

University College London Hospitals Biomedical Research Centre and Clinical Research Facility Equality Diversity and Inclusion Strategy (October 2023)

Our vision

The University College London Hospitals Biomedical Research Centre and Clinical Research Facility are committed to equality, diversity and inclusion in everything we do. This document sets out and summarises our ambition to create a diverse and inclusive research environment. By having this inclusive environment, we intend that the research undertaken at our organisations meets the needs of our diverse patients and population.

We recognise that best practice in biomedical research to optimise patient outcomes depends on having equality of opportunity for both groups over whom we have influence, namely healthcare professionals and individuals entering research studies. **To advance this our overarching goal is to develop a culture in the University College London Biomedical Research Centre (UCLH BRC) and UCLH Clinical Research Facility (CRF) where there is equal opportunity for all, regardless of background.**

We recognise that we are at the early stages on our journey towards equality and inclusion. The BRC and CRF at UCLH will maintain pace with the evolving trends in the field of equality and inclusion by having expert input to this iterative strategy right from inception.

Our strategy is aligned to that of the [NIHR](#). We will work across our whole research community (patients, staff and leaders) to embed values and best practice in the UCLH BRC and CRF. We will be transparent in the implementation of this strategy and do so in an iterative and learning manner, drawing on best practice from our partners.

Background

This strategy builds on the work that has been done to pursue equity in the academic arena, notably the Athena Swan programme which has led to improvements for women in science. This strategy will develop plans and targets for other protected characteristics, both in terms of staff experience and in terms of the diversity of individuals recruited into studies. At this stage of the cycle of our work on inclusion, we will focus the areas where the data are most available and indicative of the need for improvement. This means that in the current iteration of the strategy there is a **special focus on gender and race** – but it is to be emphasised that this focus will broaden in an organic fashion to consider all protected characteristics, and to do this in a way which recognises the intersection between these characteristics. It is important to note in this regard that the literature on inclusion suggests that ‘a rising tide raises all boats’, implying that adopting inclusion policies will improve outcomes for staff with all protected characteristics. London, being the most ethnically diverse region of the UK, presents an opportunity for us in the UCLH BRC and CRF to develop best practice and disseminate this around the country.

How we will achieve our goals

Since the BRC and CRF are not direct employers of individuals, the strategy articulates the areas of joint work with equality and inclusion teams of the primary employers that host our BRC and CRF, namely University College London (UCL) and University College London Hospitals Trust (UCLH). The strategy identifies the opportunities to embed best practice in the staff recruitment and promotion

processes and ensure that the BRC and CRF has influence over the inclusion approaches for funded posts.

We believe that **equity of access to research is critical to the future of health research in the UK.**

This strategy also sets out how we plan to improve inclusion to BRC and CRF research at UCLH/UCL. This strategy is the blueprint to deliver this, and is a rolling three-year strategy, centred on the following core inclusion principles:

- embedding key performance indicators as standard practice for all equality initiatives
- incremental and iterative improvement in agreed indicators for five key action areas
- collaboration with our Public and Patient Involvement and Engagement (PPIE) team to develop more diverse participation in research across the BRC and CRF and more regular, transparent communication about equality in research.

This strategy presents our short- and long-term ambitions for equality and inclusion in both the UCLH BRC and CRF. It aligns with the PPIE strategy for the UCLH BRC and CRF and the NIHR EDI Strategy. As such, **this is an iterative strategy that will evolve over time to reflect the changing focus of our staff, patients and the public we serve.** The ambition is to have representation of both our workforce as well as patients recruited into trials which matches the population. An ongoing body of work ensures that there is patient and public input to trial design, which will continue. This will require reviewing and, where necessary, changing processes and behaviours which perpetuate inequality.

This strategy will be a living document in the UCLH BRC and CRF. All staff (both researchers and support staff) and public members will deploy this document as the framework for doing the work of those two specific NIHR infrastructures. The experience of minoritised people is at the core of what will drive the change of processes that the BRC and CRF will undertake, and this desire to 'learn and act' will be conveyed to all staff and patients.

As an academic healthcare partnership we should lean on data and evidence to demonstrate progress against objectives and ensure that all stakeholders are aware of the direction of travel and how we are performing. As is evident from the document, there is a wide range of targets that are required – for the workforce aspects these involve data and actions around representation and organisational structure; for the patients the focus is around equity of access and involvement. By using key performance indicators in five action areas – **culture change, governance, representation, access and communication** – we can demonstrate and assess how we are doing when it comes to delivering on equality for our diverse workforce. Central to our strategy is the use of data and monitoring of change to identify the underpinning drivers of inequality in our system and also the effective actions that drive improvements. As such, it is clear that there will be close alignment in the strategic and operational work of the PPIE team and the EDI function within the UCLH BRC and CRF.

