National Institute for Health Research (NIHR) Oxford Health Biomedical Research Centre and Cognitive Health Clinical Research Facility

Equality, Diversity and Inclusion (EDI) Framework
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1. Oxford Health NHS FT Joint BRC and CRF EDI Strategy

May 2023

CRF SPECIFIC ACTION

Enhancing Site Accessibility

AREAS FOR JOINT ACTION

Demographics

Community Engagement

Data Collection

Communications

Training

Best practice focus

Conduct primary EDI research

Our Vision

With an underpinning commitment to equality in research, we will work with partners to establish, and enhance, the evidence-base for EDI. We will focus on relevant data collection and processes that will enhance the diversity of our research participants and workforce, including at senior levels.

Patient & Participant Recruitment

Representative PPIEP Panels

Leadership networks

Theme Statements of Intent

Optimise Partner Working

BRC SPECIFIC ACTION

NIHR | Oxford Health Biomedical Research Centre
2. Statement of Commitment for EDI

The **NIHR Oxford Health Biomedical Research Centre** (BRC) is a partnership between Oxford Health NHS Foundation Trust and the University of Oxford. The BRC is led, and delivered, by staff from both organisations who operate within the guidance and policies of their employing organisations. This BRC also uniquely operates as a network of eleven additional partner University and NHS Trusts across England whose Equality, Diversity and Inclusion (EDI) principles and aims must also be considered in running the BRC.

EDI considerations have been a major driver for both Oxford Health NHS FT and the University of Oxford. The University of Oxford has published an Equality Report ([https://edu.admin.ox.ac.uk/files/universityofoxford21-22equalityreportpdf](https://edu.admin.ox.ac.uk/files/universityofoxford21-22equalityreportpdf)) covering 2022/23, outlining progress in meeting the University’s annual equality objectives and highlighting the breadth of EDI activities taking place across the University. As part of this strategy, we have picked a few exemplars. This includes that the University of Oxford was a founding member of the Athena Swan Charter, holding an institutional Athena Swan Bronze award since 2006 and in February 2023 being successful in its application for an institutional Silver Award (see [https://edu.admin.ox.ac.uk/athena-swan](https://edu.admin.ox.ac.uk/athena-swan)). One department within the Medical Science Division of the University (Nuffield Department of Primary Care Health Sciences) holds a Gold Athena Swan Award and the remaining departments all hold Silver Athena Swan Awards. All four academic Divisions of the University have a dedicated EDI academic lead. This together, with the appointment of the University’s first Chief Diversity Officer and tripling of the staff roles with dedicated EDI support since 2017, acknowledges the importance given by the University to EDI principles. In addition, a new **Wellbeing Strategy 2022-24** has been launched for staff including a new website, staff counselling service, Wellbeing Champions Network plus training and resources.

Oxford Health NHS FT too has a bold vision for EDI to become the ‘The fairest and most inclusive mental and community health provider and employer in the UK.’ In order to realise and actualise its ambition, the Trust has focused on creating a culture that freely values and respects diversity and inclusion and has initiated a broad range of initiatives which includes: Race Equality Work Programme; Disability Equality Work Programme; five active equality staff networks and ten equality staff support groups which together have a membership of more than 1,000 staff; ‘Access Guides’ and ‘ReachDeck’ to improve access and inclusion for people with disabilities; celebrating Black History Month, LGBT+ History Month, Disability History Month, Neurodiversity Celebration Week, and many other diversity days and events; a suite of training and development programmes; and lots of engagement and education opportunities that promote good relations between people and social inclusion – (see [https://www.oxfordhealth.nhs.uk/about-us/governance/equality-and-diversity/](https://www.oxfordhealth.nhs.uk/about-us/governance/equality-and-diversity/)).

The EDI Framework we are developing will encourage engagement with all partners with the aim of putting EDI at the heart of best practice in the BRC. The Framework acknowledges our unique BRC centres of excellence partnership model. Since this began with our new BRC funding in December 2022, we are still at a very early stage of maturity but have plans to
make rapid progress in this area. We are guided in our assessment of our maturity level by two models: the Veza Global Maturity Model (for further details see https://diversity.tapnetwork.ca/maturity-model1) suggests we are in a stage between compliance and discovery and using the five stages of DEI Maturity (see Harvard Business Review, https://hbr.org/2022/11/the-five-stages-of-dei-maturity) we fit into the Aware-Compliant stage.

