



NIHR Moorfields Infrastructure (Biomedical Research Centre and Clinical Research Facility)

Equality, Diversity and Inclusion
Strategy 2022-2027

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Executive Summary

This strategy aims to consolidate our commitments, embed best practice, and ensure that everything we do aligns with the NIHR's mission to improve the health and wealth of the nation through research in an equal, equitable and inclusive way.

Our Equality, Diversity and Inclusion (EDI) Strategy builds on the National Institute for Health and Care Research (NIHR)'s own strategy¹, applying its key themes within our local context. Here we set out how we intend to align with the NIHR's commitments by continually refining best practice to ensure that the principles of EDI are embedded in everything we do.

Our research mission is 'equity through innovation' and this strategy sets out how we and our partners can deliver this goal.

This strategy defines EDI broadly, reflecting the protected characteristics set out in the UK Equality Act (2010)² and factoring in socio-economic circumstances, geography and access to healthcare. We want to ensure that in all our systems and processes, we embed the principles and best practices of EDI. To track our progress, we need a strong evidence base and developing this important reference is one of our first tasks.

All our work is concerned with equity and this strategy seeks to make that explicit. It positions us as strong advocates for EDI within our wider network. We know that there is more to learn and believe that embedding EDI in all aspects of our thinking and our work is an iterative and evolving process. We look forward to the many different collaborations that will take us forward.



Introduction

The National Institute for Health and Care Research (NIHR) Moorfields Biomedical Research Centre (BRC)³ and Clinical Research Facility (CRF)⁴ are deeply committed to both the moral and business case for making EDI an integral part of our work.

We want our cutting-edge research to help as many people as possible and we know that access to services can vary among the population, which can have a critical impact on eye health. These differences in access can be a result of where a person lives, their socio-economic status or other factors. We also know that people of African, Caribbean or Asian origin may be more likely to have certain eye conditions, such as glaucoma. We know too that certain universal factors, like age, can affect sight. These different experiences of sight loss indicate the need to ensure that the populations who participate in our research reflect the wide range of people who might benefit from that research.

Attracting the appropriate range of people to take part in our different research projects, is more likely when our research teams are diverse, and when our ethos is one of inclusion. Better EDI outcomes are achieved through collaborative work, starting with developing a strong evidence base and then progressively deeper insight into what works. This strategy sets out how we will work together to become increasingly diverse and inclusive, both in terms of our research output and our research teams.

This strategy is driven by the principles of our partner organisations, Moorfields Eye Hospital NHS Foundation Trust and UCL Institute of Ophthalmology, and the National Institute for Health and Care Research (NIHR), the major funder of our NIHR infrastructure. The strategy is summarised in Appendix 1.

Background

About the NIHR

The National Institute for Health and Care Research (NIHR) aims to improve the health and wealth of the nation through research. They do this by:






- Funding high-quality, timely research that benefits the NHS, public health and social care;
- Investing in world-class expertise, facilities and a skilled delivery workforce to translate discoveries into improved treatments and services;
- Partnering with patients, service users, carers and communities to improve the relevance, quality and impact of our research;
- Attracting, training and supporting the best researchers to tackle complex health and social care challenges;
- Collaborating with other public funders, charities and industry to help shape a cohesive and globally competitive research system;
- Funding applied global health research and training to meet the needs of the poorest people in low- and middle-income countries; (the NIHR is funded by the Department of Health and Social Care. Its work in low- and middle-income countries is principally funded through UK Aid from the UK government).

The NIHR has given infrastructure funding to the NIHR Moorfields Biomedical Research Centre (BRC) and the NIHR Moorfields Clinical Research Facility (CRF).



NIHR Moorfields BRC

The NIHR Moorfields Biomedical Research Centre (BRC) is a partnership between Moorfields Eye Hospital NHS Foundation Trust and UCL Institute of Ophthalmology. The BRC is dedicated to pioneering discovery and translating research into treatments and innovations that improve the lives of patients facing vision loss and blindness. Its research is divided into five themes:

	Vascular Disease and Inflammation
	Genomic Discovery and Therapeutics
	Regenerative Therapies, Lasers and Medical Devices
	Translational Data Science
	Imaging, Visual Assessment and Digital Innovation

NIHR Moorfields CRF

The NIHR Moorfields Clinical Research Facility (CRF) is the largest eye research facility in the world for early-phase clinical trials that aim to take laboratory discoveries into the eye clinic to benefit patients. The CRF contains 26 patient examination rooms with associated research and treatment units. It is designed to test new methods of diagnosing common and rare eye diseases, as well as evaluate innovative treatments for them. The CRF is embedded within Moorfields Eye Hospital NHS Foundation Trust and is divided into five areas:

- Area 1 – Clinical assessment
- Area 2 – Functional assessment
- Area 3 – Structural assessment
- Area 4 – Treatment rooms
- Area 5 – Laboratories and tissue processing

Both the BRC and CRF have specific initiatives in place to create better outcomes in relation to improving equality, diversity and inclusion, which are reflected in this strategy.

