



NIHR Exeter BRC/CRF Research Inclusion Strategy

Exeter BRC/CRF Research Inclusion Strategy Vision/Commitment:

NIHR Exeter Biomedical Research Centre (BRC) and Clinical Research Facility (CRF) share a fundamental objective to empower better health outcomes for patients and the public by translating scientific breakthroughs into potential new treatments, diagnostics and medical technologies.

This strategy document outlines the vision, overarching goals and action plan of how the NIHR Exeter BRC and CRF will embed research inclusion (RI) in our infrastructures. We will embed inclusive practice via our SMART action plan across the breadth of the NIHR Exeter BRC and CRF, building an environment where everyone feels supported, valued, and is provided the opportunity to reach their full potential.

The Exeter CRF, based at the Research Innovation Learning & Development (RILD) Building at the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon), is an established Centre that has worked over the years with Royal Devon to ensure RI is facilitated for both staff and research participants. Policies to encourage RI (e.g. city/village/rural/coastal community involvement; different ages; race; disabilities) for CRF staff include flexible/part-time working arrangements with necessary adjustments to ensure staff can manage the long rural commutes, caring responsibilities, disability provisions, clinical research work, and an open and welcoming culture to all staff and regular staff RI training.

For study recruitment/participants, the CRF ensures research outreach to the entire range of different communities/localities; and innovative study design to reduce the number of on-site visits, for example, by utilising home-mixed meal tolerance tests and patient self-blood sampling, or home visits to enable participation of the less physically able, those who don't want to miss school, and those for whom transport to the Royal Devon is not available or too costly. Whenever possible, diversity of the CRF outreach teams is ensured when representing externally, e.g. at agricultural shows, or internally, e.g. science experience events. To encourage and ensure engagement of participants across different age groups, the CRF undertake outreach activities across a variety of platforms, e.g. schools, community centres, shopping centres, unemployment centres, theatres and patient-led community groups (e.g. Diabetes UK and Age UK). The CRF has reached out to the NHS Staff from Ethnic Minorities Network to work with them to encourage involvement in research. This is an area we have identified as important and will work with Royal Devon to develop further.

We acknowledge that we are in the very early stages of establishing our BRC and as such, we have been realistic and transparent with both our short- and long-term goals. The University of Exeter (UoE) already places RI at the heart of their decision-making and strategy development processes, with the University's Institutional RI lead playing a key role on the University Executive Board as Provost. Both the University and NHS Trust partners have existing and expanding RI initiatives in place that we can utilise and promote within our BRC as we build – this will maximise opportunities already in place and reduce duplication moving forward.

We have identified three key pillars that form the basis of our strategy:

- Targeting underserved communities relevant to our Centres.
- Improving and embedding research culture within our Centres.
- Data collection to inform evidence-led RI approaches.





Our strategy purposefully shares overarching RI visions with those of the NIHR, UoE and NHS Trust partners to allow for collaborative working to reach our mutual goals. In turn, this will ensure our commitment to embedding RI in our infrastructures is sustainable and provides a solid foundation for further progress over the lifespan of the BRC and CRF grants.

It is important to state that this strategy formation is, and will be, an iterative process and as new information is gathered and further needs are identified, these will be evaluated and used to shape our vision. To support this process, we will carry out internal reviews on an annual basis and report back to the BRC and CRF management board, in addition to carrying out bi-annual check-ins.

Alignment of NIHR RI Strategy to Exeter BRC/CRF RI Strategy:

The NIHR Exeter BRC/CFR RI Strategy aligns very closely with the overarching strategic vision of the NIHR RI Strategy 2022-2027, incorporating all 5 of their key themes as outlined below.

