

NIHR HealthTech Research Centre Network Research Inclusion Strategy

1. Introduction:

The NIHR HealthTech Research Centre Network (HRC) brings together 14 specialist centres with unique expertise across healthcare technology. Each HRC operates within leading NHS and academic organisations, focusing on specific clinical areas from emergency care to long-term condition management. Our mission is to accelerate innovative healthcare technologies that improve health outcomes and strengthen the UK's position in HealthTech research. We operate through a federated structure with six core functions distributed across centres: Strategic Collaboration, Cross-HRC Coordination, Industry Engagement, Workforce Development, PPIE & EDI, and Marketing.

Improving equality, diversity and inclusion in research is essential to reduce health inequalities. Inclusion throughout healthcare technology development improves product quality and adoption success by identifying potential biases and barriers early, enhancing usability and patient trust. The HRC Network aligns with the NIHR Research Inclusion Strategy, focusing on widening research participation and improving inclusion in workforce systems. We will provide guidance to HRCs to embed research inclusion into all programs and governance structures while addressing workforce diversity.

Research inclusion is particularly important in HealthTech development where barriers like language differences, healthcare access limitations, digital disparity, and cultural differences affect adoption. Direct input from diverse patient groups throughout product development is crucial to overcome these challenges. A recent survey of all 14 HRCs identified key priorities: engaging with underrepresented groups, eliminating barriers, developing a diverse workforce, collaborating to maximise impact, and monitoring inclusion effectiveness. Our Research Inclusion Strategy supports these priorities to develop a widespread, enduring culture of inclusion. Note this research inclusion strategy sits alongside our PPI strategy (V3 August 2025) and therefore some of the outcomes and objectives naturally overlap.

2. Governance: Please outline where the Research Inclusion work sits in the governance structure and arrangements for the strategy

To ensure Research Inclusion is systematically embedded across all workstreams, the Network's core operational team includes designated workstream leads responsible for supporting and advancing this strategic priority:

- The PPIE Manager will be responsible for reporting on public participation in both quantitative metrics and qualitative comments (views, impact, recommendations), and for improving diversity in research participation.
- The Industry Manager will be responsible for promoting research inclusion to industry partners and liaising with the PPIE Lead and industry partners to ensure the appropriate levels of public representation is understood and intended.
- The Workforce Manager will support the development and delivery of new training and learning materials and courses as agreed with the HRC PPIE & EDI and Workforce Leads.
- The Marketing, Events and Communications Manager will be responsible for sharing positive stories and impact regarding research inclusion across the Network and to the NIHR.

Each of the 6 Network workstreams report directly to the Director of the Network who sits on both the Network Executive and the Network Independent Advisory Committee. Decisions and issues that require escalation will be brought via these governing bodies by the Network Chief Operating Officer who has overall responsibility for the Network Operational Team and for the review and delivery of the Network RI strategy. The Network Executive will also report directly to the Sheffield Teaching Hospitals NHSFT Executive Group. The overall governance structure can be seen in Figure 1.

