

St Luke's Hospice Research & Research – Active Workforce Strategy. 2025 - 2028

The St Luke's Research Vision

Growing the Clinical, Research & Academic Critical Mass

'EMPOWERING' Our Workforce to **'ENABLE'** Research & Best Practice

1. Research Leadership

St Luke's Hospice (SLH) aims to become a research-leading hospice, driving local, national, and international research agendas with a focus on delivering measurable benefits to the people of Sheffield.

2. Workforce - A Strategic Priority

Success depends on attracting and retaining skilled individuals and workforce development is central to achieving this vision.

3. Wilkes Institute Development

The establishment of the Wilkes Institute will expand the education agenda, complementing, strengthening and enabling SLH's research agenda.

4. Raising the Research Agenda

We will drive innovation and excellence but also strengthen the organisation's capacity to deliver high-quality, patient-centred care.

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Foreword

As St Luke's Hospice (SLH) grows in its research activity, and momentum for research in palliative care develops, it's important we harness the potential of our workforce so that everyone including our staff, patients and their careers and the wider community benefit from the best available evidence and opportunities.

It therefore follows, that if we collectively embrace and embed research at SLH we will create a better future for our patients, our staff and the wider population. That is why research and innovation is a vital component of our organisation and why we aspire to achieving this next 3year plan.

Research is a pillar of good practice; evidence shows it improves staff satisfaction, retention, patient experience and outcomes while impacting on organisational reputation and attracting investment.

We are now ready to build upon our robust, transparent governance policies and procedures, our acquired knowledge and experience to develop opportunities for wider growth in all the themes of this strategy.

Our research & workforce strategy sets out how we will build on these foundations so that St Luke's cements its national reputation for excellence, whilst continuing to make a tangible difference to local people.

Jo Lenton

Chief Executive & Chief Nurse

Introduction

St Luke's Hospice plays a vital and leading role within Sheffield's Palliative and End of Life Care framework, guided by a clearly defined mission:

"To deliver the best possible palliative care in Sheffield, whilst developing and driving continual improvements for everyone affected by terminal illness."

St Luke's provides support to approximately 6,000 patients and their families each year offering a wide range of support activities. However, its clinical work remains the cornerstone of its service. A 2024 CQC report recognised St Luke's for delivering care at the highest level of competence, awarding it an overall rating of 'Outstanding'.

The integration of clinical practice and research is embedded within the hospice's charitable objectives. These objectives focus on relieving sickness, supporting the treatment, care and experience of individuals suffering from mental or physical illnesses, specifically:

- I. by providing an establishment or establishments for sick persons where they can be given the accommodation, attendance, medical care and treatment and nursing which by reasons of their sickness they require
- II. by conducting, exploring or encouraging research and the evaluation of improvements in the care of the terminally ill person and that person's carers and relatives and to disseminate the useful results of such research
- III. by providing palliative care in the community and by providing support for the carers and relatives of terminally ill persons

We remain committed to these objectives and the subsequent 'Research & Workforce Strategy - 2025' outlines our future vision and aspirations.

Key Challenges

Key challenges over the coming years relate to the position of academic achievements beyond Masters level. Our Research Lead and Clinical Lecturer is already leading the way within medicine but our desire to support the Nursing & Allied Health Professions (NAHP) to progress in a similar way is paramount.

Moreover, advancing to PhD level and beyond master's qualifications will require time, funding, and a workforce motivated to pursue this pathway. This progression would enable professionals to design, develop, and lead research projects and secure grants tailored to their professions, addressing current challenges faced in palliative care.

That said, St Luke's Hospice has significantly influenced its research agenda in the last five years (See **Appendix I - Key Research Achievements** documenting our significant research achievements) but to progress as detailed throughout this strategy we require the wider workforce to possess the knowledge and skills to develop and sustain this growth.

As a result of these factors, we will not only continue to shape the research agenda, but also encourage our workforce to continue to grow our quality agenda via other methodologies, robust frameworks and policies, such as audits and service evaluations. At the same time, we will advance our quality improvement initiatives, all of which contribute to the organization's goal of expanding its clinical, research, academic capacity and most importantly quality of care and experience.

CARIN Survey & Sort Tool - 2024

To clearly articulate our current position and obtain a baseline of where SLH is at now we have utilized the CARIN and Sort research academic and readiness tools to obtain current levels of academic achievement and skills of our workforce as well as obtain an understanding of their research aspirations.