Here, we elaborate on each theme and how our framework will facilitate our commitment to these.

| NIHR Theme | How our RI framework will facilitate our commitment to these themes. |
|--|---|
| Theme 1: Become a more inclusive funder of research. | Embedding inclusion throughout our infrastructure. Ensuring RI is always considered, and provisions implemented to support both new appointments and existing members' career progression – in alignment with the University's commitment to the Researcher Development Concordat. Set aspirational diversity targets for committees and recruitment panels. RI training for all BRC members and further training for those involved in recruitment. Utilising data collected, we will work to identify barriers to inclusive funding and implement strategies to overcome these, e.g. constraints on the eligibility of funding offers to target under-represented groups. |
| Theme 2: Widen access and participation for greater diversity and inclusion. | Work closely with the Patient and Public Involvement and Engagement (PPIE) team to ensure patients and the public from underserved groups feed into our centres. Utilise resource already available through the NIHR infrastructure across the region and beyond to assist us in leveraging/improving RI for our research community e.g. NIHR INCLUDE guidance to improve inclusion of under-served groups in clinical research. |
| Theme 3: Improve and invest in the NIHR talent pipeline. | Positive action statements to encourage applications from diverse backgrounds with some programmes having specific eligibility criteria targeting these demographics. Offering funding awards and internships/placements to secondary school children, undergraduates and postgraduates from diverse backgrounds. Outreach activities across the South West to inspire young people to pursue a STEM career, including those from underserved groups. |
| <u>Theme 4:</u> Embed evidence-led diversity and inclusion approaches. | Diversity data collection of BRC workforce and those applying for funding opportunities within the BRC, those shortlisted and award holders. |





| | Diversity data collection of PPIE members where possible. Analysing and evaluating diversity data to implement evidence-based interventions to better promote equity. Ensure transparency of diversity data through report publishing on the website. |
|---|---|
| Theme 5: Collaborate with partners for impact and sustainability. | Build upon already established stakeholder relationships to form collaborative ideas and initiatives to propel RI commitments forwards and expand upon the offerings of opportunities for underserved groups, e.g. Health Data Research UK. Form new relationships with key external stakeholders to gain further insight into their RI practices and identify areas of collaborative working. |

UoE and Royal Devon University Hospital Collaboration:

As an iterative strategy that will need time and focus to fully develop across the NIHR Exeter BRC and CRF, it is important to note that the language used by the two main organisations working collaboratively across this partnership - UoE and Royal Devon – surrounding their RI commitments and strategies are, in places, slightly varied, albeit both working towards shared goals of equity and inclusion.

As such, we have set out in Appendix 1, the current RI commitments of both organisations, noting that as we move forward in this shared journey, a distinct but embedded NIHR Exeter BRC and CRF set of RI foci and language will start to emerge. This will be shaped by guidance and input from the patients, public and BRC/CRF workforce to ensure our practices reflect the views of the communities our translational research outcomes will serve.

Exeter BRC/CRF key pillars for RI:

• Pillar 1: Targeting underserved communities relevant to our Centres.

Here we will work in tandem with the PPIE Team to develop an outreach programme, maximising resource and connections to achieve the greatest reach possible to better serve our diverse local communities. It should be recognised that the research themes may relate to protected characteristics such as age and disability or pertain to people who experience marginalisation in relation to a protected characteristic.

Our focus will be split into two major areas, increasing diverse patient and public involvement in the research being conducted by our two Centres and inspiring the next generation of young scientists from underserved groups – please refer to the action plan for detail surrounding each individual goal and how these will be achieved.

The UoE is committed to enabling social mobility through education and via their Access and Participation Plan, have set out their strategic aims and objectives for widening participation for groups experiencing barriers in higher education. We will utilise this framework and work in tandem with the University to propel our initiatives and Centre aims forwards.





• Pillar 2: Improving and embedding research culture within our centres.

We recognise that RI is not only essential to building an inclusive workforce but also fosters scientific research excellence by bringing together people with different experiences and backgrounds. We aim to foster an environment where everyone feels a sense of belonging, is respected, and valued for who they are. We will lead by example, promoting RI throughout the Centres including in the leadership team, ensuring it is embedded into everyday practices and ways of working and that every person thinks about how we can make our working practices more inclusive by becoming an ally.

