

King's Clinical Research Facility Equality, Diversity, and Inclusion Strategy

This strategy details our ambition, aim, principles and goals for equality, diversity, and inclusion at the King's Clinical Research Facility for 2023-2025. This strategy is a live document, and it will be revised and updated for 2025-2028 to reflect our progress and our evolving relationship with our partners and collaborators. It also outlines how we will evaluate our equality, diversity, and inclusion activities.

This strategy document was written by CRF staff Elka Giemza and Cat Harvey, with review and improvements by the King's College Hospital equality, diversity and inclusion team and further members of the CRF staff.



Contents

<i>Acronyms</i>	3
<i>Definitions</i>	4
<i>Introduction and Statement of our Commitment and Vision</i>	5
<i>The King’s Clinical Research Facility</i>	6
<i>Our partners and collaborators</i>	7
<i>Our ambition and aim for EDI</i>	8
<i>Our principles</i>	8
<i>Our goals</i>	9
<i>Our action plan</i>	10
<i>Our roadmap</i>	17
<i>Resources and infrastructure supporting our strategy</i>	18
<i>Our governance structures</i>	18
<i>Evaluating our strategy</i>	19
<i>Acknowledgements</i>	19
<i>Contact</i>	19
<i>Appendix 1 Equality Risk Assessment Form Example</i>	20

Acronyms

We have tried to minimise acronyms in this strategy. The ones we have used can be found below:

BRC: Biomedical Research Centre

CRF: Clinical Research Facility

EDI: Equality, Diversity, and Inclusion

ERAF: Equality Risk Assessment Form

KCH: King's College Hospital

KCL: King's College London

NIHR: National Institute for Health and Care Research

PPI/E: Patient and Public Involvement/Engagement

SLaM: South London and the Maudsley NHS Foundation Trust

When you come across acronyms in this document you can click on them via the blue hyperlink. This will bring you back to this 'acronyms' section where you can view the acronyms written out in full.

Definitions

Key definitions from the National Institute for Health and Care Research (NIHR) are listed:

Clinical Research Facility: purpose-built facilities in NHS hospitals where researchers can deliver studies. These studies may be in an early phase (when a researcher is looking at whether something is safe or effective).

Clinical Trial: an experiment to compare the effects of two or more medicines, treatments, or procedures. 'Clinical trial' is an umbrella term for a variety of different experiments using different methods.

Equality: ensuring that everyone is given equal access to resources and opportunities to use their skills and talents. Taking a systems approach to what we do and how we do it and identifying and removing long standing, structural barriers to success.

Equity: trying to understand and give people what they need to achieve their potential; promoting notions of fairness, justice, entitlements, and rights.

Diversity: being reflective of the wider community. Having a diverse community, with people from a broad range of backgrounds represented in all areas and at all levels.

Inclusion: an approach where groups or individuals with different backgrounds are welcomed, culturally and socially accepted, and treated equally. Engaging with each person as an individual. A sense of belonging that is respectful of people for who they are.

Intersectionality: A framework that acknowledges that all people have unique experiences of discrimination and disadvantage exacerbated by the overlap of multiple social identities.

Public members: include patients, potential patients, carers, and people who use health and social care services as well as people from organisations that represent people who use services.

Research: discovering new knowledge that could lead to changes in treatments, policies, or care.

Introduction and Statement of our Commitment and Vision

This strategy outlines our **ambition, aim, principles, and goals** for Equality, Diversity, and Inclusion (EDI) at the King's Clinical Research Facility (CRF). **We aspire to be a diverse and inclusive research environment. We want the research undertaken at the King's [CRF](#), and the research teams who use our facilities, to reflect this aspiration.**

We are aware that our equality, diversity, and inclusion journey is at an early stage. Whilst we are currently meeting all requirements, there is scope for us to adopt new practices, and for us to strengthen a culture where [EDI](#) sits front and centre. We recognise that on the [EDI Maturity Model](#)¹, we are at the 'compliance' stage; **we greatly look forward to moving through to the next stages** of discovery and commitment.

