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2024 South Australian Premier's Nursing and  
Midwifery Scholarships

Study Tour Report and Action Plan

Name: Louise McGuire

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Study Tour Title: Premier's Tour – USA & UK

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Study Tour Date: 6<sup>th</sup> April to 25<sup>th</sup> April

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In line with the South Australian Premier's Nursing and Midwifery Scholarship Terms and Conditions, scholarship recipients must provide their supporting employer and the Department for Health and Wellbeing's Nursing & Midwifery Office (NMO) with a Study Tour Report and Action Plan **within thirty (30) days after the last day of the approved study tour.** Prior to submitting the Study Tour Report and Action Plan to the NMO, the report must first be **approved for submission** by the recipient's organisation's Chief Executive Officer or Executive Director of Nursing/Midwifery (or equivalent for private, community and aged care and sectors) and the recipient's direct line manager/supervisor.

Scholarship Recipient's Name: Louise McGuire

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Scholarship Recipient's Position Title: Director of Nursing/Midwifery Professional Practice NALHN

Employing LHN: Northern Adelaide Local Health Network

Ward/ Work Area: Nursing and Midwifery

	Commenced	Returned
Date Study tour undertaken:	6 <sup>th</sup> April 2024	25 <sup>th</sup> April 2024

Location of Study Tour: USA and UK

Scholarship Recipient's SIGNATURE:  DATE: 14/06/2024

Recipient name Louise McGuire IS SUPPORTED IN LEADING AND IMPLEMENTING THE PRACTICE/WORKPLACE CHANGE AS STATED IN THE ACTION PLAN AND TO FACILITATE SUCCESSFUL ACHIEVEMENT OF THE OUTCOMES.

SIGNATURE of Direct line Manager/Supervisor: \_\_\_\_\_ DATE: \_\_\_\_\_

Direct line Manager/Supervisor Print Name: \_\_\_\_\_

SIGNATURE of CEO or EDON/M:  DATE: 14/06/2024

CEO or EDON/M Print Name: Vanessa Owen EDON/M, NALHN

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## Executive Summary

### AIMS of the Premier's scholarship study tour

The aim of this Premier's scholarship was to visit top performing hospitals in the United States of America (USA) and England to review:

1. Workforce attraction and retention
2. Model ward environment to ensure evidence-based patient/woman/child outcomes
3. Education/research/training and practice development of nurses and midwives.

There was significant challenge in being able to visit the hospitals in the proposal and the aims were adjusted slightly to match the organisation and our need.

The hospitals visited were:

- USA:
  - Massachusetts's General
  - Maine Medical Centre
- UK:
  - Guy's and St. Thomas'

## BACKGROUND

Nurses and Midwives are the largest professional group, have more contact with patients than other care providers and are the major drivers of outcomes related to safety, quality, and the experience of care. However, a significant impact on the safe delivery of quality care, particularly within acute care services, is the current workforce shortages in Nursing and Midwifery (N&M) (Halter 2017; Nursing and Midwifery Board of Australia 2023). Whilst there has been a focus on recruitment in recent times to assist the supply and demand mismatch, the worldwide shortage makes recruitment of staff difficult, therefore shifting the focus to staff retention.

NALHN currently has a 12% turnover rate for N&M, which is slightly higher than other South Australian metropolitan Local Health Networks (LHN) (NALHN Unplanned Turnover Report). The impact of losing 12% of N&M clinicians every year has a negative effect on the quality of health care outcomes provided to the community and financial implications for the organisation (Castle, 2005). The financial impact for N&M recruitment costs for the organisation is approximately \$35 000 per person (Price & Reichert, 2017). Therefore, the approximate cost for NALHN per year is \$12,250,000 (\$35000x 350 number of nurses leaving the organisation per year' NALHN Turnover report 2023)

NALHN nursing and midwifery executive are committed to improving the retention of staff within the organisation therefore the Premier's scholarship study tour focus was Workforce retention and recruitment and Nursing/midwifery Education and Research models.

