

Equality, Diversity, Inclusion and Culture in NIHR Infrastructure Organisations in Oxford

Key findings from a survey assessing research inclusion of NIHR infrastructure-funded colleagues across Oxford.

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1. Executive Summary

This report presents the findings of the first **research culture, EDI, and research inclusion** survey, undertaken across NIHR Biomedical Research Centre (BRC): Oxford, NIHR BRC: Oxford Health, NIHR Clinical Research Facility (CRF): Oxford and NIHR CRF: Oxford Health in November-December 2025.

The survey supports [NIHR's research inclusion](#) agenda and was designed to establish a baseline understanding of colleagues' experiences, identify areas of good practice, and inform future actions at both local and cross-infrastructure levels.

The survey achieved an overall response rate of approximately 61%, providing a good evidence base to understand the experiences of affiliated colleagues.

Respondents reported positive experiences of research culture with more than 60% agreeing that communications are effective, collaboration is supported, contributions are valued, and they feel comfortable expressing their views. Free-text responses frequently highlighted collaborative working, supportive colleagues and valuable training opportunities. Similarly, there was strong confidence in commitment to EDI, with around three-quarters of respondents agreeing that their organisations support EDI and nearly 80% agreed that people are treated fairly regardless of their diversity characteristics. However, perceptions of career opportunities were less positive, with this emerging as the lowest scoring area. Free text responses highlighted concerns relating to transparency regarding progression pathways, access to opportunities and leadership development.

The survey also identified a strong commitment to research inclusion (RI), however there was lower confidence in translating this commitment into practice.

Respondents were confident that their research contributes to reducing health inequalities, though fewer than half felt that currently involved participants and public contributors reflected the diversity of the populations their research aims to serve. Confidence in applying inclusive approaches varied between groups, highlighting opportunities for additional support, training and collaboration.

The survey identified several groups whose experiences were less positive than those reported by respondents overall. Mid-career researchers expressed concerns about career progression, access to opportunities and pathways into leadership. Nursing, Midwifery and Allied Health Professionals (NMAHPs) were less likely to feel valued, heard or fully connected to wider research activity. Professional, technical and support staff reported less confidence in their role in delivering inclusive research and highlighted a need for greater involvement, support and development opportunities. Disabled colleagues and those with long-term health conditions described fewer positive experiences across several questions and respondents from minoritised ethnic backgrounds also reported fewer positive experiences regarding leadership representation and career opportunities. While experiences

varied between groups, these findings suggest a need for targeted action to ensure that all colleagues can participate, progress and contribute fully within Oxford's NIHR research infrastructure. In response to these findings, participating organisations will work collectively, and locally, to address areas for improvement. These include targeted engagement with mid-career researchers, delivery of cross-infrastructure research inclusion initiatives, further enhancement of mentoring and career development programmes, and the incorporation of these into future NIHR infrastructures. These actions will be coordinated through the Cross-Oxford NIHR Infrastructure EDI Working Group and supported by close collaboration with employer organisations (including the University of Oxford, Oxford University Hospital NHS FT, and Oxford Health NHS Foundation Trust) and other key partners.

2. Introduction

This inaugural cross-Oxford survey of NIHR-funded organisations aimed to identify good practices, areas for improvement and future benchmarks across research culture, EDI, and inclusive research practices. Developed by the Oxford NIHR EDI Working Group, this survey was administered by the following participating organisations:

- NIHR Biomedical Research Centre (BRC): Oxford
- NIHR Biomedical Research Centre (BRC): Oxford Health
- NIHR Clinical Research Facility (CRF): Oxford
- NIHR Clinical Research Facility (CRF): Oxford Health

It was developed in line with best practice, data compliance requirements and ethical considerations, with support from Dr Pavel Osieko, Senior Research Fellow at the University of Oxford. It was open from 19 November to 19 December 2025.

Findings were identified through structured quantitative and qualitative analysis. The survey included substantive questions on research culture, EDI and research inclusion (RI), using a 1–5 agreement Likert-scale and free text responses. A separate diversity section collected demographic, role and employment information, with “prefer not to say” options. The full survey is in [Appendix A](#).

For each Likert-scale question responses were grouped, combining “agree” with “strongly agree” and “disagree” with “strongly disagree” respectively, to give overall agreement, neutral or disagreement percentages.

To identify where subgroups (for example, different career stages, role types or demographic groups) were experiencing more or less positive experiences we compared these overall percentages with those of the subgroups, and intersections of subgroups, giving us ‘Percentage point agreement gaps’ (or ‘gaps’). For example, if the overall agreement on a Likert scale question was 62% (agree and strongly agree combined), but the agreement among a subgroup was 52%, this was recorded as a -10 percentage point agreement gap. Excel PivotTables and data modelling were used to undertake this analysis. The agreement gaps were then compared across the whole survey and by demographic groups, with the help of heatmaps to highlight gaps of 3%, 5%, and 10% in the positive and negative direction. Free text responses were first thematically analysed in relation to the survey questions, then further explored by demographic groups to provide more nuanced, group-based insights.

2.1. Response rates

The survey was sent to 542 colleagues receiving at least 0.2 FTE salary support from participating NIHR organisations; this threshold was used to ensure respondents had sufficient engagement with the associated infrastructure. In total, 323 colleagues responded, giving an overall response rate of **approximately 61%**. The response rates for complete responses were:

NIHR organisation	Response rate for complete responses only	Total number of invites sent	Total responses received
NIHR BRC: Oxford	57%	345	195
NIHR BRC: Oxford Health	54%	155	83
NIHR CRF: Oxford	79%	14	11
NIHR CRF: Oxford Health	73%	28	20

The table excludes a small number of respondents affiliated with multiple organisations (5%).

2.2. A note about the data and its impact on further analysis

Detailed percentages are not reported for all demographic groups and subgroups due to small respondent numbers, consistent with best practice. To protect anonymity and avoid over-interpreting, data across some categories have been combined throughout the report under broader overarching categories, particularly for religion, ethnicity, disability and sex assigned at birth.

3. Respondents

The majority of respondents were employed by the University of Oxford (80%) with a broad mix of clinical and non-clinical researchers, professional, technical and administrative staff, and NMAHPs (Nursing, Midwifery, and Allied Health Professionals) colleagues. Researchers were spread across early-career (e.g. Doctoral/Postdoctoral researchers; Teaching Fellows/Associates; Research Assistants/Associates), mid-career (e.g. Senior Lecturers; Readers; Programme Leaders; Senior Post-docs; Research Managers) and senior (e.g. Professors; Directors; Operations Directors).

Demographically, the gender and age profiles were relatively balanced. While respondents came from diverse ethnic backgrounds, most identified as White. Most reported no disability or long-term health conditions, although a smaller but meaningful group did report disability, long-term health conditions, or caring responsibilities.

“Prefer not to say” responses comprised around 7% of most demographic questions. The percentage was notably higher in sexual orientation, religion or belief, and disability-related follow-up questions.

See [Appendix B](#) for full details of who completed the survey.

4. Key Findings: Substantive Questions

4.1. Substantive Questions: Research Culture

Respondents rated inclusive research culture statements on a 1–5 agreement scale, covering communication, collaboration, speaking up and feeling valued, with an option to add free text comments or suggestions.

