

<p><b>Institution:</b> London South Bank University</p>
<p><b>Unit of Assessment:</b> Allied Health Professions, Dentistry, Nursing and Pharmacy</p>
<p><b>a. Overview</b></p> <p>This submission is based on the research activities of the Faculty of Health and Social Care. The Faculty in 2013 consists of five departments and two Institutes, the Institute of Vocational Learning and the Institute of Medical and Dental Education. The Faculty operates across two sites, the largest is on the main University campus in Southwark, the other site is a small campus in North East London. The two sites are necessary to allow us to effectively work with 48 NHS partner Trusts across London and with three HE Local Education Training Boards and two Academic Health Sciences Networks.</p> <p>At the time of the successful submission to RAE2008 the research activity in the Faculty was focused within two institutes, the Institute for Primary Care and Public Health (IPCPH) and the Institute for Strategic Leadership and Service Improvement (ISLSI) and the research grouping at that time broadly reflected the focus of these two Institutes. Since RAE2008 the activity of these Institutes has been incorporated into the five Departments of the Faculty and research organised in three cross Faculty groupings. These better reflect the research strengths and core business of the Faculty and better match research priorities of our partner Trusts.</p>
<p><b>b. Research strategy</b></p> <p>The Faculty has made significant advances during the current REF cycle with regard to delivering key strategic objectives highlighted in RAE2008, in particular income sources have diversified and research income has substantially increased from £1,796,820 in the period of RAE2008 (£276K per year) to £4,563,431 (£913K per year) in the REF period. There has also been success in building capacity, for example, more staff are included in REF2014 (18 staff, one returned in UoA4) than were included in RAE2008 (14 staff). There has been a substantial advance in increasing the number of doctoral students through expansion of the part-time Professional Doctorate programmes. However, the impact of this on increasing doctoral completions will not be seen until the next REF period, because of the 5-6 year time period to completion of a part-time doctorate.</p> <p>An important strand of the research strategy and groups presented in RAE2008 centred around having two research institutes one focused on primary care and public health and the other on leadership and service improvement. These institutes were separated from the five departments in the Faculty and a consequence of this was that the majority of the Faculty staff were unaware of the work taking place in the institutes and they did not see it as their business. Thus the existence of the institutes was making it difficult to progress with the strategic objective of building research acumen and activity within the Faculty. In addition with Institute staff being isolated from the large professionally and clinically well linked departmental teams the institutes were failing to capitalise on opportunities to reach and impact on health care service delivery, practice, patient care and professional understanding. For the Faculty's long term future as a major provider of pre and post registration education for health care professionals a key imperative was and continues to be the need to develop the staff to engage with and to undertake research. Thus in 2010 the decision was taken to disestablish IPCPH integrating the staff into the Department of Primary and Social Care, the disestablishment of ISLSI followed with staff integrating into nursing departments. Restructuring has provided an opportunity to reconsider the focus of our research and the emphasis on research within the staffing strategy. We have clarified the way in which research is grouped, presented and grown and in particular how our research can have greatest impact on all our health care partner organisations and their patients and the public. The Faculty staffing strategy has been revised to have a stronger focus on research expertise and activity (see staffing strategy).</p> <p>Following the structural reorganisation of research in the Faculty the research strategy and organisation of research groups has been addressed by the Faculty Research Committee (FRC) chaired by the Pro Dean Research (<b>Crichton</b>) and supported by the Faculty Executive Board. Three research groups have been established which transcend the five Departments and</p>

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encourage multidisciplinary developments. These are

1. Children, Young People and Families which is a group recognising particularly the strength of our work in Children's Nursing and a developing area of work in social care with children and families.
2. Community and Public Health (which has developed from the Primary Care and Health Promotion Group included in RAE2008)
3. Health and Social Care Delivery and Organisation (which has developed from the Evidence Based Practice and Service Development group included in RAE2008)

### Research groupings

#### 1. Children, Young People and Families

(Gibson (leader), Aldiss, Bryan, Taylor, Twycross, Vindrola-Padros)

