

**Institution:** University of Ulster

**Unit of Assessment:** 3A Allied Health Professions, Dentistry, Nursing and Pharmacy – Nursing and Health Science

### a. Context

The University of Ulster's research strategic plan has a key focus on research impact. One of the University's corporate goals is that of 'advancing knowledge by achieving international excellence in chosen areas of research and to transfer knowledge in support of economic, social and cultural development'. In order to achieve this goal, the research strategic aims of the university include a clear commitment to knowledge transfer and investment in innovation for the purpose of impacting on public policy, practice, learning and development. These goals and aims are supported by corporate frameworks that translate these ambitions into practice, including human resource policies specifically for research, recruitment strategies that are targeted and specific, staff development opportunities for all grades of staff and finance management processes that are devolved to research leaders/Institutes. It is within this corporate and strategic context that the approach to impact is operationalised by the Institute of Nursing and Health Research (INHR).

The INHR has a long track record of research that is immediately relevant to practice and informed by National and International strategy and policy in Public Health, Connected Health and Chronic Illness. We aim to ensure that our research, teaching/learning, innovation and clinical scholarship activities are undertaken in partnership with health providers, commissioners and other centres of excellence internationally, with the intention of facilitating, co-ordinating and producing knowledge of the highest quality and which is accessible. Our commitment to integration is particularly evidenced by the number of joint-appointments at Reader and Professorial levels we have with health and social care providers (n = 10) and our strong connections with Government Ministers and Departments. For example, researchers from the INHR actively participated in the Northern Ireland Executive review of mental health services (known as the Bamford Review) and since its publication in 2009 have been successful in securing 5 significant research grants to advance particular aspects of practice and service provision arising from the review findings. Other significant engagements with Northern Ireland Government Ministers and Departments, include – participating in the Minister for Health & Social Services' long-term Conditions Implementation Steering Group; use of findings from INHR-led research by the Minister for Health & Social Services into the role of 'home—helps' in home-care provision; participation in the Chief Medical Officer's Maternal and Child Health Regional Steering Group and, working with Ministers to progress the manufacture of products (EasiSeat Innovator) arising from INHR research. On the international stage, INHR researchers actively engage with health service and research policy makers (e.g. UK Commission into Dignity and Older People; The All-Ireland Institute of Hospice and Palliative Care; International Research Councils; and, EU FP7 Review Panels).

The INHR undertakes research that focuses on integrated cycles of knowledge generation, translation and implementation within and beyond the university. Our researchers have international track records in methodological areas supporting these activities. Similarly our research income success, demonstrates a commitment to securing funding for research that has a direct and immediate impact on practice, with a focus on translational research and implementation studies. We actively support international networks and collaborations for the purpose of advancing knowledge and increasing the potential reach of the impact of our work. For example, The Centre for Maternal, Foetal and Infant Research in the INHR is the home of EUROCAT's Central Registry and it was re-designated in 2011 for a further period of 4 years as a WHO Collaborating Centre for the Surveillance of Congenital Anomalies. In this capacity the centre is assisting the WHO in implementing the resolution WHA63.17 of the 63<sup>rd</sup> World Health Assembly (2010) on birth defects at both European and global levels.

In summary, the integrated vision, strategy and operational framework for research in the INHR provides a context that maximises the potential impact of our research on practice, policy and strategy, nationally and internationally.

## b. Approach to impact

In the INHR we enable impact at all levels of our strategic and operational plans. Our 'mission' as stated in our strategic plan is "To undertake excellent research and development that has high impact and contributes to the achievement of the University Vision". Our strategic objectives are to: 1) Continuously develop the research environment so as to enable researchers to engage in the highest level of academic activity in public health, nursing, midwifery, and allied health professions research; 2) Grow creative and meaningful collaborations with service users for the purposes of increasing the potential impact of our research; 3) Develop research capacity and future research leaders; 4) Be at the forefront of research and development relevant to global health priorities 5) Hold a premier international position in knowledge generation, translation and implementation; 6) Have a demonstrable impact on strategy, policy, practice and education in healthcare nationally and internationally.

Our research is undertaken through five centres: 1) The Centre for Maternal, Foetal and Infant Research (MFIR); 2) Centre for Health and Rehabilitation Technologies (CHaRT); 3) The Centre for Intellectual and Developmental Disabilities (CIDD); 4) The Managing Chronic Illness Research Centre (MCI); 5) The Person-centred Practice Research Centre (PCPRC). Each of these centres embraces the integration of research, teaching/learning, academic enterprise, innovation and scholarship and as a result is able to demonstrate on-going and sustained impact from their research and development activities, including; being a WHO Collaborating Centre for the Epidemiological Surveillance of Congenital anomalies (MFIR); being appointed as a collaborating centre for the Special Olympics Europe/Eurasia(CIDD); changing practice in the way that men with prostate cancer receive treatment and care (MCI); developing and patenting new seating systems for the prevention of pressure ulcers among people with disabilities (CHaRT); acting as a lead strategic player of Northern Ireland Clinical Research Network (NICRN), including being the clinical lead of the Interest Group on Respiratory Health; and, being a member of the Management Team of the NICRN Interest Group on Primary Care (CHaRT); adoption of new person-centred models of care delivery by clinical partners in Northern Ireland and internationally (PCPRC); informing symptom control in people receiving end of life care (MCI); changing practice in the way that adolescents with diabetes have their symptoms managed (MCI); and, integrating new technologies in practice that help new mothers to breast-feed more successfully (MFIR).

