

**Equity, Diversity and Inclusion (EDI) Strategy
2023 – 2028**



Yorkshire and Humber Patient Safety Research Collaboration (PSRC) Equity, Diversity and Inclusion (EDI) Strategy

(v1.1 November 2023)

Developed by Jenni Murray, Livi Joseph and Sobia Bibi, in consultation with members of the Yorkshire & Humber PSRC and the Yorkshire Quality and Safety Research Group (YQSR)

Who we are

The [NIHR Yorkshire and Humber Patient Safety Research Collaboration \(PSRC\)](#) is a centre for patient safety research funded by the [National Institute for Health and Care Research \(NIHR\)](#). The centre is hosted by [Bradford Teaching Hospitals NHS Foundation Trust](#) in partnership with the [University of Leeds](#). We are hosted within the [Yorkshire Quality and Safety Research Group](#). Together we engage staff and patients to deliver research that makes healthcare safer. Our themes of work, developed with patients, families, and healthcare staff, reflect both our existing research strengths and the aim of building safety more comprehensively into the system. For information about our themes including a short explanatory video please visit: https://psrc-yh.nihr.ac.uk/psrc_themes/

Our mission

To embrace diversity and inclusiveness across the research continuum to develop solutions that make care safer for all.

Our vision

To create a team culture that embraces diversity and inclusiveness and embeds these principles throughout our research. We will identify, co-create and deliver high quality safety solutions with our patient and staff communities to benefit the lives of all, including members of protected groups^{+(see note 2)}.

Our key operating principle

To be intentional and accountable in making EDI everyone's business.

Our goals

- To continue to build an inclusive and diverse team culture where everyone is enabled to contribute safely and equally fostering a sense of belonging that enhances our ways of working to fulfil our EDI mission.

- To grow skills and confidence to embed and enact the principles of equity, diversity, and inclusion throughout the whole research process.
- To create and deliver culturally responsible, meaningful, and impactful safety solutions with and for communities who are most likely to be harmed or feel unsafe when accessing, receiving, or delivering care.
- To develop sustainable and inclusive relationships with our local communities (patients and carers, public and health and social care staff) and organisations that are built on reciprocity and trust.

Development of our strategy

Our EDI Working Group was set up in 2021 and has primarily created a safe space for open conversations about equality (and equity), diversity and inclusion (see appendix 1). Through these conversations, which will continue, one of our EDI Working Group aims is to promote cultural humility. This is an ongoing pursuit. This group is led by a sub-team in the Yorkshire Quality and Safety Research Group (which includes our PSRC) and is for researchers, administrative staff, leaders, and lay leaders in our centre. Over time, the role of the EDI Working Group has expanded. As well as providing practical guidance to researchers during the development of funding bids and the planning of research studies, the group has played a central role in leading on the development of this strategy for embedding EDI into research processes, topics, and the team culture.

The development of our strategy involved two key activities: a workshop to explore knowledge and experience of EDI and challenges and opportunities for embedding EDI throughout the research process; a second workshop to explore EDI and team culture (see appendix 2). Each activity was inclusive of staff at all levels and consultation extended to our Lay Leaders and the PSRC Executive Group. Our strategy was shaped through a briefing by and guidance from, a key member of our PSRC Advisory Board, Udy Archibong, Professor of Diversity and Pro-Vice Chancellor of the University of Bradford at a cross-theme meeting. The goals and activities included in our action plan (see below) were produced from feedback at the two EDI workshops (June and July) and our cross-theme meeting (September 23).

Both this strategy and our PPIE strategy have been developed in parallel ensuring that EDI is central to the way we involve patients and our public in our research. Thus, the EDI strategy should be read in conjunction with our [PPIE strategy](#). Our PPIE strategy includes four objectives (building a sense of ownership; working with and into our communities; growing skills; and generating impact and learning) with 19 activities, a number of which overlap with our EDI strategy. For example, we will grow our [Safety In Numbers Group](#) as part of our PPIE strategy to support patient and public engagement in our work but we will monitor diversity to ensure it is representative of our

communities as per our EDI strategy. Other activities such as for example, building skills and confidence in delivering PPIE sit distinctly within the PPIE strategy.

