

NIHR Leicester Biomedical Research Centre and Clinical Research Facility Equality, Diversity, and Inclusion Strategy



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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. 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 promote an **inclusive environment** that fosters progress and well-being while considering protected characteristics.

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 strategy **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 for our 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

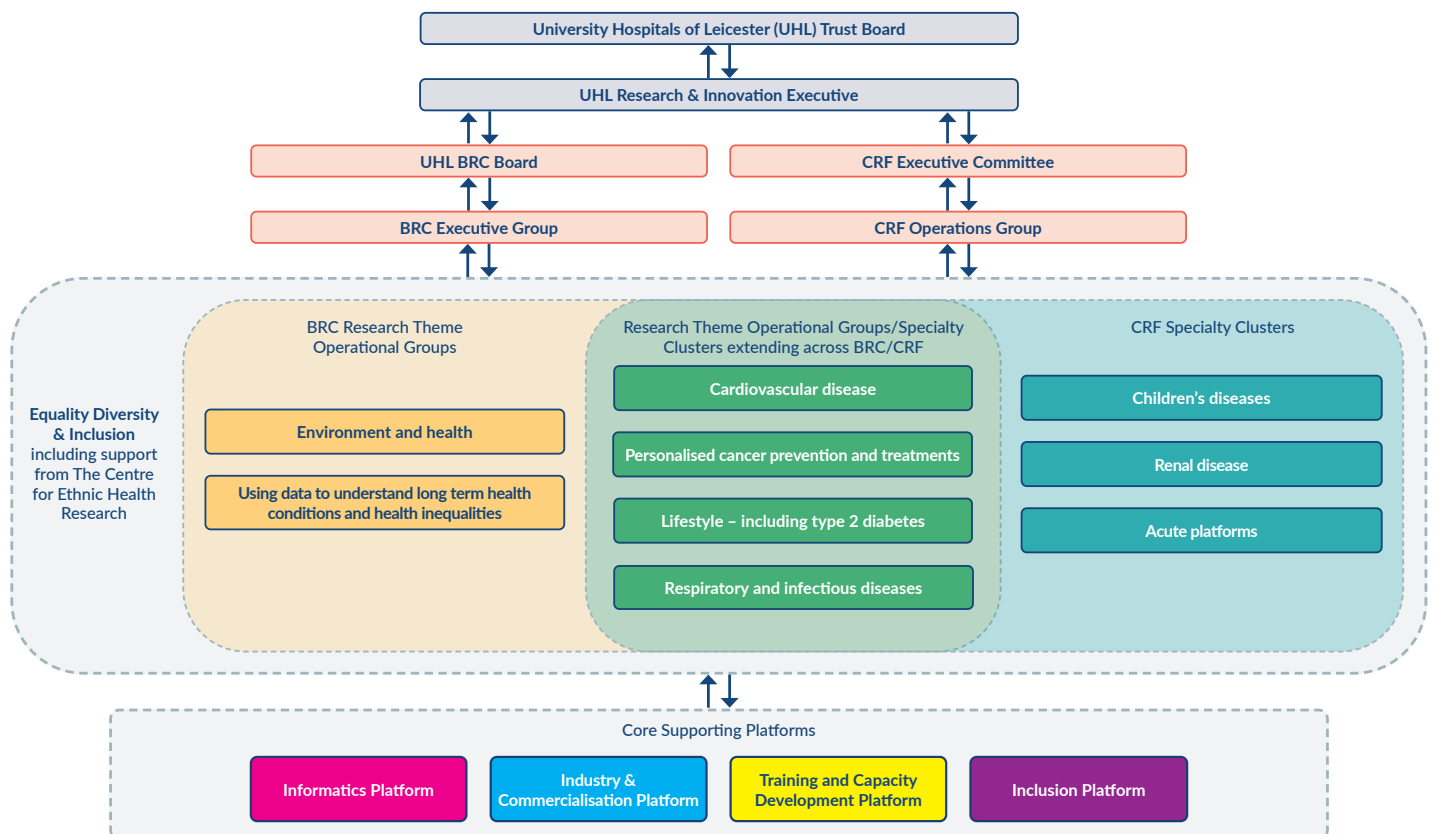


