



Midlands Developing Aspirant Leaders Programme cohort 2

# Celebrating Success

Nurturing leadership, growing representation

[#MidlandsAspirantLeaders](#)

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# We will lead and we will represent

The Midlands Developing Aspirant Leaders (DAL) programme is an 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 NHS England – 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 second cohort of 30 DAL participants, who have all graduated from 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 graduates has already improved patient and staff experiences.

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

We are extremely proud of our cohort and thank you for taking part. We are excited to watch you 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  
England, Midlands  
Region



**Asha  
Day**



**Miriam  
Coffie**



**Manjit  
Darby**



**Lynn  
Day**



**Jennifer  
Pearson**



**Clare  
Price-Dowd**



**Tom  
Warner**

# The DAL Programme Team

The programme design team who developed DAL from the seed of an idea to delivery and completion of cohort 2:

- **Asha Day** – Head of international recruitment, Head of Nursing, Midwifery & AHPs Equalities (Leicester, Leicestershire and Rutland ICB)
- **Miriam Coffie** – Former Assistant Director of Nursing (NHS England – Midlands)
- **Manjit Darby** – Regional Nurse Sponsor (NHS England – Midlands)
- **Lynn Day** – Business Support (NHS England – Midlands)
- **Jennifer Pearson** – Head of Nursing & Midlands CNO & CMidO BME Strategic Advisory group Representative (The Royal Orthopaedic Hospital NHS Foundation Trust)
- **Dr Clare Price-Dowd** – Leadership and Management Review Implementation Team NHS England
- **Tom Warner** – Clinical Workforce Equalities Manager (NHS England – Midlands)

# 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 and 4 days per month to complete a stretch assignment to improve patient care or enhance professional practice.

This programme combines formal learning with a holistic programme of activities delivered by local and national ethnic minority leaders and allies.

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 ICS.

The effectiveness of this design has been proven by the significant career successes, increased influence, and regional visibility of the pilot cohorts.





## Amirah Chohan

- **Role:** Health Visitor
- **Email:** amirah.chohan@nhs.net
- **Integrated Care System:** Leicester, Leicestershire and Rutland
- **Sponsor:** Anne Scott

## Stretch Assignment

# Antenatal classes for non-English speaking mothers

### Executive summary

Currently there are no antenatal classes for non-English speaking mothers in the Leicester area. Leicester city's population has over 50% ethnic minorities; many do not speak English and are not aware of the services available. The area is classed as deprived with more than 50% of ethnic minorities earning minimum wage. Based on Department of Health Research, Trust Policy and feedback from mothers and their families it was apparent that there was a lack of knowledge on child health and development and that an antenatal service was required. In addition, Health Visitors are a gateway to access services and reduce health inequalities.

A questionnaire was developed to survey the expectant mum and families in their first language. Feedback was provided by the Director of Nursing, health visiting management, health visiting colleagues, and REACH (Race, Ethnicity and Cultural Heritage) members. The questions were a combination of open and closed, and it was concluded that the expectant mums and families would like sessions on feeding, crying, safe sleeping, delivery, pregnancy and how to dress and bathe the baby. A Plan, Do, Study and Act process was used to support the project. I aim to present the project to Quality Improvement for implementation in practice and have designed sessions to focus on a small number of six expectant mums with four sessions in their first language, with verbal or written feedback at the last session.

My aim from this project once concluded and put into practice is for expectant mums and their families to have improved knowledge of child health and development, reduced health inequalities and improved access to services in the Leicester city area, with antenatal promotion to other areas.

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

"Take it day by day. Results don't come overnight. Change doesn't happen immediately. Keep working towards your goals. Never give up and believe in yourself."



## Aleena Rose Thomas

- **Role:** Professional Development Nurse
- **Email:** aleena.thomas@nhs.net
- **Integrated Care System:** Herefordshire and Worcestershire
- **Sponsor:** Susan Smith, Deputy Chief Nursing Officer

## Stretch Assignment

# Improving Transition Training for Internationally Educated Nurses

### Executive summary

Internationally educated nurses are those who are completely new to the UK health system. It takes time for them to adapt, and they need support for this. Unfortunately, they are not always supported due to various reasons including, but not limited to, their background; and the assumption they should know everything as some of them have years of experience in their home country.

