What are we trying to cause? What do we want more of and less of? What will it take to get there?

What is the intended health impact, and how will we monitor it?

Who are the stakeholders we intend to influence, what are their needs and expectations (timeframes and content/ presentation of output)

Note- types of impact are not linear in their read across; one type can lead to another and can apply to multiple types.

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1. Instrumental: changes to plans, policies, decisions,

behaviours, practices, actions.

2. Conceptual: changes to knowledge, awareness, attitudes,

Conceptual: changes t emotions

3. Capacity-building: changes to skills and expertise

4. Relationship building: changes to the number and quality of relationships and trust

5. Culture/attitudes towards knowledge exchange and

towards research impact itself.

| Who /what has been influenced? | How have they been influenced? In what way? What did you provide them with to influence them? What did they go on to do? | What was the effect? (The health impact) | How/why did change occur? | What worked? What did we do to influence this? | What worked? What did they do to affect the outcome? | Indicator/Measure (reference in a briefing etc) Were a number of types of impact achieved? | What worked, and what didn't? What could (or should) have been done differently? |
|---|--|--|---|--|--|--|--|
| 1. Policy-makers: including government agencies and | | | 1. Problem-framing: Level of importance; tractability of the | | | | |
| regulatory bodies; Welsh Gov, UK Gov and international | | | problem; active negotiation of research questions; appropriateness of research design. | | | | |
| 2. Practitioners, clinical or otherwise: public sector (including | | | Research and/or knowledge management: culture of | | | | |
| wider NHS), third sector, private sector, NGOs | | | integration and knowledge transfer; integration between teams promotion of research services; planning; strategy. | | | | |
| 3. General public | | | 3. Horizon scanning, matching knowledge with opportunity | | | | |
| 4. Researchers & academics: within and beyond PHW | | | 4. Inputs: Funding; staff capacity and turnover; legacy of previous work; access to equipment and resources. | | | | |
| 5. Funders | | | 5. Outputs: Quality and usefulness of content; appropriate format. | | | | |
| 6. Wider determinants of health: individual, family, | | | 6. Changing minds: Targeted and efficient delivery of outputs to | | | | |
| community, living/working conditions | | | users and other audiences. | | | | |
| 7. Other | | | 7. Other | | | | |