The hospitals visited includes:

USA

- Massachusetts's General
- Maine Medical Centre

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UK

- Guys and St. Thomas's hospital

At each of the above organisation's, time was spent with Nursing and Midwifery Executives to discuss their experience in each of the study tour focus areas.

In addition to the visits to the health care organisations I was able to meet with the Chief Nurse of England, and two of the Deputy Chief Nurses. Each Deputy Chief nurse had a specific portfolio: 1) health education and workforce, and 2) quality, person centred care and the environment.

I also had meetings with Dr.Jo Cooper who is the Head of Research Transformation NHS. Dr Helen Jones, Lead Nurse Researcher Imperial College UK, Dr Suzanne Bench Director Nursing Research at Guy's and St.Thomas' and Dr Fiona Maxton Nursing research lead.

The focus of the study tour focussed on Nursing and Midwifery:

1. Workforce recruitment and retention
2. Education and Research models

There are many strategies discussed in this report that N&M are focussing on within their organisations to promote workforce retention, recruitment, education and research. The difference between NALHN and South Australia is that the programs in the USA and UK referred to within this report have ongoing funding. The governments within both countries and the organisations visited recognise the importance of nursing excellence in achieving retention, to ensure financial efficiency and person-centred quality care.

It is inspiring to note that NALHN through the World Café's and internal research on the Enablers and Inhibitors of Quality Care (Cusack et. Al, 2023) have proposed similar strategies to those instituted internationally.

It is essential for LHN's to have sustainable retention strategies supported as identified by NALHN and the Nursing Midwifery Office (NMO).

### Key findings

#### WHAT HAVE YOU LEARNED?

##### **WORKFORCE RECRUITMENT AND RETENTION**

Hospitals in the USA (United States of America) and United Kingdom (UK) are under very similar pressures with regard to retention and recruitment of health care staff as in Australia. Both the USA and UK now have a focus to improve nursing/midwifery, and multi-disciplinary staff retention.

##### USA

In the USA visit to Massachusetts's General and Maine Medical Centre there was a large focus on the importance of magnet accreditation, the Nurse Residency program and Nurse led research to retain and attract nurses within the organisation.

##### **Magnet accreditation**

Magnet accreditation recognises nurses' excellence. Magnet accredited organisations build a culture that recognises the value of nursing within their health care facilities and facilitates the development of nursing at every level (ANCC, 2024).

Magnet accredited organisations are evidenced to:

- Provide high quality patient care and advancing professional practice in nursing (Abuzied, Al-Amer, Abuzaid, Shreemathie, 2022).
- Nurses report being satisfied in their place of work, with less RN turnover, fewer vacancies,

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higher patient satisfaction and better clinical results (Abuzied et.al, p106).

In organisations not quite ready for this level of accreditation, the 'Pathway to Excellence' enables organisations to commence on the nurse/midwife empowerment journey.

The key focus areas for Pathway to Excellence are:

- Shared Decision Making
- Leadership
- Safety and Quality
- Well-being
- Professional development

### **Nurse Residency Program**

The Nurse Residency Program involves a 3–6-month supernumerary program where graduate nurses are supported by experienced staff prior to working independently for up to one year.

### **Nurse Led Research**

Nurse Led research is a priority at both Massachusetts's General and Maine Medical Centre. Each health care organisation has a Director of Nursing Research and senior registered nurses employed to engage, mentor and develop nurses and midwives research capability within the organisation. Nursing research is a recognised career pathway. All the Directors I met had PhD's. Achievement of a PhD is a well-established and supported pathway within the hospital system.

### **Nursing acknowledgement**

Maine Medical Centre (MMC) have a ceremony each year which recognises all nurses that have completed on going professional development such as certification, similar to a Graduate Diploma within Australia.

Maine also has two awards for; consumer and colleague acknowledgment of excellence.

Maine has a Nurse Led Research Board that identifies and monitors all of the nursing research within the organisation.

