

<b>Institution: Bournemouth University</b>
<b>Unit of Assessment: UOA3</b>
<b>a. Context</b>

Ageing societies, with increasing care needs in an environment of growing distrust and uncertainty with respect to the quality of health and social care services, present specific challenges. Our research addresses these challenges by creating impact which optimises the quality of care and promotes positive futures for new generations under our guiding philosophy: 'helping to make people's lives better by improving knowledge'. Primarily, we contribute to impact on:

- **Health and welfare practice** – **BU Dementia Institute (BUDI)**, **Public Health and Wellbeing, Clinical Research** and **Laboratory-based Health Science** themes promote the 'voices' of service users/patients and professionals and developing 'humanised' care
- **Society, culture and creativity** – by increasing social understanding of excluded and marginalised communities (see *Rufus Stone* film re lesbian, gay, bisexual and transgender {LGBT} elders, and performance poetry of young disabled and disenfranchised people in *Seen but Seldom Heard*)
- **Practitioners and services** - nationally and globally, by delivering best outcomes and continuous professional development (CPD) in breastfeeding, maternal and child health, dementia care, wellbeing, and social work through **BUDI**, the **Midwifery, Maternal & Perinatal Health** and **National Centre for Post-Qualifying Social Work (NCPQSW)**;
- **International development** – especially by supporting safer childbirth in, for example, Pakistan and Nepal

Key **beneficiaries** of our research include UK NHS Trusts, local authorities across England, health and social care non-governmental organisations and service users/patients globally including Australia, UK, Pakistan and Nepal.

<b>b. Approach to impact</b>
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Our **approach** follows a process of problem definition, theorising, action and evaluation. It challenges the lack of dignified, person-centred care and compassion in target-driven health and social care services (highlighted, for instance, by the *Francis Report*, 2013).

Throughout the research process, **engagement** is sought from a wide range of research users. Building on BU's institutional strategy and reflecting the National Institute for Health Research (NIHR) Patient and Public Involvement (PPI) initiative, we involve patients and the public early on in developing and steering research impact to the forefront of our thinking and practice. Engagement with research users is aided by our service user and carer group, which is an assembly of health and social care service users who contribute to our research, education and professional practice activities at all levels.

Engagement has been built around specific key societal themes. For example, our recently formed BU Dementia Institute (BUDI) places research user engagement at its core through a range of innovative projects including a carers' forum, arts-led projects, regional stakeholder meetings and public engagement events. Engagement at leadership levels is embedded within multiple organisations including 83 local authorities, 21 NHS agencies, and other types of organisation such as the Armed Forces charity SSAFA, the Royal Navy and Children's Centres. Members of the public are engaged through a range of initiatives; for example, 80 free to attend public engagement events have been held since 2008 and have attracted in the region of 1000 attendees. These initiatives have included our ESRC Festival of Social Science activities.

The relationships built through engagement are iterative and deliver sustained impact. Our Practice Development Framework (aligned to our humanising research, see below), which was developed in 1996, accredits agencies for the quality of their practice. Currently, there are 49 organisations accredited including two major NHS Trusts. To ensure sustained and relevant improvements, colleagues (Andrewes, Edwards, Hemingway) are working with research users to update re-accreditation models drawing on research evidence. Also, we have agreed Memoranda of Understanding for collaborative research with four Foundation Trusts. To maintain the activity of these Memoranda we host professional fora and contribute to external networks, such as membership of the Partnership Council for Wessex Local Education & Training Board (Thomas).

## Impact template (REF3a)

**Sustained relationships** are also built through collaborative projects, which embed impact through, for instance, the six joint-funded PhD studentships created with NHS Poole, Hampshire local authority and NHS Portsmouth. We also work with a number of charities, such as Elderly Accommodation Council (Hean, Hemingway, Parker). Serendipitously, this has led to Legal and General's Corporate Social Responsibility arm funding impactful research making older people's choices of accommodation more robust.

Impact is also **embedded** through joint projects with clinical colleagues (40 clinical consultants are part of our 100+ visiting faculty). A recent example of a highly successful collaborative project is an epidural simulator with a consultant anaesthetist at Poole Hospital (project shortlisted for two prestigious innovation awards in the UK - The National Patient Safety Awards 2013, and The Design of Medical Devices International Student Design Showcase 2013 - and American Society of Mechanical Engineering (ASME) Innovation Showcase in the US).

We also approach impact by **building institutional relationships**, such as supporting Dorset Heath Care (DHC) to become a University Trust, creating the University Department of Mental Health (UDMH) as a focus for collaborative societally-focused research (£2,175K to date), together with our growing impactful research in nutrition, e.g. with Macmillan Cancer Support (£45K) and an EU partnership (£14K) on 'Dignity in Care'.

As a UOA we seek to **follow through** the impact cycle by continuous evaluation to understand the difference our research is making to society. By way of illustration, a recent evaluation has taken place to understand how a distinctive humanising care framework we developed is working with 11 hospital wards to inform the new government standards that focus on respect and compassion: *Professional Standards Authority for Health and Social Care* (2012). Our Centre for Midwifery, Maternal and Perinatal Health evaluated the evidence and developed tools to support the use of clean birthing kits in developing countries through multidisciplinary working with researchers, clinicians and advocates across the globe.