Our aims

By the beginning of 2027 we expect to see the use of key performance indicators as standard practice for equality initiatives, sustained improvement in equality indicators and for the five key action areas, to have a solid foundation of evidence on which to springboard onward interventions to continue to progress towards full equality.

We also expect this strategy to facilitate more regular, transparent communication about equality in UCL and UCLH and senior allyship as the norm rather than the exception. The UCLH BRC and CRF are committed to take action to ensure diversity, drive equality and foster inclusion across all aspects of our work and outputs.

This strategy will be revised and updated in 2025 for the period of 2025 to 2027. That revision will detail the progress we have made according to the key performance indicators and timeline. It will also update the evolution of thinking in inclusion matters as well as the opportunities and barriers encountered in doing the work.

Research infrastructure at UCLH/UCL – the BRC, CRF and Joint Research Office

Our NIHR BRC and NIHR CRF work closely together, with aligned priorities and objectives, as well as an integrated governance model. The BRC is a large, thematic structure that drives early translational research and experimental medicine across our partnership's areas of established world class strength. The BRC is the 'engine room' for our clinical translational research and for the partnerships that underpin our biomedical science. Our CRF is the central hub at UCLH for delivery of novel treatments to human beings for the first time, as well as other early phase clinical trials. For this reason, we often refer to our CRF as the clinical implementation arm of our BRC. In addition to the CRF being an important delivery vehicle for discovery output from the BRC, other examples of joint working include patient and public involvement/engagement, communications, and staff training. We are excited about being able to deliver a joint EDI strategy together between 2022 – 2027. Our EDI strategy has been developed in partnership and will be co-delivered, with multiple parts of our action plan to be implemented both for the BRC and CRF. The BRC and CRF will have separate EDI leads and Champions to monitor progress within our separate infrastructures but will share resources to maximise output of our joint strategic objectives.

In this context, our joint BRC/CRF strategy for EDI will also provide the framework for our EDI efforts across the rest of our research infrastructure, including crucially the Joint Research Office which provides research support, management and governance for the whole UCLH/UCL clinical research portfolio. The strategy will also be the overarching framework for the EDI strategy of our NIHR Patient Safety Research Centre – the Central London PSRC.

Key action areas

The UCLH BRC and CRF strategy for EDI is built around five interconnected action areas:

- addressing the culture
- optimising the governance processes
- ensuring that there is fair representation of minoritised people throughout the organisation
- ensuring diversity of clinical trial participants
- developing an effective communication policy.

Culture (blue in table)

Organisational culture is what members and staff experience, and is the visible fruit of rules, standards and control strategies. Success will depend on major cultural change as much as a regulatory process.

1. Publish data on inclusion reflecting staff, committees and members by protected characteristics.
2. Set an initial focus on issues around gender and race, with the ambition of embracing all protected characteristics (as described above) as well as issues to do with grade and place of training. The reason for focussing on these two characteristics initially is because that is

where the available data is most complete – by repeated cycles of showing how such data is driving improvement, we aim to have better data quality for all characteristics.

3. Develop staff and committees to better understand perceptions/motivations/ barriers in the different patient communities we serve and professional sub-groups we work with (race, disability, religion, etc).
4. Ensure that equality and inclusion issues are appropriately addressed (e.g. issues of wellbeing, flexible working, training) in relation to board agenda and conference topics.
5. Continually engage and exchange knowledge with NHS and academic organisations to learn and share good practice and take part in sector training, for example plugging into available mentoring and career coaching opportunities.

Governance (green in table)

The benefits of good governance are well-recognised and increase organisational stability, operational sustainability, and provide members with a clear direction of travel. This enables organisations to pull together as one, remain outward looking, minimise avoidable disruptions and build healthy cultures and with it a positive reputation. Responsibility for the delivery of the strategy will be across both organisations and championed by EDI Leads from divisions within the BRC and the CRF. They will be accountable to the BRC Executive and the CRF Management Board respectively, who will jointly direct the implementation of the strategy.

A first priority is the establishment of an EDI Steering Committee (which includes representation from CRF, the public, scientists, clinicians) to steer the direction of the work. A diverse and inclusive committee membership serve for a renewable term. The Steering Committee will:

1. Establish leadership accountability and oversight of equality, diversity, inclusion (EDI) plan via the BRC Executive and CRF Management Committee.
2. Publicise the procedures for dealing with reported incidents from BRC and CRF staff and membership. The specific action will be to both have a 'safe to speak up' channel for individuals, and to harmonise with UCL and UCLH Workforce department procedures.
3. Ensure that the EDI Steering Committee is networked with, and representative of, the membership as well as having UCLH Board sponsorship. The rationale for continuing EDI focus will be underpinned by audit of the impact of EDI projects on the outputs of the BRC and CRF, and indeed the JRO and other research infrastructure at UCLH/UCL.

