Mobilising the use of research into practice for impacts on health and wealth –

Recommendations of the AHSC Knowledge Transfer Task and Finish Group to NISCHR, Welsh Government

1. Purpose

This document contains recommendations for policy-driven actions to improve clinical and social care decision making, within the context of the Welsh Government’s policies on safety, quality improvement and prudent healthcare. The document was produced by the Knowledge Transfer Task and Finish Group, which was convened by the Academic Health Science Collaboration (AHSC) on the instructions of the National Institute for Social Care and Health Research (NISCHR), Welsh Government.

2. Policy Context

2.1. The five year Programme for Government\(^1\) published in 2011 sets out the commitment of the Government of Wales to improve the health and wealth of the population. To this end, Government is supporting the continuous improvement of public services; strengthening service delivery and making it more effective; and getting services to work collaboratively. The Programme also includes commitments to improve health outcomes by ensuring the quality and safety of services, improving skills and educational attainment, and supporting the economy and businesses.

2.2. The strategy Together for Health\(^2\) sets out the challenges facing healthcare and specifies the ambition and areas of action that will make the standard of health and healthcare in Wales comparable with the best in the world. Public health and primary care are to play a critical role in the provision of healthcare and actions to improve health and wellbeing.

2.3. The Minister for Health made a public announcement in January 2014\(^3\) for healthcare to be provided in accordance with prudent healthcare principles. This means avoiding treatment that is unlikely to be of benefit to patients or is likely to cause them harm.

2.4. The aims of the national strategy Sustainable Social Services\(^4\) are congruent with health policies and centre on service improvement and change to achieve safety, quality and

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1. [http://wales.gov.uk/about/programmeforgov/growth/?lang=en](http://wales.gov.uk/about/programmeforgov/growth/?lang=en)
service integration. The strategy highlights the need for a much greater focus on evidence based practice. Drawing on the recommendations of the Huxley report it also states that Welsh Government will work towards strengthening the quality and quantity of social care research, build capacity, and develop collaborations between practice and the research communities.

2.5. The White Paper on Regulation and Inspection includes a proposition to establish an Institute of Care and Support, which would take forward similar recommendations to those included in Sustainable Social Services, to achieve better policy decisions and service improvement.

2.6. One of NISCHR’s three key strategic areas is to support excellence in research and innovation. NISCHR commissions and funds R&D initiatives and grant schemes, with the aim of improving the quality and quantity of health and social care research undertaken in Wales. Ten years of sustained investment has resulted in considerable progress in meeting this aim, and attention is now focused on ensuring that the knowledge generated is impacting on the health and wellbeing of patients and carers.

2.7. Welsh Government is clear that knowledge and application of the most recent research findings and innovations is key to delivering policy imperatives. The processes involved should be a part of the routine practice of individuals, teams and organisations, an approach that will lead to a cycle of continuous improvement in the health and social care services. This is an essential part of strategies concerned with the services providing the best quality patient and client centred care, and care that is safe and leads to improvements in health and wellbeing.

3. Terminology

3.1 The language around knowledge transfer, and innovation with which it is often linked, is complex, varies in use across time and across the sectors. The term “evidence based practice” is commonly used in social care research and practice. In recognition that the knowledge gained from research is one of a number of forms of evidence, the Social Care Institute for Excellence (SCIE) defines evidence based practice as

“making decisions about how to promote health or provide care by integrating best evidence with practitioner expertise and other resources, and with the characteristics, state, needs, values and preferences of those who will be affected… in a manner that is compatible with the environmental and organisational context”.

3.2. Knowledge is possessed by individuals, groups or organisations and can be tacit or explicit. Research knowledge is one example of knowledge, others are, for example, standards, indicators, routines and best practice.

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6 http://wales.gov.uk/docs/dhss/publications/140508whitepaperen.pdf
A number of terms have been used, especially in Higher Education Institutions (HEIs) and health organisations, to label the process by which knowledge of research or innovation is moved from where it is created to where it is used, that is from researchers to practitioners and decision makers. All imply different processes and in some cases outcomes. The word *transfer* as in knowledge transfer implies the movement of knowledge in one direction, from researchers to practitioners, whereas knowledge exchange suggests a two way process in dialogue. Knowledge mobilisation, on the other hand, implies putting knowledge in motion prior to use. It is this wider connotation that has probably led to the adoption of the term knowledge mobilisation in the common parlance of professionals currently working in the field and will be used in this report.

Any examination of terminology in the area of knowledge transfer must include the term research translation. The term is sometimes used in connection with making complex research information more easily understood. However, it is also widely employed in the health research community in the UK to mean the conversion of research findings into impacts, by taking ideas from basic science or other discoveries through the research pipeline to changes in clinical practice. Gap 3 in the pipeline has been identified by the Cooksey report ⁹ as the failure of evidence in the UK to progress into clinical practice because of the barriers created by everyday clinical encounters (the study of which is known as implementation science) and the lack of appropriate training and education. This failure is also evident in public health research and practice where it is further exacerbated by the complex range of factors that determine health and the many interventions and policies that lie outside the NHS and healthcare.