We aim to undertake scoping exercises across our partnership network, establishing the existing and planned EDI policies and actions as well as showcasing best practice. We will set out achievable objectives within the timeframe of this award and will provide details of our aspirations. Organisational and systemic influences on EDI are always challenging and change can be slow, often embedded in long histories of improvement and organisational cultures. There will be ethical dilemmas that we will explore within the BRC. However, progressive changes can only emerge from within organisations, and particularly from leaders committed to a positive EDI culture. We will promote a cross-organisational dialogue to showcase what best practice looks like and encourage specific actions to strengthen data collection and inclusive research practice for impact on diverse patient and population groups.

We have identified the four most relevant objectives for EDI in the BRC in the initial three years of this BRC funding period. Following advice from the NIHR Team at the draft stage, we have proposed objectives that are achievable in the funding period given the complexity of working with a network of partner organisations. However, we will continually evaluate our progress and build on the initial objectives in the latter period of the funding.

Our overall Vision for EDI, shared with the NIHR Oxford Health Cognitive Health Clinical Research Facility (Oxford Health CRF), is as follows:

“With an underpinning commitment to equality in research, we will work with partners to establish, and enhance, the evidence-base for EDI. We will focus on relevant data collection and processes that will enhance the diversity of our research participants and workforce, including at senior levels.”

We will work closely with the team at the Oxford Health CRF in the areas identified in the diagram (see separate figure) including patient and participant recruitment, data collection, demographics, and also in training and communications where this makes sense. We will continue our current joint working in community engagement.

3. Governance

EDI is addressed in the governance of the BRC through discussion at both decision-making Committees (BRC Steering Committee), and those with input from partner organisations (Strategic Partnerships Board), together with regular attendance of the EDI Lead at weekly BRC Management Committee Meetings.
The BRC adopts a ‘bottom-up’ approach delegating responsibility for EDI to Theme Leads. All Theme Leads have been asked to produce Statements of Intent which will regularly be updated and also have responsibility to regularly report at monthly Theme Lead meetings. EDI exemplars of best practice and innovation in practice will be regularly discussed and reported through NIHR’s annual reporting mechanisms.

Two members of the core BRC Management team (currently the Strategic Partnerships Manager and Infrastructure Reporting & Administration Manager) monitor ‘join-up’ of EDI activities across the BRC,
ensuring that central directives are not sensitive to contexts and local realities. The BRC Director and EDI lead provide oversight of the EDI Strategy.

<table>
<thead>
<tr>
<th>Overall NIHR objectives</th>
<th>Our approach</th>
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<tbody>
<tr>
<td><strong>Our People</strong></td>
<td>Establish a culture of learning and development on EDI.</td>
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<td>Scope our ability to capture and report diversity profiles of BRC participants and research teams.</td>
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<td>Creating optimal research environments factoring best practice in EDI.</td>
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<td><strong>Collaboration with partners</strong></td>
<td>Agree priorities, communications, policies and processes.</td>
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<td>Enhance our partner network across the BRC with NGO and public services.</td>
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<td><strong>Embedding evidence led approaches</strong></td>
<td>Utilising the NIHR diversity data questions, begin to scope the collection of data on the nine protected characteristics. We aspire to review and improve data collection and determine corrective actions.</td>
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<td>Encourage scholarship with the relevant research questions and methodological innovation.</td>
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<td><strong>Widening access and participation</strong></td>
<td>Engagement to improve recruitment and representation and ensuring relevance to diverse groups.</td>
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4. Objectives

Summary:

The NIHR Oxford Health BRC, as a network of centres of excellence in brain health, will:

1. Focus on creating equitable opportunities within the BRC facilitated by mentoring, developing support networks, and a commitment to embed EDI within a positive culture.
2. Build leadership networks within the BRC to advocate for progressive EDI and to challenge resistant systems.
3. Develop EDI resources and implement them with the production of further relevant materials for better research design.
4. Ensure that the patient and public communities served by our partner network locally and nationally have the opportunity to participate in our research in accordance with INCLUDE guidance.

To ensure awareness and discussion of EDI across all partners of the BRC, the agenda for the quarterly BRC Strategic Partnerships Board will have a regular EDI item, plus dedicated time for an annual discussion.

3. 1 OBJECTIVE 1: We will focus on creating equitable opportunities within the BRC facilitated by mentoring, developing support networks and a commitment to embed EDI within a positive culture.