The trust currently provides 3-day transition training to international nurses in the week prior to beginning of clinical shifts. This session informs them about what to expect in the clinical area, and aims to prepare them to bring their best in patient care. They are provided with information on training, accountability & delegation, and discharge planning. As per trust policy, these nurses work as Band 3 and are not counted in employee data returns until they pass OSCE. Once they receive registration, there is a minimum 2-week supernumerary period, and their enrolment to a preceptorship program is planned.

I designed a survey of the support received in clinical areas to determine the suitability of the current transition program. Nurses who are now in the clinical area were involved, and asked to give feedback on the topics they would prefer to be included. Information about career progression opportunities was checked. Based on the survey results, the existing transition training has been modified and I am now looking to expand into a Band 5 speciality medicine program and continue to involve delegates from different specialities to help newly qualified nurses establish in their career.

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

“Don’t push back yourself because of being afraid of making mistakes: they are the best teacher. Be ready to embrace all opportunities in front of you, if there is will, there is a way.”



## Asha Nair

- **Role:** Practice Education Facilitator
- **Email:** asha.nair2@nhs.net
- **Integrated Care System:** Shrewsbury and Telford Hospitals NHS Trust
- **Sponsor:** Hayley Flavell, Director of Nursing
- **X/Twitter:** @Asha\_nair\_
- **LinkedIn:** Asha Vettikkal Narayanan Nair

## Stretch Assignment

# Increasing the awareness of CQC inspection among staff at Shrewsbury and Telford Hospital

### Executive summary

I aimed to leverage my leadership experience to support our Trust in improving its CQC inspection rating. To start with, I assessed the staff's understanding of CQC inspections through a trust-wide survey ranging from band 2 to band 6. Fewer than 50% of the staff had some understanding of CQC inspections, and 12% said they had none. Based on these results, I chose my stretch assignment topic and recognised the need for an introduction session about CQC inspections for internationally recruited staff.

To achieve this goal I engaged with CQC inspectors, our internal CQC Compliance Manager and the Quality Matron. I participated in mock inspections to identify common themes and areas of improvement. I also observed the board meeting that helped me gain a better understanding of the hospital's operations and challenges, as well as the broader healthcare landscape. I networked with quality improvement professionals from various organizations and gained insights from their experiences.

I created posters and handouts about CQC inspections and published them in the chatterbox. Additionally, I created a PowerPoint presentation on CQC inspection awareness that was tested with international nurses' cohorts. After receiving positive feedback, my sponsor advised me to make my presentation a part of the Trust-wide induction program and it is now a part of the preceptorship program for nurses, midwives, and AHPs. I liaised with our integrated care system and the presentation is also a part of Healthcare Support workers' induction programme. I have also designed a board game around regulatory bodies, that is currently being developed.

Despite facing many challenges, I received great support from my sponsor and the Shrewsbury and Telford Hospital Improvement Hub during my leadership journey.

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

"Don't miss out on this opportunity! Those who provide this programme are committed to supporting you to reach your maximum potential and to develop your own leadership style. However, to reap the benefits of the DAL Leadership programme, you must be willing to step out of your comfort zone and challenge yourself. Before committing to this course, it is crucial to coordinate with your sponsor and manager to ensure that you will have enough study time and opportunities to learn and progress."





## Ashleigh Wroe

- **Role:** Quality Governance Lead, Medicine and Emergency Care
- **Email:** ashleighmarris-murrell@nhs.net
- **Integrated Care System:** Joined Up Care Derbyshire
- **Sponsor:** Krishna Kallianpur

## Stretch Assignment

# Improving shared learning across the Trust and between professions

### Executive summary

I currently work as the Quality Governance Lead for Medicine and Emergency Care. Within this role I identified that although the Trust was effective at sharing learning locally from clinical incidents or complaints the learning outcomes were not shared to the wider Trust or the teams delivering the care.

I engaged with clinical teams and undertook a survey, which revealed that 100% of those surveyed would like to know about incidents in other areas. I engaged with the Governance leads within the Trust and met with the Trust's communication team, who created a strategy to increase learning attendance.

The first Trust's shared learning forum was started, which is now an established monthly event. Each bed-holding division was asked to present an incident or complaint. I chaired the first forum, which took place on 22 September 2023 and was well-attended by a broad range of professions, with positive feedback. The shared learning within the forum was evident. There is now a QR code to attend the forum, to ensure easy and wide access. The forum is a positive, no-blame environment, to empower others to share their experiences and take part in questions and answers. For teams that are unable to attend there is a concise summary circulated.

