

HIT Operational Guide

Bristol Health Partners Academic Health Science Centre

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Avon and Wiltshire Mental Health Partnership NHS Trust
Bristol, North Somerset and South Gloucestershire Clinical
Commissioning Group
NHS Blood and Transplant
North Bristol NHS Trust
University Hospitals Bristol and Weston NHS
Foundation Trust

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Supporting documents can be found [through this link to an online file store](#). If you are having problems accessing, please email hello@bristolhealthpartners.org.uk

1. Core Team

The Core Team can help HITs with finding innovation links, engaging with commissioners, training and strategy refresh. Our team members are:

Lisa King, Chief Operating Officer (job share)

lisa.king@bristol.ac.uk

Lisa job shares the role of Chief Operating Officer and is responsible for all governance, operational and financial aspects of Bristol Health Partners. Lisa manages our strategic relationships with our partner organisation and wider stakeholders, reports progress and impacts to the Board and oversees our communication plans and annual reviews. Lisa works on Mondays and Fridays.

Oliver Watson, Chief Operating Officer (job share)

Olly job shares the role of Chief Operating Officer with Lisa King and oversees the Health Integration Teams and Using Data Better strategic programme. Olly supports HIT leadership teams in planning and implementation and provides management guidance to HITs. Olly is responsible for identifying HIT training and resource needs. Olly works with the core team to ensure links are made between relevant HITs and reports their progress to the Board and Executive group. Olly works Tuesday to Friday 9-5pm.

oliver.watson@bristol.ac.uk

Louise Osborne, Project Executive

Louise provides support to HITs for project-based administration needs.

She responds to non-routine requests from HITs and is happy to attend key meetings, assist in organising and preparing for key events and will gladly assist with other project-based work. Louise works Monday to Thursday 9-5pm.

louise.osborne@bristol.ac.uk

Sabrina Lee, Communications Manager

Sabrina is available to assist HITs in the design and implementation of communication campaigns. She project manages the design and delivery of the Bristol Health Partners newsletter, annual review and other regular communications and is responsible for managing the website. Sabrina works Monday, Tuesdays and Thursdays 9am-5pm.

sabrina.lee@bristol.ac.uk

Trish Harding, Evaluation Officer

Trish is responsible for developing evaluation tools for HITs and BHP which can be used to evaluate initiatives. She assists HITs in planning evaluations and identifying evaluation resources. She is active in local evaluation networks and works closely with colleagues in the BNSSG CCG Research & Evidence Team. Trish works Tuesday mornings, Wednesdays and Thursdays.

trish.harding@bristol.ac.uk

Jan Connett, Senior Project Manager

Jan has a portfolio of HITs to whom she provides project managements skills. She also leads on wider strategic themes including public involvement, sustainability, prevention at scale and wider determinants of health. Jan can assist HITs to consider how to address health inequalities, particularly in response to Black Lives matter. She supports integration of health and social care services and whole system change. Jan works Monday to Friday 9-5pm.

jan.connett@bristol.ac.uk

Carla Southworth, Senior Project Manager

Carla has a portfolio of HITs to whom she provides project managements skills. Carla works Monday to Friday 9-5pm.

carla.southworth@bristol.ac.uk

Rachel Allbless, Senior Project Manager

Rachel has a portfolio of HITs to whom she provides project managements skills. Rachel works Tuesday, Wednesday, Thursday 9-5pm.

rachel.allbless@bristol.ac.uk

2. Organogram of BHP/AHSC membership

AHSC Board

Chair

Chief Executives & Medical Directors of: North Bristol Trust (NBT), University Hospitals Bristol Foundation Trust (UH Bristol), Avon and Wiltshire Mental Health Partnership Trust (AWP), BNSSG (Bristol, North Somerset and South Gloucestershire) Clinical Commissioning Group (CCG), Sirona Care & Health, NHS Blood & Transplant (NHSBT)

BNSSG Local Authorities (represented by the Executive Director Adults, Children, Education and Public Health, Bristol City Council), University of Bristol (UoB, PVC-Health & Dean of Faculty of Health Sciences), University of the West of England (UWE, VC & Executive Dean of Faculty of Health and Applied Sciences), West of England AHSN (Chief Executive)

Remit:

- Governance
- Oversight
- Strategy and budgetary approval
- Delivery assurance
- Integration