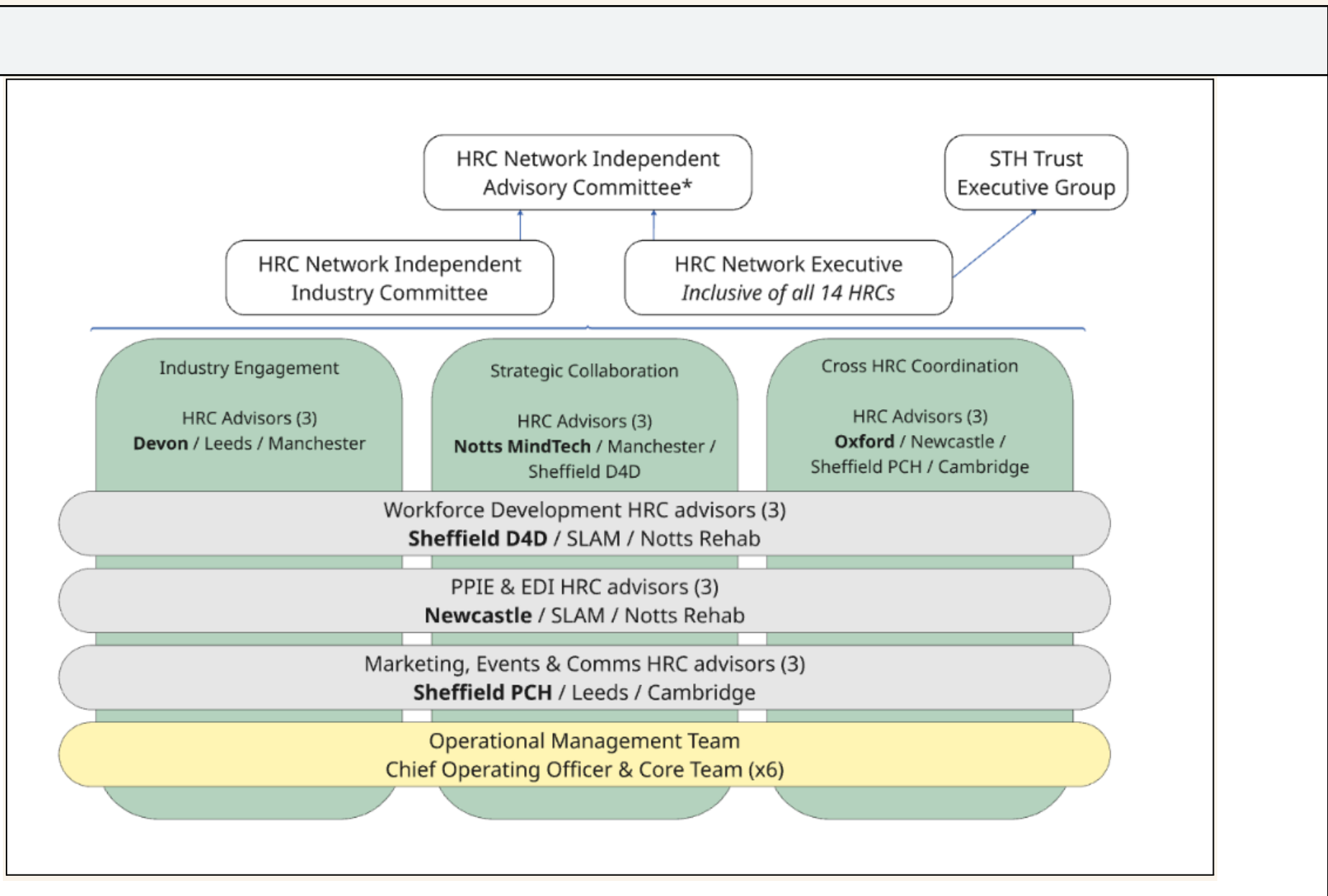


Figure 1: Governance structure for the NIHR HRC Network. *Full list of Independent Advisory Committee members in Appendix B.

3. Vision: In the context of the objectives of your overarching award, please clearly state your vision for equality, diversity and inclusion and how it supports the delivery of the NIHR Research Inclusion Strategy 2022-27.

The NIHR HealthTech Research Centre Network is fundamentally committed to embedding inclusion throughout all aspects of HealthTech research and innovation. We recognise that truly beneficial health technologies must work for everyone, regardless of their background, circumstances, or protected characteristics. Our commitment extends beyond mere compliance with equality legislation to actively championing inclusive approaches that ensure diverse perspectives shape the development, evaluation, and implementation of health technologies. We believe that inclusive research practices lead to better health technologies that meet the needs of all patients and communities, including those traditionally underserved by healthcare innovation. By considering diversity from the earliest stages of development through to evaluation and deployment, we aim to work with our HRC's to create technologies that reduce rather than reinforce health inequalities.

