

The AHSN Network

Diversity and innovation progress and learning report

– reflecting on and continuing our mission



June 2022



“The work that we have done together over the last two years has undoubtedly had real impact on improving the way that we serve our patient and innovator communities.”



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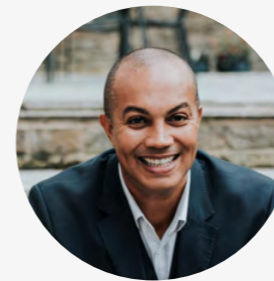
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| Reflections

Greater diversity in innovation is more important than ever – and we need your help



Richard Stubbs is the Vice Chair of the AHSN Network, Chief Executive Officer of Yorkshire and Humber AHSN, and leads the AHSN Network Diversity and Inclusion group. He is also co-Chair of the NHS Confed Black and Minority Ethnic Leaders Network and was named as one of the most influential Black, Asian and Minority Ethnic leaders in healthcare in the Health Service Journal (HSJ) Black, Asian and Minority Ethnic power list.

A spotlight on inequality

In 2019 when launching our first report on the importance of ensuring greater diversity in health innovation design and implementation, I wrote that:

“Our NHS should represent and reflect the communities we serve. This does not just apply to our front-line workforce. The way that we develop and adopt innovation and technology must also be based around our core mission to serve all our population, and to ensure that the transformation of our health service reduces, and not widens, health inequalities.”

This is as true now as it was then and the events since that report, most notably the stark inequalities spotlighted by the pandemic

and the global debate on race sparked by the murder of George Floyd, have only served to heighten the importance of this mission.

The purpose of the AHSN Network is to transform lives through healthcare innovation. This means that we need to reach all our patients and citizens through our work, and it also means that we need to ensure that our innovation opportunities are accessible to all our NHS staff, as well as the innovators that support us. We decided to take a leadership role in the role of diversity and inclusion in spreading innovations that advance social change and promote a fair and inclusive society.



“Our pledges, adopted by all 15 AHSNs, have guided us to embed diversity and inclusion in all aspects of our organisations and our work.”

In 2019, the AHSN Network made key pledges to demonstrate our commitment to diversity and innovation. Our pledges, adopted by all 15 AHSNs, have guided us to embed diversity and inclusion in all aspects of our organisations and our work. I promised in our first report to tell the story of what we have achieved as a result of our pledges. This report is part of that promise. But it is also a call to action to our NHS partners, government, and our innovation and life sciences industries to join us in the mission we have instigated, collaborate with us, and adopt and adapt our pledges for your own innovation programmes.

Our role as AHSNs

Due to our unique role working with the health and care sector, innovators, patients and the public, the AHSN Network has a crucial role in influencing and delivering this agenda. We will not succeed in addressing health inequalities without diverse innovators, both from within and outside of the NHS. We need innovators from all backgrounds who can develop and support solutions that enable the inclusion of all members of our society.

Our pledges are probably the most important way to show our commitment to diversity as they hold us to account. But it's about more than that. Our health and care systems turn to us to support them to innovate,

so we must make sure we are championing diversity through our people and processes.

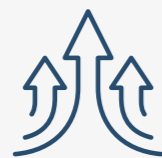
By enacting our pledges, we've uncovered insights into how our staff think and feel; new ways of identifying potential barriers to equity when introducing innovation; even more diversity challenges that innovation could potentially address; and, importantly, ways that we can adapt and improve.

We've also found common cause with many of our fellow organisations in the life science and innovation ecosystem. I'm particularly excited about the conversations for impactful partnerships on this agenda that are now happening because of the work that we started in 2019.

Sharing learnings and making changes

We've learnt a lot over the last few years. While we recognise our work in this area will never be complete, we have valuable learnings to share, and we want to continue to grow and make changes.

Some of our takeaways include:



1 Culture change initiatives are never easy. Since the 15 AHSN boards committed to the pledges, we've learnt that it takes leadership. It takes more than a few volunteers working in the margins. Nor can it just be top-down; colleagues need to be involved and bring their perspectives to the table.



2 When taking on pledges, you will face a level of discomfort, and you have to be prepared to have uncomfortable conversations – these conversations are the catalysts of change.



3 Sometimes starting the process is the hardest part. We'd recommend setting pledges without necessarily knowing the route map and the end state.



4 Diversity initiatives can become scrutinised because parts of this work are emotive and feel less concrete. Recognising this is essential to ensure progress.

“We will not succeed in addressing health inequalities without diverse innovators, both from within and outside of the NHS.”

Refreshing our pledges and creating a movement


We established these diversity pledges to provide a commitment and framework that champions the business case for greater diversity in innovation. By embedding diversity and equity at the forefront of identifying and nurturing health innovations and the innovators behind them, we can better serve all communities.

The work that we have done together over the last two years has undoubtedly had real impact on improving the way that we serve our patient and innovator communities. We have no intention of ending this journey of progress. But we now want to open the invitation to join us and create a movement that can be owned and progressed by the wider UK innovation and research communities.

To aid this, we have refreshed our pledges to make them less-AHSN specific with the intention of being adoptable and adaptable by any organisation that wishes to implement them. See these pledges on page 28.