Joint Executive Group

AHSC Director and COO, Directors of: Research, Clinical Strategy, Public Health, Social Care, Education, [MRC Integrated Epidemiology Unit \(IEU\)](#) and NIHR Infrastructure ([Biomedical Research Centre \[BRC\]](#), three Research Schools, [Health Protection Research Unit \[HPRU\]](#), [Applied Research Collaborative \[ARC\]](#), [Clinical Research Network \[CRN\]](#) and Bristol Trials Centre)

Senior representatives of [AHSN](#), [STP](#), [PHWE](#) and two Public representatives

Remit:

- Strategy and operational planning
- Monitoring performance and delivery of aims and objectives
- Coordinating and facilitating the

3.Funding and Resources

Table 1: HIT funding and reporting timeline

Month	Activity
November/early December	HIT funding and resource submissions open
Late January	HIT funding submissions deadline
Mid-February	BHP Executive panel assesses submissions
Early March	Feedback provided to HITs and resources confirmed Invoices due for financial year end
Early July	Mid- year progress report forms and guidance issued
Early September	Deadline for mid-year progress reports including reporting predicted underspends and requesting re-allocation of funds
Mid-September	Invoices due for first 6 months of HIT activity and actual spend Any HIT underspends reported, and requests confirmed to re-allocate funds

HITs can request BHP funding and resources for their activities on an annual basis. This competitive call will open in November/December each year and HITs will be notified via email. Further information regarding the criteria, deadlines and process will be provided in November/December. Applications will be assessed by the BHP Executive Group and HITs will be assigned resources based on this assessment.

Funds awarded are for the forthcoming financial year (1st April-31st March):

- Every financial year is a ‘new start’ for HIT funding, therefore we cannot currently carry over underspends from previous years. Please request all funds needed for the year ahead.
- Awarded funds will typically be hosted by a partner organisation, with details for invoicing and eligible uses of funding set out in a formal funding letter.

Available funding is limited, and the purpose is to support activity which cannot be resourced elsewhere. HIT funding will potentially include but not necessarily be limited to:

- Backfilling clinical time for HIT Directors or employing a part-time Project Manager (if not provided by BHP).
- Expertise, for example economic evaluation (if not available through other routes like Applied Research Collaboration [ARC] West).
- Partnership activities such as meetings, workshops, events. Such activities may incur general meeting costs (e.g. internal room charges and/or refreshments) or need external facilitation or facilities not available from within the partner organisations.
- Costs associated with Patient and Public Involvement (PPI) activities.

You can request resources from the Bristol Health Partners team over a 12-month period, this can include:

- Project Management support
- Administrative support
- PPI advice
- Communications support
- Specific training needs
- Evaluation support

You must include details of the support you need and tasks, be as specific as possible and include an estimate of the amount of time needed.

4. BHP Reporting

All HITs must provide the BHP Chief Operating Officer with six monthly progress reports which clearly show progress against original and any new objectives. Your funding application submitted in February constitutes a progress report. The midyear report is usually submitted in September. Exact submission deadlines and templates will be provided by the core team in advance.

You can find an example of the reporting template [through this weblink](#), together with a number of useful templates

These reports are not uploaded to our website or shared with anyone outside of the BHP organisations; they are purely for our records and to enable the Chief Operating Officer to report on progress to the BHP Executive Group (monthly) and the Board (quarterly). They demonstrate value for money to partner organisations.

They also enable us to identify any issues or problems which might be resolved by members of the core team, BHP Board or Executive group. Each HIT leadership team will receive notification of progress report deadlines via email.

Along with general information about your progress against your objectives, it is also essential that we capture information about;

- Funding secured (including funder, project title, amount, partners involved)
- Commissioner involvement (CCG and Local Authority)
- PPI activities
- Problems/issues

5. Events & meetings

HIT conferences run annually (usually in June) and include a variety of workshops, presentations and networking opportunities, offering the chance to showcase your work and find additional collaborators in your area of interest. All HIT members are encouraged to attend these annual events.

Cross HIT virtual meetings are held monthly and offer HIT members a valuable opportunity to meet colleagues from other HITs and the core team. They provide an opportunity, in an informal setting, to discuss current problems or issues and provide access to learning from

other HITs. Meetings, which may be general or themed, provide an opportunity to discuss specific problems, examples of best practice, available resources, or any other topic of interest to HIT members.

Project Manager Communications catch ups are held monthly, Chaired by Sabrina Lee, Comms Manager. All HIT project managers are welcome to attend.