The Faculty is the largest provider of Children's Nurse education in London and this research group, led by **Gibson**, has been built to reflect our strength in this area and to assist our partner Trusts with development of nursing research. The group aims to promote understanding of children and young people's experiences of illness, health, disability and those in disadvantaged circumstances through a user-centred, integrated programme of research, service evaluation and consultation. A broad range of innovative but robust research techniques of engagement with children, young people and families are being used to build an evidence base to influence both policy and practice that is locally relevant and applicable nationally and internationally. Gibson's work over several years on mouth care for children and young people with cancer is through guidelines (**Gibson 1, 2** and case study 2) influencing practice in this field. There is a strong theme of work focusing on improving the quality of life of sick children (**Gibson 3, 4** and **Taylor 1-4**) and Twycross's work (**Twycross 1-4**) on managing pain in children and staffs perception and understanding of the management of pain in children adds a new dimension to the focus on the quality of sick children's lives. Since establishing the group in 2010 the research income for this group has steadily grown. Over the period income has been £468,662 and they currently hold or have completed during 2013 grants worth £1,036,554 funded by NIHR, Burdett Trust, Children with Cancer UK, Dimbleby Cancer Trust, Clic Sargent and Teenage Cancer Trust.

#### 2. Community and Public Health

(Wills (leader), Crichton, Schmidt)

This research group led by **Wills** has a broad and integrated programme of research that is locally relevant and applicable nationally and internationally, addressing issues concerned with the health and wellbeing status and behaviour of individuals, groups and communities. The group aims are to undertake high quality research that can inform policy and practice through evaluation of new interventions that may improve health and wellbeing and promoting understanding of the health and wellbeing needs of communities and population groups. The group has established international links in health promotion (**Wills-2, 3**) and Russia (**Schmidt -2**). Work of importance driven by local health agendas is, for example, the issue of cardiovascular risk prediction in black African and Caribbean populations (**Crichton-2**) and understanding the motivations and service needs and support requirements for tackling obesity (**Wills, Crichton** £80K NHS Barking and Redbridge). In the REF period this group has held grants totalling £1,168,734. IPCPH held an additional £1,966,072 of grants related to Primary Care research, activity which was completed but is not continuing.

#### 3. Health and Social Care Delivery and Organisation

(Baillie (leader), Boudioni, Jester, Lorenc, Mears, Rees, Robinson, Thomas)

The research group is led by **Baillie**. The group aims to conduct research that widens understandings of people's health and social care needs and experience; develops and evaluates innovative ways of delivering care to enhance service user outcomes; develops and promotes service user engagement and empowerment in health and social care delivery. The group is predominantly focusing on people with long-term health conditions, especially older people and those with complex needs. Developing and evaluating novel approaches to care delivery as health and social care services move towards greater integration, innovation and flexibility is a focus of the three main themes; (i) integrated care which includes work led by Baillie on transitions for frail older people and on dignity in care (**Baillie-1, 2** and case study 1), on chronic kidney disease

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(**Thomas -1**), on tuberculosis services (**Boudioni-4**) and on osteoarthritis (**Jester-2, 3, 4**); (ii) complementary health care led by **Robinson** and linked to the University Confucius Institute for Traditional Chinese Medicine with international partners in China and Korea (**Robinson 1-4, Lorenc 1-3**); (iii) workforce innovation and development explores new roles (**Baillie-1, Boudioni-1**) and in assessing workforce development needs (**Mears-1, Thomas-2**). With an expanding portfolio of research projects related to development of a workforce values based behaviour, including work linked to the development and role of the unqualified workforce, this is likely to emerge as an independent programme of work. Income for this group over the REF period has been £959,963.

The multi-professional nature of the Faculty allows for extensive inter-professional activity which is particularly significant with the move towards the integration of health and social care. This inter-professional consideration has been strengthened by the development of two new Institutes. The Institute of Vocational Learning established in 2010 introduced the unregistered workforce into the Faculty. As this becomes a priority for the health care sector the existence of this institute is increasingly allowing research opportunity with regard to consideration of the appropriateness and effectiveness of this workforce, linking to the research group Health and Social Care Delivery and Organisation. In 2012 it was recognised that the Faculty was also offering but could expand valuable inter-professional educational opportunities and research activity and the Institute of Medical and Dental Education was launched. We maintain strong research links with other disciplines in the University, particularly Psychology (**Spada, Crichton**) and Sports and Exercise Science (**Crichton, Wills**) with joint research projects and jointly supervised doctoral students.