To build upon our research culture, we first need to diversify our incoming talent pipeline and bring new voices and perspectives to our Centres by providing opportunities to individuals that might otherwise face barriers to entry. We have already been successful in securing 13 £10,000 Al and data science postgraduate conversion course scholarships for students from underserved groups. We note that almost 50% of our BRC theme leads are women and we will continue to focus on building an inclusive gender split across our research themes.

For those working within our Centres, a key focus will be the provision of training and career development, supporting individuals to progress within their specialised areas facilitated by the Academic Career Development (ACD) Lead and Training and Events Manager. Opportunities available to our workforce will be wide ranging, from grant writing away days to entrepreneurship workshops. To complement this professional development support, we will work hard to bring people together which will play a major role in fostering an inclusive research culture and building a sense of community for our BRC/CRF workforce where opportunities are equitable for all — an outline of the main objectives to achieve this can be found in the action plan.

• Pillar 3: Data collection to inform evidence-led RI approaches.

Data collection provides important insights into the demographic diversity of a population. As such, evaluation of this data is critical for developing an evidence-based approach to RI work, facilitating the identification of priority areas/barriers and the implementation of appropriate interventions. We want to ensure our data collection is meaningful so we will first establish what our Centres and the patients and public we serve would like to see in terms of our commitment to RI. Following this, we will work together to collect the data, whether that be from existing mechanisms or if we need to establish new methods, and then finally evaluate and publish our findings and implement evidence-based interventions. An overview of the major objectives and drivers behind these can be found in the action plan.





Appendix 1 - Action plan for the BRC/CRF:

Whilst the strategy outlined above offers guidance and direction, to achieve these overarching goals, for each pillar, we have devised some key aims against which to measure progress and be held accountable. Accompanying each objective is the rationale behind it and proposed actions. By the end of the year 1, we will set out evaluation pathways, targets and timelines for completion for all actions set out below.

These activities are by no means exhaustive, and the delivery of this strategy will be an iterative process as new information is gathered and areas of need and priority change.

| Ref | Objective | Rationale | Action | n(s) | Measure and timeline | Action owner | | | |
|-------|--|--|----------------|---|---|---|--|--|--|
| | Pillar 1: Targeting underserved communities relevant to our Centres. | | | | | | | | |
| AP1.1 | Involve groups under- represented in PPIE and under-served by research from across the South West (Goal 5 in the PPIE Strategy). | So that health research can benefit everyone we need to give a wide range of people the opportunity to influence research through involvement. Additionally, there are challenges and barriers to involvement that are specific to the South West region. For example, many people live rurally/ coastally with poor transport links, making travel to a central site difficult. It is imperative that both the public and research participants are reflective of the communities for which the translational research | 1. 2. 3. | include representation from communities underserved relevant to our region. | Year 1 – 2: Speak with local community groups and those working in PPIE across the South West, particularly those representing underserved communities. Work with these individuals to co-develop and implement methods and techniques to remove these barriers. Year 1 – 2: Form a core PPIE group to include relevant underserved communities, including older people and those experiencing rural deprivation. Year 1 – 2: In collaboration with the PPIE Manager, carry out annual demographic data reviews of pubic and patient participants involved in | Joint action across the BRC and CRF. BRC PPIE lead supported by the BRC Training and Events Manager/RI Lead and CRF Manager. | | | |





| | | serves to build a trusting relationship. | | | research projects to monitor outcomes of implementations and identify where additional measures are required. | |
|-------|---|---|------------------------|---|---|--|
| AP1.2 | Carry out a range of outreach activities to engage young people in biomedical science and inspire future generations, targeting underserved groups across the South West Peninsula. | It is extremely important that we engage with young people at the earliest possible opportunity to firstly, shatter the myth that scientists are all men in white coats, and secondly, present to them what a career in biomedical science is really like and the possible opportunities available to them. Furthermore, we recognise that being located in the South West of England, a large proportion of our communities live in rural locations where transport links quite often prevent or make participation difficult. As such, we will pay particular attention to reaching and encouraging involvement from these groups and actively going out into these communities as | 3. | new relationships with a broad network of schools and Colleges hosting large proportions of young people from underserved and deprived backgrounds to which our opportunities can be advertised. Identify established events in the South West to showcase the Centres research and relevant opportunities – focus will be towards those attracting underserved groups. | Year 2 – 5: Develop and host a range of events, both on-site and in a roadshow capacity e.g. annual festival, theme roadshows and open days. Year 2 – 5: partner with, at a minimum, the South West and National Scholars Programme, STEM Beyond Boundaries and the Devon Healthcare Hub to carry out outreach activities for young people meeting widening participation criteria across the South West Peninsula. Year 1 – 5: Attend relevant events/schools each year within Devon, Somerset and Cornwall to showcase the research of the Centres and relevant opportunities to get involved e.g. Exeter College STEM Careers Fair, Truro and Penwith College Careers Fair. Year 1 – 5: Participate in relevant events, including the British Science | BRC action. BRC Training and Events Manager/RI Lead supported by the BRC PPIE Lead. |