Where BHP provides funding for HIT Project Managers, there is an expectation that these individuals attend networking meetings when possible, our annual HIT Conference and other HIT Project Manager meetings.

6. Cascading Information to HITs and within HITs

Cascading information to HITs

The BHP Chief Operating Officer or Management Assistant will send important HIT related information to Directors, Project Managers and Co-ordinators only. It is then their responsibility to cascade this information to the full HIT team or select relevant individuals to share this information with. It is important that this information reaches the correct HIT members in a timely fashion. On receipt of these emails, if you are unsure who the relevant HIT member recipients might be, please get in touch with the BHP core team for guidance.

Emailing within HITs and beyond

As many HITs will have patient and public contributors as members of the team, we have the following guidance for maintaining email privacy:

It is important that HITs let new members know that email addresses within the HIT are shared as default practice, but if there are any concerns about keeping email addresses private, they must be flagged to a member of the HIT leadership team.

As some HIT members will be using their personal email addresses, HITs should consider using the blind carbon copy (bcc) option when personal email addresses are being included in the distribution list. It should also be used as standard practice for larger communications outside the HIT.

For HITs that have their own HIT group email address, we recommend including a line in the email template's signature that gives people the option to opt out of these emails or to be in touch if they would like the HIT to bcc them in future emails to the group.

We also highly recommend HITs regularly review and refresh their contact lists to only keep details of active members.

7. HIT Membership

During the formation of a new HIT, Directors will identify relevant individuals to join the growing team. The **membership of the team** will inevitably evolve over time due to the nature of HIT work and changes in individuals' job descriptions, interests, available and capacity etc. The network will continue to grow organically as new contacts are made but, the Director or Directors are responsible for adding or removing members from the group, as appropriate to the work of the HIT. Some HITs may want to ask their members to complete a form to capture any potential conflicts of interest, depending on the focus of the HIT work. If

you want to undertake this exercise you will find a suggested template in [the online file store for this guide](#).

Along with regular progress reports, all HITs Directors are asked to provide BHP with up to date **HIT contact lists**. Contact lists should include details of HIT member's Job titles, their roles within the HIT (including which workstream they are involved with) and email addresses.

In rare circumstances, a Director or other HIT member may feel that an individual or individuals are no longer contributing to the work of the HIT in a constructive way.

It may be that there is a **conflict of interest**, the individual's area of focus or job role has changed or that their conduct or method of communication is in some way disrupting the effective operation of the HIT.

In the first instance, the HIT Director may invite the member to step down. However, when it has not been possible to resolve issues within the HIT, the BHP Core Team will assist with any conflict resolution. The following approach will be taken:

1. The HIT member should communicate their concern to the Bristol Health Partners Core Team outlining their concern, with supporting evidence.
2. Bristol Health Partners will convene a mediation meeting with the parties involved to attempt to resolve issues and develop an agreed approach for future HIT working.
3. Should problems persist, the HIT member should write to the Chief Operating Officer to confirm on-going challenges.
4. Formal notice will be given to the HIT member in question, indicating that if any further concerns are raised and evidenced, this will lead to termination of their HIT membership.
5. If irreconcilable issues persist, the HIT member will receive written confirmation from the Chief Operating Officer that they are no longer a member of the HIT.

8.HIT Terms of Reference

You might want to develop a set of terms of reference for the management group to ensure that members understand what to expect and what is expected of them. You will find a basic template with some suggested headings in [the online file store for this guide](#).

9.Changes of Directors

During the lifetime of a Health Integration Team, some changes in Directorships may be necessary. Please inform the Chief Operating Officer at the earliest opportunity if you are planning any changes to Directors of other key members of the Leadership Team. As the strength, calibre and experience of Directors is very much considered when HITs are approved, the BHP Executive group will be consulted regarding proposed changes. Please give a brief description of the proposed change, and why the new Director would be suitable for the role. The Chief Operating Officer will liaise with the Exec group at the monthly meetings to ensure that any changes are appropriate to the future leadership of the HIT.

