

# NIHR Leicester Biomedical Research Centre and Clinical Research Facility Public Involvement Strategy



## Contents

NIHR Leicester Biomedical Research Centre and Clinical Research Facility	Page3
Overarching Aims	Page3
Overarching Vision	Page4
Overarching Principles	Page4
Our approach	Page4
Governance and Enabling Infrastructure	Page6
Governance Arrangements	Page6
Local Initiatives	Page7
Next steps	Page7
Public Involvement	Page8
I. Context	Page8
II. Executive Summary	Page8
III. Objectives and Approach	Page9
Annex 1: Local Initiatives	Page14
Annex 2: Objectives	Page15
Table 1 BRC Objectives	Page15
Annex 3: Glossary of Terms	Page17

## NIHR Leicester Biomedical Research Centre and Clinical Research Facility

The **NIHR Leicester Biomedical Research Centre (BRC)** is a partnership between the University of Leicester (UoL), University Hospitals of Leicester NHS Trust (UHL), Loughborough University (LU) and the University Hospitals of Northamptonshire NHS Group (UHN). It has been funded £26.1 million to carry on with pioneering research into medical advancements within these six themes:

1. Cardiovascular
2. Respiratory and Infection
3. Lifestyle
4. Personalised Cancer Prevention and Treatment
5. Environment
6. Data Innovation for Multiple Long-Term Conditions and Ethnic Health

The **NIHR Leicester Clinical Research Facility (CRF)** provides support for early phase, experimental medicine studies from disease speciality clusters across the three acute sites of the University Hospitals of Leicester NHS Trust and Northampton General Hospital and has been funded £4.1 million. This includes those early phase studies associated with the BRC disease themes of:

- Cancer
- Cardiovascular
- Lifestyle and Diabetes
- Respiratory and Infection

but also includes studies in:

- Children's diseases
- Renal diseases
- Acute study platforms for in-patients

## Overarching Aims

To undertake innovative, inclusive experimental research and clinical trial delivery to reduce the burden of disease, by supporting better prevention, diagnosis, management and rehabilitation through provision of the right treatment (drug, device, and/or lifestyle therapy) to the right individual at the right time.

To undertake discovery science using experimental, genetic, multi-omic and imaging studies, generating novel hypotheses and insight into acute illnesses, long term conditions and multiple long term conditions across the life-course (onset, accumulation, and progression), particularly within ethnic minority groups.

To use excellent facilities with a highly trained workforce to deliver the most important, innovative early phase, through to translational studies, efficiently and effectively, guided by public involvement, to address the acute and long-term conditions of major importance to the population.

To work with underserved communities, combining excellent research expertise with infrastructure and data integration, to develop a translational evidence-base that supports the NHS challenge of managing and preventing long term conditions and multiple long term conditions into the future, by:

- Better understanding mechanisms and the impact of other factors (e.g., co-morbidities, ethnicity, sex)
- Testing hypotheses
- Creating and evaluating improved diagnostic tests and tailored treatments
- Developing outstanding talent into world leading researchers

Our objectives place the BRC and CRF at the forefront of cutting-edge research into acute and long term conditions, including multiple long-term conditions. We will continue to provide excellent value-for-money by:

- Fostering collaboration with other local, externally funded research infrastructure
- Working with our networks to amplify the reach and significance of our work
- Attracting major new UK and international industry investment

We will drive wider health and societal benefit and build on our global health research, particularly regarding long term conditions and multiple long-term conditions in India and Sub-Saharan Africa, translating research for wider healthcare benefit. We will continue to shape national and international policy.

## Overarching Vision

We recognise that this commitment is crucial to effecting positive change and are determined to **address disparities, diminish inequities in outcomes and experiences, and foster an inclusive, accessible, and respectful research environment and culture in which everyone can thrive.**

## Overarching Principles

We will continue to communicate about our research in diverse and accessible ways, and publicise our work. Our principles are:

- **Research is valuable, contributing to health and wealth**
- **Research is for everyone**
- **Research is accountable**
- **Research has real impact**
- **Our healthcare settings are research settings**

## Our approach

Leicester hosts considerable NIHR infrastructure integrated into a 'One NIHR' system locally. Our **public involvement team** is also integrated locally and nationally, and our Leicester BRC 2016-2022 public involvement strategy was **praised by the NIHR** and has been adopted by the Leicester CRF and other NIHR-infrastructure. Our infrastructure is well positioned to work closely within local communities, hospitals, universities and our extensive network of commercial and third-sector partnerships.