As a network coordinating 14 specialist centres across the UK, we have both the responsibility and the opportunity to establish new standards for inclusion in HealthTech research. We commit to sharing best practices, developing inclusive methodologies, and creating resources that support industry partners, researchers, and healthcare providers in taking meaningful action to advance inclusion. We will provide a framework for improving the purpose, quality and consistency of public involvement in research, with guidance around best practice for improving workforce and research diversity and inclusion, to mitigate the impact of health inequalities in the design, development and adoption of healthcare technologies. We will foster and support a widespread and enduring culture of inclusion across the HRCs and healthcare technology landscape, embedding and reinforcing these principles in all aspects of HRC work.

The network will support the NIHR Research Inclusion Strategy 2022-27 (Appendix A) by:

- o Theme 1: Become a more inclusive funder of research

- The Network will support HRCs in enhancing their own funding programmes to prioritise projects that demonstrate meaningful inclusion and engagement with diverse communities. We will share best practice, guidance and resources to help HRCs embed inclusion criteria into their funding decisions, additionally, we will model the HRC Network Collaboration & Challenge Fund on the NIHR's ambition: "to fund more inclusive research undertaken by more diverse research teams, empowered by inclusive decision making about who and what gets our funding." To fulfil this, we will design a funding application process that necessitates inclusion in research design and development plans and we will instruct a decision-making committee that is diverse and inclusive.
- Theme 2: Widen access and participation for greater diversity and inclusion
 - We will focus recruitment on identified unmet clinical needs and established disparities, adhering to the INCLUDE Ethnicity Framework. This includes ensuring public participation at project inception, developing diverse participation methods to address digital disparities, and recruiting community members to funding panels
 - We will also educate and encourage industry partners to embed research inclusion in their organisations, systems and processes. We will support partners to recruit and retain PPIE representatives throughout the funding and application process as well as the product lifecycle, and we will promote the positive impacts of inclusion through the network and wider NIHR and HealthTech landscapes, and through the NHS to support the adoption of coproduced HealthTech solutions.
- Theme 3: Improve and invest in the NIHR talent pipeline
 - The Network will deliver learning opportunities across the HRCs for PPIE representatives, industry partners, and staff, embedding inclusion principles throughout all training. We'll provide placement opportunities through the HRC's while collaborating with initiatives like the NHS Workforce 'Pioneer Programme' and HDRUK Black Internship Programme. Knowledge exchange will be facilitated through forums and mentoring programs, with industry "reverse secondment" opportunities to enhance inclusion practices.
- Theme 4: Evidence-led diversity and inclusion
 - The Network commits to supporting the HRC's to collect EDI data across projects and participation to reduce health inequalities in line with NIHR's broader inclusion agenda. Working with the HRC's we will develop comprehensive metrics that go beyond counting diverse participants to measure inclusive practices, engagement with under-served

communities, equitable treatment, and outcomes across diverse populations—all supported by systematic data collection and reporting

- o Theme 5: Collaborate with partners for impact and sustainability
 - We will work closely with our extensive range of research and industry partners to promote research inclusion and demonstrate successes in doing so and the impact on health outcomes and patient experiences.

4. Objectives: Please clearly state what your equality, diversity and inclusion objectives are for the term of the award. There should be a clear follow through from vision -> objectives -> actions. Please use the Excel sheet to provide further detail in the accompanying action plan.

Aligned to the NIHR Research Inclusion Strategy, the Network is committed to embedding inclusion in every aspect of its workforce, systems and processes. To foster culture change and widespread adoption of inclusivity principles across all 14 HRCs, the Network will align with Research Inclusion strategies being developed by all individual HRCs. These objectives flow directly from our vision of ensuring health technologies benefit everyone, regardless of background or circumstances.

Our five strategic objectives for 2024–2029 are:

Objective 1: Embed Research Inclusion Throughout the HealthTech Lifecycle

To support and coordinate efforts across all 14 HRCs to ensure research inclusion is embedded throughout every stage of HealthTech development and evaluation. This includes establishing regular forums, meeting quarterly with one in person meeting per year, for sharing effective approaches to engaging underrepresented groups, creating shared resources and toolkits, and transforming research methodologies to be truly inclusive. We will move from isolated good practice to systematic, network wide implementation of inclusive research principles.