Similar difficulties are evident in social care practice although the gaps have not been characterised in the same way as in health research. Nevertheless they are broadly relevant and a further challenge exists in social care in that R&D capacity remains relatively low, and the research infrastructure is less well developed than in health.

To add to the complexity in terminology, the terms attached to those working in support roles are also known by a variety of labels, for example: knowledge brokers, innovation leads, translators, boundary spanners and diffusion fellows. These workers can facilitate dialogue between research and practice, build collaborations, help to convert published research into a useable form and provide training and opportunities for learning. It is possible for a person, especially if operating informally, to be undertaking some or all of these roles and not see themselves as being engaged in knowledge transfer or knowledge mobilisation activities. Similarly, they may not attach any of the above labels to themselves, all of which adds to the challenge of reviewing current provision and building a common standardised language in the field.

Finally, the Carruthers report defines innovation as “an idea, service or product, new to the NHS, or applied in a way new to the NHS, which significantly improves the quality of health and care wherever it is applied” ¹⁰. Thus knowledge is something you possess and innovation is something you do. Innovation does not transfer but knowledge about it

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Research and knowledge mobilisation are involved in many but not all successful cases of innovation and for this reason it is important to consider the two as being inextricably linked.

3.8. The terminology around knowledge transfer is extensive and “knowledge mobilisation” seems the best term to convey broad intent, although it is less commonly used in social care. Regarding those who support associated activities, “knowledge broker” is the label adopted in this report but other terms should be considered and tested for acceptability in the practitioner community.

4. Scope of the work of the Knowledge Transfer Task and Finish Group

4.1. The AHSC was instructed by NISCHR, in July 2013, to examine the issues that would close the research-practice gap and to include social care in its recommendations. The AHSC was the most suitable organisation to undertake this task as its mission is to facilitate collaborations for an integrated approach to research, education and healthcare. More specifically, one of its objectives is to contribute to the production of a work plan which addresses knowledge mobilisation in the NHS, in collaboration with other agencies.

4.2. To undertake this task, the AHSC drafted a project plan and set up a workstream, the objectives of which are to:

- identify the enablers and barriers to implementing research evidence into practice in health and social care;
- include recommendations for maximising the effective mobilisation of research generated evidence into routine practice;
- suggest a framework for the rapid implementation of effective new interventions into routine practice; and
- develop a roadmap of activities aimed at addressing the issues identified.

The Task and Finish Group was convened to contribute to the achievement of the above objectives and produce a report for NISCHR by July 2014. (see Annex 1 for the membership and terms of reference)

4.3. The Group met four times in the period September 2013 to June 2014 and in between the third and fourth meetings ran an open workshop which was attended by 87 delegates. The attendees were given opportunity during the event to comment on the draft recommendations produced by the Task and Finish Group.

4.4. The Task and Finish Group drew on the feedback from the discussions at the open workshop, and referred to the following additional sources of information to formulate the recommendations:

- The papers produced by the Health and Wellbeing Best Practice and Innovation Board
- National and international published literature on the theory and practice of knowledge transfer


• The interim results of the Welsh Knowledge Transfer Scoping Study which was underway at the time, and
• The information gathered from meetings and teleconferences with the directors and managers of some of the initiatives and projects working in the field. (see Annex 2 for the list of organisations involved)

4.5. Policy on innovation does not fall under the remit of NISCHR and at the time of writing this report a separate set of recommendations were submitted to Government on innovation by the NHS Social Care Business Workstream of the Health and Wellbeing Best Practice and Innovation Board 13. To avoid duplication of effort, the Task and Finish Group has excluded the commercial aspects of innovation and procurement from the scope of its work, however the importance of industry in knowledge mobilisation is acknowledged. Additionally, given its specialised nature, it has also excluded the management of research knowledge with respect to libraries but has considered other repositories of information in its deliberations.

5. A Framework for Knowledge Mobilisation

5.1. There is a small but growing body of literature on how knowledge mobilisation works in practice, with broad consensus on the elements needed for success. The Promoting Action on Research Implementation in Health Services (PARiHS) framework 14 is of particular interest as it was validated in clinical settings that included Wales. Work continues to refine the framework but essentially it identifies three broad elements as being crucial to success. These are: the evidence used; the context or setting in which the evidence is being implemented; and the facilitation or support in place to progress it.