## **United Kingdom**

### **UK Government Initiative for Health Service Trusts**

There is a significant government initiative with a focus of health service staff retention across the National Health Service Trusts. This strategy is referred to as the Retention Direct Support Programme (RDSP). The RDSP is a program that builds on the NHS 2021 People Promise Campaign, to engage with the workforce around what matters to them, and what they need to be retained within the workforce. The program worked with each Trust individually and the non-financial elements that staff value. This led to specific implementation plans. The NHS has seen a reduction of turnover of 4.49% within N&M and the prevention of 11, 400 deaths over a 12-month period (Moscelli, et.al, 2023).

### **Nursing/midwifery strategies**

In England the Chief Nurse released the CNO (Chief Nurse Office) strategy focussed on ' 7 P's'.

- Protecting our planet
- Prevention, protection, promotion and reducing health inequalities.
- Person Centred Practice
- Public and Patient safety
- Professional leadership and integration
- People and Workforce development
  - Largely focussed on the nursing/midwifery retention with the Retention Direct Support Program (See Attachment 1)
- Professional culture

**It is important to note that the issues being faced internationally are very similar to those identified within NALHN discussions and learnings, that N&M at NALHN have identified through the process of world cafés and research strategies to support quality care and retention of**

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**nursing and midwifery staff. The identified strategies reflect those used for Magnet accreditation and the UK Strategy with the 7P's.**

### **Nurse/Midwife Led Research**

The UK also has a focus and significant investment in nursing/midwifery led research.

Dame Ruth May in her Chief Nursing Officer for England's strategic plan for research states: "Research led by nurses and contributions they make as members of multidisciplinary research teams can drive change. It is the cornerstone of high-quality, evidence-based nursing." (2021, p2)

The CNO have developed a partnership with the National Institute for Health and Research (NIHR) and other research funders to specifically support the development of nurse led researchers within the NHS (CNO,2021). Guys and St. Thomas's spoke of building the capability of nurses and midwives as researchers' and assisting with applications for funding to undertake their PhD on topics recognised and supported by the organisation.

### **Education models**

In both the USA and UK the hospitals education models are decentralised with nurse educators playing an important role in the wards/units to provide educational support, especially for the less experienced registered nurses. There are a few positions sitting centrally with the organisations department for orientation, and simulation exercises. They have a role similar to the Clinical Nurse Educator (CNE) in Australia who reports directly to the Matron (UK) or Director (USA).

### **Graduate Support Model**

The UK do not have an early career model like the USA's Nurse Residency program,

They are looking to build a model similar to Australia without the Transition to Professional Practice 12-month support with a small number of supernumerary days.

The UK were very interested in South Australia's Working with Wisdom support initiative as they also have a high percentage of staff with less than 4 years' experience. The USA did not voice as many concerns in this space, and on reflection this may be a direct result from the 3–6-month supernumerary Graduate Residency program.

### **Training Models**

The UK have implemented traineeship programs for Nurse Associates, similar to the role of an Enrolled Nurse in Australia (NHS, p19, 2023), and plan to offer a traineeship program for Registered Nurses who will still complete their training with a Bachelor of Nursing. The UK's focus is on retention of staff and building workforce from within, rather than relying on international recruitment. They plan to increase their nursing training places by 92% by 2031/32.

As part of the NHS Long term workforce plan there is also investment in advanced practice pathways to support the demand of the workforce (2023, p20).

"The NHS recognises the need for investment in 'significant training expansion and workforce growth' to achieve the desired increase in the number and capability of the nursing/midwifery and multi-disciplinary workforce".

### **Workforce Flexibility:**

Workforce flexibility was discussed in both the UK and USA. It was identified in all of the meetings that it is a N&M market, therefore there is a need to have greater flexibility in rostering shifts to retain valued members of the team. This requires increased flexibility and creativity and challenging the status quo. It was noted that "we can no longer dictate to N&M that they have to work a 7-day rotating roster with little input into what shifts they will work".

