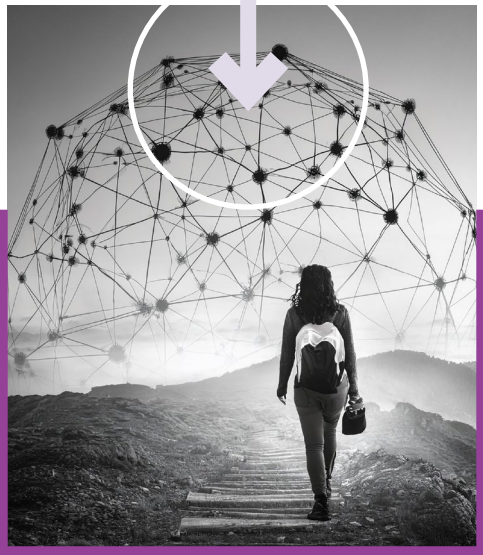
Women in Digital & AI Leadership within the NHS

From Barriers to Breakthroughs



A summary report by Centre for Population Health (CPH) outlining the findings of independent research commissioned by Health Innovation Kent Surrey Sussex (HIKSS)

September, 2024

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Contents

1/ INTRODUCTION

> *We need to promote visibility of successful women leaders in the field as role models to inspire the next generation.*
>
> [Research participant]

Women in Digital and AI Leadership

In the rapidly evolving landscape of healthcare and digital innovation, the role of women in leadership positions in Artificial Intelligence (AI) and digital technologies becomes increasingly crucial. Despite the recognition that a diverse workforce is critical, the representation of women in leadership positions in AI and digital technologies in health and care remains a notable challenge. There is a need, therefore, to examine the underlying factors that have contributed to the lower percentage of women in senior leadership positions in these sectors across the UK. We hope to uncover not only the challenges and opportunities that exist, but also to support the development of practical steps to optimise gender diversity and inclusivity.

Centre for Population Health was commissioned by Health Innovation Kent Surrey Sussex (HIKSS) to explore how to 'accelerate women's full and effective leadership in digital and AI'. As a think tank focused on supporting individuals in improving health outcomes and tackling health inequalities, we were delighted to collaborate with HIKSS and partners in undertaking this work.

We believe that exploring the experiences of women in leadership roles in the NHS and those in Digital and AI roles, though poorly understood at present, provides an opportunity for meaningful and positive change not only for women, but for the wider organisation.

This report was commissioned to explore existing gaps in women in leadership roles in the NHS, and women leaders in AI/ Digital spaces. We approached the study by conducting an evidence review looking at data and literature, before conducting stakeholder engagement with women leaders in AI/Digital in both the UK and US. This helped us to learn from their lived experiences and understand the challenges in occupying that space.

Our findings are presented in the following sections of this report and include insights from workshops, 1-1 interviews, and survey responses; and, recommendations for near and long term actions.

2/ OUR APPROACH

> *Providing visibility to female leaders has a trickle-down effect of helping other women in that space.*
>
> [Research participant]

Overview

Our approach comprised of both quantitative and qualitative research. As well as looking at data and undertaking a literature review, we were also interested in learning about the first-hand experiences of women leaders in the digital/AI space. As such, we conducted several 1-1 interviews and workshops which both helped us to understand the nuances and complexities of working in this area, and highlighted additional questions that informed the reframing of the problem. This was an important step in articulating the final recommendations.

DATA

Reviewed NHS data (where available), and across healthcare and AI/Digital more widely, focused on women in leadership roles.

DESK RESEARCH

Conducted a literature review that included peer reviewed papers, NHS reports, industry wide articles and blogs, and misc. other sources.

SURVEYS

Undertook a survey as part of the Stakeholder Engagement phase of the project.

1-1 INTERVIEWS

Conducted a series of structured interviews with clinical/non-clinical women leaders in the AI/ Digital space in the UK and US.

GAP ANALYSIS

Conducted analysis of findings from data review and stakeholder engagement, synthesising insights into key recommendations.

WORKSHOPS

Held a series of workshops with women working in health and care and across AI/Digital, in the NHS and beyond.

Gathering Evidence

Data

We reviewed NHS data, including the 'South East Data Set 2021/2022' and the 'South East Digital, Data and Technology Workforce Profile' (Feb 2024). We also reviewed external data covering the AI/Digital sector more widely in the UK. Whilst these contained some useful information about the workforce in general, they were much more limited in terms of gender and intersectionality. To supplement this, we used data from the NHS Confederation and Health & Care Women Leaders Network report "Action for equality: The time is now" (2020), as a proxy. We also looked at industry wide data that addresses the representation of women in AI/Digital roles.

Literature Review

We started with a review of literature that was specific to the digital space within the NHS. This included seminal reports such as: 'The Topol Review, Preparing the healthcare workforce to deliver the digital future,' (Topol, E. et al. 2019), and, 'Making IT Work: Harnessing the Power of Health Information Technology to Improve Care in England,' (Wachter, R. 2016). Although these are few years older now, they formed the foundation for this work.

We also included a range of articles focusing on the topics of gender and race in the NHS. For example, 'Action for equality: The time is now,' (Sealy, R. 2020); the 'NHS equality, diversity and inclusion improvement plan' (NHS England, 2023); evidence underpinning the 2022 Women's Health Strategy in England (Department of Health and Social Care, 2022); and, recent work about what is needed to take this further (BMJ, 2024).

In total, we looked at 23 reports and articles, and 16 additional resources that included policy documents, NHS directives, and internal survey responses. A complete list of resources can be found in the Addendum at the end of this report.

Stakeholder Engagement

We engaged with key stakeholders in a series of workshops and 1-1 interviews; these included clinical and non-clinical leaders and pioneers in their fields (both national and global), across organisations such as the Department of Health and Social Care (DHSC), NHS England (NHSE), Health Innovation Networks (HIN), Acute and Mental Health, Alan Turing Institute, World Economic Forum, and US Research Institution.

(a) - Workshops

We held three workshops in total with 12 people in attendance. Two of the workshops were targeted at women working in health and care in the UK, and one workshop was focused on women in leadership in Healthcare AI and the Digital space globally.

(b) - 1-1 Interviews

We undertook five one-to-one interviews. These were primarily with women, although we also spoke with one male participant.

(c) - Survey

We launched a survey to further understand women's lived experience of working in AI and digital leadership roles in health and care in the UK. We received a total response of 28, a number that exceeded our initial target.

Workshop participants were recruited through existing networks identified by colleagues in Health Innovation Network, Department of Health and Social Care (DHSC), and NHS England. Recruitment targeted women working in AI/ Digital across clinical, managerial and policy sectors, and leading international figures in this space. We also proactively reached out to women from diverse backgrounds, including those from racialised and minoritised groups.

Stakeholder Engagement ... cont'd

The Stakeholder Engagement activities centered around the following questions:

How representative is the current health and care AI Leadership landscape for women?

- The digital space has historically been male dominated. Does that / how does that change with AI?
- Is this unique to the NHS or representative of the wider landscape?
- DDAT SE workforce data (2022) shows that women are overrepresented in all areas (except for ICT). Is this reflected in the leadership of these teams?

What is the lived experience of women who are in AI leadership positions in health and care?

- What are the personal character traits of successful in the AI/Digital space?
- How do peer support and community networks affect womens' journeys?
- What is unique (if any) about women in leadership and AI?

What are the barriers and enablers to career progress for women interested in AI leadership positions in health and care?

- What are the specific pathways and opportunities currently available in AI/ Digital?
- How did women start their journeys in AI/Digital?
- What is the culture and diversity of current AI and digital teams?