We have a **proven track-record in promoting Equality, Diversity, and Inclusion (EDI)**, which enables us to build a workforce that **reflects the diversity of the population** we serve. We foster an **inclusive environment** that fosters progress and well-being while considering protected characteristics.

Our **capacity development** efforts focus on addressing gaps in various areas by creating **new positions and development opportunities, particularly for individuals who are typically under-resourced** due to their research areas (e.g., lifestyle, ethnic health, multimorbidity), professions (e.g., allied health professionals, big data methodologists), or diverse characteristics (e.g., women, minority ethnic groups).

We acknowledge that these three areas—Equality, Diversity, and Inclusion; Public Involvement; and Capacity Development—are fundamental to the Leicester BRC and CRF, and **they are interconnected rather than mutually exclusive**. We recognise the **interdependent nature of these core strategies (Figure 1)**.

In Leicester, the BRC and CRF are closely integrated, with shared governance and staff. The clinical studies developed within the Leicester BRC themes are implemented by specialty cluster teams within the Leicester CRF. Therefore, **this shared strategy represents a natural progression of our already close working relationships**.

This Public Involvement Strategy will be **implemented from 2022 to 2027 across the NIHR Leicester BRC and CRF through our action plans**. At Leicester, we understand the significance of EDI and will ensure it forms the foundation of our capacity development and public involvement objectives. Through a combination of NIHR funding and organisational match funding, we are **investing approximately £1.9 million over the next five years** in staff and consumables to ensure the highest standard of implementation of the core strategies.

Reporting and accountability mechanisms will be monitored and embedded within the governance frameworks of the BRC and CRF.