| | | opposed to asking them to come to us. | | diversity amongst our workforce as it is important that young people from underserved groups can see themselves in these roles e.g., those of the Ethnic Minority communities, | Festival, Somerscience Festival & Futures Festival of Discovery. Year 1 - 5: Centre representatives will showcase diversity in our workforce, ensuring at least 50% are from underserved groups. | |
|-------|---|--|------------------------------------|---|--|---|
| AP1.3 | Build upon already established partnerships and form new ones to secure programmes/funds to enable young people from underserved groups to undertake internships and work experience placements within the BRC/CRF. | It is important to build the diversity of our workforce by providing opportunities to young people who don't necessarily have opportunities readily available to them or feel as though barriers to participation are too great. | 2. 3. | Work with the UoE to promote internship opportunities within the Centres, reaching students meeting widening participation criteria. Build upon existing and establish relationships with external partners to offer internships and work experience opportunities to young people within our Centres that experience demographic and geographic barriers. Support individuals appointed to our programmes both during and following completion, in the form of mentorship from relevant workforce members. | Years 2 – 5: UoE Access to Internships Scheme – the Centres will advertise paid internships via this initiative. Years 2-5: Work with established programmes to offer internships within our Centres to groups from underserved backgrounds e.g. In2Science, Nuffield Health Research and Experience Placements, Health Data Science Black Internship Programme and Project SEARCH. Year 2 – 5: All individuals undertaking work experience or internships within our Centres will be assigned a mentor. | BRC action. BRC Training and Events Manager/RI Lead. |
| AP1.4 | Ensure communications are representative of our diverse workforce, | It is imperative that individuals within our different communities, | 1. | Ensure there is diversity when representing the Centres at internal and external events. | Year 1 – 5: Groups representing the Centres at events or facilitating workshops will comprise at least | Joint action across the BRC and CRF. |





| | alongside ensuring relevant opportunities are promoted to a wideranging audience, including those from underserved groups. | including our workforce, patients and the public can see themselves represented in material we share. This is especially important for material aimed at young people to ensure they're able to see themselves represented in roles they may aspire to undertake. Furthermore, it is important to promote our Centre opportunities to diverse populations, including underserved groups, to attract individuals from a variety of backgrounds into our programmes, and in turn, this will foster a more diverse and inclusive working environment for all. | 3. 4. | Newsletter content to highlight success of individuals from underserved groups. Ensure all media published on our webpages and in promotional materials represent our diverse communities. Build upon existing and form new relationships with a broad network of Centre allies such as schools hosting large proportions of young people from underserved and deprived backgrounds to which our opportunities can be advertised. Widespread advertisement of opportunities via our various communication channel, supported by workforce dissemination e.g. twitter campaigns targeting underserved groups across the South West. | 50% women and where appropriate, representation from other underserved groups. Year 1 – 5: Each published newsletter will include at least one feature (news story, blog post etc.) on workforce success from an underserved group. Year 1 – 5: All media images on the website and promotional material to include at least 50% individuals from underserved groups. Year 1 -2: Work with the UoE Widening Participation team to identify groups/schools to work with and promote our Centres and relevant opportunities. Year 1 – 5: Identify appropriate forums for promotion e.g. Inspiring Women's Network based in Truro, Cornwall, and ensure content is inclusive of diverse groups. | BRC Training and Events Manager/RI Lead and CRF Manager, supported by the BRC Communications Officer. |
|--|--|---|------------------------------------|--|--|---|
| | | Pillar 2: Improvina a | nd embe | edding research culture within ou | inclusive of diverse groups. | |
| AP2.1 | Develop a standard for | It is important that the | | Discuss the best approach for | Year 1 – 2: Set up a meeting with | Joint action |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | shared definitions and | terminology used across our | т. | data collection with key | | across the BRC |
| | | o, | | • | key partner organisation to discuss | |
| | terminology with our | Centres is consistent and | | partners. | data collection methodology. | and CRF. |
| | Centre communities. | reflects the views of our | | | | |