Representation (red in table)

To optimise the development of talent in the organisation it is key that staff with protected characteristics are represented equitably in the BRC and CRF. There should be improved understanding of the legal positive actions that are available to increase fair representation and reduce unfavourable outcomes.

1. Publish demographic and EDI data on the BRC Executive, CRF Management and other research committees.
2. Publish targets for staff representation by protected characteristic for members and committee representatives.
3. Ensure diversity of representation across the BRC and CRF and a focus on opportunities for new talent.

As outlined in NIHR strategy (theme 4), this data collection is critical for developing a data-informed approach to the work and to allow monitoring of actions. All data collection will follow the established processes around information governance within the BRC and CRF.) We will incorporate

the published NIHR data collection format (<https://learn.nihr.ac.uk/course/view.php?id=1157>) in our data collection approach.

Promoting inclusion in clinical trials (orange in table)

Involvement of participants from a broad range of backgrounds is critical to translating the results of a clinical study into real-world utility. This comprises a multistep approach beginning with analysing the demographic data in trial centres, providing training for trial staff and establishing panels to steer actions to improve inclusive recruitment. The BRC's PPIE strategy has a key focus on inclusion in trial participation and will be implementing a wide range of work in this area.

Communication (purple)

To ensure there is a communication strategy for equality, diversity and inclusion in research in place and information is readily available on the performance areas of action as well as the ambitions for future programmes as part of a work in progress. The strategy will be underpinned by the rationale that the key is to treat all members with dignity and enable best quality patient care.

Intended outputs, outcomes, benefits

This strategy is aligned to the NIHR's EDI Strategy for 2022-2027 which identifies the need for diverse research teams, working in a culture which is conscious of the impact of inequality, with appropriate training and resources. We will undertake an iterative cycle of renewing this strategy document to ensure that our work outputs will progressively build in order to benefit the health of our diverse community.

The outputs of this strategy are the key performance indicators described in the table below.

The outcomes of this strategy will be to ensure that the UCLH BRC and CRF:

1. will have a diverse and representative team of staff who undertake and public who inform the research;
2. this team will have an understanding of the importance of inclusion and the sense of belonging within the BRC and CRF;
3. will undertake research that impacts the diverse community we serve.

The benefits of this strategy are that the UCLH BRC and CRF will raise awareness of the importance of equality and inclusion in research, with diverse and representative teams undertaking high quality research that equitably benefits the health of the patients and public.

Table showing actions, activities, accountability measures and timelines for the first 3 years. We plan to review in 3 years and add further actions.

1	Review and develop the existing mentoring scheme at the BRC to be more inclusive of researchers and staff from diverse backgrounds.	An inclusive mentoring scheme aimed at attracting staff from diverse backgrounds at all levels can support diversity in the talent pipeline.	Number of sign-ups, number of active mentoring relationships after 1 year Survey of participants to evaluate and monitor inclusion and impact as well as collect diversity data
2	Create a calendar of international and religious holidays and EDI awareness days/months	To avoid diary clashes and promote inclusion	Creation of calendar in CRF staff bulletin and on BRC website
3	CRF to create a welcome pack /handbook for all new staff, highlighting this strategy, and the staff networks	Promote inclusive culture of the organisation and emphasise link between BRC, PPIE and CRF	Production of pack / handbook Impact of handbook to be assessed at annual appraisal, which will be audited
4	Include questions related to EDI on CRF Study Adoption Form	Encourage research teams to consider the diversity of participants and find ways to address potential imbalance	Production of updated CRF Adoption paperwork updated to incorporate EDI questions

5	Implement policy for all BRC and CRF line managers to promote relevant training opportunities to their teams	Interconnect work within UCL, UCLH, BRC and CRF to improve staff opportunity	Monitor the number of staff taking up relevant opportunities (rolling programme of monitoring)
6	Adopt Disability Confidence Scheme Levels 1 and 2, working towards Level 3	Declaration of disability is low in most workforces – improving staff confidence is key	Documentation of adoption of Disability Confidence Scheme (DCS) Level 1 Document number of mental health first aiders
7	Ensure representation at BRC and CRF research symposia and other speaking opportunities are inclusive	Education and sub-committee leads to ensure inclusive and diverse panels are invited	Publish data on demography of invitees and contributors.
7a			Establish diverse and balanced programme committee
7b			Develop and disseminate a speaker and event policy used by all sub-committees
			Compile and maintain a list of potential invitees (updated with younger