Figure 1: Joint BRC/CRF Strategic Priorities

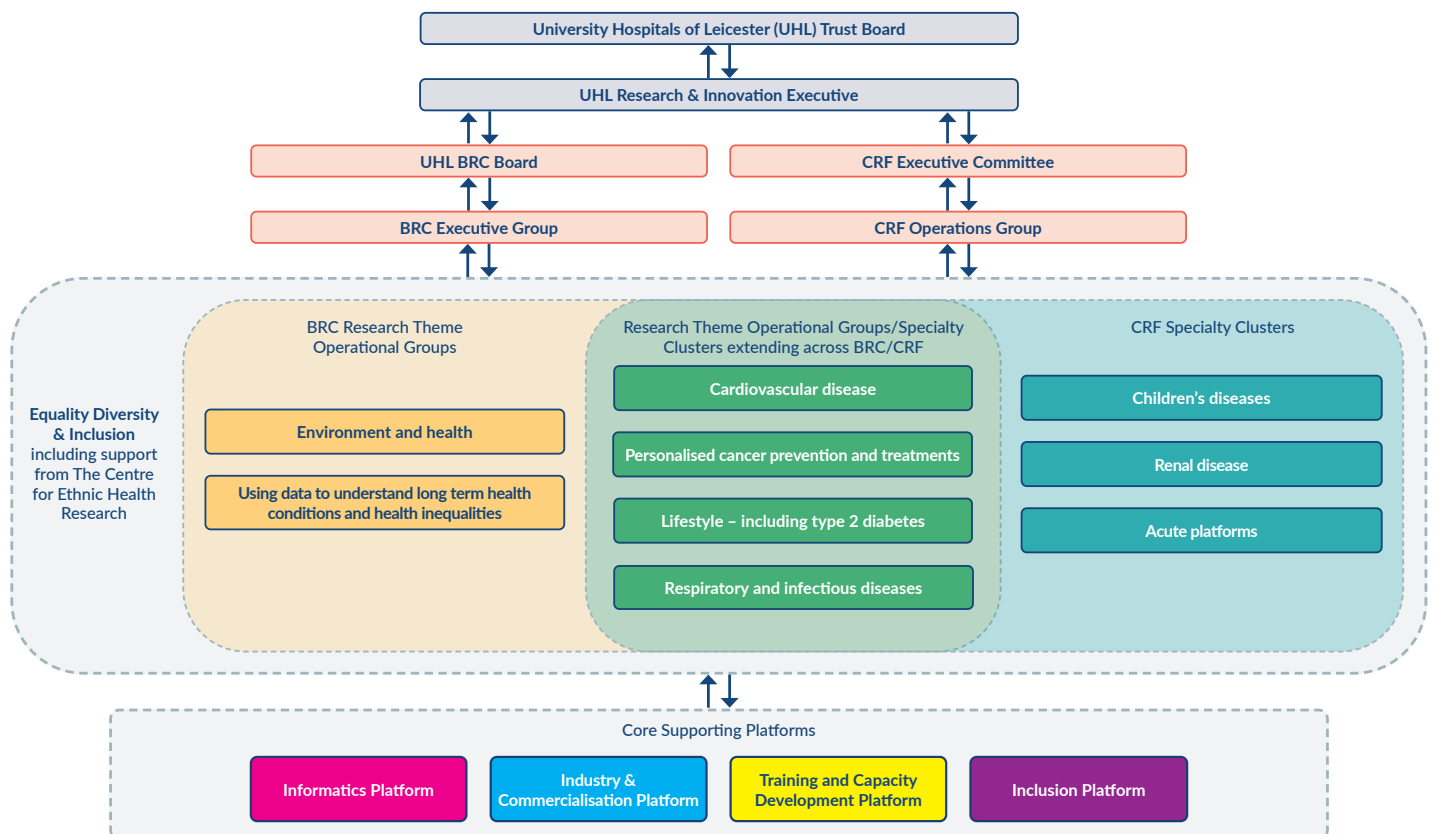


## Governance and Enabling Infrastructure

A 'one NIHR' ethos is well established in Leicester where mature, integrated research and innovation management teams are embedded in our host and partner Trusts and our partner Universities. There are many examples of where these management teams come together to **work collaboratively to deliver the BRC and CRF objectives** through robust and transparent strategic and operational governance arrangements which minimise bureaucracy and ensure the rapid deployment, effective resource use and timely delivery of the Equality, Diversity and Inclusion, Patient Public Involvement and Capacity Development objectives (Figure 2).

The aligning of Leicester CRF to the BRC will support efficient and synergistic delivery and strengthen the BRC/CRF experimental medicine portfolio. **This strategy embeds core principles across both infrastructures at all levels of the operational governance structure.**