This has been the most successful and rewarding project I have completed within my Nursing career. I feel I have really made a change within the organisation. My future goal is to create a Nationwide Governance Network to share learning outcomes, so we can also learn from other Trusts.

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

"I would say this is your opportunity to enact a significant change in your Trust, make sure you take this opportunity."



## Bindu Rajesh

- **Role:** Practice Education Facilitator
- **Email:** bindu.rajesh2@nhs.net
- **Integrated Care System:** Shropshire, Telford and Wrekin
- **Sponsor:** Hayley Flavell, Director of Nursing

## Stretch Assignment

# Retention and wellbeing of International Nurses at Shrewsbury and Telford Hospital

### Executive summary

Our Trust has recruited more than 500 international nurses but has not done enough to retain them. During pastoral visits, the nurses share their concerns with us. As a person who directly observes their difficulties, I completed a short survey with them to study the issues they were facing and how these issues were affecting them. Some nurses were planning to leave the NHS to go to other countries for better working conditions; and it is happening now.

The survey revealed that only 60% of the nurses are happy to work at Shrewsbury and Telford Hospital and the rest are not. I took the survey report to many stakeholders and had meetings with them to look at possible steps we could take to improve the situation. I started a project with the help of the improvement hub, aiming to improve their experience in our Trust.

One of the concerns of the international nurses was lack of training opportunities, so I reached out to the Florence Nightingale Foundation who were offering a 6-month online Leadership course and they kindly allocated places for 16 of our nurses. I contacted the education team requesting to release funding for them.

I also created a Facebook Forum for the nurses called 'The International Colleagues Forum – SaTH and Shropcom'. It has 110 members now and is still growing.

The EDI team has taken some concerns on board and is working to solve the most important and critical. It is not a finished project; however, I am proud that I was able to shine some light into the issues faced by internationally recruited nurses and raise it to the wider team for finding solutions.

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

"It is a massive task you are committing, please do not take it lightly and request and demand adequate study time from your managers. This programme is definitely worth attending and the support we received from the coordinators of this programme was massive. You are not alone."



## Colin Jordan

- **Role:** Senior Lead Nurse for Quality and Safety
- **Email:** colinjordan@nhs.net
- **Integrated Care System:** Lincolnshire
- **Sponsor:** Martin Fahy, Director of Nursing

## Stretch Assignment

# Treating acute hospital delayed discharge and Urgent and Emergency Care pathway delays as potential harm events

### Executive summary

Demand for urgent and emergency care (UEC) services has increased year-on-year, with a 74% increase in admissions via emergency departments (EDs) since 2012 (Emergency Medicine GIRFT Programme National Specialty Report, 2021). The same report highlighted that for 67 patients waiting up to 12hrs, one will experience avoidable harm. The Royal College of Emergency Medicine's report, Crowding and its Consequences, (2021), built on the GIRFT mortality data, showing increased harm and mortality for patients in EDs over 12hrs.

UEC challenges are characterised by ambulance handover delays resulting from overcapacity in, and impeded patient flow out of, emergency departments, the latter exacerbated by difficulties discharging patients from wards to free up beds. The wellbeing of staff while working in these conditions is also negatively affected, as is patients' experience of care and risk of harm. This project is therefore primarily concerned with reductions in UEC patient harms.

The pressures on acute hospitals' capacity, efficiency and safety, and associated risks of harms to patients, are acutely felt by the NHS trust within the integrated care system where I work as a Senior Quality Lead Nurse in the aligned integrated care board (ICB). In response, I described how harm identification, recording and response in UEC can contribute to existing patient flow and UEC optimisation programmes. Central to my proposal is the development of a combined harm prevention, human factors, training and communication strategy.

In achieving the project's aims, I have emphasised Human Factors Theory (Health Education England, Human Factors and Healthcare, 2019) as a key driver for exploiting efficiencies across UEC improvement and recovery projects, all of which have combined potential for reducing avoidable patient harms. This project is therefore ongoing and likely to be long-term in its implementation.

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

"This unique programme is one big step along your leadership journey. Approach it with a growth mindset and willingness to learn from and share your experiences with mentors, coaches and your cohort colleagues, and you'll be well on your way to becoming a successful leader in the NHS."



