

Institutional Healthcheck Workbook

Helping you diagnose how healthy your
institution is in delivering real change.

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#RealImpact

Institutional Healthcheck Workbook

This workbook is designed to help institutions consider how 'healthy' they are in terms of supporting and generating impact, and identify how they can improve it. It can be used by anyone within the institution, but is aimed primarily at those leading impact, overseeing research delivery or more broadly driving organisational change.

Impact can be shorthand as the provable effects of research in the real world. Impact is the changes we can see (demonstrate, measure, capture), beyond academia (in society, economy, environment) which happen because of our research (caused by, contributed to, attributable to). Impact may look and operate differently across disciplines, and can happen quickly or take a long time, but always reflects the mobilisation of research into the non-academic world.

There is no 'one size fits all' way to do impact, nor is there a single best institutional structure to deliver it. Impact operates at all levels of an organisation and across multiple job roles. However, irrespective of type, size or funding, impact requires institutions

to identify meaningful ways to connect research to the real world, and support the knowledge, skills, resources and structures needed to deliver it. Impact expertise is vital, but impact cannot be the responsibility of one person; it's only achievable through teamwork, partnerships and connected actions.

Fundamental to this is the development of impact literacy – the understanding of the processes (how) and people-based skills (who) needed to generate real world benefits (what). Building impact literacy (see figure 1) enables staff to identify appropriate impact goals, optimise impact pathways and connect research meaningfully to non-academic stakeholders.

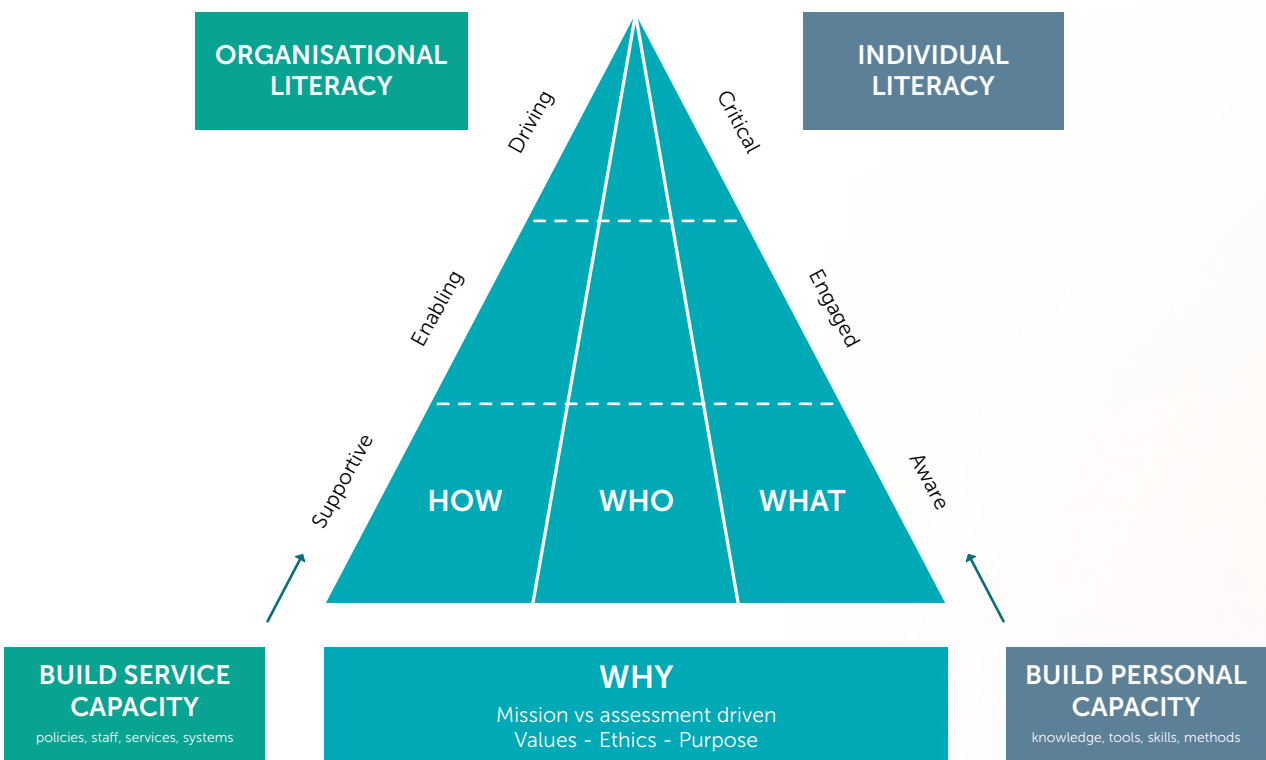


Figure 1: From Bayley, J. and Phipps, D. (2019), Extending the Concept of Research Impact Literacy: levels of literacy, institutional role and ethical considerations, Emerald Open Research.

