals assessed themselves against seven domains (1. understanding you and the way you work; 2. contact and support networks; 3. project aims and objectives; 4. managing the change process; 5. knowledge of the implementation/improvement process; 6. project reporting and impact; 7. professional and career development) as either: highly competent; competent; developing; or not yet developed.

Component two, comprised an improvement project specifically relevant to their clinical area and supported by bespoke mentorship from nurses in clinical, academic and senior leadership positions internal and external to the organisation. This included quarterly meetings with the Chief Nurse of the organisation and invited health system leaders to share their career journeys. During the course of the programme, individuals were required to

underpin their projects using practice development frameworks and improvement science methodologies (Kitson et al., 2008; Roe et al., 2015).

Following organisational nursing and midwifery board level approval in the autumn of 2015, the initiative was piloted with its first cohort of six direct care junior clinical nurses and one junior operating department practitioner (ODP). A partnership approach between the corporate nursing team and divisional lead nurses was employed to recruit graduates from across a large tertiary organisation. All roles were advertised externally with 'junior' referring to AfC Band 5 posts. Fellows were recruited in line with standardised NHS HR policy and procedures and the selection process included an interview and presentation.

Fellows received a bespoke training programme, dependent upon their current experience, development needs and requirements of the development activity. The pilot cohort was assigned one day per week for the duration of a year in the role of Chief Nurse Excellence in Care Junior Fellows. Each Chief Nurse Excellence in Care Junior Fellow was aligned with a clinical and an academic mentor to support the development of a personal training plan and an excellence in care project examples of which can be seen in Figure 3. Academic mentorship involved monthly meetings with PhD prepared nurses to ensure the scientific rigour of the proposed projects. This included regular review of project plans, ensuring projects were supported by appraisal of best available evidence, providing methodological expertise, and supporting dissemination and writing for publication. Chief Nurse Excellence in Care Junior Fellows met regularly with their mentors to review, modify and develop their project and personal development plan.

The initiative was resourced by the reallocation of nursing/ODP vacancy funding within each clinical division. Each Chief Nurse Excellence in Care Junior Fellow equated to 0.2 WTE (NHS Employers, 2017). Recruitment of the first cohort commenced spring 2016.

Evaluation and analysis

The initiative was evaluated using qualitative and quantitative methods focusing on the process and outcome to establish impact. The evaluation was divided into three main elements:

1. An evaluation feedback form was completed by all Chief Nurse Excellence in Care Junior Fellows at the end of the initiative to capture individual comments in relation to their professional development, project development and recommendations for future iterations of the Chief Nurse Excellence in Care Junior Fellow initiative.
2. Case studies of projects conducted by Chief Nurse Excellence in Care Junior Fellows were collated, examining outcomes in relation to benefit to patients and/or staff experience.
3. Wider organisational and NHS impact relating to dissemination activity and ongoing legacy of the initiative. Academic outputs and awards from projects and associated activities were also captured through a database of publications, awards, conference presentations.

Results

The following sections present preliminary results from the evaluation, this is structured against the three main evaluation elements detailed above.

Personal development including clinical academic and leadership experience.

Following completion of programme, Chief Nurse Excellence in Care Junior Fellows all reported positive personal and professional development as captured in the statement below.

“These roles allow individuals to explore opportunities, evoke change, work with the wider team and uncover their own unique approach to nursing” (Fellow 1).

“I feel that this has been a unique opportunity to develop and identify a niche opportunity to develop as an individual. Improved my ability to listen and to engage

with others. It has positively impacted upon my career and has helped shape me for the future. I'm not sure if my project was too big to achieve but I feel like there could have been more drawn from this project” (Fellow 2).

Individual feedback also confirmed that exposure to senior nursing leaders proved inspirational.

“The Chief Nurse Excellence in Care Junior Fellows has given me opportunities I would never had to meet Directors/Matrons of Nursing within NUH and receive their mentorship, support and advice. These opportunities have helped me to develop my work network within [Trust] and my own leadership skills....and I feel the past 6 months to be the highlight of my career so far” (Fellow 3).

In addition, opportunities to collaborate with wider stakeholder groups and departments (such as finance and procurement) gave insight and understanding into the complexity of decision making processes and local and national strategic priorities. Through the mentorship process, individual Chief Nurse Excellence in Care Junior Fellows described valuing the opportunity to experience transformational leadership in action and its fundamental role in improving patients’ care beyond the bedside.

The Chief Nurse Excellence in Care Junior Fellows initiative also provided clinical and academic mentorship. This gave exposure to clinical academic career role models which in turn raised the profile of this alternative career route. Clinical academic careers are not as established as more traditional career pathways such as nurse manager, advanced clinical practitioner, or practice educator and the initiative helped a number explore the suitability of a clinical academic career to their future aspirations:

“The opportunity allowed me to explore beyond my ward area. In terms of influencing my career I believe that I am a driven individual and would always seek

out opportunities for development. The opportunity has given me an insight into research and leadership” (Fellow 5, 2016).

