

Equality, Diversity & Inclusion Plan

Accelerating Impact of Community HealthCarE in Tayside (AICCET)

1. The Project

1.1 Team

This project has the following primary collaborators:

- Heriot-Watt University (“HW”)
- University of Dundee (“UoD”)
- Edinburgh Napier University (“ENU”)
- University of Glasgow (“UoG”)
- University of St Andrews (“StA”)
- NHS Tayside (“NHST”)

1.2 Scope

The project is a multi-party Place-Based Impact Acceleration Account, funded by EPSRC and lead by Heriot-Watt University.

The main goal of AICCET is to develop, commercialise, adopt and promote innovative and equitable community healthcare technological solutions with benefits to the health and prosperity of the Tayside region of Scotland, UK.

To satisfy this aim the following objectives, laid out as work packages, will be implemented:

1) Confirmation of the technological and process barriers and challenges preventing greater innovation in the Tayside region and co-creation of solutions involving all stakeholders within and outside the Place. This includes public, patients, NHS organisations, civic bodies and university providers of technological solutions.

2) Creation of an A-to-Z pathway to innovation. This will be implemented by strengthening existing infrastructure and improving access to facilities and to processes critical to the acceleration of impact in healthcare. This includes patient and public involvement/engagement (PPIE) facilitators and data related to health characteristics of the population of the place.

3) Building of an effective regulatory environment for NHS adoption of innovative technologies through a series of measures improving knowledge of stakeholders in medical device regulations, mentoring companies in regulatory affairs and setting up accredited facilities enabling compliant manufacturing.

4) Growing an inclusive innovation ecosystem mindful of patients' needs by systematically implementing PPIE activities and inviting additional expertise through the Collaborative funds.

2. Institutional priorities

Led jointly by HW and UoD, the project will align with multiple partner's priorities. Respect runs throughout the values of HW, encompassing how we treat each other, taking responsibility for our actions, knowing how to report incidents, and building community through behaviours and actions. At UoD, the strategic priorities include growing our reach particularly in social inclusion, and the values include valuing people, working together, integrity, making a difference, and excellence.

This project meets all of these values: collaborating across numerous organisations, building community through bringing together numerous stakeholders; making a difference by reducing health inequalities in the region.

The project will provide an inclusive environment where all people feel welcome and supported. This is key to our approach to recruitment (see below).

A key priority for HW is to build on the expertise of the BSL community, and this will be included in our project to support BSL users who wish to engage with the project.

KPI 2.1 – AICCET-related video content with audio online is accessible to hearing impaired individuals.

KPI 2.2 – Visual-only content online has spoken word description.

KPI 2.3 – BSL interpretation for public workshops is a clear option online.

3. Leadership & Management

The Leadership team comprises two Project Leads: Professors Marc Desmulliez (HW) and Mike MacDonald (UoD). Both have line management responsibilities for project team members based in their institutions, and follow their institutionally-laid out requirements for such a role.

Within the PBIAA there are also a number of Co-Investigators and additional project partners.

3.1 Project Oversight

The Project has operational oversight from a Steering Board, comprising one representative from each partner organisation, plus two independent representatives. These independent representatives have been invited being aware of the gaps in the knowledge, skills and experience of the partner representatives.

The Advisory Board provides strategic oversight. Membership of the Advisory Board is described below.

The Project Manager will have responsibility for ensuring that ED&I issues are considered throughout by project partners and the project team. Areas of consideration above workplace good practice are:

- Patient and public workshops
- Applications to, and awarding of researchers from collaborative funds
- MedTech solutions ED&I considerations

KPI 3.1.1 – Event information highlights accessibility considerations up front, reducing the need for individuals to request information about venues and making all participants feel welcome.

KPI 3.1.2 – A Code of Conduct will be provided for participants to agree to before any event, which clearly outlines the actions taken in the event of failure to comply with the Code.

KPI 3.1.3 – Data on the sector and career stage of applicants to AICCET funds, in addition to limited protected characteristic information (e.g. gender identity, disability, ethnicity) will be collected at application stage. This will ensure the Project Manager can monitor that applications for Grand Challenge and Collaborative Funds are received from a diverse group, and make additional promotions of the schemes where needed.

KPI 3.1.4 – Applications to AICCET Grand Challenge funds will be required to outline (and later evidence) how they will ensure diversity in data collection, or explain rationale behind med tech aimed at a singular demographic of patient.

KPI 3.1.5 – Projects awarded AICCET Grand Challenge funds will be required to disaggregate results by gender (unless single-gender study).