What are the key things that are needed by way of next steps to optimise equity in health and care and AI leadership for women?

- What policies should the NHS introduce and implement to do this?
- What can the NHS do to increase visibbility of women?
- What ongoing training, learning, and coaching is needed in preparing women for these roles?

We want to note that the stakeholder engagement was primarily with female participants. While we would have liked to open up the discussions to a broader group with both male and female participants, the initial working group leaned towards limiting the discussions to women only, in order to allow a safe space for them to share their experiences. It's possible that had more men been included, other tensions and questions may have emerged, which could have generated different feedback.

3/ FINDINGS

> *Having senior female role models is essential. They have provided me with invaluable advice.*
>
> [Research participant]

What we learned

Women in Digital and AI Leadership

Why make the case for diversity at all?

> *"[G]ender diversity, particularly among leadership positions, drives increased productivity, profitability, and market value for organizations across industries"*
>
> Deloitte AI Institute, (2021)

While strides have been made in addressing gender disparity across the National Health Service (NHS) in the past decade, there is still a gap in professional roles and career progression for women compared with their male counterparts.

Several organisations have been advocating for gender equity including the NHS Confederation, the Health and Care Women Leaders Network. The implementation of key policies has also been instrumental, including the NHS People Plan (20/21), and the EDS2 (Equality Delivery System), which requires NHS bodies to demonstrate progress in ensuring women are represented in leadership positions and have access to career progression opportunities.

This cumulative effort has led to incremental progress with greater representation of women in senior and board positions in the NHS (approx 25% in early 2000's vs 45% in 2020 (King's Fund, 2015; NHS 2023).

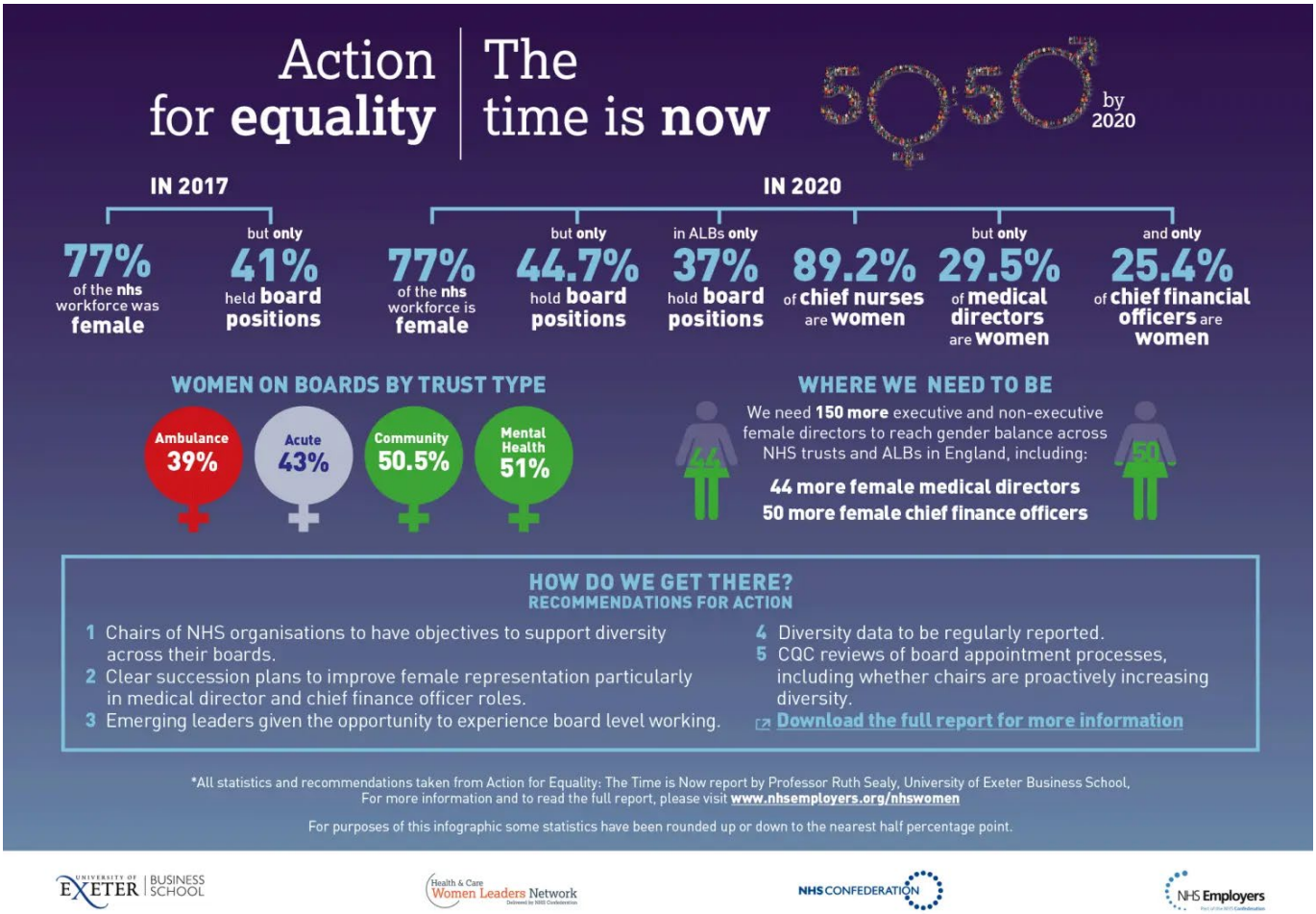
This report was commissioned to explore gender disparity across three key areas:

- Women in leadership roles in the NHS;
- Women in leadership roles in the NHS across AI/Digital spaces; and,
- Women in AI/Digital leadership generally across health and care.

Although we started by reviewing the landscape across the Southeast, the findings can be applied more widely.

Addressing the question of why gender representation is important at all, is a key consideration for several reasons. First and foremost is the fact that women make up just over half of the UK population, but are currently under-represented in leadership roles. This is problematic not only for those women but also in terms of overall health outcomes, and ensuring the delivery of safe, equitable and high quality care.

What we learned ... cont'd



"Given the scale of the AI revolution, the people leading this transformation must be representative of society at large. One key part of this is ensuring that women are active leaders in this technological revolution."

IBM, (2024)

According to a report published by the NHS Confederation and Health & Care Women Leaders Network (2020), women make up 77% of the NHS workforce but hold only 45% of board positions, and less than 30% of Medical Director roles.

Moreover, when viewed through the additional lens of ethnic diversity, or other intersectional factors, we find that the problem facing particular groups of women is especially stark. This highlights the need to ensure that women from all backgrounds have a voice in decision making spaces, reflecting the people and

What we learned ... cont'd

perspectives in the UK – especially where those decisions are made on behalf of a whole population.

The exponential growth of digital technologies, and AI in particular, adds another dimension when considering issues of gender and diversity, both within healthcare and more widely.

There is also the issue of problem selection as the quality of decision making about choice of problems for AI/Digital focus also depends on equitable representation at the table. We know from the Women's Health Strategy that there is a data gap about women, in part due to this lack of representation through the decision making pathway, which results in women's health being left behind. This highlights the need for gender equity from the outset of decision making from problem selection to problem solving and action refinement. This is a problem that affects not only the women in our workforce, but also the health and wellbeing of the wider society.

> *"Women make up only 22% of AI professionals globally."* WEF, (2022)

While AI is not new to the healthcare industry, with use cases from biomedical research to natural language processing — its impact was greatly accelerated with the introduction of ChatGPT-3 in late 2022, which triggered a massive wave of change.