Our work at the King's CRF is funded substantially by the [NIHR](#), and we use their definitions of equality, diversity, and inclusion. Equality is ensuring that everyone is given equal access to resources and opportunities to use their skills and talents. Diversity is being reflective of the wider community; having people from a broad range of backgrounds represented in all areas and at all levels. Inclusion is an approach where groups or individuals with different backgrounds are welcomed, culturally and socially accepted, and treated equally.

Vernā Myers, an inclusion strategist, succinctly summarises this in the following analogy. We have added, 'belonging' into the analogy, as we also want people at our Clinical Research Facility to feel free to be themselves.

“
**Diversity is being invited to the party.
 Inclusion is being asked to dance.
 Belonging is dancing like nobody is
 watching**
 ”

We want staff, researchers, and public members to read and use this document often. We understand that there will **be a need for us to learn continually and actively**. We will need to learn from our successes and failures, from others within and outside our sector, and from our public members and the wider community we serve. This 'learning approach' is clearly outlined in the [NIHR EDI Strategy](#)², and it will be required for long-term success when embedding [EDI](#) in the work of the King's Clinical Research Facility.

¹ <https://diversity.tapnetwork.ca/maturity-model1>

² <https://www.nihr.ac.uk/documents/equality-diversity-and-inclusion-strategy-2022-2027/31295>

The King's Clinical Research Facility

The King's Clinical Research Facility³ is designed to support clinical trials on a broad range of topics including mental health and general medicine. These clinical trials may be sponsored by pharmaceutical companies (known as commercial trials) or sponsored by the NHS, Research Councils or Charities (known as non-commercial trials).

The King's Clinical Research Facility is made up of four research areas listed below. They are all based physically at King's College Hospital acting in partnership with South London and the Maudsley NHS Foundation Trust and King's College Hospital.

- 1) **The Experimental Medicine Facility:** this contains rooms set up with clinical equipment, such as the equipment needed to take blood or to give medication, and specialised rooms where volunteers and patients with particular conditions taking part in clinical trials can be interviewed.
- 2) **The Cell Therapy Unit:** where human-cell and gene-based therapies can be produced.
- 3) **The Clinical Trials Facility:** this contains ward beds and rooms where volunteers and patients with particular conditions taking part in clinical trials can be examined.
- 4) **The Imaging Facility:** this contains a 3T magnetic resonance imaging scanner and we are expecting a second scanner to be installed in 2023.

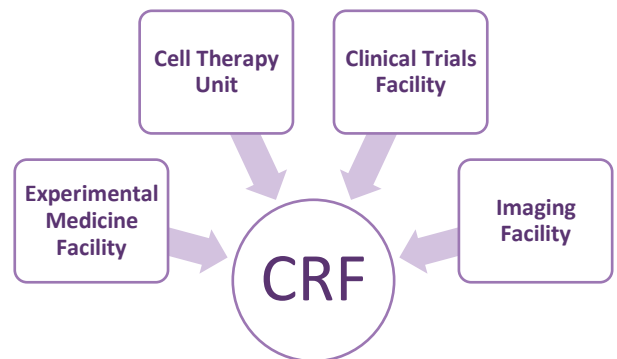


Figure 1: Research areas within the King's Clinical Research Facility

The King's Clinical Research Facility has clinical research and support staff to help research teams with their studies. Research teams from across the hospital undertaking commercial or non-commercial trials must apply to use the [CRF](#) and to work with our staff.

The wider King's Clinical Research Facility Strategy outlines **our aim to provide an excellent facility for the efficient and safe conduct of clinical trials**. We hope these clinical trials will lead to developments that transform the lives of patients. We believe this aim can only be achieved by working alongside:

- 1) Researchers from many different disciplines, locations, and backgrounds
- 2) Staff, such as Research Nurses, Clinical Research Practitioners, and Administrators, from many different disciplines, locations, and backgrounds
- 3) Public members from many different locations and backgrounds with varied work and lived experiences and interests

³ <https://www.maudsleybrc.nihr.ac.uk/crf-home/>

Our partners and collaborators

We receive support from many places. Our partners and collaborators have influenced this Equality, Diversity and Inclusion Strategy as follows:

- 1) **King's Health Partners:** we receive academic support from King's Health Partners⁴. King's Health Partners is a collaboration between hospitals and universities in the Southeast London area. King's Health Partners' five-year plan centres on **delivering better health for all**. One way they plan to approach this is by **developing and evaluating opportunities for black and minority ethnic staff and students**. This Equality, Diversity and Inclusion Strategy supports King's Health Partners' approach.
- 2) **King's College Hospital:** we are based in King's College Hospital, and therefore we align ourselves with the hospital strategy, which is to be **BOLD**⁵:
 - Consisting of **Brilliant** people
 - Delivering **Outstanding** care
 - Developing **Leaders** in research and education
 - With **Diversity, Equality, and Inclusion** at the centre of it all

We plan to collaborate with colleagues from the **King's College Hospital equality, diversity, and inclusion team**, and we also align ourselves with their first-ever **'Roadmap to Inclusion'**⁶. This sets out some key actions including the introduction of **EDI** training and mentoring programmes and increasing the diversity of research teams. There is also a **Research Health Inequalities Group, which is part of the hospital Health Inequalities Programme**. The group has **many priorities that fit with the scope of this Strategy**. For example, the group will **develop inclusive communications with patients to encourage their participation in research**. We plan to work with the Research Health Inequalities Group as outlined in goal 3 in our action plan.

- 3) **King's College London:** we are academically based in King's College London. We plan to collaborate with colleagues from the **King's College London equality, diversity, and inclusion team**. We would like to learn from them, particularly in relation to **the Diversity Matters and Trans Matters training programmes they deliver**⁷. We benefit from training that academic staff have available to them in these areas.
- 4) **South London and the Maudsley (SLaM) and its Biomedical Research Centre (BRC):** We have significant interactions with **SLaM** and its **BRC**. The **SLaM BRC** has considerable expertise around equality, diversity, and inclusion that we can leverage to the advantage of the King's **CRF**.

⁴ <https://www.kingshealthpartners.org/>

⁵ <https://www.kch.nhs.uk/about/our-strategy>

⁶ <https://www.kch.nhs.uk/Doc/mi%20-%20363.1%20-%20roadmap%20to%20inclusion%202022-2024.pdf>

⁷ <https://www.kcl.ac.uk/professional-services/diversity/edi-training-for-staff>

- 5) **NIHR:** we receive funding from the [NIHR](#). We are also supported by the [NIHR's EDI](#) infrastructure, available resources, and guidance.

To note: We also received funding from the Wellcome Trust when we were first established. More information on our funders can be found on our website⁸.

- 6) **Public members:** our public members are key partners and collaborators. **As more public members join us, their local community contacts and networks will be invaluable in helping us to build a diverse group. We want the group to be reflective of the South London population we serve.**

Our ambition and aim for EDI

Our ambition: to support more inclusive research at the King's Clinical Research Facility, which is undertaken by diverse research teams, and shaped by a diverse public involvement group.

Our aim: to raise awareness of the importance of [EDI](#), and to ensure that appropriate resources and training are available and accessible to all staff at the King's Clinical Research Facility.

Our ambition and aim are built on and in line with the [NIHR's EDI](#) Strategy for 2022-2027⁹. Their strategy outlines the need for people from diverse backgrounds in the research talent pipeline, and the need for appropriate training, resources, guidance, and support to embed [EDI](#) within research cultures.

Our principles

At the King's Clinical Research Facility, we are:

- **Curious individuals:** we take time to learn from, and about, people with different experiences and backgrounds than our own; difference is celebrated
- **Courageous individuals:** we speak up and draw attention to behaviours or practices that need to be challenged; we learn from both success and failure
- **Capacity-building individuals:** we value researchers, and staff at all stages of their careers and seek to support their career progression



Figure 2: Our principles

⁸ <https://www.maudsleybrc.nihr.ac.uk/nihr-wellcome-kings-clinical-research-facility/about-us/our-funders/>


⁹ <https://www.nihr.ac.uk/documents/equality-diversity-and-inclusion-strategy-2022-2027/31295>

Our equality, diversity, and inclusion principles are closely aligned with those detailed in the King's [CRF](#) Public Involvement and Engagement Strategy (which are relationship-centred, respectful, and responsive involvement). We want to ensure that researchers, staff and public members' diverse experiences, backgrounds and opinions are heard and respected and influence and enrich the work of the King's Clinical Research Facility.

