
Equality, Diversity and Inclusion Survey and Training Report

28th July 2023

On Friday 28th July, the King's Clinical Research Facility (CRF) hosted its first hybrid equality, diversity, and inclusion (EDI) training session. The session provided an opportunity for CRF staff and a public member to review the results of a recent EDI survey, and to share experiences and ideas. 22 CRF staff members and 1 public member attended; 2 EDI staff members from the Trust presented the survey results and spoke about topics such as *health inequalities* and *unconscious bias*.

The rest of this report details the content of the EDI training session and a summary of the survey results, concluding with recommendations for future events.

Section 1: EDI training session details and costs (page 2)

Section 2: Survey insights (page 3)

Section 3: Conclusions and recommendations (page 8)

1. EDI training session details

Hosted by: Steffan Gough (EDI staff), Shivonne Simpson (EDI staff), Peter B (public member), and Cat Harvey (CRF staff)

Participants in attendance: 22 CRF staff members, 2 EDI staff members, and 1 public member. Costs included payment for the PPI member in recognition of their time (total = £37.50)

Session	Facilitator(s)
Welcome and introductions	Cat Harvey
Why we're running this session: <ul style="list-style-type: none"> It aligns with our CRF EDI strategy It is important to our research participants 	Cat Harvey and Peter B
Our survey insights	Steffan Gough and Shivonne Simpson
Group discussion	All
Thank you and close	Steffan Gough

The majority of the 22 CRF staff members joined in person, however, some staff also joined online. The public member also joined remotely.

Why we're running this session

Cat outlined the aim of the session, which is to understand what CRF staff already know about EDI and to see how best to work together to build knowledge and confidence in this area. Cat spoke about the diversity of South London, where the CRF is based, and about the diversity of the CRF team. It was highlighted that there is a need to ensure **both** research participants and research staff feel free to be themselves. Everyone should feel that their contributions will be heard and valued. Cat noted that the training session aligns with the goals for 2023 as outlined in the [CRF EDI Strategy](#). In addition, she emphasized the importance of storytelling by members of the public at training sessions. Individuals' stories about their ideas, beliefs, and personal experiences can evoke powerful emotions and insights.

Peter, a current participant in a trial at the CRF, shared his lived experience. He also highlighted the importance of:

- Using inclusive language when speaking with diverse research participants.
- Providing safe spaces for individuals, and not presuming where certain communities will feel psychologically safe (and where they won't).
- Taking time to explain research clearly to all research participants. This includes telling participants exactly what will happen to them as part of the study, and how it might make them feel.
- Being aware of research participants' unique experiences and backgrounds. Staff, where possible, should be flexible in their approach, and adapt the environment for individuals' needs.

2. Survey insights

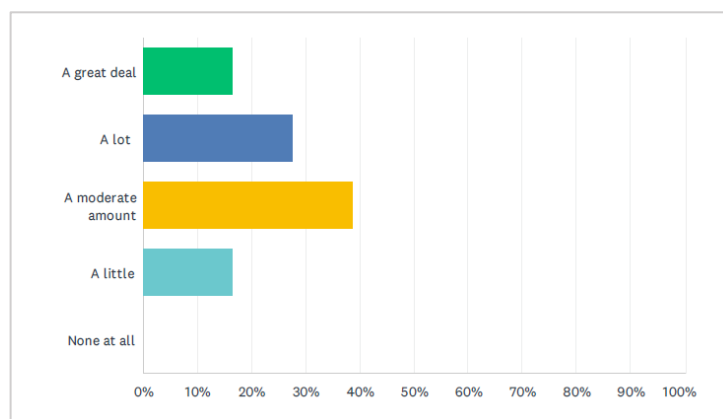
Steffan provided an overview of the King's College Hospital EDI team and spoke about the '[Roadmap to Inclusion](#)'. This sets out a wide-ranging programme of work for 3 years, including a Trust-wide approach to tackling health inequalities. Steffan explained that the EDI team will be working with the CRF over the next few months to help us achieve the goals in our CRF EDI Strategy.

Shivonne then shared our survey insights. The survey was put together by Cat, Shivonne and Steffan and was distributed to 28 CRF staff members. 19 individuals responded (67% response rate). The survey consisted of 27 questions that covered topics including: individuals' understanding of key terminology, health inequalities, unconscious bias, and caring for research participants from diverse backgrounds.