However, with impact agendas focusing so strongly on the link between research/researcher and impact, the vital role of the institution as a supportive intermediary can often be overlooked.

Whilst individual impact literacy is needed to drive research into practice, building **institutional impact literacy** is essential to ensure there is space, strategy and support to do so.

This workbook is designed to help institutions diagnose their impact 'health' and identify areas of development. It is not – and cannot be – a comprehensive solution for developing an institutional strategy. The aim is to highlight areas of institutional impact health and enable institutions to make impact literate choices about their approach.

This workbook is split into three sections:

Part 1: What does an impact-healthy institution look like?

Part 2: Diagnosing your institutional impact health

Part 3: Prioritising prescriptions



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Part 1: What does an impact-healthy institution look like?

1. What is an impact-healthy institution?

A healthy impact institution is one that creates, values and supports the space needed to drive research effects beyond academia. It acknowledges the effort needed to deliver impact, and invests in capacity and skills to do this. It coordinates its own internal teams and resources to support all parts of the impact process, and ensures everyone is clear on their roles and the overarching strategy. A healthy institution continually learns from both its own staff and the wider sector about best practice, and builds strong connections with external stakeholders. At its healthiest, an institution will have impact embedded as 'business as usual', with strategy and processes fully aligned, and delivered by confident, impact literate staff. A healthy institution has a positive, confident and impact literate culture.

An impact literate organisation (see figure 2) understands the 'who', 'what' and 'how' of impact, and enables individuals (inner circle) to strengthen their approach, supported by institutional structures, policies and processes (outer circle).

2. What does an unhealthy institution look like?

An unhealthy impact institution is one which compartmentalises impact, with its delivery treated as the responsibility of one person, team or area of provision. It offers no space to build impact into the research process, and expects – but does not invest – in staff abilities. Areas of the organisation which contribute to the research journey are disconnected and unaligned, and there is no overarching strategic vision to guide delivery. Staff are reluctant, unclear or unconfident about their role in delivering impact, and there are few or superficial connections to external stakeholders. Impact is only considered at the endpoint of the research process and the impact culture is negative, non-existent or treated as compliance with assessment/external mandates only.

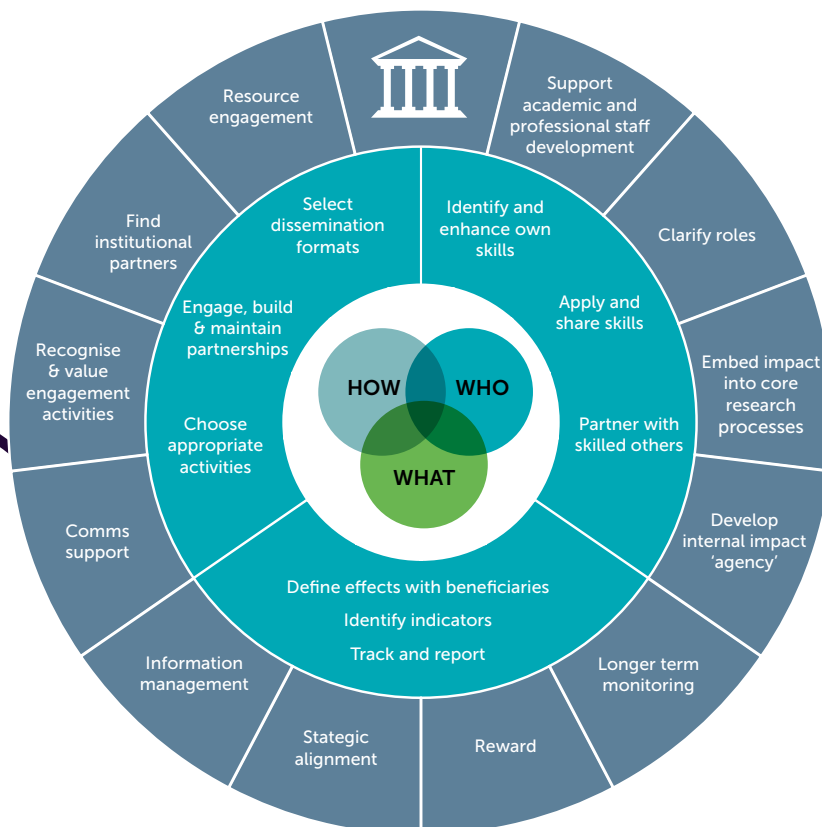


Figure 2: Impact literate institutions

From Bayley, J. and Phipps, D. (2017) Building the Concept of Impact Literacy, Evidence and Policy (available online) <https://doi.org/10.1332/174426417X15034894876108>