I have personally been inspired by Sir Lewis Hamilton and the Mission 44 Foundation that he created to ‘support, champion and empower young people from underrepresented groups to succeed through narrowing opportunity gaps across society’. Although our work is not an exact parallel my hope is that we can create a Mission44-style platform to champion greater diversity in our innovation, research and life science workforces, as well as have a greater, evidenced-based focus on the importance of serving all our communities as we transform how we deliver health and care in the UK.

I am incredibly grateful to the hard work and dedication of our Diversity and Innovation network of AHSN volunteers who enabled this work to happen over the last few years. They should be incredibly proud of the impact that they've had and continue to have through this work. Please do join us, adopt the pledges for your own work, and connect with us so that we can go further together.

 @AHSNNetwork
#AHSNDiversity

“...we now want to open the invitation to join us and create a movement that can be owned and progressed by the wider UK innovation and research communities.”

Reflecting on progress against our pledges and what we've learnt

The 15 AHSNs work across distinct geographies serving a different population in each region, coming together nationally as the AHSN Network.

Each organisation has a different structure and serves a different population. However, we are all linked with the same universal goal: to transform lives through health and care innovation.

Championing diversity and inclusion is essential to reaching this goal as it means that health and care innovation will better serve all communities.

In 2019 each AHSN signed up to the same overarching pledges:

- We commit to implementing a recognised process to self-assess and improve equality performance in our organisations.
- We commit to empowering and supporting our staff to be positive role models for equality and diversity.
- We commit to understanding the impact of our work on all members of our communities and for our work to reflect the equality and diversity within these communities.

Underpinning these pledges were specific actions, such as appointing a designated person within each organisation to lead on equality and diversity; carrying out equality analysis on all national and key local projects and programmes; and undertaking positive action to ensure our workforce reflects the diversity of the communities we serve, including steps to ensure diversity at all levels.

Each AHSN set about undertaking these actions to create a foundation for diversity and inclusion within their organisation, sharing learnings nationally with their AHSN counterparts.

We have gathered case studies, impacts, and learnings through this approach, which you can see on the following pages. These also enabled us to evaluate how best to establish new diversity and inclusion pledges for 2022, which you can see on page 28.

“However, we are all linked with the same universal goal: to transform lives through health and care innovation.”



Sharing our learnings

Diversity and inclusion progress and learning case studies



Implementing a health equity process with HEAT

The Innovation Agency, the AHSN for the North West Coast, committed to undertake health equity assessments on all work programmes by March 2022.

These assessments would seek to identify where and how their improvement and innovation programmes might impact health equality. From these insights, they would take action to mitigate these impacts for particular groups and communities.

To tackle this objective, the Innovation Agency needed a practical framework that could be systematically applied to programmes or projects to identify and support local action. A Health Equity Working Group was set up, involving members across the organisation. They decided on Public Health England's Health Equity Assessment Tool (HEAT).

HEAT is a tool consisting of a series of questions and prompts. Each is designed to help systematically assess health inequalities in programmes and identify what can be done to contribute to creating more equality.

HEAT is recommended as it provides an easy-to-follow template, one that the Innovation Agency could tailor to individual work programmes. Its prompts also speak to multiple dimensions of health inequalities.

Further information on Public Health England's Health Equity Assessment Tool (HEAT) can be found on the gov.uk website.

Action taken

The process needed to be tested, so the Patient Safety and Care Improvement (PSCI) team piloted a retrospective project assessment with the HEAT tool.

After establishing its effectiveness, the Innovation Agency coordinated PHE-run training sessions for its staff. They also created a working group to design a process for equity assessments across the organisation. This group was also charged with developing guidelines to help the Innovation Agency incorporate health equity assessments into the innovation pipeline when working directly with SMEs.

The Innovation Agency segmented the programme into four stages:

1. A training session to help colleagues identify appropriate health inequalities data and support the initiation of the HEAT process.
2. A refinement of HEAT with assistance from an internal panel to create a collaborative document that includes reflective feedback from colleagues with diverse experiences and backgrounds.
3. A further refinement of HEAT with assistance from a North West Coast (NWC) community panel to provide reflective feedback on whether the process is equitable for NWC communities.
4. An assurance framework to capture HEAT insights, sharing learnings amongst staff and ensuring best practice methodology. This includes measuring success and identifying barriers to implementing HEAT in practice.

The outcome

The HEAT process identified specific health equity actions, and the Innovation Agency are starting to shape the work programme as follows:

- Tailoring care bundles to patients' individual needs
- Improved accessibility options on a respiratory website aimed at patients, carers and clinicians
- Joining patient and carer forums to understand common issues and challenges
- Engaging with patients and carers to gather feedback and use this to improve processes.