The Council of Deans of Health's CARIN survey and NHS England's SORT tool – gather metrics on clinical academic activity in healthcare professions, and organisation's readiness to undertake research respectively.

We developed our own questionnaire utilizing these tools and completed in November 2024 by staff on a professional register (outside medicine) to capture this baseline data as well as their aspirations going forwards. This data will now be collected as part of our Key Performance Indicators (KPI's) in the Research Register.

The results below clearly demonstrate a growing interest and desire to grow, support and expand research opportunities across the organization and this strategy will aim to influence this position.

Key results of CARIN/Sort (For full results see report Appendix II- 'Analysis of CARIN/Sort 2024')

We estimate around 60 people were eligible to answer the questionnaire, 40 completed questionnaires were received, giving a **66%** completion rate.

- 17 respondents have studied at degree level, nine have Masters, two PGDips and three have PhDs, suggesting a wealth of experience of studying at level 6/7. All qualifications are related to the respondents' area of work, i.e. Bachelor of Nursing/Physiotherapy, Master of pharmacy, Doctorate in Clinical Psychology, etc.
- Responses relating to the nature of the respondents' research projects and dissertations identified work on areas which are relevant to our practice at SLH. These included but are not limited to:

breaking bad news in the oncology setting
art therapy and bereavement
palliative care in the homeless population
palliative care and RESPECT forms...

Going forward we will capture this data at the outset of the individual's dissertation, via the research register, to enable us to capitalise on results.

- Less than 50% responses reported to using their research and leadership skills in their role at SLH. 15/40 stated they have used these skills mainly through poster presentations (6) sharing through teaching (9) and introducing a change to practice (6).
- Only 1 staff member was unclear as to where they would go to find out about research activity at SLH and the others all suggested appropriate sources.
- Seven respondents had received training to use data in undertaking service evaluations, audits and for research.

- Reposes to **barriers** to research revealed the following: insufficient time (23), didn't understand research sufficiently (3), and would 'love to get involved in research (11)'.
- 25% of respondents had undertaken some research-related activity/module or training while at SLH.
- Twenty-one respondents directly referenced the link between **research** and **improved care provision** for patients, families and stakeholders

'Improved patient experience from better symptom control, improved understanding of the dying process for patients and families'

'To improve the care and service to our stakeholders'

'Becoming excellent in palliative care using evidence-based practice.'

'Locally and nationally improves our service delivery for patients and families'

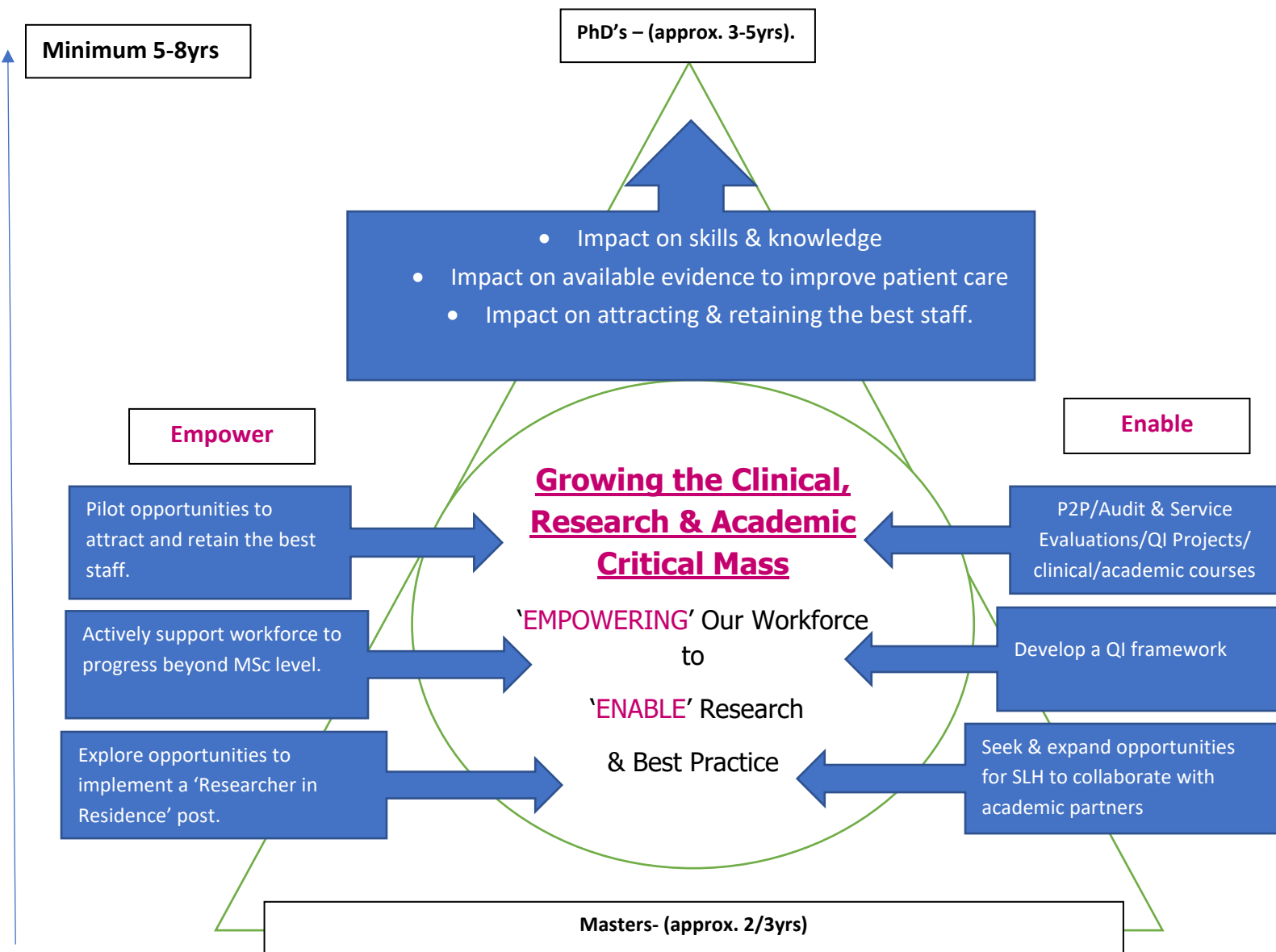
Conclusions:

In conclusion, the evidence obtained from this questionnaire has highlighted experiences and attitudes of our workforce that we otherwise would not have been aware of and will be incorporated into this 'Research & Workforce Strategy – 2025'.

The evidence suggests a clear desire to grow and engage in research activity, though this requires support, opportunities, and performance management. Furthermore, the findings indicate a notable cultural shift within the workforce, recognising the value and importance of research activity and the evidence such projects generate. This strategy outlines our plans to further influence and build upon this position.

The CARIN/Sort survey should be performed again within the next 3-5 years using the data as a benchmark to identify future growth and impact within the research agenda and attitudes of our workforce.

TABLE 1 – Empower & Enable



Strategic Priorities Review

The 2022 researched strategy focused on **Governance & Procedures, Infrastructure, Activity, and Funding**. These have been evaluated to assess progress (See **Appendix 1 - Key Research Achievements**) and remain relevant for the next phase of our development. Two further themes have been added. **Collaboration** and **Workforce Development**.

Next Steps

(1) Governance and procedures - Research & Quality Governance Growth

We will

Sponsorship – Explore the governance structure required to take on sponsorship responsibilities for a select group of research projects, fostering leadership in key research areas.

Strengthening Wider Governance Processes – As St Luke's develops a Quality Improvement (QI) framework, the Research and Innovation team will offer support to draw on research experience in defining processes, procedures and use of an SLH specific register. The R&I team will support the use of research evidence to improve patient care and experience while addressing research capacity, capability, and work to 'bridge the gap' (see below).

Hub-and-Spoke Governance Model - Explore the establishment of a South Yorkshire research governance network, positioning SLH as the central hub to support local hospices, encourage broader research participation, and advance NIHR portfolio activities with revenue-generating potential.

Streamlined Processes: Optimize study setup, approval, and delivery processes to ensure efficient performance and increase appeal to research partners and funders.

Key indicators of success

- Efficient study setup times, showcasing competence and reputation.

- Improved workforce engagement, evidenced by CARIN/Sort metrics and recruitment/retention rates.
- Enhanced financial position enabling sustained annual investment.
- Safe research delivery, safeguarding reputation.
- Promotion of grassroots growth.

(2) Infrastructure - Growing Capacity and Capability – 'Bridging the Gap'

Integrated Proactive Workforce Development - Stand-alone research delivery roles are not currently financially viable therefore, we will build capacity and capability through existing roles (e.g., Consultant Nurse, Trainee ANPs, AHPs, Research Manager, Research Nurse, Specialist Registrar, etc.), creating a tailored clinical, academic, and research workforce ready to seize emerging opportunities and ensure future preparedness.