Strategic Alignment

Our structure is complex. We work in both a hospital and an academic context, with our major funder being the NIHR. This complexity enriches us; it gives us opportunities for growth and learning.

There is a strong commitment to EDI from every institution we work with, and this chapter sets out how we align ourselves with their strategies. We first set out the key statements from Moorfields Eye Hospital, followed by University College London (UCL) and then show how our strategy mirrors NIHR's approach.

Moorfields Eye Hospital's Strategic Plan for 2022-2027⁵ sets out its approach as 'excellence, equity and kindness at the forefront of eye care'. Its ambition is 'to lead among peers as an environment for patients, volunteers and colleagues that accepts, hears and values everyone, and where differences drive innovation to meet the needs of our patients.'

UCL, in its Strategic Plan 2022-2027⁶, recognises EDI as a critical enabler in its strategy. To deliver its aims, it needs leadership that creates a people-led culture and a renewed focus on equity, inclusion and diversity; 'if we aspire to inclusion and openness, then we need to ensure that all voices are heard.'

We know from our work that the different perspectives of team members and participants in our research create scientific breakthroughs and that a culture of inclusion allows different voices to be heard. This takes conscious effort to bring about and is the foundation of our strategy.

Alignment with the NIHR EDI Strategy 2022-2027

The first NIHR Equality, Diversity and Inclusion Strategy 2022-2027¹ brings together the NIHR’s commitments to embed best practice and ensure that everything is aligned with the overall mission to “improve the health and wealth of the nation through research”, as outlined in the national health

research strategy: **Best Research for Best Health: The Next Chapter**⁷. The NIHR EDI Strategy centres around five key themes. We have mirrored these themes but customised them to fit our own circumstances, objectives and projects. The five themes are interpreted as:



The Drivers of our EDI Strategy

Our EDI strategy aims to support and deliver on the joint Moorfields Eye Hospital and UCL Institute of Ophthalmology Research and Development Strategy (Joint R&D Strategy) which sets our overall ambition:

“to change lives by preserving sight and driving equity through innovation, particularly for those in greatest need.”

The strategic goals outlined in the Joint R&D Strategy are to:

- continue to be at the leading edge of science and research, working with patients and partners to make new discoveries that improve people’s lives.
- advance global eye care practice for diverse populations by embedding research and innovation in everything we do – driving equity through innovation.
- realise the full potential of our world-class digital infrastructure and clinical, imaging and biological datasets.
- empower and support our research staff to be truly world-class in their practice and deliver impactful, sight-saving research.
- train and educate the next generation of academic and clinical research leaders to pioneer the future of eye care.

Our Joint R&D Strategy sets out the following values:

Access – determine and overcome barriers to access.

Availability – increase availability of eyecare to more people.

Ability – provide the same level of excellence to everybody.

Affability – understand the diverse views and experiences of our staff and patients.

This document sets out how EDI will be basic to the delivery of our research strategy. It focuses on key aspects of our work which together demonstrate the breadth and depth of what we intend to do to embed EDI and how we will do it.

EDI Strategy

Theme 1:

Become a more inclusive recipient of research funding

(increase diversity across the research that is supported by our NIHR funding)

We receive research funding, so having diverse teams applying for grants and succeeding in the delivery of our projects is a central part of our strategy. In this section, we concentrate on how we will collect and monitor diversity data. This will include relevant protected characteristics across the research staff population - which includes technical, administrative and support staff, researchers, clinicians and advisory committee members. The collection and analysis of reliable data will help us understand whether our processes are equitable and, if they are not, what action should be taken to remedy this.

Aim: To put forward increasingly diverse teams when we apply for grants and to ensure the success of diverse teams.

Action: Record, monitor and assess diversity across the research that we support

BRC actions

- 1.1. Improve the scope of existing data collection for NIHR faculty and staff by revising current self-reporting systems to align more closely with NIHR Equity Data Survey questions, where possible.
- 1.2. Assess diversity in leadership positions and committees.
- 1.3. Monitor percentage of funding allocated to different groups, beginning with gender and moving on to other protected characteristics.
- 1.4. Increase support of funding application submissions by under-represented groups.

CRF actions

- 1.5. Liaise with HR to assess current EDI data for research delivery staff, and improve scope of this data collection in line with NIHR EDI Data survey recommendations.
- 1.6. Widen representation of lay members and on public advisory groups.
- 1.7. Design and implement mechanisms to gather robust EDI data in line with NIHR EDI Data survey recommendations.

Timings:

There are gaps in our evidence base, so we need to continually update and assess the EDI data we collect and respond to what it shows. Gathering accurate data specific to the BRC and CRF is key to establishing our starting position and assessing success.