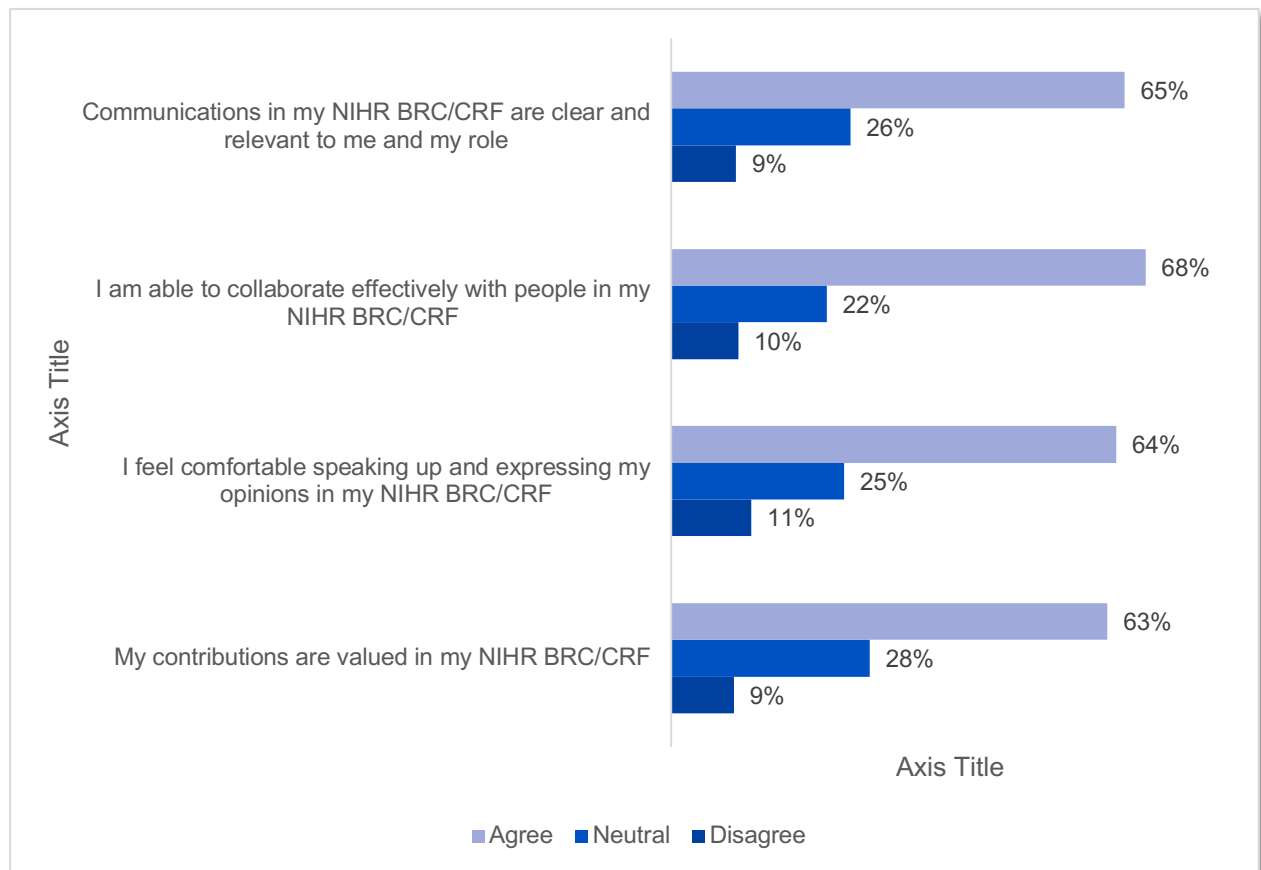


Figure 1: Research Culture - whole survey result (Agree and Disagree in this graph are combined percentages of 'strongly agree and agree' and 'strongly disagree and disagree')

4.1.1. Inclusive research culture: enablers

Figure 1 shows that on average over 60% felt that their organisation's research culture was positive (agree or strongly agree). Free text responses to these questions included:

- *"The [theme] is collaborative and offers plenty of training opportunities."* (**mid-career, clinical researcher**)
- *"I appreciate the clarity and relevance of communications within the BRC. Regular updates and transparent communication help me stay informed."* (**professional, technical and administrative**)

4.1.2. Inclusive research culture: barriers

However, free text responses also suggest that there was a certain degree of ambivalence potentially resulting from limited time within the organisation, limited

visibility of the NIHR infrastructure, and workload pressures, which affect collaboration. For example:

- *“I’ve only been in role 3 months.” (early-career, clinical researcher)*
- *“We do not collaborate or communicate in groups”. (profile data not captured)*
- *“I’m not aware of an open forum where we can express our opinions or speak up”. (mid-career, NMAHP)*

Some respondents reported that inconsistent communication and organisational complexity negatively affected their experience. For example:

- *“I do feel that this is something that I would like to receive more communication on regarding timelines and expectations.” (senior, clinical researcher)*
- *“The updates that the BRC sends out seem to be very generic and high-level. It is difficult to really get a sense of how things are.” (early-career, non-clinical researcher)*

4.2. Substantive Questions: Equality, Diversity, and Inclusion (EDI)

Respondents rated EDI statements on a 1–5 agreement scale, covering organisational support for EDI, equitable leadership representation, fair treatment and equal access to career opportunities, with an option to provide free text comments and suggestions.

