



Midlands Developing Aspirant Leaders Programme cohort 1

Celebrating Success

Nurturing leadership, growing representation

[#MidlandsAspirantLeaders](#)

Being the first and being the best

The Midlands Developing Aspirant Leaders (DAL) Programme is a new, innovative regional pilot scheme designed by ethnic minority nurses and midwives for ethnic minority nurses and midwives.

Nearly a quarter of nurses and midwives in the NHS in the Midlands are from an ethnic minority background. Despite these numbers, staff continue to face inequity in both access to opportunities for development and progression compared to their white colleagues. Evidence shows that a workforce which is representative of the community it serves has a positive impact on patient care and reduces healthcare inequalities.

The DAL programme is a vitally important positive action pilot which contributes to two of our regional race equality priorities: career progression and development, along with a visible ethnic minority leadership offer and representation at all levels of the workforce.

In the Midlands we want to create the right environment for our aspirant ethnic minority leaders to flourish, to be supported and to be recognised for the amazing talent they have.

This commemorative book celebrates the incredible achievements of the first cohort of 20 DAL participants, who have all completed the programme with exceptional results. The book showcases each of the participants, their leadership stretch assignments and the overall success of the programme. The outstanding work of the participants has already led to improved patient and staff experiences.

Thank you to our Executive Sponsors for your valued support for participants on the programme and for demonstrating inclusive leadership action.

We are extremely proud of our cohort and thank you for taking part. We are excited to watch them continue to grow and become the next generation of Nursing and Midwifery Leaders in the Midlands.



Nina Morgan

**Professor
Nina Morgan**

Regional Chief
Nurse, NHS England,
Midlands Region



Janet Driver

Janet Driver

Regional Chief
Midwife, NHS
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Tom Warner



Miriam Coffie



Jennifer Pearson



Lynn Day



Asha Day



Clare Price-Dowd



Manjit Darby

The DAL Programme Team

The programme design team who have developed DAL from the seed of an idea to delivery and completion of the award-winning cohort 1:

- **Tom Warner** – Clinical Workforce Equalities Manager (NHS England – Midlands)
- **Miriam Coffie** – Assistant Director of Nursing & Quality (NHS England – Midlands)
- **Jennifer Pearson** – Lead Nurse for Shared Governance & Regional Lead (Midlands), Chief Nursing Officer Chief Midwifery Officer Black Minority Ethnic Strategic Advisory Group (University Hospitals Birmingham NHS Foundation Trust)
- **Lynn Day** - Business Support (NHS England - Midlands)
- **Asha Day** – Head of International Recruitment (Leicestershire Partnership Trust)
- **Clare Price-Dowd** – Head of Leadership and Lifelong Learning (NHS England – Midlands)
- **Manjit Darby MBE** – Regional Nurse Sponsor (NHS England – Midlands)

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About Developing Aspirant Leaders

The DAL Programme is designed to specifically address historical inequalities evidenced by the Workforce Race Equality Standard (WRES) and lack of advancement for ethnic minority nurses and midwives.

This unique positive action initiative combines leadership development, strategic and operational experience, bespoke senior clinical support and career coaching. Completed over 12 months, participants have 23 days of study, plus the equivalent of four days per month to complete a stretch assignment to improve patient care or enhance professional practice.

This programme combines formal learning (the Mary Seacole Programme) with a holistic programme of activities delivered, where possible, by local and national ethnic minority leaders.

The DAL programme was jointly created by; our regional Chief Nursing Officer & Chief Midwifery Officer Ethnic Minority Expert Reference Group, the regional Chief Nursing Officer & Chief Midwifery Officer Black Minority Ethnic Strategic Advisory Group lead, NHS England (Midlands) Nursing Workforce team, Health Education England (Midlands) and the National & Midlands Leadership and Lifelong Learning Academy.

Stakeholders were adamant this could not be “just another leadership programme” as aspirant leaders need a combination of formal development, exposure to new work-based learning opportunities, safe spaces to network, and to be supported by a motivated senior sponsor from their organisation or Integrated Care System.





Karl Archer

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Stretch Assignment

Supporting staff experiencing racism and racial abuse

Executive summary

Staff subject to abuse from patients sometimes do not feel supported, believed or validated and feel that there is inconsistency in Trusts' approaches to patients responsible for racism. This has a significant impact on retention, leading to a reduced quality of experience for patients.

Karl designed a project to understand the experience of staff, review what other Trusts were doing and create a plan for change. This included a clear plan of multiple interventions, training, developing consistent responses and using change models as a framework for new approaches. Whilst the project is still ongoing, Black, Asian and Minority Ethnic (BAME) staff have commented that the work of specialist staff networks has made a difference to how they are supported and understood. Karl is working with his People Director to develop actions arising from the work and will present results to his local board. He is also liaising with the Equality, Diversity and Inclusion lead for the Integrated Care System (ICS) to disseminate recommendations to the other Trusts in the system.

What advice would you give to others undertaking a similar leadership journey?

"Don't be afraid to ask for help, guidance and feedback on your journey. Having the support of others is crucial."



Karen Birring

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Stretch Assignment

Adaptive Leadership

Executive summary

During the DAL programme Karen was asked to become Matron to an area demonstrating fundamental care concerns and experiencing a Chief Nurse review. Her stretch assignment is based on her reflective journey and development of an adaptive leadership style.

In Karen's first Matron role, she was faced with services which had experienced frequent changes of leadership, increasing complaints from patients, relatives and staff, and increased patient safety incidents.

Karen describes the multi-factorial nature of leadership used to improve quality of care, provide leadership and guidance to her staff, improve morale and prepare the service for integration and a physical move to a new site. She utilised various quality improvement methodologies such as Plan-Do-Study-Act, Lean thinking, the Responsible Accountable Consulted Informed model and a risk assessment framework. Consequently, she and her service area have seen some significant improvements such as improved patient outcomes, stability in staffing and a multi-disciplinary team approach between Nursing and Allied Health Professionals in the care of rehabilitation patients.

What advice would you give to others undertaking a similar leadership journey?

"Don't forget that being on the course and within a leadership journey in the first place is success in itself."