Figure 2: Joint BRC/CRF Governance Structure



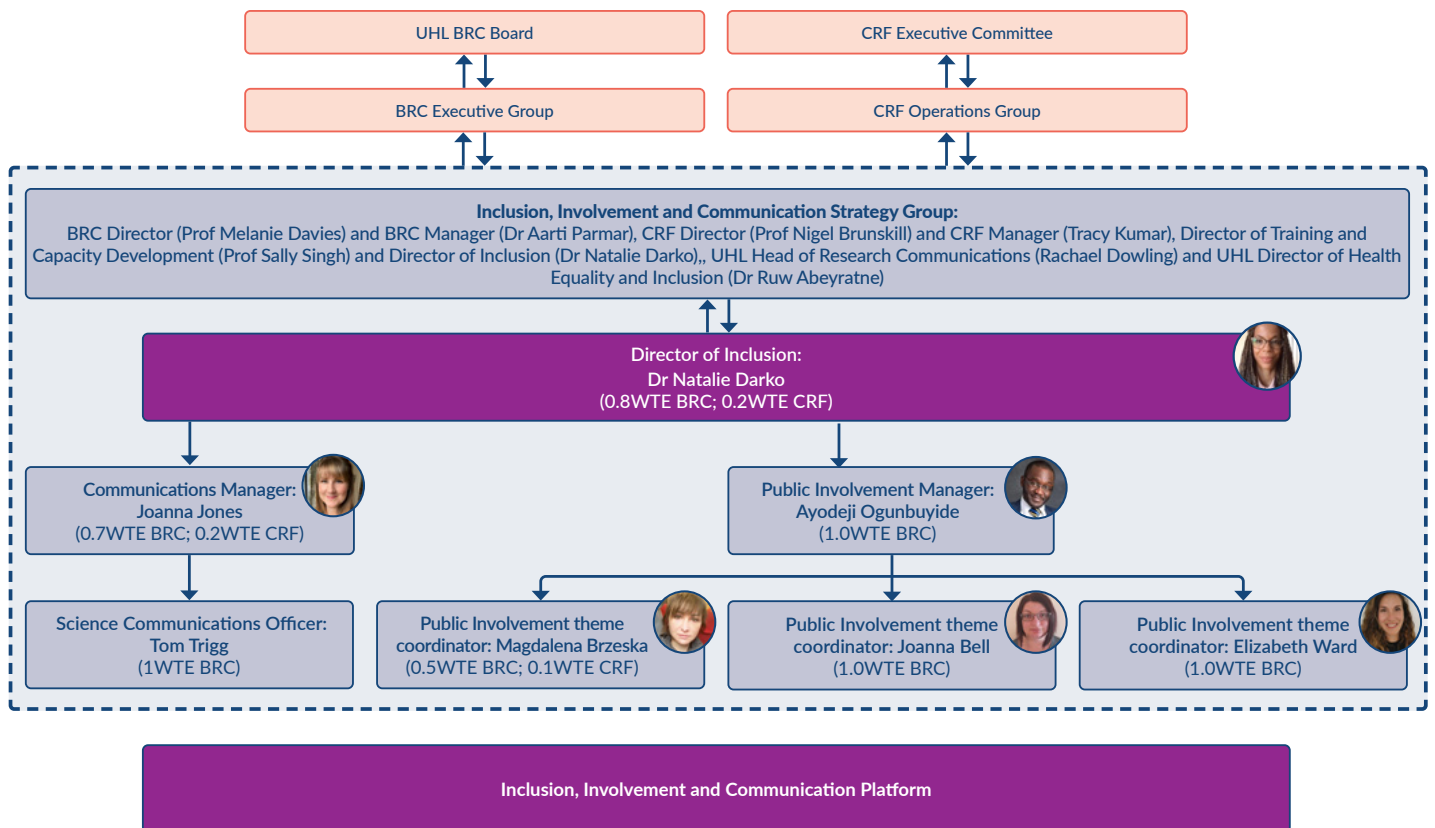
## Governance Arrangements

The BRC themes and CRF disease specialty clusters will have EDI, public involvement and training representation at operational level to ensure the strategy is delivered throughout the research areas. Oversight will be through an Inclusion, Involvement and Communication Strategy Group, membership comprising BRC Director (Prof Melanie Davies) and BRC Manager (Dr Aarti Parmar), CRF Director (Prof Nigel Brunskill) and CRF Manager (Tracy Kumar), Director of Training and Capacity Development (Prof Sally Singh) and Director of Inclusion (Dr Natalie Darko), UHL Head of Research Communications (Rachael Dowling) and UHL Director of Health Equality and Inclusion (Dr Ruw Abeyratne). This team will meet quarterly to discuss and influence culture, training needs, strategic alignment and public involvement in research. Performance will be assessed against Key Performance Indicators (KPIs) derived from each strategic objective. Reporting will be through to BRC and CRF Executive Groups respectively.

## Resources

The joint BRC and CRF Inclusion platform (**Figure 3**) embeds an academic function within the Director of Research Inclusion (Dr Natalie Darko) (0.8 WTE BRC; 0.2WTE CRF), who is supported by a Public Involvement Manager (Ayodeji Ogunbuyide)(1.0WTE BRC), Public Involvement Coordinators (2.5WTE BRC; 0.1WTE CRF), Science Communications Manager (Joanna Jones) (0.7WTE BRC; 0.2WTE CRF) and Science Communications Officer (Tom Trigg) (1.0WTE BRC).

**Figure 3: Joint BRC/CRF Inclusion (EDI and Public Involvement) Staff Structure**



## Local Initiatives

We have a number of local initiatives in place that we can build upon and utilise to achieve our objectives. These are outlined in **Annex 1**.

## Next steps

We recognise that our efforts in promoting equality, diversity, and inclusion, capacity development, and public involvement are shaped by our research and public engagement, with input from stakeholders, organisations, and the public. **Our strategies and action plans will not remain static, but rather evolve and expand as we gain insights and identify additional needs.** We are committed to **providing regular updates to the BRC/CRF Executive and Board, reflecting our progress in implementing the strategy and action plan.** This serves as a **vital mechanism for monitoring our achievements, identifying areas for improvement, and ensuring ongoing enhancement.** Furthermore, we will review the strategy on an annual basis to ensure its continued relevance and effectiveness.

# Public Involvement

## I. Context

The NIHR Leicester BRC and CRF are committed to close partnership working. This strategy has been developed in partnership, based on our existing approaches, and on a foundation of established effective collaborative working in the previous 5 years.

## II. Executive Summary

This strategy details how we will build on the established good practice in the NIHR Leicester BRC and CRF to implement the UK Standards for Public Involvement.

This strategy was developed through an extensive coproduction and consultation process spanning several years which informed the NIHR Leicester BRC and CRF bids in 2022. This began with a priority setting exercise delivered by Leicester Listening Community Researchers and was supported by subsequent consultation with BRC and CRF Public Contributors through a number of focus group and survey activities. It is grounded in the NIHR Standards for Public Involvement. The 2022-2027 BRC and CRF applications feature both overarching and theme or disease cluster objectives relating to public involvement. These include, from the BRC application:

- Each study will aim to incorporate a public involvement plan, centred on NIHR Standards
- Coproduction carefully considers latest good practice
- Public contributors including our Community Researchers and Patient Partners are fully supported and management capacities are developed to ensure roles are sustainable and effective
- Critical appraisal and impact assessments support development of good practice in public involvement and understanding of novel approaches
- Maintain a dialogue with a very broad range of communities across and beyond the East Midlands

To achieve a synchronous strategy, these have been mapped to the UK Standards for Public Involvement.