We have **supported staff** to develop impact through our appraisal process, where pay progression is linked to BU's Fusion strategy, which emphasises the importance of knowledge exchange at its heart. Since 2008, £161K has been invested in staff to facilitate pathways to impact, for example, attendance at conferences such as Royal College of Midwives, London and to ensure that research users, such as the National Childbirth Trust, regularly participate at events we host. Four dedicated business/industry engagement managers, three of whom are academic staff, facilitate many of the relationships described above around key areas in health and social care. A newly-created (2013) liaison post between BU and the NHS is helping further to embed strong relationships.

We frequently draw on the support of **institutional resources**. Our research and knowledge exchange office has dedicated managers for public engagement, research communications and knowledge exchange. This has led to participation in the ESRC Festival of Social Science, BU's Festival of Learning (in 2013, the UOA contributed 19 events over a two week period), a KTP with Five Rivers children's agency, regular media coverage (such as leadership and management initiatives from NCPQSW), and a series of training initiatives including the Grants Academy which offers bespoke impact training.

### c. Strategy and plans

Our strategy aligns with the BU2018 vision in fusing our research with education and professional practice to address societally important issues and make a difference in the professional practice of all our students, and professional partners, alongside achieving positive outcomes in the lives of service users/patients.

**Impact strategy 2013-2018:** In continuing our commitment to impact we will appoint a senior academic to the role of 'impact champion' in 2013/14, who will take a lead in supporting academics to develop, maintain and ensure that research impact aligns with our core principle of 'helping to make people's lives better'. The role-holder will offer advice on pathways to impact and on impact work in other HEIs, and will deliver an annual impact seminar. From 2014 we will systematically collect impact data and support academics through seminars, mentorship and targets to embed impact across and throughout all funded research projects. We will support staff in developing impact through links with our communications team and our public engagement personnel, and through bespoke training to develop 'impact-mindedness'. We will encourage staff to utilise BU's Fusion funding to attend impact-focused conferences and training (at least two per year). Attendance will come with responsibility and an agreement will be made with staff to support

**Impact template (REF3a)**

impact by contributing a blog on the BU research blog and running at least one seminar concerning impact to the UOA. A spreadsheet detailing impact activities will be monitored monthly by the Deputy Dean for Research and our research committee.

We are developing appropriate ways of harvesting impact metrics and qualitative data such as the number of BU blogs and our web-based research themes blogs, and references to our work in the professional press, alongside revisiting research beneficiaries to gain qualitative feedback on impact. BU **support services** will help to ensure that impact metrics are aligned to the fusion strategy, and aligned with other units' impact strategies through sharing good practice. Qualitative reports concerning research impact will be requested from researchers for consideration at our research committee meetings.

We will encourage academics to place their research findings in open access journals to ensure wide reach, drawing on central BU funds to support this where research grants do not. Also, staff will be encouraged, where possible, to place their published outputs on the BU repository, thereby making research immediately accessible to beneficiaries and users. We expect 100% adherence by 2018.

We will continue to explore existing impact systems, case studies and open seminars, and to work closely with our key beneficiaries in the NHS, local authorities and third sector agencies as well as patients/service users to ensure that impact is maximised at all levels. We will write a public engagement and impact capture role into research assistants' job descriptions (from 2014/15) and disseminate our successes and failures across other UOAs to share insights and gain from their experiences. We will seek to do this through university-wide impact sharing seminars.

Our successful **service user and carer group** will continue to be supported in contributing to the development of impact, its evaluation and measurement, and its dissemination. We will continue to fund the FTE post supporting this initiative.

In order to achieve our impact strategy, we will be developing targets for each of our research themes to include users in the design, development, execution and dissemination of projects wherever possible. We will seek 80% compliance by 2015 and 100% by 2018.

We will support the early development of **communication strategies** to maximise impact by identifying and commissioning **training in communication and public engagement** for research active staff. We will expect by 2018 that at least one member of each research team has undertaken high impact communication and media training.

**Open seminars** for professionals and the public and continued involvement in BU's Festival of Learning feature highly within our strategy. We aim to offer at least 10 research seminars and eight PhD student seminars each year to 2018. In addition, each of our research groups will offer at least one public lecture or discussion event each year. Alongside this, we will seek a minimum of two secondments to and from health and social care organisations to maintain relevance and increase opportunities for bi-directional impact.

<b>d. Relationship to case studies</b>
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Our case study on breastfeeding promotes the wellbeing of women and children nationally and internationally stemming from our inquiries, theorisation and implementation of bespoke online training and advice concerning breastfeeding. We built sustainable relationships with hospital trusts and breastfeeding organisations to maximise reach and impact of this work, and continue to evaluate its utility and take up.

Our case study charting the impact of CPD on professional health and social care practice demonstrates coherence with the humanising agenda and theoretical framework leading to adaptations to CPD practice and policy in social and health care. It has developed significant reach across local authorities, NHS Trusts and third sector organisations, drawing on the leadership and management relationships developed and sustained by a broad network of academic staff aligned to the work. Our approach to impact evaluation features large within this case study in which CPD and leadership and management evaluation have been refined and further promoted through the networks of beneficiaries developed.

Our practice development case study draws on the positive practice and culture impacts engendered by applying research into best and dignified practice in health and social care organisations. Again, it builds on the durable and sustained relationships with hospital trusts, local authorities and third sector bodies to create a reciprocal focus on service quality improvement.