Shovpreet Birring

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Stretch Assignment

Digital Discharge Information

Executive summary

Shovpreet identified that the Trust's discharge video shown to all women prior to being discharged from the hospital was not inclusive and did not meet the needs of the patients. The video gave a basic overview of what a midwife should discuss prior to discharge; it was produced 10 years ago, and services have updated since then.

Shovpreet engaged widely from frontline service users to board level to devise a new video, and included external maternity and neonatal systems. Maternity Voices Partnerships were kept informed about what they wanted to deliver and the progress being made on the project to change the script and imagery.

The revised video ensures women will all receive information in the appropriate detail and language. It will be 'timeless', so will not require regular updates and will be made available in the ward areas and at home through a QR code on the maternity app, maternity website and video platforms such as YouTube. This will enable the Trust to do prompt discharges and improve bed flow, as women will not be delayed waiting for interpreters.

Shovpreet presented her stretch project at the Local Maternity Network - Local Maternity Neonatal System and designed a cultural competence training package for staff which is delivered on Practical Obstetric Multi-Professional Training days. She is now looking at changing handheld records so that women are able to access them in different languages via an app and scoping patient information leaflets for interpretation in the top five local languages.

What advice would you give to others undertaking a similar leadership journey?

"Remember networking is everything. Use the team on your leadership programme, those that are running it and also the group, they will support you immensely."



Emilia Chitenhe

- **Role:** Operations Manager Children's Community Teams for People with Learning Disabilities
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Stretch Assignment

Influencing and Coordinating Change and Equity of Service for the Learning Disability (LD) Population of Northamptonshire

Executive summary

Emilia was aware of significant disparities for individuals with a learning disability (LD) both nationally and in her system (Northamptonshire), which led to poorer overall health, lower life expectancy and inequalities of access to healthcare. Emilia wanted to improve LD services across the system, to reduce these disparities.

As such, Emilia made plans to reinstate the Metabolic Clinic in the community's Team for People with Learning Disabilities, encourage collaboration across the system to deliver annual health checks, implement a data capture mechanism to ensure accurate recording of patient medication, stop over-medication of people with learning disability and Autism with psychotropics and employ a community pharmacist to support the LD team.

All this was achieved by working closely with strategic health facilitators, project managers, commissioners, collaborative members, and representatives of primary care. The project has highlighted the importance of the role of the Learning Disability Service and what it has to offer to the community. One of the key successes was delivery of a "Raising Awareness of Learning Disabilities" celebration event which took place in June 2022. This proved so popular that the event will now become annual. Other outcomes include: increased awareness of support available in the community for people with an LD, increased awareness of opportunities available for people with an LD, the challenging of stigmas and myths, self-management for people with an LD and carers who developed Health Action Plans following completion of an Annual Health check. Importantly, collaboration has seen closer alignment and links with primary care. As a result of this work, 90 patients who had never received an annual health check before have received one, meaning GPs have an up-to-date holistic assessment of patients with an LD on their registers. Any health concerns identified are escalated to GPs who can monitor and further support.

What advice would you give to others undertaking a similar leadership journey?

"Leadership development is a journey not a destination. Be the example you want to see."



Beverley Cunningham

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Stretch Assignment

Exploring Digital Access to Healthcare Information for Black, Asian and Minority Ethnic communities

Executive summary

Birmingham Community Healthcare NHS Foundation Trust (BCHC) delivered a project to provide targeted virtual health and wellbeing support sessions to the Black, Asian and Minority Ethnic (BAME) community, led by Beverley, in collaboration with health and social care partners. Concerns were raised regarding the inability of some individuals and communities to access digital media and bearing in mind the commitment that providers must consult with communities in the design and delivery of health services, Beverley questioned whether BCHC's vision of accelerating the use of digital technology had adequately engaged BAME communities to understand their views.

Beverley used an adapted Plan Do Study Act (PDSA) technique to undertake the project. She worked closely with the organisation's Public Engagement Manager and sought advice from the Chief Information Officer for BCHC and Birmingham and Solihull Integrated Care System to co-produce a survey. Those who indicated that they would not be willing to engage with video consultation for an NHS appointment were further qualified as: needing language support, preferring face-to-face interactions or lacking access to digital resources.

Review of the results needs to be discussed with stakeholders for deeper evaluation however Beverley is hopeful she can make recommendations to her Trust regarding the need to upskill their interpreting teams' digital skills to allow them to support patients whose first language is not English in the use of technology. In addition, Beverley has highlighted the need for BCHC to explore digital poverty, to enable patients and communities without internet and smart devices to engage with digital healthcare to ensure equity of services.

What advice would you give to others undertaking a similar leadership journey?

"Do not remain in your comfort zone. You will not know your capability until you try something different. A programme like this reignites passion and opens doors to other areas of healthcare where skills are transferrable."



Charlotte Davis

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- **Sponsor:** Marion Harris, Chief Nursing Officer (Now Retired)

Stretch Assignment

What can be implemented in Maternity to support women from Black, Asian and Minority Ethnic Groups – When they are already at risk of dying?

Executive summary

Charlotte noticed that her Trust's staff equality and diversity training was broadly designed to accommodate equality of sexual orientation, age and basic human rights but limited in relation to ethnicity. There appeared to be a lack of commitment to address problems such as two-way communication with non-English speaking women, the higher proportion of Black, Asian and Minority Ethnic (BAME) women who experience mortality, morbidity and higher rates of neonatal complications, as well as digital poverty. Charlotte embarked on a project to revise the equality and diversity training to ensure it had more relevance to people of BAME backgrounds and ethnicity.

Connections were made with key senior stakeholders in her organisation to inform them of her intentions and plan and with staff members of BAME background in managerial roles to understand their journeys and encourage them to think of themselves as role models. Charlotte held discussions with women in various wards and departments to hear their voices and identify common themes. A staff survey was composed to establish staff confidence, and identify whether they felt their understanding of different cultures was up-to-date.

Charlotte's project has evidenced the need for staff to further their knowledge and understanding of women from BAME backgrounds. The women she spoke to greatly appreciated the fact that someone took the time to speak and understand them. As a result of the project, the Trust plan to develop a listening group / open forum for women of BAME backgrounds. Charlotte hopes staff training will be adapted based on her project outcomes and further feedback can be utilised and embedded into training, based on the findings and outcomes of listening sessions.