Governance and Enabling Infrastructure

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



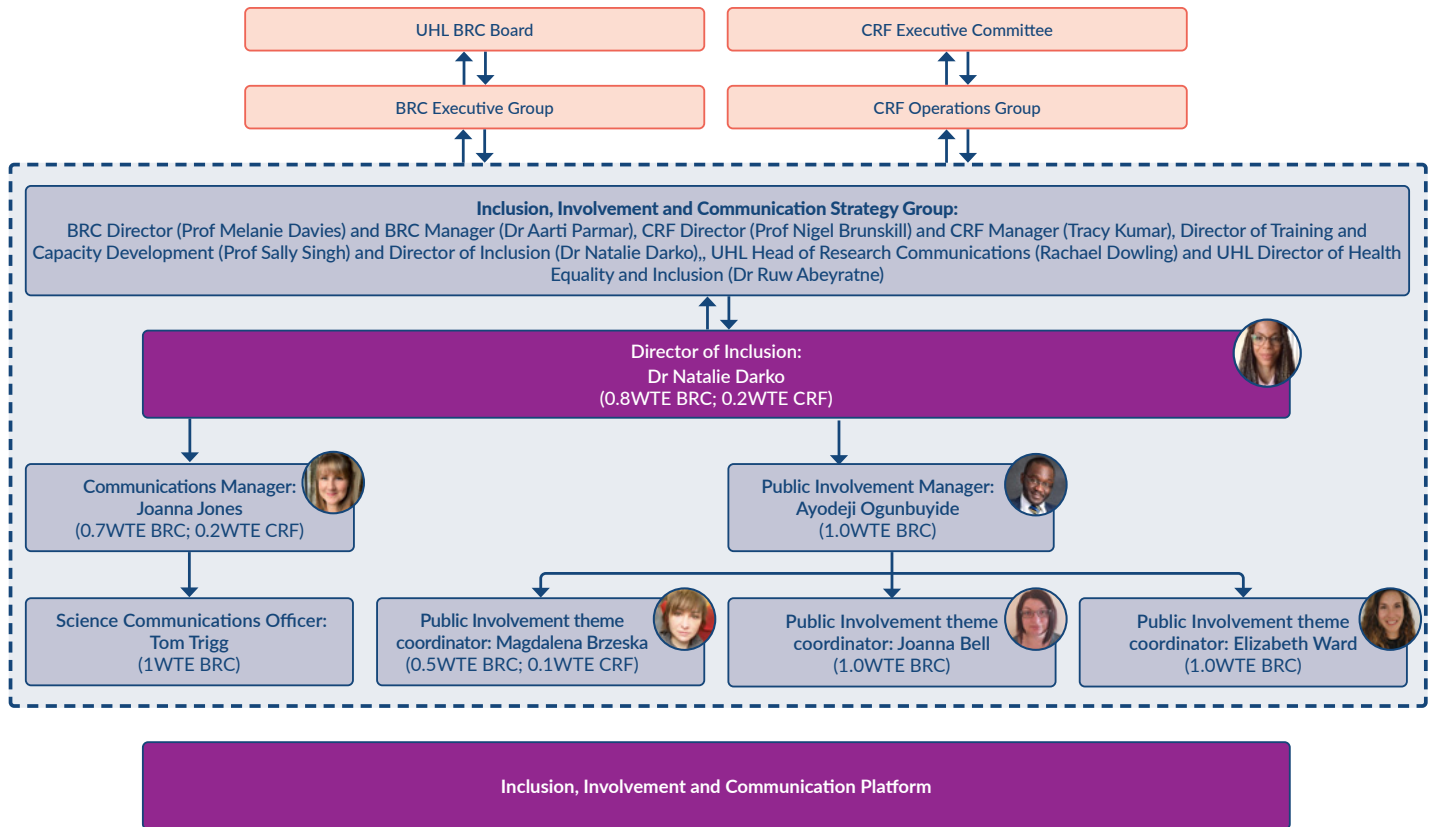
Governance Arrangements

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

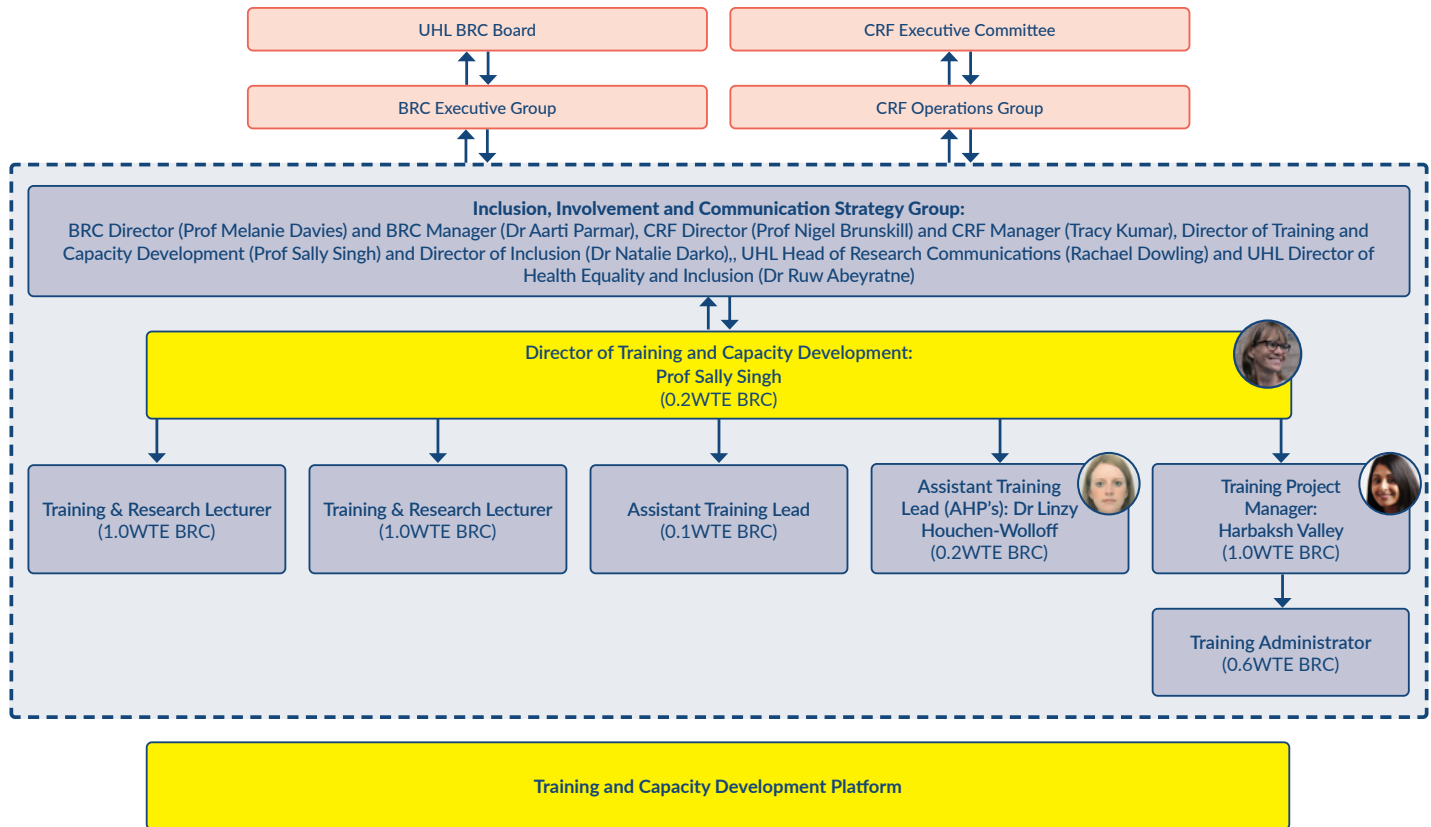
The joint BRC and CRF Inclusion platform (**Figure 3**) embeds an academic function within the Director of Research Inclusion (Dr Natalie Darko) (0.8 WTE BRC; 0.2WTE CRF), who is supported by a Public Involvement Manager (Ayodeji Ogunbuyide)(1.0WTE BRC), Public Involvement Coordinators (2.5WTE BRC; 0.1WTE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



The BRC Capacity Development platform (**Figure 4**) is overseen by the Director of Capacity Development (Prof Sally Singh) (0.2WTE BRC); Allied Health Professional Lead (AHP) (Dr Linzy Houchen-Wolloff) (0.2WTE BRC) and one Assistant Lead (TBC) (0.1WTE BRC). There is also an academic function through 2 training and research lecturers (1.0WTE BRC each match funded by University of Leicester), Training Project Manager (Harbaksh Valley) (1.0WTE BRC) and an Administrator (0.6 WTE BRC).

Figure 4: BRC Training and Capacity Development 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.