Standard	Definition	Aim
<b>Working Together</b>	Work together in a way that values all contributions, and that builds and sustains mutually respectful and productive relationships.	Public Contributors are a central part of the research team and we work together to plan and deliver research that makes a real difference. All BRC studies have a fully resourced public involvement plan ranging from consultation – coproduction and based on good practice and the evidence base. CRF studies are managed on a case-by-case basis.
<b>Inclusive Opportunities</b>	Offer public involvement opportunities that are accessible and that reach people and groups according to research needs.	We work with the relevant experts, not simply the most easily available people, to ensure that our public involvement represents the diverse communities of Leicester and our research meets their needs.
<b>Support and Learning</b>	Offer and promote support and learning opportunities that build confidence and skills for public involvement in research.	We support everyone involved in research to contribute as fully as possible and meet their potential. Our training supports personal and career development.
<b>Governance</b>	Involve the public in research management, regulation, leadership and decision making.	Patient Partners and Community Researchers are supported and embedded in the governance structure of the BRC and CRF in order to contribute to the development of overarching strategy. Public involvement is monitored through the BRC and CRF governance structure to ensure delivery of this strategy.
<b>Communication</b>	Use plain language for well-timed and relevant communications, as part of involvement plans and activities.	We communicate in accessible language, and work with communication and academic colleagues to ensure public involvement has both a media and academic presence. Maintain a dialogue with a very broad range of communities across and beyond the East Midlands.



Standard	Definition	Aim
Impact	Seek improvement by identifying and sharing the difference that public involvement makes to research.	We ensure that public involvement is meaningful, and reflect on the successes and challenges of public involvement to develop good practice which we share. Critical appraisal and impact assessments support development of good practice in public involvement and understanding of novel approaches.

This approach highlights the commonality and synchronicity of our objectives in this inclusion strategy.

### III. Objectives and Approach

We ensure our work is transparent through involvement, engagement and communications. People affected by our research are aware of it and research and involvement participation is accessible to all.

Public involvement is significantly supported through our newly established Public Involvement Staff Team, representing a significant expansion in resource for public involvement in the BRC and CRF.

The BRC and CRF are dedicated to supporting reward and recognition, and the delivery of project specific pre-bid public involvement activity. Research teams will be supported to ensure that public involvement post-bid is fully and appropriately costed.

The Public Involvement Team includes capacity to seek funds to support creative engagement and involvement activities, notably including the Dance and Health Project, our non-project specific coproduction activity including the Leicester Listening Community Researchers project and Patient Partners.

The 2022-2027 BRC and CRF applications feature both overarching and theme or disease cluster objectives relating to public involvement. To achieve a synchronous strategy, these have been mapped to the UK Standards for Public Involvement.

1. **Working Together:** Work together in a way that values all contributions, and that builds and sustains mutually respectful and productive relationships
2. **Inclusive Opportunities:** Offer public involvement opportunities that are accessible and that reach people and groups according to research needs
3. **Support and Learning:** Offer and promote support and learning opportunities that build confidence and skills for public involvement in research
4. **Governance:** Involve the public in research management, regulation, leadership and decision making
5. **Communication:** Use plain language for well-timed and relevant communications, as part of involvement plans and activities
6. **Impact:** Seek improvement by identifying and sharing the difference that public involvement makes to research

Objectives relating solely to the BRC or CRF are indicated as follows:

- Joint objective
- BRC objective
- CRF objective

## 1. Working Together

Objective: Public Contributors are a central part of the research team and we work together to plan and deliver research that makes a real difference. All BRC studies have access to a fully resourced public involvement plan ranging from consultation – coproduction and based on good practice and the evidence base. CRF studies are managed on a case-by-case basis.

Established public involvement activity will be used as a foundation to expand into wider areas of work both in terms of disease area and public and community involvement practice, with a particular focus on developing activity with under-represented communities.