Our goals


1. **To collect diversity monitoring data, which will be published** on a dedicated area of the King's Clinical Research Facility public website
2. **To develop inclusive communications** that encourage diverse research teams and public members to work with the King's Clinical Research Facility and to use our facilities
3. **To engage and educate our staff** through high quality training courses on pertinent [EDI](#) topics, including an understanding of bullying and harassment
4. **Evaluate the impact** of [EDI](#) activities within the King's Clinical Research Facility

Our action plan


Goal	Actions	Key outcomes	Timeframe	Responsible individual(s)	Success criteria
<p>1) Collect diversity monitoring data and to publish it on the website</p> 	<p>a) Survey staff and public members about their personal characteristics (including age, gender, disability, sexual orientation, and ethnicity).</p> <p>Use guidance from Equality, Diversity and Inclusion in Health and Science¹⁰, the NIHR and the KCH EDI team in survey development. The KCH EDI team's work on the 'King's Model' to support ethnically diverse research recruitment will be particularly helpful.</p>	<p>To address barriers relevant to underrepresented groups identified in the surveys.</p> <p>To share learnings and work with the KCH EDI team on inclusive practices.</p>	<p>Develop survey by end of 2023, collect data annually.</p>	<p>CRF Manager PPIE Lead Communications Officer</p>	<p>2024 surveys demonstrate more diversity within staff and public members.</p> <p>Learnings are shared and working relationship strengthened with KCH EDI team.</p> <p>Progress is shared from the 'King's Model' work and 2024 surveys adapted as a result.</p>
	<p>b) Set up a dedicated EDI section on our website. Diversity monitoring data and reports to be hosted here.</p>	<p>To develop a regularly updated and engaging EDI section of the website.</p>	<p>By mid 2024</p>	<p>Communications Officer PPIE Lead</p>	<p>EDI section of the website is live and regularly updated.</p> <p>Diversity reports are</p>

¹⁰ <https://edisgroup.org/>

					uploaded.
	<p>c) Introduce question(s) on our application form that asks:</p> <ul style="list-style-type: none"> • How the proposed research plans to address health inequalities • About the diversity of research participants and the research team 	<p>To review the diversity of participants and research teams</p> <p>Monitor health inequalities information within application forms.</p>	<p>Add question by start of 2023, collect data annually</p>	<p>PPIE Lead Research Information and Data Manager</p>	<p>Research teams and participants are representative of local populations.</p> <p>Research teams consider and acknowledge how their research addresses health inequalities.</p>
<p>2) Develop inclusive communications that encourage diverse research teams and public members to work with us</p> 	<p>a) Adapt the KCH Equality Risk Assessment Form (ERAF), also known as an Equality Impact Assessment Tool, to help us ensure communications, practices, events, and decision-making processes are fair and do not present barriers to participation or disadvantage any protected groups from participation. Intersectionality to be considered within these assessments.</p> <p>See Appendix 1.</p>	<p>To adapt a user-friendly Equality Risk Assessment Form which is stored on our electronic system (Q-Pulse) alongside other forms and policies. This system is accessible to all staff.</p>	<p>By end of 2023</p>	<p>PPIE Lead Communications Officer</p>	<p>Equality Risk Assessment Form is used, and strategies are put in place to mitigate against any issues.</p>
	<p>b) Review the accessibility of the</p>	<p>To review the</p>	<p>By early 2025</p>	<p>Communications</p>	<p>The website is</p>

	<p>King's CRF website.</p> <p>Make use of the new NIHR guide to creating inclusive language and content, once this has been published.</p>	<p>simplicity of the content and the ability to zoom in on content.</p> <p>To review the number of PDF documents – as these are not fully accessible to all screen reader software.</p>		Officer	<p>accessible, with a good readability score, and content appropriate for screen readers.</p>
	<p>c) Participate in national networking around Equality, Diversity, and Inclusion to learn best practice and share resources (including around inclusive communications).</p>		By mid 2024	<p>PPIE Lead Communications Officer CRF Manager</p>	<p>Working partnerships and relationships established with national EDI-forward organisations.</p> <p>Library of resources established.</p>
	<p>a) In collaboration with the KCH EDI team, introduce a training needs survey for our staff to understand what training and resources are required to build confidence in EDI.</p>	<p>To review the specific EDI training needs of our staff.</p>	By end of 2023 , then annually	<p>PPIE Lead Communications Officer</p>	<p>Understanding of staff training needs used to develop plans for training sessions.</p>