Equality Diversity and Inclusion

I. Context

The NIHR Leicester BRC and CRF are **dedicated to integrating principles and best practices** of equality, diversity, and inclusion into all aspects of our work. It is essential that we identify and address ways to reduce inequalities and inequities and maximise inclusion in all areas of our work.

- **Our operating principle for inclusion**

The operating principle for inclusion is at the core of our strategy, guiding our research, shaping our culture, and influencing our decision-making processes. We are dedicated to developing and implementing an inclusive approach that fosters inclusivity across all aspects of our practice, public involvement and capacity development in the BRC and CRF.

Central to our principle is a **commitment to:**

- **Increasing inclusivity in access to research opportunities, public involvement opportunities, research careers, and promoting diversity in research involvement**
- **Offer public involvement opportunities that are accessible and reach people and groups according to research needs**

Our overarching goal is to cultivate a research environment that embraces inclusivity, nurtures personal and professional growth, and facilitates the advancement of individuals from diverse backgrounds.

Furthermore, we are unwavering in our **commitment to:**

- **Collect and analyse diversity data for both our workforce and research participants**

This data-driven approach enables us to better understand and address any disparities, ensuring that our strategies effectively promote equity and remove barriers to create inclusive research.

By embodying this operating principle for inclusion, we aim to foster an environment where all individuals can fully participate, thrive, and contribute to biomedical research, regardless of their background or identity.

II. Executive Summary

This strategy focuses on reducing inequalities and inequities and maximising inclusion. It has been devised in recognition of NIHR's commitment to **"delivering transformative inclusion health and social care"** research (NIHR Research Inclusion Strategy, 2022 -27).

It has been formulated to confront disparities linked to diverse characteristics and lived experiences of individuals. In accordance with the **NIHR Research Inclusion Strategy (2022 -27) we acknowledge and give due consideration to the nine protected characteristics** as stipulated by the Equality Act 2010, and ensure that we transcend these boundaries, acknowledging the influence of intersectionality on health and access to health and social care. Furthermore, we believe that achieving **equity, which surpasses equality, lies at the core of ensuring our research is truly inclusive.**

As part of our commitment to creating an inclusive BRC and CRF, we have initiated key efforts to inform our inclusion strategy in alignment with Best Research for Best Health: The Next Chapter (2021) and the NIHR Research Inclusion Strategy (2022-27). For example, recent initiatives include:

- **Joint Statement of Commitment on EDI by the University of Leicester and University Hospitals of Leicester**

We have developed a **shared commitment to integrating EDI principles in all areas of our operations**, between the University Hospitals of Leicester NHS Trust and the University of Leicester. We aim to address disparities, reduce inequities, and foster an inclusive culture. This commitment extends to the diverse communities we serve, including staff, patients, and students. Together, we actively work to mitigate inequities. Initiatives include:

- Supporting women in leadership
- Attracting and retaining a diverse workforce
- Engaging stakeholders to inform our priorities and implementing interventions across the employee lifecycle

We also prioritise race, gender, disability, and LGBT+ equality and adopt an inclusive approach encompassing all protected characteristics. Our commitment fosters learning, improves health outcomes, and ensures inclusive leadership. Through monitoring and relevant indicators, we strive to become exemplars of best practice.

Expanding upon this shared commitment, we endeavour to extend and refresh our inclusive approach to all organisations within the BRC and CRF, including the University Hospitals of Northamptonshire NHS Group and Loughborough University, who play integral roles within the BRC and CRF.

- **Collation and evaluation of diversity within the BRC and CRF**

In accordance with the **'Evidence-led diversity and inclusion'** theme of the NIHR's Equality, Diversity, and Inclusion strategy 2022-27, we have **proactively started collecting data on various protected characteristics**, including age, disability, race and ethnicity, and sex on our workforce, research participants and Public Involvement. Moreover, we have expanded beyond these protected characteristics, and will continue to **adopt a core data collection approach** for the BRC and CRF to collect data on all characteristics. To gather this data, we have collaborated with our partners, University Hospitals of Northamptonshire NHS Group, Loughborough University, University Hospitals Leicester R&I Workforce, and University of Leicester staff.

This ongoing work, in collaboration with our partners, **forms the foundation for our inclusive strategy**. Through our collective efforts, we aim to systematically collect and streamline diversity monitoring, extending our information gathering to encompass a wider range of characteristics, considering intersectionality. By implementing this approach, we can **monitor our inclusive practices and equality of opportunities** across these diverse characteristics, while also **strengthening our partnership and shared commitment on EDI** with our organisations. It has also helped us identify existing gaps or that require prioritisation for our strategy development and action plan.