Over the first two years of this strategy, we will gather data, implement our monitoring criteria and report findings annually through our corporate structure. This will allow us to identify where there may be issues and take steps to address them. As we develop our monitoring, we will also work out what is the best reference data to measure our progress against.

Responsibility:

Improving diversity data and reporting will be the responsibility of both the Equality Challenge Coordinator at the UCL Institute of Ophthalmology and the EDI Research Associate at the NIHR Moorfields CRF.

Key success criteria:

- Reliable diversity data regularly collected from NIHR Moorfields infrastructure (BRC and CRF) staff.
- EDI issues identified by the analysis of data and then addressed.
- Greater diversity in the membership of research teams and committees.



Theme 2:

Widen access and participation for greater diversity and inclusion

(Increase the diversity of those taking part in our patient and public involvement and engagement activities, and those participating in research studies)

The NIHR Moorfields BRC and CRF have together produced a joint strategy on Patient and Public Involvement and Engagement (PPIE). Delivering this strategy is critical to widening access and participation in our research. The principles outlined in this section are aligned with our overall PPIE strategy.

Aim: Improve equality, diversity and representation in our patient and public involvement, engagement and participation.

Action: Train researchers in EDI and improve access to participation in research for underserved communities

BRC actions

- 2.1. Train staff in the importance and value of EDI in research and specifically of EDI in PPIE. To engage with other stakeholders and the wider PPIE community in this training and in improving our resources.
- 2.2. Recruit from more diverse patient populations (e.g. via ROAM), and design mechanisms (e.g. the CRF PPI/EDI Reporting Checklist) to gather and analyse robust EDI data in line with NIHR EDI Data survey so as to measure the EDI impact of outreach activities in our research. Key projects include:
 - a. Assess the effectiveness of our recently launched community diagnostic hub services in encouraging equitable access to care and reducing the capacity-demand mismatch.
 - b. Validate our research models of health prediction in different ethnic groups.
 - c. make use of the diversity of participants (e.g. in UK Biobank⁸).
 - d. Nurture and develop the PPIE work of our Young Persons' Advisory Group (Eye-YPAG)⁹ to access and interest more young people in vision research.
- 2.3. Collaborate in reviewing and updating the national James Lind Alliance-led Priority Setting Partnership for Sight Loss and Vision¹⁰.

CRF actions

- 2.4. Use community hubs to recruit from diverse patient groups and underserved communities.
- 2.5. Visit community and religious centres to encourage more diverse participation in our research through the Research Opportunities at Moorfields (ROAM)¹¹ platform.
- 2.6. Trial and implement the CRF PPI Reporting Checklist which gathers data on and addresses study participant EDI profiles through PPI activity.
- 2.7. Analyse demographic data of research participants to identify under-served groups and consider how best to redress the cause/s of their under-representation.



Timings:

Short- and medium-term: outputs from the projects highlighted above (such as assessment of the diagnostic hub model and the roll-out of the CRF PPI Reporting Checklist) will be delivered in 2023/24.

We are also undertaking pilot work with a Participant Advisory Group focusing on inclusion, an immediate objective of which is to improve the diversity of individuals engaging through International Clinical Trials Day¹².

Long-term: our community hubs recruitment and priority setting collaboration will take place in years 4-5. We will increase our recruitment to studies from within the community and aim to develop our ROAM resource further over 3 to 4 years.



Responsibility:

We map our PPIE activities against the National Standards, gathering feedback from participants and researchers (including an annual survey of PPIE Advisors).

This work is co-ordinated by the PPI Lead and reported to the BRC Executive Board and CRF Management Group.



Key success criteria:

- An increase in the diversity of PPIE contributors in our research.
- An increase in the number of research studies with embedded PPIE.
- A change in the characteristics of our wider lay membership to reflect better the diverse patient populations we serve.
- An increase in the diversity of research participants.

Theme 3:

Improve and invest in the talent pipeline

(support our research and administrative teams across the BRC and CRF)

Investing in our employees is what we (the BRC and CRF) do as part of the NIHR infrastructure to ensure that our workforce is diverse, and this starts with how we recruit into our teams. As employers, we also want our workforce to feel they can genuinely be themselves, partly because feeling comfortable and happy at work is vital if people are to do their best work - and for this we need an inclusive culture. As this section is about our NIHR workforce, the actions are applied to both BRC and CRF awards unless otherwise specified.

Aims:

- Improve the diversity of our workforce and build on the EDI aims for our staff across the organisations in our partnership.
- Implement the action plan set out by the Athena Swan¹³ award including the design and implementation of an anti-bullying and harassment charter and action plan that is essential to fostering a fully inclusive culture.
- Attract, train and mentor a new, more diverse generation of world-class research leaders and teams of co-workers in the field of vision and eye health.