10. BHP Executive Links

Executive Links are individuals from the BHP Executive Group who offer HITs access to their own unique set of skills, knowledge and provide support in areas of weakness within the HIT. They can;

- Act as a critical friend - a trusted person who asks provocative questions and examines the HITs work through another lens.
- Act as an advocate or champion for the success of the HIT.
- Provide mentoring, if needed and appropriate.
- Offer access to their own unique set of skills, knowledge and experience and provide support in areas where the HIT team is weak.
- Assist with unblocking barriers and bottlenecks to change.
- Provide a gateway to an additional network of people, act as a conduit and signpost HITs to useful individuals outside of their own networks.
- Bring in other relevant individuals from the core BHP team and working groups to advise on specific aspects of the HITs work (for example Innovation, Communications, Evaluation)

If you feel your HIT would benefit from the advice and guidance of a member from the BHP Executive Group, get in touch with the Management Assistant and Chief Operating Officer who will help you identify the most appropriate individual from the list below. An Executive Link's involvement with a HIT will be time limited, to assist with a particular challenge, rather than providing on-going support.

11. Evaluation Support

Evaluation plays a key part in improving the quality of health and social care. Multiple definitions exist for 'evaluation', but they all have a common theme about **judging the merit or value** of something, whether it is a service or an intervention.

Evaluation can be defined as:

a systematic assessment of the design, implementation and outcomes of an intervention. It involves understanding how an intervention is being, or has been, implemented and what effects it has, for whom and why. It identifies what can be improved and estimates its overall impacts and cost-effectiveness."

(Magenta Book, 2020)

Evaluation can range from being very simple service evaluations to complex evaluative research projects. The evaluation approach will depend on the purpose of the evaluation, evidence base, stage of development, context of the service, and the resources and timescales for the evaluation.

Evaluations can focus on rapid-cycle learning to improve implementation and delivery (formative evaluation), how a service or intervention works (process evaluation), and whether it has worked (outcome or summative evaluation) – or all these aspects over the life cycle of a project.

We have produced a handy ‘**jargon buster**’ guide and notes on **measuring impact** to assist you with planning your evaluation which is available in [the online file store for this guide](#).

The West of England Academic Health Science Network (WEASHN) has produced a helpful video on ‘What is evaluation and why is it important?’

- <https://vimeo.com/171610420>

A) Resources for evaluating service changes in response to the COVID-19 pandemic

[The online file store for this guide](#) includes a special addition on potential resources and templates to assist you when thinking about evaluating new remote or virtual ways of working in response to COVID-19 – and possibly beyond.

B) Guidance on the adoption and spread of HIT innovations and improvements

[The online file store for this guide](#) includes new guidance for HITs on requirements for the successful adoption and spread of HIT innovation and improvement projects. The guidance was developed in conjunction with colleagues in the WEASHN.

C) Evaluation toolkits

Various toolkits are available to support HITs in carrying out evaluation. Locally, the WEASHN, the BNSSG CCG Research & Evidence Team and the NIHR Applied Research Collaboration West (ARC West) have collaborated to produce online toolkits on evaluation and evidence. These feature a five-point guide to finding and using evidence, and to planning and implementing a service evaluation.

You will also find links and signposting to many resources and related training, case studies, top tips and advice as well as useful local contacts for support.

Evaluation toolkit – Evaluation Works

The [online evaluation toolkit Evaluation Works](#) is for health professionals and commissioners, to guide you through the evaluation process. The toolkit includes:

- [five step guide to the evaluation cycle](#)
- [evaluation planning checklist](#)

The [evaluation toolkit has a range of case studies](#) to inspire you to do your own evaluation. The West of England Academic Health Science Network also hosts [evaluation case studies drawn from the region](#)

Evidence toolkit – Evidence works

The [online evidence toolkit Evidence Works](#) was created alongside Evaluation Works. It includes:

- [five step guide to the evidence cycle](#)

- [evidence planning checklist](#)

D) Evaluation training

ARC West and the WEAHSN have developed a [suite of evaluation resources](#) to accompany the [Evaluation Works](#) and [Evidence Works](#) toolkits.

In addition, ARC West offer a range of free evaluation short courses, from the three-hour 'Getting Started in Evaluation' to the one day 'Introduction to Service Evaluation' CPD accredited course. To book on to these courses, go to [Forthcoming ARC West training](#)

E) Evaluation Online Network

The Evaluation Online Network is a virtual group for anyone interested in evaluation in the West of England and beyond. It is led by Jo Bangoura, Senior Project Manager at the WEAHSN and Dr Kathy Pollard, Senior Research Fellow at the University of the West of England.