| | | workforce, alongside the communities our translational research outcomes will serve – this will, in turn, promote a sense of belonging and inclusion. | 3. | Action data collection as agreed and ensure communication of rationale to participants. Review data collected and publish, alongside guidance on adopted shared terminology and best practice. | Year 2 – 3: Consultation with Centre workforce members and communities, including key partners, to establish preferred terminology. Year 3: Guidance shared on terminology usage. | BRC Training and Events Manager/RI Lead and CRF Manager, supported by the RDUH Inclusion Lead. |
|--------|--|--|----|---|---|---|
| AP2.22 | Our Centres will support the NIHR research inclusion strategy actions and help the NIHR to achieve these targets – in particular, 'Theme one: Become a more inclusive funder of research.' | It is imperative that RI is embedded into research culture to build an inclusive workforce where everyone feels valued and heard, alongside fostering scientific research excellence by bringing diverse individuals together. | 2. | All staff members to undertake mandatory RI training and those on committees and interview panels will receive further training, including that on unconscious bias. Set aspirational diversity targets for both our recruitment panels and committees. Encourage and promote applications from underserved groups in our job adverts and application process, alongside flexible working hours. Attract applications from individuals from unserved groups into our Centres workforce to diversify centrally. Ensure all stages of our recruitment processes are | Year 1 – 5: Links to RI and unconscious bias training to be circulated to interview panels ahead of time. Year 1 – 5: At least 50% of individuals on committees and interview panels will be women, with an aim to include representation from additional underserved groups where appropriate. Year 1 – 5: All job adverts to include a standard set of text to outline our encouragement of applications from underserved groups and our commitment to RI. Year 1 – 5: Attach eligibility criteria to select opportunities/appointments. | Joint action across the BRC and CRF. BRC Training and Events Manager/RI Lead and CRF Manager. |





| | | | | equitable for all, with accessibility at its core. | Year 1 – 5: Develop a robust and equitable recruitment process for all career stages, using best practices from other | |
|-------|---|--|----------|---|---|--|
| AP2.3 | Create a robust governance structure across the Centres, linking in with the UoE and key partners, ensuring transparency and a clear pathway for our workforce and wider community to provide feedback. | Working collaboratively across our institution and partner organisations will help to drive our RI vision forwards. It is important that we build trust and are held accountable to the vision and actions outlined in this strategy. Furthermore, implementing feedback mechanisms will help us to improve upon our practices and better inform priority areas identified as important by those to whom we serve. | 3. 4. | Establish a relationship with the UoE departmental Wellbeing Inclusion and Culture Committee (WICC) to offer support, build upon existing initiatives and innovate new ones. A working group consisting of members of the BRC/CRF workforce, alongside NHS Trust partners and PPIE representatives will be formed. RI check-in sessions with the management board on a biannual basis. Our RI vision will be readily available on the BRC and CRF websites and updated with new developments as appropriate. Internal communications newsletter to feature an RI section to highlight progress and opportunities for involvement. Hold an RI focussed session at our annual workforce congress | institutions/NIHR infrastructures. Year 1: The BRC RI Lead will sit on the UoE departmental WICC. Year 1: Establish Centre RI working group, convening once every three months. Year 1: RI update as a bi-annual item on the BRC Management Board agenda. Year 1: RI Strategy published on the Centre webpages. Year 1 – 5: Newsletter to include RI section. Year 2 – 5: RI session included in annual congress programme. Year 1 – 2: Implement a reporting mechanism to gather feedback. Year 1 – 5: Disseminate updates on RI practices via appropriate communication channels. | Joint action across the BRC and CRF. BRC Training and Events Manager/RI Lead and CRF Manager. |