Part 2: Diagnosing your institutional impact health

There are endless factors involved in strengthening impact, each reflecting differing agendas and requiring tailored approaches across different institutions. However, addressing the complexities of impact is not possible until the basic elements of an institution's impact 'health' have been assessed. Here you can diagnose the health of your **institution** through **5 C's**:

1. Commitment
2. Connectivity
3. Co-production
4. Competencies
5. Clarity

Instructions

This workbook will take you through each of these five areas in turn, each with two steps:

Step 1: Assessment

- 1) Complete the health checklist, ticking whether specific elements are:
 - Already in place (YES in green)
 - Underway (Possibly/partly in amber)
 - Not in place (NO in red)
 - Or if you do not know and need to explore further (in white)

- 2) Count up the number of ticks in the green column

Step 2: Diagnosis and prescription

- 3) Circle the number of green ticks on the rating scale, eg:

A	B	C	D	E
1 2	3 4	5 6	7 8	9 10

This is of course a blunt marker of where you feel the institution is right now, and serves only to help you identify areas of highest need.

- 4) Identify the challenges the institution faces in becoming healthier
- 5) Prescribe a course of action to become healthier

At the end of the workbook you can gather together your ratings and establish a priority action plan to move your institution forward.

1. Commitment

The extent to which the organisation is committed to impact through strategy, systems, staff development and integrating impact into research and education processes.

Commitment is needed across the institution and at all levels if impact is to be embedded positively. Strategic leads should seek to create a positive space for impact, valuing impact beyond instrumental drivers (such as external assessments) and recognising the skills, effort and capacity needed to broker research into practice. Institutional commitment may take the form of financial investment (where available), functional support from the outset of research, and training and development throughout the organisation.

A committed institution can embed processes to:

1. Maximise the production of 'impactful' research
2. Maximise the likelihood of uptake and adoption of research
3. Support monitoring, tracking and recording of impact
4. Build capacity through staff and student training.

High level commitment is often shown through a specific impact strategy, coupled with an implementation plan and reflected in career development planning.

HEALTH CHECKLIST

	Yes	Possibly/ partly	No	Don't know
1. Is there an organisational impact strategy?				
2. Is there an impact implementation plan?				
3. Is there institutional leadership in impact?				
4. Is there dedicated support and advice available for impact?				
5. Are supports provided to researchers throughout the research process from planning through to assessment?				
6. Are there dedicated systems to support impact information?				
7. Are there impact development opportunities for both academic and non-academic staff?				
8. Are there impact development opportunities for students?				
9. Do incentive and reward structures recognise (and fairly review) impact related work?				
10. Is impact built realistically into workloads?				
11. Is impact possible and sustainable with current levels of dedicated staffing?				
12. Is there sufficient funding (internal or external) to support impact delivery?				
TOTAL				

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DIAGNOSIS AND PRESCRIPTION - COMMITMENT

My institution's COMMITMENT to impact is:

A	B	C	D	E
1 2 3	4 5	6 7 8	9 10	11 12

Our challenges are:

Prescription:

2. Connectivity

The extent to which the organisational units work together, how they connect to an overall strategy, and how cohesive these relationships are.

Within large organisations, it can sometimes be difficult for individuals and teams to know if they play a role in impact, and if so which other areas of the institution they should work with. Where teams

are disconnected, there are likely to be missed opportunities, duplication of effort and conflicting messages causing tension. Therefore it is not only necessary for teams to know about each other and work together, but to ensure they work cohesively and aligned to the same institutional goals.

Who 'does impact'?