> *"ChatGPT, the popular chatbot from OpenAI, is estimated to have reached 100 million monthly active users in January, just two months after launch, making it the fastest-growing consumer application in history."*
> Reuters, (2023)

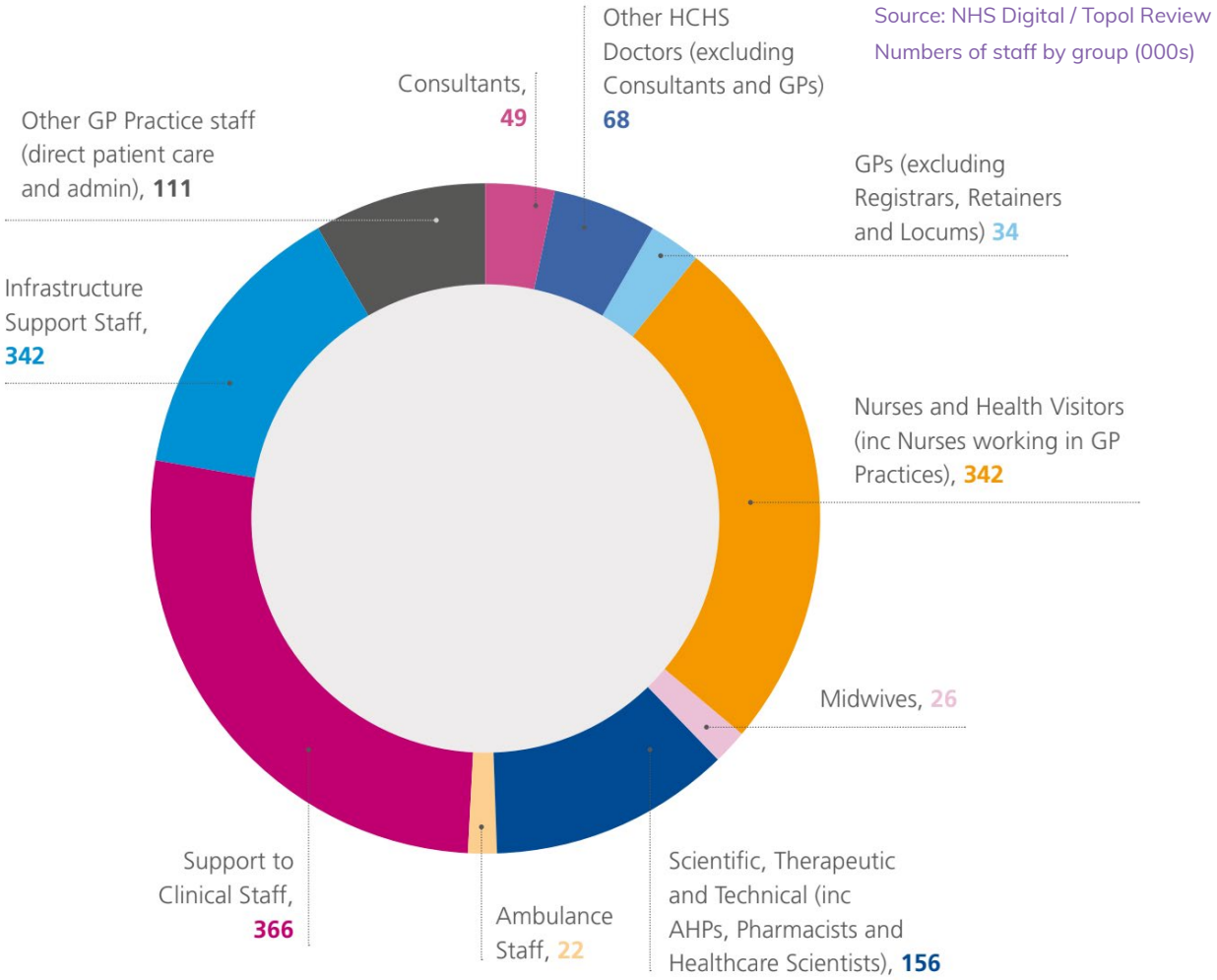
This paved the way for widespread public adoption, not only of consumer applications, but also commercial AI powered applications and systems for use across the private and public sectors — especially in healthcare. Whereas before, AI had been limited to certain sectors within the industry, now it was expected to extend across every part of the healthcare ecosystem, from GP practices and hospitals, to Executive level offices and Quality Directorates.

This fast pace of development and adoption of AI/Digital technologies holds great promise, and also great risk, potentially exacerbating exisitng disparities that currently exist in the NHS.

> *"This transformation will not be isolated to IT departments [...] Overseeing such a fundamental skills transformation will be a critical responsibility for business leaders over this period."*
> IBM, (2024)

The graphic below shows a breakdown of the NHS into key functions. As operational frameworks are impacted by AI/Digital

What we learned ... cont'd



technologies, underlying processes and systems will also be disrupted. Leaders responsible for overseeing these functions will have to be versed in these new advances if they are simply to keep up.

Though this report focuses on women in leadership positions, it is worth noting that the majority of roles, at all managerial levels, will be impacted to some degree.

We need to take action now, not only to meet legal and ethical requirements, but to redress existing biases and support the improved professional experience of women and health outcomes overall.

"The importance of equipping women with the necessary confidence and skills to thrive in the AI age goes beyond the boardroom."
IBM, (2024)

What we learned ... cont'd

NHS Data Review

		Gender		Age		
Reporting category	Headcount	Female	Male	Under 30	30 to 54	55+
Data architecture	2,441	73%	27%	10%	55%	35%
Information and communication technology	1,886	37%	63%	13%	66%	21%
Informatics application*	335	61%	39%	15%	58%	27%
Organisational transformation	231	74%	26%	9%	66%	26%
DDaT workforce - all categories	**4,783**	**58%**	**42%**	**12%**	**60%**	**28%**

Table 1 - Source: South East Data Set 2021/2022

According to the data in the table above, the number of women across all workforce categories exceeds the number of men. This does not indicate leadership roles within these areas.

Our data review revealed that the available NHS datasets were not robust enough and lacked consistency, which meant that we were unable to make an effective assessment of gender equity based on these data. Particularly notable was that these data were not sufficiently disaggregated for leadership positions within the wider categories of, for instance, 'Clinical Informatics (AfC Pay Bands 8a and Above)', 'Informatics Strategy and Development (AfC Pay Bands 8a and Above)', 'Information Management (AfC Pay Bands 8a and Above)', and so on, [this example from the 'South East Digital, Data and Technology Workforce Profile' (Feb 2024)]. Furthermore, there is no specific mention of AI related roles such as Machine Learning, AI Ethics and prompt engineering.

What we learned ... cont'd

NHS Data Review

		Ethnicity						Nationality	
Reporting category	Headcount	Asian/Asian British	Black/African/ Caribbean/ Black British	Mixed/Multiple ethnic groups	White	Other	Not stated	UK	Non-UK
Data architecture	2,441	7%	2%	2%	85%	1%	4%	91%	9%
Information and communication technology	1,886	11%	4%	2%	78%	1%	5%	91%	9%
Informatics application	335	9%	5%	3%	78%	1%	4%	88%	12%
Organisational transformation	231	8%	3%	1%	82%	<1%	6%	91%	9%
DDaT workforce - all categories	**4,783**	**9%**	**3%**	**2%**	**81%**	**1%**	**4%**	**91%**	**9%**

Table 2 - Source: South East Data Set 2021/2022

Category	Composition of bands 8a-9 DDaT workforce	Composition of overall DDaT workforce
White - Men	48%	33%
White - Women	36%	48%
Asian/Asian British - Men	4%	4%
Asian/Asian British - Women	3%	5%
Mixed/Multiple ethnic groups - Men	1%	1%
Mixed/Multiple ethnic groups - Women	1%	1%
Black/African/Caribbean/Black British - Women	1%	1%
Black/African/Caribbean/Black British - Men	<1%	2%

Table 3 - Source: South East Data Set 2021/2022

Tables 2 and 3 above highlight the racial disparity across the workforce and at senior levels (bands 8a-9); they do not indicate how this is aggregated across leadership roles.