Our strategy is reflective of the commitments, ambitions, and actions of our host institution (Bradford Teaching Hospitals NHS Foundation Trust). As a moral and legal obligation, we abide by the legal and contractual obligations stated therein. These include The Equality Act 2010, The Public Sector Equality Duty 2011, Health and Social Care Act 2012, Human Rights Act 1998, Workforce Race Equality Standard 2015 and the Workforce Disability Equality Standard 2018 and the Accessible Information Standard.

As part of our EDI strategy, we have also reflected on the objectives stated within the PSRC SafetyNet. We will support our lead partner organisation in delivering PPIE and EDI across the network.

Our strategy aligns with the NIHR's strategic aims for inclusion [Research Inclusion strategy 2022 - 2027](#). In particular, we align with NIHR's 'approach to widen access and participation for greater diversity and inclusion, to improve and invest in the NIHR talent pipeline, to embed evidence-led diversity and inclusion approaches and to collaborate with partners for impact and sustainability'. More details about how our objectives align with the NIHR strategic aims for inclusion (alongside examples from our action plan) are provided below:

How we align with 'widening access and participation for greater diversity and inclusion' - We achieve this through three key mechanisms. First, our capacity building strategy involves recruitment of safety equity fellows through initiative such as the Brad-ATTAIN Scheme designed for students from Black, Asian, and other minoritised groups (see objective 1.3). Second, we focus on enriching the diversity and cultural inclusivity of our team including lay leaders, for example, by organising team-building sessions that centre inclusion and foster a sense of belonging (see objective 1.7). Lastly, through participation in our studies by incorporating inclusive practices, for example, conducting equality impact assessments throughout the research continuum that enables greater planning and continuous learning (see objective 2.1).

How we align with 'improving and investing in the NIHR talent pipeline' - Much of this overlaps with our capacity building strategy and encompasses the creation of safety equity fellowships (see objective 1.3), safety equity PhD studentships (see objective 1.4), the recruitment of a Safety Equity Research Fellow and the development of a Safety Equity Research Collaboration (see objective 2.4) amongst other objectives.

How we align with 'embedding evidence-led diversity and inclusion approaches' - through our EDI Working Group we run surgery sessions where we use evidence-based approaches to advise researchers throughout the research continuum, from ideas

generation through to engagement and then dissemination. We will follow these as part of assessing impact. As the EDI Working Group continues to evolve we are developing an EDI library of resources and a repository of learning (see objective 2.2) to help inform our processes and specifically within our objective (see objective 1.7) we will be guided by existing evidence on developing a sense of belonging within the team.

How we align with 'collaborating with partners for impact and sustainability' – We will do this through a number of objectives within our EDI strategy. This will involve working with multiple stakeholders that enables us to understand local community EDI driven priorities (see objective 4.1 as an example) for safety research through to developing safety solutions that work for everyone and thereafter influencing local and national policy and practice (see objectives 2.5 and 3.6 as examples).

Assessing our position on an EDI maturity model

We have assessed several maturity models and identified that none fully address our goals. We are keen to ensure that our growth in EDI maturity is aligned with our goals and that this is captured by a model. We are therefore intending to develop our own model informed by our previous work using Capability, Opportunity Motivation and Behaviours (COM-B) for EDI behaviours. We will review existing maturity models for categories and items that align with our goals and map the components of the COM-B onto our goals. This will be a collaborative endeavour involving the leadership team, researchers, administrative support staff and lay leaders. We intend to publish our model and positioning online within the first year. This is not an objective of delivering our strategy, rather an approach to help us assess our progress against our strategy.