Impact operates at all levels of an institution, and requires the support of individuals and teams in various capacities, including:

- **Knowledge producers:** researchers and academic staff who create the 'new knowledge' with the potential to make change
- **Leaders and strategy makers:** those in senior leadership positions who develop the vision, space and investment in impact
- **Impact specialists:** highly impact literate individuals with a deeper level of understanding about how impact operates
- **Knowledge brokers:** staff who actively connect research outwards beyond academia. This may be commercial in focus (eg. technology transfer, industry partnerships), non-commercial (eg. public engagement, policy development, charities, schools, hospitals) or a combination. NB commercially focused alone is not sufficient to make in institution impact 'healthy'
- **Research managers:** staff with a focus on broader institutional processes (such as funding and post award)
- **Information managers:** staff with a focus on coordinating and systematising the information associated with impact pathways
- **Communicators:** staff who showcase and improve visibility of research (such as marketing, communication, web teams and scholarly communications).

All organisations will differ in how these functions are configured, from formally specified roles through to scattered informal support.



Real Impact

Identify in your institution:

Who sets the strategy ?
Who are the impact specialists ?
Who are the knowledge brokers ?
How do different parts of the research management office support impact?
Who manages impact information ?
Who communicates and raises the visibility of research?

HEALTH CHECKLIST

	Yes	Possibly/ partly	No	Don't know
1. Do teams within the organisation who support impact know about each other?				
2. Do teams within the organisation who support impact work together?				
3. Are teams within the organisation cohesive (ie. work well together and towards the same aim)				
4. Are the activities of teams/departments and the organisation's strategy aligned?				
5. Is everyone included in impact provision who needs to be?				
6. Are these varied impact activities coordinated by a person/process?				
TOTAL				

Real Impact

3. Clarity

How clearly staff within the institution understand impact, how impact extends beyond traditional expectations of academic research, and their role in delivering impact.

Strategic commitment is essential - but not sufficient for - institutional impact health. Strategies must be understood by individuals in terms of how their role fits into delivery. Unless high level agendas are translated into clear and actionable messages, individuals may feel disconnected from impact, and research unaligned from strategy. Institutions must communicate clearly:

- What impact is (and isn't)
- Their vision for impact, and how this connects to both institutional processes and job roles
- Formal expectations the institution must meet (eg. funding requirements, government assessments)
- How impact is not measurable by traditional markers of research attention (eg. impact factors, article citations)
- Recognition that not all research will have impact (or immediate impact), and that disciplines vary greatly in impact pathways and demonstrable effects.

However, communication cannot be in one direction only; senior leadership must listen carefully to those delivering impact to shape strategy and actively review delivery processes.

HEALTH CHECKLIST

	Yes	Possibly/ partly	No	Don't know
1. Do all staff know what impact is?				
2. Do staff understand their 'role' in impact?				
3. Do job descriptions reflect what support staff provide for impact?				
4. Is institutional vision/strategy communicated clearly?				
5. Does the institution recognise the varied pathways and impacts across subject areas?				
6. Are staff aware that traditional measures of research communication (eg. citations) are not sufficient/ appropriate for measuring impact?				
7. Are staff clear on formal drivers and agendas for impact (eg. funding requirements, external assessments)				
TOTAL				

DIAGNOSIS AND PRESCRIPTION - CLARITY

My institution's CLARITY in impact is:

A	B	C	D	E
1 2	3	4 5	6	7

Our challenges are:

Prescription:

4. Competencies

The impact-related skills and expertise within the institution, development of those skills across individuals and teams, and value placed on impact-related specialisms.

Impact requires effort and skills in brokering research beyond academia. It's therefore necessary that institutions:

- a) Develop skills across the workforce, including academics (at all levels), research managers, those working in brokering roles (eg. public engagement, technology transfer) and built into student curricula
- b) Identify and coordinate specialised skills such as intellectual property and higher level impact experts

Figure 3 illustrates 11 areas of knowledge mobilisation (KMb) competencies which underpin impact practice (detailed further in the table below, with a full list of skills given in the appendix. Institutions should explore how these map across their current provision.

Figure 3: Knowledge Broker Competency wheel

Bayley, J.E., Phipps, D., Batac, M. and Stevens, E. (2018). [Development of a framework for knowledge mobilisation and impact competencies](#). Evidence & Policy: A Journal of Research, Debate and Practice, 14(4), pp.725-738. <https://doi.org/10.1332/174426417X14945838375124>