**FINDINGS**

There were similarities in both the UK and USA strategies to retain nurses and midwives whether it was applying the Magnet and Pathways standards in the USA or the Person-Centred Practice Model in the UK (See Figure 1 and 2 below).

**Magnet and Pathway—Providing standards for excellence**

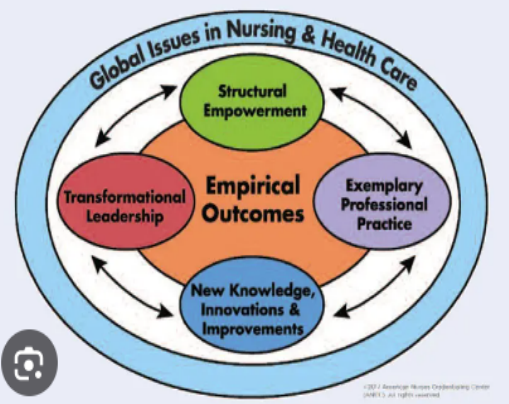
The American Nurses Credentialing Center's Pathway to Excellence and Magnet Recognition programs provide healthcare organizations with structures and standards for excellence.

**Pathway to Excellence**

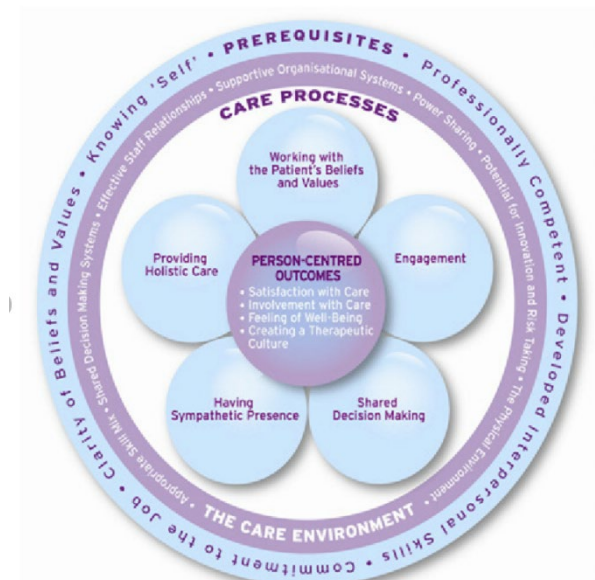
The Pathway to Excellence Program, the premiere designation for positive practice environments, recognizes healthcare organizations across the care continuum that create workplaces where nurses can excel. To achieve the designation, organizations must demonstrate that the six Pathway standards (shared decision-making, leadership, safety, quality, well-being, and professional development), the essential elements of a positive practice environment, are fully integrated within the organization.

**Magnet Recognition**

The Magnet Recognition Program requires healthcare organizations to meet eligibility requirements and address standards within five major components that comprise the Magnet Model (below). The model guides the Magnet principles that focus healthcare organizations on achieving superior performance as evidenced by outcomes.



**Figure 1 USA ANCC Magnet Recognition Program ANCC 2013**



Person-Centred Nursing Framework (McCormack & McCance, 2010) [See full size pdf of all figures]

**Figure 2 UK Person Centred Practice Framework, 2010**

There is different terminology used in each of the approaches, but the end goal is the same; to ensure the organisation provides a positive work environment for nurses and midwives to enable them to work to their full scope of practice, professionally develop and deliver safe, effective, and quality care. The experience of both the USA and UK is that when all the strategies are applied workforce retention is achieved. This has been evidenced through organisations who are Magnet accredited and the recent experience of the UK with their evaluation of the Retention Direct Support program (RDSP).

The study tour has highlighted that within Northern Adelaide Local Health Network (NALHN) we are focussed on many elements that align with the Magnet and 7 P's strategies.

Recently NALHN nursing and midwifery leadership have engaged with many Level 1-5 Nurses and Midwives across the organisation through World Café forums to ask what is important to them; what is working, what is not and how could we retain their knowledge, skill and leadership at our LHN. This



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process is similar to that described in the NHS RDSP and has identified similar sub-themes.