Actions
Recruitment
<p>3.1. Adhere to best practice guidelines in inclusive recruitment (e.g. Athena Swan) and purposefully attract diverse applicants to every role. including to:</p> <ul style="list-style-type: none"> a. adopt a name-blind PhD application process to mitigate racialised gender bias. b. target advertising of posts to equality networks, mailing lists such as Higher Education Race Action Group (HERAG), and websites including Black British Academics. c. broaden fair recruitment training with guidance on shortlisting and interviewing. <p>3.2. Continue to analyse diversity recruitment data to see if all groups have an equal chance of success and develop action plans if the analysis shows this is not the case.</p>

Outreach

- 3.3. Support the EDI related activities of non-profit organisations such as Women in Vision UK¹⁴.
- 3.4. Increase the number and diversity of people who want to consider a career in eye health. Our new diagnostic hub model is introducing people from the community to new jobs in eye care (e.g. technicians). As we share the findings from this innovative project and roll it out further, we expect to engage with more people from more diverse backgrounds in this conversation.
- 3.5. Continue to connect with a wider range of people, for example, through festivals such as the annual Bloomsbury art/science festival, and through our work with community groups/hubs and religious centres.

Accreditation

- 3.6. The UCL Institute of Ophthalmology (IoO) received an Athena Swan Silver award in 2021 and this status lasts 5 years. It involves a mid-term review and a full accreditation during the period of this EDI Strategy. Our intention is to deliver on the existing plan and to achieve at least Silver accreditation in 2026.
- 3.7. For staff employed by Moorfields Eye Hospital and therefore under NHS terms and conditions, monitoring will take place under the Workforce Disability Equality Standard (WDES)¹⁵ and the Workforce Race Equality Standard (WRES)¹⁵. Both Moorfields Eye Hospital and the IoO will ensure that the recommendations from their own annual reviews are incorporated into their individual EDI plans.

Staff surveys

- 3.8. The BRC and CRF will issue their own EDI staff surveys (incorporating the NIHR diversity question set) and run focus groups aimed at, for example, learning more about the experiences of fairness, opportunity, and bias amongst CRF staff. These initiatives will establish baseline metrics and iteratively identify key areas for improvement.
- 3.9. Both the BRC and CRF will aim, over time, to contribute to high scores in inclusion in the Research and Development section of Moorfields Eye Hospital staff engagement survey.
- 3.10. Both the BRC and CRF staff will enhance training in EDI and inclusive leadership, recognising that this will be critical to improving EDI measures.

Development and communications

- 3.11. The BRC and CRF will identify our highest calibre researchers and support them, (for example, through our Academic Career Development mentorship scheme) to reach their full potential as future research leaders. The equality impact of this scheme will be analysed through the EDI data profile of the mentorship programme and a participant survey analysis incorporating the NIHR diversity question set.
- 3.12. By implementing appropriate support structures, such as mentoring, we will increase both the number and the diversity of researchers making successful applications to the NIHR Senior Investigator, Professorial and Fellowship schemes. This support will also help increase the diversity of researchers with active representation on funding panels, committees and in advocacy roles.
- 3.13. We will promote development opportunities to all staff to further their careers including encouraging staff to attend management training and join mentoring schemes run by Moorfields Eye Hospital and UCL Institute of Ophthalmology.
- 3.14. We will ensure every member of staff understands and delivers on our commitment to EDI; all staff will have to do at least one online annual training course. We will continue to develop the training offered on EDI in line with best practice.
- 3.15. We will encourage staff from under-represented groups to join Staff Networks run by Moorfields Eye Hospital and UCL Institute of Ophthalmology.
- 3.16. We will continue to prioritise the conversation about bullying and harassment through the UCL Institute of Ophthalmology's Full Stop team and Moorfields Eye Hospital Freedom to Speak Up Guardian, which actively work to reduce these behaviours, to improve reporting of them and to support those affected by them. We will do this by involving the most senior researchers in a new initiative to raise awareness of these issues at all levels, and by actively highlighting their harmful impact using anonymised personal testimonies. This approach is in line with NIHR Policy on Preventing Harm in Research¹⁶.
- 3.17. We will issue a regular EDI communication of the NIHR Moorfields infrastructure staff and researchers.