Descriptions of each competency area

Competency category	Skills related to:
A. Change Management	Creating and managing (organisational / culture) change, shifting conditions from a baseline to goal state
B. Communication	Communicating with a range of stakeholders, both internally and externally, individually and in teams
C. Creating, sourcing and synthesising (research) knowledge	Development, discovery and consolidation of research knowledge to be mobilised
D. Evaluating impact of KMb	Measurement, tracking and recording of the effects (impact) of KMb
E. Facilitating and negotiating	Facilitating, liaising, negotiating the translation of research into adoption and impact
F. Leading, managing and driving KT	Strategic oversight, management and leadership of processes for knowledge mobilisation
G. Managing legal issues and IP	Legal governance, legal processes and intellectual property management
H. Managing partnerships / relationships	Maintaining partnerships and sustaining relationships with engaged external / internal stakeholders
I. Networking and engaging internal / external stakeholders	Establishing new partnerships and building connections
J. Training and capacity building	Supporting the development of KMb skills and understanding, improving individual and organisational competency
K. Understanding, creating and using KMb tools, products and practices	Identification, assessment and integration of KMb best practice and theory/ evidence based tools

HEALTH CHECKLIST

	Yes	Possibly/ partly	No	Don't know
1. Do researchers have the skills to create and monitor impact?				
2. Do research managers have the skills to support impact?				
3. Is there expert advice available for impact?				
4. Does the institution recognise and invest in development of impact-related skills?				
5. Is there training available to build impact skills?				
6. Is there specialised advice available for intellectual property/legal issues?				
7. Are skills shared between teams?				
TOTAL				

Real Impact

DIAGNOSIS AND PRESCRIPTION - COMPETENCIES

My institution's COMPETENCE in impact is:

A	B	C	D		E	
1	2	3	4	5	6	7

Our challenges are:

Prescription:

5. Co-production

The extent of, and quality of, engagement with non-academics for to generate impactful research and meaningful effects.

Dissemination is necessary but not sufficient to inform change. Impact can only happen if research is used beyond academia, so it is crucial to engage non-academics into the research process as early as possible. If stakeholder involvement is left until the end, the pathway to impact may be far harder and potentially unachievable. Collaboration across the research lifecycle helps:

- Frame research questions and methodology
- Root the research in what matters to stakeholders
- Understand, check and overturn assumptions about which changes (impacts) are most meaningful to those affected by the research
- Identify how outcomes can be best communicated to difference audiences
- Identify any difficulties in putting research into practice
- Improve plans for and likelihood of uptake, adoption and implementation



A healthy impact institution will recognise, value and support engagement of those beyond the institution through a range of means such as:

- Developing formal arrangements with organisational partners (eg. contractual relationships with industry for joint posts, or formal agreements to adopt research)
- Developing relationships with potential audiences (eg. establishing networks of local businesses or healthcare organisations)
- Supporting individual level connections (eg. identifying and/or resourcing opportunities to build on-the-ground links)
- Showcasing research via institutional communication channels to strengthen visibility (eg. for policy makers attention)

For further guidance on reviewing engagement and adoption processes see:

- Phipps, D.J., Cummings, J. Pepler, D., Craig, W. and Cardinal, S. (2016) The Co-Produced Pathway to Impact describes Knowledge Mobilization Processes. *Journal of Community Engagement and Scholarship*, 9(1): 31-40. See <http://researchimpact.ca/evolving-the-co-produced-pathway-to-impact-document-conjoint-sur-la-trajectoire-vers-limpact-toujours-plus-de-precision/>
- National Co-ordinating Centre for Public Engagement (NCCPE) EDGE Tool - <http://www.publicengagement.ac.uk/support-engagement/strategy-and-planning/edge-tool>

Real Impact

HEALTH CHECKLIST

	Yes	Possibly/ partly	No	Don't know
1. Does the organisation invest in support and services to facilitate engagement of non-academics for commercial reasons (eg. technology transfer)				
2. Does the organisation invest in support and services to facilitate engagement of non-academics for non-commercial reasons (eg. public engagement)				
3. Does the organisation find and build partnerships with those who might use the research?				
4. Does the organisation have expertise to support researcher co-production?				
5. Is there a website showcasing the organisation's research (to enable people to find and use it?)				
TOTAL				



Part 3: Prioritising prescriptions

You now have a set of prescriptions to improve your institutional health. However, to ensure you don't overdose and try to tackle everything at once, you need to prioritise what's most important.

Look back to the diagnostic ratings (A-E) for each section and mark (circle) them on the diagram below.

