

NIHR Bristol CRF EDI strategy has been written in collaboration with the NIHR Bristol BRC. In order to avoid confusion, this published version only includes activities that will be undertaken by the CRF and BRC working in unison or those that will be undertaken by the CRF only.

Statement of vision

We are committed to embedding equality, diversity, and inclusion (EDI) in everything we do. Medical research often excludes people from certain backgrounds or people in some circumstances. We want to change this. To do this, we want the people taking part in our research, the people who help design and shape our research, and the researchers carrying out the studies to be more diverse. We also want the way we do our research to be more inclusive. We will do research that aims to reduce unfair and systematic differences in health between different groups of people. We will work with different communities to make sure they have a strong voice in planning and delivering research. We want to have a team made up of staff from different disciplines, specialisms, and backgrounds.

Commonly used terms

- **Equality** is making sure that everyone has an equal opportunity to make the most of their lives and talents.
- **Diversity** is recognising the benefits of different values, abilities and perspectives and celebrating people's differences.
- **Inclusion** is creating an environment where everyone feels welcomed and valued, and has the ability to contribute.
- **Health inequalities** are avoidable, unfair and systematic differences in health between different groups of people. There are many kinds of health inequality.
- **Under-representation** is where some individuals or groups of people have had fewer opportunities or been excluded.
- **Under-served** refers to groups of people who have lower than expected inclusion in research but experience high healthcare needs/usage not matched by the volume of research designed for the group.
- **Research culture** refers to the environment in which researchers work. It is about the behaviours, values and attitudes of the research community, and how they affect people who work in research. There are lots of factors which lead to a positive research culture, but one of those is making sure it is inclusive.

Context

The NIHR Bristol Clinical Research Facility (CRF) is funded by the National Institute for Health and Care Research (NIHR) and based at UHBW. We carry out clinical trials in the hospital which help convert new research discoveries into medical interventions that improve health. Our focus is on the early stages of developing tests and treatments.

The NIHR Bristol Biomedical Research Centre (BRC) is funded by the National Institute for Health and Care Research (NIHR). We are based at the University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and the University of Bristol. We also work with other NHS trusts, Universities, charities and companies. We do research to understand what causes diseases, how we can stop them from getting worse, and how we can best treat them. We do this using different research methods, including using detailed genetic and molecular data, and analysing data from records collected during routine NHS care.

Bristol is a vibrant city, full of engaged communities and energetic people who really care about the place they live¹. Bristol and the area around it includes people living in urban, rural, and coastal areas, who come from a range of heritages and backgrounds. For example, within the City of Bristol itself, there are people from 187 countries, speaking 91 different languages. However, there is a lot of inequality in people's opportunities, their health and the care they receive. In the most deprived areas of Bristol, men die nearly 10 years earlier, on average, than in the wealthiest areas². In the wealthiest areas of the city, 100% of school leavers go on to higher education, compared with less than 10% in the poorest areas³. In Bristol, 15% of the city's population live in areas that are ranked among the 10% most deprived of areas in England⁴.

Bristol is a city where racial and ethnic disparities are common⁵ and long standing. Bristol also continues to grapple with its history in the slave trade. Many of the city's public buildings were built using money from the sale of tobacco, sugar and enslaved African people. This includes the University. Bristol has a history of civil rights activism, including the Bristol Bus Boycott of the 1960s and the Black Lives Matter protests of 2016 and 2020.

Existing strategies

Many of the other education, research and healthcare organisations in the region are also working towards being more inclusive. We want to work with them as much as possible so that we all do this better.

UHBW and University of Bristol

Both UHBW and the University of Bristol have committed to becoming diverse and inclusive organisations.

UHBW has published a [plan](#) to have a more diverse workforce. It has also appointed an EDI lead for patients to make sure patients from all backgrounds have equally good healthcare.

The [University plan](#) for 2022-2030 also includes aims and actions for improving [EDI](#). The University would like to become an anti-racist organisation and a lot of their actions relate to this. The University is considering how the UK's history of controlling less powerful countries (colonialism) has affected how students are taught. They are asking their staff and the public how the University should address its connections to slavery. They want to make sure that students and staff from all backgrounds have the same opportunities.

Part of the Bristol BRC and CRF EDI plan looks at our workforce. Most of our staff work in UHBW or the University of Bristol, so we need to work with them to improve diversity. Their plans will help us do this. For example, both organisations want to encourage people from under-represented backgrounds to work and study there. They both have programmes of work to support this. Both organisations provide staff training on diversity and anti-racism.

Support for local health research

There are lots of research groups and organisations in the region that are involved in health research. Several of them work together as part of the Bristol Health Partners Academic Health Sciences Centre (AHSC). The AHSC includes the CRF and the BRC.