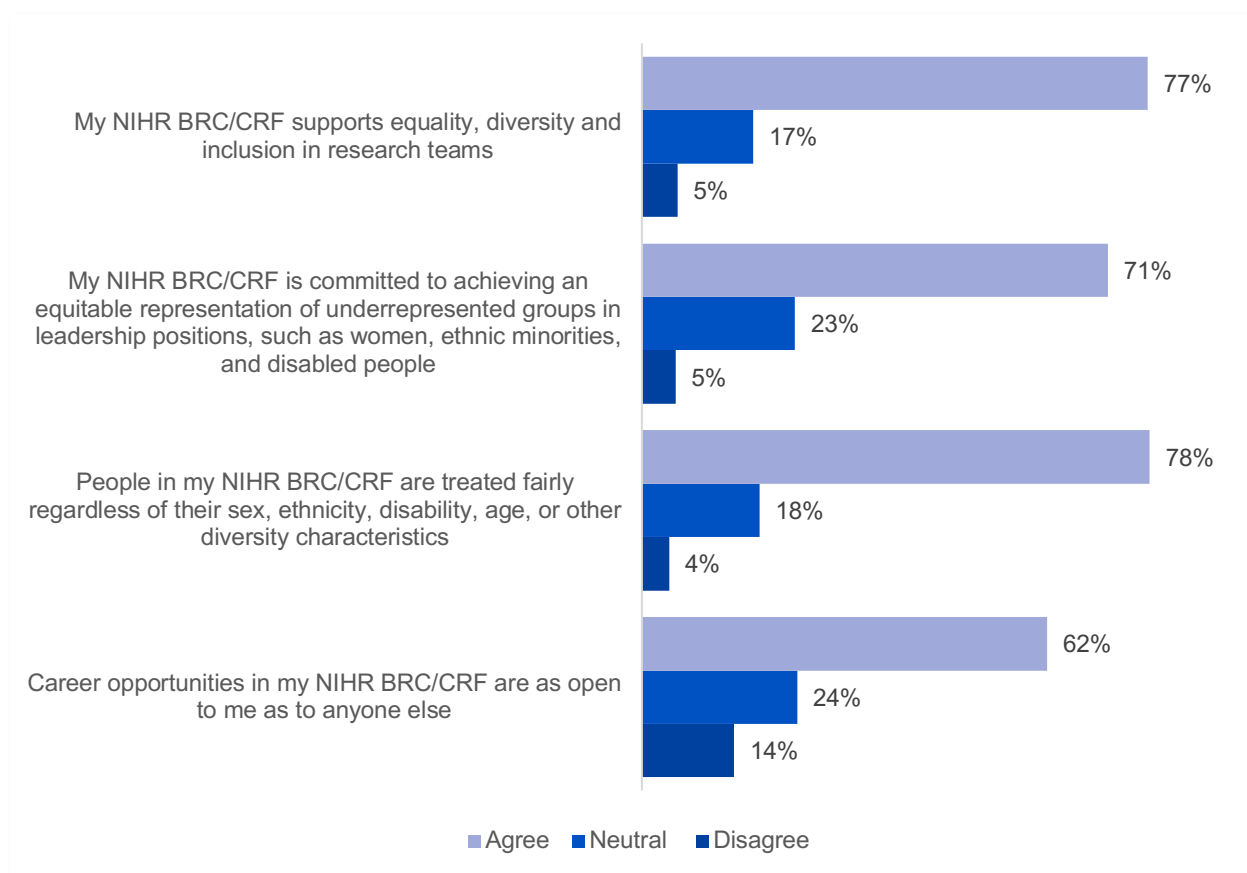


Figure 2: Equality, Diversity and Inclusion - whole survey result (Agree and Disagree in this graph are combined percentages of 'strongly agree and agree' and 'strongly disagree and disagree')

4.2.1. Equality, Diversity and Inclusion: enablers

Figure 2 indicates strong confidence in organisational intent and values and this is supported by responses in the free text:

- *“The BRC clearly emphasise the values of inclusivity, and this is also reflected in the training offer and piloting of thoughtful new schemes - e.g. the mentoring offer”. (early-career, clinical researcher)*
- *“I have received fantastic support from the NIHR BRC to progress my career and have been clearly signposted throughout”. (early-career, role: ‘other’)*
- *“I definitely feel very supported by the BRC, both by team members and the structure of the grant.” (early-career, non-clinical researcher)*

Overall, respondents feel the organisations hold strong EDI principles.

4.2.2. Equality, Diversity and Inclusion: barriers

There is less confidence in how these are implemented and experienced in practice.

- *“...not completely sure how the EDI is implemented on the ground”. (early-career, non-clinical researcher)*
- *“BRC must take care to genuinely value diversity, can appear a little tick boxy”. (senior, clinical researcher)*
- *“My main area of concern is the issue of monitoring versus doing.” (senior, clinical researcher)*

Around 62% of respondents agreed that career opportunities are as open to them as to others. Free text responses allow interpretation of the remaining neutral and negative responses: highlighting issues around transparency in career pathways, organisational change processes, and tangible equitable actions to support progression.

- *“Theme leads have a disproportionate amount of power in deciding who is in their theme, how funds are allocated and how underspends are made available to others, and this means funds may not be allocated fairly or transparently.” (senior, clinical researcher)*
- *“There seems to be minimal career progression and limited support for challenge you may be facing”. (mid-career, clinical researcher)*
- *“Only people with long contract or permanent positions (PIs) can apply. The system seems to make the rich richer and the poor poorer.” (mid-career, non-clinical researcher)*
- *“It is not clear which career opportunities (and leadership roles) are available for which level, and if/how I can contribute to shaping the current and future BRC themes.” (mid-career, non-clinical researcher)*

- *“Career opportunities are heavily biased by nepotism. I've been lucky to benefit from that, but it's absolutely not been (a) fair process or democratically allocated.” (mid-career, clinical researcher)*

4.3. Substantive Question: Research Inclusion in Practice

Respondents rated research inclusion statements on a 1–5 agreement scale. Some respondents less involved in research directly selected “Not applicable”, these responses were excluded from the analysis below.