5.2. These three elements are further broken down into the following sub-categories:

Research studies that are relevant, well conceived and designed, with conclusions drawn; and their importance weighted and seen as one part of decision making;
Clinical experience and expertise that is reflected upon and tested by individuals, groups and communities of practice; valued as evidence and importance weighted; and seen as one part of decision making;
Patient experience that is judged as relevant and valued as evidence; weighted in terms of importance and seen as one part of a decision made in partnerships with health professionals;
Context in which boundaries are clearly defined, there is transparent decision making, power and authority processes in place, and receptiveness to change;
A Culture that can be defined; values staff and service users; and promotes the “learning” organisation;
Transformational leadership with clarity in roles, effective teamwork and structures, and allocation of resources;
Feedback to individuals and teams: on performance using multiple sources of information, and evaluation data using a range of research methods;

A Facilitator (a “Knowledge Broker”) to lead with the skills and attitude to develop individuals and teams and build collaborations between researchers and practitioners.

5.3. These elements are congruent with the literature on organisational development and the management of change, but the latter places greater focus on the importance of structures, systems and strategies. A strategy, in this case for knowledge mobilisation, should be in line with the mission of the organisation, signal its importance and set the direction.  

5.4. Although the PARiHS framework was developed in clinical settings it has relevance for social care settings too. The implication of the framework is that research production and research mobilisation should not be separated. If innovation, diffusion and adoption are to be improved then research needs to be a core activity in organisations and engage all practitioners at some level. Knowledge should be coproduced and the capacity of organisations increased if they are to absorb and make routine the practices involved in applying it. By inference from the framework, the quality, availability and accessibility of service and service user data, coupled with the skills needed to make use of them, are key elements needed for continuous improvement.

5.5. It can be argued that knowledge mobilisation and innovation should already be an integral part of the modus operandi of organisations but it is something that organisations across the western world struggle with. Collaborative partnerships and knowledge brokers are commonly seen as the solution. These solutions are known to carry some costs although the costs are not considered to outweigh the benefits.

5.6. There are few UK based evaluations of collaborative and knowledge brokerage type of interventions, probably because they tend to be long term. Of those that have been completed, the phase 1 evaluation of the long standing Government match funded initiative in England called Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) is the most comprehensive and useful here. The nine CLAHRCs developed different models for knowledge mobilisation and ways of operating, but many used knowledge brokers or their equivalents in their strategies. The CLAHRCs succeeded to varying degrees in:

- achieving the foundations needed for developing organisational capacity and capability in knowledge mobilisation,
- promoting the use of evaluations in decision making,
- getting researchers, clinicians and managers to collaborate,
- getting health organisations to set their own research agenda rather than having it set for them,
- ensuring that research funding is linked with knowledge mobilisation and vice versa,

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15 https://www.exeter.ac.uk/media/universityofexeter/humanresources/documents/learningdevelopment/understanding_drivers_for_change.pdf
• influencing organisations to plan for research and knowledge mobilisation – in part an effect of organisations having to provide match funding to participate. ¹⁶

5.7. It is relevant to highlight here that a further tier in the English infrastructure has now been created – the Academic Health Science Networks (AHSNs) which operate on a regional basis. A part of the work of the AHSNs is to spread the learning from Phase 1 of the CLAHRCs in knowledge mobilisation. A study into how knowledge brokers operate within AHSNs is already underway with Professor Alison Bullock of Cardiff University as Principal Investigator.

6. Knowledge Mobilisation in Wales

6.1. The Welsh NHS Knowledge Transfer Scoping Study

6.1.1. There are no up to date studies on knowledge mobilisation in social care organisations that give a Wales wide view of current provision. In health, a scoping study, funded by Cwm Taf and Aneurin Bevan University Health Boards for the South East Wales Academic Health Partnership (SEWAHSP), involved interviews of 30 senior managers across six Health Boards, on the enablers and barriers to knowledge mobilisation.

6.1.2. Pockets of good practice were reported with some specific role holders and informal champions acting as agents of change but in the early stages of making a real impact in their organisations. The Research Excellence Framework (REF), University Health Board status, and 1000 Lives were also cited as positive influences to build on.

6.1.3. Time pressures and competing demands were reported as the main factors affecting the absorptive capacity of organisations. Additional barriers identified were a lack of policy leadership and coordination at the national level in knowledge mobilisation; information overload coupled with research information provided in a form of language difficult to understand; and an absence of appropriate structures and systems at the national and local levels.

6.1.4. Disappointingly, R&D offices were not seen in some instances as being a part of the fabric of organisations and there was a perception that organisational research was difficult to get onto funding agendas. The research infrastructure, now under reform, was seen by some of the respondents as over complex and the registered research groups not always relevant to the needs of the services.

6.1.5. The corollary of this is that a national integrated health and social care knowledge mobilisation policy and a structured programme of support were seen as important interventions that would accelerate progress and change. The support should include professionals with a dedicated knowledge mobilisation role and structures and mechanisms for researchers and practitioners to collaborate and network. One requirement identified is in the provision of support for problem identification for service planning.