Utilising methodologies – Running alongside other 'Bridging the gap' initiatives we will encourage staff to utilise methodologies such as Audit, Service Evaluation and Quality Improvement to gain expertise with research-related methodologies. This will allow research to influence change and best practice at SLH.



Addressing National Imbalance – Palliative care is nationally recognized as under-represented, under-resourced and under-served area of research activity

(NIHR). Efforts are underway to increase research activity though progress will take time to impact the availability of national studies (**Table 1**). SLH will enable internal academic growth and foster conducive relationships to contribute to advancing this position.

Key indicators of success

- Increases proportion of research active staff and opportunities
- Improved workforce engagement, evidenced by CARIN/Sort metrics and recruitment/retention rates.
- Develops our research leadership profile
- Promotion of grassroots growth

(3) Activity & Grant development

NIHR Programme Grant - Drawing on our experiences we will collaborate, design and develop competitive national grants. It is expected applications will draw on the Data Donor project, but is not limited to this.

NIHR portfolio studies – Optimise study set-up to recruit to NIHR portfolio, industry, academic studies including national palliative care and clinically relevant associated research, to enhance the quality and accessibility of research evidence.

Key indicators of success

- Increase proportion of research active staff and opportunities
- Influences local & national reputation
- Enhanced financial position enabling sustained annual investment.
- Impacts on the body of available evidence to influence care and experience

(4) Funding - Potential Pilot Projects – '3 P's'

1. **Pilot Hub & Spoke Model** – Scope the feasibility and value of providing research governance to smaller, research naive hospices within region, enabling their participation in the national research agenda.

2. **Pilot Clinical Excellence Award** - Given the challenges of employment and retention of staff in the independent sector, particularly with the development of clinical and academic careers, we will pilot and evaluate the feasibility of creating a Clinical Excellence Award framework to recognize individual achievements that impact patient care and experience. This pilot will assess costs, design a transparent application process, and address employment and retention challenges.
3. **Pilot Researcher in Residence (RiR)**- Knowledge co-production in health service research involves partnerships aimed at creating, sharing, and negotiating different types of knowledge to improve services. We will develop a researcher-in-residence post to strengthen partnerships with academic institutions and co-produce research-based knowledge relevant to SLH and the Sheffield community. This initiative will build workforce capability with initial funding sought from external sources like the Wellcome Trust but will likely require partial financial support from SLH.

Other funding opportunities

- **NIHR, Grant and individual funding** – Develop applications to secure external funding such as the NIHR-‘unblocking the blocks awards’, charities, industry, etc. to support research participation. Success in these areas will enable research activity and the development of our research workforce.

Key indicators of success

- Improved workforce engagement, evidenced by CARIN/Sort metrics and recruitment/retention rates.
- Enhanced financial position enabling sustained annual investment.
- Impacts on the body of available evidence to influence care and experience
- Promotion of grassroots growth

(5) Collaboration - Strengthen Reputation and Foster Collaborations

Enhance national recognition by sharing expertise through conferences and training, building our reputation to attract future research collaborations and opportunities.

- **Research ECHO Training** – The SLH Research Conference 2024 developed six post conference ECHO training sessions in line with the overarching aims and themes of the conference, sharing our learning and enabling other hospices to develop their individual research agendas. We will evaluate the impact of this training to inform future offerings and establish it as a revenue-generating initiative.
- **Foster relationships** - with external partners ACORN, SYDHH, etc and enable the workforce to apply and participate in associated research opportunities.

Key indicators of success

- Improved workforce engagement, evidenced by CARIN/Sort metrics and recruitment/retention rates.
- Enhanced financial position enabling sustained annual investment.
- Promotion of grassroots growth
- Impacts on the body of available evidence to influence care and experience

(6) Clinical & Academic Research Development & Leadership

There is a recognized need to enhance research involvement, among social care professionals and AHPs and, as these professions form part of the largest group of healthcare professionals they play a crucial role in clinical research and improving health outcomes. Additionally, with a growing focus on out-of-hospital research, Nurses and Allied Health Professionals (AHP's) are well-positioned to lead and deliver studies.

- We will align with NIHR initiatives to embed research into care delivery by providing funding, career opportunities, and workforce readiness.

Medical staff are expected to engage with and understand research as part of their training at all grades, and should be supported by their supervisors to do so. Additionally, we will support medical staff at all career stages in engaging with

research, from contributing to studies as part of clinical education to pursuing clinical academic careers through NIHR programme and postgraduate fellowships.