What advice would you give to others undertaking a similar leadership journey?

"Take advantage of any opportunities that come your way, use each opportunity as an experience from which to learn. Don't be afraid to approach people, it is better to have asked, than to not have asked at all."



Geraldine Edwards

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Stretch Assignment

From a flicker to a flame: The impact of how stepping out of my comfort zone led to a whole new conversation and the challenge of exploring if my organisation is ready for change

Executive summary

In Gerrie's deeply personal reflective journey of leadership she describes the actions, networking and support given and received as her Trust sought to introduce Shared Governance, under the umbrella of Pathway to Excellence.

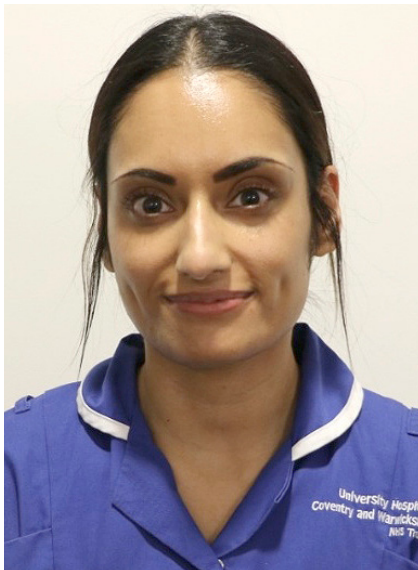
Gerrie identified that to truly adopt Shared Governance, senior leaders needed to do something different to improve cultural awareness and describes how authentic commitment and acceptance led to agreement between herself and her sponsor that change was needed and that the first step was "going back to basics". She understood the need to engage and listen to staff, and used external agencies to host listening events, ensuring information would be shared from board to ward.

Gerrie had the opportunity to network with people outside of the organisation, to meet and speak to the Trust Board, to arrange and deliver a celebration event for ward leaders and to speak on the 'weekly team brief'. Gerrie built a network with senior leaders to support the roll out of Shared Governance and has been involved in educational change as a direct result of staff conversations and her sponsor relationship. Gerrie is leading on delivery of REACH OUT – a day to celebrate Race, Ethnicity And Cultural Heritage launching in October 2022 – which celebrates staff uniqueness, kindness, listening and responding.

The scope of her stretch assignment includes her individual and professional account as a nurse and a woman of ethnic minority heritage.

What advice would you give to others undertaking a similar leadership journey?

"Take opportunities and make opportunities as you go on your way, don't sit back and wait for the opportunities to be offered, find your own path that's right for you."



Jaspreet Garcha

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Stretch Assignment

Midwives Perceptions of Workplace Culture

Executive summary

Black, Asian and Minority Ethnic (BAME) women have higher risks of dying in pregnancy (MBBRACE 2021). Jaspreet's scoping identified several factors influencing inequity for BAME women and their babies, the most important being the lack of a diverse workforce. The NHS People Plan highlights that where an NHS workforce is representative of the community that it serves, patient care improves. Local demographics show a 33% BAME population against an 8% BAME midwifery workforce. Research also identified that discrimination faced by BAME service users and staff, and a lack of culturally sensitive adjustments to care, also contributed to health inequalities.

Jaspreet designed a survey for BAME midwives which gained a huge 78.2% response rate, demonstrating exceptional result validity. The survey highlighted a perceived lack of opportunity for career progression, perceived lack of BAME leadership, and a high incidence of harassment, bullying and abuse from patients and staff.

Jaspreet produced recommendations for robust inclusive recruitment, including diverse panels, 'explain or comply' principles, unconscious bias training, modification of job adverts and a talent management approach for existing high potential staff. She was able to share her results and recommendations with key system stakeholders such as the Local Maternity and Neonatal System, as well as heads of midwifery; she published her findings in an academic peer-assessed journal *Midwives Information & Resource Service* (June 2022).

As a result, Jaspreet has embraced digital communications, creating a diversity maternity WhatsApp group and Microsoft Teams channel, empowering colleagues to use these safe spaces for embracing diversity, providing professional and moral support and journeying towards becoming actively anti-racist together.

What advice would you give to others undertaking a similar leadership journey?

"Empower those around you, we climb higher by lifting those around us."



Ranjit (Ricki) Gill

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Stretch Assignment

Raising awareness of BAME representation in senior positions within a Trust and evaluating strategies to improve this

Executive summary

Ricki sought to raise awareness of the lack of Black, Asian and Minority Ethnic (BAME) representation in senior positions within her Trust and evaluate strategies for improvement.

Having identified the problem, she gained stakeholder engagement and secured communications support to disseminate the results of her assignment. The project plan analysed recruitment data between 2017-2021 to understand the lack of representation in senior posts, considering staff from black and minority ethnic groups make up 23% of the workforce. Ricki looked at how many staff were successful, from shortlisting to interview. Staff were interviewed and the Chief People Officer, Chief Nurse and Midwifery Officer Inclusive Ambassadors supported the project.

Coffee mornings were organised so that staff had a safe space to discuss their recruitment experiences and offer suggestions to improve practice and processes. Ricki created social media networks to promote the coffee mornings, however she also received comments from staff who felt that resources would be better spent elsewhere. Ricki's growing confidence meant that she responded by explaining that staff's lived experiences would work towards understanding why raising awareness was necessary, considering the demography of the city and local communities.

BAME staff started to seek shadowing opportunities and their talent was being exposed to stakeholders. There are on-going plans to collaborate with initiatives such as 'stop, challenge and change', for HR teams to revisit and enhance the Equality, Diversity & Inclusion Policy with links to Equality Impact Assessments, and for Ward Managers to include these in staff appraisals.

What advice would you give to others undertaking a similar leadership journey?

"Be true to yourself – do not lose yourself trying to please others. Be prepared to challenge – have faith in your decisions. Listen – everyone has a story to tell! A great team is made up of experiences from different backgrounds, upbringings and lifestyle. Embrace these unique characteristics/qualities and be inclusive. Be brave – not everyone will share your views, do not let this hinder your growth and development."