Next steps

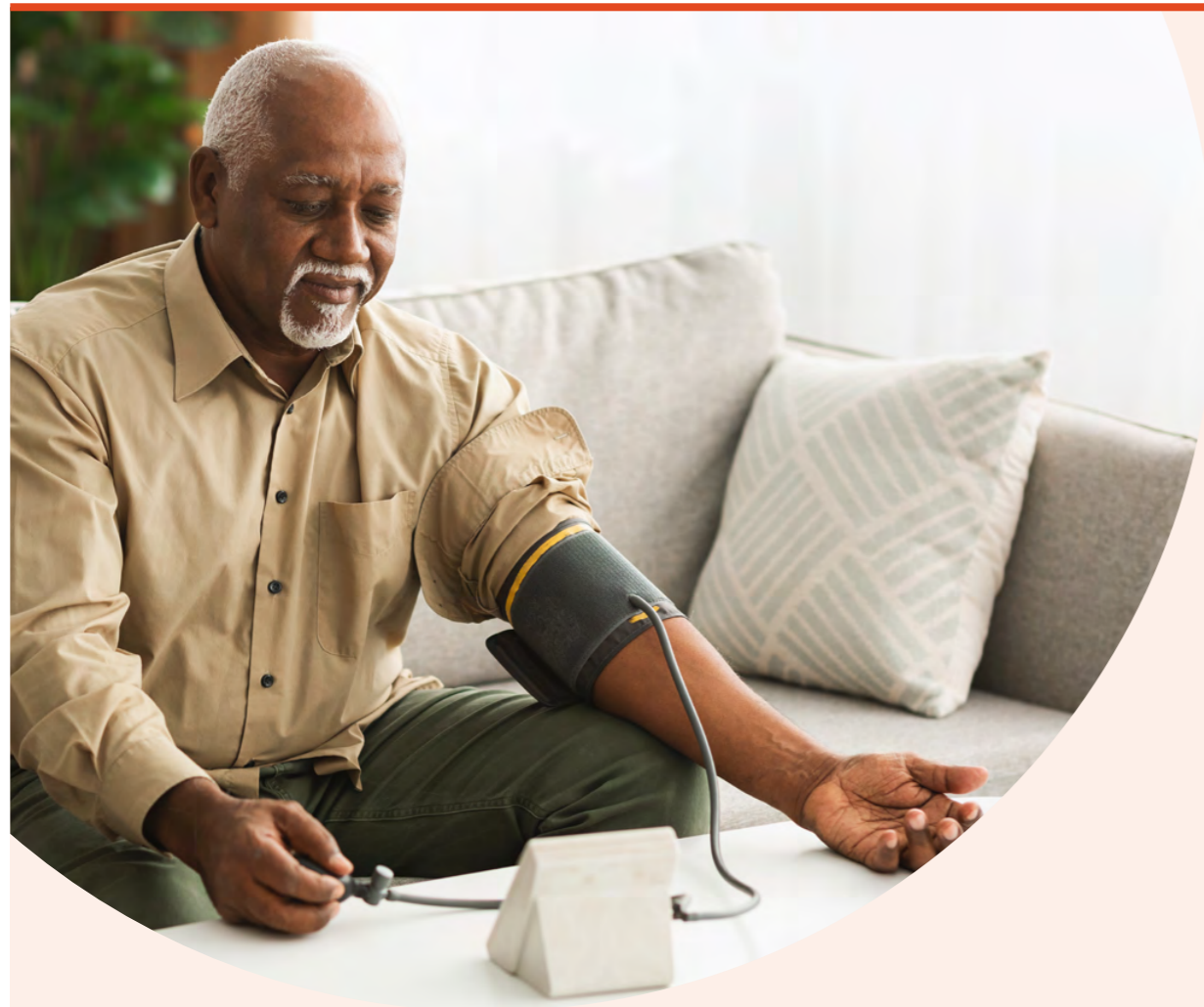
The Innovation Agency is now applying the HEAT process to its broader portfolio of programmes. The health equity process will be integrated into standardised project management processes in order to ensure sustainability.

Learnings

- They found HEAT can be used alongside other techniques in a variety of ways, so it's essential to establish a process.
- It was important for executive and senior management to provide support. Without it, staff can struggle to prepare and deliver a draft HEAT and, in particular, balance it with their current work capacity.

- HEAT can be integrated more easily into some AHSN innovation programmes due to the outcome measures. For example, the Innovation Agency were able to integrate it very effectively with patient safety-related projects. However, they needed to adapt it across different organisational departments and workstreams.
- They can enable work programmes to align with the current national focus on health inequalities by integrating health equity assessments to align with and reference Core20Plus5, the NHS England and NHS Improvement 2021/22 health inequalities initiative.
- It was essential to establish a community panel to represent groups most at risk of suffering health inequalities and to improve accessibility to these communities by working with them in their own community settings.





Partnering with Health Data Research UK to improve representation

Imperial College Health Partners (ICHP) collaborated with Health Data Research UK (HDRUK) to respond to the severe underrepresentation of Black people in the science, technology, engineering and maths professional community.

This would be a step towards the essential goal of promoting diverse perspectives, breaking biases and ensuring the workforce is representative of all communities.

Action taken

ICHP welcomed two Black interns for six weeks to gain experience in their research teams as part of the HDRUK scheme. The paid interns had a diverse background, with degrees in mathematics and global health. Both were passionate about the opportunities to improve healthcare with real-world evidence.

During their internship, they were asked to investigate the pandemic's indirect impact on hypertension diagnosis and outcomes in North West London. They also took part in projects related to maternal and neonatal health inequalities and outcomes. These involved multiple stakeholders from the NHS to academic institutions.

Next steps

ICHP will continue to collaborate with HDRUK and take on more interns through the programme for Summer 2022. They are also currently hosting an internship with Employ Autism.

Learnings

- Existing schemes like the HDRUK internship programme can be an accessible way to make tangible steps to encourage a diverse workforce.
- By creating plans before recruiting interns, it's possible to ensure suitable opportunities to develop and learn. This helps the process to be constructive and valuable for the interns and the organisation.