What we learned ... cont'd

Course Review

As part of the data review, we also sought to understand the picture in terms of courses under offer and training efforts underway. In this area, we found an even greater paucity of data about what is available, the impact that it is having, and clear pathways for accessing this. We did, however, find examples of good work by the Digital Academy to improve gender equity through their communications and selections processes, and evidence that these are having a positive impact in diversifying those choosing to apply to and being selected for their courses. Whilst this is still early and there is much yet to be done, there is learning from this work to aid efforts for gender equity. Given the scale of the challenge, paucity of data and pace of change underway, this needs accelerated focus to be able to yield the scale of change in the timeframe needed.

'Blended Learning'

Our key takeaway from this exercise was the gap between the rapid pace of transformation in AI/Digital and the lag in relevant and timely literature that provides a critical view into this change and impact on different sectors. For us, this pointed to a need for some kind of emergent practice and 'blended learning', that combines traditional training with hands-on projects that solve 'real problems' — with the resulting knowledge and insights shared via digital channels (instead of, or in addition to, traditional published papers). The challenge is to think about how this approach is integrated into leadership journeys for women, and promoted as an accepted method of knowledge sharing within the NHS.

INSIGHTS FROM ENGAGEMENT

> *We need to support women to be themselves and find their own leadership style rather than dictate how they should behave.*
>
> [Research participant]

Insights Overview

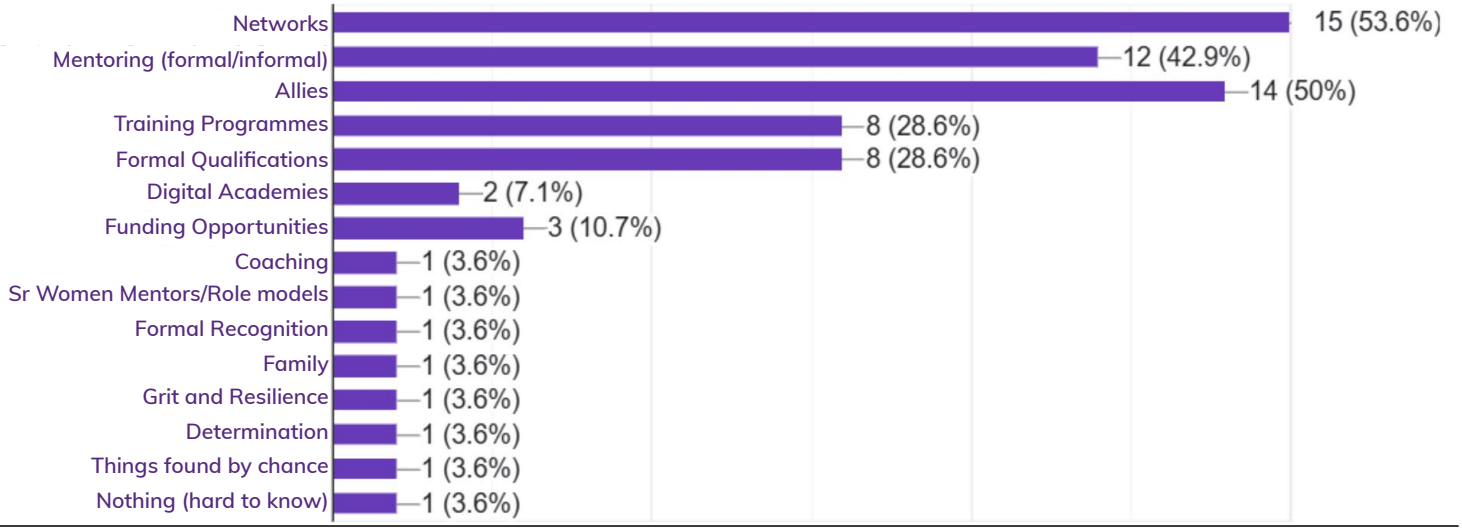
Experiential Knowledge

Exploring the challenge of women in leadership and AI/Digital through the lens of personal stories and lived experiences was critical in helping us understand existing gaps and barriers.

The stories enabled us to gain deep insights into the resilience, adaptability and strategies the women we spoke to have employed to overcome these challenges.

We conducted a series of workshops and 1-1 interviews with clinical and non-clinical women leaders in the AI/Digital space in the NHS, as well as in external organisations in the UK and the US. By engaging with them directly, we were able to gain insights into their everyday lived experience, both professionally and personally, and understand their career journeys and some of the challenges along the way. Consistent themes emerged across these sessions and were also reinforced by findings from the survey. By far, the factor that had had the greatest positive impact was access to networks and connection. The greatest negative impact was often entrenched gender and racial bias. These insights are shared below.

What has helped you to progress in your career as a woman in AI/Digital in health and care in the UK? [Survey question]



Insights Overview ... cont'd

The high level themes that emerged from the Stakeholder Engagement are listed below. These are wide ranging and encompass factors at the policy, organisational, experiential and personal levels.

01

GENDER BIAS

Gender bias is prevalent in both educational and professional settings, where women often receive less support compared with their male peers, discouraging them from engaging with Digital and AI spaces

02

PATHWAYS INTO AI

Career pathways and opportunities framed to attract BAME female members of staff (both at junior and leadership positions). Equitable access to AI fellowship programmes are critical for reducing gender disparity.

03

POWER OF NETWORKS

Networks and mentors play a crucial role in women's success, providing guidance, support, and advocacy to help them navigate and advance in male-dominated environments.

04

GENDER & LIFE STAGES

Maternity leave and other life events can disrupt women's careers and the system often fails to adequately support their return and reintegration into the workplace. particularly when women reach leadership positions.

05

RACISM & DISCRIMINATION

Instances of systemic biases and subtle discrimination in professional settings often undervalue or exclude BAME women from key opportunities and discussions.

06

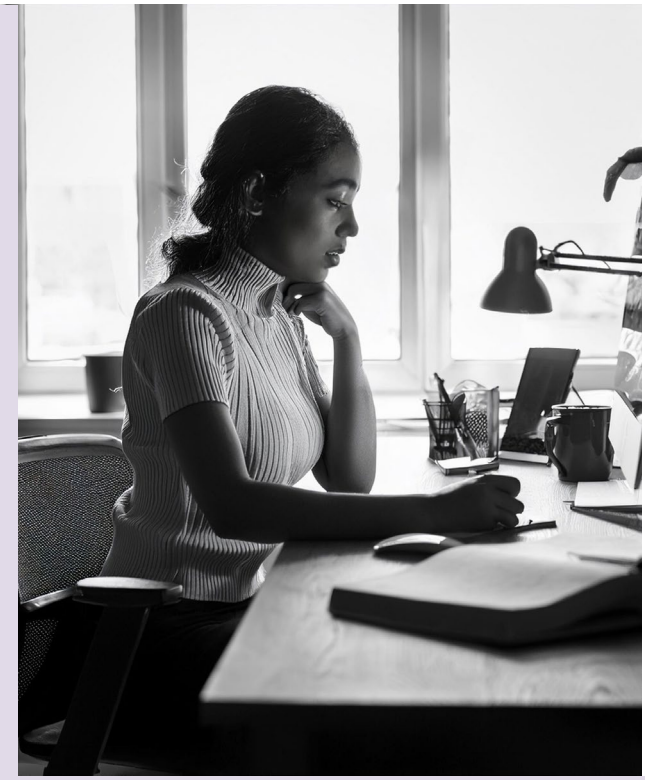
PERSONAL STORIES

The ability to articulate and share lived experience and personal stories was a means to help women both look back and 'connect the dots', and also provide reassurance and motivation to others.