## Dezrene Jones-Beezer

- **Role:** Ward Manager – Care of the Elderly, Medicine
- **Email:** dezrene.jones-beezer1@nhs.net
- **Integrated Care System:** Integrated Care Northamptonshire
- **Sponsor:** Jayne Skippen, Chief Nursing Officer

## Stretch Assignment

# The Relaunch of John's Campaign

### Executive summary

Whilst pursuing the DAL programme I recognised there is a gap in maintaining a positive communicative relationship with relatives, resulting in increased number of complaints throughout the organisation. As the ward manager for a Care of the Elderly ward, working with patients living with Dementia and other complex needs this issue needed to be resolved. It was identified that it is the right of family members or carers of these patients to have flexible hospital visiting times to support emotional or practical wellbeing to those living with dementia, suffering with anxiety, or experiencing confusion and other complex needs.

Working collaboratively with the Dementia Specialist Nurse, the Relaunch of John's Campaign commenced.

Although KGH is included in the over 1500 hospitals and other social care facilities that pledged to support John's Campaign; during a relaunch in May 2023, a survey was carried out showing that only 25 out of 140 participants were already aware of John's Campaign. Findings from the survey were shared with the chief nursing officer, ward matrons and family members. I became more persistent in raising awareness throughout the organisation as the best outcomes are likely when we as an organisation work in partnership with the multi-disciplinary team, social care professionals and family members.

I recently presented this work at the KGH Briefing and received positive feedback and praise from the entire panel. The project is supported by the commissioners, my sponsor the chief nursing officer, ward matrons, ward managers and family members.

I believe that the outcome of this project will improve morale, provide more inclusive and compassionate care, a calmer working environment, a reduction in violence and aggression, safe and effective discharges and a more positive service throughout the organisation.

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

"The DAL programme is a personal and professional life-changing experience. You will get out of your comfort zone; this will open opportunities and provide you with the essential skills to lead the NHS of today and the future. Yes You Can!"



## Ellmina McKenzie

- **Role:** Research Midwife
- **Email:** ellmina.mckenzie@nhs.net
- **Integrated Care System:** Black Country
- **Sponsor:** Ann-Marie Cannaby, Chief Nurse

## Stretch Assignment

# Assessing the Occupational Health and Wellbeing Service at The Royal Wolverhampton NHS Trust

### Executive summary

Evidence suggests that the Covid-19 pandemic has had a significant impact on the mental health and wellbeing of the NHS workforce. Reports suggest high levels of stress, burn-out, anxiety and depression were experienced by NHS staff during the pandemic (Wilson, 2020). Further evidence also suggests that staff from Black, Asian and Minority Ethnic (BAME) backgrounds, who comprise a significant proportion of the NHS workforce, have been disproportionately affected by the Covid-19 pandemic (NHS England, 2020).

In view of this, I based my project on assessing the Occupational Health and Wellbeing Services provided to staff at the Royal Wolverhampton NHS Trust (RWT). I first reviewed the Trust data on staff access to the Occupational Health and Wellbeing Services and compared ethnic background with rates of access, to ascertain if there were significant discrepancies. Two short surveys were created to explore staff views and experiences of the services. To ensure validity of the results, I employed a multidisciplinary approach, obtaining responses from staff across multiple specialties and departments within the Trust including medical, nursing, midwifery and corporate. There was a high survey response rate, and the results of both surveys highlighted the need for RWT to raise awareness of the Occupational Health and Wellbeing Services available to staff. It also emerged that staff from a BAME background were less likely to access the service.

I have shared the findings with the Occupational Health Department and my Sponsor and will also be presenting this project to senior leaders within RWT to influence positive change within the Trust. I am continuing to work with the Occupational Health Department to raise more awareness of the Occupational Health and Wellbeing Services. This should help to improve access rates and help to ensure staff are well supported with their health and wellbeing needs, which is crucial to providing high quality, safe and effective care.

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

“Be the change that you wish to see in the world.”



## Esther Okon

- **Role:** Nurse Practitioner, Integrated Sexual Health Service
- **Email:** Esther.Okon@mpft.nhs.uk
- **Integrated Care System:** Staffordshire and Stoke-on-Trent
- **Sponsor:** Liz Lockett, Chief Nurse and Director of Quality & Professional Leadership

## Stretch Assignment

# Improving healthcare provision for transgender and gender non-conforming (TGNC) service users in Midlands Partnership University NHS Trust

### Executive summary

Transgender people frequently report negative experiences in healthcare settings. This is due to lack of cultural competence from healthcare staff, resulting in stigmatised and discriminatory attitudes and actions.