We will build on the successful medical model of 50% clinical practice and 50% research by creating similar opportunities for Nurses and AHPs, fostering their development as clinical academics but recognizing this as a long-term objective requiring sustained effort and investment.

In the short to medium term of the next 2-3yrs - Leverage and Develop Academic Expertise

- Maximize the potential of SLH staff with existing Masters (MSc) qualifications by encouraging their engagement in the research and academic agenda, including projects like Papers to Patients, Audits, Service evaluations, Quality improvement, and further academic development.
- Utilize the expertise of staff with PhDs, including the Head of Research and the Lead for Data Analytics, by fostering opportunities to expand research activities and contributions.
- Support ongoing PhD students (e.g. - NIHR-funded physiotherapist) and explore pathways to retain and develop post-doctoral researchers with ties to SLH.
- Over the next five years, continue to support a diverse range of clinical, research, and leadership Masters programs while actively identifying and facilitating opportunities for progression beyond Master's level qualifications.

Key indicators of success

- Improved workforce engagement, evidenced by CARIN/Sort metrics and recruitment/retention rates.
- Enhanced financial position enabling sustained annual investment.
- Promotion of grassroots growth
- Impacts on the body of available evidence to influence care and experience

Appendix 1 - Key Research Achievements

(1) Governance and procedures – Achievements to date

1. **Robust Research Governance Framework** - St Luke's has developed comprehensive Research Policies & Procedures (V3 Dated 20/01/2025) to ensure compliance with legal requirements, ensuring transparency, ethical standards, and robust governance.
2. **Research Readiness** - With these systems in place, St Luke's is well-placed to engage and participate in a range of diverse research studies as and when they become available via the NIHR National portfolio, Industry or academic partners.

(2) Infrastructure – Achievements to date

- **Expansion of the Research Team** - Significant growth in the core research team has enhanced and grown research capacity & capability.
- **Establishment of a Dedicated Research Office** - A designated space to support researchers from SLH and local universities is fostering collaborations.
- **Strengthening Internal and External Research Culture** - Facilitating stronger relationships promoting a positive research culture within SLH and external partners.
- **Strengthened Reputation for Collaboration** - Positioning SLH as a reputable, research-friendly organisation open to partnerships and future research opportunities.

(3) Activity – Achievements to date

- Robust governance procedures and the expansion of the research workforce at SLH have been described and measured above in sections 1 & 2. Further activity not described is discussed below.

Flagship Projects:

- **Chelsea II (SLH001)** – Participation and engagements has influenced capacity, capability, culture and significantly influenced the importance of research engagement, staff interest & development, evidence into practice, funding, etc.

- **RESOLVE (Part 3)** - developing a registry for outcome measures and used to evaluate how these measures are used to provide organisation-specific feedback with benchmarking.
- **Exploring the Effect of Project ECHO for Internal Medicine Trainees on Future Practice (SLH002)** – Led by SLH this project will look at the impact of ECHO training for medical trainees and is a good example where SLH may provide sponsorship going forwards.

Grant development:

- **DAMpen-DII: (SLH009) Improving the Detection, Assessment, Management, and Prevention of Delirium in Palliative Care Units: a cluster Randomised-Controlled Trial and Process Evaluation.** – Grant developed & funding awarded.
- **Supporting, enabling and sustaining home care workers to deliver end of life care: a multiple-methods community-based case study (SLH019)** – Grant developed & funding awarded.
- **Data Donor Study (SLH014)** – A highly competitive grant development proposal led by SLH with collaboration and engagement from the University of Sheffield, Hull and Sheffield Teaching Hospitals. The outcome of this award will be disseminated in early 2025.

(4) Funding – Achievements to date

- **CHELsea II (SLH001)** - Matched funding from the NIHR to support the Research Champion/Research Nurse post to facilitate the delivery of this national study. Additional accrual funding pending and dependent upon final recruitment achieved.
- **Supporting, enabling and sustaining home care workers to deliver end of life care: a multiple-methods community-based case study (SLH019)**
- **DAMpen-DII: Improving the Detection, Assessment, Management, and Prevention of Delirium in Palliative Care Units: a cluster Randomised-Controlled Trial and Process Evaluation (SLH009)** -
- **SLH010 - Study to improve bereavement services for those from ethnic minority groups**

Appendix II - Report & Analysis of CARIN/Sort Survey 2024.

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Aims and Background

The purpose of the St Luke's Hospice (SLH) Exercise in Research Benchmarking tool is to:

1. Better understand the research/academia experience in the Nursing and AHP (Allied Healthcare Professionals) workforce
2. Better understand the attitudes to research/academia amongst the workforce
3. Provide the SLH Research team with a baseline from which to measure research/academic development
4. Facilitate the identification of areas for growth/how to build and consider these in the context of the Research & Workforce Strategy 2025.