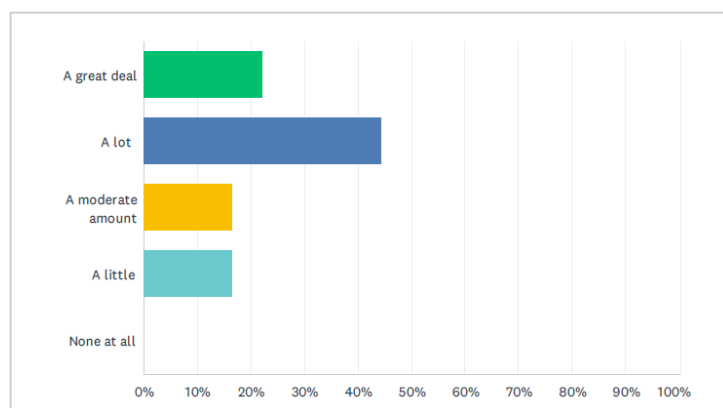
The following graphs provide a snapshot of responses to some of the survey questions. If you would like to see the full data set, please email: catherine.harvey15@nhs.net

Please note not all respondents replied to every question.

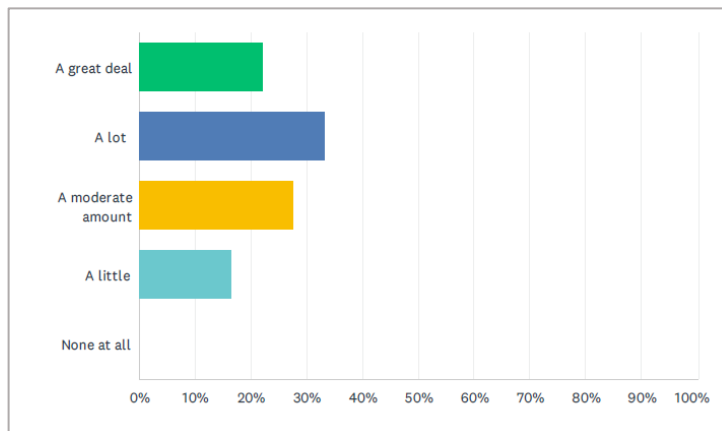
Graph 1: Do you have an understanding of the terms Equality, Equity and Fairness?



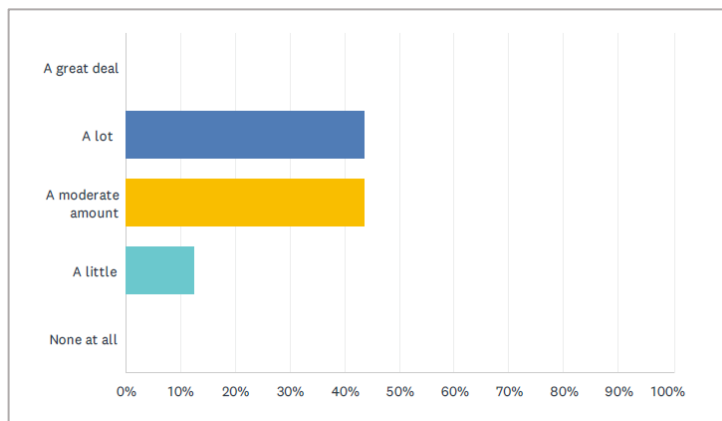
Graph 2: Do you have an understanding of what we mean by diversity?



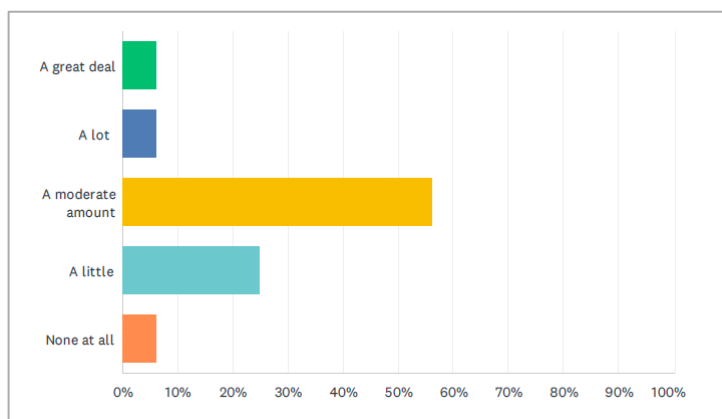
Graph 3: Do you have an understanding of what we mean by inclusion?