Note: All quotes are particiant responses from workshops, interviews and survey responses, unless otherwise stated.

01 Gender Bias

Challenges of operating in a traditionally male dominated environment



> *“you feel that you’re mostly excluded from the table … being in this industry is a daily struggle.*

Feeling like a ‘lone voice’

The Women we spoke to reported a sense of isolation in AI and digital healthcare environments, which remain male-dominated. 76% of these women felt discriminated against because of their sex.

This isolation is often compounded by a lack of support in both educational and professional settings. Many women feel they are a ‘lone voice,’ where their credibility is questioned more than their male counterparts, leading them to constantly having to prove their expertise. Additionally, women often find themselves excluded from informal networks and social groups where key decisions and opportunities are discussed. This exclusion not only limits their access to critical information but also reinforces the sense of being sidelined in important career discussions.

01 Gender Bias

Within the issue of Gender Bias the primary theme that emerged was around ensuring that women's voices are heard and their contributions valued.

Visibility and Recognition

Women told us that they often face challenges in gaining the same level of recognition as their male colleagues even when they possess similar advanced qualifications and experience. This results in feeling constantly overshadowed and undervalued. The constant need to validate their skills not only undermines women's confidence but also leads to burnout, discouraging long-term participation in this field. This exclusion diminishes the potential for diverse perspectives for AI innovation

"I tend to work a lot with CIO's (Chief Information Officers) and Procurement leads and I find there is a real bias towards men in terms of the top roles in the NHS."

"I have pushed very hard to train myself and gain credibility. I have led significant elements of several complex digital transformation projects and gradually made a reputation in this field within my region. It feels easier now than previously [with the] combination of my heightened skills and experiences and much 'better' men in charge. But it is still men in charge and we don't always speak the same language."

"When I joined, the men were very bonded with private WhatsApp groups for 'banter' and were incredibly dismissive to the women. I had to learn to 'get tough' although working in this environment can be very miserable."

"[Number of women] seems to reduce as you get higher in the ranks. I think this is due to a lack of role models, altering women's aspirations and self confidence."

02 Pathways into AI / Digital

Creating Career Opportunities For Women From All Backgrounds

> *We need to bridge the confidence gap so that more women take the leap into [AI/Digital].*

Diversity in Career Pathways

Several different themes emerged during discussions around career pathways — encompassing organizational structures and hierarchy, the nature of the roles themselves and the personal skills and training required -

- AI and digital roles are diverse, ranging from specialized positions to broader 'portfolio' roles, each offering unique opportunities for women.;
- Upskilling is necessary but the challenge for women is how to balance their professional and personal commitments;
- Understanding how 'blended' roles will work in terms of their definition, integration (into overall teams), training and performance;
- Generational differences leading to different expectations around training and performance;
- More transparency and clearer pathways for promotion to senior leadership roles.

02 Pathways into AI / Digital

Key considerations underpinning optimal career pathways include more creative approaches to defining roles and providing opportunities that are accessible for all.

Nurturing a 'Learning Mindset'

Many of the roles in AI that women will occupy in the future do not yet exist, and those that do will continue to evolve. Therefore, a commitment to continuous learning and professional development is critical. This includes supporting women to develop a 'learning mindset', emphasising 'plasticity', curiosity, and collaboration, which were identified as key skills.

Rethinking Recruitment

Traditional career and recruitment pathways are not sufficient given that many of the roles in AI/Digital will either change or do not yet exist. Women who were successful in this space highlighted the need to sometimes 'carve out new paths', and take the initiave in sourcing mentors and allies to gain experience and learn new skills.

"I'm about to start an an AI advisory group and one of the things that my team has been focusing on is which AI tools we need [...] But actually, there is a whole other strand that we need to look at, which is how are we going to get people in the right place for training. So, that is an opportunity."

"there needs to be a lot done to promote what's out there and to foster interest in AI and digital [tech]."

"There's not a generic career in AI."

"AI is likely to become part of all clinical departments and it is essential that clinicians, and particularly female clinicians, are given the opportunity to get involved in all aspects of AI from development to implementation."

03 Power of Networks

Building Effective Support Systems

> *One of the reasons why I've been successful is that I've had incredible mentors over time.*

Creating Connection and Inclusive Environments

Building and maintaining effective networks that actively advocate for women and provide them with necessary support and visibility, was cited in almost all the stakeholder engagement sessions.

These include, but are not limited to, peer support networks which encourage the sharing of experiences framed through a female lens; networks for socialising learnings, catalysing ideas and sparking transformation (e.g. One Health Tech); and, networks to help women gain visibility and access opportunities that might otherwise be unavailable.

Informal networks also play a vital role in creating spaces for dialogue and support. Women highlighted the need for informal channels where they could build relationships, exchange ideas, and access opportunities.

03 Power of Networks

Engagement discussions highlighted that for networks to be effective, they had to actively use their voice and expertise to push for change and hold people accountable, rather than serving as 'vanity activities'.

The Role of Allyship

Workshop participants highlighted that it was not just the role of female leaders to speak out against bias in decision making, but the role and responsility of the whole leadership team and board to do so. Creating an inclusive environment was needed in order to provide active support and advocacy for women at different stages in their career.

Coaching and Mentoring

Coaching and mentoring came up in every single engagement session and most survey responses. These highlighted the need to provide guidance and advice through one-on-one or group sessions to help women develop their professional skills and grow in their careers, as well as supporting them to develop personal traits such as resilience and self-esteem through the sharing of personal journeys. As it is a new field, there is the additional challenge of finding mentors with experience navigating both AI and BAME/gender-related challenges.

"[When] I started to connect with networks and like minded people, [I found that] coaching was the best thing I ever did, I re-discovered who I was and where I was going."

"When I started my journey in AI there weren't really any women that I could look up to at different stages in my career."

"Mentorship gave me some reassurance and support. Having senior female role models is essential. They have provided me with invaluable advice."

"Personal and Professional coaching has really helped me grow as a person."

03a Criteria for Successful Networks

Driving an agenda of active collaboration and innovation in the AI/Digital space with a focus on women leaders.

In all stakeholder engagement sessions, the importance of networks—both formal and informal—was a recurring theme. Women emphasized the need for peer support networks that provide safe spaces for sharing experiences from a female perspective, as well as networks that catalyze ideas and foster transformation, such as One Health Tech.

At present, there are different independent networks within the NHS that aim to promote collaboration, share best practice, and engage in advocacy. Most of these focus on specific areas, with their unique agendas, which may or may not overlap with themes of AI/Digital, leadership development for women, and inclusion of racialised and minoritised groups.

The Shuri Network, for instance, is a good example of a network that brings together women from all backgrounds in the healthcare space. It is successful in promoting representation, raising awareness, coaching and mentoring, and advocacy. However, to affect sustainable change at scale, it needs more resources and expertise, wider reach (national and global), greater influence (both within the NHS and in AI/Digital spaces through partnership and collaboration), and a more agile approach to keeping apace with developments in tech (that impact health and care with implications for women).

There appears to be a gap within the framework of the NHS for a co-ordinating network established with the purpose of driving transformation in the AI/Digital space, particularly for women. Being embedded in the wider organisation would ensure compliance with financing, ethics, advocacy, and so on.