III. Objectives and Approach

Our track-record and Statement of Commitment **help achieve a workforce that represents the population it serves**, and an **inclusive environment promoting progress and wellbeing** with consideration of protected characteristics.

We supervise students from **wide-ranging professional and cultural backgrounds**, including low-to-middle income countries. We will focus on **staff groups under-represented in research roles**. Working with the Wellcome Trust Doctoral Training Programme (WT-DTP) for health professionals, initiatives for nurses, midwives, and allied health professionals are underway, whilst work with Clinical Research Practitioners (via a co-designed career development strategy) will facilitate accreditation with the Academy for Healthcare Science.

We promote a **positive research training culture**, including in-house virtual training platforms to support flexible working patterns, bespoke development opportunities and involvement in national schemes (e.g. HDR-UK Black Interns scheme). Supervision arrangements accommodate needs of culturally diverse students and those with disabilities or caring responsibilities. Those studying remotely have regular contact and are integrated into research group meetings.

All BRC members will receive training in **Cultural Competency, diverse approach to public involvement activities, Unconscious Bias, Mental Health First Aid, Stress Management and Resilience**, through core services provided by the partners. Senior CRF staff are currently undertaking this training and this will be rolled out across the entire CRF team. Mental health and wellbeing support is available from all partners.

We will report on EDI data to promote continuous improvement/transparency.

The overall long-term objectives of both the BRC and CRF are rooted in maximising the impact on **patient care and research delivery, while emphasising equality, diversity, and inclusion (EDI), capacity development, patient and public involvement, and effective communication**. To specifically address EDI/inclusion, together the BRC and CRF have defined five fundamental long-term objectives:

1. **Fully develop and implement an EDI strategy:** that permeates all aspects of our operations
2. **Enhance the inclusivity of our research:** to ensure that diverse perspectives and populations are represented and engaged
3. **Cultivate an EDI-sensitive workforce:** by promoting awareness, understanding, and respectful practices throughout our staff and researchers
4. **Foster diversity within our workforce and continuously improve the cultural competency of our team members:** to create an inclusive and supportive environment
5. **Play an active role in informing and driving the national agenda for ethnic health research:** contributing to the advancement of knowledge and practices in biomedical research

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

- Joint objective
- BRC objective
- CRF objective

1. **Fully develop and implement an EDI strategy:** that permeates all aspects of our operations.

Short Term Objectives (1-2 years)

- Fully develop EDI strategy
- Refresh the shared Statement of Commitment for EDI with partners.
- Pilot an EDI Maturity Model
- Undertake a workforce diversity baseline exercise
- Share our developing best practice across the UK CRF Network

Medium Term Objectives (2-3 years)

- Implement the EDI strategy
- Increase the inclusivity of our research
- Develop and implement novel engagement strategies
- Establish mechanisms for ongoing evaluation of EDI initiatives
- Provide researchers access to EDI Toolkit and culturally sensitive resources

Long Term Objectives (4-5 years)

- EDI deeply embedded within BRC and CRF infrastructure
- Sustained culture of inclusion

2. **Enhance the inclusivity of our research:** to ensure that diverse perspectives and populations are represented and engaged.

Short Term Objectives (1-2 years)

- Incorporate routine collection of ethnicity and key demographics into research studies
- Provide 'CRF in the Community' outreach service where the CRF team engage with study participants in the community to facilitate the participation of all individuals in clinical studies

Medium Term Objectives (2-3 years)

- Collaborate with the local Clinical Research Network (CRN) to create EDI characteristics capture tool for routine data collection of key demographics (e.g., ethnicity) and implement this tool within the local CRN's data collection processes
- Ensure every researcher has access to EDI Toolkit and culturally sensitive resources
- Implement novel engagement strategies to improve outcomes for patients from underserved communities, particularly in the Cancer theme and CRF cancer cluster

Long Term Objectives (4-5 years)

- Demonstrate successful implementation of equality monitoring and equality impact assessments for studies

3. **Cultivate an EDI-sensitive workforce:** by promoting awareness, understanding, and respectful practices throughout our staff and researchers

Short Term Objectives (1-2 years)

- We will ensure that at least 50% of our BRC and CRF workforce take part once in the UHL active bystander program and cultural competency training (or equivalent at partner organisations)

Medium Term Objectives (2-3 years) and Long Term Objectives (4-5 years)

- We will ensure that at least 90% of our workforce take part once in the UHL active bystander program and cultural competency training (or equivalent at partner organisations)
 - Develop an EDI-sensitive workforce and continue to improve the cultural competency of our workforce
4. **Foster diversity within our workforce and continuously improve the cultural competency of our team members:** to create an inclusive and supportive environment.