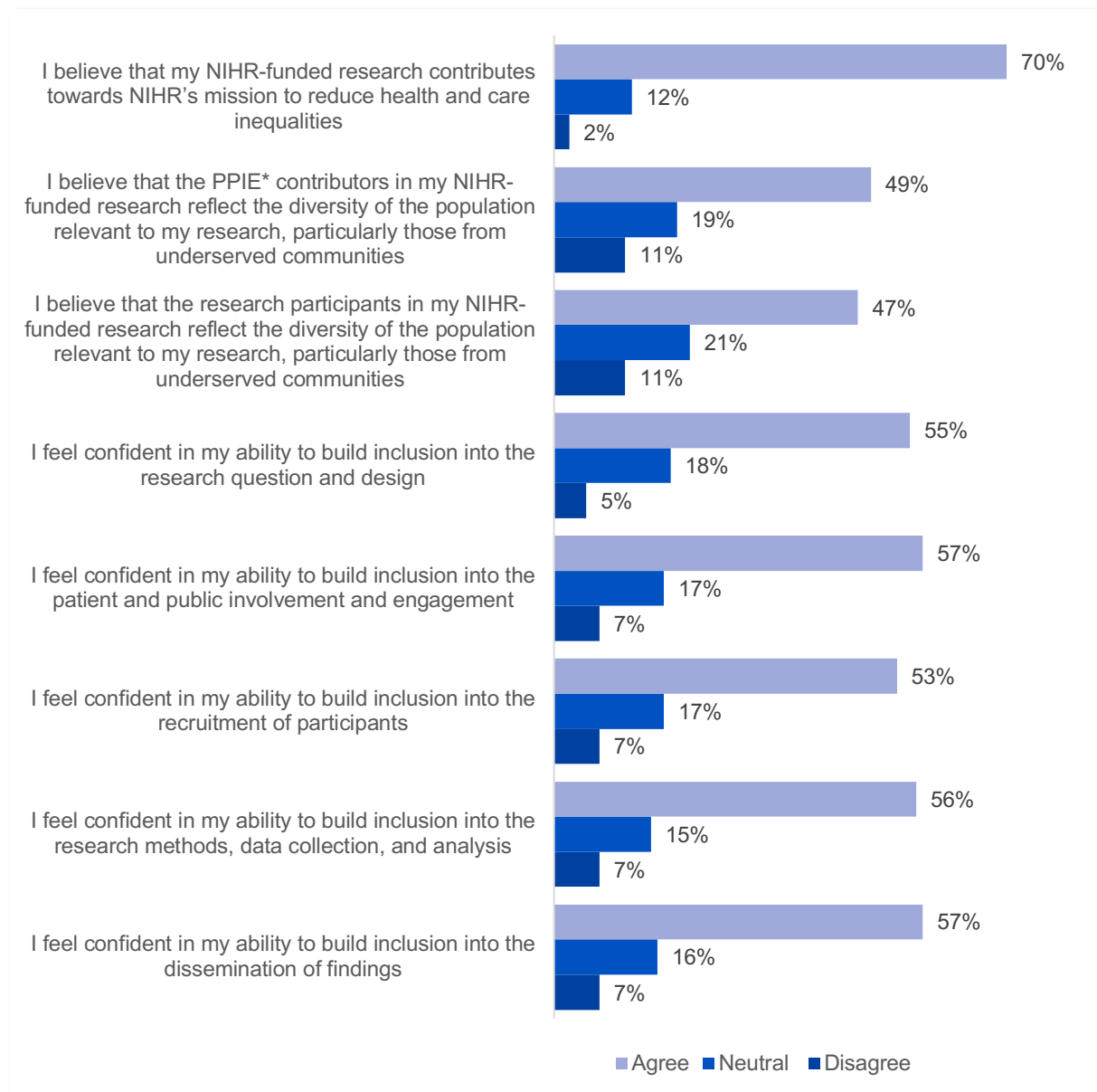


Figure 3: Research Inclusion - whole survey result. (Agree and Disagree in this graph are combined percentages of 'strongly agree and agree' and 'strongly disagree and disagree').

*PPIE: Patient and Public Involvement and Engagement.

4.3.1. Research Inclusion: enablers

Around 70% of respondents agreed that NIHR-funded research helps reduce health inequalities. Confidence in applying inclusive research practices is positive.

Approximately 70% of respondents reported confidence in building inclusion into different stages of research, including design, recruitment, methods and dissemination and free text responses demonstrate this in practice.

- *“I have been supported to explore how to engage and retain underserved groups” (mid-career, non-clinical researcher)*
- *“I think we are making positive steps towards increased inclusion/representation in our PPI group. We are also making positive steps with our community engagement” (NMAHP)*

4.3.2. Research Inclusion: barriers

Confidence was lower on representation: approximately 49% agreed that PPIE contributors reflect the relevant population, and around 47% agreed that research participants are representative. Some free text responses linked this to the demographic profile of the local region:

- *“Oxfordshire has a typically white demographic, which I believe we see in our research cohort.” (early-career, clinical researcher)*
- *“Regional racial characteristics in my disease of interest make recruiting inclusively to studies a challenge.” (mid-career, clinical researcher)*

Free text responses also identified other barriers, including limited practical guidance and tools, difficulties recruiting diverse populations, and constraints linked to study design or local demographics. Some respondents also reported limited involvement in parts of the research process, particularly recruitment, and reducing their ability to influence inclusion.

- *“...doing truly inclusive research and PPIE requires budget and staff resource...” (mid-career, clinical researcher)*
- *“I don't feel involved in the referral or screening process at all so cannot contribute to ensuring a diverse population... I don't think the infrastructure and lack of collaborative working allows for us to be involved in this.” (mid-career, clinical researcher)*
- *“In the CRF we cannot inform study protocols; they are often set before they get to us and we deliver the requirements - how diverse/inclusive these protocols are is not determined by any of our input/activity.” (role withheld for anonymity purposes)*

Overall, while respondents demonstrate strong commitment to inclusive research, there is a clear need to help translate this into consistent practice, particularly in achieving inclusive participation.

5. Notable subgroups and intersectional findings

Whole survey data provides a benchmark for comparing how specific groups responded to the substantive questions. The findings below highlight differences in experience across groups in the survey. Some subgroups are not discussed individually because they did not meet the minimum reporting threshold, or because the analysis focused on areas where meaningful and achievable action can be taken. However, these groups will continue to inform wider actions. The following discussion also identifies intersectional experiences, negative agreement gaps and opportunities for more targeted work.

5.1. Role, Career Stage and Inclusion Gaps

NMAHPs (Nurse, Midwifery and Allied Health Professions), professional, technical and support staff, and mid-career researchers showed the greatest negative agreement gap across the survey questions.

NMAHPs reported lower agreement across most statements, with the largest gaps in feeling valued (-20 percentage points), feeling able to speak up (-14 percentage points), collaborating effectively (-11 percentage points), career opportunities (-9 percentage point), and confidence in applying inclusive research practice.

Professional, technical and support staff reported lower agreement on inclusive research questions, with the largest gaps in confidence to embed inclusion in research questions and design (-26 percentage points), methods, data collection and analysis (-23 percentage points), and dissemination (-23 percentage points).

Mid-career researchers reported lower agreement on positive experiences regarding research culture and EDI. The largest gaps were for confidence that their NIHR BRC/CRF is committed to equitable leadership representation for underrepresented groups (-13.4 percentage points) and that career opportunities are as open to them as to others (-10 percentage points). Free text comments from mid-career respondents further highlighted concerns about career progression.

- *“I am too senior for ECR posts yet too junior for leadership... This leaves me in a trapped middle ground... As someone looking at planning a family, I often have a choice to make between my career in academia and a family.” (mid-career, NMAHP)*

Senior researchers reported more positive responses across all survey questions, with the highest agreement for statements related to inclusive research practice.

5.2. Gender, caring responsibilities, and work-life balance

Male respondents reported a slightly more positive experience across most questions.

Free text responses suggest women are underrepresented in leadership roles.

- *“Women are underrepresented in leadership roles among the research groups I deal with... Male professors being supported by senior researchers who are women... The women... don’t seem to progress beyond this... little support is*

provided to help them seek promotion.” (mid-career, 50-59 years old, woman)

Notably, women researchers with regular caring responsibilities related to children or providing long-term family support show lower agreement level for equitable leadership and fair treatment. Free text responses suggest, cautiously, that caring may affect some with work-life balance.

- *“I was told it will be much harder to progress because I work 4 days a week due to childcare responsibilities. I also cannot go to the evening events where decisions are often made.” (mid-career, non-clinical researcher, woman)*

One respondent expressed concerns about the perceived level of support available for parental leave within BRC-funded career pathways, for example, difficulties extending contracts to account for research time lost while on statutory parental leave, highlighting the potential impact of family planning decisions on academic career and progression.

Professional support staff women with children and providing long-term family support and regular caring responsibilities show lower agreement for questions on being treated fairly and career opportunities, the following quote shows that some everyday practices at work could be more inclusive.

- *Some Oxford BRC meetings are scheduled outside the core hours adopted by many departments as part of their Athena Swan commitments (10am-4pm). This potentially disadvantages people with caring responsibilities or flexible working arrangements.” (professional, technical and administrative, woman)*

5.3. Ethnicity

The Medical Sciences Division at the University of Oxford, which is the substantive employer for most survey respondents, reports that 26% of its staff in their 2025 survey are from minoritised ethnic backgrounds, of which 10% are professors and associate professors. While ethnicity categories in this survey are not directly comparable, we report around 21% of the total respondents from minoritised ethnic backgrounds with 9.7% in senior roles and around 25% of the minoritised ethnic groups members have some form of researcher role.

Responses from some minoritised ethnic groups were slightly less positive (showing higher negative agreement gaps), particularly on equitable leadership, fairness and career opportunities, though patterns varied by subgroup. Asian Chinese respondents were generally the most positive across all domains, while Asian Indian respondents indicated scope to strengthen inclusive leadership. Black African respondents showed larger agreement gaps in career opportunities and research inclusion. These findings should be interpreted cautiously, as several subgroup sizes were small and we are unable to report on other groups for this reason.