KPI 3.1.6 – Proposals to the AICCET Grand Challenge and Collaborative Funds will be required to outline their approaches to EDI and Responsible Research.

3.2 Reporting

If at any point during this project an ED&I issue is found, this should be reported immediately to the Project Manager for investigation. The Project Manager will discuss with the relevant parties and feed back to those who raised the issue within two weeks. Where a complex issue arises, this may take longer to investigate and/or resolve, and may be raised at an institutional level, beyond the control of the PBIAA team.

Where an issue relates to an individual on the project team, concerns should be raised with the institution where an alternative member of the team is not appropriate to be informed.

KPI 3.2 – A log is kept of any issues raised to the Project Manager or other team member, which includes steps taken and the associated timeline.

4. Recruitment

4.1 Project staff

The project team comprises two Project Leads and a number of academic Co-Leads. The Leads and Co-Leads were selected for their areas of expertise and comprise engineering, physics, computer science, health and social care. Additional project partners include those with direct clinical experience in the NHS and local authorities in the Tayside region.

A Project Manager, Translational Manager, and PPIE (Patient & Public Involvement & Engagement) Officer will be recruited to the project. It will be important that the skill sets of these complement each other, and we also recognise the important of these roles in interacting with patients, the public, other academics, business and industry across the broad PBIAA activities for project success.

Staff working on the project will be supported by their host institution's EDI priorities and action plans, and they will be encouraged to engage with their host institution's agenda in this area. Not only will this provide the staff with the knowledge and awareness needed, but will support them in feeling part of the institution, which supports retention.

KPI 4.1 – Project staff complete at least one training session each year (new or refresher) relating to EDI, for example running accessible events, online content accessibility, health and social care diversity considerations, responsible research.

4.2 Public participants

To provide and support public buy-in to the project, patients and the public must have faith in the project and understand the reasons why the project is being run. This has the indirect benefit of also strengthening staff retention and researcher communication skills.

We are using SHARE, the Scottish Health Research Register, to reach out to the public and patients on our behalf. Members of SHARE have agreed to participate in research projects, and AICCET recognises the possible limitations that while they are more likely to engage with the project, we may be excluding patients who could have strong input to the research but who are not aware of SHARE, which could limit the diversity of those we can reach. Additional routes to participants will include inviting the public via place-based charities with direct access to service users, e.g. With You Dundee, who work with those who have issues with drugs, alcohol and mental health.

We aim to make participation and engagement with the project easy, through:

- removing barriers, e.g. advertising accessibility features of events up front rather than needing participants to ask if they're available (see KPI3.1);
- using locations that are frequented by the demographic we are aiming to reach;
- avoiding holding events during school holidays and school run time of day.
- Providing accessible content via multiple channels including website and appropriate social media.

It's important that the public see the results of their input, and feel engaged with the project throughout, so in addition to the initial workshops, there will be an ongoing citizen's assembly, and opportunity to attend and participate in the Annual Conference.

KPI 4.2.1 – All online content, whether event information, blogs or people profiles, should include a "why" statement, for example why a team member is involved, or why an event needs participation from a particular group.

KPI 4.2.2 - Include two public/patient led sessions in each Annual Conference, whereby participants will have the opportunity to ask questions in all matters related to activities presented, and set challenges to researchers and industry.

4.3 Advisory Board

All members of the Advisory Board will be independent from the collaborators (listed above). The Chair will be a lay person, a member of the public who has no particular affinity to any of the work streams or organisations involved. It will be important to have a diversity of voices on the Board, with representation spread across different backgrounds including academia and the health services, but also the charity sector, people with knowledge and affinity to the Tayside region, the Scottish Government, and an international voice. Selection of the Board members will be made with the Chair and the project team. Discussion will pay particular attention to the gender diversity of the proposed Board, aiming for as close to an even balance as possible, albeit aware that gender is not binary.

KPI 4.3.1 – the Chair on the Advisory Board will be a layperson, a member of the public with no affinity to any of the work streams or organisations involved.

KPI 4.3.2 – Membership of the Advisory Board is better than 40/60 men/women or vice versa.

4.4 Researchers

The PBIAA project team brings depth and breadth to the project in terms of areas of expertise, but also relating to networks and communities. This network will be key to encourage participation from the widest possible community of researchers (and businesses) with our activities. The project will utilise existing communities and organisations, such as the Medical Devices Manufacturing Centre, university-wide enterprise networks, and connections with other place-based research projects involving health and healthcare.