Short Term- 1-2 years

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<thead>
<tr>
<th>Action</th>
<th>Short term outcomes and how we will monitor progress</th>
<th>Action Owner</th>
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<tbody>
<tr>
<td>(1a) We will use a scoping exercise and consultations to evaluate the best methods/means to enhance EDI awareness in the BRC.</td>
<td>We will have a scoping document that proposes, and evaluates, how EDI messages can be relayed most effectively within the BRC. We will actively seek suggestions from all BRC staff and consider the options proposed. Our previous work has suggested ideas for distributing EDI messages might be for example (i) an optional quiz (ii) asking for submission of articles or artwork conveying key EDI messages as blogs and newsletters (iii) building on the successful and ongoing monthly programme in the Psychiatry Department in Oxford, initiating targeted campaigns for EDI messages/stories over a specified time period.</td>
<td>All staff will be encouraged to provide suggestions. BRC Management team will review suggestions and agree priorities within available staff resources. BRC Comms Team (with input as appropriate from partner Comms Teams) will be</td>
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| (1b) Creation of material that highlights specific opportunities eg in the context of International Women’s Day, International Day of People with Disabilities, International LGBT + Pride Day etc | We will build on specific EDI initiatives in the Department of Psychiatry, Oxford that include (i) monitoring the diversity of speakers for meetings and events (ii) improving photographic representation of staff in the department (iii) improvement of the departmental website to showcase EDI progress.  

**Monitoring progress:**  
The scoping document will be available within 21 months of the start of the BRC (ie by end August 2024). We will then trial key methods for conveying EDI messaging over the next year (until August 2025) and evaluate effectiveness. | key to taking this forward. |
|---|---|---|
| (1c) We will ensure that relevant training opportunities are highlighted to staff. | Working with the Communications Teams associated with the BRC and other resources (eg Mental Health Research Incubator), create, and promote, bespoke material to highlight specific events that appear annually in the calendar. These could be summaries/overviews of specific research that has been undertaken, blogs or other articles that will spark interest.  

**Monitoring progress:**  
In a rolling Programme starting autumn 2023 and enhanced each year of the BRC, we will work to add to the material available, highlighting the nine protected characteristics to which data collection is requested. | BRC contributors to suggest material. Liaison with those involved in resources such as the Mental Health Research Incubator.  
BRC Comms Teams to research the ‘brief’ and write/commission others to produce appropriate material. Partner Comms Teams to be involved as appropriate. |
| | Working with the Research Capacity Development and Training Team, and exploring the optimal way to present the details, within 18 months of the start of the BRC (ie by end May 2024) we will ensure that all relevant training opportunities are highlighted to all staff.  
This could include the Oxford Inclusive Leadership Programme ([https://www.win.ox.ac.uk/about/training/inclusive-](https://www.win.ox.ac.uk/about/training/inclusive-)) | BRC Management Team/ Research Capacity Development and Training Lead and team. |
leadership-programme) for Oxford PIs and focused on the creation of more inclusive, transparent and supportive leaders and with EDI included as one of its four core elements. Further initiatives in the Department of Psychiatry, Oxford include a programme of microaggressions and bystander training and other programmes focusing on disability in the workplace, race equality.

**Monitoring progress:**
The impact of these initiatives can be monitored through surveys (including as appropriate the staff surveys conducted by organisations). There will also be requests for feedback and suggestions for additional training.

### Long Term - 3-5 years

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<td>(1d) Creation of a Mentorship Network</td>
<td>In conjunction with the Research Capacity and Training Team in the BRC, we will create a Mentorship network for those who do not currently have a formal mentor but would find this helpful. Simultaneously, we will ensure that all relevant opportunities from the NIHR Academy are relayed. Monitoring progress: Review the number, and specific details, of the mentor/mentee pairs.</td>
<td>Theme Leads/other Leads and Research Capacity and Training Team</td>
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### Short Term- 1-2 years