Timings:

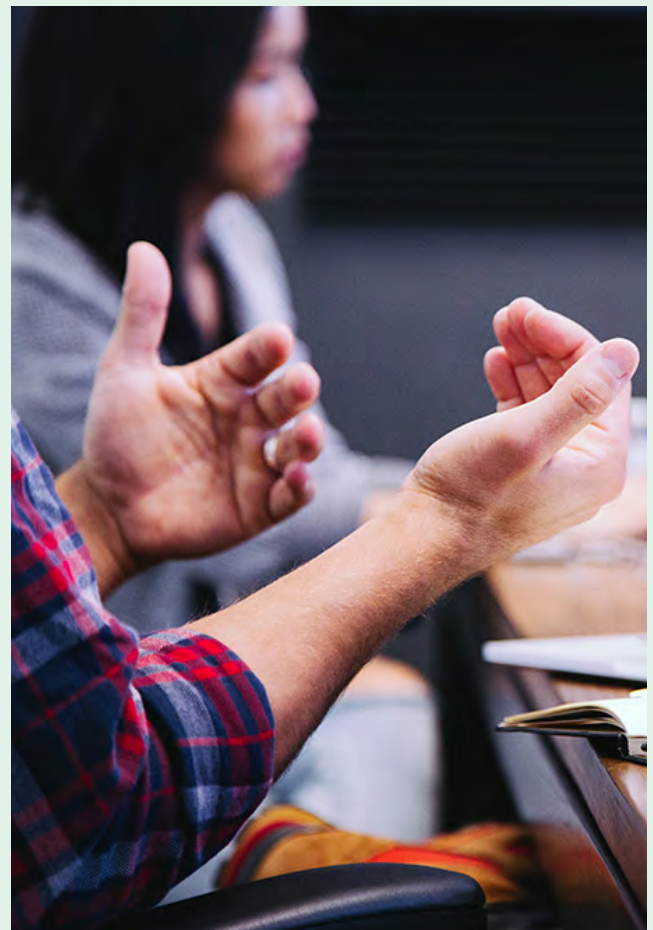
Delivery of EDI training to our staff is a short-term goal and this will be expected to continue with new recruits. The Athena Swan action plan states that action will be taken in 2023/24 to ensure the UCL Institute of Ophthalmology adopts best practice in inclusive recruitment. The next Athena Swan accreditation will take place in 2025. Staff engagement surveys are issued annually; the monitoring of Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) also takes place at a national level.

Responsibility:

Day-to-day responsibility for taking this theme forward will lie with both the Equality Challenge Coordinator at the UCL Institute of Ophthalmology and the EDI Research Associate at the NIHR Moorfields CRF.

Key success criteria:

The BRC and CRF will become more inclusive over time, with a greater diversity of role models at all levels of the workforce. This will be measured through success in accreditations such as Athena Swan, positive scores in engagement surveys and reflected through diversity monitoring.



Theme 4:

Employ evidence-led approaches to diversity and inclusion

(basing our approach to EDI on clear evidence from diversity data we continually gather across our research activity)

In this theme, we highlight the work we want to do to improve access to and availability of eyecare and to reduce any variations where they exist. We have addressed improved data collection mechanisms throughout this strategy and have set out in detail elsewhere what we are doing as an employer, so we have interpreted this theme to focus on our research impact. This is the heart of what we do.

We helped lead the Public Health England ‘Atlas of variation in risk factors and healthcare for vision in England’¹⁷, which reports considerable inequalities in the availability and delivery of eye healthcare services and outcomes across the UK. Specific ethnic groups were shown to have a much higher risk of vision loss, often due to non-availability of diagnosis and/or treatment. We have specific objectives to address these issues.

Aim: To achieve equity through innovation, particularly for those with the greatest need.

Action: deliver on research objectives in the BRC and CRF application that will specifically aim to address variations in healthcare

BRC actions

- 4.1. Make a major impact on common and rare blinding disorders, to reduce large disparities in life opportunities.
- 4.2. Develop novel ways to detect and predict individuals who are at risk of losing vision and start preventive measures earlier.
- 4.3. Discover new information about what causes eye diseases and how best to prevent, minimise or treat them. When tailored to individuals, this can improve equity of opportunity.
- 4.4. Continue to research and discover molecular, cellular and tissue functions in the eye including in blood vessel, inflammatory and nerve processes that will lead to better diagnosis and treatment for people.
- 4.5. Build on previous successes in developing new and improved types of regenerative treatments that can be made available nationally and internationally.

CRF actions

The CRF has over 50 early-phase and experimental medicine studies planned between 2022-2027. These focus on research areas prioritised by the NIHR James Lind Alliance Sight Loss and Vision Priority Setting exercise, which involved 2,220 participants including patients and clinicians (and gathered 4,461 answers to questions). These include common chronic conditions such as:

- 4.6. Age-related macular degeneration: There are 500,000 people with this condition in the UK and 71,000 new cases every year. Currently, there are no treatments for dry macular degeneration which accounts for 90% of cases.
- 4.7. Glaucoma: Primary open angle glaucoma (POAG) affects about 2% of people in the UK aged over 40 years.
- 4.8. Diabetic eye disease: about 30% of the almost 400 million people with diabetes globally, also have some form of diabetic retinopathy, 10% of this is sight-threatening.
- 4.9. Rare conditions that currently have no (or limited) treatments such as optic nerve disorders, degenerative myopia and inherited retinal disorders.