- [Evaluation Online Network](#)

F) Evaluation best practice and guidance

These two sets of best practice guidance on **ethics and governance of service evaluation** and **patient and public involvement (PPI) in evaluation** are aimed at anyone conducting service evaluations in health and social care. Ethics, governance and patient and public involvement are well established in research, yet service evaluation often isn't considered from this perspective. This guidance, made up of several documents, was produced with the support of the former West of England Evaluation Strategy Group, and is currently available on the ARC West Evaluation Resources webpage.

- [Best practice and guidance](#)

G) Other evaluation expertise

The Bristol Health Partners Evaluation Officer can offer HITs advice and guidance on evaluation. If you would like further information or support contact trish.harding@bristol.ac.uk

[The BNSSG CCG Research & Evidence Team](#) has a wealth of information to support evaluation activity.

UWE's [Centre for Health and Clinical Research](#) has an evaluation theme with information on current evaluation activity.

The [UK Evaluation Society \(UKES\)](#) website contains useful information on evaluation news/insights and events. It is also a source of information on continuing professional development opportunities and guidelines for evaluators.

The [NCVO Charities Evaluation Services](#) helps voluntary organisations, volunteering programmes and their funders with practical impact measurement and evaluation.

[The Magenta Book \(2020\)](#) Central Government advice and guidance on what to consider when designing an evaluation

12. Patient and Public Involvement (PPI)

It is our aim that all HITs work actively with members of the public, patients and service users with relevant lived experience, and family members/carers as appropriate to their areas of activity. Inclusion of these perspectives are central to the successful development and implementation of health improvements.

PPI within HITs is supported by Bristol Health Partners via the public involvement team People in Health West of England, which also supports involvement within ARC West, the CRN West of England, and the West of England AHSN. This PPI team provides a strategic and integrated approach to involvement across the West of England. We have produced guidance on paying public contributors and you can access through [the online file store for this guide](#). You will also find a copy of the UHBW expenses claim form which you can use if it has been agreed as part of your funding application that PPI expenses will be processed via UHBW.

The People in Health West of England team are:

Andy Gibson, Associate Professor Patient and Public Involvement, Academic Lead,
andy.gibson@uwe.ac.uk

Rosie Davies, Patient and Public Involvement Research Fellow,
rosemary3.davies@uwe.ac.uk

Mike Bell, Patient and Public Facilitator,
mike.bell@bristol.ac.uk

Jazz Ward-James, Administrator
Jazz.Ward-James@uwe.ac.uk

The People in Health West of England team is supported by a Strategy Group which includes eight public contributors with a variety of lived experience, and institutional links to universities and NHS organisations, alongside representation from Health Watch.

In addition to offering active support to develop PPI plans and activities, the People in Health West of England team have developed a range of resources to help put in place PPI activities. These include examples of strategies, role descriptions, a guide to paying public contributors and a code of conduct. All these and more can be accessed on www.phwe.org.uk. Click on the 'Resources' button at the top of the page and then select PHWE Resources and Guides.

13. Communication and branding

As a Bristol Health Partners Health Integration Team, there is an expectation that all your HIT related communication materials will follow our branding guidelines. It's also important that you refer to your Bristol Health Partners sponsorship and the fact that you are operating as a Health Integration Team.

To help you do this, we have provided templates, including [generic slides explaining Bristol Health Partners and what HITs are](#). Please use these as part of presentations you give through your HIT activities.

A) Our brand

Download the [brand guidelines \(PDF\)](#) for the full document, but the key elements of our brand are:

- The logo, which must always have the appropriate 'exclusion zone' around it so it's not hemmed in by other items
- The font we use is Arial
- The colour palette – which is detailed in the brand guidelines
- Imagery – realistic photography, primarily of people

B) HIT logos

HITs can choose to design and use their own logo but only with the approval of the Bristol Health Partners Communications Manager.

Logos must be professionally designed and always used in conjunction with the Bristol Health Partners logo in presentations, documents, print and digital collateral.

As part of our branding guidelines, the Bristol Health Partners logo is placed in the top left-hand corner of any item. You are not able to place the HIT logo within the exclusion area of the Bristol Health Partners logo (see page 7 of the [brand guidelines](#) for details of the exclusion area). We can recommend that you place the HIT logo in the top right-hand corner.

C) Imagery

Please try to use realistic pictures of people that don't look like stock photography. Never use clip art! And always make sure you have permission to use the image from the copyright holder.

The first port of call should be your organisation's communications team, who might have some suitable pictures you can use. Or the Bristol Health Partners core team have access to a selection of images.