6.1.6. Specifying outcome measures as soon as possible would help in the formulation of knowledge mobilisation plans and provide data for feedback on performance. However, for this to have value, supervision and mentoring needs to be available on a more consistent basis.

6.1.7. The interviewees considered education and training in R&D and innovation to be of great importance in fostering a sense of the value of research and a continuous improvement approach to practice. Trainers were identified as having a key role in this respect but many were seen as lacking the skills and knowledge themselves to prepare students and trainees adequately.

6.1.8. The study is providing a rich seam of qualitative data, which should be further enhanced by the online survey of practitioners. Those data were being analysed at the time of writing this report.

6.2. Services, projects and initiatives

6.2.1. There are a striking number of projects and initiatives underway in Wales and the UK which engage with the public sector in knowledge transfer and knowledge mobilisation activities. These are at various stages in maturity, but their sheer numbers indicate that knowledge mobilisation is very much at the forefront of the strategy of funders; research councils, research charities and governments. The scope of this report is too limited to identify and include all of those in existence and a special mapping exercise needs to be undertaken to capture them all.

6.2.2. The Welsh Government has an agreement in place with the National Institute for Health and Clinical Excellence (NICE) covering the Institute’s technology appraisals, clinical guidelines and interventional procedure guidance which continue to apply to Wales. Technology appraisal guidance produced by NICE is subject to funding direction by the Welsh Government. This places statutory obligation for Health Boards and Trusts to make available health technologies recommended by NICE within three months of publication unless otherwise directed. Health Boards and Trusts are expected to take full account of all other NICE guidance, such as clinical guidelines, when planning and commissioning services, as they are developed based on best available evidence.

6.2.3. The Research Excellence Framework has been instrumental in making the consideration of impact much more important in research than was the case previously. The EU’s Research and Innovation Programme, Horizon 2020, has also identified impact measures. Several UK research funding councils have built on these developments by making grants available for knowledge exchange and impact projects. For example the ESRC is operating an Impact Acceleration Account which has recently awarded Cardiff University approximately £800K and Bangor University £700K to run response mode schemes, secondments and evidence focused symposia. Bangor University has also incorporated the Impact Development Programme to build capacity in the academic community in expertise in knowledge exchange, partnership working and co-production.

6.2.4. Plans are in progress, under Cardiff University’s innovation systems programme to create a Social Sciences Park (SSPARK). Thought to be the first of its kind in the world, and involving capital investment to create a physical space, SSPARK will foster high quality collaborative and multidisciplinary research with experimental approaches to linking policy and practice.

6.2.5. The University of South Wales has considerable experience in working in partnership with service users. It has set up a successful Mental Health Service User and Carer Partnership Research Development Group which has led to the active involvement of service users in a research project on service user involvement. The Unit for Development Intellectual Disability works in close partnership with people with
learning disabilities, their families and carers and service providers to develop research that is relevant to their support needs. The University has used innovative methods to engage the public on medical, social and ethical issues related to genetics and has developed a web based education resource to develop competent practice in the field. It is also running a successful programme called Safety in Numbers which is translating research into healthcare education and practice in the field of safety in medicines.

6.2.6. **Swansea University** is leading on the Developing Evidence Enriched Practice (DEEP) project, one of three pilot projects operating under the auspices of the NISCHR’s Academic Social Care Research Collaboration (ASCC). The project has focused on five key themes identified by partner agencies. These are: relationship based practice; community based prevention and wellbeing; care home standards and quality assurance; the capture and use of outcome information; and supporting people living with dementia and their carers.

6.2.7. **Bangor University** is to open a new arts and innovation centre which will be a space for knowledge exchange and sharing between the University and the community.

6.2.8. **Swansea University** has established CIPHER (Centre for Improving Population Health through E health Research) to investigate priority health concerns and act as a contact point for industry, the NHS and policy makers. As one of the four UK Centres of Excellence, it is also a participant in the FARR Institute which aims to reduce the delays between knowledge discoveries and impacts through collaborations and the application of new methods in informatics.

6.2.9. The **Wales Institute of Social and Economic Research Data (WISERD)** is participating, in partnership with Swansea University, in the first phase of the ESRC’s Big Data Network initiative and is running the Administrative Data Research Centre of Wales which is part of the UK network of such centres. The project will enable research data to be linked for robust policy decision making and will be overseen by a single governance structure. WISERD is also developing a web based software application which will enhance a researcher's ability to discover socioeconomic data with the aim of encouraging reuse and repurposing of existing data. Another strand of activity, the Knowledge Exchange Activities Programme, is committed to delivering policy and practice relevant research; a sustainable infrastructure for research and knowledge exchange; support for researchers to engage in knowledge exchange activities; and improving communication on evidence. Bangor University is also a partner in WISERD, thus ensuring an all Wales approach to these developments.