Timings:

This is a five-year strategy which will be updated in 2026.

Responsibility:

The actions in this theme will be the responsibility of the Theme Leads and Principal Investigators leading the individual research projects. Progress of these actions will be monitored through the governance structures of the BRC and CRF (Theme Management Groups, CRF Management Group, BRC Executive Board).

Key success criteria:

How research projects impact on treatment, access and availability. Progress will be assessed each year with the submission of our NIHR Annual Reports. This will be assessed by the NIHR who will provide a RAG (Red, Amber, Green) rating of our progress.

Theme 5:

Collaborate with partners for impact and sustainability

(to strengthen our role within our local, national and international networks, in achieving relevant, effective research outcomes and being influential advocates for EDI).

The BRC and CRF are part of a wide local, national and international network. Our partners specific to this strategy include:

- Moorfields Eye Hospital NHS Foundation Trust
- UCL Institute of Ophthalmology
- University of Bristol
- International Centre for Eye Health, London School of Hygiene & Tropical Medicine
- Moorfields BRC Young Persons' Advisory Group (Eye-YPAG)
- Moorfields Eye Charity
- NIHR BRCs at University College London Hospitals NHS Foundation Trust (UCLH) and Great Ormond Street Hospital NHS Foundation Trust (GOSH)
- NIHR Clinical Research Network (CRN) Ophthalmology Clinical Study Group
- NIHR Local Clinical Research Network (LCRN) North Thames
- NIHR CRF Forum (North Central London)
- UCL Partners Academic Health Science Centre (AHSC)
- UK Clinical Research Facility Network
- NIHR Applied Research Collaboration (ARC) North Thames EDI Group

Aim: Transform our research culture and deepen relationships with our partners so that we become strong advocates for EDI within our network.

Action: Engage with a diverse range of stakeholders and learn from each other through an EDI forum

BRC actions

- 5.1. We have co-produced this EDI strategy with our EDI lay advisors and will continue to monitor its progress and delivery with them, and through an EDI forum with our partners and stakeholders.
- 5.2. Collaborate with sources of expertise (e.g. patients, charities, social enterprises and advisors) in developing accessible communication tools. Our active membership of the recently established NIHR ARC North Thames EDI Committee¹⁸ is part of this knowledge-sharing.
- 5.3. Improve understanding of the importance of EDI achievements and adherence to anti-bullying/harassment policy to being awarded external funding.

CRF actions

- 5.4. We will strengthen co-production possibilities with the Research Opportunities at Moorfields (ROAM) resource, BRC Research Community and Public Advisory workforce.
- 5.5. Develop links with community-based collaborators who are best placed to increase involvement of NIHR CRN Ophthalmology Clinical Study Groups¹⁹ into our PPI cohorts.
- 5.6. Establish and nurture community outreach partnerships (e.g. with charities, community organisations and social clubs) to access and encourage those from underserved groups to take part in local artificial intelligence-driven hospital referral initiatives.

Timing:

Our short-term goal is to establish and join an EDI forum that will be the conduit for collaborative activities and shared learning with key stakeholders. We will continuously seek to learn and share knowledge of best practice in equality, diversity and inclusion.

Responsibility:

Increasing our impact through collaboration will be the responsibility of both the Equality Challenge Coordinator at the UCL Institute of Ophthalmology and the EDI Research Associate at the NIHR Moorfields CRF. Relationships will be managed through relevant Principal Investigators and research teams. Progress in each area will be regularly discussed at management group meetings and reported to BRC Executive Board and CRF Management Group where appropriate.

Key success criteria:

- Co-develop best practice recommendations for EDI in eye health research.
- Increased impact of our research through delivering it in partnership.
- NIHR Moorfields Infrastructure is recognised by its partners for our work on executing and implementing this EDI strategy.



Conclusion

To become strong, influential advocates for equality, diversity and inclusion, we will need to constantly learn what works, and what makes the most difference. This strategy sets out how vitally interdependent our diverse collaborations and partnership populations are. By learning from our workforce, patients, partners and the wider scientific and social world, we can collectively make a difference which has a positive impact on all of us.



Appendix 1: Summary of EDI Strategy

Theme	Aims	Actions	Success Measures	Responsibility/ Governance and Timings
1. Become a more inclusive recipient of research funding	To put forward increasingly diverse teams when we apply for grants and to ensure the success of diverse teams.	Record, monitor and assess diversity across the research that we support	<ul style="list-style-type: none"> Reliable diversity data collection from NIHR Moorfields infrastructure (BRC and CRF) staff. EDI issues identified through the analysis of data and addressed. Greater diversity in the membership of research teams and committees (long-term 4-5 years). 	NIHR teams supported by Moorfields EDI Manager
		BRC: <ol style="list-style-type: none"> 1.1. Collect diversity data of NIHR faculty and staff. 1.2. Assess diversity in leadership positions and committees. 1.3. Monitor percentage of funding allocated to researchers with protected characteristics, beginning with gender. 1.4. Increased support of funding application submissions by under-represented groups. 		BRC: UCL Equality Challenge Coordinator <i>Timing: Short- and medium-term (1-3 years)</i>
		CRF: <ol style="list-style-type: none"> 1.5. Collect diversity data among research delivery staff. 1.6. Widen representation across advisory workforce. 1.7. Develop tools to monitor additional metrics such as location, socio-economic status, and access to healthcare. 		CRF: CRF EDI Research Associate <i>Timing: Short- and medium-term (1-3 years)</i>