Service user involvement is considered central to determining both educational and research direction for the Faculty with well-established processes for inviting and rewarding service user engagement in all activity. There is a Faculty Steering Group for Service User Involvement which has a subgroup for service user engagement and experience in research led by **Boudioni**. Researchers have developed innovative approaches for the involvement in research of difficult to engage service users for example children (**Gibson**), sexual and reproductive health users (**Robinson, Lorenc**), service users with mental health needs (**Spada** returned in UoA4). A senior academic lead for Patient and Public Involvement is being appointed.

Key objectives to be achieved by the ongoing research strategy are:

- To strengthen the research groups by increasing the number of research active staff - target 25% of Faculty staff and for them to be attached to one of the research groups.
- To strengthen the research groups by establishing an active international partnership for each group.
- To maintain the level of research funding achieved in the last 5 years but to diversify the funding sources.
- To maintain the number of doctoral students at about 45, but to increase annual completion rates to at least 5 per year.
- To increase by 20% the number of doctoral supervisors within the Faculty.

### c. People, including:

#### i. Staffing strategy and staff development

There have been considerable staff changes since 2008. A number of key staff have retired or left the organisation; only 30% of those submitted to RAE2008 are still in the organisation, but all these are included in this submission. A high level of staff changes creates challenges with regard to maintaining research themes, but has provided opportunity to consider a more strategic approach to appointment of staff in order to attempt to address some of the challenges about changing the research culture in the organisation.

The Pro Dean Research post was introduced as a full time post in 2011 (**Crichton**) to facilitate the Faculty objective of increasing the proportion of research active staff in the Faculty with the ambition that by REF2020 the proportion of research active staff will have risen to 25% of the Faculty staff and that staff equivalent to 25FTE will have four outputs of at least 2\* quality. This is a substantial increase from our current situation. Given the current financial constraints of the NHS

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and the uncertainties inherent in health and social care educational contracting and the HE sector, this needs to be achieved without significantly increasing the Faculty staffing budget. To enable this cultural change we need to introduce research active staff in positions of influence. Our staffing strategy has three key strands:

1. To have doctorally qualified and research active staff in senior posts in each department.
2. To have a recruitment policy for posts at all academic levels that identifies preference for doctoral qualification or to be working towards doctoral qualification (masters qualification is a necessity).
3. To provide increased mentoring and support for those in the early stages of their research career (both doctoral and post-doctoral).

When appointing new senior staff, including Heads of Department, we now seek research active staff with a doctorate who will work with a Professor in each Department to support and actively lead through example staff engagement with the Faculty Research agenda. In 2008 none of the Heads of Department had a PhD or were research active, but by January 2014 four of the five Heads will have a doctorate and will themselves be involved in undertaking research, two are included in this submission (**Jester, Twycross**).

With regard to Professorial posts we are aiming to have a clinically linked Professor in every Department. The model of Clinical Professor that we have evolved links these posts to a major clinical partner organisation. The post holders spends half of their time in the Trust working with clinical staff developing research and assisting the organisation with research team and wider staff development. Having senior researchers working closely with clinical organisations ensures alignment between health care and the Faculty research agendas. It provides excellent opportunities for developing joint research bids; and ensures our research reaches frontline professionals and hence positively impacts on health care delivery and indeed improves the care and experience of the public and patients. Our Florence Nightingale Foundation Chair in Clinical Nursing Practice linked to University College London Hospital (UCLH) (**Baillie**) is an example of such a post. Others are Professor of Children and Young People's Cancer Care (**Gibson**) linked to Great Ormond Street Hospital (GOSH) and Professor of Psychological Therapies (**Spada** returned in UoA4) with North East London Foundation Trust.

We provide a supportive environment in which all research active staff can develop their careers. We support opportunities for staff to work part-time (e.g. **Aldiss, Rees**) or to hold joint appointments (e.g. **Taylor** with UCLH and **Schmidt** with Sightsavers) and ensure such staff have equal opportunity to access funding and development opportunities in the Faculty and in the University. The majority (94%) of those submitted are women. Five (29%) have been on maternity leave during the period. All staff have the opportunity to apply for internal staff development and promotion, for example, **Crichton** and **Wills** have been promoted to professorships, **Taylor** to a Readership and **Boudioni** to a senior research fellowship since 2008. Academic staff without a PhD are encouraged to undertake doctoral studies with opportunities for support for fees and study leave. Eleven Faculty staff have been awarded a doctorate since 2008, a further 19 are currently studying for a doctorate. Members of the Professoriate will facilitate a support group for our staff undertaking doctorate studies, wherever they are studying and will also facilitate a support group for recent post doctoral staff to assist them develop as independent researchers.