Your rating in each category reflects your current health and level of organisational 'care':

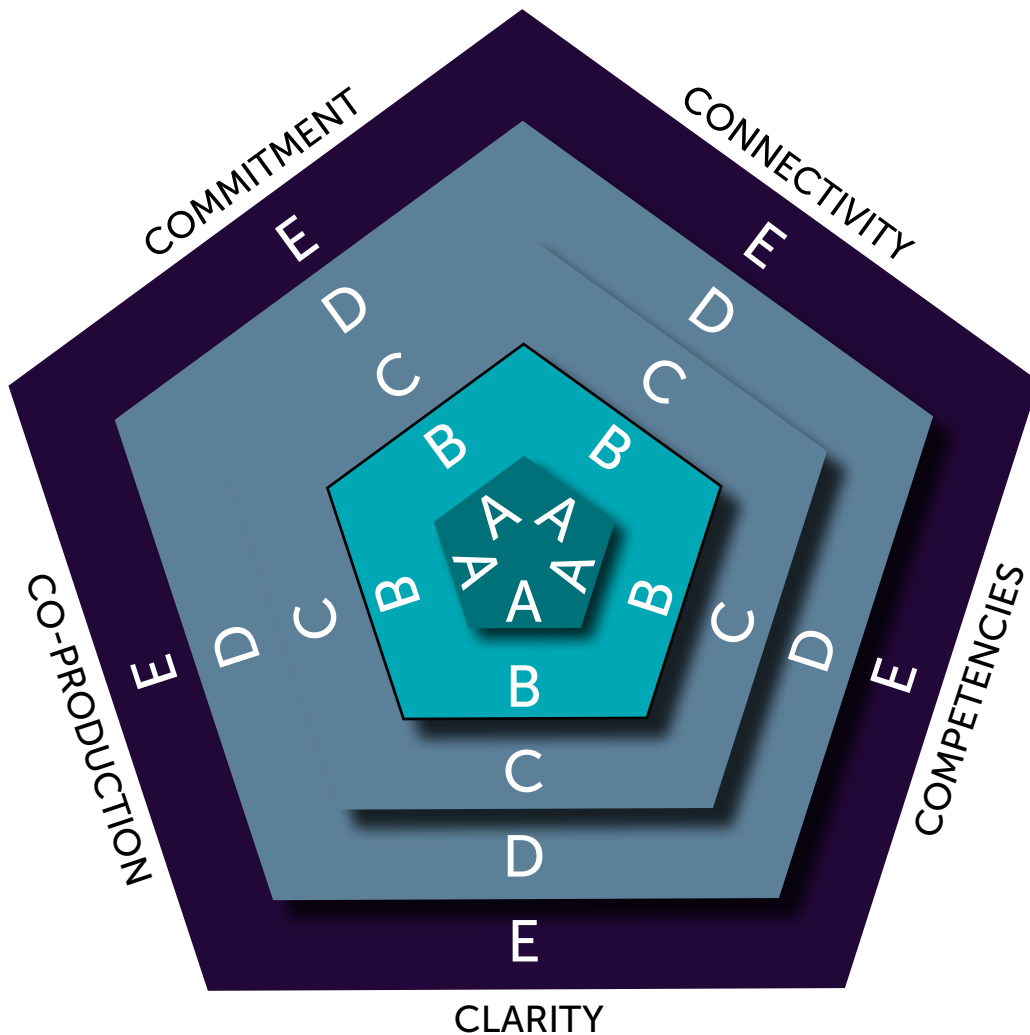
A: Emergency care needed!

B: In poor health, with need for intensive action

C: Moderately healthy – some care is underway, but it may need more or better coordinated intervention

D: In good health - lots of care is underway and continuing

E: In excellent health – established, positive and supportive institutional care.



Now list them in order below, starting with your lowest scoring section first. This is the area needing the most urgent attention in improving your institutional health

MY IMPACT HEALTH PRIORITY LIST

1.

2.

3.

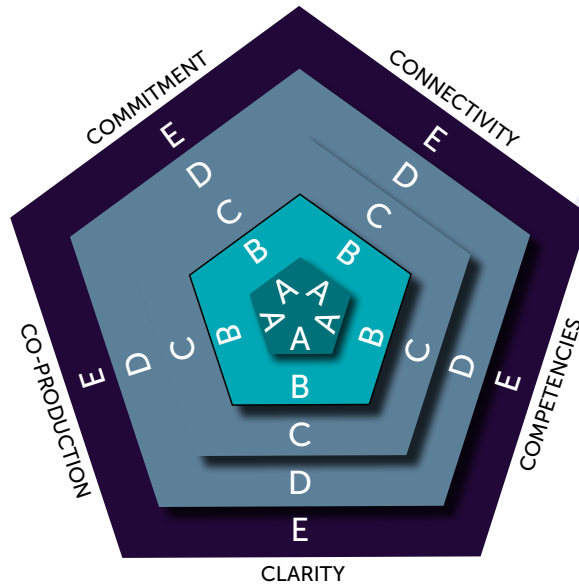
4.