The questionnaire sought to integrate and adapt the Council of Deans of Health's CARIN survey and NHS England's SORT tool – this survey and tool gather metrics on clinical academic activity in healthcare professions, and an organisation's readiness to undertake research, respectively.

Alone, neither were entirely appropriate or relevant to SLH – a hospice in its infancy of building research capacity. Moreover, Sort and CARIN are designed to be completed by an individual in an institution with an overarching understanding of research activity in their organisation. At SLH, this data was available from neither the HR team, nor learning and development.

As a small organisation, we felt it beneficial to capitalise on having a comparatively small workforce and invite the individual to complete it themselves. This would

simultaneously invite them to reflect on their experiences and perceptions of research, while raising the research agenda and profile within the organisation.

Methods

- The survey is a cross-sectional design and consists of 25 questions.
- It asks for information about research and academic experience, barriers and attitudes to research/academia.
- It is a combination of yes/no, multiple choice and free text.
- A pilot group, consisting of representatives from each clinical area, were asked for feedback on usability and accessibility of the questionnaire prior to launching it to the wider workforce.
- The inclusion criteria for respondents were any nurse or AHP on a professional register, and working at SLH.

To construct the questionnaire, the SLH research team immersed themselves in the CARIN and Sort surveys, considering what the purpose of each question/criteria was, then reframing it to make it suitable for our workforce, and incorporating questions from each questionnaire when we perceived a duplicate purpose. Each question has a reference to CARIN and/or Sort.

Emails to prompt completion of the questionnaire were sent by the research and learning and development teams, as well as informal in-person reminders.

Results

The questionnaire was sent out via email to all nurses and AHPs at SLH on 8/10/24; the questionnaire was closed on 21/11/24. We estimate that around 60 people were eligible to answer the questionnaire, and we received 40 completed questionnaires, giving a 66% completion rate.

The questionnaire was anonymised but **Question 1** asks the role of the participant, and from this we can see that we have representation from each professional group. The biggest groups were registered nurses and clinical nurse specialists, which reflects the demographic of our workforce.

17/40 respondents had studied at degree level, nine had Masters, two PGDips and three have PhDs, suggesting a wealth of experience studying at level 6 and 7. All qualifications are related to the respondents' area of work, i.e. Bachelor in Nursing/Physiotherapy, Master of Pharmacy, Doctorate in Clinical Psychology.

The **fourth question** enquired about the nature of the respondents' research projects and dissertations. While there were 13 n/a answers, many of the respondents had researched/focused on areas which would be relevant to our practice at St Luke's. These include:

- *breaking bad news in the oncology setting*
 - *art therapy and bereavement*
 - *palliative care in the homeless population*
- *the contribution of the clinical research nurse in trial design*
 - *evidence around mouthcare in palliative care*
 - *the impact of running and prayer on self esteem*
- *perceptions of physiotherapists treating patients with HIV*
 - *use of clonazepam for neuropathic pain*
 - *palliative care and RESPECT forms*
 - *effectiveness of relaxation on mental health*
 - *fertility and chemotherapy*
- *the needs of family members of people with MND*
 - *ethnic minorities and palliative care*
- *pain control for learning disabled people at end of life*
- *perceptions of nurses on provision of end of life care in the acute setting*
- *exploring post-traumatic growth in survivors of sexual abuse*

Looking at these subjects, we can see that some have a direct relation to the work at SLH, and some have a more indirect but still potentially relevant relationship to hospice care. Going forward we will capture this data at the outset of the individual's dissertation to enable us to capitalise on results.

In terms of funding for this qualification, St Luke's has funded one, thirteen have been funded by the NHS and nine via student loans.

Questions six and seven explore whether respondents have had the opportunity to utilise their research and leadership skills at SLH, and if so, in what ways. Of the 40 respondents, 15 reported having used these skills. The primary avenues were poster presentations (6), sharing knowledge through teaching (9), and introducing changes to practice (6). However, more than half of the respondents indicated they had not used these skills. This warrants consideration, particularly after the completion of the academic course associated with this position.

Question eight asks about the respondents' contribution to research projects and studies while working at SLH. 19 respondents replied 'no' or 'n/a', 8 mentioned being involved in CHELsea2 (a clinical trial taking place on the IPC), 3 said they had been interviewed for qualitative research, 1 had undertaken a systematic review, another had presented at journal club.

