

<b>Institution: UNIVERSITY of WEST LONDON</b>
<b>Unit of Assessment: 3   ALLIED HEALTH PROFESSIONS, DENTISTRY, NURSING and PHARMACY</b>
<p><b>a. Context</b></p> <p>The research centres and groups submitting in this unit of assessment are grounded in the fields of healthcare associated infection, and patient safety and staff behaviour change (Richard Wells Research Centre [RWRC]); evidence synthesis; mental health nursing, psychopathology and trauma informed services; midwifery practice and education, maternal wellbeing and childbirth (Centre for Midwifery Practice); learning disabilities nursing practice; and healthy eating and nutritional interventions to improve outcome in people living with long-term conditions. The audience for our research includes policymakers, clinical practitioners, practice educators, higher education and those working in health promotion, patient groups and voluntary organisations.</p> <p>This submission encompasses an expanding portfolio of research that has its foundation in patient experience, clinical practice and interdisciplinary collaboration. Established and emerging research groups in the identified fields are engaged in generating, synthesising and implementing research that:</p> <ul style="list-style-type: none"> <li>• provides the evidence base and innovations to enable policy makers, health service managers, practitioners and support workers and commercial organisations to deliver effective services and care;</li> <li>• supports individual self-care and healthy choices;</li> <li>• informs and enhances clinical practice;</li> <li>• improves patient and client experience;</li> <li>• addresses the importance of carers, and their role in supporting and influencing positive outcomes;</li> <li>• ensures patient safety and dignity, and</li> <li>• improves health and treatment outcomes.</li> </ul> <p>The main beneficiaries of our research are individuals and population groups, and the UK Government, NHS and other healthcare providers, carers and commercial organisations. Our research:</p> <ul style="list-style-type: none"> <li>• improves public health, physical and mental health outcomes;</li> <li>• changes guidelines for practice and education, influencing individual choice, patient/client safety and experience, carer experience, staff behaviour and practice;</li> <li>• informs healthcare regulation and legislation;</li> <li>• influences education programmes/ curricula and professional competencies;</li> <li>• reduces the cost of care,</li> <li>• increases engagement with the public, patients and carers in research and service improvement.</li> </ul>
<p><b>b. Approach to impact</b></p> <p>Staff submitted in the unit have developed impact from their research through a range of relationships that facilitate close contact with practitioners, educationalists and healthcare industry scientists, and provide a platform for collaborative dissemination to inform research priorities from a real-life perspective of those within the health service.</p> <p><b><u>Engagement with policy makers and government advisory groups</u></b></p> <p><b>Professor Loveday</b> directs a research unit that provides support to the Department of Health (DH) independent Advisory Committee for Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) and Chief Nursing Officer's HCAI Improvement Team (2005-2011). Close working with</p>

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the Communicable Diseases, Infectious Diseases & Blood Policy team at the DH has been instrumental in ensuring that Epic guidance (evidence-based practice in infection control) and other evidence derived from our systematic reviews, have reached clinical practitioners involved in direct patient care across a wide range of clinical settings. For example, the innovative and universally adopted UK policy on 'bare below the elbows' emanated from our systematic review of evidence related to healthcare worker uniforms.

[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH\\_114751](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_114751)

**Dr Mafuba and Professor Gates** are members of the Learning Disabilities Task & Finish Group of the Department of Health's 'Getting Staffing Right' project.

**Relationships with service users to inform research development and dissemination**

The HCAI Service User Research Forum (SURF) was established by the team at RWRC, supported by funding from the DH in recognition of the key importance of service users in informing research, and to address the limited experience that researchers in infections and microbiology have of working with patients and the public, to prioritise, design and conduct research. <http://www.hcaisurf.org>. Professor Loveday has worked closely with service users to access funding for studies that are directly aligned with their concerns. In addition, to providing an interface for service users and researchers, SURF supports the development of knowledge and skills that enables service users and professionals to work together in developing and designing research in the field of infection and microbiology.

**Working with professional societies, commercial partners and international collaborations to support the translation of research and evidence synthesis into practice**

Since 2007, **Professor Loveday** has been a member of the Infection Prevention Society Board (IPS), and is currently its Vice-President. Her involvement has influenced the dissemination of evidence through leadership of the research and development standing committee, editorship of the Journal of Infection Prevention and membership of the conference organising committee. She served as an expert member of the IPS Quality Improvement Tools Steering Committee (2008-2010) which has been instrumental in translating Epic guidelines into a comprehensive package of audit tools for monitoring and improving infection prevention across a wide range of both acute and community-based clinical settings.