We are fully committed to the Concordat which is coordinated in the Faculty by **Baillie** and we work closely with the University Central Support Office (CSO) to ensure all staff are aware of development opportunities offered across the University as well as within the Faculty. Research staff, in common with all staff across the Faculty, have an annual appraisal and through this have the access to development opportunities including formal courses such as higher degrees or higher education teaching qualifications as well as short courses and conferences. In addition research staff are encouraged to attend within Faculty training to develop skills in both Masters and doctoral supervision and can be mentored to undertake new supervision roles. Wherever possible we provide bridging funding for contract research staff whose continued support is dependent on the outcome of a funding bid. Research Fellows have a representative on the Faculty Research Committee (**Boudioni**) and Research Fellows are offered the opportunity to be members of the

Faculty Ethics Committee and the Faculty Systematic Review board (**Bryan**).

We provide opportunity for NHS-employed active researchers to spend time in the University and to hold visiting positions; we encourage their engagement with teaching as well as research as a career development opportunity and a chance for our students to benefit from their specialist knowledge. We are currently establishing a researcher exchange opportunity with an NHS research group in Children's cancer to provide University based researchers the opportunity to experience research in a clinical environment and vice versa.

## **ii. Research students**

A strategic objective stated in RAE2008 has been to increase the number of professional doctorate students and to maintain our PhD programme. This has been successful and we now have 20 Professional Doctorate students in the thesis stage of their programme together with 21 continuing PhD students. The number of doctoral students currently in supervision is 60% higher than at the time of RAE2008. The Professional Doctorate programmes are for experienced professionals working in clinical environments usually full-time, so these Programmes are for part-time study. The consequence is that 83% of our doctoral students are studying part-time. The first cohort of Professional Doctorate students are just reaching completion, the first completed in 2012/13 and a further five are expected to complete this year, with similar numbers completing in subsequent years. As a result of the shift to a much higher proportion of part-time students there has been a temporary reduction in the number of completions in the early part of the REF period leading to a slightly lower annual completion rate than was achieved in RAE2008 (an average of 2 per year in REF2014 compared to 3 per year in RAE2008). We expect a completion rate averaging around five per year from 2013/14 onwards. It has been important to phase the introduction of larger numbers of part-time students over several years to ensure we could prepare and support the development of our staff as doctoral supervisors.

The majority of the part-time students are funded by their employing organisation to undertake the programme, though a few self-fund. Most of the full-time students are supported on studentships funded from the Faculty QR money or as part of a research grant. Our students are encouraged to apply for scholarships and awards; Mawaka was chosen to receive a Mary Seacole Leadership award in 2013 for her research study and Stewart was awarded Highly Commended in the 2009 National Career Awards by the Institute of Career Guidance for her PhD study.

The PhD programmes have benefitted enormously from the introduction of the Professional Doctorate programmes which have provided a suite of research training modules that PhD students can access to provide skills they identify they need to develop. The Professional Doctorate programme is underpinned by the Vitae Researcher Development Framework and learning outcomes of the programme are explicitly mapped to the Vitae framework. The doctoral support group held one afternoon per month is very well attended by both the PhD and Professional Doctorate student and indeed supervisors and is responsive to requests from students for specific skills as well as providing an opportunity for students to present their research and to benefit from peer support. All students are invited and encouraged to attend seminars and other research activities in the Faculty. The University holds an annual conference for all the doctoral students across the University and invites doctoral students from other Universities that are part of the New London Graduate School (LSBU is a member) to join the conference; all doctoral students have the opportunity to give oral or poster presentations at the conference.

The progress of the doctoral students is monitored four times per year by the Faculty Research Committee B (FRCB) allowing identification and early intervention if there is any student, supervision or research study issue. All students get feedback from FRCB on their annual report and all students have a mock viva to help them improve both their viva skills and their thesis before submission. Within the Faculty we regularly run a programme of Doctoral supervisor training for staff who are beginning doctoral supervision and for experienced supervisors new to the University. These programmes ensure supervisors are familiar with all the processes they need to guide their students through the doctorate.