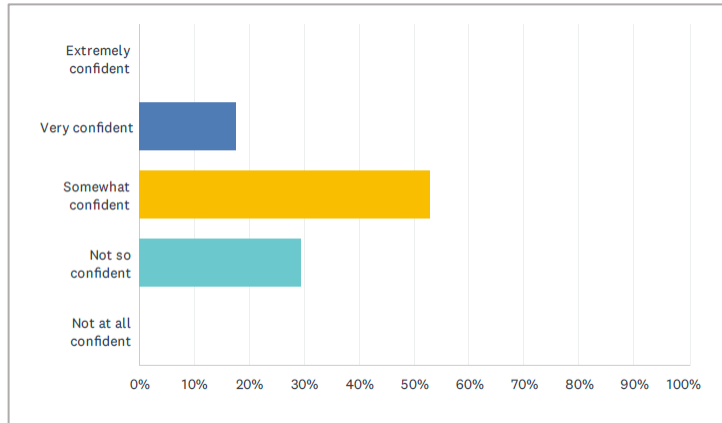
Graph 4: Do you feel you have a thorough understanding of protected characteristics and how to approach them in the context of looking after research participants?



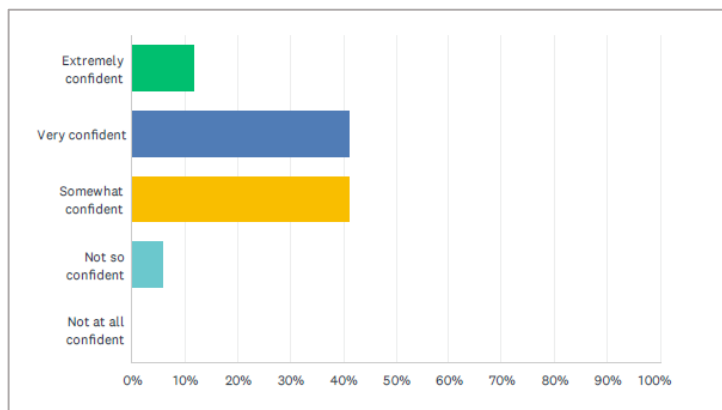
Graph 5: Do you feel you have a thorough understanding of issues involving marginalised groups?



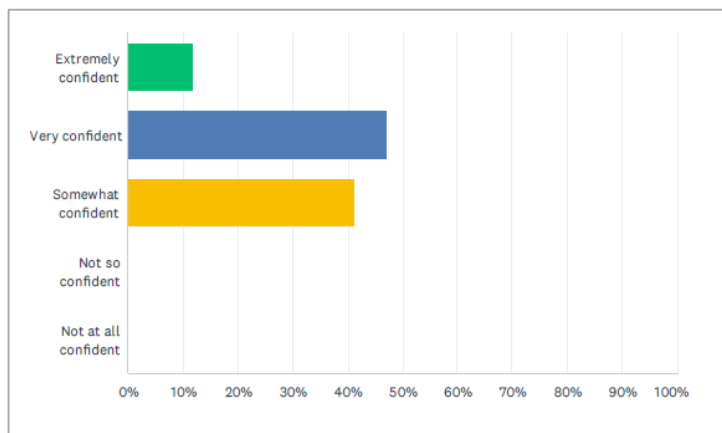
Graph 6: How confident are you in addressing concerns and complaints relating to health inequalities?



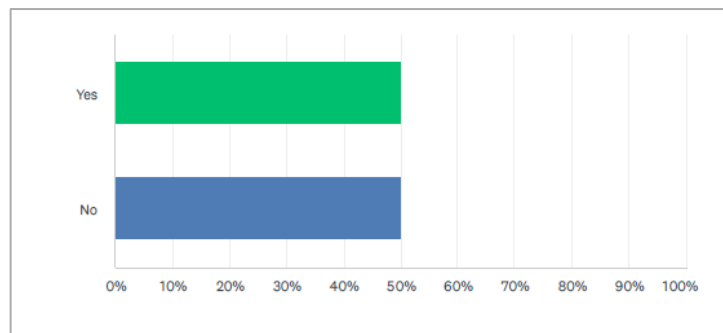
Graph 7: How confident are you looking after diverse research participants?



Graph 8: How confident are you when it comes to communicating with diverse research participants?



Graph 9: Are you aware of your biases that may influence your work with research participants and the public?



Graph 10: Have you ever experienced or observed biases of others impacting on research or participant care?