The **ninth question** relates to patient and public involvement, 5 had been involved in some capacity.

37 respondents had not taken part in research leadership or advisory activities, though respondents answered in the affirmative for involvement in editorial boards (1), funding committees (1), ethics committees (1), members of forums outside of SLH (3), reviewing papers (2), and working with professional bodies on policy (2).

Respondents were asked where they would go to find about research activity at SLH, 1 person did not know, and the others all suggested appropriate sources. Suggesting communication generally about research was good and had become part of daily discussions.

Question 12 highlighted that 5 respondents had received research funding while at SLH, but only 2 were able to use the funding in the intended manner, i.e. regarding protected time and decisions around spending. Going forwards this will be performance managed to ensure any funding awarded will be used appropriately and the impact of the opportunity managed accordingly.

Question 13 sought to gauge awareness of academic and research achievements within the SLH workforce. Of the respondents, 24 reported being aware of colleagues' successes. These achievements included poster presentations, conference attendance, engagement in Master's programmes, literature reviews, and peer review contributions for a PhD. However, 17 respondents were unaware of any research achievements. This highlights the need for further efforts to showcase such accomplishments. Initiatives like 'Papers 2 Patients' have already begun addressing this, and all staff undertaking a dissertation will now be invited to share their research topic at the outset and return upon completion to present their findings.

Additionally, six respondents indicated they had either delivered or received some form of research mentorship at SLH. Examples included involvement in the national clinical trial (Chelsea II), mentoring a newly appointed research nurse, mentoring physiotherapy students, and supporting a pharmacy technician in completing a service evaluation.

2 respondents have undertaken a research internship: one with the NIHR prior to starting at SLH, and the other is not stated.

7 respondents had received training to use data in undertaking service evaluations, audits and for research and these skills will be utilised to influence our services via one of these methodologies.

21 respondents had attended a conference while at SLH: these attendances include the SLH research conference, an Infection Prevention Society conference, an MND conference, an LGBT Health conference, various Hospice conferences. In terms of presenting at conferences, two respondents reported presenting.

Question 21 asked about the barriers to research: 23 state insufficient time as a barrier, 3 claim not to understand research sufficiently, 1 stated that it's too difficult, and 11 that they would 'love to get involved in research'. Free text answers reveal:

- *an interest in the results but not the process: 'I am very interested in the findings of research and how they can improve my practice, especially using an evidence base. However actually conducting the research isn't something that I am too interested in'.*
- *The feeling that research should be for younger people 'I am 64 years old I feel these opportunities should be for younger staffs should be for younger staff'.*
- *A desire to support trainees on placements with undertaking service evaluations.*
- *'A lack of infrastructure enabling healthcare chaplains to access funding, difficulty finding academic research partners locally'*
 - *And lacking 'confidence in gathering and applying data'.*

25% of respondents had undertaken some research-related activity/module or training while at SLH:

- *8 had attended journal club*
- *5 had presented at journal club*
- *6 have undertaken the Sheffield Hallam University research module*
 - *4 through one of the local universities.*

Most respondents selected more than one option for how they would like to receive information about research evidence and studies in which SLH is participating:

21 – Intranet

18 – research study days

16 – newsletters

10 – mandatory training

The Research & Innovation office regularly update the workforce via weekly digest, research matters newsletter and at mandatory training and further research training is planned via ECHO.

The final question hoped to gauge perceptions of the value of SLH being research active. This was a free text question and answers have therefore been thematically analysed.

21 respondents directly referenced the link between research and **improved care provision for patients, families and stakeholders:**

Examples included -

*'**Improved** patient experience from better symptom control, improved understanding of the dying process for patients and families'*

*'To **improve** the care and service to our stakeholders'*

*'Deliver **evidence- based** practice'*

'Becoming excellent in palliative care using evidence-based practice.'

*'locally and nationally **improves** our service delivery to patients and families'*

*'**Improves patient choice and care'***

'adjusting to needs within the community we serve.'

*Two respondents also linked research to **SLH's values:***

*'contribute and be a **pioneering figure in palliative** care locally and nationally'*

*'I believe it relates directly to two of our **core values** - in that we are Inspired and Pioneering'*

*Respondents referenced the impact of research on **professionalism:***

*'Puts **St Luke's on the map**, role development and raising profile of different healthcare professionals at the hospice and helps towards advancing patient care in a palliative setting.'*

Respondents recognised a **potential financial implication** of research:

Examples included -

*'reduction of waste so **saving money**'*

*Also, an impact of **staff retention**:*

attracting/retaining staff.