			generation of speakers)
8	Develop and publish a coordinated process to handle complaints and grievances	Transparency is essential to ensure confidence in the BRC and CRF's intention	Production and dissemination of this policy
9	Establish data collection processes to collect EDI data , incorporating the NIHR data template https://learn.nihr.ac.uk/course/view.php?id=1157	Delivering on parity of representation requires benchmarking data	Production of data collection template to monitor workforce equality standards
10	Adoption of Athena SWAN, ACAS and Stonewall best practice and standards.	Commitment to inclusion demonstrated by adoption of accepted standards	Publication on website and bulletins that the standards have been signed up to (or rationale for why not)
11	EDI Champions to sit on each Theme Board, in the BRC Executive and the CRF Management Committee	To ensure conduit and 2-way messaging of EDI actions/requirements between workforce and executive	Published list of names on each Board and Committee
12	Establish a UCL-affiliated CRFs Forum. (To include the four NIHR CRFs affiliated with UCL: UCLH, Royal Free, Great Ormond Street Hospital and Moorfields)	Indicative forum projects: agile staffing, workforce development, underserved communities' initiatives, PPIEP projects and portfolio management to leverage site-specific expertise/infrastructure.	Publishing of annual activity report to the management boards

13	EDI included as fixed agenda item for BRC and CRF Management Meetings	Ensure focus on the agenda as a whole and on particular projects as they arise	Audit of all meeting agenda to confirm EDI content included
14	Establish transparent process for representation on sub-committees and council.	Equity may not always be achievable depending on applications for posts, so the process must be demonstrably open and fair and based on merit	Publication of policies on website and bulletins.
14a	All eligible positions to be advertised openly with an EDI statement accompanying.		Anonymised demographic data on applicants and appointees published
15	Ensure capture of demographic data on membership of sub-committees, executive and CRF Management Committee.	Demonstrating to membership that equality monitoring and anonymised data publication is a key component of improvement activity. It is lawful to request and collect for such purposes.	Publish data on gender, race and disability representation on membership, sub-committees and executive.
16	Ensure capture of demographic data on clinical trial patients (Epic) across all BRC studies and all studies on the CRF portfolio. We will utilise the NIHR data template https://learn.nihr.ac.uk/course/view.php?id=1157	Eligibility criteria may directly or indirectly exclude under-served groups. Recruiters may be blind to their biases.	Publish data on gender, race representation on trials across all studies: disaggregated by clinical specialty and by hospital site.

			Protected characteristic data recorded in all trial patients.
17	Showcase and learn from sites with high enrolment of under-served groups	For research to be generalisable, it is key that the research goes where need is	Publication and dissemination of a 'what works' document from high enrolment sites.
18	Create a database of individuals from under-served groups who are interested in participating in trials	<p>A potentially effective strategy for diversity and timely recruitment.</p> <p>This will be undertaken with respect paid to strict information governance protocols and to avoid over-taxing these individuals</p>	Establishment (and maintenance) of a database of individuals interested in trial participation
19	Establish a representative advisory panel for input into the research process	Need for researchers to understand the issues faced by under-served groups	Creation of and recruitment to a diverse and inclusive panel that research groups can access
20	Ensure communications are accessible and understandable to our diverse patient populations	Has been shown to increase engagement with studies	'Comply or explain' policy for this standard – monitored and audited to identify areas of deficit

21	Include education about clinical trials for the public on study websites	A lack of knowledge about and trust in trials is recognised as barrier to inclusion	'Comply or explain' policy for this standard
22	Make available equality training for all BRC and CRF staff	Culturally sensitive study staff results in improved recruitment and retention of diverse populations	EDI training module developed and in use Documenting staff completion of the module
23	Increase recruitment of staff from under-served groups within the BRC and CRF	To better ensure that teams represent the communities that trials serve	Monitoring of diversity representation of minoritised staff at all levels of BRC and CRF
24	Ensure that the BRC and CRF websites have explicit texts centring importance of EDI.	Demonstrating sincerity of ambition is essential.	Website includes specific EDI section
25	Present on progress with EDI agenda at BRC and CRF annual showcase events, and other meetings.	Maintaining a focus on EDI to the membership and internally is key to driving improvements.	Documentation of discussion at each relevant meeting
26	Develop engagement with local communities on research agenda and opportunities in BRC and CRF	Improve inclusion in staff and research. Create local networks.	Preparation and discussion of a Board paper on preferred engagement(s) PPIE work by the BRC centres on active engagement with local communities.

			Demonstration of Board chosen option being implemented (launch event)
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