Jamie Henry

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Stretch Assignment

Development of a standardised competency framework for newly-recruited international nurses

Executive summary

Jamie's organisation has recruited and supported over 400 international nurses since December 2020. However feedback from these nurses, along with substantive nursing staff, ward managers and matrons, highlighted a need for a standardised competency framework to support transition to wards.

Jamie conducted a gap analysis of the organisation's current band 5 competency document and identified that training required for international nurses to successfully integrate into a Band 5 post was absent. Additionally, she discovered significant variations in ward practice, including training tool use and implementation. Crucially, new recruits were not always afforded protected learning opportunities during their supernumerary period, nor was there consistent allocation of a buddy, mentor, or practice supervisor.

Jamie's ambition was to embed the organisation's values of setting and achieving high standards for staff and the care they deliver by ensuring any newly registered nurse joining the trust had equal learning opportunities, regardless of which ward or department they belonged to. Consequently, the International Nurse Transition Competency Workbook ensures that patient care is upheld to the highest of standards, that staff have a better experience and feel able to make better use of their skills and experience for patients.

What advice would you give to others undertaking a similar leadership journey?

"Trust the process, be brave, be kind to yourself."



Nina Jaspal

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Stretch Assignment

The barriers faced by international nurses

Executive summary

The University Hospital of Coventry and Warwickshire (UHCW) runs a significant recruitment programme for international nurses, however few of them progress beyond Band 5, where they are over-represented compared to higher bands. This is reflected nationally and results in a lack of opportunities and inclusion, depriving the NHS and its patients of talented staff at more influential levels.

Nina put into place a project to identify training needs at UHCW, engage leaders, and created 12 recommendations for actions which would lead to promotions, including a mentoring and coaching support structure. As a result, every international nurse at UHCW has access to coaching and to career progression opportunities. A bespoke leadership and management session for international nurses is being added to the existing preceptorship programme. Problem areas have been identified and flagged to relevant decision-makers as well as the lack of a system to record career progression in this group.

What advice would you give to others undertaking a similar leadership journey?

“Be bold and courageous. If you are given a platform, use this to effect change and be the leader you would like to see, if not create your own platform. Reach out of your comfort zone; spend time shadowing senior nurses and the executive teams. Learn more about their roles and the organisation as a whole and the strategic objectives. The power of social influence is not to be taken lightly. Create a twitter handle, get yourself known, and create that space for networking. Leaders are visible on all levels!”



Carol King-Stephens

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- Walsall Healthcare NHS Trust
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- **Sponsor:** Lisa Carroll, Director of Nursing

Stretch Assignment

A clinical fellowship programme for Midwifery across Walsall Healthcare Trust and Royal Wolverhampton Trust

Executive summary

Recent research has identified significant concerns about the recruitment and retention of registered midwives (Nursing Times, 2018 and Royal College of Midwives, 2016); staff shortages and excessive workload were highlighted as contributing factors. The trust where Carol works has a midwife-to-birth ratio of 1:28 but currently has a vacancy 19.31 Whole Time Equivalent. Carol understood the need to improve support for newly recruited midwives and to put retention plans in place.

Carol identified a lack of clinical fellowship pathways for midwives across two trusts in her system. She utilised a Plan Do Study Act change model to develop a new midwifery clinical fellowship programme across Walsall Healthcare NHS Trust and Royal Wolverhampton NHS Trust which aimed to support midwifery recruits from the UK and overseas, with mentorship and bespoke education and training at top-up degree and Masters level.

The overall programme aim is to improve staffing and reduce the need for agency staff, bringing an improvement in the quality of midwifery care provided and generating a cost saving.

Carol utilised various improvement techniques such as training, observations, interviews and focus groups and was successful in appointing 26 midwives across the system into the clinical midwifery fellowship. Carol will be fully involved in the pastoral support and development of these midwives.

What advice would you give to others undertaking a similar leadership journey?

“If you are not getting the response you need don’t wait for people to get back to you. Persistence is the key.”



Hildah Matiashe

- **Role:** Diabetes specialist midwife
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- **System:** Northamptonshire
- **Sponsor:** Mara Tonks, Deputy Director of Midwifery

Stretch Assignment

A staff review and business case to support the delivery of safe midwifery care to include national priorities around Continuity of Carer (CoC) and Ockenden recommendations

Executive summary

Hildah identified the need to review staffing levels and skills mix across all professional (maternity) groups in order to provide a safe and effective service. Hildah was concerned about a risk of non-delivery around national and local recommendations such as Continuity of Carer (CoC), which could compromise Trust strategic objectives and result in poor patient outcomes and experiences. The issues Hildah highlighted included the constant draw on CoC teams to support the delivery suite midwife-to-birth ratios. Through engagement with staff, Hildah highlighted that staff morale was low and many believed the solution lay in the hiring of more staff.

The aim of Hildah's assignment was to find a realistic way of maintaining and growing CoC teams to support Better Birth ambitions and avoid using them as part of the unit's escalation process.

Hildah used a range of quality improvement tools such as acuity assessments and audits and proposed a business case built on the summary of her evidence. Her work identified that providing CoC to 37% of eligible women was achievable within the current Birth Rate Plus staffing but highlighted that if the trust were to ever reach the mandated standard for CoC (51%) additional staffing would be required.

Hildah's project was presented to the Maternity Safety Champions meeting, the Quality Governance Steering Group, the Obstetrics and Gynecology Governance meeting and the Family Health Division Governance meeting. The outcome was the creation of a successful business case to fund an additional seven whole-time equivalent midwives.

What advice would you give to others undertaking a similar leadership journey?

"Work hard, your development is not going to happen on its own you have to engage and really look at yourself critically in order to develop yourself as a leader and manager."



Amy Morrison

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- **Sponsor:** Anne Scott, Executive Director of Nursing, AHPs and Quality

Stretch Assignment

Black, Asian and Minority Ethnic Maternal Deaths – Health Visiting Response

Executive summary

Following the 2018 MBRRACE-UK report, which identified inequalities for Black, Asian and Minority Ethnic (BAME) women and children, Amy identified a disparity in the Health Visiting service relating to care of BAME families and children, particularly in the antenatal period. Whilst maternity and obstetric services have begun or plan to increase continuity of care to families of ethnic minority background, Amy recognised that the Health Visiting service offered in Leicester had no such differentiation, which might lead to fewer such families being seen in the antenatal, neonatal and postnatal period.