6.2.10. The recently launched **Public Policy Institute Wales (PPIW)** is a network of research organisations and think tanks headed by Cardiff University. It provides independent expert advice to Ministers on the reform and improvement of public services in Wales. A core team is tasked with meeting the knowledge and evidence needs of Ministers for making and delivering policies, by signposting to independent experts in Wales, UK and beyond. PPIW is part of the What Works Centres initiative jointly funded by governments and the ESRC that aim to provide robust evidence to guide decision making.

6.2.11. **Public Health Wales (PHW)** is playing a major role in knowledge mobilisation through the Observatory; the 1000 Lives initiative; and Public Health Specialists dispersed across the Health Boards. An organisational strategy is currently being formulated which will clarify, augment and further strengthen the organisation’s work in the field. Health Boards are supported by PHW largely on an ad hoc basis with evidence
reviews and analyses of data to inform health service planning. The 1000 Lives Improvement Service was first established in 2008 with a national team based in Public Health Wales whose remit is to improve services. The underpinning approach is to identify established evidence for effective care and to support its use in everyday practice by frontline staff. This highly regarded major strategic initiative coordinates collaborations and spreads learning on the techniques needed for accelerated and sustainable quality improvement and associated measurement.

6.2.12. The Welsh Government’s Academi is a strategic centre of leadership excellence which works across the public sector. It has a specific remit to deliver the NHS leadership agenda. A programme of education and training activities is provided for leaders in post, and leaders of the future, in six key areas: public service schools and conferences; continuous improvement and change; research and development; personal development and growth; public service leadership and on-line and e-based learning.

6.2.13. NISCHR’s well established University led registered research groups and centres of excellence form the backbone of the national research infrastructure. Self reports to NISCHR suggest that some have been highly effective in fostering collaborations with service and service user partners on research planning and knowledge transfer activities (see section 6.2.4 above). This is a funding requirement specified by NISCHR and is likely to be further strengthened in the forthcoming revised and simplified infrastructure. It should also be noted that NISCHR requires research project grant holders to plan for impact and to disseminate their research findings. It monitors the outputs of NISCHR funded research and is participating in Researchfish, a system used by UK funders of research to track impacts as well as outputs.

6.2.14. NISCHR AHSC implements NISCHR’s policies and strategies through a number of workstreams including: NHS R&D funding, NHS research permissions and ethics, industry engagement through Health Research Wales, and knowledge transfer in health and social care. The AHSC also runs a project focussing on enhancing use of clinical data for research purposes.

6.2.15. The NISCHR AHSC R&D Regional Hubs: SEWAHSP, SW and N Wales are regional partnerships involving NHS organisations and HEIs. Their creation has been encouraged by NISCHR so that: NHS organisations can take centre stage in formulating R&D strategies to meet their needs; more widespread clinical engagement in R&D can be achieved, and research and innovation transfer and mobilisation can be accelerated. The Hubs are harnessing the geographical proximity of their partners to share good practice and to collaborate. NISCHR AHSC facilitates the networking of the Hubs, to ensure the sharing of good practice and for a consistent national approach.

6.2.16. The above projects and initiatives are most impressive. They have depth and scope, and ambitious aims in line with the mission of their organisations. It appears, however, that their current capacity to deliver in a timely manner varies greatly. Furthermore, many have been set up and are operating without adequate reference to, or links with, their counterparts in Wales. A collaborative approach and networking would undoubtedly enhance their potential impact. An observation which needs to be made here is that with the exception of 1000 Lives there are no interventions in place which are engaging with clinical frontline staff in a systematic way. This is an essential approach for achieving quality improvement and the adoption of prudent healthcare principles.
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The recommendations should be considered alongside the recommendations produced by the Leadership, and the NHS Social care and Business workstreams of the Health and Wellbeing Best Practice and Innovation Board ¹³, ¹⁷ with which they are synergistic. (see Annex 3 for a summary of those recommendations)

The main message in this report is that there is already a wealth of activity underway in Wales which should be built on and coordinated, rather than new initiatives be introduced. Most of the recommendations should not incur costs although further scrutiny is needed of the specific roles and capacity of the Health Board innovation and health improvement leads to drive knowledge brokerage activities for systemic changes.

The focus on knowledge transfer and knowledge mobilisation over the past six months has acted as a catalyst in raising awareness and interest. This needs to be harnessed and momentum maintained if progress is to be made.

The recommendations have implications for a number of policy areas: health and social care, R&D, economic development, education and local authorities. The delivery organisations that could be engaged in strategy are also numerous. Some indication has been given as to which could be involved and held accountable, in bold in brackets, following each recommendation.