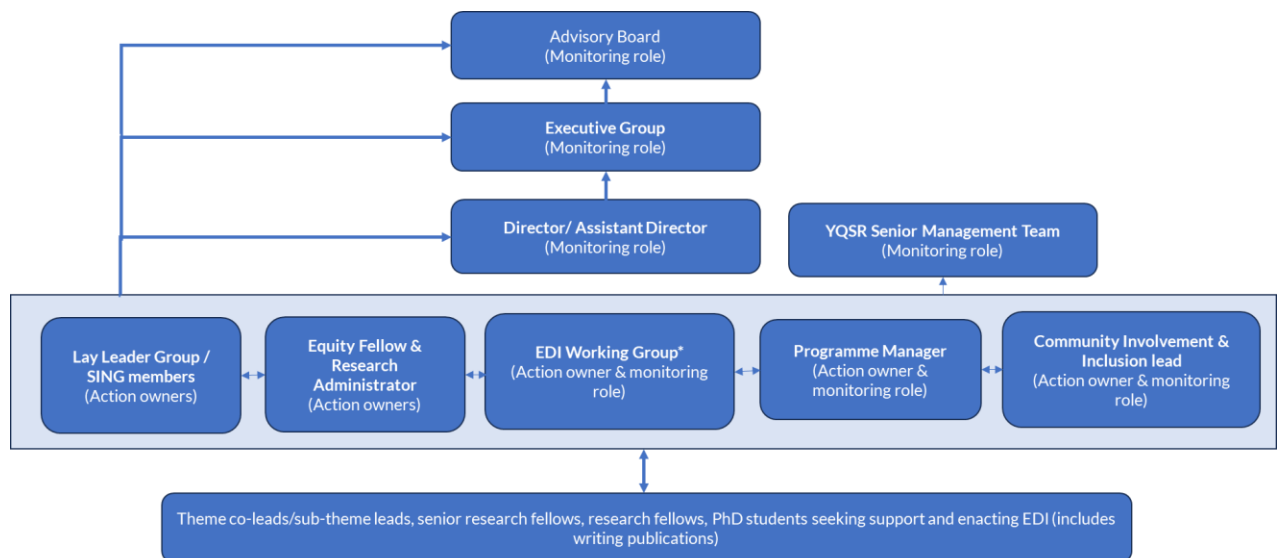
Monitoring & Governance

The EDI Working Group will continue to support the delivery of the EDI strategy and will ensure that we remain accountable and intentional in our delivering on our objectives. Our community inclusion and involvement lead will co-ordinate the delivery of our EDI and PPIE strategies with support from the EDI Working Group and the Programme Manager. We have begun the process of remaining intentional through the establishment, and monthly meeting and advertising of, our EDI Working Group and the continued appearance of EDI as an agenda item in our bi-weekly YQSR team meetings, our monthly operations meetings, our quarterly PSRC Executive board meetings and our bi-annual PSRC Advisory board meetings. Further, we have consulted with the Advisory Board, all of whom were keen to have a key performance indicator on EDI against which we regularly report. Our Director, who established the EDI Group during COVID-19 and who was chair for the first year of this Group, and Deputy Director lead through example by regularly attending our EDI Working Group and highlighting examples to the wider team of the ways in which the group provides valuable

suggestions, shapes thinking, and enhances research projects. Each of our objectives has at least one owner and a monitoring body to ensure accountability.

Our strategy remains a fluid approach that will be reflected upon and updated on an annual basis. We will report on progress against our objectives to NIHR in year 3 of the award. Accountability for delivery of our action plans will be at all levels including the EDI Working Group, the Executive and Advisory boards (within our PSRC and across the SafetyNet). Specifically, as we increasingly embed EDI within our work, we will reflect on and share our learning, celebrating successes through impact case studies, and will be transparent about the challenges through our reporting. We recognise that to be accountable and to enact change we need to highlight areas where system challenges within the research industry need to adapt.

Governance Structure



*Group led by Equity Fellow, Research Administrator, and Programme Manager, supported by Director and Assistant Director with regular representation from each PSRC theme.

Resources

To support the delivery of our strategy we have a number of dedicated resources. These include 40% whole time equivalent (wte) of the Community Involvement and Inclusion lead, 80% wte Safety Equity Research Fellow Senior, 20% wte Administrator Support, 10% wte Programme Manager, alongside 2 hours per month of the EDI Working Group. We have additional funds in our budget allocated to conference hosting, safety equity

(PhD and other fellowships). We have budgeted for publication of EDI related research and support for community organisations with whom we engage.

Action plan (Goals 1-4)

Goal 1. To continue to build an inclusive and diverse team culture where everyone is enabled to contribute safely and equally fostering a sense of belonging that enhances our ways of working to fulfil our EDI mission.

