



# Disciplining the Transdisciplinary

The challenges of integrating project management systems to an existing trans-disciplinary research project










**EARMA CONFERENCE PRAGUE**  
**APRIL 24-26 2023**














**PECHA KUCHA 20x20**



**Dr David Williams, Senior Project Manager – TRUUD Project – University of Bristol, UK**









## Previous Project Management Experience

2

**Jacobs**



**Halcrow**

**UWE  
Bristol** | University  
of the  
West of  
England

**ATKINS**  
Member of the SNC-Lavalin Group



**Bath & North East  
Somerset Council**



The project “Disruption: Unlocking Low Carbon Travel” project was funded by the EPSRC/Research Council UK Energy Programme, grant number EP/J00460X/1.

Social Practice Theory and Sustainable Transport: An  
Analysis of English Local Transport Planning as a System  
of Provision

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THESIS

David George Williams

A thesis submitted in partial fulfilment of the requirements of the  
University of the West of England, Bristol for the degree of Doctor of  
Philosophy

Faculty of Environment and Technology

University of the West of England, Bristol

September 2015



# PREVENTING DISEASE

TRUUD aims to change the way decisions are made about urban development to prevent non-communicable diseases (NCDs) in the future.




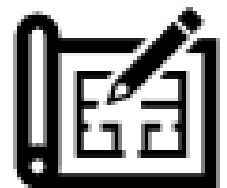



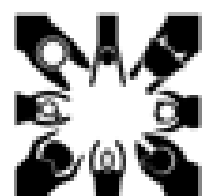




Image Source: [HR Magazine - Why HR leaders need to be systems thinkers](#)

TRUUD Phase 1 - Publications

			2022	2022	2022	2023	2023	2023	2023	2024	2024	2024		
				Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Total
PHASE 1 GROUPING	Deliverable	Short Descr	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	
WP1	WP1/D3	Lit/ Concept/ Policy Review	1	1	2									4
	WP1/D5	R-in-R Method		3										4
	WP1/D6	Interview Data	1											1
	WP1/D7	Interview Findings		7	3	5	1							17
	WP1	Other WP1 Output	2	4		1	2							15
WP2	WP2/D2	Mon. Val. Report 1					1							1
	WP2/D5	Climate	1											1
	WP2/D7	Mon. Val. Health	1											1
	WP2/D8	Stated Preference				1								1
	WP2/D10	Valuation Tool							1					1
	WP2/D11	Quasi-Natural Exp.	4	2										10
	WP2	Other WP2 Output	3	4		1								8
WP3	WP3/D2	Discussion Papers												1
	WP3/D6	Intervention Ident.				1								1
	WP3	Other WP3 Output		1										4
WP4 WP5	WP4/D10	Interviews					1							1
	WP5/D3	Website											1	1
WP6	WP6/D7	Impr. Eff. Paper				1								1
	WP6/D8	Barriers to Inter. Research				1		1						2
	WP6/D9	Knowledge Integration			1			1						2
Total by month			12	21	4	11	5	2	1	0	0	1		73
Annual				39				22				2		
Journal article			5	9	5	11	5	4	1					51
Report Chapter														1
Presentations and Webinars			6	11		1								22
Other				1		1						1		3
Judicial Review	Other					1								1
Report	Other													0
Survey	Other			1										1
Website	Other											1		1
Policy Briefings	Other													0
Videos & Animations						3								3
Tools														0
Databases														0
Administrative Health data			1											1

Output Number	Ref	Name	Author	Type
Work Package	WP1/O08	WP1/O08:		Journal Article