“From the get-go, I was directly working on a project that looked at the indirect impact of the pandemic on hypertension diagnosis and outcomes in North West London. I employed a dataset from the Discover-NOW initiative; a hub that supports Covid-19 research to aid the national effort, improving our understanding of this disease and the impact on our communities and healthcare sector.”

Gibril, a previous intern

“...severe underrepresentation of Black people in the science, technology, engineering and maths professional community”



Establishing health inequality implications for lipid management and familial hypercholesterolaemia

The AHSN Network launched a national lipid management and familial hypercholesterolaemia (FH) programme in 2020 to improve detection and optimise treatment for patients.

High lipid (blood fat) levels, like cholesterol, contribute significantly to cardiovascular disease (CVD). The NHS Long Term Plan highlights that CVD is the condition where most lives can be saved over the next 10 years.

CVD is also one of the conditions most strongly associated with health inequalities. For example, people living in England's most deprived areas are almost four times more likely to die prematurely of CVD, like strokes and heart attacks, than those in the least deprived areas.

When launching this programme, the AHSNs needed to ensure there was a robust equality assessment process to tackle existing health inequalities, share learnings nationally across the Network and engage and involve seldom heard or marginalised communities.

Action taken

Our approach combined understanding health inequalities with patient and community engagement approaches:

- **Understanding the problem:** We reviewed what is already known about health inequalities in dyslipidaemia and FH by carrying out a literature search. This covered incidence, prevalence, access, and outcomes (clinical, safety and experience) for people with protected characteristics and other groups known to experience health inequalities. The findings were summarised in a report.

- **Deciding what action to take:** We used the findings to populate an equality and health inequality impact assessment (EHIA), which was signed off by NHS England's Equalities Unit. The evidence summary and EHIA were presented at Network meetings, and shared with all AHSNs so that they could apply the findings to their local populations.

“CVD is also one of the conditions most strongly associated with health inequalities.”

- **Involvement in action:** We ran two workshops with clinicians and patients. These focused on what mattered to the participants with regard to managing high lipids and helped to inform the creation of a patient-facing animation.
- **Community engagement:** Using findings from the evidence review, EHIA and workshops, we are running community engagement events with communities that are seldom heard or marginalised and at high risk of lipid disease. These include South Asian, Polish and Albanian communities, and those living in areas of multiple deprivation.
- **Governance:** Through open advert and interview, we appointed patient members to each of the three national working groups for lipids and CVD. These were joined by a charity representative, to give breadth to the patient view, and a patient and public involvement methodologist. A sub-group of staff and patient members was formed to support health inequalities work going forwards. We have surveyed all AHSNs to see what health inequalities work has been carried out, what community involvement has taken place and what help colleagues might need.

Next steps

Health inequalities will be an ongoing focus of work within the lipid and CVD programmes.

This approach is being used to inform the approach to health inequalities for other AHSN Network national programmes. It will also support the new outcomes framework, which focuses on the people-related outcomes of AHSN programmes.

Learnings

- Using an evidence-based approach to health inequalities can help target action with specific at-risk communities.
- Patients' individual experiences and stories may not represent all people in their community but provide valuable individual perspectives.
- Involving patients with lived experience is not enough on its own – we need to triangulate knowledge. By starting with what we know from research about patient experience and outcomes and combining this with an exploration of how people think and feel, for example through workshops, we can enable more targeted and effective patient and community involvement.
- To include the views of those from seldom heard or marginalised communities requires bespoke approaches, time and resources. However, it can provide rich and deep insights.
- Involving charities as partners can broaden understanding and increase access to additional information, perspectives and communities.



Exploring the role of innovation in tackling health and care issues faced by the LGBT+ community

In early 2021, the AHSN Network partnered with LGBT Foundation to explore how innovation might play a role in tackling a wide range of health and care issues faced by LGBT+ people in the UK.

Action

The first stage was to produce a compilation of evidence of LGBT+ health inequalities. This built upon the initial work completed by LGBT Foundation in their Hidden Figures research report on LGBT+ health inequalities published in February 2020. It also included findings from their follow-up report on the impact of the pandemic on LGBT+ people.

In March 2021, the AHSN Network and LGBT Foundation sent out a nationwide call for innovations that address the challenges highlighted by this evidence.

This call for innovations had a broad scope: medical technologies and devices; digital health (such as apps and platforms); new or improved services, processes, pathways and models of care; and training and education programmes.

The aim was to identify and promote ground-breaking and inspiring examples of work in this area to support the spread of best practice and learning more widely across health and care services.

The call received 39 individual applications, and 25 applications were put forward for further consideration.

The outcome

From the submissions to our call, we could see significant gaps and challenges faced by innovators and service providers in this space.

The submissions were at widely different stages of development, and many were still at a very early stage. While the pilots had some potentially promising initial outcomes, few groups had carried out complete evaluations.



39
individual
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25
put forward
for further
consideration

The next steps for much of the work submitted, in terms of further funding and wider commissioning, are very uncertain. The same could be said for consensus on what a successful pilot looks like. In short, the call for innovations presented more issues to consider.

Rather than showcasing examples of best practice as potential models for adoption, the AHSN Network and LGBT Foundation have published their collective insights and learning from this process. The goal is to help innovators developing products or services aimed at tackling LGBT+ health inequalities.