<p>educate CRF staff via high quality training on pertinent EDI topics</p>	<p>b) In collaboration with the KCH EDI team, set-up a staff network/interest group on EDI. The Chair of the network/interest group will also sit on the Research Health Inequalities Group.</p>	<p>Network to promote relevant opportunities, and to be involved in further EDI strategy work once this strategy has come to an end.</p>	<p>By end of 2024</p>	<p>CRF Manager</p>	<p>Up to 5 staff members involved in the network/interest group.</p> <p>Learnings and resources are shared between the staff network/interest group and the Research Health Inequalities Group.</p> <p>Regular staff network/interest group meetings arranged and attended (by at least 3 members).</p>
	<p>c) Identify opportunities to join and promote relevant awareness days and weeks (e.g., Race Equality Week). Use the KCH EDI annual Inclusion Calendar for this.</p>	<p>Awareness days are announced in the team morning meeting and event invites cascaded to all staff.</p>	<p>By start of 2023, then annually</p>	<p>PPIE Lead Communications Officer</p>	<p>Staff know about the awareness days and attend related events.</p> <p>KCH EDI annual Inclusion Calendar highlighted and shared with staff.</p>

	<p>d) Participate in local networking, and promote events and training run e.g., by the KCH EDI team.</p>	<p>EDI added to the induction process with information about key contacts, and key events/training included.</p>	<p>By mid 2023, then ongoing</p>	<p>PPIE Lead Communications Officer CRF Manager</p>	<p>Staff know about the KCH EDI team and are kept informed of local events and training.</p>
	<p>e) Invite external diversity consultancy, such as EW Group¹¹, to deliver relevant in-person or e-learning training dependent on survey results (possible topics include e.g., unconscious bias, active bystanders, bullying, and harassment).</p>	<p>To offer relevant and high-quality training for all staff to improve their confidence and competence in EDI.</p>	<p>By end of 2023, then annually</p>	<p>PPIE Lead CRF Manager</p>	<p>EDI training is held annually and attended by >90% of CRF staff.</p>
	<p>a) Publish diversity monitoring data and relevant reports.</p>		<p>By early 2024, then annually</p>	<p>PPIE Lead Communications Officer</p>	<p>Diversity reports are uploaded onto the EDI section of the website. Reports and learnings are shared with all our staff via</p>

¹¹ <https://theewgroup.com/>

of EDI					email.
	b) Publish Equality Risk Assessment Forms.		By end of 2023, then annually	PPIE Lead Communications Officer	Equality Risk Assessment Forms are uploaded onto the EDI section of the website. Assessments and learnings are shared with all staff via email.
	c) Monitor and reflect on progress with specific EDI activities and events through use of evaluation forms.	Run evaluations of each activity and event held	Annually	PPIE Lead	Evaluations demonstrate that activities and events are successful. Improvements made to subsequent events based on feedback. Learnings are compiled and reported.