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<td>(2a) Current Theme Leads/leads of defined areas in the BRC will articulate their team EDI objectives</td>
<td>Within a year of the start of the BRC (ie by end of December 2023) each BRC Theme will have produced an EDI Statement of Intent that will be published on the website. Theme Leads will provide regular updates on progress in the area of EDI, including best practice as part of the reporting process.  &lt;br&gt;  <strong>Monitoring progress:</strong> We will dedicate time annually at one of our monthly Theme Leads meetings to discuss EDI and provide examples of best practice or changes implemented which have impacted positively on EDI. The first of these meetings are in the schedule for December 2023.  &lt;br&gt;  A formal update on progress with addressing our EDI objectives will be prepared annually for the BRC Steering Committee. This will be followed by a discussion at the monthly meeting where the update is presented.</td>
<td>BRC Theme Leads with monitoring by BRC Management Team.  Steering Committee will receive a formal annual report on which it can comment.</td>
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<td>(2b) We will use the Strategic Partnership Board (SPB) for creating a leadership network</td>
<td>The SPB will agree either that it will be the forum for the annual discussion of EDI or identify leads for EDI at each partner organisation. The BRC EDI lead will facilitate an annual meeting of SPB. This will highlight recent research updates, encourage the discussion of best practice and facilitate the reporting of successes or concerns. It will agree issues to be addressed in the forthcoming year.  &lt;br&gt;  <strong>Monitoring progress</strong>  &lt;br&gt;  As part of BRC Governance, the SPB will be provided with an annual update on EDI matters, feeding appropriate comments into the annual commentary report of the BRC, and publishing EDI material on leadership and</td>
<td>EDI Lead with SPB. BRC Comms Team involved with website updates.</td>
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quality improvement - on our website and in public spaces.

### Long Term- 3-5 years

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<td>(2c) Using a timely research question focusing on research inequality, we will agree a pilot study to undertake some empirical EDI research.</td>
<td>Allowing the flexibility that will be available to redirect resources after the mid-term point of the BRC, we will work across the BRC to define a forward looking, pilot project focused on research inequality. The most appropriate Theme for the work will be identified and the question to be addressed will remain as ‘open’ until the mid-term review point. One area that could be explored is of ethical dilemmas raised by the collection of data for the nine protected characteristics. Monitoring progress: Several of the Themes are undertaking research that is directly relevant to the key issues in EDI and we will use Steering Committee and the Strategic Partnership Board placed to agree the question(s) that should be prioritised. We will develop a register of relevant research projects and monitor outputs.</td>
<td>EDI Lead with Theme Leads, BRC International Advisory Board and Steering Committee</td>
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### Short Term- 1-2 years

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<td>(3a) Creation of an EDI site on the Oxford Health BRC website</td>
<td>As we currently do not have a dedicated area on the BRC website for EDI this will have to be created from scratch. We require to scope a layout that is technically feasible within the constraints of the defined website architecture and subsequently write content, working with partners and relevant stakeholders.</td>
<td>BRC Core Team BRC Comms Manager.</td>
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| (3b) EDI specific content / blogs | Working with the Communications Team, we will create and launch EDI specific webpages, including links to learning resources and videos. We will encourage wider engagement via BRC Theme Leaders meetings.  

**Monitoring progress:**  
Webpage launch by end of 2023 with monthly updates scheduled including key focus areas, events and comms.  
Work at ensuring optimal linkage with other resources being created eg dedicated people and culture page on the website for the Psychiatry Department, Oxford. Cross reference will also be undertaken with dedicated areas for PPIEP and Academic Career Development. |
| (3c) Piloting of optimal methodology to increase awareness of EDI considerations in for example research design | Within 18 months (ie by May 2024) we will identify, and interview, EDI role models to produce content for an engaging and knowledge focused blog via the webpage.  

**Monitoring progress:**  
Produce quarterly blogs with upload to the website, with a running timetable focusing on relevant characteristics. |
|  | As part of the scoping proposed in objective 1a we will determine the most effective way to deliver EDI messages to BRC staff and identify some of the ethical dilemmas in collecting EDI data across the BRC partners (including a mapping of existing systems).  
Following completion of this scoping work (due by August 2024) we will pilot conveying key EDI considerations to BRC staff. This will include the best practice in research design that has been highlighted in the Statements of Intent from BRC Themes. We will build on learnings from partners Institutions, and work with the Department of Psychiatry in Oxford that has run successful monthly campaigns to highlight a variety of issues eg race equality, LBGT+ history, student wellbeing, neurodiversity and |
|  | BRC Core Team  
BRC EDI Lead  
BRC Comms Manager  

BRC EDI lead  
BRC core team and Theme leads showcasing their best practice |
family-friendly/flexible working. The Nuffield Department of Primary Care Health Sciences in partnership with Cambridge University (their model) has assembled narratives of racism in everyday life and anti-racist practices. Following this pilot work, we will refine our approach as part of Objective 3d.

Monitoring progress:
The scoping work should be completed by August 2024 and from that time until August 2025 we will pilot how to co-design and optimise key EDI messages and modalities of delivery. We especially wish to strengthen the expertise on how to incorporate EDI in research design. For example, cultural adaptation of trial design, recruitment practices, outcome adaptation, and mixed methods giving voice to service user and carer experiences. Such progress will be charted in published statements on best practice and blogs about progressive practices.