- *“More can be done with race. Improve by ensuring staff from all ethnicities are treated well, offer them more opportunities and support their integration into*

their departments workforce.” (early-career, NMAHP, from a minoritised ethnic background)

See [Appendix D](#) for a full breakdown.

5.4. Age

Respondents aged 40 to 49 showed highest agreement gaps. The largest was in research inclusion for statements on methods and analysis (-7.1 percentage points).

Respondents aged 29 or under had the second-highest number of agreement gaps, with 6 of 16 statements below the whole survey; their largest agreement gap was in speaking up (-20.3 percentage points), alongside slightly lower confidence that PPIE is representative.

- *‘The majority of PIs are older academics, male and female. Few young voices heard’ (early-career, non-clinical researcher, age 30-39)*

By contrast, respondents aged 60 or over reported higher levels of agreement in relation to expressing opinions, access to career opportunities, and confidence in building inclusion into participant recruitment.

5.5. Disabilities and long-term health conditions

Around 11% of respondents identified as having disability or long-term health condition, which is higher than the [7.4% of staff reported](#) as having disability in the Medical Sciences Division at the University of Oxford. This group reported lower agreement in relation to speaking up (-3 percentage point agreement gap), and career opportunities (-4 percentage point agreement gap) and nearly all dimensions of inclusive research with highest variance in agreement for statements around research participant diversity (around -21 percentage point agreement gap). Free text responses also highlighted instances of poor management and unequal treatment, indicating that while not widespread, some staff experience significant barriers.

- *“Current [...] management have directly discriminated against a member of staff with a mental health condition and have treated them unfavourably in regards to career opportunities and been dishonest in the reasons given for the unequal career opportunities...” (NMAHP, early-career, woman)*

Please see [Appendix E](#) for details.

5.6. Prefer not to say respondents

Respondents who selected “prefer not to say” reported considerably fewer positive scores, up to 25% variance in places. This is across key areas such as feeling valued, speaking up, and perceptions of career opportunities.

Overall, these findings underline the importance of building trust and clearly communicating both the purpose and value of demographic data collection.

Please see [Appendix E](#) for details.

6. Unique insights per organisation

6.1. NIHR Biomedical Research Centre: Oxford

The NIHR BRC: Oxford achieved a 57% response rate, providing important insights into views on research inclusion, and opportunities for targeted support.

The survey highlighted a number of positive findings and a strong commitment to EDI and research inclusion. However, there are also areas that require action.

Nursing, Midwifery, and Allied Health Professionals represented only 5% of Oxford BRC respondents but scored lower on several areas. In terms of career development only 50% of NMAHPs agreed career opportunities were as open to them as to anyone else compared to 82% of clinical researchers.

Only 59% of professional, technical and administrative staff believed career opportunities are open to them as to anyone else (compared to 62% of all survey respondents). 19% of mid-career researchers disagreed that career opportunities were open to them compared to 14% overall. These results will inform ongoing academic career development opportunities, including leadership training and funding opportunities targeted to ensure retention and build future research capacity.

The results provide an important and timely evidence base which will inform our ongoing strategies and priorities to ensure we embed evidence-led inclusive approaches. A key element of all our work is collaborating with partners for impact and sustainability and so we look forward to working with our NIHR infrastructure partners to identify and deliver on collective actions. This includes:

- A commitment to embedding and championing inclusive leadership approaches, including monitoring under representation of women, diverse ethnic heritage and disabled people.
- Catalysing career development opportunities.
- Increasing confidence in our staff's ability to address inclusion in research.

6.2. NIHR Biomedical Research Centre: Oxford Health

The NIHR BRC: Oxford Health achieved a response rate of 54% and performed positively against the overall survey benchmark on measures of inclusive culture. Staff were more likely than the survey population average to report that communications are effective, they feel able to speak up, and their contributions are valued; although free text comments have added context to this and highlighted some areas for improvements.

Confidence in embedding inclusion into participant recruitment, public involvement, and participant diversity was generally lower than the survey average, and particularly lower amongst those with caring responsibilities and who identify as 'White: Other'.

Some groups appear to have a notably less positive experience than others. Staff who identified as having a disability or long-term health condition, staff from

minoritised ethnicities, and mid-career researchers, all report fewer positive experiences around career opportunities and, in some cases, lower feelings of fairness and recognition. The disability findings are particularly noteworthy given that 23% of respondents from NIHR BRC: Oxford Health identified as having a disability or a long-term health condition, compared with 11% in the overall survey. These staff reported substantially lower perceptions of career opportunities, fairness, and recognition.

There are also notable differences in representation at senior career stage, with very few, if any at all, identifying as being from a minoritised ethnic background or as having a disability or long-term health condition.

6.3. NIHR Clinical Research Facility: Oxford

The NIHR CRF: Oxford achieved a response rate of 79%. The staff numbers were comparatively small, in relation to the other NIHR infrastructures in Oxford (around 7.4%), demonstrating the CRF is a developing entity. Results from this survey indicate, in general, that it is offering a supportive and inclusive environment. Communications and transparency of EDI objectives need to be clearer amongst the wider team, and this is something the CRF is taking forward.

6.4. NIHR Clinical Research Facility: Oxford Health

The NIHR CRF: Oxford Health achieved a response rate of 73%, providing a robust basis for understanding staff experiences and identifying priorities for improvement. Findings suggest a positive foundation for equality, diversity, inclusion and research culture, alongside opportunities to strengthen career development and staff voice.

The survey highlighted lower confidence that research participants and public contributors fully reflect the diversity of the populations served, reinforcing the importance of continued work to improve research inclusion. The CRF will continue its annual analysis of participant demographic data to better understand patterns of representation and use these findings to inform recruitment and engagement activities with under-represented communities.

These findings provide an important benchmark against which future progress can be measured and support the CRF's continued commitment to creating an inclusive and supportive environment for staff, patients and the public.

7. Addressing the findings

We are grateful to everyone who took the time to complete the survey and share their experiences, as this feedback is essential in helping us better understand the strengths of our research environment and practices as well as the areas where improvement is needed. We are committed to carefully considering these insights and taking meaningful action in response.

7.1. Context of current research environment

As a collective of funding organisations and not the main employer for respondents, some issues raised in the survey are outside of our direct control. Nonetheless, to address these where possible, we **will continue to work collaboratively with the employer organisations to support change and ensure that these findings are used constructively, alongside their own staff survey insights, to improve the wider research environment. Our core partnerships include:**

- University of Oxford, Medical Sciences Division, EDI and HR/People and Culture colleagues
- University of Oxford, departmental EDI and HR/People and Culture colleagues
- Oxford University Hospitals NHS Foundation Trust, EDI and HR/People and Culture colleagues
- Oxford Health NHS Foundation Trust, EDI and HR/People and Culture colleagues
- Respective partner organisations associated with the participating infrastructures, for example, other national universities and NHS trusts.
- NIHR: Central Coordinating Center and other national schemes.