Amy utilised several quality improvement techniques such as using a Situation Background Assessment Review to formulate a report and Plan Do Study Act to help her shape and refine her assignment. Amy has been successful in starting the conversation and getting BAME maternal deaths on the agenda within Health Visiting, across the system. Importantly she has identified a development opportunity for Health Visitors to upskill in evidence-based assessment of maternal health. Health Visitors she spoke to identified benefits from training which identified warning signs for deterioration in health, and when to signpost to midwifery care.

Amy used her sponsor to share report findings within influential networks. Consequently, the report has been circulated and discussed by various Health Leaders and Public Health Commissioners to influence change in current practice. The outcomes of this have led to the Public Health Commissioner agreeing to share the report at the System “Healthy Babies Strategy Meeting” to look at ways of implementing the recommendations from the report.

What advice would you give to others undertaking a similar leadership journey?

“Keep asking yourself “Why not me?” Remember your ideas are just as valid as anyone else’s. Don’t be afraid to ask, ask and ask again. During times of challenge remember to celebrate and recognise each small step towards improving care you are making. Small steps can lead to big changes.”



Afrah Muflihi

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Stretch Assignment

Equitable Antenatal Classes

Executive summary

Afrah identified that antenatal classes were not equitably accessible. There was no official data on who was being excluded or if delivery was benchmarked to National Institute for Health and Care Excellence (NICE) Guidelines (Antenatal Care 2021); some classes had been suspended or had restrictive criteria, there was no official evaluation and very limited numbers of tutors delivering the service. For decades, the service had been offered to white British, English-speaking families, although 64% of those booking for midwifery services and 83% birthing with the service were from ethnic minority groups (and up to 24% did not speak English). This discrepancy would disadvantage ethnic minority women in labour, as antenatal care guidelines indicate that women who attend antenatal classes have better coping strategies and the confidence to deal with pain in the early stages of labour.

Afrah used quality improvement project tools, networking, patient engagement and a steering group to develop an antenatal class delivery service that is equitably accessible to local families. Afrah put in place a system which would enable the collection of data, monitoring and standardisation. Afrah reintroduced community classes co-designed by service users which complemented the existing offer, benchmarked delivery to NICE guidelines, created a standardised evaluation tool to capture evidence of impact and increased the pool of confident and competent tutors delivering classes to meet a variety of needs.

Afrah's assignment has led to the removal of barriers to access for non-English speakers, additional classes, and an increased number of vulnerable families accessing antenatal classes.

What advice would you give to others undertaking a similar leadership journey?

"Dare to dream as those dreams are infectious and you will cause ripples that will impact others this will in turn cascade to cause a wave and then a Tsunami."



Pooja Shah

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- **System:** Leicester, Leicestershire and Rutland
- **Sponsor:** Eleanor Meldrum, Assistant Chief Nurse

Stretch Assignment

Staff Engagement

Executive summary

Aware of the attrition rates in Maternity and wanting to understand the reasons behind this situation and devise prevention strategies, Pooja conducted a staff survey across the organisation.

She used research and policy to enforce the rationale for her project, for example The People Promise and Kings Fund research and designed open-ended questions which enabled staff to provide detailed and valued feedback, especially on factors that impacted their engagement in work, not possible in the NHS staff survey. Pooja included questions about culture, leadership and psychological safety, using the Likert scale for responses ranging from 'strongly agree' to 'strongly disagree'. She also asked key questions about the likelihood of leaving or reducing hours due to stress at work.

Findings from the survey were shared with senior members of the Midwifery team, HR People Partners and the Chief Nurse, as well as team members involved in developing the organisation's Midwifery preceptorship package. The survey promoted collective leadership by asking frontline leaders to share their views on the quality of care they provide, and encouraged them to share their ideas on how it can be improved.

Pooja received positive feedback and praise from colleagues who felt the questions and anonymity of the questionnaire provided them with a platform to share their thoughts and ideas. Senior staff use the feedback with their retention planning.

Pooja felt that the survey will be a tool that she will use in the future, because she understands the deeper value of exploring staff engagement as it relates to well-being and patient outcomes. She is a stronger advocate for colleagues and service users as a result of conducting this stretch assignment and has learned to value her own authentic style.

What advice would you give to others undertaking a similar leadership journey?

"Utilise the wisdom and support of your peers on the programme. Listen to one another's leadership journeys. If you have a particular job role you are working towards, use your time on the programme to perfect your personal statement, prepare interview answers, and work on your interview technique."



Samukeliso Sibanda

- **Role:** Continuity of Care Team Leader
- **Email:** samukeliso.sibanda@nhs.net
- **System:** Northamptonshire
- **Sponsor:** Debra Shanahan, Interim Director of Nursing Midwifery, Patient Services and AHPs

Stretch Assignment

Supporting workforce recruitment and retention of Midwives; international recruitment

Executive summary

Samukeliso used current national recruitment policy and the Plan, Do, Study, Act to address her concerns about midwifery recruitment and retention; she wanted the stretch assignment to unlock her potential.

There is a national shortage of midwives and a new triage unit in the labour ward required an additional 20 whole time equivalent midwives to run the service effectively and safely. Northampton General Hospital currently has one Continuity of Carer (CoC) team that provides care to women likely to experience adverse outcomes, who are targeted as priority. As a Trust Samukeliso realised that they would have to transfer their ways of working to the default model of care provision; 100% of women by 2024.

