

# Research. Shared.

Leicester's Hospitals Research Engagement  
and Impact Strategy 2022-27



# Introduction

The pandemic has changed the nature of communications, engagement, involvement and co-production over the past 18 months. We have increasingly relied on digital channels due to restrictions in face-to-face events, and media access onto hospital sites for infection prevention reasons. We have also seen a rise in pre-prints, which are changing the speed and nature of what it means to publish research for external consumption, and the risks of publicising science that has not been peer-reviewed.

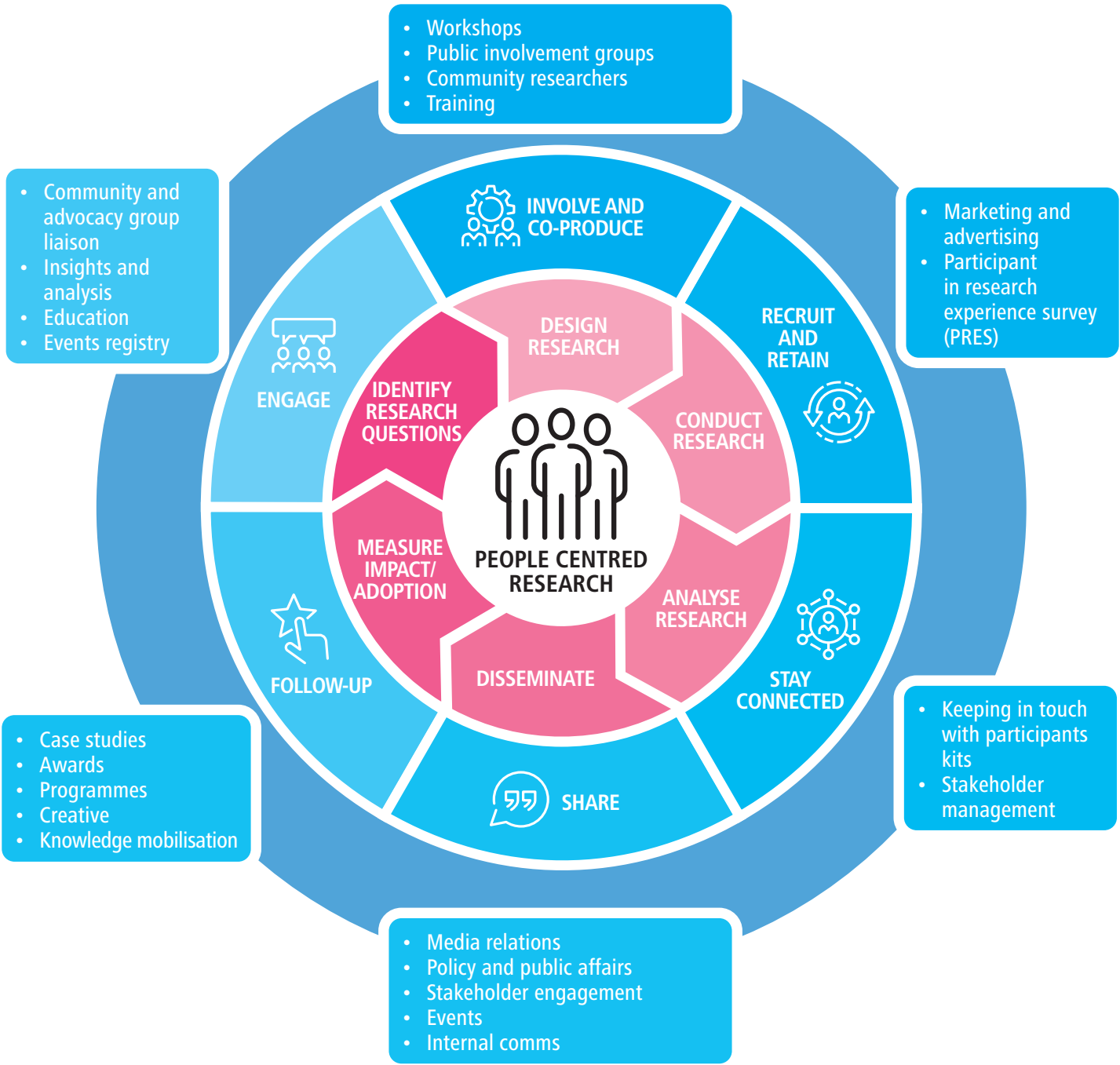
The pandemic has also given us opportunities to raise awareness, drive opinion and change behaviours about clinical research. We:

- Increased the number of people who took part in research by more than 100 per cent compared to the previous year
- Launched a new registry of members of the public who wish to hear about opportunities to take part in research
- Announced a new National Institute for Health Research (NIHR) Patient Recruitment Centre in Leicester to increase late-phase commercial trials
- Expanded our Hope Cancer Trials Centre, thanks to fundraising by local charity - Hope Against Cancer
- Secured our highest levels of media coverage about research to date, driven by our success in recruitment to Urgent Public Health studies, insights into ethnic minority health in relation to COVID-19 (and how that intersects with deprivation and other sociodemographic factors), and our contributions to a better understanding of the typical symptoms and at-risk groups for Long COVID
- Started a patient and carers advisory group for COVID-19 research
- Returned the highest number of Participants in Research Experience Surveys (PRES) in the East Midlands, which we used to make positive changes to our service

We have created a 'new normal' for how we think about and deliver communications, engagement and involvement. We see them as part of a cycle that maps onto the research design, delivery and dissemination process (see figure 1). Our physical distance from one another over the past two years may have shifted us towards more a more digital approach but this has created a better balance between different communications channels, exposed our work to more audiences, and in turn made us more accessible to groups that have not traditionally been involved in research. In short, it has woven the strands of 'engagement' in all its forms together. When the workstreams of communications, marketing, engagement, involvement and dissemination are no longer viewed in isolation but as part of a continuous cycle, just like research itself, we shift our emphasis from outputs to the impact our work has on the research lifecycle. In doing this, we demonstrate that engagement is fully integral to success clinical research. And due to its collaborative nature between researchers, public contributors and communications and public involvement specialists, we will call this strategy **Research. Shared.**

# Purpose

Our vision is to develop University Hospitals of Leicester NHS Trust (UHL) and the NIHR infrastructure it hosts into a centre of excellence for clinical research communications, engagement, involvement, co-production and impact that is embedded in the research cycle, builds on our external reputation for world-class clinical research, and puts people at the heart of its work.



The research cycle (shown in the first layer) is shared with our public – from identifying what research should take place to meet the needs of our populations, to designing, delivering and sharing the outputs and outcomes.

Each step in the research cycle is mirrored against what we consider to be the dominant form of engaging with the public in the second layer, although we recognise that in practice different forms of engagement are likely to reach into other steps.

Around the public layer the wider communications layer gives examples – by no means exhaustive – of some of the strategies, tools and means that make communications and engagement integral to the whole research system functioning effectively.

The purpose of this document is to detail the strategies that research communications and public engagement, involvement and co-production will use to support the research cycle. It will also explain the core values and principles that underpin it. The objective is to embed these processes across the UHL research infrastructure so that they become 'business as usual' and Leicester's Research becomes an exemplar of what it truly means to be people-centred.

This strategy is wholly aligned with the Trust 'Becoming the Best' strategy, which includes the objective 'to embed research and education in clinical services', and a chain of Public and Patient Involvement running through all the Becoming the Best objectives that 'reminds us that our patients and the wider public are the people we are trying to get this right for'. It is also aligned to the UHL Research and Innovation Higher Level Objectives, namely:

1. Embed research into clinical care in our hospitals
2. Patient-centred research
3. Develop and deliver a UHL R&I People Plan
4. Optimise our research infrastructure
5. Recover and grow our commercial portfolio

Our strategy is our best effort at local level of fulfilling the National Institute for Health Research's refreshed strategy, "Best Research for Best Health: the Next Chapter." It also supports UHL's place in the Integrated Care System.