#### **d. Income, infrastructure and facilities**

In November 2009 the University, demonstrating its commitment to the Health Faculty, opened a new building on the Southwark campus which includes high quality space for academic staff who are co-located in groups of cognate interest. In addition the new building provides state of the art skills laboratories equipped with high fidelity simulation equipment, partly funded by £80K from SRIF, which are not only used for student real time training and international instructor training but also leading to opportunities for the development of transatlantic simulation research projects.

Research students have access to and can make use of all facilities on the Southwark Campus. Full-time doctoral students all have access to an individual desk, computer facility and storage space in an office space shared with other PhD students and staff. Part-time students have access to shared desk and computer facilities in a shared office. The students have the same building access and printing access as staff in the Faculty.

The core funding for research activity in the Faculty derives from QR income (£300K per annum) which is devolved to the Faculty from the University and is used to partially fund a small number of Professorial posts, research student scholarships, doctoral student development opportunities, small project grants and short writing sabbaticals and writing workshops. Success with research funding bids provides the majority of the income for our research activity, and the average income over the period from 2008 was £913K per year. This represents a substantial increase compared to the period for RAE2008 when average annual research income was £276K per year.

The University Central Research Office (CRO) provide research co-ordination across the University, some administrative support, funding opportunity advice, assist with costing research bids, agree research contracts and assist with research governance issues. The University Research Ethics Committee review applications from staff and doctoral students and provide advice in relation to research ethics. The Pro Dean Research in the Faculty (**Crichton**) is responsible for ensuring all research projects obtain appropriate ethical and governance approval and that projects are regularly monitored. The regular monitoring of research grants is through quarterly review meetings with the CRO and the research finance officer and through the submission of regular reports from the PI to the Faculty Research Committee. For doctoral students ethics and governance arrangements are monitored by the FRCB as part of the regular review of student progress. The Pro Dean Research is the sponsor contact for all NHS ethics and governance applications from the Faculty.

#### **e. Collaboration or contribution to the discipline or research base**

##### ***Participation in the peer review process for national and international grants committees***

The Wellcome Trust (**Baillie**); Florence Nightingale Foundation grants (**Baillie**); National Institute for Health Research (**Baillie, Crichton, Mears, Robinson, Thomas, Twycross, Wills**); Health Services Research Fund Hong Kong (**Robinson**); Research for Patient Benefit (**Jester, Thomas**); Kidney Research UK (**Thomas**); Children's Liver Disease Foundation (**Taylor**); British Liver Foundation (**Twycross**); British Council for Prevention of Blindness (**Schmidt**).

##### ***Journal Editorships and Participation in editorial boards***

Editor of European Journal of Integrated Medicine (**Robinson**); Editor of Journal of Renal Care (**Thomas**); Editor of Evidence Based Nursing (**Twycross**); Co-managing editor Technology and Innovation for 2011-12 (**Vindrola-Padros**); Associate Editor for European Journal of Oncology Nursing (**Gibson**); Participation in the editorial board of Cancer Nursing (**Gibson, Taylor**), European Journal of Integrated Medicine (**Lorenc**), Addictive Behaviour (**Spada**, returned in UoA4), Spanish Nephrology Nursing Journal (**Thomas**), Complementary Therapies in Clinical Practice (**Robinson**), Chinese Journal of Integrative Medicine (**Robinson**), Journal of Clinical Nursing (**Twycross**), Critical Public Health (**Wills**).

##### ***Fellowships and relevant awards***

Fulbright Fellowship (**Vindrola-Padros**); Winner of the outstanding thesis and dissertation award 2012 University of South Florida (**Vindrola-Padros**).