Samukeliso conducted research into ethical recruitment and worked as part of a collaborative to secure nine internationally educated midwives, with relocation packages funded by NHS England, and guaranteed pastoral care. Two midwives landed in July 2022 and have been successful in their objective structured clinical examination exams and others are in the process of relocating. Samukeliso educated staff on cultural sensitivity and introduced reverse mentoring, encouraging directors to shadow her team in clinical areas, raising awareness of culturally competent care. Samukeliso told her own story of migration, from field work in Zimbabwe to fitting into a unfamiliar culture, the decision to emigrate and its impact on her personally. During training she emphasised representation and its importance from a service user perspective, stressing that international recruitment played a pivotal role in addressing staffing challenges. She led on international recruitment for midwives and the feedback from the workforce has been positive in terms of learning, adaptation and meeting the need to represent the diverse patient population served in her organisation.

What advice would you give to others undertaking a similar leadership journey?

“Good mentors can genuinely strengthen your career. Organisation and resilience are key to the success of this program. I have learnt a lot from world class leaders in this journey and I am forever grateful.”



Kursoom (Kay) Khan

- **Role:** Head of Improvement Programme Delivery
- **Email:** Kursoom.khan@nottingham.ac.uk
- **System:** Nottingham and Nottinghamshire
- **Sponsor:** Danielle Burnett, Deputy Chief Nurse
- **Twitter:** @kkaykhan14

Stretch Assignment

Supporting ICS Quality Surveillance and Oversight

Executive summary

In the evolving landscape of ICS and ICB statutory changes, the existing guidance on quality management needed updating to create clarity for the management of concerns.

Kursoom's project identified that strategic leaders have opportunities to improve quality and safety for patients and staff, and posed the question 'what is the impact of me?'. Her aim was to develop a new and more appropriate approach to quality management, so that partners in systems could achieve their shared purpose.

A focused approach to networking, conversation design, facilitation and influence resulted in a number of outcomes including launching the ICS Quality Assurance and Improvement Group, introducing psychological safety, new templates and Terms of Reference. It is hoped that this will support Safer Systems, information sharing, and allow the involvement of service users in strategic meetings. A Task and Finish Group is being set up to address waiting list and harm reviews across the system.

What advice would you give to others undertaking a similar leadership journey?

"This programme supports you to understand the theory around leadership practice, and how regardless of your role you can make a positive contribution. Use this opportunity to stretch yourself and work in areas you wouldn't normally."



Sarah Wanjiku

- **Email:** Sarah.wanjiku@combined.nhs.uk
- **System:** Staffordshire and Stoke-on-Trent NHS Trust
- **Sponsor:** Kenny Laing, Executive Director of Nursing & Quality

Stretch Assignment

Professional Nurse Advocate

Executive summary

Sarah reflected on the effect Covid had on nurses, she realised that giving nurses time and space to think about what they have gone through and what they needed to help them develop solutions to their challenges.

The Professional Nurse Advocate (PNA) programme was launched at a critical point of pandemic recovery for the NHS, in March 2021. The programme teaches facilitation, restorative supervision, and reflection and is well used in the Maternity sector. Sarah established a movement of trained PNAs to share the value of the programme and scale-up the impact in a co-ordinated way. She created a sense of agency, built a coalition with University Hospitals of North Midlands NHS Trust and collaborated with Professional Midwifery Advocates, shared her vision and advertised the networking opportunity. She enlisted an army of like-minded staff to enable action and removed barriers such as hierarchy. With collaboration, the PNA sessions were delivered in a group setting using the A-EQUIP model but with the ability to tailor sessions according to need. Staff feedback has been positive.

Sarah presented this work to Directors, who then promoted the PNA programme in their own departments. The Chief Nurse launched the programme, stressing the importance of supporting colleagues. The PNA network now has a dedicated space on the Trust's intranet.

What advice would you give to others undertaking a similar leadership journey?

"Make sure you set enough time for the course and you have that agreement with your manager. Look at the project that you will still be involved after the course and something that you will enjoy. Have an idea on what you would like to achieve after the course."



Jordana Wright

- **Role:** Advanced Clinical Practitioner – Long Covid Assessment Service
- **Email:** jordana.wright@nhs.net
- Derbyshire Community Health Services NHS Foundation Trust (DCHS)
- **System:** Joined Up Care Derbyshire
- **Sponsor:** Michelle Bateman, Executive Director of Nursing, AHPs and Quality
- **Twitter:** @jordana_wright

Stretch Assignment

Improving services for veterans in Derbyshire

Executive summary

Military veterans are a group who relocate frequently, are generally reluctant to access health and social care services and are not usually identifiable unless they come forward. This results in lack of access to specialised services, failure to identify individuals at risk and a missed opportunity to comply with commitments in the Armed Forces Covenant around equality of access to public services.

Jordana researched current policy and took on the position of Deputy Chair of the Armed Forces Network within DCHS to work towards a system-wide approach. The result has been cross-organisation initiatives leading to shared resources, information and cost saving, including a General Practitioner accreditation scheme, patient surveys, mental health service development and flexible working policy changes for armed forces personnel and their families.

What advice would you give to others undertaking a similar leadership journey?

“Build your network, peer support is vital. Choose a project in an area you are passionate about. Look for shadowing opportunities.”

Executive Sponsors

Our Executive Sponsors are crucial to the success of the DAL programme. Each participant has had the support of an Executive Sponsor, a senior leader in their organisation linked to Nursing and Midwifery. The programme asks sponsors to support participants by identifying and agreeing stretch assignments, engaging in reciprocal mentoring sessions and raising the profile of the participant within the system, including providing shadowing opportunities at board level.

We would like to thank each of our sponsors for committing to support their participants throughout the programme towards success. Sponsors continue to play a key role following the completion of the programme, helping participants achieve career progression. We will continue to work regionally to promote the benefits of sponsorship, and expand the offer to middle managers, developing ethnic minority staff across the talent pipeline. We kindly ask our cohort 1 sponsors to continue to promote the benefits of the DAL programme and advocate for sponsorship in systems.



“As an Executive Director from a black caribbean background, I understand the importance and relevance of this programme in giving colleagues opportunities through authentic, well thought out sponsorship. Over the time of the programme I have seen Jordana grow and thrive in both confidence and capability and look forward to watching her fulfil her full potential.”

Michelle Bateman, Executive Director of Nursing, AHPs and Quality Director of Infection Prevention and Control, Derbyshire Community Health Services NHS Foundation Trust



“Being an Exec Sponsor on this amazing programme was enlightening, educational and really rewarding. I believe I benefited from the experience immensely, and to support the growth and development of a highly talented nurse was a real privilege.”