<http://www.ips.uk.net/professional-practice/quality-improvement-tools/background-qit-development/#.Unz-4xaxrN8>

Internationally, Professor Loveday is European Coordinator of the Joanna Briggs Institute (JBI) and chair of the Infection Control Node. JBI has significant global influence with 70 national collaborating centres and aims to translate evidence from systematic reviews into useful tools available at the point of care, to ensure that the outcome of research reaches the appropriate audience to inform and change practice. The RWRC partnership with Intuition® and Skills for Health has enabled the guidance developed for Epic to be the cornerstone of national e-learning programmes for healthcare staff.

**Jennie Wilson** has developed strong links across public health networks that include the European Centre for Disease Control (ECDC). She was commissioned by ECDC to develop a training module on point prevalence surveys and analysis of epidemiological data, and her involvement in Hospital in Europe and Infection Control through Surveillance (HELICS), created a robust analysis of international datasets and standardised protocols for the surveillance of HCAI across Europe <http://helics.univ-lyon1.fr/home.htm>

**Dr Mafuba** works closely with the UK Learning Disability Nurse Consultant Network. The network links Professional Leads for learning disabilities at the respective governments department of health (or equivalent) level on policy and practice.

### **Membership of technical expert panels for the translation of evidence into quality standards for the NHS in England**

**Professor Loveday** served as a member of NICE Public Health Quality Standards Technical Expert Group for HCAI (2011). This group devised aspirational standards for NHS Trusts in preventing HCAI. <http://www.nice.org.uk/guidance/PH36>

**Jennie Wilson** is a member of the PHE/ DH initiative (Infections in Critical Care Quality Improvement Project) which aims to develop surveillance systems to drive prevention of HCAI in intensive care settings, and a Hospital Infection Society group developing surveillance systems targeted at the prevention of neurosurgical infections. This work will lead to partnerships with commercial partners ICNet and Carefusion in developing systems for local surveillance data capture and feedback for the benefit of NHS Infection Prevention and Control.

### **c. Strategy and plans**

Our future strategy aims to:

- Extend the portfolio of research activity within existing and emerging groups;
- build on successful approaches to impact and extend interdisciplinary collaboration to enhance impact;
- drive the quality of education for allied health professionals studying in our HEI.

The portfolio of research described will be expanded to address additional health policy and professional priorities with a greater focus on public health and primary care. Mental health research activity is in its infancy, and a programme of growth is planned, focused on conflict and communication and trauma-informed services. The creation of trauma informed services has been influenced nationally and internationally by the work of **Professor Bonner** and **Associate Professor Rose** (Cochrane review in preparation) and will impact on guidance implementation from the DH and NICE in the UK, as well as further afield with collaborators in the USA.

Ensuring impact for research requires research groups to engage with a range of stakeholders. Learning from our success over the past 5 years we will continue: to have strong engagement with clinical practice and service users; to ensure that we generate useful knowledge that is generalisable, contextually relevant and client/patient outcome focused, and to facilitate effective translation to the care and treatment of individuals, healthcare settings, and professional practice. Active involvement with: colleagues in Academic Health Science Networks; Health Education England boards; Collaboration for Leadership in Applied Health Research and Care, and relevant policy and professional societies and organisations, provides the opportunity to factor-in, from the outset, impact for any new research. As an HEI involved in the initial preparation and continuing academic and professional development of allied health professionals for practice, our strategy focuses also on ensuring that our research informs the curriculum so that course content, delivery and assessment enhances the knowledge, problem-solving and decision making skills of allied health practitioners.

### **d. Relationship to case studies**

The approach to impact in the two submitted case studies is grounded in synthesising, generating and evaluating evidence for the improvement of patient/ client outcome and experience.

The **epic** initiative has led to a measurable improvement in the prevention of infections with a high morbidity, mortality and socio-economic impact on individuals and organisations; the One-to-One midwifery project used similar though not identical approaches to achieving impact by inextricably linking the needs and expectations of pregnant women with the drive to improve care and transform services.