You can also download royalty free images where no photographer credit is required from sites like

- unsplash.com
- pixabay.com
- www.freeimages.com
- www.pexels.com/royalty-free-images/

Though they can look a bit American.

D) Your HIT website pages

As a Health Integration Team, Sabrina Lee, the Bristol Health Partners Communications Manager, will work with you to develop your website pages. This includes:

1. Developing a core set pages on the Bristol Health Partners website, in the [HITs section](#). These follow a standard structure and templates, so that there is consistency from HIT to HIT. The key pages are:
 - a. [the HIT landing page](#)
 - b. [more on the HIT](#)
 - c. [who's involved](#)
 - d. [HIT achievements](#) (automatically generated from stories tagged against your HIT and tagged as a HIT achievement)
 - e. some HITs also have pages on projects or workstreams.
2. Selecting the image that will represent your HIT on the website.
3. Setting up a shortcut to your HIT pages (e.g. www.bristolhealthpartners.org.uk/shine) which you can use when promoting your HIT.
4. News stories / events as appropriate. These are added to the main Bristol Health Partners news or events section, but then tagged against your HIT so that they automatically show on your landing page. Get in touch with Sabrina (sabrina.lee@bristol.ac.uk) or Louise (louise.osborne@bristol.ac.uk) to get your stories and events on the website. News and events are also included in our email newsletter and Twitter.

E) Social media

Our main social media channel is Twitter, and the [Bristol Health Partners account](#) is well established with more than 10k followers.

Anything that gets published on the Bristol Health Partners website is pushed out on Twitter too. Contact [Sabrina](#) if you would like anything tweeted.

HITs may set up their own social media if they feel it is necessary, but you must carefully consider who will be responsible for it and if they have the time to make it a success. In most cases, it will be more effective to use the main Bristol Health Partners account instead.

For more information on using social media as a HIT, please refer to our social media guidelines through [the online file store for this guide](#).

F) Newsletter

The [Bristol Health Partners email newsletter](#) comes out quarterly, depending on the volume of content. It acts as a digest of what's been published on the website, including stories from HITs, our partners and the Bristol Health Partners core team. It's got around 800 subscribers, mainly from our partner organisations and the wider BNSSG health and care sector.

[Please encourage your HIT members to sign up](#) as it's a good way of keeping abreast of what's going on in the partnership.

See the [archive of past editions](#).

G) HITs round-ups

These are emailed to HIT leadership teams for sharing with their members as appropriate. They can also be found on [the BHP website](#)

The round ups usually include:

- Cross HIT meeting dates, times and joining instructions
- External funding opportunities

- Evaluation & surveys information and support
- Training & learning opportunities
- Events of interest to HITs
- HIT/BHP achievements, such as awards
- Support and information

H) Print

Print can be an expensive way of communicating with people, so we tend to only use it for big key documents like the five years of achievement leaflet. Generally, digital is a more cost-effective way of reaching people. However, it is sometimes necessary to print event flyers or posters, so we have provided templates to help you. See the templates section on page 16.

If you are getting anything professionally printed, please consider using [University of Bristol's Print Services](#) (or other in-house service) as they tend to be best value for small print runs.

I) Events

Events are an important part of many of our HITs' engagement strategy. The core team can often get involved if needed, at the very least promoting your event on the website, newsletter and Twitter. We also offer event-related templates to help your event promotion look as professional as possible. See the templates section on page 16.

J) Video

Video can be an effective way of communicating messages to specific audiences, but it can also be expensive and time consuming to get right. Because of this, a very strong case for the use of video rather than a news item, for example, would need to be made. Videos are often commissioned without proper attention to the objectives for doing so or having a plan for how to get the target audience to watch it.

If you genuinely believe that a video is the only way to reach your target audience and have an impact, please get in touch with [Sabrina Lee](#) to discuss options. Consider how long it might be, where it will be published and what style (e.g. documentary, interview).

Any music must have the appropriate copyright permissions.

We also have a list of suppliers who specialise in different types of video.

K) Media appearances

Bristol Health Partners fully supports HIT members who wish to appear on local media as part of their HIT's work.

However, it's vital that anyone making such an appearance also **inform their organisation's media team**, especially those employed by the NHS. All media appearances must be approved by your employing organisation.

Please let [Sabrina](#) know if you are planning a media appearance.

L) HIT alignment with political causes

The work of Health Integration Teams will sometimes interact with political campaigns and causes.