Objective 2: Strengthen Community Partnerships for Health Equity

To coordinate and enhance meaningful partnerships between HRCs and communities experiencing health inequalities, moving beyond consultation to genuine co-design. This involves mapping existing community connections across all HRCs, supporting HRCs to identify and

remove structural barriers to participation (including transport, digital access, childcare, and language), and ensuring community identified priorities directly influence HRC research agendas and funding decisions.

Objective 3: Ensure Equitable Recognition and Resource Distribution

To establish consistent and equitable approaches to rewarding and recognising public contributors across the Network, addressing current variations in practice. This encompasses developing network wide guidance on appropriate financial recognition, exploring innovative non-financial rewards, and ensuring our Collaboration Challenge Fund explicitly addresses health inequalities. We aim to demonstrate measurable shifts in resource allocation toward underserved communities and community-based organisations.

Objective 4: Create Meaningful Feedback Loops

To establish robust feedback mechanisms ensuring public contributors understand their impact on HealthTech development and see how their input shapes outcomes. This involves understanding contributors' preferences for receiving feedback, developing a consistent yet flexible feedback strategy across all HRCs, and creating reciprocal feedback processes where HRCs also learn from public contributors about improving engagement practices.

Objective 5: Build Inclusive Research Capacity Across the Ecosystem

To strengthen capacity and capability for inclusive research practices throughout the HealthTech ecosystem. This includes ensuring all staff engaging with public contributors receive appropriate training, establishing Research Inclusion Champions distinct from PPIE leads at each HRC, developing specialised training for diverse stakeholders (including industry partners), and demonstrating through evidence the tangible value of inclusion in improving HealthTech adoption, health outcomes, and reducing development costs.

These objectives are interconnected and mutually reinforcing, creating a comprehensive approach to research inclusion. Each will be delivered through specific short-term (1-2 years), medium-term (2-3 years), and long-term (4-5 years) activities with clear measures of success, as detailed in our accompanying action plan.

Please refer to the accompanying Excel action plan for detailed activities, timelines, measures of success, and responsible parties for each objective.

5. Collaboration: Please give details of planned collaborative inclusion activities with other parts of NIHR Infrastructure, wider NIHR and other partners (including industry).

The HRC Network will drive collaborative inclusion activities across multiple levels to ensure research inclusion becomes embedded throughout the HealthTech ecosystem.

- **Collaborative activities with other NIHR infrastructure:** We will establish partnerships with NIHR Biomedical Research Centres (BRCs) Applied Research Collaborations (ARCs), and the Patient Safety Research Collaborations (PSRCs). To share best practices and coordinate inclusion efforts. We will work closely with the NIHR Research Delivery Networks on diverse participant recruitment, and engage with the Multiple Long-Term Conditions Cross-NIHR collaboration and NIHR Health of Women and Girls Collaboration to ensure inclusive approaches to inclusion.
- **Partnerships with industry:** We will work with the Association of British HealthTech Industries (ABHI) and British In Vitro Diagnostic Association (BIVDA) to embed inclusion principles in industry practices. Through our Industry Engagement workstream, with the HRCs we will develop guidance for companies on inclusive design and evaluation, facilitate connections between industry and diverse patient groups, and showcase inclusive HealthTech development at industry events.
- **Engagement with patient groups:** We will coordinate with national organisations including the Health Determinants Research Collaborations, and through the HRCs, community groups and condition specific charities to reach diverse communities. Our approach will prioritise building sustainable relationships with community organisations representing underserved populations, ensuring their voices shape HealthTech development from conception to implementation.
- **Cross HRC working groups:** Building on the successful MIC PPIE working group model, our PPIE & EDI workstream will facilitate regular meetings (3x yearly) for all 14 HRCs to share best practice, coordinate activities, and plan annual conferences. We will establish topic-specific working groups addressing inclusion challenges in areas such as digital health, women's health, mental health, paediatrics, and sustainability.
- **Alignment with national initiatives:** We will align with the NHS Long Term Plan, the NIHR RI Strategy 2022-2027, and contribute to the UK's Health and Growth Missions. We will also work with Health Innovation Networks, the MHRA, and NICE to ensure inclusive approaches are embedded throughout the HealthTech innovation pathway.