Jean Knight, Chief Operating Officer, Northamptonshire Healthcare Foundation Trust



“The Benefits of the programme are far reaching – the obvious is to the skills, knowledge, confidence, academia and tangible outcomes for participants. For me it’s the experiences, the conversation, watching Jamie grow through me opening doors and supporting. My Exec and Non Exec colleagues saw Jamie a number of times – always with the leadership pre fix.”

Hayley Favell, Director of Nursing, The Shrewsbury and Telford Hospital NHS Trust

Successes

The DAL programme participants have created significant successes, leading to improved patient and staff outcomes, as described in the stretch assignment summaries, however there is much more to share! Participants have gained promotions, won awards, participated in national projects and the programme itself has also been nominated for, and achieved, award success. This section highlights some of these achievements.



DAL Participants

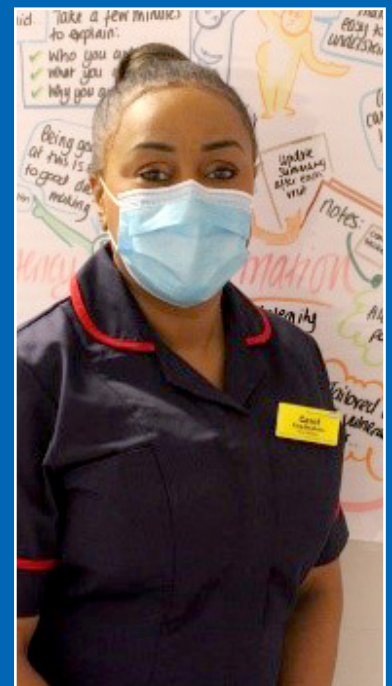
Thirteen out of twenty participants (65%) have been successful in applying for promotions, different roles or secondments because of the programme.

Afrah Muflihi

Secured £17k funding to carry out a six-month quality improvement project to reduce late access to maternity services by training staff at seven children’s centres in the borough to support vulnerable families to improve access. The families are also introduced to the universal services of the children’s centres for further support to tackle the wider determinants of health.



- Shortlisted for the Equality, Diversity & Inclusion category for the 2022 Trust Star Awards – winner to be announced in October 2022
- Currently supporting the Midlands Perinatal EDI Steering Group
- Is a Core20Plus Ambassador
- Presented on NHS England (Midlands) Health & Wellbeing Framework Regional Collaboration “Fulfilment at work” workshop
- Produced a case study Creating equitable access to preparation for childbirth classes – Beneficial Changes Network – Improvement Hub (future.nhs.uk)



Carol King-Stephens

Carol’s bid to make a difference as new Equality and Inequality Lead Midwife at Walsall Healthcare NHS Trust.



Samukeliso Sibanda

Winner of Royal College of Midwives (RCM) "Race Matters" Award 2021

Sam received the first ever RCM Race Matters award for her work in supporting pregnant black, Asian and minority ethnic women during the pandemic. As well as providing additional support to these women, she is cited as working hard to raise awareness of racial inequalities that exist in the NHS.



Jamie Henry

Winner of Nursing Times "Rising Star" Award 2021

Recognised for her work supporting all aspects of the international nurse recruitment process in her organisation including setting up Objective Structured Clinical Examinations preparation sessions. Jamie was cited as demonstrating commitment to workforce development and staff support.



Ricki Gill

Winner of Birmingham Women and Children's NHS Foundation Trust "Best Boss" award 2021

Ricki was nominated for being a manager who supports, develops and cares for their teams, and whose inspiring leadership motivates their colleagues.

Nina Jaspal

- Represented University Hospitals of Coventry and Warwickshire on International Nurses day, speaking in front of 300 people including deputy CNO Mark Radford on experiences of nursing and the importance of inclusive leadership
- Facilitated a lecture on her leadership journey and experiences of the DAL programme to pathway to excellence ambassadors at University Hospitals Coventry and Warwickshire
- Starred in a campaign to increase vaccine uptake in Black, Asian and Minority Ethnic communities during COVID-19
- Engaging in mentoring relationship with Chief Nursing Officer for Wales



Sarah Wanjiku

Appointed as Network Lead for the Equality Network for Race Inclusion and Cultural Heritage at North Staffordshire Combined Healthcare NHS Trust.



DAL programme

- Winner of "Best Corporate Achievement of the Year" Award at the National BAME Health & Care Awards 2022
- Nominated for the HSJ NHS Race Equality Award, Nursing Times Workforce Team of the Year and Best Employer for Diversity and The Innovate Awards (NHS Confederation & Academic Health Sciences Network) for the Diversity in Innovation Award upcoming in Autumn 2022
- An article published in the Nursing Times describing the aims and objectives of the programme and hearing the experiences of some of our participants

DAL Participants, Sponsors & Programme Team

A ten-minute video from our aspirant leaders, sponsors and programme team sharing their views on what inclusive leadership means.

Click here for video <https://t.co/Q0StBPcEFz>

A video from our aspirant leaders describing what they have learnt and what they are taking forward with them following the programme can be seen here <https://www.youtube.com/watch?v=u4Xj52ToCz0>

Jaspreet Garcha

Article published in Midwives Information & Resource Service on work to improve patient and staff experiences of maternity care at University Hospitals Coventry and Warwickshire NHS Trust.

Black, Asian and minority ethnic midwives' perceptions of the maternity workplace culture
Jaspreet Garcha

Summary
Black, Asian and minority ethnic women and babies have poorer health care experiences and outcomes. Key to addressing the disparity is to ensure the ethnicity of the health workforce reflects the local community. Understanding Black, Asian and minority ethnic midwives' perceptions of the workplace is important to achieving racial equality. This study aimed to determine Black, Asian and minority ethnic midwives' views and to explore their attitudes about the working culture at University Hospitals Coventry and Warwickshire (UHCW). Consistent with the wider literature, Black, Asian and minority ethnic midwives reported significant levels of discrimination and abuse and perceived differences between White and Black, Asian and minority ethnic midwives' support for career development within the National Health Service (NHS).