Theme	Aims	Actions	Success Measures	Responsibility/ Governance and Timings
<p>2. Widen access and participation for greater diversity and inclusion</p>	<p>Improve equality, diversity and representation in our patient and public involvement, engagement and participation.</p>	<p>Train researchers in EDI and improve access to participation in research for underserved communities</p>	<ul style="list-style-type: none"> • Increase in the diversity of PPIE contributors in our research. • Increase in the number of research studies with PPIE embedded. • Change in characteristics of lay membership to improve representation that reflects the patient population we serve. • Increase in the diversity of research participants. 	<p>NIHR teams supported by BRC Manager</p>
		<p>BRC:</p> <p>2.1. Train staff in the importance and value of EDI research and especially in PPIE. Engage with others to improve our training and resources.</p> <p>2.2. Ensure equitable impacts through diverse and representative participant populations.</p> <p>2.3. Collaborate in reviewing and updating the national James Lind Alliance-led Priority Setting Partnership for Sight Loss and Vision.</p>		<p>BRC: BRC PPIE Lead</p> <p><i>Timing: Short- and medium-term (1-3 years)</i></p> <p><i>Long-term (5 years)</i></p>
		<p>CRF:</p> <p>2.4. Use community hubs to recruit from diverse patient groups and underserved communities.</p> <p>2.5. Visit community and religious centres to encourage diverse participation in our research through the ROAM platform.</p> <p>2.6. Trial and implement the CRF PPI Reporting Checklist which gathers data on and addresses study participant EDI profiles through PPI activity.</p> <p>2.7. Analyse demographic data of research participants to identify under-served groups and consider how best to redress the cause/s of their under-representation.</p>		<p>CRF: CRF EDI Research Associate</p> <p><i>Timing: Short-term (1-2 years)</i></p> <p><i>Medium-term (3-4 years)</i></p>

Theme	Aims	Actions	Success Measures	Responsibility/ Governance and Timings
<p>3. Improve and Invest in the talent pipeline</p>	<ul style="list-style-type: none"> • Improve the diversity of our workforce. • Implement the action plan set out by the Athena Swan award. • Attract, train and mentor a new diverse generation of world-class translational research leaders. 	<p>Recruitment:</p> <p>3.1. Adhere to best practice guidelines in inclusive recruitment and attract diverse applicants to every role.</p> <p>3.2. Continue to analyse diversity recruitment data to assess if all groups have an equal chance of success.</p> <hr/> <p>Outreach:</p> <p>3.3. Support the EDI related activities of non-profit organisations such as Women in Vision UK.</p> <p>3.4. Use our community diagnostic hub model to encourage more people from diverse backgrounds to consider careers in eye health.</p> <p>3.5. Connect with a wider range of people through outreach events.</p> <hr/> <p>Accreditation:</p> <p>3.6. Re-accreditation of IoO Athena Swan Silver award in 2026.</p> <p>3.7. Monitor outcomes from the NHS Workforce Disability Equality Standard (WRES) and the Workforce Race Equality Standard (WRES) and incorporate recommendations.</p> <hr/> <p>Staff surveys:</p> <p>3.8. Implement BRC/CRF EDI staff surveys and run focus groups.</p> <p>3.9. Contribute to high scores in inclusion in the Research and Development section of Moorfields Eye Hospital staff engagement surveys.</p> <p>3.10. BRC/CRF staff training in EDI and inclusive leadership.</p> <hr/> <p>Development and communications:</p> <p>3.11. Identify and support our highest calibre researchers to become future leaders.</p> <p>3.12. Increase our researchers’ measures of esteem and recognitions.</p> <p>3.13. Promote development opportunities to all staff.</p> <p>3.14. Continue to improve and implement our EDI staff training.</p> <p>3.15. Actively encourage staff to join diverse staff networks.</p> <p>3.16. Strengthen our work to eradicate bullying and harassment.</p> <p>3.17. Issue a regular EDI communication to all staff.</p>	<ul style="list-style-type: none"> • The BRC and CRF will become more inclusive, with more diverse role models in senior positions. • This will be measured through success in different accreditations, positive scores in engagement surveys and reflected through diversity monitoring. 	<p>NIHR teams supported by Moorfields EDI Manager and UCL Institute of Ophthalmology Equality Challenge Coordinator</p> <hr/> <p>BRC: UCL Equality Challenge Coordinator</p> <p><i>Timing: Athena Swan action plan action taken in 2023/24 to ensure inclusive recruitment practices. Next accreditation will take place in 2025.</i></p> <p><i>Monitoring opportunities: Short- and medium-term (1-3 years)</i></p> <hr/> <p>CRF: CRF EDI Research Associate</p> <p><i>Timing: Delivery of EDI training to our staff is a short-term goal.</i></p> <p><i>Staff engagement surveys are issued annually.</i></p> <p><i>Outreach events: Short- and medium-term (1-3 years)</i></p>