Recommendation 1: Provide policy leadership
Formulate a national policy and strategy that integrates R&D, innovation, knowledge mobilisation and quality improvement. The policy should cover health and social care, align priorities and allow for local flexibilities in delivery. Whilst it is believed that the Director General for Health and Social Services and CMO of Wales have the mandate to lead on national strategy on knowledge mobilisation from the service perspective, there is a lack of clarity on how policy is coordinated in the Health and Social Care Department and across Government. This should be addressed moving forward and involve identifying the person who has responsibility for ensuring that coordination is achieved. The role should involve forging strategic links across the UK and in particular with the Academic Health Science Networks bordering Wales. (Welsh Government)

¹⁷ Leadership, Culture and Employee Engagement Workstream of BPIB (2013) The Essential Leadership Pre-requisites for Innovation and Best Practice (paper to Welsh Government)
Recommendation 2: Strengthen the R&D base in social care and the allied health professions
Increase the investment in the social care R&D infrastructure and capacity building grant schemes in a stepped way. From the outset build a strong focus on knowledge mobilisation into the planned School of Social Care R&D, drawing on the learning from the DEEP pilot project and other UK countries. Prioritise social work, social workers and Local Authorities in the first instance. Expand the clinical sessional time initiative across the professional groupings and consider how the research time of practitioners could be protected. (NISCHR) Address the lack of utility of social care data. (DHSS)

Recommendation 3: Make impact central to research planning and disseminate research
Expand the impact sections of the grant application forms of NISCHR’s research grant funding schemes to get further detail on the involvement of the services and service users in research projects and the intended impacts of projects; and follow up on whether the plans have been delivered. Review the possible cost implications of such a strategy for HEIs. Disseminate NISCHR funded research reports systematically in Wales. As a matter of priority, ensure UK wide impact information collated in Researchfish is more complete in order to support the publication of the data, and make it available to the services. (NISCHR)

Recommendation 4: Build skills in informatics and make wider use of data
Coordinate, strategically, on a national basis, the services and initiatives concerned with data collection and linkage. (Welsh Government) Ensure communication and awareness of the services available. Develop the capacity of the services that synthesise the evidence needed by the services to identify opportunities for knowledge transfer and for evaluation. Provide educational opportunities in informatics, and link with entrepreneurial skills, to build capacity and leadership for the future (see also recommendation 8). (DHSS, PHW, WISERD, and HEIs)

Recommendations 5: Create a National Centre to coordinate activity
Create a National Coordinating Centre for Innovation and Knowledge Mobilisation to lead on strategy and implementation within the context of the quality and safety improvement agenda. The scope of the Centre should include commercialisation and procurement and a role in: mapping the organisations with a support role; developing metrics and toolkits; setting up systems for networking and sharing good practice; and providing strategic support and advice. The Centre should have a key role in coordinating knowledge management and finding innovative ways of getting information out to practitioners that engages them and does not result in information overload. (PHW and/or NISCHR Support Centre which will have a remit for knowledge mobilisation, see section 6.2 for possible participating organisations.)

Recommendation 6: Require the services to have strategies and a knowledge broker
Make it a requirement that organisations have a strategy in knowledge mobilisation. (CMO and Director for Health and Social Services Wales) All should have a named lead, “the knowledge broker” or equivalent, with the necessary skills and attributes to facilitate innovation and knowledge mobilisation, and the capacity to carry out their role. Strengthen the strategic role of R&D offices and consider linking the performance of organisations in knowledge mobilisation with R&D funding. (NISCHR)
Recommendation 7: Build capacity in implementation research
Build capacity and networks in implementation research. A dedicated innovation funding scheme would be a useful catalyst in this respect. The research should include a demonstration of the value of knowledge mobilisation and provide a means of sharing good practice. (NISCHR)

Recommendation 8: Ensure knowledge mobilisation is included in education, training and mentorship
Implement a standard that all professionals trained in Wales are trained in R&D and innovation. This will require a consideration of the training of trainers. (Welsh Government Education and HEFCW). Make it a requirement that all leaders, Chief Executives in the first instance, have training in knowledge mobilisation. (Academi) Develop leadership and mentorship in knowledge mobilisation and hold regular awareness raising events. In partnership with Research Councils provide training for the end users of research. (Knowledge Mobilisation Policy Coordinator, NISCHR Faculty and AHSC, WISERD, PHW)
Annex 1

NISCHR AHSC Knowledge Transfer - Task & Finish Group

Terms of Reference

1. Context

The National Institute for Social Care and Health Research (NISCHR), Welsh Government commissions and funds an infrastructure to support excellence and capacity building in health and social care R&D across Wales. NISCHR makes a contribution to health and social care improvement agenda by funding high quality research and development and recognises the important role effective knowledge transfer plays in the lives of the people of Wales. There is greater awareness of the importance of ascertaining return of investment in terms of improved care and practice.

In 2010, NISCHR, Welsh Government established the NISCHR AHSC which has a key mission to facilitate collaboration in order to combine clinical research, both basic and translational research, clinical care and education to create world leading improvements in healthcare. One of the objectives of the NISCHR AHSC is to contribute to the development and implementation of a work plan which addresses knowledge transfer in the NHS, in collaboration with other agencies.