### **Our guiding principles**

We work on the principles that research is:

1. Valuable and contributes to health and wealth
2. Best when it is embedded in clinical care
3. For everyone
4. Developed with our community, addressing their health priorities
5. Accountable to the public
6. Impactful
7. Supported by engagement and involvement that is based on evidence

Critically, our communications, engagement, involvement and co-production will be:

- People-centred and tailored to the needs of different groups and audiences, including researchers, NHS staff, patients, stakeholders and partners
- Inclusive and collaborative, involving those affected in the planning, design and delivery of our processes
- Two way: we will listen as much as we inform
- Mutually beneficial to researchers and our local communities
- Supported to make sure people with different needs can get involved, and can develop their skills if they choose to
- High-quality and well-crafted
- Original and value-adding
- Open, honest and transparent
- Accurate and sensitive
- Timely
- Recognised and rewarded through payment, or other mutually agreed investment
- In plain English that is jargon-free and easy to understand, and
- Will help increase the understanding of 'how science works' in our society

### **Why we engage**

Our research aims to reduce mortality and increase the health and well-being of our local communities and beyond. We want to support people to use their voices to shape and prioritise our research, which will make a difference to their health and the health of their community. We want to improve when, why and in what format we provide information. We want to reduce health inequalities by listening to seldom heard groups and acting on their concerns through our research. We want to improve public trust in clinical research, and demonstrate the positive impact our internationally-acclaimed research has on people's lives, supporting its transition from an idea through to implementation in routine clinical guidance and practice. That is why we engage.



## Our aims

By developing this strategy, we aim to:

- Create a clear and consistent approach to research engagement across the spectrum of functions (communications, marketing, involvement, co-production)
- Make it easy for people to access research information, using innovative ways to reach different audiences according to their needs and preferences
- Ensure our communications are accessible and address barriers to engagement, such as visual impairments, hearing difficulties, and reading abilities
- Empower research staff to effectively engage with NHS staff and the public, building sustainable, collaborative relationships based on trust and mutual respect
- Achieve representative views and input, including actively seeking those of 'seldom heard' groups, to rebalance inequalities and encourage everyone to use their voice
- Use data to accurately measure and evaluate our delivery plans, and use the findings to drive continuous improvement
- Disseminate findings to participants so they know the outcomes of any studies they were involved in, and how that might impact on their health
- Share findings and feedback with our public involvement panels, so they know how their ideas and opinions improved research
- Disseminate our results with NHS staff, our communities and stakeholders to improve clinical care and the health of the people we serve
- Develop and enhance the reputation of research and innovation at Leicester's Hospitals
- Provide a starting point to with our partners across Leicester, Leicestershire and Rutland, regionally and nationally to develop best practice and share learning

## COMMUNICATIONS

### Foundations

We will review our stakeholder groups (all the different audiences that have an interest in, or are affected by our work) on a routine basis to ensure that we understand their needs, their current opinions of our research, and their preferred methods of communication. In addition, we will identify audiences for tailored campaigns on a project basis using tried and tested methods.

We will use our understanding of our audiences, together with evaluations of previous engagement work, best practice from NHS Research and Development, and the results of horizon-scanning to understand the wider context, to develop annual delivery plans that focus on our priorities, with appropriate measures for impact.

### Media relations

Sharing our research with the media gives us a valuable opportunity to reach wide audiences, raise awareness and encourage participation in our studies, as well as contribute to the understanding of science in our society. We will continue to nurture our relationships with our local, regional, national and international media colleagues, share our stories on a regular basis and be open and responsive to requests for information and expert comment. We will make sure our spokespeople are given media training prior to interview and supported on site, where applicable.

We take our duty of care towards any research participants who agree to work with the media very seriously and will continue to take all reasonable measures to support them before, during and after their stories are shared.

We will monitor our media coverage for accuracy, reputation and reach purposes, and request corrections where necessary.

### Digital/websites

The Leicester's Research website is a dynamic platform that is frequently updated by a number of contributors to make sure that the information shared is timely, up-to-date and easy to access. It has steady traffic from regular users, mostly researchers who need the latest processes to conduct their work. The site also has sections for the public, but traffic to them is limited.

In line with the objective to embed research in day-to-day clinical care at Leicester's Hospitals, we will migrate our website into the main external website of the Trust, retaining signposting tools to redirect traffic.

We will continue to support our standalone platforms for the NIHR Biomedical Research Centre and Clinical Research Facility, optimising them as 'showcases' to highlight the impact we make to patient care. In addition, we will support the Patient Recruitment Centre pages of the NIHR website, in line with the marketing strategy set out by the National Programme Office. Our platforms will signpost to our partners, such as the Centre for Ethnic Health Research, and projects like Cities Changing Diabetes.