5.

6.

Having diagnosed your impact health you now need to use this to change practice. It's therefore important that you turn the learning from this workbook into actions within your organisation. As you do, it is helpful to reflect on how your institutional culture is changing over time. For this reason below there are three further figures to help you monitor progress over the next two years. At 6 months, 12 months and 24 months, revisit this workbook to re-score yourself in the same categories. Consider what has worked, what remains a challenge and what actions you'll take until the next milestone.

Real Impact

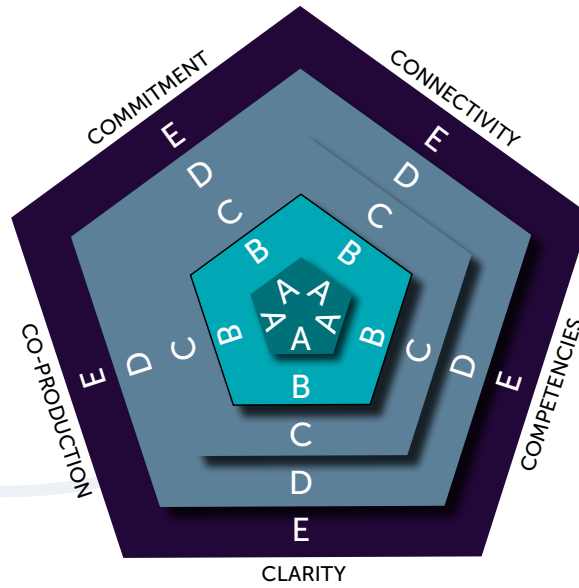


At 6 months

What has worked?

What has been a challenge?

Actions for next 6 months:

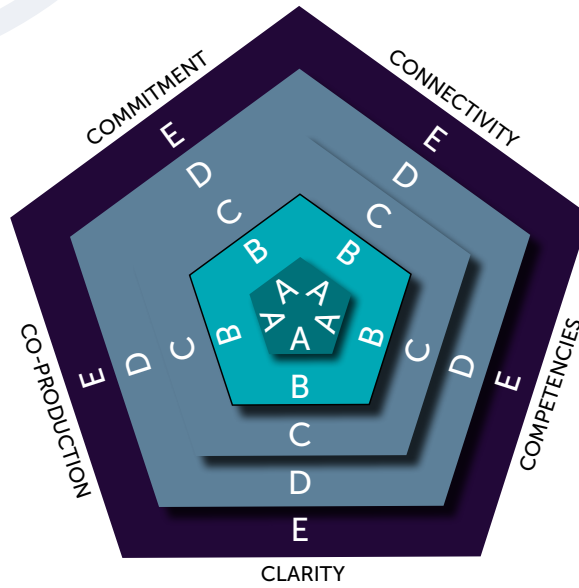


At 12 months

What has worked?

What has been a challenge?

Actions for next 12 months:



At 24 months

What has worked?

What has been a challenge?

Long term actions:

Appendix: Knowledge broker competencies

From Bayley, J.E, Phipps, D., Batac, M. and Stevens, E. (2017) Development and Synthesis of a Knowledge Broker Competency Framework. Evidence and Policy (available online)
<https://doi.org/10.1332/174426417X14945838375124>