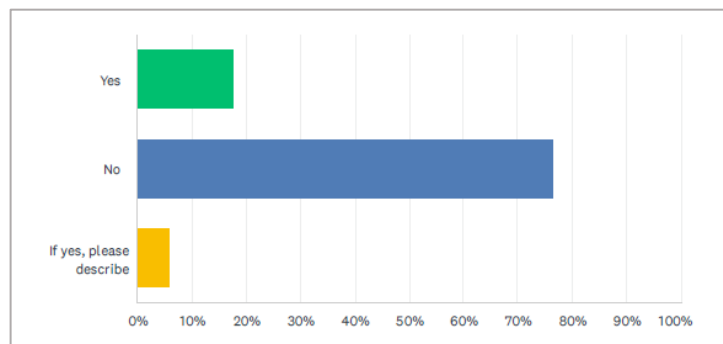


Table 1. Comments: What are some factors you think might contribute to health inequalities?

Respondent	Comment
1	Lack of understanding, previous (in)experiences of health inequalities
2	Socioeconomic inequality, access to education
3	Differences in communication styles between cultural groups
4	Lack of trust in research and medical education
5	Staffing level, and location of the clinical environment not ideal/ fit for purpose
6	Structural/institutional racism (including all protected characteristic
7	Unconscious bias

Table 2. Comments: What implications (if any) might health inequalities have on the research we undertake?

Respondent	Comment
1	Poor research outcome
2	Increased/develop bias
3	Loss of quality recruits
4	Less contact time with patients you are biased against

5	It may bias the data in favour of certain populations that may be more represented in the recruited group.
6	Participants may distrust the research process.
7	Impact on recruitment, treatment, and retention of participants as well as outreach activities. Also, the recruitment of our research team can have an impact too on the environment fostered

Table 3. Comments: What implications (if any) might health inequalities for our research participants have on our working relationship with each other?

Respondent	Comment
1	Staff won't feel free to express concerns within the team.
2	Clouded judgment
3	Distrust amongst colleagues
4	Confirm or deny biases we may have
5	Less contact time with patients you are biased against
6	Staff may feel concerned about the state of being implicated
7	Staff may perceive one another in a different, negative light

Table 4. Comments: What would enable you to provide more equitable care for patients of diverse backgrounds?

Respondent	Comment
1	Discuss a plan of care that includes diversity
2	Consider everyone as same
3	Be able to work in a non-judgmental environment
4	Give all a level playing field
5	Equitable distribution of resources
6	Better awareness, training, and a top-down approach to issues
7	Practice Equality and Diversity

Table 5. Comments: Is there anything we can do differently to improve on health inequalities and equitable outcomes for patients?

Respondent	Comment
1	Learning and development
2	Avoid Direct discrimination
3	Create a resource guide
4	Disseminate Patient and Public Involvement and Engagement (PPIE) group findings to staff.
5	Discover your own unconscious biases
6	
7	Having open and safe discussions with participants and colleagues on their experiences

4. Conclusions and recommendations

The EDI training session provided an opportunity for discussion about our survey results among CRF staff, EDI staff and our public member. The hybrid training session was well attended, with a mixture of staff from different roles (administrative, research nurses, clinical research practitioners) and levels of seniority. Individuals were engaged and provided valuable insights and new points to consider. For example, in response to the survey question about understanding of marginalised groups (graph 5), we spoke about intersectionality. Intersectionality is a framework that acknowledges that all people have unique experiences of discrimination and disadvantage exacerbated by the overlap of multiple social identities. Staff members were also very open, sharing experiences from their personal and professional lives, which enriched the discussions.

Overall, our survey insights and training session have identified the following areas for us to focus on:

- a) Continue to build staff confidence in the understanding and use of key concepts and terminology in EDI, including the protected characteristics, and 'intersectionality'.*
- b) Plan and deliver training session(s) on issues involving marginalised groups and looking after diverse research participants. Involve a range of public members with diverse backgrounds and lived experiences in these training sessions so that staff learn from their stories.*
- c) Encourage staff to undertake the Trust unconscious bias training, which individuals can register for on our online learning platform (LEAP).*
- d) Signpost staff to resources and guides published by the Trust EDI team, as well as events they host.*
- e) Make EDI part of the CRF core induction process to ensure new starters consider EDI in their day-to-day role. This will also provide an opportunity to signpost to the Trust EDI team and their resources.*

We have created a more detailed action plan for the above, which can be found below, on pages 9-13. We have linked each point of this action plan to the [CRF EDI Strategy](#), and to the [Equity-centred design principles](#). At King's, we are working towards incorporating these 5 design principles into our work, projects, and services.