This will be monitored by a regular agenda item on EDI at the Theme Leads meeting and BRC Operational Group meetings (involves Theme Co-ordinators/project managers and core BRC staff).

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<td>(3d) EDI Best practise Hub</td>
<td>Exemplars of inclusive research practices to be showcased on the website. A quarterly standing item will ensure examples are highlighted at BRC Theme Leaders meetings. Monitoring progress Theme Leaders will be encouraged to highlight their EDI best practices at the Theme Leaders meetings for inclusion on the website.</td>
<td>BRC Core Team / BRC Theme Leads and BRC Comms</td>
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</table>
3. 4 OBJECTIVE 4 – Ensure that the patient and public communities served by our partner network locally and nationally have the opportunity to participate in our research in accord with INCLUDE guidance

Please note that all work in this area is undertaken in conjunction with our PPIEP Teams in the Oxford Health BRC and the Oxford Cognitive Health Clinical Research Facility (CRF). These objectives will be aligned to the separate detailed PPIEP joint strategy the BRC/CRF have developed.

There is also significant collaboration between Oxford BRC and Oxford Health BRC in PPIEP with a joint patient and public involvement group, the ‘Diversity in Research Group’ (see https://oxfordbrc.nihr.ac.uk/ppi/diversity-in-research-group/) having been established.

Short Term- 1-2 years

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<td>(4a)</td>
<td>Identifying the challenges in recruitment to encourage applicants from underrepresented groups to become involved in PPIEP activities.</td>
<td>Within 15 months (ie by February 2024) and working closely with the ‘Diversity in Research Group,’ we will identify the challenges for research participation in under-represented communities. This will include identifying and understanding hidden diversity (eg class and neurodivergence). Monitoring progress: Regular meetings of the ‘Diversity in Research Group’ will keep the need to identify recruitment challenges at the heart of meeting agendas. We will maintain iterative discussions on the challenges for research participation and publicise progress made by the ‘Diversity in Research Group’ on addressing barriers to research participation.</td>
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<td>(4b)</td>
<td>Having identified the challenges above, we will work with communities and researchers to co-produce and co-deliver approaches to overcome these barriers</td>
<td>Within 24 months (ie by December 2024) we will have identified two challenges and implemented the suggested changes. Monitoring progress: Progress on this objective will be regularly discussed as part of meetings and events, encouraging all participants to contribute to the practical aspects of implementing the suggested changes.</td>
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### (4c) Improve accessibility to research through opportunities for people with diverse needs, such as carers, people whose first language is not English and people with visual/hearing difficulties.

| From our work to date, we are aware that these particular groups are underrepresented in research studies. Within 24 months (ie by December 2024) we will have initiated our work with community leaders and utilise innovative methods (eg music, arts and dance) to enhance engagement. |
| Monitoring progress: We will create an engagement programme targeting a couple of ‘grass root’ communities each year, developing our relationships and introducing the community members to research. |
| BRC PPIEP Team with Oxford Health CRF Team |

### (4d) Produce clear and accessible communications, through co-production, using understandable language.

| We know from our work to date that poorly worded communications significantly hamper effective PPIEP activities. By the end of year 1 (ie by December 2023) we will have initiated co-design of dissemination materials (for research/involvement) in a variety of formats. We will also use our PPIEP working groups to co-produce guidance on effective communications. |
| Monitoring progress: Our PPIEP groups will be asked to comment on progress in this area (eg are we adopting plain English). We can also conduct a survey of material on the website to check plain English accessibility with a wider audience. |
| BRC PPIEP Team plus Oxford Health CRF Team BRC and Comms Team |

### Long Term- 3-5 years

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<tr>
<td>(4e) Focus on Health Inequalities</td>
<td>Ensure research and studies are not based only on health status but also improve access to studies and include behavioural risks to health and wider determinants of health.</td>
<td>BRC Management Team working closely with the BRC PPIEP Team and BRC Themes</td>
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</table>
Ensure research and studies are inclusive of socio-economic factors, geography, specific characteristics and socially excluded groups.

**Monitoring progress**
Information to be communicated in an easily understandable and culturally sensitive way. To be monitored and reviewed quarterly.

Access to be measured in terms of availability and uptake in underserved areas.

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5. **Our Partners**

We have provided links below to the relevant EDI policies/webpages of the OH BRC partners.