	Goal 1 Objectives	Measuring	Monitoring	Timeline
1.1	Develop an onboarding system for new starters which includes a needs assessment based on the 9+2 protected characteristics (using the NIHR diversity data questions) building this knowledge into ongoing recruitment drives to ensure diversity.	Needs assessment completion rate for new starters completed.	<ul style="list-style-type: none"> Actioned by the Research Administrator Monitored by the EDI Working Group 	Year 1 – 2 (Short term)
1.2	Build a diversity database using the NIHR diversity data questions to identify EDI gaps and measure progression for all new and existing staff and lay leaders and Safety In Numbers Group (SING). To review this on an annual basis to enhance practices to ensure diversity within the team at all levels.	Diversity database built and gaps within the team identified. Number of completed database entries (?)	<ul style="list-style-type: none"> Actioned by Research Administrator Monitored by EDI Working Group and reporting to NIHR on an annual basis. 	Year 1 – 2 (Short term)

Goal 1 Objectives	Measuring	Monitoring	Timeline
1.3 Run a regional safety equity fellow competition and appoint three fellows (care professionals or researchers) to deliver a community-based research project to any group identified as more vulnerable to avoidable harm.	Number of appointed safety equity fellows in post with defined project community underway.	<ul style="list-style-type: none"> Actioned by Safety Equity Senior Research Fellow. Monitored by the Director, assistant Director, and Executive Group. 	Year 2 – 3 (Medium term)
1.4 As part of sustainability and capacity building to establish two safety equity PhD studentships.	Number of appointed safety equity PhD students	<ul style="list-style-type: none"> Actioned by Safety Equity Senior Research Fellow. Monitored by the Director, assistant Director, and Executive Group. 	Year 2-3 (Medium term)
1.5 Develop a structured support system that ensures all staff receive regular (that meets the wants and needs of employees) one to ones with a buddy and/or line manager.	<p>Proportion of staff paired with a buddy where needs are met.</p> <p>Number of one-to-ones that take place with line manager or buddy over a 12 month period.</p>	<ul style="list-style-type: none"> Actioned by Community inclusion and involvement lead and Programme Manager Monitored by the EDI Working Group. 	Year 1 – 2 (Short term)
1.6 Develop clearly defined and safe escalation process whereby staff who have concerns can raise these in a safe environment where their wishes can be respected, their needs met, and appropriate action is taken to avoid a repeat of similar experiences.	<p>Number concerns raised.</p> <p>Number of concerns addressed.</p>	<ul style="list-style-type: none"> Actioned by the Programme Manager and supported by the EDI Working Group Monitored by the YQSR Senior Management team. 	Year 1 – 2 (Short term)

Goal 1 Objectives	Measuring	Monitoring	Timeline
1.7 To deliver in-person team building sessions specifically working towards embracing diversity and belonging starting in year 1 (in addition to other operational team activities).	Number of formal externally facilitated and internally delivered team building sessions on EDI, team culture and belonging.	<ul style="list-style-type: none"> Actioned by Community inclusion and involvement lead with the support of the Programme Manager Monitored by the EDI Working Group 	Year 1 – 2 (Short term)
1.8 To facilitate and collate anonymous exit and stay interview data, using the data to reflect and enhance our onboarding system and buddying / line management training	<p>Proportion of leavers having had an exit interview. Number of stay interviews conducted.</p> <p>Completion of reviewed updated onboarding system based on reflection of feedback.</p>	<ul style="list-style-type: none"> Actioned by Community inclusion and involvement lead and Human Resources with collation by Research Administrator. Monitored by EDI Working Group. 	Year 1 – 2 (Short term)
1.9 Co-develop an induction plan and research training plan for all Lay leaders and members of the Safety In Numbers Group to support their full participation in research activities including governance meetings where appropriate.	Number of new lay leaders to have received full induction in year 1. Number of lay leaders receiving completing at least 80% of training programme by year end year 2. Number of training sessions delivered to SING members by end of year 2	<ul style="list-style-type: none"> Actioned by Community Involvement and Inclusion lead in collaboration with the Lay Leaders. Monitored by the Executive Group. 	Year 1 – 2 (Short term)

Goal 2. To grow skills and confidence to embed and enact the principles of equity, diversity and inclusion throughout the whole research process