In addition to this Associate Professor Lynette Cusack conducted research on the enablers and barriers to delivering quality nursing care.

Both engagement strategies discovered similar areas of focus to improve the experience of nurses and midwives within the organisation as described in the NALHN World Café Report.

The most significant difference between the work in the USA and UK and NALHN/South Australia is the governments prioritisation and resource allocation on health care staff retention strategies. The USA and UK governments have also undertaken a strategic process of collecting and analysing data from hospitals on 3 components; reduction in turnover, financial savings and quality improvement have been key to providing the evidence that the resources provided to implement the evidence-based retention strategies has been significant in making a difference in all 3 of the areas.

**Table A**

This table provides an overview of the key Nursing and Midwifery Strategies in the USA and UK and the similarity of the approaches to address staff retention and quality care in NALHN and SA.

<b>USA: Magnet Accreditation pPinciples</b>	<b>England 7P's Vision for Nursing and Midwifery</b>	<b>NALHN Nursing and midwifery retention strategy</b>	<b>CNMO: our nurses: our midwives: our future.</b>
	Protecting our planet	Environmental Sustainability in Health care strategy	
	Prevention, protection, promotion and reducing health inequalities.	Undergraduate new clinical placement collaborative  Northern Adelaide Secondary School Alliance Integrated learning year 12 subject; N&M mentors  Work experience for year 9 students in the north to enable career opportunities for students within the North; subsequently reducing inequality.	Undergraduate new clinical placement collaborative.
Shared Decision Making	Person Centred Practice	Person Centred Practice.	NMO strategy with Person Centred focus

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<p>Leadership</p>	<p>Professional Leadership Integration</p>	<p>Early Career Level 3 role for 6 months.</p> <p>Development of leadership program within NALHN</p> <p>Engagement with Rosemary Bryant for Outstanding Workforce Leaders</p>	<p>Industry partnerships co design programs</p>
<p>Safety and Quality</p>	<p>Public and patient safety</p>	<p>Working with Wisdom.</p> <p>Strengthened Transition to Professional Practice Program.</p> <p>Early Career support.</p> <p>Person Centred practice program roll-out</p> <p>NALHN highest rate of participation in these programs</p> <p>Strengthen nursing/midwifery research through:</p> <ul style="list-style-type: none"> <li>-Development of joint Academic roles.</li> <li>-In-house seminars for beginning researchers.</li> <li>-Encouragement and support to N&amp;M participation in Research week at NALHN.</li> </ul>	<p>Working with Wisdom.</p> <p>Ignite capability and skill sets.</p> <p>Critical care skills for RNs and midwives.</p> <p>Revision capability framework</p> <p>Clinical Specialisation programs scholarships with further funding for participants depending on academic achievement</p>

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Wellbeing	Professional culture	Compassion Labs.  Staff Acknowledgment for years of service.	Wellbeing symposiums.  Resilience and wellbeing.
Professional Development	People and Workforce Development	Research Capability and Development.  Mentoring Programs.  Novice-Expert Framework.  Clinical Specialisation courses (Free).  Metro/regional exchange.  Nurse Practitioner Framework	Post Graduate Diploma Masters including Digital and Informatics.  Advanced Practice and Endorsements.  Post Graduate Clinical Supervision Mental Health.  Clinical specialisation post-graduate  Study assistance and scholarships supporting ongoing education and development.  Exchange/rotation Programs.  Clinical refresher, re-entry to practice.

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### **Implementation of new learnings**

The study tour has provided the evidence and confidence that the Northern Adelaide Local Health Network (NALHN) has begun work in many of the areas identified in both the UK and USA strategic approaches.

Identification of the workplace issues to support the strategic directions for N&M within NALHN have been through our engagement with N&M across all levels in the World Café's and Ass Prof Lynette Cusack's research on 'Barriers and Enablers to Care'. This had led to the identification of key themes and strategies that are similar to the USA and UK.