### Short Term Objectives 1-2 Years

- Public involvement plans will consider research and community requirements realistically
- New BRC and CRF research includes public involvement across the spectrum of consultation – coproduction
- A BRC portal to streamline and standardise public involvement support requests and encourage research teams to reflect and a develop meaningful plans will be deployed and used to support impact assessment
- For the purposes of transparency the CRF will use our online presence and share study outcome data with members of the public and invite feedback
- Key members of the CRF team will engage with public involvement across the regional spectrum

### Medium Term Objectives 2-3 Years

- Resources to support reward and recognition will be sourced and current systems for making legal and ethical payments will be reviewed and aligned

### Long Term Objectives 4-5 Years

- Good practice in relation to commercial studies has been more fully explored and impactful, meaningful approaches to involvement in commercial studies are used
- BRC projects produce good practice guides on coproduction methodology are produced, predominantly from the technology development perspective
- To have a process by which the CRF ensures that CRF-supported studies have undertaken robust and appropriate coproduction methodology, good practice in relation to commercial studies has been more fully explored and impactful, meaningful approaches to involvement in commercial studies are used
- To have a process in the CRF by which we ensure studies delivered are both relevant and meaningful to our communities

## 2. Inclusive Opportunities

Objective: We work with the relevant experts, not simply the most easily available people, to ensure that our public involvement represents the diverse communities of Leicester and our research meets their needs.

### Short Term Objectives 1-2 Years

- We collect information on the protected characteristics and use this to help us understand where we need to build relationships in the communities. Where the contributor is willing, we hold information about their characteristics and once a year relate this back to their involvement activity. This information is used to plan activity in the next financial year and assess successes in the previous year
- We support novel approaches to involvement and engagement featuring community investment. In the CRF we continue to work with local schools. In the BRC, the Dance and Health project continues to run in 5 locations. We maintain researcher involvement in the 3 established sites, and develop researcher involvement in the 2 new sites. Funds are secured to support delivery. EDI monitoring documents the characteristics of those attending dance and health sessions and demonstrates the model of community investment continues to model of community investment continues to attract underserved communities (in the broadest sense). Timely evaluation demonstrates that sessions are valued and build social capital
- We work with BRC Community Researchers to engage seldom heard communities. The BRC Leicester Listening Project Community Researchers will undertake activity in respect of a minimum of 1 topic guide per Theme by the end of month 48

### Medium Term Objectives 2-3 Years

- Community and media outreach and collaborator recruitment via clinical colleagues is undertaken to expand mailing lists and this increases the diversity of public contributors

### Long Term Objectives 4-5 Years

- By month 60, the BRC will publish a good practice guidance and a toolkit on approaches to coproduction and building social capital with at least one underserved community, with support from the CRF

## 3. Support and Learning

Objective: We support everyone involved in research to contribute as fully as possible and meet their potential. Our training supports personal and career development.

### Short Term Objectives 1-2 Years

- The Public Involvement Team deliver briefings to researchers to help them understand how to access core services, what resources are available, and what expectations are in place in order to standardise approaches to involvement across the infrastructure
- New Public Involvement Team personnel are supported and mentored to develop their skills in involvement and engagement by an independent expert
- Support students to continue to access training in public involvement from the core team, ensuring our investigators have a broad understanding of good practice in research
- A BRC team of 4 Community Researchers from under-served communities are trained and competent

### Medium Term Objectives 2-3 Years

- Project specific public involvement plans consider what training/briefing is required to support contributors to be involved meaningfully
- Training in good practice in public involvement is available to research personnel and includes a focus on quality and EDI
- The CRF will continue to support its clusters and wider health community in developing public involvement activities in research
- Drive the UKCRF national agenda by engaging with the Networks core patient and public involvement team and supporting Leicester CRF staff where possible into Network leadership roles

### Long Term Objectives 4-5 Years

- Examples of personal and professional development of public contributors are collated and shared in the annual/final report

## 4. Governance

Objective 1: Patient Partners and Community Researchers are embedded in the governance structure of the BRC and CRF in order to contribute to the development of overarching strategy.

Objective 2: Public involvement is monitored through the BRC and CRF governance structure to ensure delivery of this strategy.

### Short Term Objectives 1-2 Years

- Role descriptions per the Public Contributor and Coapplicant Policy are developed for Patient Partner roles on the BRC and CRF Boards, Executives, Research Theme Operational Groups and the Public Involvement Group Meeting where applicable
- Resources are identified to support the reward and recognition related to Public Contributor, Coapplicant and Patient Partner roles
- A training plan is developed for the governance level Patient Partner roles
- Roles are advertised and Patient Partners recruited; training plan is delivered to new team members
- KPI are agreed in relation to this strategy and reported to the Board and Executives

### Medium Term Objectives 2-3 Years

- Feedback from Patient Partners in governance roles is collected and roles modified as appropriate

### Long Term Objectives 4-5 Years

- BRC and CRF bid writing teams will routinely include a Co-Applicant where appropriate
- Co-Applicant involvement is standardised in line with the Public Contributor and Co-Applicant Policy, notably including standard approaches to role description, recruitment and reward and recognition
- Develop a role for a Patient Partner withing the CRF Operations Board

## 5. Communications

The communications team comprises of a joint BRC/CRF communications manager and the university have provided further support through a match funded Communications officer dedicated to the BRC. Furthermore, our communications team are closely aligned to the UHL communications function through direct accountability to the Head of Research Communications and Head of Communications and to the communications and marketing division at University of Leicester. The team are also connected with the Loughborough University and University Hospitals of Northamptonshire NHS Group communications team. This ensures we are aligned to the organisational Communications Strategy.