	Goal 2 Objectives	Measuring	Monitoring	Timeline
2.1	<p>Researchers to have their projects reviewed for equality impacts throughout the research continuum and to report on how this had shaped the research processes.</p>	<p>Proportion of projects with evidence of consultation with the EDI working group (where appropriate) at set points in project.</p> <p>Proportion of projects completing an equality impact assessment within study design period.</p> <p>Number of projects reporting impact from these consultations.</p>	<ul style="list-style-type: none"> Actioned by Community Involvement and Inclusion Lead Monitored by EDI Working Group and Advisory Board as an agreed key performance indicator. 	<p>Year 1 – 2 (Short term)</p>
2.2	<p>To develop a shared EDI learning repository that captures experiences and reflections (yr 1 and implemented through) which are then fed into learning sessions (starting in yr 2)</p>	<p>Proportion of projects completing objective 2.1 to have been entered onto the repository.</p> <p>Number of learning sessions to have been delivered.</p>	<ul style="list-style-type: none"> Actioned by the Research Administrator Monitored by Community Involvement and Inclusion lead, and EDI Working Group 	<p>Year 1 – 2 (Short term)</p>

	Goal 2 Objectives	Measuring	Monitoring	Timeline
2.3	To develop a training programme for researchers from both internal and external sources (such as the Ethnic Minority Research Inclusion scheme, NHS elearning for healthcare as part of the Core20+5, and external consultants) that explores EDI within safety research, positionality, cultural humility, power dynamics, reflection, and learning, and delivering creative outputs	Number of training sessions held for researchers.	<ul style="list-style-type: none"> Actioned by Programme Manager and Assistant Director with support from the EDI Working Group. Monitored by the Executive Group. 	Year 1 – 2 (Short term)
2.4	To establish as Safety Equity Research Collaboration (SERC) involving researchers and theme leads across the PSRCs to reflect on delivery of EDI strategies provide peer review and feedback on EDI, share challenges, seek advice, and share in advancement of equity safety science.	Number of staff from each PSRC signed up to the SERC. Number of cross centre meetings held (target of two).	<ul style="list-style-type: none"> Actioned by Programme Manager, supported by Safety Equity Senior Research Fellow. Monitored by the Director, Assistant Director, and Executive Group. 	Year 2-3 (Medium term)
2.5	Host a Safety Equity conference across the PSCRs and other key stakeholders including patient groups, policy makers, regulators, Royal Colleges etc.	One Safety Equity conference held.	<ul style="list-style-type: none"> Actioned by the Safety Equity Senior Research Fellow. Monitored by the Director, assistant Director, and the Executive Group. 	Year 4 (Long term)

Goal 3. To create and deliver culturally responsible, meaningful, and impactful safety solutions with and for communities who experience safety inequity

Goal 3 Objectives	Measuring	Monitoring	Timeline
<p>3.1 Establish a safety equity research collaboration (SERC) that provides a forum for learning about and sharing the challenges of research in this field and the opportunities going forward.</p>	<p>Two meetings held that includes representation from all PSRCs.</p>	<ul style="list-style-type: none"> Actioned by Programme Manager and Safety Equity Senior Research Fellow Monitored by Director, Deputy Director, and Executive Group. 	<p>Years 2-3 (Medium term)</p>
<p>3.2 To identify the main safety needs of communities likely to experience harm within health and social care with a view to informing safety guides for health and social care.</p>	<p>A completed listening exercise that indicates safety needs within one target group.</p>	<ul style="list-style-type: none"> Actioned by the Community inclusion and involvement lead and Programme Manager. Monitored by Director, Deputy Director, and Executive Group. 	<p>Year 1-2 (Short-term)</p>
<p>3.3 Cross theme safety equity project to create an avoidable harm cumulative potential index, working with communities to understand and create potential solutions to these vulnerabilities.</p>	<p>Avoidable harm index developed.</p>	<ul style="list-style-type: none"> Actioned by Safety Equity Senior Research Fellow and Programme Manager. Monitored by Director, Deputy Director, and Executive Group. 	<p>Years 2-3 (Medium term)</p>