Criteria for successful networks

- Inclusive and Diverse Leadership (intersectionality is important).
- Access to resources and funding (expertise and long term commitment)
- Policy Advocacy: explicit commitment to sharing and influencing emerging policies
- Learning opportunities and tailored training programmes
- Global and local reach (the AI and tech industry makes the world feel small).
- Example of Good Practice

03a Criteria for Successful Networks

We found some inspiring case studies of organisations that promote networking and fostering connections for women in AI. These include Onehealth Tech, Women in AI (WIA), and Ada Lovelace Institute, these are highlighted below.

One HealthTech: what makes it successful

- Inclusive Leadership Programmes: Developing targeted programmes that specifically address the challenges faced by women and in particular women from Black and Minority communities.
- Policy Advocacy: they engage with policy makers and senior leaders in healthcare to advocate for diversity and gender equity in digital health leadership.
- Community Organising Approach

www.onehealthtech.com

Women in AI (WAI)

What makes this global org successful:

- Global reach
- Community Organising social movement approach
- Explicit in its mission to promote visibility of women leaders including Black and

https://www.womeninai.co/

Ada Lovelace Institute (‘Just AI’

Clear focus on 3 specific points:

- understanding the field with the help of multi-disciplinary mapping
- intervening in targeted ways to explore emerging challenge areas
- facilitating networking and connections to support diverse voices and perspectives.

https://www.adalovelaceinstitute.org/just-ai/

04 Gender and Life Stages

How Womens' Life Events and Responsibilities Can Impact Their Careers

> *"I had children, I did not have a lobotomy.*

The 'life-cycle of women'

During the interviews, many of the participants spoke about 'the life-cycle of women' and highlighted the numerous factors that affect womens' career progression from both a gender and biological perspective. In their personal lives, the role of carer predominantly falls on women and they frequently assume the responsibility of looking after children, as well elderly parents. In addition, they must contend with natural processes such as going through pregnancy, going on maternity leave, going through the menopause, and so on. Interview feedback pointed to an inadequate acknowledgement of these factors from the system in which they worked. 'Return-to-work' schemes that consider life stages would support women progess in their careers.

04 Gender and Life Stages

Two of the key factors that affected women's overall experience and career aspirations included the abilaity (or lack thereof) for flexible working, and/or the process of reintegration after an extended period of leave.

Workplace Policy and Career Progression

Different life stages (from pregnancy to menopause) impact womens' careers but are not sufficiently accounted for at the policy level. Moreover, different women may experience these life stages differently based on factors like race, class, or socioeconomic status. Intersectionality is crucial when addressing gender issues, as not all women experience motherhood, caregiving, or menopause in the same way. These need to be addressed in order to enable more equitable career pathways and leadership opportunities for women.

"The [NHS AI/Digital] environment is not welcoming to women, and women with children or who are not London based in particular. [It] can be very toxic."

"I was pregnant and on maternity leave during lockdown... I was a novice and I taught myself [AI skills]."

"what would have helped me is a return-to-work scheme when coming back from maternity leave where you have set projects and activities [on returning] .... My male colleagues were trying to be helpful and didn't want to overload me with work but at the same time that meant that I was left behind."

"For me part time, flexible work is crucial - without it I was looking at roles well beneath my experience and skill set in sectors outside of tech in health. Sadly lots of Kent employers are not flexible even after covid."

"Working 9-5 if you have children in school is almost impossible, [when you] factor in travelling and the fact that wraparound care does not allow for travel time - working mums are up against it."

05 Racism and Discrimination

Developing an Inclusive Approach to Drive Meaningful Change

> *I had quite a significant experience of racism and misogyny [in the NHS], which put me off a CIO track at that point [and] I ended up becoming an advisor at an AI startup.*

Cultural Intelligence

Racism was a key theme raised by workshop participants and interviewees, who shared their experiences of systemic biases and subtle discrimination in professional settings — e.g. discriminatory hiring practices, unequal access to opportunities and career advancement — which they felt undervalued or excluded women, and BAME women in particular, from key discussions. Feedback emphasised Cultural Intelligence as a critical competency for addressing racism and gender inequity. Understanding diverse cultural pespectives is a precondition for creating inclusive organsations where divese voices are heard and valued. This is true not only for BAME women in leadeship positions, but also in ensuring that AI/Digital tech inherently considers cultural contexts, (See Kline, R. et al., 2024).

05 Racism and Discrimination

Addressing racism and discrimination within the context of women in AI leadership roles in the NHS requires a multi-tiered approach that considers different intersectional factors that contribute to inequity and exclusion.

Bias and Intersectionality

The intersectionality of race, gender and leadership roles in AI/Digital creates a triad of intertwined challenges for BAME women and they often find themselves feeling islolated in predominantly male and white environments. It is important to highlight this issue in order to proactively address it. While we are all programmed to see the world through the lens we have been exposed to, unless we become aware of our own filters and bring these issues out into the open, particular groups will continue to feel excluded and unable to thrive in their professional lives. Allyship from senior leaders is essential. Organizations must create structures that actively promote women of color, not just as tokens of diversity, but as leaders with unique perspectives that can drive innovation."

" I think there's a lot of buzzwords and initiatives about how things are going to change, but I see very little in terms of my journey."

"I had coaching from a trained coach, who has worked in health tech and specialises in women of colour. It was absolutely transformational for me because I realised how often I just wouldn't put myself forward for anything ..."

"Yes, I am black, a clinician, Woman and a digital SME - The only one in my organisation."

"I hear repeatedly 'we are not there yet'. They don't leverage my skills and knowledge. You are not called to the table and even when you put yourself forward they find ways to remove you."

"We get brought in on the diversity card, when recruiters need to [...] provide a diverse longlist."

06 Personal Stories

The Powerful Untold Narratives for Change

> *I have my own style [of leadership] and I own [that] style [...] I can be a woman who is warm and receptive as well as assertive, I don't have to subscribe to a [male] version of leadership that is often just competitive, aggressive, and transactional.*

Personal Stories of Resilience

The stakeholder engagement highlighted the importance of personal stories and lived experience in shaping women leaders. We observed that the sharing of these stories had two key effects. Firstly, it allowed individual women to recount their experience and in looking back, 'connect the dots' in terms of lessons learned from overcoming adversity and hardship; the process of developing resilience, confidence, and tenacity; and, proactively learning new skills and/or reaching out to mentors and role models for guidance.

Secondly, the sharing of their stories provided support and reassurance for other women, encouraging them to learn from these experiences and be proactive in moving towards their own goals.

06 Personal Stories

Through storytelling, women highlighted the factors from their lived experience and personal lives that impacted them professionally.

Positive Personal Traits and Influences

- Upbringing and early challenges in shaping leaders;
- Importance of working on inner strengths, being reflective and self-aware, and building personal resilience;
- Modelling of different styles of leadership that don't necessarily reflect traditional, male versions of leadership (with their perceived traits of aggressiveness, competitiveness, etc.);
- Support received through family and wider social circles;
- Personal traits such as curiosity (about wider issues not just the job at hand); 'plasticity' and being adaptable to change; and having the ability to step back and 'join the dots'.

"Becoming a female leader is journey of self-discovery and inner strength. You have to know your self well, this means knowing what you can control and what you can influence, and how to help yourself those situations."

"The reason I've been successful is that I have connected the dots between national leadership and policies to what I do in my clinics with patients."

"I'm the main carer for my elderly parents and I'm expected to do that, so I have to think about solutions for me outside of my work too, I can't expect the workplace to do everything for me."

It's how you adapt and your plasticity as a person, how curious you are, how much you're willing to explore different areas and connect with others to help you get to the outcome you need, these are critical skills but they're undervalued or not spoken about so much."