For the purpose of this project, the scope of this work will be widened to include knowledge transfer in the social care sector. This will enable shared learning across health and social care sectors and acknowledge the important role of a joint sector approach in the adoption of research evidence. In order to achieve this, NISCHR AHSC will work closely with the NISCHR Academic Social Services Collaboration (ASSC) – where knowledge transfer is an existing key feature in their work programme.

The workstream activities will focus primarily on the factors which determine the uptake of research evidence into practice- known by the health R&D community as the third translational gap identified by Cooksey (ref 1). It will identify new interventions, service configurations and methods of service delivery in knowledge transfer which are most likely to impact on routine clinical and social care practice and result in health improvement.

Partners of NISCHR AHSC include every higher education institution (HEI) and NHS organisation in Wales; therefore the collaboration consists of those on the ground developing, delivering and disseminating research. As a result, NISCHR AHSC partners are well placed to explore the enablers and barriers of getting research into practice. By establishing strong links with the NISCHR ASCC, the workstream will also draw on the social care research knowledge transfer expertise within Swansea, Cardiff and Bangor Universities.

Further details about the NISCHR AHSC knowledge transfer workstream, including context and background, can be found within the Project Plan.
2. Purpose of the Task & Finish Group

The NISCHR AHSC Knowledge Transfer Task & Finish Group will oversee the NISCHR AHSC knowledge transfer workstream and will:

- oversee and advise on the development of a paper entitled “Enablers and barriers to the progression of research knowledge translation in health and social care” which will:
  - identify the enablers and barriers to implementing research evidence into practice in health and social care;
  - include recommendations for maximising the effective transfer of research generated evidence into routine practice;
  - suggest a framework for rapid implementation of effective new interventions into routine practice; and
  - develop a roadmap of activities aimed at addressing the issues identified
- work closely with colleagues involved in the Welsh Knowledge Transfer Research Project in Wales (through SEWAHSP) to draw on those findings of the research study which point to good practice; and
- work with NISCHR and other relevant parts of the Welsh Government to ensure that the framework is widely supported across the AHSC and consistent with all relevant policies.

3. Membership (to be reviewed and finalised at the first meeting)

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
<th>Alternate</th>
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<tbody>
<tr>
<td>Sue Denman (Chair)</td>
<td>Knowledge Transfer Consultant</td>
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<tr>
<td>Constance Adams</td>
<td>WCVA</td>
<td>Bryan Collis</td>
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<tr>
<td>Nick Andrews</td>
<td>NISCHR ASCC</td>
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<tr>
<td>Steve Bain</td>
<td>NISCHR AHSC SW Regional Hub</td>
<td>Jeff Stephens</td>
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<tr>
<td>Sue Bale</td>
<td>NISCHR AHSC SE Regional Hub</td>
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<tr>
<td>Kevin Barker</td>
<td>CSSIW</td>
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<tr>
<td>Andrew Bell</td>
<td>SSIA</td>
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<tr>
<td>Julie Bishop</td>
<td>Knowledge Transfer/ Innovation Lead, Public Health Wales</td>
<td>Kathryn Ashton</td>
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<tr>
<td>Heulwen Blackmore</td>
<td>Social Services Improvements, Welsh Government</td>
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<tr>
<td>Alison Bullock</td>
<td>Cardiff University</td>
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<tr>
<td>Jan Davies</td>
<td>Quality &amp; Patient Safety, Welsh Government</td>
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<tr>
<td>Lee Davis</td>
<td>Social Care innovation/telecare, Welsh Government</td>
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<tr>
<td>Gerry Evans</td>
<td>Care Council for Wales</td>
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<tr>
<td>Ifan Evans</td>
<td>Healthcare Innovation, Welsh Government</td>
<td>Tom James</td>
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<tr>
<td>Phil Evans</td>
<td>ADSS Cymru</td>
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<tr>
<td>Maureen Fallon</td>
<td>Knowledge Transfer/ Innovation Lead, C&amp;V UHB</td>
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<tr>
<td>Rick Greville</td>
<td>ABPI</td>
<td>Joe Ferris</td>
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<tr>
<td>Helen Grindell</td>
<td>NISCHR AHSC</td>
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<tr>
<td>Albert Heaney</td>
<td>Director of Social Services, Welsh Government</td>
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</tr>
<tr>
<td>Name</td>
<td>Role/Position</td>
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<tr>
<td>Rosamund Howell</td>
<td>Knowledge Transfer/ Innovation Lead, Aneurin Bevan HB</td>
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<tr>
<td>Rhian Huws-Williams</td>
<td>Care Council for Wales</td>
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<tr>
<td>Susan Kedward</td>
<td>Knowledge Transfer/ Innovation Lead, Cwm Taf HB</td>
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<tr>
<td>Bev Luchmun</td>
<td>NISCHR, Welsh Government</td>
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<tr>
<td>Maggie Kirk</td>
<td>University of South Wales</td>
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<tr>
<td>Cait Myers (Secretariat)</td>
<td>NISCHR AHSC</td>
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<tr>
<td>Angie Oliver</td>
<td>Knowledge Transfer/ Innovation Lead, Hywel Dda HB</td>
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<tr>
<td>David Parker</td>
<td>NISCHR AHSC North Regional Hub &amp; Knowledge Transfer/ Innovation Lead, BCUHB</td>
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<tr>
<td>Judith Phillips</td>
<td>NISCHR ASCC</td>
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<tr>
<td>Cari-Anne Quinn</td>
<td>EST, Welsh Government</td>
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<tr>
<td>Linda Reid</td>
<td>Knowledge Transfer/ Innovation Lead, AMUHB</td>
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<tr>
<td>Jon Smart</td>
<td>Life Science Exchange, Swansea University</td>
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<tr>
<td>Kevin Smith</td>
<td>Knowledge Transfer/ Innovation Lead, Powys HB</td>
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<tr>
<td>Carys Thomas</td>
<td>NISCHR, Welsh Government (health)</td>
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<tr>
<td>Gwyn Tudor</td>
<td>MediWales</td>
<td></td>
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<tr>
<td>Dan Venables</td>
<td>NISCHR, Welsh Government (social care)</td>
<td></td>
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<tr>
<td>Emily Warren</td>
<td>WLGA</td>
<td></td>
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<tr>
<td>Brian West</td>
<td>Care Forum Wales</td>
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<tr>
<td>Alan Willson</td>
<td>1000 Lives Plus - Public Health Wales</td>
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</tbody>
</table>