7.2. Next Steps for the Cross-Oxford NIHR Infrastructure EDI Working Group Actions

As an immediate next step, we will share this report with all survey invitees, partner organisations and relevant stakeholders through our respective directors.

To explore the findings further, we will engage with mid-career and NMAHP colleagues to better understand experiences of career progression opportunities and identify practical actions the Oxford NIHR research infrastructure can take to provide support.

We will also coordinate a cross-Oxford research inclusion programme to strengthen understanding of inclusive research and identify ways to embed inclusion across the research lifecycle.

Both initiatives will be led collaboratively through the Cross-Oxford NIHR Infrastructure EDI Working Group.

Using this survey's findings as a baseline, we will repeat the methodology, or targeted versions of it, to monitor progress over time and build trust.

7.3. Targeted actions within each NIHR Infrastructure

In addition to the above, each participating NIHR organisation will use its own findings to develop locally relevant initiatives. In many cases, this work will build on activity that is already underway, using the survey findings to refine, prioritise and strengthen existing practices. The results will also help organisations identify areas where additional support, training or engagement may be required to address the experiences highlighted by specific groups of colleagues.

Some of these include:

- Working closely with senior leaders and communication teams to address visibility issues across the infrastructure, and to nurture better collaboration.
- Continued delivery of the Research Inclusion Training Series delivered in partnership with over six NIHR BRCs nationally.
- Building on a successful pilot, the NIHR BRC: Oxford Health Reciprocal Mentoring Scheme will connect senior leaders with colleagues who have experienced barriers to career progression, helping leaders to better understand current lived experiences of junior colleagues while providing early and mid-career colleagues with mentoring, support and enhanced visibility.
- Continued support to Oxford Health NHS Foundation Trust in delivering EDI training across their research workforce.
- Continued annual analysis of participant demographic data and use findings to inform more nuanced recruitment and engagement programs with under-served communities.
- Collaboratively repeat this survey to monitor, learn and improve.

The findings will also inform future strategic planning and funding applications, helping to ensure that successful approaches are **embedded from the outset of any new BRC or CRF**, and that identified challenges are addressed through evidence-informed action.

While we are committed to progressing these actions wherever possible, the scope and delivery of some initiatives will be subject to the successful securing of future NIHR infrastructure funding.

To find out more about specific infrastructure plans, or to discuss any of the findings in this report, please use the email addresses below:

NIHR BRC: Oxford: obrcenquiries@ouh.nhs.uk

NIHR BRC: Oxford Health: oxfordhealthBRC@oxfordhealth.nhs.uk

NIHR CRF: Oxford: oxcrf@ndorms.ox.ac.uk

NIHR CRF: Oxford Health oxfordhealth.CRF@nhs.net

Appendix A: Survey Questions

Part 1: Substantive questions

This section used a 1–5 agreement scale and free text boxes.

On a scale from 1 (strongly disagree) to 5 (strongly agree), please indicate how strongly you agree or disagree with each of the following statements:

Inclusive research culture

- Communications in my NIHR BRC/CRF are clear and relevant to me and my role
- I am able to collaborate effectively with people in my NIHR BRC/CRF
- I feel comfortable speaking up and expressing my opinions in my NIHR BRC/CRF
- My contributions are valued in my NIHR BRC/CRF

Please use the text box below to share any relevant comments or suggestions regarding the actions, training, resources, guidance and support that you think are needed to create a more inclusive research culture.

Equality, diversity and inclusion

- My NIHR-BRC/CRF supports equality, diversity and inclusion in research teams.
- My NIHR-BRC/CRF is committed to achieving an equitable representation of underrepresented groups in leadership positions, such as women, ethnic minorities, and disabled people, to name a few.
- People in my NIHR-BRC/CRF are treated fairly regardless of their sex, ethnicity, disability, age, or other diversity characteristics.
- Career opportunities in my NIHR-BRC/CRF are as open to me as to anyone else.

Please use the text box below to share any relevant comments or suggestions regarding the actions, training, resources, guidance and support that you think are needed to further improve equality, diversity, and inclusion in research teams.

Research inclusion

- I believe that my NIHR-funded research contributes towards NIHR's mission to reduce health and care inequalities.
- I believe that the patients and the public (PPIE contributors) who contribute to my NIHR-funded research involvement and engagement activities reflect the diversity of the population relevant to my research, particularly those from underserved communities.
- I believe that the research participants reflect the diversity of the relevant population.
- I feel confident in my ability to address inclusion in all stages of my research, including:
 - the research question and design,
 - the patient and public involvement and engagement,
 - the participants recruited,
 - the research methods, data collection, analysis,
 - the dissemination of findings

Please use the text box below to share any relevant comments or suggestions regarding the actions, training, resources, guidance and support that are needed to help you build inclusion into all stages of your research

Part II: Substantive questions. Please tell us about yourself

1. **What is your NIHR-funded affiliation?** If you are affiliated with more than one NIHR organisation, please select as relevant.
 - NIHR Oxford Biomedical Research Centre (BRC)
 - NIHR Oxford Health Biomedical Research Centre (BRC)
 - NIHR Oxford Health Clinical Research Facility (CRF)
 - NIHR Oxford Clinical Research Facility (CRF)
2. **What is your role?**
 - Researcher: non-clinical
 - Researcher: clinical
 - Professional, technical and administrative support staff
 - Nursing, Midwifery and Allied Health Professions
 - Other
3. **If you have a research role, how would you describe your research career stage?**
 - Early-career
 - Mid-career
 - Senior
4. **What is your substantive employer?** For example, if you are a clinical academic with a university contract of employment and an NHS honorary contract, your substantive employer is the university
 - NHS
 - University
5. **What is your age?**
 - 29 or less
 - 30 to 39
 - 40 to 49
 - 50 to 59
 - 60+
 - Prefer not to say
6. **How would you describe your ethnicity?** Choose one option that best describes your ethnic group or background.
 - Arab
 - Asian or Asian British
 - Bangladeshi or Bangladeshi British
 - Chinese or Chinese British
 - Indian or Indian British
 - Pakistani or Pakistani British
 - Any other Asian background
 - Black, Black British, Black Welsh, Caribbean or African
 - African or African British
 - Caribbean or Caribbean British
 - Any other Black/African/Caribbean background
 - Mixed or Multiple ethnic groups

- White or White British and Asian or Asian British
- White or White British and Black African or Black African British
- White or White British and Black Caribbean or Black Caribbean British
- Any other Mixed or Multiple ethnic groups
- Other ethnic groups
 - Any other ethnic background
- White:
 - English, Scottish, Welsh, Northern Irish or British
 - Gypsy or Irish Traveller
 - Irish
 - Roma
 - Any other white background
- Prefer not to say

7. How would you describe your gender identity?

- Woman
- Man
- Non-binary
- Other not listed
- Prefer not to say

8. Is your gender identity the same as your sex registered at birth?

- Yes
- No
- Prefer not to say

9. How would you describe your sexual orientation?

- Gay or lesbian/Bisexual/Queer
- Heterosexual/straight
- Other not listed
- Prefer not to say.

10. Do you have a disability, any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more that have an impact on your daily life?

