

Institution: Buckinghamshire New University

Unit of Assessment: 3 - Allied Health Professions, Dentistry, Nursing and Pharmacy

a. Context

Through our partner collaborations Bucks has strong academic links with the Oxford Academic Health Science Network, Imperial Partners (AHSN) and the NW London CLAHRC.

As a result of these collaborations the Faculty has established four Institutes which act as the delivery arm within the University for research and service improvement activity.

The Institute of Research in Nursing (IRN), established 2013, led by Professor Susan Procter, is a formal MoU constituted collaboration between Bucks and our NHS Partner Trusts and Engage London a patient and public participation group in NW London.

The Institute of Mental Health (IMH), established 2013, led by Professor Colin Martin, represents a research partnership and collaboration between West London Mental Health NHS Trust (WLMHT) (including Broadmoor) and Bucks.

The Institute of Vocational Learning and Workforce Research in Health and Social Care (IVLWR), established 2012, led by Richard Griffin, focuses on evaluative research into and development of band 1-4 workforce and on the development and impact of work based learning for all NHS and social care staff.

The Institute of Diversity, Inclusivity, Communities and Society (IDRICS), established 2010, led by Professor Margaret Greenfields, is engaged in a wide range of international, national and local teaching, research and evaluation activities with excluded populations, such as Gypsies and Travellers. The research is focused on: Social Inclusion; Race Equality, Educational Development; Community Cohesion and the Arts; Health Needs Consultations with excluded/vulnerable populations; sensory impairment (deafness); Participatory Action Research; supporting Refugees and Asylum Seekers; Homelessness and Insecure Accommodation; Substance Misuse services; Faith Based Social Action.

In order to establish these Institutes and gain the confidence of our Trust and service partners sufficiently for them to enter into formal collaboration with us, we had to demonstrate our credibility, capacity, capability and relevance to their purposes. As an example of the success of this approach Bucks has been appointed as the preferred non-medical research partner by the West London Mental Health Trust (WLMHT) and has been selected as one of only two UK Universities by the Centre for Workforce Intelligence (CfWI) as an academic partner for workforce-related research and horizon scanning.

Each Institute has a remit for partnership working with non-academic user groups and research beneficiaries. The collaborations with partners which constitute these Institutes are the main strategy for impact in the future.

b. Approach to impact

Impact is intrinsic to our approach to research, via our strong collaborations with clinical and social care practice. The range of approaches we adopt are detailed below:

Impact via collaboration: The research into cardiac power output (CPO), which is presented in this REF as an impact case study, was co-ordinated by Professor Brodie of Bucks New University during the period 2004 to 2012. The team included Professor Sir Magdi Yacoub, (Heart Science Centre, Harefield Hospital), Professor Emma Birks, (currently Director, Heart Failure, Transplant and Mechanical Support Programme, University of Louisville), Dr Richard Grocott-Mason (Consultant Cardiologist, Hillingdon Hospital), Dr Djordje Jakovljevic (currently Senior Research Associate, Newcastle University) and a small group of PhD students.

Commissioned research: Norton conducted a series of qualitative and quantitative studies exploring for the first time issues related to faecal incontinence (FI) in inflammatory bowel disease

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(IBD). The studies were funded by the patient charity Crohn's & Colitis UK. These studies have raised awareness of how common FI is and the major impact this symptom has on quality of life in IBD. This is now incorporated into patient information from the national charity, European guidelines for IBD nurses and Department of Work and Pension's thinking on assessing people with IBD for benefits. The funding charity subsequently funded development of a specific questionnaire to measure FI in their members

Direct support of specific groups: Greenfields has given specific policy advice to the UK and EU governments on gypsy/traveller communities. Using participatory action research and working with the gypsy and boater communities to help them gain access to resources she has ensured that their perspectives and experiences are heard within the wider arenas of the Local Authorities, UK and EU Governments as well as making a valuable contribution to the international policy literature on social exclusion.

Influencing Policy: In May 2013 Griffin, as Director of IVLWR, was commissioned by the DH to design the Cavendish Review proposals in respect of widening participation (Chapter 7). He provided advice to the Review based on the Institutes' research. IVLWR research was directly quoted by the Review. Griffin is currently assisting HEE in their response to the Reviews recommendations. This includes updating a policy paper on widening participation Griffin originally wrote with Professor David Sines for the DH in 2010.

Public information: Norton has presented the results of her work at the Crohn's & Colitis UK annual general meeting (2012) and at 3 regional meetings to date, with considerable interest from people with IBD. Some have subsequently told her that it has triggered them to seek professional help for FI (emails available on request). The study has been covered in the CCUK newsletter. Their website information on diarrhoea and FI has been revised.