¹ <https://bigsocietycapital.com/impact-stories/tackling-inequality-bristol/>

² <https://www.bristolonecity.com/health-and-wellbeing/health-inequalities/>

³ <https://www.bristol.ac.uk/news/2018/october/educational-inequality.html>

⁴ <https://www.bristol.gov.uk/files/1530-jsna-2020-21-deprivation>

⁵ <http://hummedia.manchester.ac.uk/institutes/code/briefings/localethnicinequalities/CoDE-Briefing-Bristol.pdf>

The Integrated Care Board is the organisation responsible for the day to day running of the NHS in the region. They want to increase the numbers of people from under-represented communities taking part in health research because this will help us improve the health and wellbeing of those communities. They have asked voluntary, social enterprise and community organisations to lead a group called the 'Research Engagement Network'. The Research Engagement Network want to help researchers and under-represented communities work better together and improve research practices and culture. It will focus first on addressing local race-related inequalities in health research.

We will work with other members of the AHSC to learn from the work they are doing and share things that have gone well. We will work with the Research Engagement Network to learn how to work better with local communities, so that we can involve them in planning and delivering research.

NIHR

The Bristol BRC and CRF are funded by the NIHR. The NIHR [plan for EDI](#) has four main aims. These include getting evidence about what improves EDI, improving the diversity of people involved in research, making their processes fairer, and changing the research culture. Our EDI goals follow on from these and cover data, people, processes and culture. Our fifth goal is about working with others to extend the reach and impact of our EDI plan and this lines up with NIHR's theme of collaboration.

The NIHR published a Race Equality Framework in 2022. This is a tool to help organisations identify what they need to change to improve racial equality in health research. One of the first steps in our EDI plan will be to use the Framework to reflect and learn. We want to be better at engaging with all under-represented groups and we think the Framework is a good way to start developing this. We will use this to help us decide our next steps, including how we engage with other under-represented groups.

Statement of maturity levels

An EDI maturity level describes what stage an organisation has reached in creating an inclusive culture. This can help work out the next action steps they should take.

In both UoB and UHBW, the senior leaders have said that EDI is so important it must be a part of the organisational plans. Both have special teams working to increase the focus on inclusive culture. Both also recognise that there is much more to do. They are committed to EDI.

In both the Bristol BRC and CRF we do not have a diverse group of staff and leaders. For example, most of our staff are white, and we do not have many staff who say they have a disability or come from lower socio-economic backgrounds. We also know that research in the BRC and CRF excludes people from some backgrounds, with certain conditions or in certain circumstances. At present, we do not have enough diversity amongst the people who take part in research or our patient and public contributors. We want to change this and have an inclusive culture so that our research improves health for everyone. We are at a discovery stage, working out how we can change.

Partners

Bristol BRC works with [the Bradford Institute for Health Research](#). Some areas of Bradford, similarly to Bristol, are affected by inequality and deprivation. However, Bradford has a very different ethnic make-up, including lots of people who have a South Asian heritage. Our colleagues in Bradford have been working closely with communities across their city for many years and we can learn a lot from

them. Conducting research in both cities means will help us to involve different communities in our research.

Our colleagues at People in Health West of England help us involve patients and the public in shaping and designing our research.

Governance

The EDI work in the CRF is led by the Director and overseen and approved by the CRF Senior Management and Prioritisation Group. This is a group of senior staff who meet once a month to make sure that all the work undertaken by CRF staff is a suitable use of resources and is completed to a high standard. The CRF Senior Management and Prioritisation Group will sign off the EDI plan and will check the progress of the plan every six months.

The EDI work in the BRC is managed by the BRC EDI Group, which is led by the Chief Operating Officer and the Co-EDI Lead. The EDI group is made up of BRC staff and public contributors. They will work closely with partners from different backgrounds and situations to review our EDI plan and advise us on what actions we should take to meet our objectives.

The EDI plan is signed off by a group of senior staff in the BRC, called the BRC Executive Group. The EDI Group discusses progress of the plan with the wider BRC every six months.

What we are going to do

We have five goals in the areas of data, people, processes, culture and working with others. We will:

1. Explore ways to collect diversity **data**. This will help us understand where there are barriers and biases that have resulted in some groups being under-represented.
2. Encourage more diverse **people** to work with and for us. This includes our staff, our public contributors and our research participants.
3. Make sure all the **processes** and policies we use improve EDI and don't discriminate.
4. Encourage inclusive **attitudes and behaviours**.
5. **Work with our partners** and other groups to extend the reach and impact of our EDI plan.

We want to achieve these goals in three areas: our workforce, patient and public involvement and engagement (PPIE), and how we carry out our research. We have set some objectives to help us keep track of our progress, with a series of actions which will help us achieve them. We will review these objectives and actions every year to see what we have completed and what new objectives we should add. We will work with existing groups in our organisations and across the region to make sure our objectives are appropriate and to co-develop plans for how we meet them.