| | | | | to report on progress and gather feedback. Establish and create an appropriate reporting mechanism for our workforce and community to provide feedback. Feedback and actions relating to RI practices will be communicated to our Centres workforce via our internal channels. | | |
|-------|--|---|----|---|---|---|
| AP2.4 | Facilitate opportunities and provide support to our workforce in their career development pathways, with a particular focus on underserved groups. | It is imperative that our workforce receives and has access to a breadth of training opportunities to equip them with the skills and tools to carry out high quality inclusive research, alongside progressing their careers. There is a clear attrition of women, particularly those of Ethnic Minority, moving into senior leadership roles and becoming independent researchers across STEM subjects and, therefore, this is something that needs to be | 2. | Establish the RI training needs of the workforce above those provided by the UoE, particularly for individuals heavily involved in PPIE. Facilitate access to or support the delivery of specialised RI training as needed. Identify Accredited leadership courses aimed predominantly at underserved groups and facilitate participation in these for our workforce. Researchers in senior academic positions to provide mentorship to Early Career Researchers (ECR's). | Year 1: Create, as in AP2.3, an RI working group. Year 1 – 5: Facilitate access to or support the delivery of specialised RI training as needed. Year 2 – 5: ECRs at an appropriate level e.g. Translational Fellows, will be encouraged to undertake leadership training e.g. Aurora, Elevate, Springboard. Year 2 – 5: ECRs to be allocated a mentor. Year 1: Set up a working group(s) of trainees across all career stages to ascertain training needs. | Joint action across the BRC and CRF. BRC Training and Events Manager/RI Lead and CRF Manager, supported by the BRC Academic Career Development Lead. |





| | | addressed – via leadership training and mentorship. | 5. 6. | Establish the training and career development needs of the workforce. Design bespoke or support individuals in undertaking relevant training. | Year 1 – 5: Facilitate appropriate training and career development e.g. grant writing away days and entrepreneurship. | |
|-------|---|--|------------------------------------|---|---|--|
| AP2.5 | Hold events, workshops and networking sessions for our Centres' workforce, ensuring inclusive best practices are embedded throughout. | Bringing our workforce members together will play a big part in fostering an inclusive research culture and building a sense of community where individuals, particularly those from underserved groups, feel included and valued. | 3. 4. | level specific networking events to foster collaborations and provide bespoke career level and subject specific opportunities. Events, workshops etc. to be designed and implemented ensuring inclusion best practices. | Year 2 – 5: Annual congress. Year 1 – 5: Regular seminar series open to all followed by a networking lunch. Year 1 – 5: Facilitate smaller, more specialised group networking events. Year 1 – 5: Design an inclusion event toolkit, drawing on best practices from the UoE and other relevant organisations to implement. | BRC action. BRC Training and Events Manager/RI Lead, supported by the BRC Academic Career Development Lead. |
| | | Pillar 3: Data co | llection | to inform evidence-led RI approa | iches. | |