	Car-centric culture	Cities are designed around cars with substantive resistance to change from many in local communities who want/ need two cars, government who want to ensure re-election and private industry who want to get planning as quickly as possible
	Local authority influence	Tasked with many responsibilities without the required resources, often lacking the capacity and power to mainstream health. They are limited by centralised power, private sector use of the law and a lack of public trust in urban development.
	Planning clarity & responsibility	Planning has a pivotal regulatory role but there are concerns over lack clarity, whether health is a planning responsibility and the extent to which the planning system can support innovation
	Policy alignment and coordination	Policy environments at local and national level are poorly aligned, often existing in siloes, complicated and expensive to navigate.
	Peripheral role of health	Health, wellbeing and sustainability are often marginalized in decision making across the system, whether governments, local communities or private interests. Where they constitute a 'win-win' aligned with traditional imperatives, they may be considered.
* 	Diversity & inclusion	A lack of diversity in voices heard by decision-makers, in whose needs are included in the design process, and in the diversity of thinking when it comes to making changes. There is however also an abundance of diversity in terms of stakeholder interests and the language used to communicate these interests.
	Understanding health impacts	Quantitative data that demonstrates health outcomes is preferred by actors, but insufficient access to this evidence. Data is challenging and expensive to obtain, with different views on which metrics are appropriate.
	Short-term profitability	The legitimacy of short-term profitability within private sector means that expensive or 'nice-to-have' aspects of development, such as health, wellbeing and sustainability are either not included in the original design, are squeezed out in implementation, or are available only to the wealthiest.

\* Diversity by Cara Foster from NounProject.com

Le Gouais *et al.* (2023) - <https://doi.org/10.1016/j.healthplace.2023.103023>



Image Source: [The Three Questions - William Bridges Associates](#)  
([wmbridges.com](#))



Terms of Reference

Intervention Area 3.1

**MISSION STATEMENT**

*Our mission is to incorporate validated health measures into a Metro healthy streets strategy*

**HEADLINE INTERVENTIONS**

Single sentence summary from intervention template.

**PROPOSED OUTCOMES**

High level information about the outcomes expected. More detail to be included in the Intervention Area template and the IA Delivery Plan.

**KEY STAKEHOLDERS**

List key partners, sectors, groups, organisations, etc.

**INTEGRATION (AND DIFFERENTIATION)**

Explain briefly how your IA links to other IAs (shared contacts, areas of interest, plans for integration. In the case of the two Group 1 sub-groups – private/property - please also state how these sub-groups are different, as well as complementary.

**DECISION-MAKING**

Set out who has the decision making authority within the IA Group. This can include information about what decisions will be made within the team and those that will be referred to the Programme Steering Group (PSG), and the project's Principal Investigator (PI).

**CONFLICTS OF INTEREST**

Each group will have in place a process for members to declare conflicts of interest.

**REPORTING PROCESS**

Identify the process of reporting issues within the project and adding to the project risk included in the Work Plan. Identify process and dates in the month that the team will need to provide information for the monthly update.

**MEMBERSHIP**

Add a table of the key members of the project and the other TRUUD members who will collaborate on the project.

Primary Team

Name	Role	Expertise	Other TRUUD Commitments

Additional Members

Name	Role	Expertise	Other TRUUD Commitments

**CHANGE PROCESS MANAGEMENT**

Outline the processes the team will take if changes are required within the project. This may be changes to the interventions, the team or any other type of change that occurs. This should include a process for replacing/substituting team members.

v1.0 May 2022

v1.0 May 2022



PROJECT MANAGEMENT

Project Description

Please see intervention template.

Interventions Work Plan

No	Task / sub task	Task lead (responsible for the deliverable)	Project Team Members	Detailed description and methods	Task deliverable(s) (e.g., literature summary, report, database, video etc.)	Deliverable unique reference	Deliverable due date
1							

v1.0 May 2022

Milestones and Outputs

Provide details of key project milestones and project outputs and what evidence will show that these have been met. (Please note that this template is the one requested by our funders.)

Work Package (WP)/Stream	Overall IA objective (where possible, include a measurable component with tolerance levels)	Person(s) Responsible (PRs)		
IA...				
Dependencies		Start date	Completion date	% complete
				%
Deliverables Please provide a number and description for each deliverable.	Milestones Please provide a number and description for each milestone.	PRs	Target dates	% complete

PROJECT ISSUES/RISKS

Include information about:

- What is stopping the intervention
- What we don't understand
- Plan to fill the gaps in the project/knowledge
- Challenges and plans to overcome them.
- Issues the team are unable to resolve.

Risk Register

Area	Who	Issue at Risk	Severity	Likelihood	Mitigation	Result	Tools and Mechanisms
Delivery	AN Other	ABC	Low	High	DEF	Medium	GHI

v1.0 May 2022

Issues Log

Issues are problems within the team that are not defined as a risk.