Service user engagement: With Engage London a public and patient participation group we are undertaking a thematic analysis of 10 years of data on community development activity collected by Engage London working with a wide range of ethnic communities across NW London. We are also working closely with the patient engagement theme of the Oxford Academic Health Science Network. We have developed excellent coaching programmes for service users and carers and have evaluated national PPE initiatives in learning disability for the DH (Sines, 2013). The 'Cambridge Project' (2006) (Greenfields) was the first research to include Gypsies/Travellers (G/T) as interviewers, identifying their own community's service delivery needs. The methods utilised were incorporated into Communities and Local Government guidance on undertaking assessments, and increased political engagement with local authorities via community fora, as well as resulting in enhanced employment for trained interviewers (see impact case study).

Impact via publication: The IVLWR has active collaborative projects with the DH, CfWI, Macmillan and Health Education England as well as a number of local Trusts. Griffin has contributed to knowledge about Midwifery Support Workers (MSWs) through the publication and promulgation of research (eg, Griffin 2013). This research has demonstrated the impact that MSWs can have on quality care and barriers to the roles optimum deployment. His publication on the role and responsibilities of MSWs, is the most downloaded RCM publication.
<http://www.rcm.org.uk/midwives/features/valued-support/>

c. Strategy and plans

The Institutes will become our main vehicle for achieving impact at a local and national level. The Institutes are accountable to the Dean of Enterprise in the Faculty and report triennially to the Academic Faculty Management Team (Research) which is made up of Heads of Schools, Professors, Readers, Heads of Institutes and Head of the Research Office. The Institutes deliver a mix of bespoke teaching, curricula redesign, consultancy, professional practice development, workforce redesign and evaluation and research. The mix of activities enables our Institutes to address research implementation issues locally in response to provider priorities and to disseminate the findings of our translational research nationally and internationally through conferences, peer reviewed publications and publications in professional journals. The Institutes

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enable us to draw on the expertise and contacts of our partner collaborators to improve our impact locally, nationally and internationally. An example is the community provider network project on the prevention and management of pressure ulcers which is designed to identify the barriers to implementation of NICE guidelines across the whole system of care provision in NW London including self-care and is fully supported by our partner Trusts across NW London and their extensive care networks. This project builds on our previously published research on integrated care systems.

We are linked closely to HEE NW London and HEE Thames Valley, local Academic Health Science Networks and CLAHRCs who are supportive of our approach and facilitate dissemination of our work. Through our local networks we are increasingly being asked by the NHS and Local Authorities to tender to undertake a wide variety of education, service re-design and evaluations. These links are also enabling collaborations with the private sector including international pharma companies local to the University.

Through the Institutes we plan to address more systemic issues in nursing and social care education creating curricula that reflect the current practice evidence base and realities of health care delivery and hot housing innovative approaches to the delivery of education that is informed by research and meets workforce demands. An example is the work being undertaken by the Institute of Mental Health to integrate the physiological and psychological curricula as requested by our partner Trusts based on our research (Martin) and to evaluate the impact on student learning and patient outcomes. Similarly, following the publication of the Government response to the Francis Report and based on our work with the unregistered workforce we have been asked by HEE NW London to design the education pathway for the unregistered workforce on behalf of NW London. We plan to become a centre of excellence in applied research and to disseminate our expertise via publication, training of our researchers, academic staff and PhD students and running national and international workshops on whole system applied research in health and social care.

d. Relationship to case studies

The case study *The Cambridge Project: Empowering Gypsy/Traveller communities through collaborative participation action research* was developed under the auspices of IDRICS and provides an exemplar of how we have used our Institutes to realise impact and will continue to do so in the future. The case study demonstrates a wide range of collaborations with public services but also with other UK universities and with European Universities, again we see this as crucial to our impact strategy. The case study is also distinguished by innovation and excellence in development and implementation and these are important criteria for impact which we will foster and replicate. Reports are available on websites (see impact case study) and we have produced highly rated and cited publications from this work. The recognition achieved by IDRICS for this work nationally and internationally has created collaborations which have extended the reach of IDRICS into other marginalised communities.

Our impact case study *Cardiac power output as a novel approach to functional measurement in cardiovascular health* was not developed under the auspices of an Institute but was very much the work of a strong research group within the University. It does, however, mirror many of the features of our strategic approach to impact including strong collaborations with the NHS and with other UK and International universities and the private sector which draw on the expertise of our collaborators as well as making a distinctive and expert contribution of our own. There is evidence of publication in high quality journals. Researchers working on this case study were able to transfer clinical as well as research skills to subsequent employers. For instance, Dr Djordje Jakovljevic is now a Senior Research Associate (Clinical Applied Physiology) at Newcastle University Medical School and is continuing to disseminate the work clinically as well as furthering research using the technique developed in this impact case study.