Keywords: diversity, equality, equity, workforce, perceptions

Introduction
The 2021 Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRACE-UK) report for maternal and perinatal mortality shows worse outcomes for women and babies from Black, Asian and minority ethnic groups and/or for those who are living in the most deprived areas (Knight et al 2021). A key strategy to improve health outcomes for women and families marginalised as a result of their ethnicity is to ensure that the ethnic diversity of the maternity workforce mirrors the community. This could assist with service engagement, accessibility and positively affect quality of care (Kline et al 2017). For example, when health efficiency and effectiveness of the NHS and directly impacts on the quality of care (Gould 2009).

This study explores the extent of this issue for minority ethnic women and babies, NHS national policy and strategy responses, and reports on a study undertaken at one NHS trust into Black, Asian and minority ethnic midwives' perceptions of workplace culture. Findings from this study will inform our understanding about growing and enabling an ethnically diverse maternity workforce.

Black, Asian and minority ethnic mothers and babies: the national context
Statistics from the 2021 MBRACE-UK report show that a Black woman is four times more likely than a

Acting with integrity, openness, and in the spirit of learning and moving forward in the current climate, it is what is required from individuals in NHS trusts while also examining commitments to equality, diversity and inclusion.

Understanding the population assists in creating personalised care pathways to reduce inequalities. In recent decades, the ethnic diversity of the UK has increased as a result of globalisation of the economy, refugee settlements and international migration.

The NHS strives to improve health, wellbeing and people's experiences of the NHS, and consequently most remain focused and dynamic to meet the needs of its diverse population and provide equitable care (NHS 2013).

Black, Asian and minority ethnic communities face greater inequality and poorer health outcomes compared with White communities, and reducing this gap is an NHS goal. The NHS has policy and strategy documents aimed at addressing poorer outcomes for Black, Asian and minority ethnic women and babies and for reducing the ethnicity gap within the Black, Asian and minority ethnic health workforce.

The NHS has made a pledge to improving the equity of care for mothers and babies from Black, Asian and minority ethnic groups and to improve race equality for staff (NHS 2021). The *People Plan 2020/21* states 'where an NHS workforce is representative of the community that it serves, patient care and patient experience is more personalised and improved' (NHS 2020:4).

For the equity of mothers and babies to improve, the equity and race equality within the midwifery workforce must also improve. Learning about Black, Asian and minority ethnic midwives' experiences of the workplace is key to understanding how midwives can be assisted to achieve equal opportunities and fair treatment within the workplace.

Figure 2. The percentage of Black, Asian and minority ethnic midwives who live within a 20-mile radius of Coventry.

Ethnic Group	Percentage
White ethnic group	73%
Black African	10%
Black Caribbean	10%
Black British	10%
Asian British	10%
Asian Indian	10%
Asian Pakistani	10%
Other ethnic group	10%

Figure 3 shows the percentage of Black, Asian and minority ethnic midwives employed by UHCW, compared with the local Black, Asian and minority ethnic population and indicates a shortfall of 77 Black, Asian and minority ethnic midwives employed by UHCW.

Methodology
An anonymous survey was designed for all UHCW Black, Asian and minority ethnic midwives (n=23), and distributed via email. The questions were closely linked to the *Workforce Race Equality Standard* indicators (WRES Implementation Team 2021). The aim of the survey was to determine a baseline of Black, Asian and minority ethnic midwives' views in relation to discrimination in the workplace to determine how the Trust could improve by tackling inequality. The survey consisted of nine questions, including six closed-ended questions and three open-ended questions. It was estimated to take 10 minutes to complete. The intent of this study is to use the



Jennifer Pearson

Winner of BAME Nurse of the Year at the National BAME Health & Care Awards 2022.



Jordana Wright

Work on supporting patients who have served in the Armed Forces published in General Practice Nursing Editorial.



Alumni

Following completion of the programme a DAL Alumni group is being formed which will maintain the powerful regional network of aspirant leaders that has been created during the cohort 1 lifecycle.

The purpose of the alumni will be to keep cohort 1 participants connected and will include:

- Self-facilitated action-learning sets
- Tracking of career progress
- **FutureNHS** workspace for networking and contact information
- Sharing of promotion, learning and development opportunities
- Lift as you climb – supporting cohort 2 participants

The alumni will require the continued enthusiasm and innovation of our DAL 1 participants to continue the DAL legacy and momentum. As such we will be asking participants to contact the programme team if they wish for any alumni events to be facilitated going forward for example including inviting external speakers.

For more information please contact
england.midlandsnursingworkforce@nhs.net

Next steps and cohort 2

The DAL journey is just beginning, and we would like to thank all participants, sponsors, programme team members and systems for supporting cohort 1 of the programme. Our ambition for all participants is for them to reach senior leadership positions in the NHS, and this will require sustained efforts from all involved post-programme.

We are looking forward to launching cohort 2 of the pilot programme in October 2022 with an expanded cohort of 33 nurses, midwives, and sponsors from across our Midlands systems.

We believe the principles of the DAL programme are a way to promote ethnic minority Nurses and Midwives to the positions they deserve and equip them with the skills to lead the NHS of today and the future.

The programme is undergoing independent academic evaluation by the NHS England Research & Insights Team and NHS Elect. We expect to see an increased representation of ethnic minority leadership, but this will naturally take time and as such our evaluation will be longitudinal over two years. We are already seeing outcomes aligned to our objectives including promotions, improved patient experience and senior leaders demonstrating accountability.

The aim for the DAL pilot programme is for it to become a substantive model following evaluation. Please stay connected to **@NHSMidlands** and our **FutureNHS** site – search for CNO & CMidO Ethnic Minority Nursing and Midwifery action plan for the latest updates.





Our programme's ambition:

- Making a positive difference to the career development experiences of our ethnic minority nurses and midwives
- Creating and delivering a sustainable positive action scheme and strategy for progression for nurses and midwives from ethnic minority groups
- For our Midlands employers to be 'spoilt for choice' from a pipeline of diverse talent equipped to thrive in senior roles
- Establish a network of allies and sponsors of ethnic minority staff

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Produced by the DAL Programme team, September 2022

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