Short Term Objectives (1-2 years)

- From baseline exercise, establish appropriate targets to increase diversity of our workforce and leadership positions
- Collaborate with UHL R&I to establish the R&I Voices Inclusion Panel within the first year
- Engage the panel in goal setting for hiring, retention, and advancement of a diverse workforce

Medium Term Objectives (2-3 years)

- Provide clinical research attachment opportunities for medical students, trainee doctors and overseas doctors.
- Conduct an annual survey to assess the needs and satisfaction of our staff and trainees, ensuring diverse voices are represented.
- Increase the number of successful fellowship applications in the BRC.
- Drive the UKCRF national agenda by engaging with the Networks core workforce development team and supporting Leicester CRF staff where possible into Network leadership roles.

Long Term Objectives (4-5 years)

- Monitor progress towards these targets through regular assessments and reports, ensuring ongoing evaluation of our efforts
 - To create a diverse, talented, and high-performing workforce, the BRC and CRF will together take proactive steps aligned with our capacity development objectives
5. **Play an active role in informing and driving the national agenda for ethnic health research:** contributing to the advancement of knowledge and practices in biomedical research.

Short Term Objectives (1-2 years) and Medium Term Objectives (2-3 years)

- Foster cross-BRC Theme collaborations and aim to submit at least one to two applications annually to major funders, focusing on research that addresses health inequalities and inequities

Long Term Objectives (4-5 years)

- We will continue to shape the national agenda for ethnic health research, for example by engaging with the government sitting on or chairing relevant national and international committees, and publishing related articles in leading journals

Inclusion is significantly supported through our newly established inclusion team (**Figure 3**) and capacity development team (see Capacity Development Strategy).

Annex 1: Local Initiatives

Wellcome Trust Doctoral Training Programme (DTP)

The Wellcome DTP Award (£7.4 million) provides opportunities for a total of 25 Research Fellows over five years, starting from October 2022. These fellowships aim to support doctors, nurses, midwives, and allied health professionals. The projects undertaken by these PhD researchers will address the unique health issues faced by Leicester and Leicestershire's ethnically and culturally diverse population, which have been further highlighted by the COVID-19 pandemic.

Embedded Equality, Diversity, and Inclusion (EDI) practices are integral to this Wellcome DTP programme. All fellows have access to cultural competence training and will receive support to engage with underrepresented communities and minorities. They will also work with a research-trained multi-ethnic patient panel. Progress has been made through the UoL Athena SWAN (Silver) award process, including increased promotions of women, diversification of College Leadership Teams, and the establishment of active departmental groups promoting EDI. The work on the British Medical Association Racial Harassment Charter exemplifies our commitment to progressing an anti-racism agenda in the UoL Medical School.

Our recruitment strategy for the programme builds upon the best practices of our successful DTPs and WT-ISSF. Recent intakes of PhD fellows have been diverse in terms of gender, ethnicity, and nationality. We ensure clear and transparent recruitment processes and involve independent academics with expertise in EDI to review the integrity of decision-making.

This programme offers an inclusive and progressive research environment because we recognize key challenges, such as recruiting from a wide range of healthcare professionals and diverse backgrounds. We also acknowledge the challenge of balancing clinical practice with an academic role in separate organizations, which can hinder potential research leaders. Therefore, the programme provides flexible support for research activities and integrated career pathways beyond the PhD, along with mechanisms to facilitate progression and equitable opportunities.

Health Data Science Black Internship Programme

Run by Health Data Research UK (HDR UK) and the UK Health Data Research Alliance (the 'Alliance'), in partnership with the 10,000 Black Interns initiative, our Health Data Science Black Internship Programme aims to address the underrepresentation of early career Black data scientists in the health data science field. The UK has an urgent need for new health data scientists, and this programme not only tackles the underrepresentation issue but also offers motivated candidates the experience they need to kick-start their STEM careers.