#### **NALHN is currently implementing:**

- 1) Compassion labs for leadership development
  - Level 3-5
  - Train the Trainer program
- 2) The implementation of a Person-Centred Practice official program across the organisation commences in July.
  - Including the staff safety culture survey
- 3) Novice-Expert Framework rework and design.
- 4) Mentoring Program launch in July:
  - Early Career
- 5) Research Capability and Development
  - Outstanding Workforce leaders Program
  - Research seminars
  - Research Community of Practice
  - Research Framework
  - Joint Appointment strategy development
- 6) Staff Acknowledgment for years of service commenced in February.
- 7) Nurse Practitioner Framework

#### **South Australian Nursing and Midwifery Office is currently implementing:**

- 8) Working with Wisdom
- 9) Strengthened Transition to Professional Practice Program
- 10) Ignite program for Early Career support
- 11) Funding for Early Career Level 3 role for 6 months
- 12) Clinical Specialisation courses at no cost to the nurse or midwife.
- 13) Nurse Led clinic opportunities
- 14) Nurse Practitioner opportunities for career development to care for our community.

#### **Conclusion: Opportunities to further strengthen strategies for retention:**

The learnings from the USA and UK identified several key points for a health authority to take retention of health staff seriously.

This includes:

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- The importance of workforce data including staff turnover, financial savings, and quality improvement.
- Having access to a SA Health, health economist to work with Nursing leadership to evaluate the effectiveness of the implementation of strategies to improve N&M retention. This data is the key to continued investment in the N&M professions and being able to articulate the outcomes of recommended interventions is pivotal.
- A range of strategies must be implemented for change to be sustained. Funding one strategy will not be sufficient to change the culture of the organisations to support staff and in the longer term realise cost savings.
- This includes:
  - Extra support for new health staff transitioning into the workplace whether they are newly graduated or new to the organisation.
  - Wellbeing champions and access to professional development.
  - Developing a flexible approach to staffing rosters.
  - Development of leadership roles through mentoring programs.
  - Recognition and valuing of longer-term employees and identifying their needs to remain in the workplace.
  - Raising the profile of N&M in shared decision making with person centred practice.
  - The implementation of Clinical Nurse Educator's across organisations for both the early career and experienced workforce is another key strategy to support the workforce.

The other initiatives identified for improving retention are:

- The implementation of support within the organisation to reduce non-clinical managerial workload for Nurse Unit Managers e.g. administrative tasks, stores, and equipment management.
- The creation of a Director of Nursing/Midwifery Research, whose sole focus is to develop the N&M capability within each LHN. The addition of dedicated research time as part of the Enterprise Bargaining agreement.
- The implementation of a formula for numbers of nursing/midwifery staff to educators within each LHN to ensure as staffing numbers grow, N&M are supported in their professional development.
- Funding that supports more Nurse Practitioners as a career pathway, particularly in key areas of need within the health service.
- Alternative N&M student placement models – such as the Clinical Placement Collaborative; and apprenticeship models to increase the numbers of N&M students across the state.

The key to all the projects is support and sustainability. The international workforce issues are not transient in nature, and to support an increasing junior workforce we need to ensure there is ongoing support within the state and organisation.

## Engagement

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To implement the identified strategies, I will engage with the appropriate stakeholders within NALHN particularly the Executive Director of Nursing/Midwifery, Divisional Directors, Nursing/Midwifery Directors, Nurses and Midwives within the organisation, Consumers, People and Culture and Corporate services.

It will also be important to engage with the Chief Nurse/Midwifery Officer of South Australia to discuss how these findings may be used through the state to assist other LHN's and private hospitals.

### Implementation Model:

The implementation model to be used will be the Good Enough Evaluation (Wilson and McCance, 2015). This model has four key elements; Clear, Decide, Use and Deliver as per Figure 3 below.