The 5 principles are:

Design at margins – building for marginalised communities and bringing them into our work.

Start with Self - recognising how our biases & assumptions impact our work.

Cede Power – providing power to underrepresented individuals and making it a safe space for them.

Make the Invisible Visible – recognising, calling out, and challenging practices that have historically advantaged dominant groups.

Speak to the Future – defining innovation as an increase in equity and reduction of racism.

Action	Intended outcome(s)	Lead	Start date	End date	Pre-conditions of success	Who needs to be involved?	Measure of success	Which goal does this link to from the CRF EDI strategy?	Which equity-centred design principle does this link to?
<p>Cultural Intelligence Training</p> <p>1 x workshop session for managers and leads with psychometric tests.</p> <p>1 x workshop for all remaining staff with psychometric tests.</p>	Improved approach to diverse research participant needs and improved working relationships	Steffan, EDI Team	Jan-24	Feb-24	Dates, room, psychometric tests, confirmation of attendees	All CRF staff	Feedback survey Improved patient feedback and staff survey results	Goal 3; to engage and educate staff	Start with self; recognising how our biases & assumptions impact our work
<p>Trans and non-binary awareness Training sponsored by King's and Queer's Network</p>	Improved approach to diverse research participant needs and improved working relationships	Steffan, EDI Team	May-24	May-24	The network agrees to deliver training	All CRF staff	Feedback survey Improved patient feedback and staff survey results	Goal 3; to engage and educate staff	<p>Make the Invisible Visible; recognising, calling out, and challenging practices that have historically advantaged dominant groups.</p> <p>Design at margins; building for</p>

									<p>marginalised communities and bringing them into our work.</p> <p>Start with self; recognising how our biases & assumptions impact our work.</p>
<p>Unconscious Bias & microaggressions/affirmations Training</p>	<p>Staff are self-aware of biases and actively choose how they respond in certain situations</p>	<p>Steffan, EDI Team</p>	<p>Mar-24</p>	<p>Mar-24</p>	<p>Dates, room, confirmation of attendees</p>	<p>All CRF staff</p>	<p>Evaluation survey</p>	<p>Goal 3; to engage and educate staff</p>	<p>Make the Invisible Visible; recognising, calling out, and challenging practices that have historically advantaged dominant groups.</p> <p>Start with self; recognising how our biases & assumptions</p>

									impact our work.
Health Inequalities Training	Developed and consistent baseline understanding amongst staff of health inequalities in research	Steffan and Simon, EDI Team	Jul-24	Jul-24	Creation of training	All CRF staff EDI Health Inequalities programme staff	Evaluation survey	Goal 3; to engage and educate staff	Make the Invisible Visible; recognising, calling out, and challenging practices that have historically advantaged dominant groups. Start with self; recognising how our biases & assumptions impact our work.
Psychological Safety Training	Staff are comfortable enough to share information about themselves	Steffan and Shivonne, EDI Team	Dec-23	Dec-23	Dates, room, confirmation of attendees	All CRF staff	Evaluation survey	Goal 3; to engage and educate staff	Start with self; recognising how our biases & assumptions impact our work

	without fear of judgement.								
EDI to be included as part of appraisal objectives	Staff take ownership of their own EDI Development	Cat and Elka, CRF Team	Nov-23	Nov-23	Selection of EDI development points to choose from	All CRF staff	Completion of objective in appraisal	Goal 4; to evaluate the impact of EDI activities	Speak to the Future; defining innovation as an increase in equity and reduction of racism.
Creation of an EDI working group that is included in the formal governance structure of the CRF	A self-sufficient group that can action key EDI goals	Steffan and Cat, EDI and CRF Teams	Oct-23	Dec-23	Plan and nominated individuals	All CRF staff	Creation and launch of the working group	Goal 3; to engage and educate staff	Cede Power – providing power to underrepresented individuals and making it a safe space for them.
Establish representative research participant and public involvement group for the co-production of services	Services are fit for purpose and inclusive	Cat and Elka, CRF Team	Oct-23	Dec-23	Pool of current and willing participants	CRF, EDI, and Health Inequalities staff	Improved participant feedback, increased representation, and engagement in research	Goal 2; to develop inclusive communications that encourage public members to work with us	Design at margins; building for marginalised communities and bringing them into our work.

								Goal 3; to engage and educate staff	Cede Power – providing power to underrepresented individuals and making it a safe space for them.
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