06a Leadership Journey

Supporting Ongoing Professional and Personal Learning

Insights from the workshops and interviews revealed that standard training courses, while valuable, don't go far enough in equipping people to respond to the rapid changes in the AI/Digital space, nor in leadership development. What was called for, (as a foundational element in any training programme), was a 'mindset shift' and the need to cultivate a 'learning mindset'. In other words, the ability to learn how to learn: new thinking, new approaches, new skills, new tools and processes — in order to be agile and responsive, (rather than reactive), to emergent business needs. The women who had excelled in their fields had adopted this approach, often instinctively. They had not only successfully taught themselves new skills/tools/thinking, but had also learned how to translate skills from one area of their lives to another, buoyed by a personal resiliency gained from both their personal and professional lives.

Ideally, the co-creation of learning programmes led by women in leadership positions, and those working in the AI/Digital space, would be valuable in bridging some of the existing gaps. These should aim to integrate different strands of learning: AI/Digital tools and methods; strengthening leadership skills; and, fostering inclusion, especially for women and those from minoritised groups.

4/ RECOMMENDATIONS

> *I think there's something about language [...] So, when we talk about AI [...] what we are talking about here is not AI as a profession or a thing or whatever, it's the skills that lead to being able to work in that environment.*

Recommendations

Implementing a gender equity framework for new and existing programmes would cover three primary areas, as highlighted below:

NETWORKS (Short-term)

Establish new and/or support existing networks in providing peer-to-peer guidance, and connection and collaboration across and between organisations; create a shared and inclusive platform to give visibility to women making strides in AI/Digital in general, and those in leadership positions in these spaces, in particular.

LEARNING & UPSKILLING (Medium-term)

Assess the current learning landscape more broadly for professional skills development in the AI/Digital space. The discovery and engagement phase of the project highlighted the gaps in skills training and relevant courses available for those at different tiers and levels of experience, especially at the intersection of AI/Digital and leadership development.

ORGANISATIONAL CHANGE (Long-term)

Adopt a systems view to better understand how to move from a traditional hierarchical model to a networked model. This was highlighted to be critical given the rapid pace of change in AI/Digital to allow more responsive, agile approaches to addressing emergent business needs.

Framework for Gender Equity

The diagram above highlights the different factors that were identified that need to be addressed for sustainable transformation over the longer term.

Short-term Recommendations

> *I think finding women who are on the same level and platforming them is really very important. That has a trickle-down effect of helping other women and making space to elevate them.*

Short-term Recommendations

NETWORKS

One of the key insights that emerged from the Stakeholder Engagement was the need to establish new and strengthen existing networks. Gender equity and cultural intelligence would be central pillars of these networks and, together, they would create a wider community of practice by providing peer support, socialising ideas, fostering collaboration and innovation, and promoting opportunities. They would not only encourage a forum for discussion and sharing best practice, but also promote active 'doing' and collaboration. At a high-level, these networks would encompass the following areas -

Coaching & Mentoring

This would include both formal and informal support for women just below board levels, as well as more junior staff. Coaching and mentoring could provide peer to peer guidance and help connect them to opportunities for learning and upskilling, as well as advancing their careers.

Creating Visibility

Creating visibility for women (from diverse backgrounds) in AI and leadership at national and global events and making inclusion a pre-condition. Providing a platform to female innovators, and those who have pushed the boundaries in this space, as inspiration for other women.

Defining Career Pathways

Demystifying AI/Digital roles and the idea that they are only available to people already working in these areas (which are also perceived as male dominated spaces). Proactively promoting the message that there are opportunities across this emerging field, regardless of professional background.

Short-term Actions

The following are recommendation for actions that can be started in the next 3-6 months, as the foundation for various short and medium term initiatives.

01 Board Level Engagement

Commission NHS, ICS and Provider board development sessions to share insights and recommendations from this study, and align on next steps. These should bring together key stakeholders and partner organisations to conduct a collaborative assessment of the existing landscape and define a shared vision for implementing change. Discussion would include insights around: women in leadership positions in the NHS; women in AI/Digital roles in the NHS; and, the intersection of women from minoritised and racialised groups in leadership and AI/Digital roles.

02 Convene Roundtable

Bring together representatives from networks across the UK around an agenda that seeks to promote a connected community of practice. Assess and define how disparate networks can be harmonised into a wider network that operates at different scales, thereby expanding reach and effectiveness. This assessment would highlight 'organizational culture' as a pre-condition for success, i.e. versatility and receptiveness to trying new approaches and practices, including 'learning by doing' and knowledge sharing.

Short-term Recommendations ... cont'd

03 Commission Evaluation(s)

Commission an Evaluation of current organisations and networks operating in this space, and develop a spec for a proposed network initiative. Establish criteria to assess the existing framework and identify best practice as part of the evaluation. We recommend looking at the following areas:

MAPPING

Map existing networks (against established criteria) and identify those that have the reach, alignment of purpose and vision, and effective advocacy capability.

DATA

Gather data on the current AI/Digital workforce in the NHS in general, and on gender disparity in particular. Currently, it is challenging to paint an accurate picture that highlights the scale and nature of the issue. Specifically, data is required on the different roles in the AI/Digital space, as well as the level of seniority and decision-making authority (within that space and overall).

04 National Leadership for Gender Equity

Outcomes from the Roundtable and Evaluations can then be used to design specific initiatives that are evidence-based and have been co-created. The 10 year plan for health and social care provides a good opportunity to make sure there is focus on gender equity. To supplement this, there needs to be a national taskforce for gender equity and it is critical that women themselves are proactively involved from the outset in this. Whilst it is acknowledged that these are times of financial challenge for health and social care, this agenda affords options for different ways to partner across sectors to unlock opportunities for creating sustainable change.

Medium-term Recommendations

> *You've got to accept that we're all unfinished leaders and everyday we learn new things.*

Medium-term Recommendations

LEARNING AND UPSKILLING

Medium-term change requires a multi-tiered approach that addresses the different barriers to entry that currently exist at different scales within the system. For example, this would address gaps at the organisational level and highlight the ways in which people are recruited, managed and promoted to senior roles. It would also include reviewing how jobs are defined and marketed to attract the right talent while being accessible and inclusive — and, how newer roles are integrated into existing structures. There also needs to be an assessment of how 'blended roles' are created and operate within existing teams and hierarchies.

New Ways of Working

As the traditional approach to 'climbing the career ladder' becomes less relevant, providing the space for learning and experimenting, and the flexibility for professionals to proactively respond to, (rather than react to), changing requirements and opportunities becomes key. This approach needs to be underscored by a 'learning mindset' and adaptability, and supported by coaching, mentorship and training programmes tailored for women.

Adopting an Inclusive Approach

This would include three key areas: (i) consistent and ongoing review of data by gender and ethnicity to understand and act on disparities in representation at board and leadership levels, pay grades and career progression; (ii) flexible working arrangements and supportive workplaces; (iii) diverse leadership styles that challenge gender stereotypes in leadership, where empathic, collaborative and reflective styles are also valued (compared with a more traditional style characterised by competitiveness and extroversion).

Long-term Recommendations

> *“you’ve got to look at demonstrating value in the short term while still keeping an eye on the longer term outcome.*

Long-term Recommendations

System Change

The exponential rise of AI and digital technologies requires a mindset shift to respond to the rapid and ongoing change. Binary ways of working are already being challenged and necessitate completely new ways of thinking and operating. This raises the wider question: how do we create systems to support this change in mindset and behaviour? Within the context of this study, we're already learning that traditional, hierarchial models of leadership will need to give way to more agile and collaborative approaches (moving from a vertical to a more horizontal framework); and the way we recruit, train and support leaders will need transformative change.