Next steps

The AHSN Network is keen to support companies and healthcare professionals developing innovations that help address the well-evidenced health inequalities faced by LGBT+ communities.

We are encouraging innovators working in this space to reach out to their local AHSN for guidance, support and signposting.

We will also support the valuable work of the NHS Confederation's Health and Care LGBTQ+ Leaders Network, a social movement comprising LGBTQ+ people and allies from a wide range of roles across health and care.

The LGBTQ+ Leaders Network published a series of recommendations for leaders, service designers and commissioners to better support the specific needs of the LGBTQ+ population and workforce. In the last year they have worked with 11 pilot sites across the country to put these recommendations into action and have created an implementation framework for other healthcare organisations to follow. In our work with innovators and NHS colleagues, we will ensure we promote these recommendations and framework.

Learnings

- There is a lack of clarity and consistency in how innovators can get services commissioned. Innovators are keen to understand what kind of evidence is needed by commissioners and where evaluation resources might come from.
- Some submissions described a lack of consensus about how to interpret the

findings of pilots, measure their success and agree on the next steps. There were disagreements in approaches and priorities between LGBT+ service users, healthcare professionals and commissioners.

- Many applicants to the call were struggling to find funding for their work. Some had to secure money from several different pots and others were uncertain about where future funding would be coming from.
- Some submissions provided positive examples of how to meaningfully involve LGBT+ people in shaping and redesigning services. However, they also illustrated that this approach takes more time, resources, and commitment. Many of the other submissions needed to allocate more to this vital community engagement.
- Due to a lack of data collection and analysis, health and care services are less able to plan around the identified needs of LGBT+ people. For instance, patient records do not always indicate if people are LGBT+.
- A strong theme arising from the submissions was the need for more general education and training of all health and care professionals around LGBT+ issues and inequalities.



Involving expert people from diverse perspectives for accountability and review

The East Midlands AHSN committed to conduct Equality Analysis (also known as equality impact assessments) to address health inequalities, meet the Public Sector Equality Duty and ensure their projects and programmes were accessible.

They saw it as essential to have external stakeholder involvement and scrutiny. This would allow for the perspectives of diverse patients and the public to surface gaps in information and issues that staff don't see. With their input, the assessments would help mitigate discrimination and adverse effects for people from protected characteristics and wider underserved groups.

Action taken

The East Midlands AHSN established an Expert Peoples Panel (EPP) composed of people from protected characteristics and wider groups. They would provide independent scrutiny to confirm, challenge and advise on the organisation's equality analysis of specific programmes.

Since the EPP was established, the East Midlands AHSN has brought 15 Equality Analysis documents to the panel. The feedback has been invaluable and highlighted where programmes would potentially have an adverse effect on people facing the worst health inequalities. This informed the final assessment and took forward the required actions.

Next steps

The East Midlands AHSN are encouraging their staff to use the panel whenever they establish new programmes. Following evaluation, the organisation is looking at potentially offering the EPP as a resource to their wider health and care system.

Learnings

- Providing a template and expecting high-quality equality analysis didn't work. The East Midlands AHSN invested time building staff knowledge and confidence, shifting away from the tick box approach, and encouraging and nurturing staff to think about their programmes through an equality lens.
- Welcoming external public scrutiny leads to better quality equality analysis. It demonstrates openness and transparency, and staff are more likely to listen and act on feedback.
- Involving public contributors with knowledge and insight is key. The East Midlands AHSN identified and supported patient and public representatives who, in addition to their lived experience, developed sound awareness of the purpose and content of equality analysis. They brought assessment, analytical and judgement skills, along with the ability to provide constructive feedback.

“The Expert People Panel helped me think about groups of people who may be at particular risk. Whilst not all of the feedback falls within the scope of our work and what we can influence, it was helpful hearing about things I can do something about. It's always good to get the views of patients and the public as they see things differently to me as a healthcare professional.”

Staff member

“Programmes are complex, and professionals get wrapped up in NHS speak. It's important to explain services and concepts simply, in ways the public can understand, and invite views on impact for different groups. Thank you for the opportunity to have a view. I've learnt a lot from the other members about the impact for other groups of patients, which I wasn't aware of.”

EPP Member

Ensuring diverse innovators have a platform to flourish

Over the past several years, the NHS Innovation Accelerator (NIA) has proactively sought to increase the diversity of its innovator ('Fellow') cohorts so that they better reflect the population served by England's NHS.

Through an annual international recruitment call, the NIA selects exceptional individuals with promising innovations to support in their work to scale in the health and care system. To date, those who successfully progressed through the assessment process were predominantly white and male. Roughly 30% were female and 20% were from Black, Asian and minority ethnic backgrounds.

In tracking diversity data, the NIA was able to see that the proportion of applicants who identified as female and/or as Black, Asian or minority ethnic remained consistent from application through shortlisting and then to selection. This demonstrated to the NIA that selection bias was likely not the main cause of the diversity issue. Instead, they needed to find a way to increase the number of applications coming from these underrepresented groups.

Action taken

The 2020/21 annual call was amended to reach more diverse audiences and encourage them to apply. This was done by:

- Building relationships with networks of Black, Asian, minority ethnic and female-based innovation/tech groups to encourage applications.
- Updating promotional materials to include more images of female and Black, Asian, and minority ethnic Fellows.
- Using social media to highlight the successes of these individuals.
- Using positive action language in all call communications.