Who	Issue	Description	Raised by	Date	Priority	Assigned to	Resolution date	Status	Solution
								Ongoing	
								Resolved	

## TRUUD intervention 'high level' proposals [working document]

### *Background/instructions*

This proposal template is to be used to record initial proposals for TRUUD interventions at a high level, but in sufficient detail to be reviewed and discussed by the whole TRUUD team. It is set out in three sections with notes/guidance in the appendices:

1. Section 1: Intervention area selection
2. Section 2: Overview of proposed intervention
3. Section 3: Rationale for proposed intervention – demonstrating how it meets TRUUD criteria

At this stage it is not expected that these plans will be fully formed, but responses should reflect current thinking and demonstrate how the proposed interventions meet the guiding criteria for TRUUD interventions, which are set out at the bottom of this document in the appendices.


The process of completing the template aims to help clarify what the proposed interventions are and which proposals have greatest potential to deliver system change, regarding preventing NCDs (including those linked to climate/ 'planetary health') and health inequalities, and to filter out those proposals that are less viable.

In the next steps of the process more detail will be developed as we work together with our partners, working towards the detailed intervention design and evaluation plans. The exact process and timescales for doing this will be presented separately via the WP3 meetings and elsewhere.

We acknowledge that it is difficult if not impossible to prove categorical evidence on a number of the following criteria; we are going to need to establish mechanisms for evidencing this justification. So we are expecting only relatively loose and largely qualitative rationales at this stage (e.g. drawing on relevant literature, evidence from past interventions, opinions of stakeholders/decision-makers).

Please note too that there is currently no score or weighting given to these criteria. It has been discussed and we are aware there are benefits and limitations to choosing such an approach. We may yet develop that, but at this stage, we are keeping this flexible.

# Intervention Area – Bi-Monthly update



## TRUUD Intervention Area Bi-Monthly Update Template

Group	e.g. Intervention Area 2, Meta Analysis etc.	
Month/Year	e.g. June 2022	
Work in Month		
1. ABC		
2. DEF		
Planned Work		
1. In the next month		
2. In the next quarter		
3. In the longer term		
Outputs		
Academic	Journal paper submitted to journal XYZ...	
	Journal paper accepted by journal TUV...	
	Presentation to Conference...	
Impact	Video to industry...	
	Tweets from team regarding outputs...	
	Judicial Review...	
	Engagement with minister regarding legislation or policy...	
	Newspaper article in...	
Deliverables/ Milestones	WP1 D6 xxx delivered on 19/10/2021	
	WP4 D10 xxx.	
Critical Path	Identify what actions link to the project's critical path	
Issues/Risks	Type	Action/Status
NEW: xyz abc	Resourcing	To be resolved by PSG/Date
DEF GHI	Submission issue	To be resolved by team/Date
JKL MNO	Partner availability	Resolved/Date
Any Other Business		
Capture anything that has not been highlighted above.		
E.g. personal good news etc.		
Personal awards		
Changes to the team		



- [TRUUD Research - YouTube](#)



## Communications and Events Officer for the Tackling the Root causes Upstream of Unhealthy Urban Development (TRUUD) Project

### 1 JOB DESCRIPTION

Image Source: [7 advantages of using a recruitment agency - Energy Resourcing](#)







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Following

**truud\_research**  
@ResearchTruud Follows you

We aim to reduce non-communicable diseases by changing how urban development decisions are made, to prevent known risk factors linked to health (UKPRP-funded).

United Kingdom [truud.ac.uk](https://truud.ac.uk) Joined April 2020

198 Following   324 Followers

Followed by Systems Evaluation Network (SEN), Transport & Health Integrated research NetworkK, and 19 others you follow





...

TRUUD - Tackling the Root Causes Upstream of Unhealthy Urban Development

Research Project at University of Bristol  
Bristol, England, United Kingdom  
42 followers · 36 connections

Sign in to connect

 University of Bristol



Image Source: [File:Information.svg - Wikimedia Commons](#)

# Conclusion – Senior Management Buy In

18



Image Source: [Encouraging Employee Ownership and Buy-in | WSU Online MBA](#)

Change is the only thing that stays the same.

# Conclusion – Let people hear about your work

20



Image Source: Microsoft Stock Images

# Děkuji THANK YOU



## Acknowledgements

This work was supported by the UK Prevention Research Partnership, an initiative funded by UK Research and Innovation Councils, the Department of Health and Social Care (England) and the UK devolved administrations, and leading health research charities.

Weblink: <https://ukprp.org/>