We will drive recruitment to our studies using our online register, Leicester's Research Registry, to share the latest opportunities to take part in research with individuals who sign up.

### Social media

We have rapidly grown our portfolio of media accounts with every new piece of infrastructure we host, with eight social media accounts at present. This has increased our presence, particularly during the pandemic when digital and social channels were the first port of call for research information, especially on COVID-19 research. Social media helps us engage with a variety of audiences, in ways and at times that suit them. However, a multitude of accounts on each platform dilutes our content and reduces impact, limiting us to outputs rather than outcomes, such as visiting our website.

We will review and consolidate our social media channels, creating clearly identifiable goals for each platform, differentiated by audience and informed by market insights. We will develop more innovative and compelling content, scheduled at times we know our audiences are most likely to interact with them, to increase engagement and reach. Using analytics we will refine the content based on what works, and explore the use of different tools provided by each platform to maximise opportunities to see.

## Campaigns

The definition of a communications campaign is 'a sequence of communications that use a compelling narrative over time to deliver a defined and measurable outcome, such as a change in behaviour'.

Campaigns help draw attention to key messages, such as why and how people should take part in research, and how NHS staff can start or develop a career in research. More locally, campaigns can spur research staff to make sure their recruitment to studies is recorded in an accurate and timely manner.

We will continue to support NIHR campaigns, such as Be Part of Research, as well as develop and deliver bespoke local campaigns tailored to our audiences that support the R&I Higher Level Objectives and priorities.

## Reputation management

Our reputation is a result of the collective sentiments towards our work, and clinical research and innovation in general. It is based on stakeholder opinions, public perceptions, past actions, word of mouth and published content.

We will continue to promote the achievements of our research community to enhance our position as an internationally-renowned centre of research excellence across many specialties and with an extensive range of research infrastructure that caters for all forms of research and innovation, from first-in-man to phase 4 clinical trials. We will focus on the expertise of our people, delivery performance and tangible benefits to patients and NHS staff. We will do this through proactive and reactive media relations, thought leadership opportunities, marketing, high quality information and effective engagement with stakeholders.

We are committed to research that is open and transparent. We will share our results in a timely manner and acknowledge when things go wrong, taking responsibility for our actions and acting with empathy towards those individuals and communities affected.

## Internal communications

At the most basic level, internal communications shares information about our service with our employees so they can perform their jobs well. Good internal communication can also:

- nurture our research culture (the way we perform our roles)
- give people a better holistic view of our service outside their immediate team
- engage staff through two-way communication, encouraging them to use their voices
- support staff through difficult periods, such as the pandemic
- promote and provide opportunities for personal and career development
- create a safe space for debate and discussion
- improve wellbeing and develop a sense of belonging so all staff feel part of the research vision
- share good news stories and communicate the successes of our research

We will develop an internal communications plan that sits alongside our R&I People Plan which will focus on sharing information with our staff in an open, honest and timely manner, facilitating opportunities to feedback and share opinions on the subjects that matter to them most (individually and collectively), and recognising and rewarding achievements.



# ENGAGEMENT, INVOLVEMENT AND CO-PRODUCTION

## Foundations

As a fundamental principle, we will listen to and learn from people's experiences to inform both the ways we carry out our communications, engagement, involvement and coproduction, and how we plan, design, deliver and implement the research itself to meet the needs of patients, carers, clinical staff and wider communities. We will do this using the National Standards of Involvement and upskilling research teams to apply the standards when they engage with members of the public. This will help us to identify more pertinent research questions, improve research delivery and enhance the experiences of participants, in a cycle of continuous development.

Our Biomedical Research Centre is a national leader in delivering innovative patient and public involvement (PPI) in research, with key expertise in: equality, diversity and inclusion; impact assessment; testing novel approaches, and developing public service administration for involvement.

There are well-established PPI groups in our larger research specialties, like cardiology, diabetes and respiratory medicine, many of which provide links to extensive networks in our communities. However, PPI provision and support is limited or even absent in some specialties. To address this, we will review our PPI provision in research across UHL, which will set a baseline from which we can move towards greater equity across our research teams. In the NIHR Biomedical Research Centre and Clinical Research Facility we will invest in our core PPI team to facilitate effective communications with our communities and support researchers with high quality design of their studies.