KPI 4.4.1 – Researchers engaging with the PBIAA represent at least a third of Scottish HEIs.

KPI 4.4.2 – We will monitor the sectors of those who engage with AICCET, to assess the success of reaching beyond higher education and our direct consortium partners.

4.5 Career progression

In line with employer priorities, the PBIAA will support career progression of its direct staff, but also that of the academics that it engages with. The project is of sufficient length to provide some security to the staff; the posts are all part-time which provides support to those requiring flexible working.

The project will support the career progression of academics it engages with through:

- Promoting individuals online using career profiles of those we work with
- Including researchers in events such as the annual conference, highlighting themselves, their work, and providing networking opportunities.
- Monitoring the career stage of those applying for collaborative funds and take into consideration career breaks when considering an individual's record of achievement.

There is no standard definition of 'Early Career Researcher' within EPSRC, as there are many paths to research and there is no single standard that works for all, but it can broadly be defined as one who is no more than eight years past their PhD viva taking into account career breaks, part time working and long-term leave e.g. parental or sick leave.

KPI 4.5.1 – Add three career profiles to our website each year, of people involved in the collaborative funds, participating in webinars, Steering Committee and/or Advisory Board.

KPI 4.5.2 – Include at least one networking session in each Annual Conference.

KPI 4.5.3 – Include early career researchers in the design of the Annual Conference.

5. Progress Indicators

The KPIs outlined throughout this plan will be monitored by the Project Manager on a regular basis, and reported to the Steering Board and Advisory Board annually. Reporting will include learnings from successes, as well as the challenges faced and how they have been overcome.

The annual report will also be made available to EPSRC and placed online for transparency to the public.

6. Summary of KPIs

The following table summarises the KPIs laid out in this EDI plan. Monitoring will be done by the Project Manager with input from the PPIE Officer, Translational Manager and Project Co-Leads.

Ref	KPI
Institutional Priorities	
2.1	AICCET-related video content with audio online is accessible to hearing impaired individuals.
2.2	Visual-only content online has spoken word description.
2.3	BSL interpretation for public workshops is a clear option online.
Project Oversight	
3.1.1	Event information highlights accessibility considerations up front, reducing the need for individuals to request information about venues and making all participants feel welcome.
3.1.2	A Code of Conduct will be provided for participants to agree to before any event, which clearly outlines the actions taken in the event of failure to comply with the Code.
3.1.3	Data on the sector and career stage of applicants to AICCET funds, in addition to limited protected characteristic information (e.g. gender identity, disability, ethnicity) will be collected at application stage. This will ensure the Project Manager can monitor that applications for Grand Challenge and Collaborative Funds are received from a diverse group, and make additional promotions of the schemes where needed.
3.1.4	Applications to AICCET Grand Challenge funds will be required to outline (and later evidence) how they will ensure diversity in data collection, or explain rationale behind med tech aimed at a singular demographic of patient.
3.1.5	Projects awarded AICCET Grand Challenge funds will be required to disaggregate results by gender (unless single-gender study).
3.1.6	Proposals to the AICCET Grand Challenge and Collaborative Funds will be required to outline their approaches to EDI and Responsible Research.
Reporting	
3.2	A log is kept of any issues raised to the Project Manager or other team member, which includes steps taken and the associated timeline.
Recruitment	
4.1	Project staff complete at least one training session each year (new or refresher) relating to EDI, for example running accessible events, online content accessibility, health and social care diversity considerations, responsible research.
Public Participants	
4.2.1	All online content, whether event information, blogs or people profiles, should include a “why” statement, for example why a team member is involved, or why an event needs participation from a particular group.
4.2.2	Include two public/patient led sessions in each Annual Conference, whereby participants will have the opportunity to ask questions in all matters related to activities presented, and set challenges to researchers and industry.

Advisory Board	
4.3.1	The Chair on the Advisory Board will be a layperson, a member of the public with no affinity to any of the work streams or organisations involved.
4.3.2	Membership of the Advisory Board is better than 40/60 men/women or vice versa.
Researchers	
4.4.1	Researchers engaging with the PBIAA represent at least a third of Scottish HEIs.
4.4.2	We will monitor the sectors of those who engage with AICCET, to assess the success of reaching beyond higher education and our direct consortium partners.
Career Progression	
4.5.1	– Add three career profiles to our website each year, of people involved in the collaborative funds, participating in webinars, Steering Committee and/or Advisory Board.
4.5.2	Include at least one networking session in each Annual Conference.
4.5.3	Include early career researchers in the design of the Annual Conference.