A change in 'culture' — i.e. how we plan, organise, manage, implement, and evaluate programmes, as well as how we recruit and train staff in general, and leaders in particuar — is needed at the organisational level. This system wide transformation not only impacts People, Processes, and Tools, but also the ways in which these are connected. Currently, decision-making and programme implementation tend to be fragmented, lacking a whole system view and understanding of how one change over here, impacts something over there. Integrating more representative frameworks within this would be central, in order to ensure equality across all groups.

From the outset, there needs to be committment and a plan to making this happen with sutained national support. This would go hand-in-hand with consistent monitoring and accountability frameworks w/ clear milestones, metrics and oversight. These would provide a cumulative view over time and show demonstrable improvement for women in leadership roles and those working in the AI/Digital space.

Some of these long-term recommendations can already be introduced in the short and medium terms alongside other actions. For instance, getting 'buy-in' from relevant stakeholders, and developing proposals for how to measure overall transformation using short and medium initiatives to demonstrate both quantitative and qualitative improvements. There could also be work done around measuring the 'culture' of a workplace by establishing and evaluating appropriate guidelines.

5/ CONCLUSION

> *Will we solve big institutional problems by lunchtime, probably not … … but we can take small steps.*

[Research participant]

Conclusion

While women currently represent about a fifth to a quarter of AI roles in the UK, ongoing efforts by the NHS, government bodies, industry leaders, and educational institutions aim to improve this imbalance. Continued focus on these initiatives is essential to foster a more inclusive and diverse AI/Digital workforce, particularly for minoritised groups in general, and BAME women in particular. This requires addressing deeply rooted biases within various organisational frameworks (recruitment processes, career progression and promotion, access to opportunities), and at the programme implementation level, i.e. creating AI/Digital solutions that reflect the diverse needs of communities, and in partiular those who experience the greatest inequalities. It also requires continued action over the short, medium and longer terms, in order to incrementally affect sustained change.

Through this study and our engagement with a group of women leaders in AI/digital roles in the UK and US – we discovered that the insights and recommendations highlighted in this report are in accord with many of the recent findings by other organisations addressing similar questions. A report by Deloitte (2021), for instance, found that “gender diversity, particularly among leadership positions, drives increased productivity, profitability, and market value for organizations across industries”; and, a 2024 article by the World Economic Forum (WEF) highlights the need for “Fair hiring practices and an inclusive approach to upskilling and career growth, including training and mentorship schemes”. Our findings, however, are differentiated by the contextual information and wealth of first-hand accounts by women leaders actively working in healthcare and the AI/Digital space.

This work has uncovered some critical areas that warrant further investigation if we are to not only improve outcomes for our workforce, but also the quality of our health and care services overall. We hope that in these recommendations we have provided some ideas for health and care leaders to begin this journey and curate a path to unlocking future transformation.

Glossary

Term:	Definition:
Agenda for Change (AfC)	Agenda for Change (AfC) is the current National Health Service (NHS) grading and pay system for NHS staff.
Allyship	Active support for the rights of a minority or marginalized group without being a member of it.
Artificial Intelligence (AI)	The development or application of computer systems able to perform tasks normally requiring human intelligence, such as visual perception, speech recognition, decision-making, and translation between languages.
BAME	Black, Asian, and minority ethnic (used to refer to members of non-white communities). Seen as a derogatory term by some as these groups often form the global majority.
Blended Learning	Blended learning, also known as hybrid learning, is an approach to education that combines online educational materials and opportunities for interaction online with physical place-based classroom methods.
CIO / CDIO / CTIO / CCIO	These are some of the roles in the digital workforce - Chief Information Officer (CIO), Chief Digital Information Officer (CDIO), CTO (Chief Technology and Innovation Officer), CCIO (Chief Clinical Information Officer).
ChatGPT	Chat Generative Pre-trained Transformer or ChatGPT is an intelligent Chatbot created by OpenAI in 2022.
DDAT Strategy and Dataset	This is the Home Office Digital, Data and Technology Strategy and Dataset
Department of Health and Social Care	The Department of Health and Social Care (DHSC) is a ministerial department of the Government of the United Kingdom. It is responsible for government policy on health and adult social care matters in England, along with other elements.

Glossary ... cont'd

Term:	Definition:
Digital	Involving or relating to the use of computer or related technology.
Health Innovation Networks	The Health Innovation Network (formerly known as AHSN Network) is the innovation arm of the NHS.
ICT	Information and communications technology (ICT) is an extensional term for information technology (IT) that includes the role of unified communications and the integration of telecommunications, as well as necessary enterprise software, middleware, storage and audiovisual.
NHS	The National Health Service (NHS) is the umbrella term for the publicly funded healthcare systems of the United Kingdom, comprising the NHS in England, NHS Scotland and NHS Wales. Health and Social Care in Northern Ireland was created separately and is often locally referred to as "the NHS".
OpenAI	OpenAI is an American artificial intelligence (AI) research organization founded in December 2015.
STEM	Science, technology, engineering, and mathematics (STEM) is an umbrella term used to group together the distinct but related technical disciplines of science, technology, engineering, and mathematics.
Systemic bias	Systemic bias, also known as institutional bias or structural bias, refers to ingrained patterns of discrimination or prejudice within institutions, systems, or societal structures.

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About the Authors

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Durka is a medical consultant and a systems development specialist. She is an influential BAME health and care leader in the UK with over 25 years of experience. Not only is she the founder and CEO of the Centre for Population Health, but she is also the Acting Deputy Chair for two NHS Trusts, the Chair of The Health Creation Alliance, a Professor of Population Health and Public Health supporting University College London and University of East London, and a leadership development expert supporting clinical, board and system development across UK and internationally. For the last 10 years, Durka has been leading efforts to develop leadership capability across UK and more globally across a variety of roles . She has supported many individuals, organisations and systems to progress their efforts for population health and tackling health inequalities and is proud to be a trusted leader in this space.

Samira Ben Omar

Samira has over 20 years' experience of working in the NHS, Local Authority and Community & Voluntary Sectors. She is an experienced consultant with a specialist expertise in Equality, Health Equity, Community Led Collaborations, and System Change. Samira has facilitated large scale national programmes and local grassroots community networks. She is a regular contributor to the WRES London and Regional England Seniors Programme. Samira sits on the boards of several national organisations including think tanks and is the co-founder of Community Voices – a social movement for change focusing on social infrastructures during and post-COVID. Some of Samira's clients include NHS England, The King's Fund, and Grenfell United. She was named as one of the 50 most influential Black, Asian and Minority Ethnic People in Health by the HSJ 2022.

Nazia Parvez

Nazia has over 25 years' global experience of working in the public sector (NHS and Local Authority), Private Sector, NGOs in the Global South and UNICEF leading on programmes to address Health Inequity by working directly with frontline staff, Senior Leaders, and grassroots community organisers to co-produce physical and digital solutions. Until recently, Nazia was working as a Service Designer with the Digital and AI enabled global healthcare provider Babylon Health; in 2023, she led a grassroots project addressing inequality in London using generative AI as part of the creative process. Nazia trained as an Architect, her professional experience encompasses different disciplines, including architecture and urbanism, ethnographic research and strategic design, documentary film, and environmental advocacy. Her design background continues to inform her practice through a human-centred and evidence-based approach to problem solving.

About Centre for Population Health

Centre for Population Health is a cutting-edge health and care implementation think tank working to support improved population health and equity by developing leaders and supporting improved leadership practices across the UK and globally. You can find out more about our work by visiting at:

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