- Yes
- No
- Prefer not to say

10.a. If yes, please select all that apply

- Blind or have a visual impairment uncorrected by glasses
- D/deaf or have a hearing impairment
- Developmental condition, including neurodivergent conditions, that you have had since childhood, which affects motor, cognitive, social and emotional skills, and speech and language
- Long-term illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- Mental health condition, challenge or disorder, such as depression, schizophrenia or anxiety

- Physical impairment (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- Social/communication conditions such as a speech and language impairment or an autistic spectrum condition
- Other impairment, health condition or learning difference not listed above
- Prefer not to say

11. What is your religion? Are you...

- Atheist or no religion
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion not listed above
- Prefer not to say

12. Parental/caring responsibilities

Do you have any children aged from 0 to 17 living with you, or for whom you have regular caring responsibilities?

- Yes
- No
- Prefer not to say

Do you look after, or give any help or support to family members because of either long-term physical or mental ill health/disability, or problems related to old age?

- Yes
- No
- Prefer not to say

Appendix B: Who responded to the survey

Profile area	Finding notes	Demographic variables	Figures
Affiliation	Respondents' primary NIHR affiliations were weighted towards NIHR BRC: Oxford.	NIHR BRC: Oxford	65.0%
		NIHR BRC: Oxford Health	25.9%
		NIHR CRF: Oxford	7.4%
		NIHR CRF: Oxford Health	7.4%
	Respondents could select more than one affiliation.	Respondents reported affiliations with two or more organisations	5.0%
Substantive Employer		University-employed staff	79.8%
Role profile	The respondent profile included a mix of clinical, non-clinical, professional, technical, administrative, and NMAHP roles.	Non-clinical researchers	33.7%
		Clinical researchers	27.6%
		Professional, technical and administrative staff	26.9%
		Nursing, midwifery and allied health professionals	9.4%
		Other	2.4%
Researcher career stage*	Among respondents with a research role, the largest proportion identified as mid-career researchers.	Mid-career	38.8%
		Early-career	33.9%
		Senior	27.3%
Gender, sex at birth and sexual orientation	The respondent profile showed diversity across gender and sexual orientation.	Women	56.2%
		Men	37.4%
		A small proportion identified as non-binary or selected "prefer not to say"	~6%
		Most respondents identified as heterosexual or straight	79.8%
		Sexual orientation had the highest "prefer not to say" response among demographic questions	15.0%
Age	The largest age group was 40 to 49 years.	40–49	31.0%
		50–59	26.6%
		30–39	20.5%
		60 or over	9.1%
		29 or under	7.7%
		prefer not to say	7.7%
Ethnicity	The largest ethnic group was White: English, Welsh, Scottish, Northern Irish or British.	White: English, Welsh, Scottish, Northern Irish or British	50.5%
		White: Other White	15.8%
		Prefer not to say	7.7%
		Other ethnic groups were represented in smaller numbers.	
Religion or belief	The largest religion or belief group was atheist	Atheist or no religion	35.7%
		Christian	31.7%

	or no religion, followed by Christian.	Prefer not to say	21.2%
		Other religions are represented in smaller aggregated groups.	
Disability and long-term health conditions	Most respondents reported that they did not have a disability or long-term health condition.	No disability or long-term condition	77.4%
		Disability or long-term condition	12.1%
		Prefer not to say	10.4%
		Among those answering the follow-up question, the most common response was prefer not to say	41.3%
		followed by long-term illness or health condition	17.5%
		developmental condition	12.7%
		mental health condition	12.7%
Caring responsibilities	Respondents reported a range of caring responsibilities.	Children aged 0–17 years	39.7%
		Caring for family members	21.9%
		For both questions: “prefer not to say”.	7-8%

* The following categories were adopted from the [Vitae CEDARSI survey](#), although respondents were asked to self-identify in the survey.

- Early-career (e.g., Doctoral researchers; Postdoctoral Researchers; Teaching Fellows/Associates; Research Assistants/Associates; Lecturers (entry-level); Research Administrators; Laboratory Technicians; Knowledge Exchange Officers)
- Mid-career (e.g., Senior Lecturers; Readers; Programme Leaders; Senior Post-docs; Research Managers; Knowledge Exchange Managers; Lecturers; Data Stewards; Research Scientists; Data-science Technician; Research Facility Managers)
- Senior (e.g., Professors; Chairs; Deans; Directors; Pro-Vice Chancellors; Operations Directors; Innovation and Impact Directors; Senior Technicians)