Making an impact can be seen along a continuum from awareness raising activities to changing behaviour and we work with this continuum through the adoption of an approach known as 'engaged scholarship'. We operationalise engaged scholarship, through; an on-going programme of 'facilitator development' for healthcare staff engaged in the facilitation of knowledge utilisation and translation; continued commitment to the development of joint-appointments with health providers; the undertaking of research that directly connects with practice and the use of innovative methodologies for systematically developing healthcare practice with health care colleagues; the implementation of systematic and rigorous approaches for working in partnership with service users/patients and clinicians, including, the establishment of a 'service-user panel' that informs the development of research proposals and our ways of working; on-going commitment to and established track record in practice development, knowledge translation and implementation science in partnership with service providers; active support of research staff being members of local Health Trust committees; facilitation of senior research staff as members of Voluntary Sector Boards (such as AgeNI, Patient and Client Council, Action Mental Health and Cancer Focus); support for all research staff as members of Strategic Boards (such as Northern Ireland Practice and Education Council; DHSSPS Central Nursing & Midwifery Advisory Committee); and, support for all research staff as members of International Committees relevant to research and development (such as the EU FP7 Programme; NIHR HTA and SDO programmes, Marie Curie and the MRC). Our annual calendar of events includes conferences, seminars and masterclasses that are free to colleagues in Health Trusts, the voluntary sector and independent care providers. We actively support staff nominations for innovation and impact awards and in the past three years our staff have been awarded the much coveted 'Distinguished and Senior Distinguished Researcher' awards by the university.

### c. Strategy and plans

The INHR strategy for supporting impact is directed by the University's research strategy and the specific INHR strategic objective of "having a demonstrable impact on strategy, policy, practice and education in healthcare regionally, nationally and internationally". To achieve this, we have 4 operational objectives: 1) Further develop the theoretical framework of 'Engaged Scholarship' underpinning the work of the INHR; 2) Maximise opportunities to access innovation funding; 3) Maintain a system for impact data management; 4) Nominate members for public recognition of their achievements within the University and beyond. The key foci of these strategic and operational objectives are facilitating meaningful engagement with key stakeholders, undertaking strategically relevant and policy informed research, and partnering for international success. We have developed an action plan for achieving these operational objectives over the next 5 years, including the on-going development and sustaining of jointly-appointed academic positions with health care partners, the allocation of funding to support staff with innovations from their research findings, the establishment of meaningful and productive MOUs with key international partners (e.g. The University of Illinois, Chicago; Otago University, New Zealand), the development of a database for capturing impact data/information and a continued commitment to celebrate achievements of staff by nominating them for internal and external awards.

### d. Relationship to case studies

The case studies put forward have been selected because of the way in which they reflect the reach and significance of the INHRs impact strategy and plans.

Case study INHR4 shows how the continuous development of facilitators has enabled meaningful engagement with key stakeholders. Our commitment to working in partnership with local, national and international experts and stakeholders has impacted directly on the reach and significance of the impact of our research into person-centred practice. The principles of person-centredness are embedded in all stages of the research process and project-funding proposals have an explicit commitment to implementation, capacity building and meaningful engagement with key stakeholders.

Case studies INHR1, INHR2 and INHR4 demonstrate how engaging in strategically relevant and policy informed research has had a direct impact on healthcare practice. The close working relationship between INHR researchers and health and social care services ensures that our research is directly informed by contemporary policy and strategy, is translated into service frameworks and contextually well-informed. For example, addressing the general healthcare needs of people with a learning disability is a key priority in health policy and strategy. The approach adopted in Case Study INHR1 shows how our research findings have been used to ensure equity of access to acute care for adults with a learning disability. The modified shuttle test in Cystic Fibrosis project (Case Study INHR2) demonstrates how clinically based researchers identify the need to find a practical solution to a clinical problem. The researchers recognised the need to have a practical and easy to use assessment instrument for clinicians to use in the assessment of exercise tolerance in people with Cystic Fibrosis. The resulting Modified Shuttle Test achieved this solution and is now used world-wide as a standardised assessment instrument.

Case Study INHR3 best illustrates the global reach and significance of INHR research. The team has an internationally established reputation for this work and through a range of European networks, collaborations and partnerships have built a programme that has resulted in WHO recognition for research that has changed policy globally.

In summary, as the INHR strategic framework continues to be refined, supported by objectives that embrace all stages of knowledge production and management, we are confident that the reach and significance of this impact will continue to grow.