Appendix A

Definitions

The HRC Network aligns with the following definitions set out in the NIHR EDI Strategy 2022-2027:

- **Equality:** Ensuring that everyone is given equal access to resources and opportunities to utilise their skills and talents.
- **Equity:** Trying to understand and give people what they need to achieve their potential, and promoting notions of fairness, justice, entitlements and rights.
- **Diversity:** Being reflective of the wider community, including people from a broad range of backgrounds represented in all areas and at all levels.
- **Inclusion:** An approach where groups or individuals with different backgrounds are welcomed, culturally and socially accepted, and treated equally, ensuring a sense of belonging that is respectful of people for who they are.
- **Research inclusion:** Taking a whole systems approach to what we do and how we do it; identifying and removing long standing, structural barriers to success across our people, policies, processes and practices.
- **Intersectionality:** A framework that acknowledges that all people have unique experiences of discrimination and disadvantage exacerbated by the overlap of multiple social identities.
- **Under-served groups in research:** The NIHR INCLUDE project identified the term ‘under-served’ as the most appropriate term through a consensus workshop with diverse stakeholder groups that included patients and the

public . The term has subsequently been adopted by the NIHR and more widely. The term reflects the perspective that the research community needs to provide a better service for people in these groups, and that the lack of inclusion is not due to any fault of the members of these groups.

Appendix B

List of HRC Network Independent Advisory Committee members

Name	Affiliation	Location	HRC Specialism
Professor Gary Ford (chair)	Chief Executive Officer, Health Innovation Oxford & Thames Valley	Oxford	Community Healthcare
Professor Wendy Tindale	NIHR HRC Network Director	Sheffield	Network & Long term conditions (Devices for Dignity)
Nathanial Mills	NIHR HRC Network Chief Operating Officer	Sheffield	Network & Pediatrics and Child Health
Andrew Sims	Member of Network Senior Leadership Team, acting as Deputy Director	Newcastle	Diagnostic & Technology Evaluation
David Lawson	Medical Technology and Innovation Director, DHSC	London	
Richard Stubbs	Current Chair of National Health Innovation Network	Sheffield	
Professor Mike Lewis	NIHR- Scientific Director for Innovation	London	
Louise Knowles	Deputy Director, Innovation Accelerator and Regulatory Science, MHRA	London	Regulatory
Mark Chapman	Director of HealthTech, National Institute For Health and Care Excellence (NICE)	Blackpool	Assessment & evaluation, national policy, med-tech expert
Richard Phillips	Executive Director, Policy and Partnerships, Association of British HealthTech Industries (ABHI)	Newlyn, Cornwall	National Industry Association
Helen Dent	Chief Executive, British In Vitro Diagnostics Association (BIVDA)	London	National Industry Association
Professor Bola Owolabi	Director of the National Healthcare Inequalities Improvement Programme at NHS England	London	Healthcare Inequalities
Professor Ade Adebajo	Lay member; Board member of the NIHR Centre for Engagement and Dissemination; MRC Ethnicity Advisory Group; NIHR Multiple Long-Term Conditions CNC; national co-chair BRC PPIE leads group	Sheffield	PPIE
TBC	2nd lay member (to be drawn from Network PPIE workstream once established)	TBC	PPIE
Professor Peter Bannister	Romilly Life Sciences- MD & University of Birmingham-Hon Professor	Cardiff	Industry, product strategy
Dr Natalie Owen	Head of NIHR Research Infrastructure	London	NIHR Infrastructure
Xi Ye	Programme Lead, NIHR Infrastructure	London	NIHR Infrastructure