	Goal 3 Objectives	Measuring	Monitoring	Timeline
3.4	To run a workshop in developing creative outputs for our target audiences.	Workshop delivered.	<ul style="list-style-type: none"> Actioned by programme manager. Monitored by Director. 	Year 1-2 (Short-term)
3.5	Two peer reviewed international publications providing evidence about disparities in the safety of care and/or providing solutions to address safety inequity.	Two peer reviewed publications.	<ul style="list-style-type: none"> Actioned by Theme leads / PhD students. Monitored by Director, and Advisory Board. 	Year 4-5 (Long term)
3.6	To ensure cultural responsibility in the development of solutions we will build relationships with key actors (including ICBs across our PSRC, policy makers, educators, industry and business, civil societies, and academic infrastructure who can enact change nationally and locally. In the first year this will involve setting up meetings and creating connections with each of the three ICBs and will include working into our Research Policy Unit, building on our existing relations with policy makers.	A developed roadmap with routes to dissemination and influencing change that is shared across the PSRC	<ul style="list-style-type: none"> Actioned by Programme manager and Community Involvement and Inclusion Lead. Monitored by Executive Group. 	Year 2-3 (Medium term)

Goal 4. To develop sustainable relationships with our local communities and organisations that are built on reciprocity and trust

	Objective	Measuring	Monitoring	Timeline
4.1	To create successful and sustainable working relationships with community organisations that are sustainable	Number of community organisation that have supported our research reporting that their community valued taking part in research.	<ul style="list-style-type: none"> Actioned by the Community inclusion and involvement lead. Monitored by the programme manager and theme leads. 	Year 2-3 (Medium term)
4.2	Create a PPIE/EDI engagement log of active community involvement in studies to ensure study findings are co-created and fully communicated as part of study sign-off.	Log reporting number of studies with end to end evidence of active community involvement.	<ul style="list-style-type: none"> Actioned by the Community Inclusion and Involvement Lead. Monitored by the programme manager and the EDI Working Group. 	Year 1-2 (Short term)
4.3	Training community-based researchers to work with our researchers to encourage wider participation and reduce barriers to participation. Community researchers and theme researchers will buddy up to promote mutual skills development to promote transparency in the research process.	Up to 10 community-based researchers trained.	<ul style="list-style-type: none"> Actioned by the Community Inclusion and Involvement Lead, supported by Lay Leaders. Monitored by the Executive Group. 	Year 2-3 (Medium term)

	Objective	Measuring	Monitoring	Timeline
4.4	In partnership with SING members and lay leaders to run targeted campaigns to improve inclusivity of membership. This will be a multi-pronged approach that will be addressed through inviting people via existing PSRC theme based studies, working with community organisations, reaching out to ICBs and to voluntary and community sector organisations to promote safety research and the SING.	<p>Number of campaigns run.</p> <p>Proportion of members reporting that SING is an inclusive forum.</p>	<ul style="list-style-type: none"> Actioned by the Community Inclusion and Involvement Lead, supported by Lay Leaders, and SING members. Monitored by the Executive Group. 	Year 2-3 (Medium term)

1. Michie, S., van Stralen, M.M., West, R. 2011. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implement Sci.* 6:42

2. Additional characteristics in addition to the 9 protected characteristics

- Socio-economic status
- Employment status
- Carers
- Location (geography)
- Migrant status (e.g. asylum seekers, refugees, economic migrants)
- Looked-after children
- Homeless people

Appendix 1. EDI Working Group - Terms of reference (11.09.2021, v 0.3)