Category	Competency
A. Change management	1. Change management knowledge and application
	2. Supporting change culture: using communication skills to support a culture of change
	3. Quality control of change processes
	4. Advocating change: strongly advocating for change across the organisation
	5. Customer focus: ensuring that the change services the needs of the organisation and its individuals
	6. Quality improvement: supporting spread of improvement
B. Communication	7. Internal communication skills: communicating successfully within and beyond the institution.
	8. External communication skills: communicating successfully beyond the institution.
	9. Reporting and presenting knowledge
	10. Simplifying and translating: Summarizing complex information and communicating key issues
	11. Marketing and promotion: building profile both within and beyond the organisation
	12. Feedback skills: producing constructive feedback and analysis tailored to multiple audiences
	13. Active listening: ensuring your response is tailored to the other
	14. Media engagement skills
C. Creating, sourcing and synthesising (research) knowledge	15. Research knowledge assessment and management: Combining, organizing and summarizing relevant knowledge
	16. Sourcing research, solutions and contacts
	17. Scans and leverages information collected by others, of priorities, issues, trends and concerns
	18. Horizon scanning: exploring novel and unexpected issues as well as persistent problems or trends
	19. Using data and measures from practice to inform strategy
	20. Capturing tacit knowledge
	21. Identifying or facilitating the identification of quality evidence
	22. Creating new research knowledge
	23. Evaluating research knowledge
D. Evaluating impact of KT	24. Evaluating impact of Knowledge Mobilization/KT strategies and approaches
	25. Planning impact pathways
	26. Identifying, monitoring and capturing indicators of impact
	27. Identifying and capturing impact evidence from external sources (including partners)
E. Facilitating and negotiating	28. Facilitation skills: nurturing discussions, spaces, and activities in the support of change
	29. Facilitating sharing of knowledge
	30. Facilitating the consultation between key stakeholders to support the contextualization, interpretation and translation of quality evidence
	31. Questioning: asking the right questions in the right way to facilitate
	32. Negotiation skills
F. Leading, managing and driving KT	33. Agenda setting: influencing change topics and activities
	34. Leadership, supervision and strategic oversight
	35. Fostering innovation
	36. Ideas generation: providing options for ways forward
	37. Influencing senior managers and decision makers
	38. Coordinating knowledge broker network processes
	39. KMb/KT project management and leadership

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Category	Competency
G. Managing legal issues and IP	40. Licensing and patents
	41. Conducting valuations of technologies/business/IP
	42. Intellectual property skills and management
	43. Acknowledging authors, originators, and contributors to any and all resources made available in the public domain
	44. Supporting and managing technology/knowledge exploitation
	45. Commercialization techniques: skills and knowledge in commercializing research
	46. Setting up or supporting spin off / start-up businesses
	47. Managing legal issues related to knowledge translation
	48. Conducting deals and decision making in legal and commercial activities
H. Managing partnerships and relationships	49. Stakeholder communications: coordinating regular communications to link groups with information relevant to their current topic(s) of interest
	50. Developing and maintaining professional relationships
	51. Transitioning between teams: seamlessly shifting between multiple teams to support achievement of change
	52. Partnership and relationship management skills and processes
	53. Working in teams, communities and networks
I. Networking and engaging stakeholders	54. Managing multiple conversations: applying communication skills to multiple concurrent conversations with multiple actors
	55. Networking: making contacts with the (right) people and facilitating contacts for others
	56. Organizational link: acting as a connection point to your organisation
	57. Building contacts and resources to support change
	58. Fostering partnerships between professionals, organizations and sectors
	59. Identifying or responding to the identification of opportunities to assemble groups (i.e. Communities of Practice or Special Interest Groups)
	60. Finding and engaging with non-academic partners
	61. Interfacing with government
	62. Linking decision makers, researchers, and users with each other
63. Identifying stakeholder knowledge needs	
J. Training and capacity building	64. Coaching / mentoring / counselling / buddying: providing 1-1 support where necessary
	65. Devising training: personal development opportunities and training programmes for KMb / KT / knowledge-into-action (KTA)
	66. Delivering training programs to develop workforce capabilities in KMb / KT / knowledge-into-action (KTA)
	67. Building decision making capabilities: sharing information with stakeholders about KMb/KT practices in order to build capacity for evidence-informed decision making
	68. Mobilizing advocates across multiple audiences to engage/inspire others
K. Understanding, creating and using KT tools, products and practices	69. Project and program planning: developing KMb/KT plans for research projects and programs
	70. Practical application of KMb/KT tools, techniques and frameworks
	71. Sector specific application: applying knowledge to improve processes and outcomes in a specific field
	72. Defining actionable knowledge solutions
	73. Problem solving: drawing on personal / professional experiences to facilitate solutions
	74. Designing quality evidence based products (e.g. Visual representations) to develop KMb/KT expertise and enhance effectiveness of communication
	75. Collaborative technology: understanding, developing, using and maintaining web-based collaborative technology (e.g. social media) to ensure the accessibility of quality evidence
	76. Helping groups to identify KMb/KT facilitation strategies by using relevant knowledge about KMb/KT frameworks, theories, models, mechanisms and strategies
	77. Supporting accessibility of quality evidence through the design and development of products, learning series and resource collections
	78. Supporting adoption: improving the uptake, adoption and use of information and knowledge
	79. Knowledge of KMb/KT models / theories
	80. Knowledge of KMb/KT strategies

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