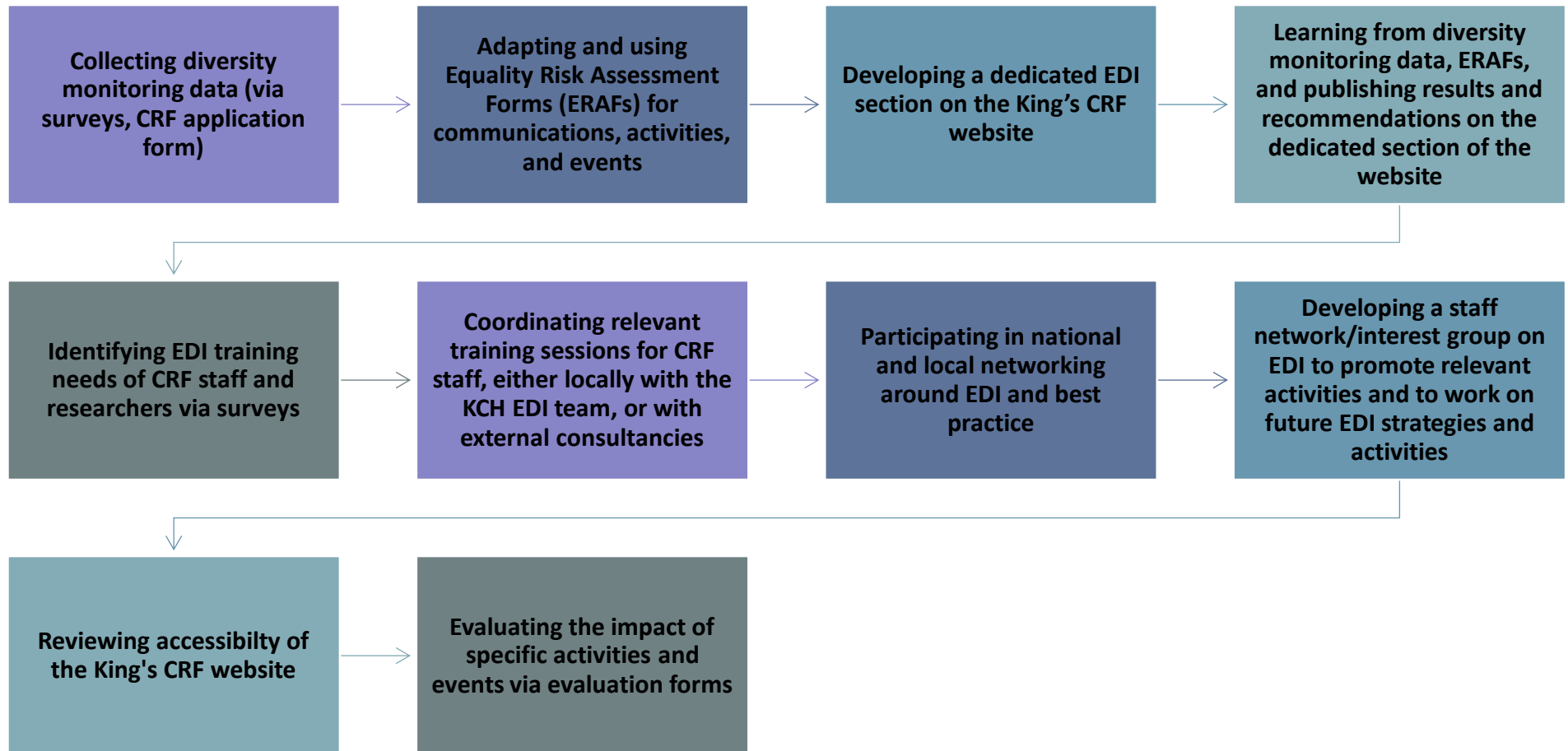
Whilst this strategy does not cover Patient and Public Involvement (PPI) in depth, there is overlap between our plans for both [EDI](#) and [PPI](#). For instance, in our [PPI](#) strategy, we outline how we plan to:

- **Engage with education and young people:** we will continue to work with local schools to offer work experience and/or open days for GCSE and A-level students. We will also offer internships for young adults with a learning disability and autism or both via partnering

with DFN Project SEARCH¹². We will do this by early 2023, then annually. Elka Giemza, [CRF](#) Manager, will be responsible for maintaining the working relationship with DFN Project SEARCH.

¹² <https://www.dfnprojectsearch.org/>

Our roadmap



Resources and infrastructure supporting our strategy

Our strategy development and delivery will be supported by:

- **Elka Giemza, [CRF Manager](#)** - *with overall responsibility for putting this strategy into practice*
- **Cat Harvey, [PPIE Lead](#)** - *with responsibility for ensuring effective consideration of [EDI](#) principles throughout the [CRF](#)'s activities*

Our partners and collaborators at King's College Hospital, King's College London, South London and the Maudsley and its Biomedical Research Centre, the [NIHR](#), and our public members will also provide support and guidance in the [EDI](#) work undertaken and outlined in this strategy.

There are funds to support [EDI](#) activities, such as training delivered by external organisations and consultancies as outlined in goal 3.