Whilst not the primary objective of this initiative, it is of note that one Chief Nurse Excellence in Care Junior Fellow subsequently secured an NIHR funded Masters in Research Methods fellowship, and two others confirmed their future intention to undertake PhD level study later in their career.

“Has made me more confident and certain that I would like a clinical academic career and progress on to my PhD” (Fellow 4, 2016).

Project outcomes relating to benefit to patients and/or staff experience.

The six Chief Nurse Excellence in Care Junior Fellows undertook a diverse range of projects, across clinical specialties that focused on pertinent issues for clinical practice within their areas. The focus of these projects was initiated by the Chief Nurse Excellence in Care Junior Fellows and project plans were drawn up in conjunction with clinical and operational colleagues, patients and the public, senior nursing leaders and mentors.

Early on in the project, Chief Nurse Excellence in Care Junior Fellows were encouraged to engage with improvement science methodologies to support their understanding of the current literature and the importance of engaging with stakeholders as a key part of delivering the project.

Two specific case studies are presented briefly in the following paragraphs to illustrate the work undertaken and the impact on patient or staff outcomes. Both examples demonstrate the value of supporting front-line staff to innovate and provide solutions that maintain quality while also enhancing value and efficiency.

Case study 1 - Enhancing post-anaesthesia dementia care in the theatre recovery setting

Background: Caring for patients with dementia in theatre recovery can be challenging. No local or national guidelines are available on best practice.

Aim: To improve the quality of care for patients with dementia emerging from general anaesthetic.

Method: Plan Do Study Act (PDSA) cycles were used.

Results: Audits identified post anaesthetic nursing care for those with dementia could be more patient centred. A suite of interventions were implemented that included: (1) A dementia care resource trolley which housed a CD player, disposable headphones and a selection of classic music CDs, a twiddlemuff (a knitted muff with accessories sewn on which is used as a stimulation activity for the restless hands of patients with dementia) and stress-relieving toys; (2) Working with ward staff to highlight the importance of accurate documentation on individual's lives, likes and dislikes; and (3) Flexible training on dementia using e-podcasts for staff. Following implementation, staff reported an increase in confidence when caring for people with dementia. They also noted what a calming influence using the resources had on distressed patients within the department (Edis, 2017a).

Conclusion: This project showed improvements to the care of patients with dementia with awareness being raised, staff being educated, and sustainable solutions offered (in the form of a resource trolley) to enhance patient experience.

Case study 2 - Enhancing the care of patients with neutropenic sepsis

Background: Patients with suspected neutropenic sepsis are admitted to hospital and given intravenous antibiotics (IV) as a first line treatment.

Aim: To streamline the care pathway for adult patients with suspected neutropenic sepsis.

Methods: Quality improvement methodology was used that included audit and feedback cycles and implementation and evaluation.

Results: Findings from a series of audits focusing on diagnosis, length of stay and treatment, suggested that a substantial number of patients could avoid admission and antibiotic treatment. Over a four month period, a trial of routine analysis of full blood count results

using a machine located in an adjacent area reduced the inappropriate use of antibiotics in this patient group by 77%, door to needle time was 100%, and unnecessary admissions (e.g. not neutropenic) reduced by 47%.

Conclusion: This project showed significant improvements to the neutropenic patient pathway enhancing experience and outcomes and a reduction in unnecessary admissions.

The wider organisational and NHS impact

The main focus of the Chief Nurse Excellence in Care Junior Fellows initiative was to effectively develop individuals' strengths and talents. Since completing their year as a fellow, the entire pilot cohort still work within the organisation, with many of them having moved into junior leadership positions. Although we cannot assume that this would have been their career trajectory if they had not undertaken this fellowship, the skills developed and demonstrated through the initiative would have been essential to the job specification for more senior posts:

“Undertaking this project gave me the confidence and experience to apply for a band 7 role” (Fellow 6).

Furthermore, through undertaking the initiative, fellows were exposed to broader context of leadership within the NHS, networking with other departments (e.g. finance, ICT, HR), and clarifying career aspirations through experiential learning and being exposed to the career pathways of others. This success in developing talented individuals has resulted in wider adoption of these posts by other senior divisional leaders across the organisation.