These actions were carried over to the 2021/2022 call. Ahead of this call, the NIA also hosted an engagement session with female-identifying leaders and innovators who were currently on the

NIA or on other accelerator programmes, such as the NHS Clinical Entrepreneurs' Programme. The feedback from this group enabled the NIA to better understand the needs of women innovators and produce resources and messaging that resonated more strongly with them.

For example, the focus group highlighted that many female innovators dealt with imposter syndrome and struggled to determine if they were 'good enough' to apply to a programme like the NIA. To address this, the NIA developed a video that clearly articulated their desire to support female applicants. They also clarified the common use of the term 'exceptional' in promotional materials, stating that it is the values and passion of individuals that make them so, rather than their awards or titles.

The NIA then sought to reduce the risk of bias through the assessment and interview process:

- They removed a portion of the application that required a pitch video from the applicant. This would avoid potential bias that could be formed from seeing the applicant and judging the quality of the video.
- They developed an assessor training pack. This provided all assessors with an overview of the NIA's values and its equality, diversity and inclusion aims. It also gave explanations of bias and inequalities and listed expectations for how assessors would fairly review applications.

Comparing the 2019/20 recruitment call to the 2020/21 call, the number of applicants from Black, Asian or minority ethnic backgrounds doubled from 23 to 48 – an increase of 108%.

Additionally, the 2020/21 recruitment call led to the recruitment of the first Black NIA Fellow.

In the 2021/22 call, the NIA also saw an increase in female applicants, as well as an increase in the percentage of women accepted on to the programme.

Next steps

The NIA will continue to refine their processes to improve access to their



Fellowship. They are also now requiring applicants to demonstrate an understanding of eliminating health inequalities through their innovations.

Learnings

- The NIA contracted an expert to support the development of recruitment and assessment strategies. They found it was critical to have this outside guidance to ensure activities weren't based on assumptions. To this end, they also worked with the AHSN Network's equality, diversity and inclusion group.
- The NIA found the focus group with a target applicant group to be very effective. The groups quickly communicated what the NIA were doing that may

have been a detriment to potential applicants. As a result the NIA made huge strides even in the first hour and a half, gaining a better understanding of this audience and their needs.

- The NIA undertook an Equality Analysis to better understand how, as a programme, they may be inadvertently contributing to bias and/or inequality.

Applications from Black, Asian or minority ethnic individuals increased by 108%



Using digital solutions to offer menopause support for staff

The Health Innovation Network (HIN), the AHSN for South London, sought to address the lack of menopause support for its staff and colleagues across the national AHSN Network, while raising awareness.

Menopause causes hormonal fluctuations that lead to physical and emotional symptoms, affecting daily lives at home and work. A quarter of people experiencing menopausal symptoms find that these symptoms can negatively impact work and performance.

A survey was undertaken across NHS England tied into World Menopause Day October 2019. From the 485 responses, 84% struggled with personal symptoms when at work; 34% took time off work due to menopause symptoms or difficulties, and 49% did not feel supported at work to

disclose the reasons for being off sick. In addition, evidence suggests that staff often feel uncomfortable discussing menopause at work.

Action taken

To address this important issue, the HIN hosted a learning session for its staff

followed by a national webinar in May 2021. The HIN was determined to understand why menopause is a relevant issue for NHS organisations and what they needed to do to maximise well-being at work and support staff retention.

The event was co-designed with partners from NHS England, as well as Peppy Health and Alva, who provide expert advice and support for people going through menopause, making it accessible through smartphone applications.

Attendees heard the findings from the NHS England survey and Peppy Health pilot. They also learned about the evidence for the effectiveness of digital technologies that support menopause. The HIN was aware of some technology providers that had been

through the AHSN-supported DigitalHealth.London Accelerator programme and could be of benefit.

The session was very well received with more than 90 delegates in attendance. It enabled people to share their personal experience and increase their knowledge and understanding of the topic, learning new perspectives.

Next steps

The HIN has procured licences from Peppy Health so its staff can access this support in their menopause journey.

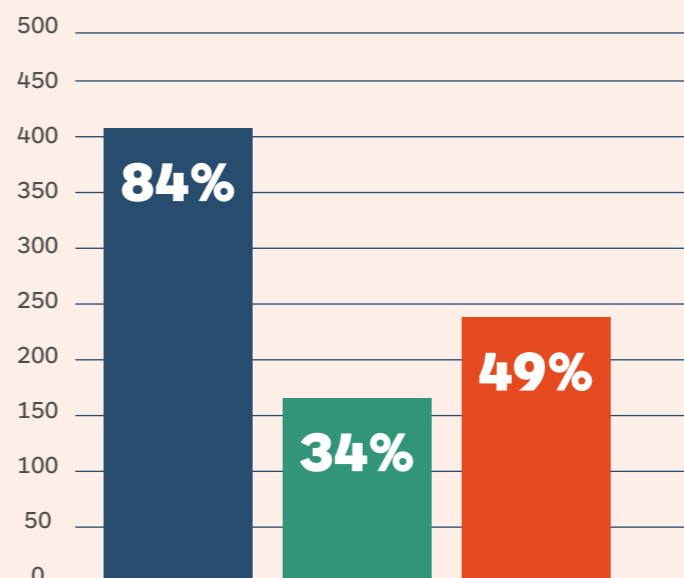
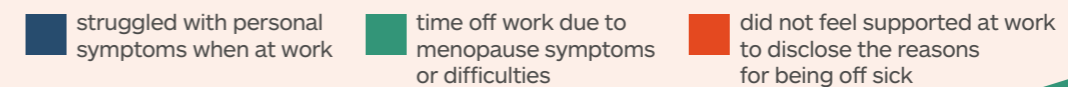
Learnings

- The HIN found that when designing the workshop for staff and managers, it was helpful to look at the data on sickness reporting, gender and age cohorts to develop

baseline knowledge about trends and needs.