## Participant Feedback

Our Patient Recruitment Centre submitted the most NIHR Participant in Research Surveys in the East Midlands during 2020-21. We will use the learning from the PRC and work with the NIHR Clinical Research Network East Midlands to embed the routine and systematic gathering of feedback on all our NIHR portfolio studies, backed up by clear processes for how and when we gather participant feedback to help us continually improve our services.

## Public contributors

We are grateful to the individuals who come forwards to support our work. Some have been helping us shape our research programmes for a great many years and have developed an understanding of the research landscape so they can identify gaps, make suggestions and hold us accountable. However, sometimes the contributions of new members are limited because they are not familiar with how clinical trials are conducted and funded.

When we invite members of the public to take part in public involvement or co-production, such as in a group, we will make sure that all participants have been given the option to take part in an 'introduction to clinical research' session. This will help them understand how clinical research operates and how they can help us, which will support them to use their lived experiences to make meaningful contributions to shape our work.

We will support those eager to become even more involved in our work to take on 'NIHR research champion', strategy, and governance roles, fully embedded within our management and oversight structure. For those with the desire to take a leading role, we will also support the development of 'community researchers', supported by institutional researchers, to undertake listening activities in their own communities, as exemplified with our 'Leicester Listening' project.





## Community engagement

Good community engagement is respectful dialogue between groups to improve understanding and take joint action to achieve positive change. This can be in-person or, increasingly, online - such as Facebook groups. While we have worked well with individuals who are interested in shaping research, we can do more to engage with advocacy and community groups who have a collective wealth of lived experiences and understanding that can inform our plans.

We will do this by:

1. Identifying and involving people and organisations affected by the focus of our engagement
2. Working with stakeholders such as local authorities and universities to align our priorities and learn from each other
3. Identifying and overcoming barriers to participation
4. Having a clear purpose for the engagement that is mutually beneficial to all parties
5. Working effectively together to achieve mutual aims
6. Using methods of engagement that are fit for purpose
7. Communicating clearly and regularly with people and organisations affected by the engagement
8. Assessing the impact of our engagement and using the findings to make improvements
9. Training and empowering our researchers, including those in early-career roles, to develop their own engagement and involvement programmes
10. Making sure we have adequate resources and capacity to deliver this work

## Stakeholder engagement

We will inform, engage and consult with MPs, local councillors and other democratic representatives, who have a significant profile in our local communities and are elected to work in the public interest. We will also engage with our health, academic and local authority partners, through forums such as Leicestershire Academic Health Partners and the Integrated Care System – making sure our research and innovation works beyond the hospitals' physical locations. Together, these stakeholders may need our evidence to help make decisions that impact on the health of our communities, and identify gaps where more evidence is required from researchers before courses of action can be decided upon. More directly, we will work with organisations that generate evidence for health and care policies, like the National Institute of Health and Care Evidence (NICE) so that our evidence can be used more broadly in the UK and overseas.

We will also work with charities and the not-for-profit sector, which collectively represent people with specific health conditions and/or advocate for causes related to health.

We will continue to build relationships with our local sports clubs, in their roles as ambassadors for healthy lifestyles, and who have an excellent track record in community outreach in 'seldom heard' and 'at-risk' groups in our local communities to develop joint projects, such as the excellent 'Cities Changing Diabetes' programme.

## Digital and virtual engagement

In the last two years, we have seen an exponential rise in digital and virtual engagement, through both necessity and convenience. Like our research teams, who have replaced some of the visits of their participants with telephone and video appointments, engagement tools have shifted too. Increasingly we are holding patient and public involvement group meetings on virtual platforms, such as Zoom and Microsoft Teams, and we are having more frequent conversations on our social media channels.

We will use the lessons learned to create a blend of face-to-face and digital opportunities for engagement to make sure no one is denied the chance to take part in our engagement and that we don't inadvertently widen inequality gaps. We will also use this learning to support researchers and public contributors of the pros and cons of including digital and virtual tools in the design and delivery of research, according to participant needs and preferences.

## Collaboration

Often, the best engagement is achieved in collaboration with others. As well as pooling our collective knowledge about what works, it saves time and money, and reduces duplication of effort.