'Workforce attraction'

*Respondents recognised that there is a **need for more evidence in palliative care**:*

*'**It is important** for hospices **to be involved in research** as there are still **a lot of grey areas** and research avenues to explore to decipher, what care to give at the end of life and the balancing act of prolonging someone's life unnecessarily and symptom management.'*

Discussion

It's essential we consider the context and significance of these results: *what story do our findings tell? And what do these mean for our organisation?*

Developing a unique St Luke's research ready workforce

The findings reveal the registered Nursing and Allied Health Professional (NAHP) workforce possess research experience at an academic level, an understanding and appreciation of its purpose and use in the palliative care setting and a clear desire to engage in research activities. Almost all respondents have studied to level 6, and 14 have studied at level 7 or above confirming some knowledge of methodologies and processes.

Moreover, the respondents have researched areas that are relevant to palliative care and that could either directly or indirectly impact on practice. In this way, the organisation has a *responsibility* to involve the research and academic experiences of staff into our care provision. If not, the practice-theory gap is highlighted, and the idea that academic qualifications are simply a stepping stone to a desired role or a professional 'tick box' activity.

Additionally, we can see the level of research activity drops after completing studies or a course and while this is perhaps inevitable: when a job does not directly involve research/academia, all roles do include 'quality' and 'evidence-based' care and so integrating these practices as part of everyday performance may take time, imagination, innovation and negotiation.

However, we know a research active organisation has multiple benefits, and we have a responsibility and desire to provide the best care we can, and equally have a responsibility to harness the skills and experience of our workforce so that they might reach their potential; this means embedding the skills and potential of our staff into the research & workforce strategy.

Recommendations

Empower and enable

In the short to medium term, we aim to encourage, empower and enable the workforce to apply their skills through the use of other methodologies such as audit, service evaluation, and quality improvement. These activities will directly impact patient care and the quality of services provided across all departments within the organisation. By embedding these approaches, the work already undertaken can inform practice and help to 'bridge the gap' in building a stronger body of evidence to influence both practice and performance.

In addition, we are committed to pursuing all available research opportunities, including initiatives such as 'Researcher in Residence.' This programme will offer supervision and support for those actively seeking to engage in the research agenda. We will also work to expand opportunities for participation in broader-scale research delivery and identify individuals with aspirations to progress beyond Level 7 qualifications, providing them with the support to achieve their goals.

Such initiatives will not only support the professional development of our workforce but also position St Luke's as a forward-thinking and innovative organisation.

However, it is equally important to attract and retain individuals with the right skills, aspirations, and commitment to research. Identifying and implementing targeted strategies to support this will be key to sustaining and growing our research-ready workforce.

Showcasing Achievements

The evidence indicates that more work is needed to effectively highlight and share achievements across the organisation. For instance, the Infection Control initiatives within the IPC should be shared more widely. Efforts to address this will be supported through initiatives such as *Research Matters*, *Research noticeboards*, *Papers 2 Patients*, *posters* presented at national palliative care networking events, and *publications*.

Staff undertaking any project as part of their academic achievements, at any level, will be encouraged to participate in '*Papers 2 Patients*', the Clinical Audit & Research Group, or the Clinical Research & Development Committee. These platforms will allow individuals to share their work locally and nationally and explore how it might influence practice. Additionally, all academic projects will be formally registered in the organisation's research register to ensure a structured approach to tracking and showcasing contributions.

Limitations

Potential bias – although the questionnaire was anonymous, respondents knew that the questionnaire came from the Research & Innovation Team, and therefore may have employed social desirability, due to the relationship of the team to the clinical areas to answer in a way that they feel would please them.

Conclusions

In conclusion, the evidence obtained from this questionnaire has highlighted experiences and attitudes of our work force that we otherwise would not have been aware of and will be incorporated into the 'Research & Workforce Strategy – 2025'.

The evidence suggests a clear desire to grow and engage in research activity, though this requires adequate support, opportunities, and performance management. Furthermore, the findings indicate a notable cultural shift within the workforce, recognising the value and importance of research activity and the

evidence such projects generate. This Research & Workforce strategy outlines our plans to further influence and build upon this position.

The CARIN/Sort survey should be performed again within the next 3-5 years using the data as a benchmark to identify future growth and impact within the research agenda and attitudes of our workforce.

The Research & Innovation Office would like to thank all staff who participated and completed this questionnaire.