- There are many ways to support the NHS workforce: training and awareness; access to specialist input; menopause champions; and menopause networks (including NHS England and NHS Improvement's menopause network).
- It is important to recognise that menopause affects all individuals born with ovaries, and that policy and implementation of staff support solutions do not exclude people just because they don't identify as female.
- It is also critical that solutions include those line managing people going through the menopause so they are confident on how to support their staff members.

485 responses:



“A quarter of people experiencing menopausal symptoms find that these symptoms can negatively impact work and performance.”

Creating a space for open and honest conversations around diversity and inclusion

In 2020, the murder of George Floyd and the disproportionate coronavirus deaths among ethnic minorities shed a spotlight on racism, discrimination and health inequalities experienced by the black community and other ethnic minority groups.

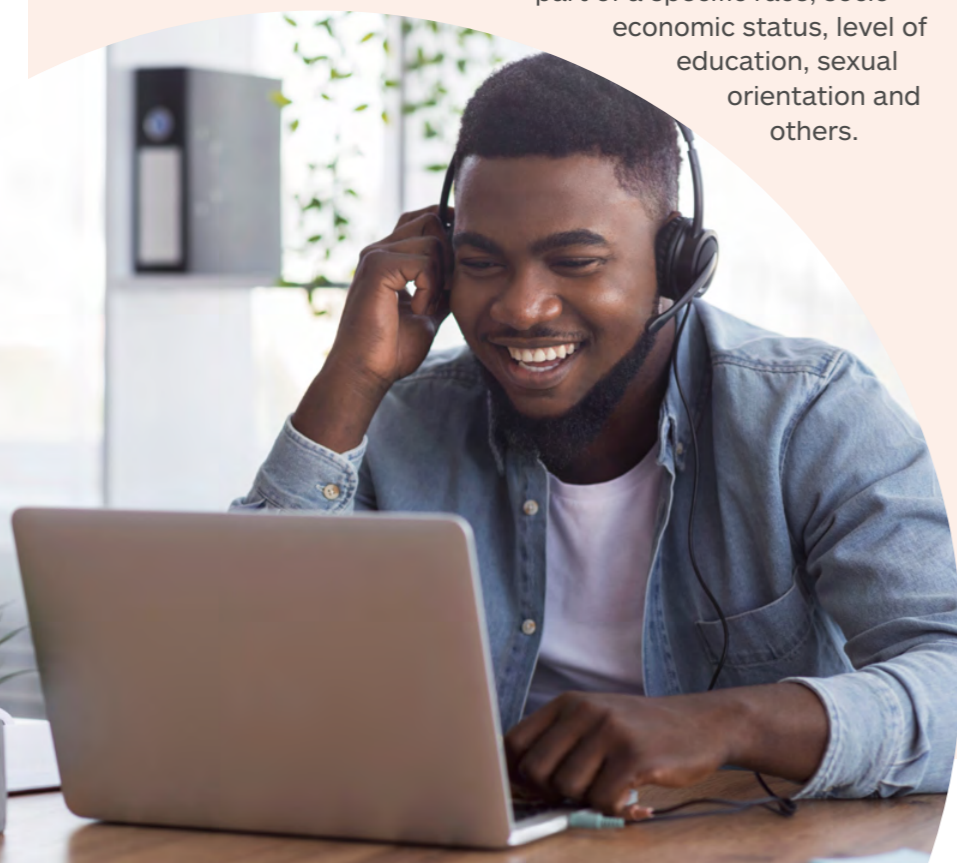
UCLPartners wanted to ensure that employees felt able to discuss issues around discrimination in a work environment. It was important for the organisation to encourage conversations around diversity and inclusion in a candid yet sensitive way.

Action

A virtual 'privilege walk' was held at an all-staff meeting. The privilege walk, stemmed from Peggy McIntosh's concept of White Privilege, aims to raise awareness of different forms of privilege that can lead some of us to be at an advantage, including being part of a specific race, socio-economic status, level of education, sexual orientation and others.

Many people are unaware of privileges they may have over other people and completing this exercise helps to bring these to light as well as encourage discussions on lived experience.

The privilege walk is typically delivered in person, and involves attendees being asked to take steps forward and back depending on their privileges. However, due to the coronavirus (COVID-19) pandemic, this session had to be conducted virtually, with scorecards being kept by individuals instead. A clip of the Channel 4 documentary, 'The School that tried to end racism' was shown, in which 24 Year-7 pupils physically take part in a privilege walk race and are quick to notice their individual positions in relation to their peers.



“Many people are unaware of privileges they may have over other people.”

The video clip and the privilege walk exercise sparked some deep and thoughtful discussions among the attendees on how we can acknowledge our own privileges and what we can do to even the playing field for others.