##### ***Invited keynote presentations at international conferences***

54th Annual meeting of the Japanese Society of Paediatric Hematology and Oncology, Yokohama

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Japan 2012 (**Gibson**); European Multidisciplinary Cancer Congress, ECCO 16, Stockholm, Sweden 2011 (**Gibson**); SIOF 2011, 43rd Congress of the International Society of Paediatric Oncology, Auckland, New Zealand 2011 (**Gibson**); National Cancer Research Institute, Liverpool 2010 (**Gibson**); 8th World Congress of Chinese Medicine, London 2011 (**Robinson**); International Symposium on Acupuncture, Beijing China 2011 (**Robinson**); 16th International Congress on Oriental Medicine, Seoul Korea 2012 (**Robinson**); 8th British Society of Paediatrics Gastroenterology, Hepatology and Nutrition, Edinburgh 2011 (**Taylor**); European Dialysis and Transplant Nurses Association, Prague 2008 and Dublin 2010 and Strasbourg 2012 (**Thomas**); 10th World Congress for Nurse Anesthetists, Slovenia 2012 (**Twycross**); 5th National Pain Congress, Netherlands 2012 (**Twycross**); European Academy of Paediatric Societies Congress, Copenhagen 2010 (**Twycross**); International Union of Health Promotion and Education, Thailand 2013 (**Wills**); European Health Forum, Gastein, Austria 2010 (**Wills**); Swiss Agency for Development Cooperation SDC, Vevey, Switzerland 2011 (**Wills**); Canadian Stroke Congress, Quebec, Canada 2010 (**Jester**).

**International collaborations**

Leader of the International Virtual Faculty of Researchers in Children and Young People's Cancer Care (**Gibson**); Centre for evidence based Chinese medicine, Beijing University of Traditional Chinese Medicine (**Lorenc, Robinson**); Research on complementary medicine and children with McMaster University, Ontario and Canadian College of Naturopathic Medicine, Canada (**Lorenc, Robinson**); Exploration of fitness to practice in medicine in collaboration with Norway (**Mears**); Leader for "Train the trainers" programme for dialysis nurses in Romania, funded by European Social Fund (**Thomas**); Centre for Pain Research at IWK Health Centre, Halifax, Canada (**Twycross**); Member of GAIN-PL a group of childhood researchers working on palliative care and cancer in Argentina, Canada, US, UK, Paraguay and Bolivia (**Vindrola-Padros**); International Union of Health Promotion and Education global working group on health literacy (**Wills**); Develop workforce capacity in health promotion in South Africa with University of Witwatersrand, Johannesburg (**Wills**); Adjunct Professorship at Griffith University Australia (**Jester**).

**Parliamentary groups**

Parliamentary group on Integrated Health, four invited talks (**Robinson**); Invited talk to all Parliamentary group on China (**Robinson**); Represented Kidney Research UK at World Kidney Day parliamentary event, March 2010 (**Thomas**).

**Leading role in specialist clinical groups and professional bodies**

Chair of Cancer in Children and Leukaemia Group RCN Nurses Group (**Gibson**); Chair of research committee of British Acupuncture Council 2003-2011 (**Robinson**); British Acupuncture research advisory group (**Robinson**); Chair of the Research Council for Complementary Medicine (**Robinson**); Independent chair of the General Naturopathic Council (**Robinson**); Chair of Chronic Kidney Disease Strategy Group of British Renal Society 2004-2010 and continuing member of the group (**Thomas**); Chair of UK network of health promotion academics hosted by Royal Society of Public Health (**Wills**); Consultant for RCN initiative Dignity: at the heart of everything we do (**Baillie**); Secretary and committee member of British Pain Society Education in Pain Special Interest Group (**Twycross**); Member of the international scientific committee for Royal College of Nursing Annual Research Conference (**Baillie, Twycross**).

**Roles with users of research whether industry or public sector or charity**

Chair of Bloomsbury NHS REC (**Gibson**); Advisor for Kidney Research UK (**Thomas**); Evaluation of Design Council's project on dignity 2010 (**Baillie**); Academic reference group member on Commission on Improving Dignity in Care of older people in hospitals and care homes (**Baillie**); Member of Independent Review Panel for Borderline Products of MHRA (**Robinson**).

**Specialist expertise demonstrated through widely adopted books published in REF period**

Foundations for health promotion (3<sup>rd</sup> edition) translated into German, Swedish and Korean (**Wills**); Renal Nursing (4th edition) (**Thomas**, editor); Dignity in Health Care: a practical approach for nurses and midwives (**Baillie**); Oxford textbook of paediatric pain (**Twycross**); Oxford handbook of orthopaedic trauma nursing (**Jester**).