We will continue to build on the relationships we hold with our communications and involvement colleagues at our academic institutions at the University of Leicester, De Montfort University and Loughborough University. Examples include joint press packs, co-creating and delivering training, and marketing our shared services.

For example, we will work with the Centre for Ethnic Health Research, which is co-located at Leicester General Hospital, to make sure our engagements with people from ethnic minorities follow best practice for meaningful dialogue and mutual understanding. We know from experience that not everyone wants to come into a hospital setting, so we will work with community outreach programmes to bring research to where people are. This builds on success with local dancing groups we have worked with in Oadby and Braunstone.

## IMPACT

### Foundations

We will ensure that our research, and the tools we use to share its findings, has an impact on the communities and individuals we serve. We will do this by disseminating our results in a variety of formats tailored to different audiences, support our researchers to work in partnership with other organisations to scale-up and embed their evidence into the NHS, and influence policy-making decisions.

Research communications, engagement, involvement and co-production activities are based on limited evidence that needs to be developed. We will evaluate our activity on a continuous basis for quality, impact and relevance. We will contribute to sharing good practice and learning with the wider NHS Research and Development and NIHR family, and begin to develop an academic contribution to the field.

### Dissemination of results

We routinely work with the media to disseminate the results of our research, including where interventions do not work. We will provide opportunities for journalists and their audiences to hear first-hand from our experts about the latest evidence, treatments and medical devices that are helping to prevent, manage and treat diseases. However, dissemination of results shouldn't stop there.

We know from feedback that the vast majority of participants have a good experience of taking part in research, would do so again, and would recommend it to their friends and family. Yet we also know that participants are most disappointed when they are not informed of the results of studies they have taken part in, and whether they have made a difference. We will work with researchers to develop best practice for communicating with participants during and after a study so that they feel more included and informed. We will badge this as UHL Evidence.

We will work with the UHL Libraries and Information Service to make sure research is made available to other researchers and NHS staff across the region using the new East Midlands Evidence Repository.

We will also work with our stakeholders, such as our funders (government, industry and charities) and universities to disseminate results in the press, into innovation catalysts such as the Academic Health Science Networks (AHSNs), at events such as MedTech Expo, and through policy and public affairs.

### Knowledge mobilisation

In its broadest sense, knowledge mobilisation brings together different communities to share knowledge to speed up positive change. It can drive advances in health research to benefit everyone by supporting policymakers, healthcare professionals, members of the public, and other stakeholders to make evidence-based decisions.

To be effective researchers must:

- engage with the policy, practice, research and public communities where their research can make a difference, to make sure they address important questions in a useful way
- influence decision-making processes in policy, practice and elsewhere through having a 'seat at the table' alongside other approaches to dissemination
- increase understanding of the value of research, including limitations, among those who can use research findings

Like the other engagement activities described in this document, the foundations of knowledge mobilisation require identifying policy and practice needs, mapping stakeholders and meeting with them to understand what evidence is needed to make informed decisions. From that point, research questions and study designs can be created to address evidence gaps.

As early results emerge, we start to move from generating evidence to mobilising it into wider public spaces. Many of these methods are included in the 'dissemination of results' section above. Research teams will be provided with training on topics such as generating policy briefs and writing good practice guides to embed a knowledge mobilisation approach throughout the research cycle. Through training we will create a skillset for routinely evaluating the impact and effectiveness of knowledge mobilisation, such as tried and tested ways to gather stakeholder feedback.



## Policy and Public Affairs

Working with our partners, we will communicate our position to policymakers, such as NICE, the Department for Health and Social Care (DHSC) and NHS England and Improvement, on issues relevant to clinical research, innovation and health, providing them with the latest evidence and cases for change they need to make informed decisions. This may include organising visits or events, and attending conferences and briefings.

## EQUALITY, DIVERSITY AND INCLUSION

Leicester is the most diverse city in the UK and the first to have a non-white majority population. Twenty-five per cent of UHL staff are from ethnic minority backgrounds. Our researchers were among the first to show the disproportionate impact of the coronavirus on people from ethnic minorities compared to white Europeans during the pandemic. Health inequalities based on ethnicity exist in many other disease areas.