A survey was conducted after the privilege walk session which had 11 responses out of approximately 25 attendees, all of whom would recommend this activity to others. Over 80% of respondents felt the activity improved their awareness of the impact of privilege on

society. This session was also delivered to NHS England's Cancer Alliance Leads who also responded with positive feedback, saying for example that it had made them think about the things they take for granted as 'normal', and that they would take these insights with them into future work and thinking.

Next steps

UCLPartners have developed a privilege walk pack that can be downloaded from their website and utilised in other organisations.

Learnings

- An unintended benefit of conducting the privilege walk virtually allows private discussions in breakout rooms and the option of keeping your privilege walk score confidential, whilst still allowing for discussion.
- Introducing the session by reassuring the attendees of an open, safe and confidential environment, as well as support available via company employee assistance programmes.
- Acknowledging that we all have some form of privilege during the introduction allows attendees to be more open to recognising their own privileges.

Over 80%
of respondents felt the activity improved their awareness of the impact of privilege on society

Supporting asthma management for seldom heard groups

Yorkshire and Humber AHSN partnered with the NHS England Accelerated Access Collaborative (AAC) to release some Pathway Transformation Funding to improve the rates of asthma diagnosis and management within non-English speaking populations in the region.

To do this, they worked with Huddersfield University and a Respiratory Consultant at Mid Yorkshire Hospitals NHS Trust.

The issue here was clear. In Yorkshire and Humber you can find significant variation in access to basic asthma care across the area, specifically in different geographies, age groups and ethnicities.

Additionally, in some South Asian communities there is a stigma attached to asthma and to coughing. A diagnosis of asthma can be detrimental to a chance of marriage as there is the incorrect presumption that the coughing is contagious. There are common stories among patients of being housebound and missing important family events such as weddings and funerals.

Action taken

The initiative involved working with the AAC, Public Health, clinicians, pharmaceutical companies and asthma charities to produce patient information and resources

in various languages. These leaflets are now hosted in a central location where patients and clinicians can access them as and when they need them.

Yorkshire and Humber AHSN and their partners worked with patients within the non-English speaking populations to evaluate and design additional resources. Patient focus groups and interviews ensured the information was relevant and addressed cultural barriers. Patients within the relevant communities also acted as clinical champions, promoting and disseminating the resources they helped to develop.

The initiative also produced a heatmap that made it easier to identify the interdependencies of ethnicity, literacy, and respiratory health. You could overlay areas of deprivation in West Yorkshire with high prescribing data by GP, then enhance the map and add ethnic population percentages where English is not the main language. This made it clear

where the health inequality hot spots lay.

Next steps

Yorkshire and Humber AHSN will remain working with their wider asthma network. They are continuing to identify opportunities to support asthma management for underserved populations.

Learnings

- Not every objective was clear to the team at first. By working with patients to understand the cultural barriers and patient specific requirements, Yorkshire and Humber AHSN and their partners were able to identify further objectives for the programme.
- A heatmap can enable a team to establish health inequality hotspots. For this initiative, it was particularly useful for community engagement and understanding the scale of the challenge.

Introducing our refreshed pledges

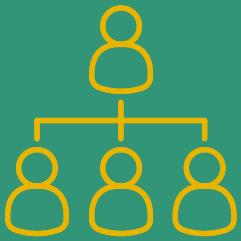
This report's progress and learning case studies are just a few examples of the projects AHSNs have undertaken to enact our pledges.

In addition to the developments mentioned here, we come together regularly to share progress and ideas. Through this process, we recognise that our pledges need to evolve continually.

Our new diversity pledges have the same core aim. Together as AHSNs, we will use these to hold ourselves to account and ensure we are championing diversity through our people and processes.

However, we have adjusted these pledges so that they are equally applicable to our partners from health and care and life sciences organisations. We encourage our partners to consider introducing them, bearing in mind that sometimes you need to set pledges without knowing the route map and the end state, encouraging you to learn as you go along.

Our equality, diversity and inclusion pledges and actions



Pledge 1

Our organisation

Equality diversity and inclusion (EDI) is fundamental to our core values, ensuring a positive and supportive culture, where all staff and communities feel empowered and respected.

We will:

- ✓ Set annual EDI objectives which enhance our organisation's performance, report to our boards and transparently publish our progress.
- ✓ Champion best practice EDI and establish processes to address challenges and opportunities.
- ✓ Embed EDI in our programmes and influence stakeholders and suppliers, ensuring EDI is embedded in implementation, procurement and commissioning decisions.



Pledge 2

Our staff

Empowering and supporting our staff to be positive role models for EDI is essential to reach our collective ambition.

We will:

- ✓ Strive to create organisations that reflect the diversity of the communities we serve at all levels.
- ✓ Encourage our staff to be active allies and positively challenge when they see discrimination, non-inclusive behaviour or a lack of diversity.
- ✓ Support our staff with ongoing EDI training and activities to foster an inclusive culture.



Pledge 3

Our work

Our work aims to benefit all communities and reduce health inequalities, supporting Core20PLUS5 and other equality initiatives.

We will:

- ✓ Carry out Equality and Health Inequalities Impact Assessments on national and key local projects.
- ✓ Involve diverse and underserved communities and co-produce innovations that are relevant, accessible and work to reduce health inequalities.
- ✓ Promote diverse role models, challenge stereotypes and champion the positive impact of diversity on innovation in our communications.