Objective: We communicate in accessible language, and work with communication and academic colleagues to ensure public involvement has both a media and academic presence. Maintain a dialogue with a very broad range of communities across and beyond the East Midlands.

### Short Term Objectives 1-2 Years

- A Communications Strategy is developed in line with the UHL Research and Communications Strategy. The strategy will have public involvement embedded in its approach
- The Public Involvement Team and Communications Team support researchers to communicate in plain English
- By 6 months, we will have refreshed our public-facing websites to cover the new themes and speciality clusters and the research planned in the new funding cycle, whilst maintaining the existing resources and research already funded by the NIHR. This refresh will be led by the joint Science Communications Manager and will be in collaboration with Public Contributors.
- A new resource hub for members of the NIHR Leicester BRC and CRF teams will have been created featuring key information about the Public Involvement Team and how colleagues can engage with us throughout the research journey

### Medium Term Objectives 2-3 Years

- Research teams routinely produce and disseminate plain English summaries and updates where appropriate
- We will regularly share updates on our work with the public, external and internal stakeholders (e.g. UoL, UHL)
- We will work with communications colleagues to identify and reach out to new community groups, and use social media to further our research

### Long Term Objectives 4-5 Years

- Good practice guides, toolkits and training will be available in our areas of expertise including use of coproduction methodologies (BRC), novel approaches to involvement and engagement (EDI) and working with community researchers

## 6. Impact

Objective: We ensure that public involvement is meaningful, and reflect on the successes and challenges of public involvement to develop good practice which we share. Critical appraisal and impact assessments support development of good practice in public involvement and understanding of novel approaches.

### Short Term Objectives 1-2 Years

- A portal will be in use in the BRC to initiate collection of impact assessment data and standardise support requests
- Public involvement is assessed using Public Involvement Assessment Framework at 6 monthly intervals as a minimum in the BRC

- BRC Dance and Health sessions are evaluated at least once annually seeking feedback from participants, partners, researchers who were involved and the Public Involvement Team
- For the purposes of transparency the CRF will use our online presence and share study outcome data with members of the public and invite feedback in order to assess impact
- Identify what are the appropriate levels of patient partner support within the CRF

#### *Medium Term Objectives 2-3 Years*

- Impact assessment data is used to create a report and generate objectives to further develop the quality of public involvement
- Reflective practice is embedded into the BRC Community Researchers project and the training plan for Public Contributors working in governance roles
- We will review our impact assessment on an annual basis to ensure we are engaging with appropriate sections of our communities including those that are under served

#### *Long Term Objectives 4-5 Years*

- Impact assessment data is used to support subsequent infrastructure applications

## Annex 1: Local Initiatives

### Existing Public Involvement Infrastructure in the NIHR Leicester BRC and CRF

The NIHR Leicester BRC and CRF collaborate with a community of over 700 Public Contributors, who are organised based on their areas of interest, which include:

- The PREP Panel
- The Cardiovascular Diseases Public Involvement Group
- The Respiratory Public Involvement Group (subdivided into COPD and Asthma)
- The Lifestyle (Type 2 Diabetes) Public Involvement Group
- The Exceed Public Involvement Group (multiple long term conditions, data and tissue studies)
- The Early Onset Type 2 Diabetes Public Involvement Group
- The COVID Public Involvement Group

### Leicester Listening Community Research

Prior to the BRC and CRF 2022 applications, we worked with Public Contributors to deliver a research priority setting exercise across the communities of Leicester with particular focus on those identified in diversity monitoring as under-represented in public involvement. This built on the under-utilised concept of the NIHR Research Champion. We worked with a group of Public Contributors to develop a plan and topic guide to conduct a research priority setting exercise, using online interviewing conducted by the Public Contributors. As this model of working was new to both institutional researchers and community researchers in the team, we trained and planned together as one team establishing equal status. The Community Researchers (Public Contributors) took leadership of the project, facilitated by the redeployment of institutional team members associated with the start of the COVID pandemic.

The Community Researchers were extremely effective at accessing participants in communities that are typically seldom heard, particularly from Asian/Indian backgrounds, of working age and from deprived areas of the city. This meant we had perspectives on priorities from a much broader group than we would typically have been able to access.