We are collaborating with HDRUK to help transform the prospects of early career black individuals in the UK, providing them with opportunities to thrive in their future health data science careers through our Health Data Science Black Internship Programme.

We have been participating in this scheme since 2021 and have supported several students. The EXCEED/BREATHE study has supported 3 interns since 2021. Currently, we also have 2 interns recruited via the scheme for the summer of 2023. Our previous interns have had the opportunity to work on cutting-edge research projects at Leicester, including machine learning for advancing personalized medicine in mesothelioma and the use of linked electronic healthcare records to define severe asthma in participants of the EXCEED Study and UK Biobank. Previous interns have also received support through NIHR Pre Doc Fellowships and MSc Medical Statistics degrees.

Dance and Health

Since 2017, the NIHR Leicester BRC has collaborated with community arts partners to explore innovative approaches to engage seldom-heard and underrepresented groups. This initiative aims to create appealing community engagement and involvement opportunities. It has also provided an avenue for the BRC to discover cost-effective alternatives to reward and recognition, while building social capital within Leicester communities. The model is straightforward: an arts-based activity is offered for free in the community, specifically designed to attract various groups. After the activity, participants are encouraged to stay for a half-hour discussion about health.

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
Fully develop and implement EDI strategy	Short term (1-2 years)	Development of EDI Strategy By 3 months, we will have a finalised our shared Statement of Commitment for EDI approved by the partner organisations (S). By 6 months, we will undertake a baseline exercise to capture current diversity in our workforce, leadership, and student positions, based on key diversity characteristics, (S). This Statement of Commitment and baselining exercise will inform the development of our BRC EDI strategy, which will be finalised and disseminated by month 12 (S). Success will be measured through completion of the shared statement of commitment and baseline exercise, and the development of our BRC EDI strategy within target timelines, monitored via the BRC Executive Group and reported within the BRC annual report.
Increase the inclusivity of our research	Medium term (2-3 years)	<p>We will ensure that all our research originating from the BRC is subject to an equality impact assessment at an early phase of development, and that ever researcher has access to the NIHR Research Design Service (RDS) EDI Toolkit and culturally sensitive resources (in partnership with the Centre for Ethnic Health.</p> <p>We will make a difference to outcomes for patients from underserved communities through novel engagement strategies ensuring access to the best treatment options and research into tackling early diagnosis i.e. in our Cancer theme. The success of this will be measured through the Research Delivery objective around ensuring study participants are reflective of the composition of the target population in terms of key demographics).</p>
Develop an EDI-sensitive workforce	Long term (4-5 years)	<p>We will ensure that at least 50% of our workforce take part once in the UHL active bystander program and cultural competency training (or equivalent at partner organisations) by 24 months (S), increasing to 90% by 5 years (L).</p> <p>Progress/success of this objective will be monitored by the BRC Executive Group and Training Lead.</p>
Increase diversity in our workforce and continue to improve the cultural competency of our workforce	Long term (4-5 years)	We will continue to shape the national agenda for ethnic health research, for example by engaging with the government sitting on or chairing relevant national and international committees, and publishing related articles in leading journals (S, M, L). Success will be determined by measuring the activity in this area.

Annex 3: Glossary of Terms

- BRC – Biomedical Research Centre
- CAPN – Clinical Academic Practitioner Network
- CCG – Clinical Commissioning Group
- CRF – Clinical Research Facility
- CRP – Clinical Research Practitioner
- DART – Diet and Activity Research Translation
- ECR – Early Career Researcher
- EDI – Equality, Diversity and Inclusion
- EPSRC – Engineering and Physical Sciences Research Council
- HDR-UK – Health Data Research UK
- IAT – Integrated Academic Trainings
- KPIs – Key Performance Indicators
- LGBT+ - Lesbian, Gay, Bisexual, Transgender +
- LPT – Leicestershire Partnership Trust
- LU – Loughborough University
- MRC – Medical Research Council
- NIHR – National Institute for Health and Social Care Research
- NMAHP – Nursing, Midwifery and Allied Health Professional
- PSA – Professional Standards Authority
- SMART – Specific, Measurable, Achievable, Relevant, Time-bound
- TRC – Translational Research Collaboration
- WTE – Whole Time Equivalent
- UHL – University Hospitals of Leicester NHS Trust
- UHN – University Hospitals of Northampton
- UoL – University of Leicester
- R&I – Research and Innovation
- WT-DTP – Wellcome Trust Doctoral Training Programme

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