Throughout the programme, the Chief Nurse Excellence in Care Junior Fellows were encouraged to enhance their learning in dissemination, networking and influencing. They did this by sharing their experiences in collaboration with a national UK professional nursing journal, via blogs (Edis, 2016; Randall, 2016). Chief Nurse Excellence in Care Junior Fellows also presented their work at internal and external Trust development days and meeting including dissemination to a variety of audiences, including nurse leaders,

managers, Trust Board members and national visitors. Formal evaluations of these presentations unanimously confirmed the positive response to front-line, junior clinical nurse developments and were described as, *'totally inspirational'* and *'just what we need to hear'*.

Since completing the programme, two of the Chief Nurse Excellence in Care Junior Fellows have gone on to have their projects published in peer reviewed academic journals (Edis, 2017a; Wells and Manning, 2017). One Chief Nurse Excellence in Care Junior Fellow has also been recognised as first UK nurse to be recognised by the Daisy Foundation and has received a Daisy Award for Extraordinary Nurses™ (<https://www.daisyfoundation.org/daisy-award>). Others have also received nominations and were shortlisted for national nursing awards. In addition two of the projects are featured on The Academy of Fabulous NHS Stuff (<https://fabnhsstuff.net/>), a National NHS website for healthcare innovation and improvement (Edis, 2017b; Leighton, 2017).

Discussion

The evaluation of the process and outcomes of this innovative initiative appears promising, specifically in relation to the development of skills in innovation, leadership, improvement science, and change management for frontline junior clinical staff. Its strengths lie in providing bespoke mentorship, exposure to the complexities of leadership in the NHS and opportunities to develop clinical and academic skills through a project directly informing their clinical practice.

Early evidence confirms the value of this as a sustainable, clinically driven career development opportunity at a foundational level that has gained momentum as the positive impact on care and staff development has been shown. As a result the initiative is being adopted more widely across the organisation. A further 12 Chief Nurse Excellence in Care Junior Fellows have been appointed (consisting of two cohorts of six fellows), with projects being delivered in the Emergency Room, Adult Critical Care, Operating Theatres, Cancer Care, Digestive Diseases, Major Trauma, and Children and Young People and Neonates.

These additional fellow posts are being funded through underspend from existing nursing vacancies within the organisation. There are future plans to appoint Chief Nurse Excellence in Care Junior Fellows in Midwifery and within the wider Allied Health Professional community. Additionally, the Chief Nurse Excellence in Care Junior Fellows initiative has been adopted by other NHS organisations across the UK, where similar challenges are being faced with development and retention of staff.

Further work is underway to carry out a longitudinal structure, process and outcome evaluation with particular focus on impact. This will include economic and patient sensitive indicators and alignment with American Nurses Credentialing Centre (ANCC) Magnet® standards as part of the Trust's journey to excellence in care based on international benchmarking standards. Activities will continue to be underpinned by engagement with past and current Chief Nurse Excellence in Care Junior Fellows, patients and the public and the testing of a preliminary framework to collect personal, project and wider organisational impact data including potential impact on recruitment and retention.

Conclusion

Our experience has shown that this is a relevant, achievable and sustainable initiative that meets the expectations of our contemporary nursing workforce. Allowing staff to experience aspects of clinical academic roles as part of a strategic talent management approach has proved successful in developing talented individuals. It has also been an opportunity for those individuals to gain requisite skills in evidence based practice, improvement science methodologies and change management. Preliminary evaluation of those who have completed their fellowship shows that individuals are moving into junior leadership positions at ward and specialty level and are now applying the principles of transformational leadership to seek to create roles and opportunities for innovation within others.

Going forward, the Chief Nurse Excellence in Care Junior Fellow initiative continues to support frontline staff, with plans to expand into other specialties and disciplines. Its merits in

identifying and talent managing individuals in their first steps on the ladder of a clinical academic career have now been recognised and implemented by other organisations across the UK. Innovating and modelling clinical academic career leadership as part of the Chief Nurse Excellence in Care Junior Fellow initiative has been instrumental in allowing senior leaders from nursing and beyond to see how frontline nurses, with bespoke support and mentorship, can innovate to influence and improve the quality of care that patients within their care receive.

Key points

- Frontline nurses with bespoke support and mentorship can innovate to improve quality of care.
- Innovative initiatives, like the Chief Nurse Excellence in Care Junior Fellow, provide opportunities to structurally empower, upskill and enable frontline nurses to embark on the first steps of a clinical academic career pathway.
- Relevant, achievable and sustainable initiatives that meet the expectations of our contemporary nursing workforce are required to enhance recruitment and retention.
- Innovating and modelling clinical academic career leadership as part of the Chief Nurse Excellence in Care Junior Fellow initiative has been instrumental in encouraging senior leaders to realise the value and impact of supporting frontline nurses to undertake this career pathway.

Ethical Permissions

No ethical approval was required for this quality improvement initiative. However, individual projects as part of this Chief Nurse Excellence in Care Junior Fellows programme obtained appropriate ethical and governance approvals.

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