Subsequently, the Community Researchers worked on two additional topic guides exploring people's perspectives on taking part in data and tissue research and why people thought Leicester had been hit so hard by COVID. The latter was used alongside literature review and stakeholder engagement to guide data analysis seeking to understand the intersectional factors that led to such a high rate of COVID in Leicester.

### Dance and Health

Since 2017 the NIHR Leicester BRC has worked with community arts partners to explore new approaches to engaging seldom heard groups by creating attractive community engagement and involvement opportunities. This has also presented an opportunity for the BRC to explore cost effective alternatives to Reward and Recognition, and build social capital within communities in Leicester. The model is simple; an arts based activity is offered in the community for free, and often designed to be attractive to particular groups. After the activity participants are encouraged to stay for a half hour discussion about health research in Leicester with refreshments. The project now runs in 5 locations, and researchers are increasingly opting to engage these 'cold' public involvement groups for a more grassroots perspective on their research plans. Payment to individuals is not offered as they benefit from the investment in the community.

## Annex 2: Objectives

For the most recent award renewal, although the CRF outlined plans for skills and workforce development and patient and public engagement and participation, there were no specified SMART objectives in these areas. However the SMART objectives listed below were specified in the BRC application.

**Table 1 BRC Objectives**

Objective	Timelines	Action Plan
<b>Refresh the BRC website</b>	Short term (1-2 years)	By 12 months we will have refreshed our public facing BRC website to cover the new Themes and research planned in the new BRC cycle, whilst maintaining the existing resources and research already funded by the NIHR. Success will be measured by completion of the updated website by 12 months.
<b>Raise awareness of the research undertaken by our BRC by increasing our social media activity and innovative use of communication channels to maximise direct and indirect engagement with the public</b>	Short term (1-2 years)	As well as pitching our stories to the media and producing lay summaries of our work, we will (a) publish guidance and a toolkit on management capacities for delivering co-production based on the UKRI Leicester Listening Project (disseminated via NIHR central), and (b) run at least one related workshop, by the end of Month 12. We will also undertake outreach and community engagement work to deliver networks, mailing lists, and Public Involvement Groups of a minimum of 20 people per Theme by the end month 18. Progress will be monitored by the BRC Executive Group, with success comprising publication of the guidance/toolkit, delivery of the related workshop and delivery of outreach/ community engagement targets within timelines stated.
<b>Set the new BRC up for quality public involvement in all of our research</b>	Short term (1-2 years)	By month 18, we will refresh the Public Involvement strategy for new BRC cycle, including KPIs, and complete recruitment, induction and initial Continuing Professional Development plan for new core roles. By month 24, we will have fully trained Community Researchers operating in a minimum of 4 local neighbourhoods, and a programme of training devised and delivered for newly signed up public contributors. Success will be measured by the revision and development of the new public involvement strategy, and appointment of core roles, within target timelines, each monitored by the BRC Executive Group.
<b>Create an evidence-based report and strategy to further drive quality public involvement</b>	Medium term (2-3 years)	By month 36, we will complete an impact assessment underpinned by routine use of the service request portal, to inform a comprehensive report and strategy on further driving quality in public involvement. Success will be measured by completion of this report and development of accompanying strategy by 36 months

Objective	Timelines	Action Plan
<p>Ensure that our research is delivered in partnership with patients and public at every stage</p>	<p>Long term (4-5 years)</p>	<p>We will adhere to the strategy and key performance indicators as outlined in our public involvement strategy. Leicester Listening Project Community Researchers will undertake activity in respect of a minimum of 1 topic guide per Theme by the end of month 48. By month 60, we will publish a good practice guidance and a toolkit on approaches to coproduction with at least one underserved community.</p> <p>Success will be measured by reporting of theme-specific activity and publication of good practice guide/toolkit within target timelines. We will broaden the membership of existing public involvement and create new groups to increase diversity and increase their role in influencing and supporting Leicester-led studies throughout the BRC lifetime. The metric of success will be grant development working groups having public contributors embedded within the group to assist with trial design and patient facing material design.</p>



## Annex 3: Glossary of Terms

BRC – Biomedical Research Centre

CRF – Clinical Research Facility

EDI – Equality, Diversity and Inclusion

KPIs – Key Performance Indicators

LU – Loughborough University

NIHR – National Institute for Health and Social Care Research

WTE – Whole Time Equivalent

UHL – University Hospitals of Leicester NHS Trust

UHN – University Hospitals of Northampton

UoL – University of Leicester

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