We recognise that health inequality and research inequality are linked. Research participants have historically been male, white and from older age groups. This is for a variety of reasons, including:

- Women of child-bearing age being excluded from research, due to the 'complications' of monthly hormone cycles
- The bulk of UK research requiring participants to have 'a good level of English'
- Appointments to take part in research largely being scheduled during traditional working hours and on week days
- Lack of funding to support people to take part (travel, refreshments, cover)

This is also reflected in the make-up of people who volunteer for patient and public involvement groups. It unwittingly creates barriers for others to participate, because they cannot see themselves represented or their voices heard. Our public involvement is subject to shortfalls in ethnic diversity (though less so than in other localities) and working age adults, but not in respect of deprivation, level of education, men in non-governance roles, or women in governance roles.

We will work with partners such as the Centre for Ethnic Health Research, community and faith groups, and the EDI representatives from UHL and our partner organisations to actively ensure this ends by mapping out the communities in our local vicinity and the methods by which they prefer to engage, doing outreach, researching barriers to participation, building relationships and investing in our local communities so that people from under-represented groups can take part in our research programmes. We will constantly monitor who is 'missing from the room' and develop strategies to overcome this. We recognise that this can often be challenging work, but the reward is research that is more relevant to patients' needs. We will assess our public engagement and involvement in respect of age, sex, deprivation (by postcode), ethnicity, level of education and disability.

We will also use training and workforce development to challenge unconscious bias and unhelpful cultural stereotypes to help our staff develop and deliver research that is more inclusive.

A more comprehensive approach to EDI is detailed in a separate UHL R&I EDI strategy.



## WHAT SUCCESS LOOKS LIKE

### Outcomes

If we deliver this strategy, we will achieve:

- More patient-centred research, designed and delivered around their needs
- Representative recruitment to clinical trials and studies
- Greater stakeholder engagement, who can advocate for our work
- Better research programmes, as a result of early engagement with those who are most impacted by our work, which in turn...
- ...drives better health outcomes for patients through co-produced research centred on the patient voice, and reduces health inequalities
- Enhanced reputation as a high-performance research trust that operates in an open and transparent culture, attracting and retaining talented staff who have a positive impact on patient health and care
- Faster and more effective implementation of new diagnostics, medicines and care pathways, for patient benefit
- More funding to continue to push the boundaries of medical knowledge and clinical care

### Delivery, monitoring and evaluation

We will produce an annual delivery plan that runs for each financial year for the duration of this strategy, to monitor the progress against our objectives, which will be reported to the UHL R&I Executive. Specifically, this will report on outputs (what we have done), outcomes (the results of our actions) and impact (what difference we made).

### Roles and responsibilities

The implementation of this strategy will be led by the Head of Research Communications, who will report progress against key performance indicators to the UHL R&I Director/CRF Director, BRC/PRC Director, and UHL R&I Chief Operating Officer.

The annual plans will be delivered by a team of communications, engagement and patient and public involvement specialists, whose functions are:

- Proactive/reactive media handling and media monitoring
- Internal communications
- Digital communications, including websites and social media
- Campaigns for research teams, NHS staff and members of the public
- Event and conference management
- Community liaison and engagement
- Training, support and advice on best practice to the UHL research community
- Co-production and PPI support for specific research projects
- Marketing and advertising (research facilities; patient recruitment)
- Patient experience feedback
- Branding

### Resources

The staff and resources needed to deliver this strategy will be funded from core management costs for NIHR infrastructure, commercial income, fees for outsourced services (such as delivery of training), and successful grant applications. Study-specific engagement will be fully costed into grant applications prior to commencement.

We will work in partnership with the Leicester Diabetes Centre creative team, and with whom we share resources, such as photography and videography equipment and design packages, to bring our work to life.

### Safeguarding and welfare statement

We have a duty of care to the members of the public who volunteer to share their lived experiences with us. We know that some of our patients, participants and their carers may be vulnerable or caring for a vulnerable person. Some of our research engagement involves children and young people.

We will make sure that our staff have an enhanced Disclosure and Barring Service (DBS) check before working directly with vulnerable groups, have received Safeguarding training for adults and children to the appropriate level, and follow the Trust policies and procedures to protect themselves and others from harm.