If an individual member of a Health Integration Team wishes to align the HIT only to a political cause or campaign, they require the approval of all HIT Directors to do so. If HIT Directors are unsure whether this is appropriate, they can seek guidance from the Bristol Health Partners Core Team.

If any HIT members or Directors wish to use the Bristol Health Partners logo in conjunction with a political cause or campaign, or make any suggestion of Bristol Health Partners endorsing a particular campaign, they must first contact the Bristol Health Partners Core Team. Should the case be particularly complex, this decision may be escalated to the Bristol Health Partners Executive Group for advice.

M) Communications training

The NIHR ARC West team offers two short (two hour) courses on writing for a lay audience, which runs twice a year, and how to win at Twitter, which runs four times a year, through the NIHR ARC West training programme. HIT members are prioritised when they apply for a place. Zoe Trinder-Widdess runs these courses and can also run these courses on an ad-hoc basis for groups of up to 12 people. Contact Zoe (zoe.trinder-widdess@bristol.ac.uk) if you would like to know more.

Check the [ARC West training pages](#) for other courses you might be interested in.

We are also able to provide presentation skills training. Please get in touch with Louise Osborne if you would like to find out more.

N) Communications advice

Get in touch with [Sabrina](#) for any advice you might need. You can also go the following places for advice on communicating with groups:

- Policymakers – [PolicyBristol](#)
- Patient contributors – [People in Health West of England](#)

O) Communication templates

- [Brand guidelines](#)
- [Bristol Health Partners logo](#)
- [Bristol Health Partners logo with exclusion zone included](#)
- [PowerPoint template](#)
- [Generic 'about Bristol Health Partners and HITs' slides](#)
- [Word template](#) (for event schedules, handouts etc)
- [A4 event poster template](#)
- [A5 event flyer template](#) (note this prints out A5 so you may need to get it professionally printed by [University of Bristol Print Services](#))

14. NIHR ARC (Applied Research Collaboration) West Project

National Institute for Health Research Applied Research Collaboration (NIHR ARC West) works with partner organisations to conduct applied health research and implement research evidence, to improve health and healthcare across the West.

They undertake applied health research projects, in collaboration with partners across the region and nationally. The research must have a real-world application and fall into one of their research themes, 'improving the management of chronic health conditions', 'public health interventions and population health' 'equity, appropriateness and sustainability' and 'mental health'.

ARC West brings together universities, local authorities, NHS hospital trusts, clinical commissioning groups, patients and members of the public, and third sector organisations to focus on research to improve health and healthcare for local people.

Applied Research Collaboration West is hosted by University Hospitals Bristol NHS Foundation Trust, and the partnership includes local providers of NHS services and NHS commissioners, universities, local authorities and third sector and patient / user organisations, Bristol Health Partners (BHP) and the West of England Academic Health Science Network (WEAHSN).

ARC West are currently working on various research and implementation projects with numerous BHP HITs. Further information can be found on their [website](#).

15. Other parts of the Bristol region's research infrastructure

The glossary below gives a brief outline of some of the types of research organisations who may be able to support your work. Please contact the core team for more information.

Acronym	Term	Definition
AHSC	Academic Health Science Centre	<p>Bristol Health Partners is now an AHSC.</p> <p>AHSCs are partnerships between top universities and NHS organisations that combine excellence in research, health education and patient care.</p> <p>The newly designated NIHR and NHS England and NHS Improvement Academic Health Science Centres (AHSCs) will harness the strategic alignment of the NHS organisations and their university partners to improve health and care through increased translation of discoveries from early scientific research into benefits to patients.</p>

		<p>More information: www.nihr.ac.uk/news/eight-new-academic-health-science-centres-launched-to-support-the-translation-of-scientific-advances-into-treatments-for-patients/24609</p> <p>Local website: www.bristolhealthpartners.org.uk</p>
AHSN	Academic Health Science Network	<p>There are 15 Academic Health Science Networks (AHSNs) across England, established by NHS England in 2013 to spread innovation at pace and scale – improving health and generating economic growth. Each AHSN works across a distinct geography serving a different population in each region.</p> <p>More information: www.ahsnnetwork.com/about-academic-health-science-networks</p> <p>Local website: www.weahsn.net</p>
ARC	Applied Research Collaboration	<p>NIHR Applied Research Collaborations (ARCs) support applied health and care research that responds to, and meets, the needs of local populations and local health and care systems.</p> <p>The ARCs, announced in July 2019, aim to improve outcomes for patients and the public; improve the quality, delivery and efficiency of health and care services; and increase the sustainability of the health and care system both locally and nationally.</p> <p>More information: www.nihr.ac.uk/explore-nihr/support/collaborating-in-applied-health-research.htm</p> <p>Local website: https://arc-w.nihr.ac.uk/about-arc-west/</p>
BRC	Biomedical Research Centre	<p>NIHR's 20 Biomedical Research Centres (BRCs) are collaborations between world-leading universities and NHS organisations that bring together academics and clinicians to translate lab-based scientific breakthroughs into potential new treatments, diagnostics and medical technologies.</p> <p>The centres receive substantial levels of sustained funding - £816 million over five years - to create an environment where experimental medicine can thrive. They attract the best scientists and produce world-leading research, contributing to the local and national economy</p> <p>More information:</p>