Theme	Aims	Actions	Success Measures	Responsibility/ Governance and Timings
<p>4. Employ evidence-led approaches to diversity and inclusion (basing our approach to EDI on clear evidence from diversity data we continually gather across our research activity)</p>	<p>Deliver on the research objectives in the BRC and CRF application that will specifically aim to address variations in healthcare.</p>	<p>BRC:</p> <p>4.1. Make a major impact on common and rare blinding disorders, to reduce large disparities in life opportunities.</p> <p>4.2. Develop novel ways to detect and predict individuals who are at risk of losing vision and start preventative measures earlier.</p> <p>4.3. Discover new information about what causes eye diseases and how best to prevent, minimise or treat them tailored to individuals improving equity of opportunity.</p> <p>4.4. Continue to research and discover molecular, cellular and tissue functions in the eye that will lead to better diagnosis and treatment for people.</p> <p>4.5. Build on previous successes in developing new and improved types of regenerative treatments that can be made available nationally and internationally.</p>	<ul style="list-style-type: none"> • The key measure of success will be how research projects impact on treatment, access and availability. • Progress will be assessed each year with the submission of our NIHR Annual Report. 	<p>BRC:</p> <p>BRC Theme Leads and Principal Investigators</p> <p>This is a five-year strategy which will be updated in 2026</p>
		<p>CRF:</p> <p>We have a rich pipeline of over 50 early-phase and experimental medicine studies that focus on research areas prioritised by the NIHR James Lind Alliance Sight Loss and Vision Priority Setting exercise, including conditions:</p> <p>4.6. Age-related macular degeneration</p> <p>4.7. Glaucoma</p> <p>4.8. Diabetic eye disease</p> <p>4.9. Rare conditions that do not currently have any (or limited) treatments.</p>		<p>CRF:</p> <p>CRF Principal Investigators and CRF Management Group</p> <p>This is a five-year strategy which will be updated in 2026</p>

Theme	Aims	Actions	Success Measures	Responsibility/ Governance and Timings
5. Collaborate with partners for impact and sustainability	Transform our research culture and deepen relationships with our partners so that we become strong advocates for EDI within our network.	To engage with a diverse range of stakeholders and learn from each other through an EDI forum:	<ul style="list-style-type: none"> • Co-develop best practice recommendations for EDI in eye health research. • Increased impact of our research through delivering it in partnership. 	NIHR BRC/CRF teams supported by Moorfields EDI Manager A short-term goal is to establish and join an EDI forum <i>Timing: Short-term (1-2 years)</i>
		5.1. Continue to monitor the progress and delivery with lay advisors and through an EDI forum with our partners and stakeholders. 5.2. Collaborate with sources of expertise in developing accessible communication tools. 5.3. Improve understanding of the importance of EDI achievements and adherence to anti-bullying/harassment policy.		
		5.4. Strengthen co-production opportunities. 5.5. Develop links with community-based collaborators. 5.6. Establish and nurture community outreach partnerships.		

References

1. [NIHR Equality, Diversity and Inclusion Strategy 2022-2027](#)
2. [UK Government Equality Act 2010 Guidance](#)
3. [NIHR Moorfields Biomedical Research Centre](#)
4. [NIHR Moorfields Clinical Research Facility](#)
5. [Moorfields Eye Hospital Strategic Plan 2022-2027](#)
6. [UCL Strategic Plan 2022-2027](#)
7. [NIHR Best Research for Best Health: The Next Chapter](#)
8. [UK Biobank](#)
9. [Eye-YPAG](#)
10. [Sight Loss and Vision | James Lind Alliance](#)
11. [Research Opportunities At Moorfields \(ROAM\)](#)
12. [International Clinical Trials Day | Moorfields Eye Hospital](#)
13. [Athena Swan](#)
14. [Women In Vision UK](#)
15. [WDES and WRES Data 2022](#)
16. [NIHR Policy on Preventing Harm in Research](#)
17. [Public Health England Atlas of Variation](#)
18. [NIHR ARC North Thames EDI Committee](#)
19. [NIHR CRN Ophthalmology Clinical Study Groups](#)



For more information:

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