| AP3.1 | Establish what our Centres' workforce and PPIE community want from our RI vision. | To ensure our data collection is meaningful and we gain an understanding of what the people working within our Centres and communities would like to see in terms of our commitment to RI. | Establish an appropriate method e.g. focus groups, to collate feedback on the RI Strategy. Use this method to collate feedback from our workforce across different research areas, roles, and career stages alongside representatives of our PPIE community. *Priority areas could include, for example, diversity of candidates applying for positions offered by the Centres versus those who are subsequently successful in appointment to establish any barriers during recruitment such as accessibility. Year 1 – 2: Set up focus groups (if appropriate) with broad representation. Year 2 – 3: Gather feedback, via selected method, on the RI strategy. | Joint action across the BRC and CRF. BRC Training and Events Manager/RI Lead and CRF Manager, supported by the BRC PPIE Lead. |
|-------|--|--|--|--|
| AP3.2 | Establish mechanisms to acquire BRC/CRF workforce and PPIE diversity data and where not readily available or unsuitable for select groups, devise alternate methods. | The UoE, Royal Devon and partners are already collecting data on individuals, including some of the protected characteristics. As such, it is in our best interest to first seek this data to establish what is already readily available to us. It is important that we gather meaningful data to identify barriers and put appropriate actions in place to overcome | Liaise with the UoE, Royal Devon and PPIE team to establish if and how we can access diversity data. Where data is not available, identify an alternate approach to data collection e.g. the dissemination of targeted surveys. Collect data in an effective and Year 1 – 2: Identify contacts at the UoE, Royal Devon and appropriate partners to establish what data is stored and if this is accessible. Year 1 – 3: Establish alternate data collection methods to target specific groups or missing data. Year 2 – 5: Adopt appropriate data | Joint action across the BRC and CRF. BRC Training and Events Manager/RI Lead and CRF Manager, supported by the BRC PPIE Lead. |





| AP3.3 | Evaluate diversity data, summarise and publish. | these. Methods required to carry out data collection may vary for different groups i.e., staff, researchers and participants, based upon need. To identify priority areas/barriers to inform the implementation of evidence-based interventions. Full transparency of diversity data collection will build trusting relationships with those we are collecting the data from where their input is considered valued. | methods to do so are dependent upon the nature of the data collected. Determine the best platform(s) in which to publish the data – dependent on the audience, | atform(s) in which to BRC Training |
|-------|---|--|---|---|
| AP3.4 | Implement evidence- based interventions, with periodic reviews and monitoring, to | It is imperative that we use the data collected to action meaningful and effective change to push us forward as | Implement evidence-based interventions, as determined by AP3.3. We will track the effectiveness | nplement evidence- ntions. Joint action across the BRC and CRF. |
| | improve diversity and inclusion practices across our Centres, in our recruitment and in PPIE. | we strive to become more inclusive. Period reviews and monitoring are essential to the effectiveness and impact of interventions put in place. | of our actions over time as we Years 2 – 5: Pe | eriodic reviews to ual evaluation of Manager/RI Lead and CRF Manager, supported by |





| | | | the BRC PPIE | |
|--|--|--|--------------|--|
| | | | Lead. | |

Reviews, reports and accountability:

Oversight of the RI Strategy will predominantly be via the NIHR BRC Training and Events Manager/RI Lead (this is a combined role), with responsibility also embedded in the role of both Centre Directors and Chief Operating officers, further supported by the wider BRC Operational Team, CRF and Royal Devon, ensuring that the aims and ambitions are met. It is noted, however, that the development of our RI strategy is an iterative process and as we gain further insight into the needs of the BRC/CRF workforce/wider communities we serve, alongside further developments in this area nationally, actions are subject to change/review.

RI will be an agenda item on the Management Board meetings on a bi-annual basis with internal reviews amongst the BRC/CRF Core Team taking place on an annual basis.

By the end of year 3, a review of all strategic plans will take place whereby the Management Board will prepare a review outlining the Centres' progress against stated aims and ambitions, including a report on RI, to be approved by the External Advisory Board and Joint Strategic Partnership Board.

Glossary of terms

BRC - Biomedical Research Centre

CRF - Clinical Research Facility

ECR - Early Career Researcher

EDI – Equality, Diversity and Inclusivity

RI – Research Inclusion (NB: this is now used in place of the term 'EDI' by NIHR and its funded infrastructures. The phrase 'equality, diversity and inclusion (EDI)' continues to be used outwith these organisations. –August 2025)

NIHR - National Institute of Health Research

NMAHPs - Nursing, Midwifery and Allied Health Professionals





PPIE – Patient and Public Involvement and Engagement

RILD - Research Innovation Learning & Development

Royal Devon – Royal Devon University Healthcare NHS Foundation Trust

UoE – University of Exeter

WICC – Wellbeing Inclusion and Culture Committee

References:

UoE EDI Strategy – EDI Vision | Equality, Diversity and Inclusion | University of Exeter

Royal Devon EDI Strategy - NHS Royal Devon | Equality, diversity and inclusion

NIHR EDI Strategy - Equality, Diversity and Inclusion Strategy 2022-2027 | NIHR





Appendix 1:

UoE Commitment to EDI:

With over 27,000 students and 6,400 staff from 180 different countries, the UoE offers a diverse and engaging environment where diversity is celebrated and valued as a major strength. The University has built a foundation of recognised good practice in EDI across their infrastructure, reflected in the institutional Athena SWAN Silver Award, progression in tackling the gender pay gap and new sector-leading policies on parental leave. Not only wanting to achieve compliance but support a positive inclusive culture and national best practice, the University has developed and pledged commitment to an EDI Vision 2025 (which commenced in 2019).

The overarching ethos of the Vision is, 'Everyone Welcome, Many Voices, One Community.' There are three key stages to this vision:

- Compliance and Fairness
- Achieving Accreditations and Culture Change
- Embedding Change and Cultural Competence

A great deal of progress has already been made and we will use resource already available through the University to assist us in leveraging/improving EDI within our Centres. See below an outline of infrastructure and opportunities readily accessible to our BRC/CRF communities:





University of Exeter Commitment to EDI

Mandatory internal EDI training for all staff & PGR's, including promotion and support to undertake external training.





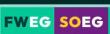


Signatory to the Researcher Development Concordant and Research Integrity Concordant.





Establishment of a Wellbeing, Inclusivity and Culture Board providing senior leadership & Equality Groups to facilitate the implementation of actions on the ground.









Accreditation and engagement with evidence-led charter frameworks.









Access and Participation Plan (2020/21 to 2024/25) and awarded NEO HE Institution of the Year for widening access to higher education.





'Speak Out' reporting tools and guardians, alongside trained Dignity and Respect Advisers.



"One Step Beyond" Academic Mentoring scheme.





University wide events and networks.









Provisioning funds and supporting leadership and development courses for underrepresented groups.







GW4 alliance – including access to GW4 connect and the EDI hub.





Access to an EDI Inclusion Calendar providing information on important religious, cultural, international and health-related events.









Royal Devon Commitment to EDI:

The Royal Devon are committed to becoming a national exemplar for diversity and inclusion. We aim to create a positive sense of belonging for everyone, regardless of their background or identity, to value visible and invisible differences and to create a sense of togetherness.

As a newly integrated Trust, we recognise that there is an opportunity to maximise on the progress we have made and set a new ambitious vision. This has already started with the extensive work undertaken on our new strategy <u>'Better Together'</u> where our values include compassion, integrity, inclusion and empowerment. Inclusion was chosen as one of our core values with the following:

- Valuing and celebrating individual differences so we feel like we belong and can bring our whole selves to work.
- Respecting different people's needs, aspirations, priorities, abilities and limits.
- Being willing to listen to different views and opinions so all our voices count and are heard.
- Being aware of the impact of our own behaviour on others.
- Listening and taking action to ensure equity for everyone.

Our Towards Inclusion programme brings together the most salient needs for our staff, patient and communities and reports directly to our Inclusion Steering Group, chaired by our Chief Executive Officer, and attended by a cross section of our staff and networks in RDUH. We recognise the power and need for an intersectional approach and where possible, we ensure our activity focuses on specific groups facing greater barrier.

We are proud to champion the needs of our staff, patients and communities through a variety of programmes including:





The Royal Devon Commitment to EDI



Reciprocal mentoring scheme – creating a safe space to support staff, particularly those facing greater barriers.



Inclusion leadership training – specialist programme designed to upskill our leaders and ensure equity,



Communication Access – RDUH is the first NHS Trust in the country to be accredited as Communication Accessible.





Project Search – a scheme to help young people with disabilities into employment and independence.



NHS Cadets – youth programme providing opportunities to young people who experience barriers careers in healthcare.