		<p>https://www.nihr.ac.uk/explore-nihr/support/experimental-medicine.htm</p> <p>Local website: https://www.bristolbrc.nihr.ac.uk/</p>
BTC	Bristol Trials Centre	<p>Bristol Trials Centre (BTC) is home to two UK Clinical Research Collaboration-registered Clinical Trial Unit hubs. The Centre was formally launched in November 2019 following the merger of the Bristol Randomised Trials Collaboration and the Clinical Trials and Evaluation Unit. Clinical Trials Units (CTUs) are specialist units which have been set up with a specific remit to design, conduct, analyse and publish clinical trials and other well-designed studies.</p> <p>They have the capability to provide specialist expert statistical, epidemiological and other methodological advice and coordination to undertake successful clinical trials. In addition, most CTUs will have expertise in the coordination of trials involving investigational medicinal products which must be conducted in compliance with the UK Regulations governing the conduct of clinical trials resulting from the EU Directive for Clinical Trials.</p> <p>More information: https://www.ukcrc.org/research-infrastructure/clinical-trials-units/</p> <p>Local website: https://bristoltrialscentre.blogs.bristol.ac.uk/</p>
CRN	Clinical Research Network	<p>The NIHR Clinical Research Network (CRN) supports patients, the public and health and care organisations across England to participate in high-quality research, advancing knowledge and improving care. The CRN is comprised of 15 Local Clinical Research Networks and 30 Specialties who coordinate and support the delivery of high-quality research both by geography and therapy area. National leadership and coordination are provided through the CRN Coordinating Centre.</p> <p>The CRN enables high-quality health and care research in England by meeting the costs of additional staff, facilities, equipment and support services so that research is not subsidised with funding that has been provided for health and care treatments and service. The CRN also provides a vast range of national and local resources and activities that support health and care organisations, staff, and patients and service users to be research active, such as specialist training, information systems to manage and report research, patient and</p>

		<p>public involvement and engagement initiatives, and communications expertise.</p> <p>More information: https://www.nihr.ac.uk/explore-nihr/support/clinical-research-network.htm</p> <p>Local website: https://local.nihr.ac.uk/lcrn/west-of-england/</p>
HPRU	Health Protection Research Unit in Behavioural Science and Evaluation	<p>The National Institute for Health Research (NIHR) Health Protection Research Unit in Behavioural Science and Evaluation is one of 14 HPRUs across England. Each HPRU has a different focus of research.</p> <p>Local website: http://hprubse.nihr.ac.uk/</p>
NIHR Schools	National Institute for Health Research Schools	<p>NIHR funds three national research schools. Each national school is a unique collaboration between leading academic centres in England, carrying out outstanding research in their respective fields. They also have a training and development role to increase capacity in their respective fields.</p> <p>Bristol is involved in all three schools:</p> <ul style="list-style-type: none"> • NIHR School for Public Health Research (SPHR) is a partnership between eight leading academic centres with excellence in applied public health research in England. More here: https://sphr.nihr.ac.uk/about/ • NIHR School for Primary Care Research is a partnership between nine leading academic centres for primary care research in England. The School brings together academics and practitioners from across the country to collaborate on cutting edge, topical primary care studies that have an impact both at policy level and in general practices around the country. More here: https://www.spcr.nihr.ac.uk/about-us • The NIHR School for Social Care Research (Phase III, 2019-2024) is a partnership between the London School of Economics and Political Science, King's College London and the Universities of Birmingham, Bristol, Kent, Manchester and York. More here: https://www.sscr.nihr.ac.uk/about-sscr/