As part of this strategy, we are also proposing the following key structure to support EDI at the King's Clinical Research Facility:

- **Staff Equality, Diversity, and Inclusion Group:** a small group made up of staff members will develop and plan [EDI](#)-related activities and will review progress made against the strategy goals regularly as outlined in goal 3. Members will also help the [CRF Manager](#) and [PPIE lead](#) to explore how [EDI](#) might be strengthened more generally.

Our governance structures

We will:

- Add any [EDI](#) considerations as a standing agenda item in monthly management board meetings.
- Designate up to 4 [EDI](#) champions among the CRF research nurses and clinical research practitioners. The [EDI](#) champions will be an additional point of contact and support for staff who would like to know more about planned activities, resources, and guidance.

For reporting purposes, Cat Harvey, [PPIE Lead](#) is accountable to Elka Giemza, [CRF Manager](#). The [CRF Manager](#) is accountable to Professor Peter Goadsby, the Director of the [CRF](#).

Evaluating our strategy

We will:

- a) Review progress with our strategy during regular meetings (with the [EDI](#) staff group once this has been established, and before this with the [CRF](#) Manager).
- b) Gather evaluation forms, Equality Risk Assessment Forms ([See Appendix 1](#)), and ongoing feedback on [EDI](#) activities and events as part of goals 2 and 4. This will inform the next 3 years of the strategy.
- c) Towards the end of the strategy obtain feedback via a survey from [CRF](#) staff, researchers, research participants and public members about progress made against each goal. This will inform the next 3 years of the strategy.

Acknowledgements

We would like to thank the following staff members who reviewed and improved this strategy:

Professor Peter Goadsby, Director, King's Clinical Research Facility
Safiya Hassan, Clinical Research Practitioner, King's Clinical Research Facility
Simon O'Donoghue, Head of [EDI](#) (Patients and Communities), King's College Hospital
Amelia Te, Team Lead, King's Clinical Research Facility

Contact

To find out more about equality, diversity, and inclusion at the King's Clinical Research, please email Cat Harvey, [PPIE](#) Lead: catherine.harvey15@nhs.net

Please also visit our website to find out more about the work of the King's Clinical Research Facility:

<https://www.maudsleybrc.nihr.ac.uk/crf-home/>

Appendix 1 Equality Risk Assessment Form Example

EQUALITY RISK ASSESSMENT FORM			
Name of Policy / Project / Function		Date of Assessment	
What are the aims of this project, policy, function, and or service?			
Who could be affected by this proposal? (e.g. applicants, employees, customers, service users, members of the public)			
Which policies are related to or referred to as part of this assessment?			
How will the impact on people be assessed? (e.g. consultations forums, meetings, data collection)			
Please include available Equality Data relating to the use or implementation of this policy, project, function or service? (e.g. Care Group breakdown, WRES, WDES, Sexual Orientation monitoring standard, Patient Feedback, Workforce data etc.)			

Which stakeholder consultations have been included in the development or implementation of this policy, project, function or service?

What are the potential impact/s of implementing this policy, project, function or service on people who share protected characteristics as listed below?

Protected Characteristic:	Neutral	Positive:	Negative:	Describe the impact and if applicable how you will ensure equitable outcome
Age (People of all ages)				
Disability (Mental, Physical, and Carers of Disabled people)				
Gender Reassignment				
Marital Status (Married and Civil Partnerships)				

What are the potential impact/s of implementing this policy, project, function or service on people who share protected characteristics as listed below?				
Protected Characteristic:	Neutral	Positive:	Negative:	Describe the impact and if applicable how you will ensure equitable outcome
Pregnancy and Maternity				
Race (All Racial Groups)				
Religion or Belief				
Sex (Men and Women Includes non-binary)				
Sexual Orientation (Lesbian, Gay, Asexual, Bisexual, and Straight)				

How will the policy, project, function or service impact people who are impacted by non-legislative factors?

Including but not limited to social economic factors (i.e. poverty and or isolation), caring responsibility, unemployment, homelessness, urbanisation, rurality, health inequalities, and new arrivals.

Non-legislative factor	Neutral Impact:	Positive:	Negative:	Describe the impact and if applicable how you will ensure equitable outcome

This ERA was completed by:

Name: **Department:**.....

This example of an Equality Risk Assessment Form (ERAF) was developed by the [KCH EDI Team](#).