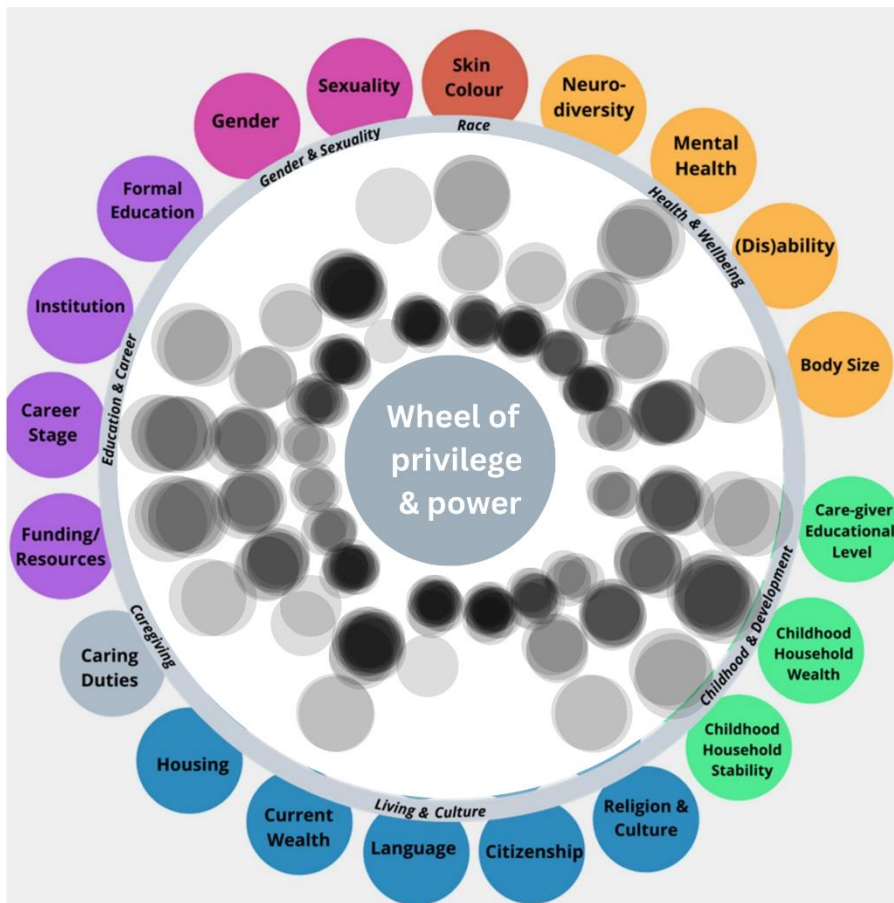
1. We will identify ways and create guidelines for research projects run by YQSR to be more inclusive of a diverse range of people. This may include the design and costing of research and funding bids, development of research questions, preparation of data collection materials, data analysis and dissemination. The guidelines will be regularly updated and monitored.
2. We will act as a source of information about how to identify, procure, create and commission services to support inclusivity, for example, easy read, translation, design, and multilingual fieldworkers. We will develop and maintain a list of these resources for YQSR.
3. We will generate ideas and questions for research that address inequalities in patient safety outcomes.
4. We will develop and regularly review an inclusivity toolkit for patient safety research and aim to publish this toolkit.

5. We will act as an advisory /reference group for selected YQSR studies that would benefit from the group's input. These studies can self-refer to the group.
6. We will develop and maintain an online list of training opportunities and resources relevant to equality, diversity and inclusion for the YQSR team.
7. We will regularly review the function and impact of the group and report back to the wider YQSR team.

Ways of working

1. The group is a safe place to discuss any perspective or issue, make mistakes, for example with terminology, and to update people considerately about language and terminology. Members can raise concerns anonymously via an online form.
2. People can share the topics that are discussed in the group with other people but they will not share what individuals have said.
3. Topics may impact on people emotionally. Buddies will be available for people to discuss how they feel about a topic that has been discussed. Training will be sourced for people who wish to be buddies depending on their needs. The need for support may be identified in a meeting or support can be requested after a meeting. Those willing to be buddies can volunteer via YQSR Admin.
4. We will have a different facilitator at every meeting.
5. Meetings will be paced so that people have time to reflect on discussions. Online meetings will have live captions.
6. We will have a mix of online and in-person meetings. Meetings will take place on different days of the week. Remote joining of meetings will be available. We encourage people to join in person if they feel comfortable to do so.
7. We will agree ways to incorporate the perspectives of patients and members of the public into our work.

Appendix 2 Group reflection using the Wheel of Privilege (Elsherif et al, 2022)



Group reflection using the Elsherif et al., 2022 Wheel of privilege and power

Explanatory note: Staff used the Wheel of Privilege to reflect on and map their own life experiences, background and cultures. The resultant picture which encapsulates data from across the team members shows grey circles of varying degrees of darkness. Darker circles indicate more staff mapping to this point. The inner most circle represents higher privileges, so for example, childhood household wealth (green) has 3 circles with poor, middle class and rich going from outside to inside.

NIHR | Yorkshire and Humber Patient Safety Research Collaboration

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