4. Meeting Arrangements and Frequency

The NISCHR AHSC Knowledge Transfer Task & Finish Group will initially meet through a series of three- four meetings which will take place alongside a NISCHR AHSC knowledge transfer workshop(s) with a wider stakeholder community. The meetings will take place between December 2013 and May 2014.

5. Venue

The meeting venue will be in Cardiff or another location as agreed by Group members.

6. Secretariat and Administrative Arrangements

NISCHR AHSC will provide the Secretariat for the Group and will organise all meetings. Minutes of all meetings will be taken and made available to members of the group.
7. **Reimbursement of Travel and Subsistence**

NISCHR AHSC shall fund the meetings and shall cover all reasonable travel costs incurred through attendance of the group meetings in accordance with Powys (teaching) Health Board’s policy on Travel and Associated Expenses.

8. **Review Arrangements**

The group will remain in place until end of May/June 2014. Its constitution will then be reviewed with a view to developing a Group to steer implementation of the recommendations if adopted by NISCHR, Welsh Government.

**Reference**

Annex 2

Organisations contacted by the Knowledge Transfer Task & Finish Group

1000Lives Plus
Academi Wales
Bangor University
Cardiff University
East Midlands Collaboration for Leadership in Applied Health Research and Care (CLAHRC)
Healthcare Innovation Welsh Government
National Institute for Social Care and Health Research (NISCHR) Welsh Government (WG)
Public Policy Institute for Wales (PPIW)
Public Health Wales (PHW)
Research Institute for Applied Social Sciences, Swansea University
Wales Institute of Social and Economic Research, Data & Methods (WISERD)
Welsh NHS Confederation
West of England Academic Health Science Network (AHSN)
## Annex 3

### Recommendations from the Health & Wellbeing Best Practice Working Groups

<table>
<thead>
<tr>
<th>NHS SC and Business</th>
<th>Leadership</th>
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<tbody>
<tr>
<td>• Need vision for health and wealth improvement and deliver it</td>
<td>• Action on innovation and EBP in core accountability frameworks</td>
</tr>
<tr>
<td>• Align healthcare research funding for translation and impact</td>
<td>• Leaders given knowledge and skills to create supportive cultures (Academi role)</td>
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<td>• Support e-health</td>
<td>• Use social media and train to use it</td>
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<tr>
<td>• Improve quality of service and performance data reporting and management</td>
<td>• Recognise success in promoting innovation</td>
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<tr>
<td>• Establish dedicated tech adoption gateway service and digital healthcare gateway</td>
<td>• Promote R&amp;D as a priority and reflect in accountability framework</td>
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<td>• Establish arms length KT organisation</td>
<td>• Regulators and inspectors should support experimentation</td>
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<tr>
<td>• Establish healthcare innovation fund</td>
<td>• Local resources to support innovation</td>
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<tr>
<td>• Support Centres of Excellence in KT</td>
<td>• (25% of NHS workforce to be trained in improvement methods)</td>
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<tr>
<td>• Create ownership vehicle to own healthcare innovation subsidiaries</td>
<td>• Cross organisational working through innovation hubs</td>
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