Appendix C: Difference in agreement vs whole survey for key job role groups

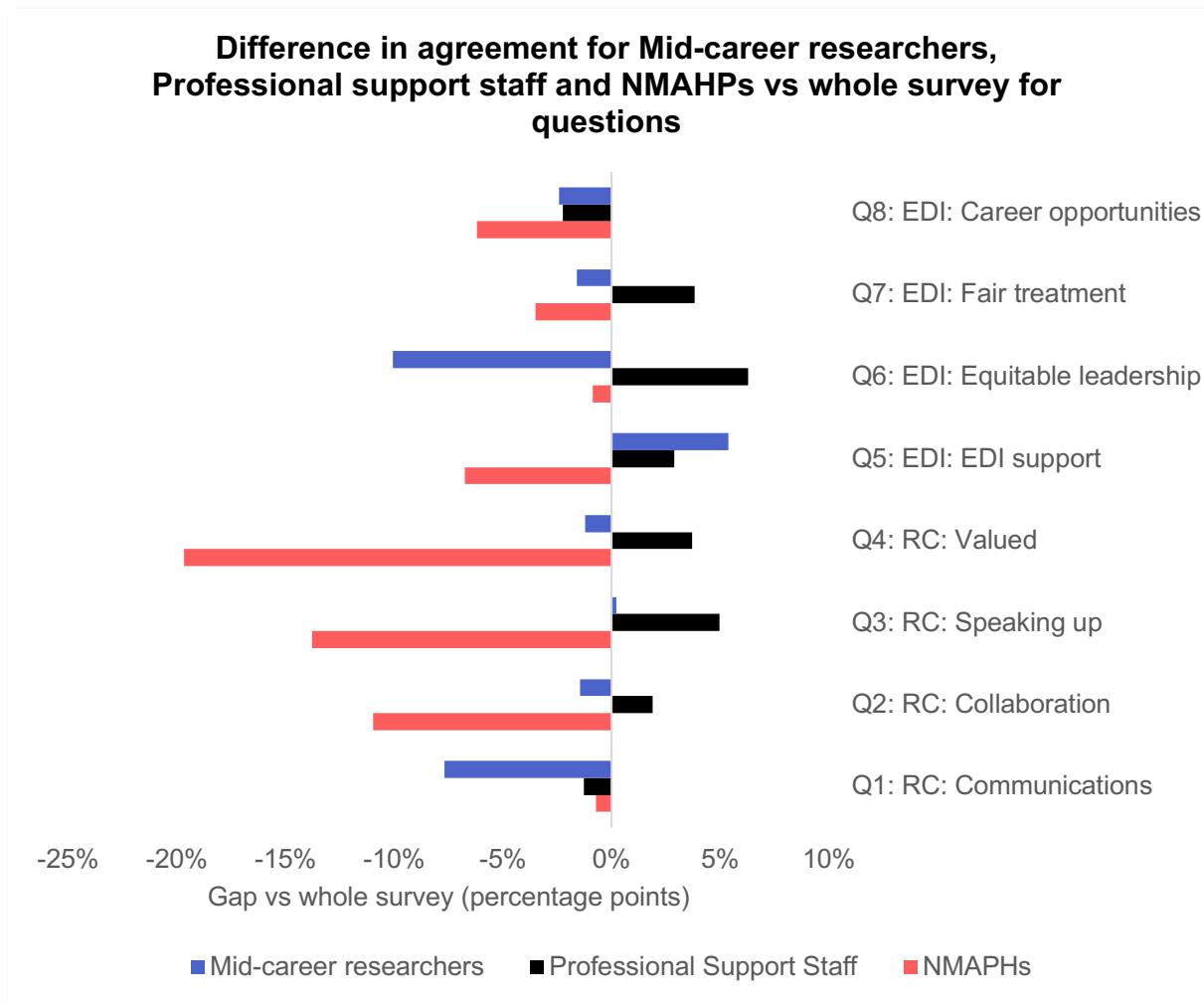


Figure 4 Difference in agreement for Mid-career researchers, Professional support staff and NMAHPs vs whole survey for key questions

Appendix D: Agreement gap for ethnicity (percentage point difference)

The table shows percentage point differences and corresponding questions only where subgroup size was greater than 10 and the gap was at least 3 percentage points.

No.	Question	Asian-Indian	Black African	White Irish / Other White
Q.1	Communications in my NIHR BRC/CRF are clear and relevant to me and my role	-15.0		-5.0
Q.2	I am able to collaborate effectively with people in my NIHR BRC/CRF	-12.0		
Q.5	My NIHR BRC/CRF supports equality, diversity and inclusion in research teams	-3.0		
Q.6	My NIHR BRC/CRF is committed to achieving an equitable representation of underrepresented groups in leadership positions, such as women, ethnic minorities, and disabled people	-21.0		
Q.7	People in my NIHR BRC/CRF are treated fairly regardless of their sex, ethnicity, disability, age, or other diversity characteristics	-9.0		
Q.8	Career opportunities in my NIHR BRC/CRF are as open to me as to anyone else		-8.0	
Q.9	I believe that my NIHR-funded research contributes towards NIHR's mission to reduce health and care inequalities	-3.0	-33.0	
Q.10	I believe that the patients and the public who contribute to my NIHR-funded research involvement and engagement activities (PPIE contributors) reflect the diversity of the population relevant to my research, particularly those from underserved communities	-5.0	-7.0	
Q.11	I believe that the research participants in my NIHR-funded research reflect the diversity of the population relevant to my research, particularly those from underserved communities		-10.0	-7.0
Q.12	I feel confident in my ability to build inclusion into the research question and design		-11.0	-6.4
Q.13	I feel confident in my ability to build inclusion into the patient and public involvement and engagement	-14.0	-11.0	
Q.14	I feel confident in my ability to build inclusion into the recruitment of participants		-8.0	-12
Q.15	I feel confident in my ability to build inclusion into the research methods, data collection, and analysis		-12.0	-6.0
Q.16	I feel confident in my ability to build inclusion into the dissemination of findings		-11.0	-10

Appendix E: Disability and 'Prefer not to say' Agreement gaps

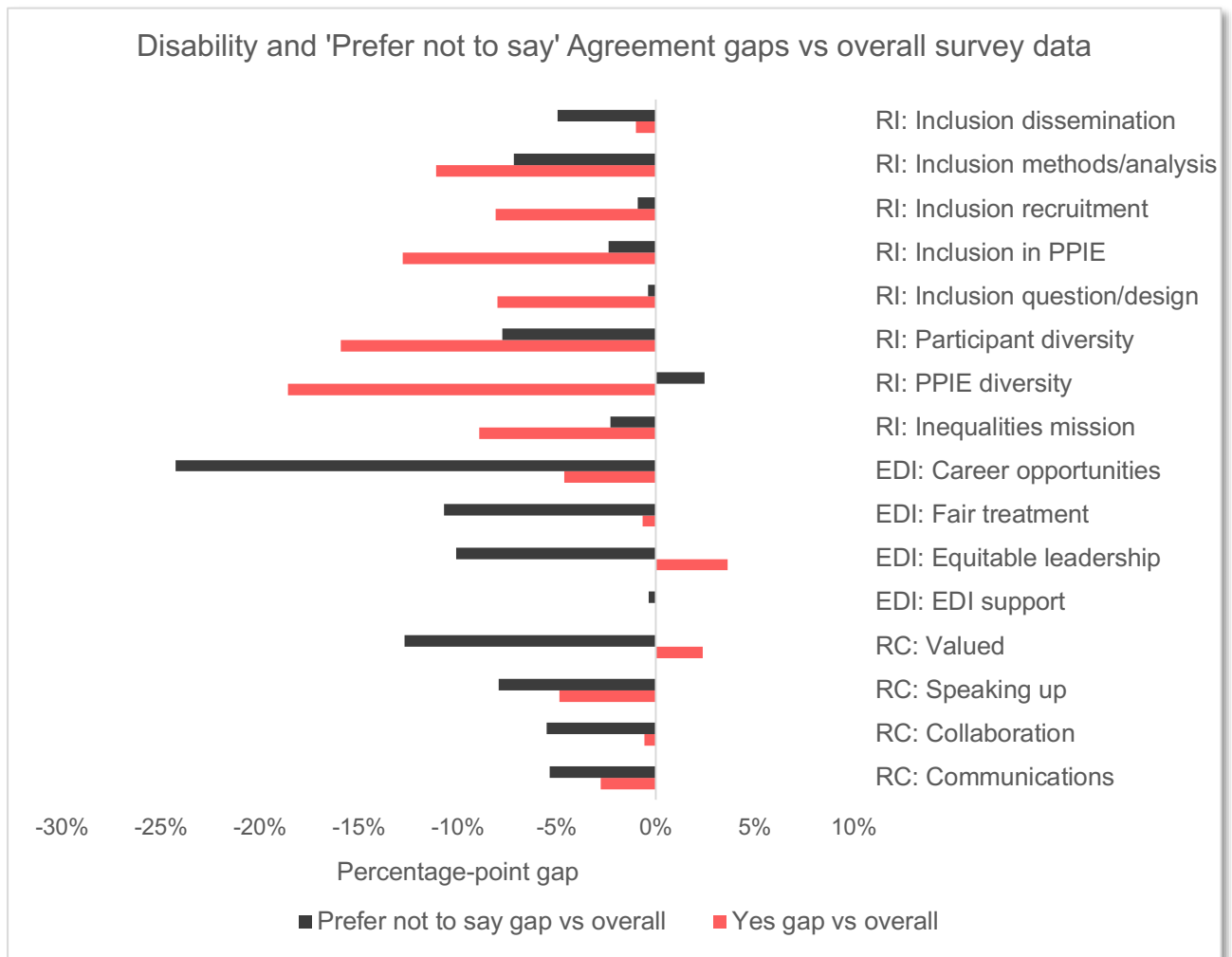


Figure 5 Agreement gaps for respondents responding 'Yes' or 'prefer not to say' to Q10: Do you have a disability, any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more that have an impact on your daily life?