Figure 3: Good Enough Evaluation Framework  
Wilson & McCance (2013)

This model ensures:

1. That we are clear about the purpose of each action, the key issues and who the key stakeholders are that need to be involved.
2. That we engage with the appropriate stakeholders to decide the direction and intention of each suggested action.
3. Data is required to inform the direction and intention.
4. The last element of the model is to decide what will be delivered and the timeliness.

(Wilson & McCance, 2013)

This model aligns well with the Action Plan below.

### Potential risks

Largely the identified risks are the barriers in the Action Plan below; funding, workload, engagement are time are the common risks to the successful implementation of findings.

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**Action Plan**



**Government of South Australia**  
SA Health

## SA Premier’s Nursing and Midwifery Scholarship 2024

Name: Louise McGuire

Date: 4<sup>th</sup> June 2023

Title:

### NALHN Action Plan

Line managers/supervisors are required to initial or sign the ‘Supervisor’ column as validating that the proposed action has been completed and implemented successfully in the workplace.

Identified issue	Action/s	Barriers	Timeframe	Outcome	Measures of success	Supervisor
Accurate workforce data	Explore with the Chief Nursing/Midwifery Office for an opportunity to access a health economics data analyst to work with NALHN on measuring outcomes of interventions.	Finding an appropriate person and funding the creation of position.	6 months	Accurate measurement of interventions, financial costs and savings; from a turnover and quality perspective	Identification and engagement of health economist data analyst	Vanessa Owen Jenny Hurley
High workforce turnover	Implementation of strategies identified through the World Café’s and local research.	Funding	6 months	Reduction in turnover of 3%	Achieved metric	Vanessa Owen



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	<p>These include:</p> <p>Exploring opportunities to support Early career N&amp;Ms.</p> <p>Increased supernumerary time to 2 weeks for TPPP.</p> <p>Early career support 2-4 years</p> <p>Mid-career support</p> <p>Mentor program roll-out</p> <p>Leadership development support</p> <p>Explore more opportunities for Flexible Rostering</p> <p>Implementing Person Centred Practice</p> <p>Staff acknowledgment and afternoon tea for completion of post-graduate studies.</p> <p>Acknowledgement board for all staff who have completed further study.</p>	<p>Funding, workload.</p> <p>Funding</p> <p>Funding</p>				
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<p>Shared decision-making model</p>	<p>Develop shared decision making model in line with person centred practice.</p>	<p>Time</p>	<p>18 months</p>	<p>Shared decision making model agreed to and implemented across organisation.</p> <p>Recognition of areas of strength, and opportunities for growth.</p> <p>Evidence of direct care nurses/midwives engaged in care delivery, hiring and nursing practice.</p> <p>Evidence of interprofessional collaboration</p>	<p>Model developed</p>	<p>Vanessa Owen</p>
<p>Workforce flexibility</p>	<p>Advocate to Improve the ability of Nursing/Midwifery leadership to provide flexible working environment through;</p> <p>Shift profiles</p> <p>Ability to change speciality pathway – transition to speciality.</p>	<p>Leadership engagement, time to develop pathways.</p> <p>Funding for project person</p>	<p>18 months</p>	<p>Increased opportunities for staff to work with increased flexibility across the network.</p>	<p>Increased staff satisfaction, reduced turnover.</p>	<p>Vanessa Owen</p>

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	Opportunities for professional and career professionally	Funding for project person				
Strengthen nursing/midwifery research	<p>Review current research model within NALHN, look to develop a community of practice for nurses engaged with research within the LHN.</p> <p>Identification of N&amp;M with post-graduate qualifications that are interested in being supported to research.</p> <p>Engagement with Rosemary Bryant for Outstanding Workforce Leaders</p> <p>In-house seminars for beginning researchers</p> <p>Support N&amp;M with clinical portfolio time with 1FTE for research</p> <p>Development of joint appointment strategy.</p>	Engagement of staff, time, funding	6-12 months	<p>Increased nursing and midwifery led research within the organisation.</p> <p>Time allocated to N&amp;M led research.</p> <p>Raised profile of effectiveness of N&amp;M research</p>	Increased N&M research within organisation	Vanessa Owen

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