In my project I gathered empirical evidence and held virtual focus groups to gather lived experiences of healthcare workers regarding their knowledge and competence in care provision to transgender and gender nonconforming service users. The results showed lack of knowledge and competence and there was also institutional lack of emphasis on the importance of quality healthcare provision for the TGNC population.

I called for change in the existing provision of TGNC awareness training by adding e-learning and awareness training in the new starter local induction checklist. This proposed change was accepted by the quality committee and a recommendation for implementation sent to the Training and Education Team.

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

“Leadership can be challenging, build resilience and be open to changes.”



## Eve Manera

- **Role:** Community Practitioner out of hours service
- **Email:** e.manera@nhs.net
- **Integrated Care System:** Herefordshire and Worcestershire
- **Sponsor:** Natalie Willetts, Director of Nursing and Quality

## Stretch Assignment

# Improving diabetes care in residential and care homes

### Executive summary

Raising staff awareness to improve the care of residents living with type 2 diabetes.

Working in collaboration between district nurses and staff working in care homes and residential homes to improve the care of residents with type 2 diabetes on insulin.

Having identified the large caseloads of patients receiving insulin on neighbourhood teams, this provided me with an opportunity to suggest a pilot scheme in order to improve the care of this population group. I embarked on a project to offer training and practical skills including blood glucose monitoring to the staff to give them knowledge and confidence. This is an ongoing project and initially has encountered some resistance from some private care home managers. However as this is an ongoing project I am hopeful that changes can be made to the improvement of the service. Staff have expressed an interest in developing their skills and increasing their knowledge of type 2 diabetes but there has been issues raised by managers which need to be worked on. I believe that in the NHS adopting a more collaborative model of working with stakeholders will improve the care of this population group.

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

“Go for it” the more you put in the more you get out of it and the more you get out of it, the more you will have to give in the future.”



## Gincy John

- **Role:** Ward manager
- **Email:** gincyjohn@nhs.net
- **Integrated Care System:** Herefordshire and Worcestershire
- **Sponsor:** Sarah Shingler, CNO

## Stretch Assignment

# Hospital-associated functional decline improvement

### Executive summary

As a ward manager in the geriatric ward, hospital-associated functional decline is one of the main reasons for delay in discharging geriatric patients.

Nowadays we are dealing with a lot of issues with bed pressures to admit unwell patients and to avoid ambulance queues and A&E waiting times. We need to try to minimise inpatient stays for our older people where possible, because of the problems associated with hospital-associated functional decline. Hospitalization may lead to complications that are not specific to the presenting illness, often called geriatric syndromes.

I actively took part in the hospital-associated functional decline task and finish group and worked collaboratively with physios and other multi-disciplinary teams to put measures in place to prevent this, and shared learning with our system partners. This included the identification of different reasons for hospital-associated functional decline, training, a clear plan of multiple interventions, daily effective multi-disciplinary team meetings, ownership of actions, and monitoring progress. There was more focus on the END PJ Paralysis element, and I developed a monitoring tool for weekly monitoring of this, with a leaflet to share the awareness and importance.

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

“Nothing is too late. Although you’ve only had a chance to attend courses like the DAL programme now, you may feel like it would’ve been better if you had the opportunity to access courses like these before. But nothing is too late, please plan your journey from today to reach your aspiring role.”





## Hefda Salam

- **Role:** Midwife
- **Email:** hefda.salam@nhs.net
- **Integrated Care System:** The Black Country
- **Sponsor:** Mary Sexton, Chief Nurse

## Stretch Assignment

# Mental health support for ethnic minority mothers after birth: a literature review on information availability

### Executive summary

Women from ethnic minority backgrounds have long been known to face additional maternity risks, with maternal mortality rates significantly higher than for white women. In a recent Maternity Care Quality Commission (CQC) survey for my Trust, it was indicated that although women were asked about their emotional and mental well-being in the postnatal period, responses indicated a need for further improvements in monitoring changes in their mental health that may be experienced after giving birth.

Women who have mental health problems during pregnancy or in the first year after giving birth (the perinatal period) may encounter difficulties in accessing professional support. The problem is more pronounced for women from ethnic minority communities. A recent MBRRACE report also highlighted an urgent need for improved care regarding continued inequality and mothers' mental health, and this has been reinforced in a number of UK policies.

Considering this, for my stretch assignment I chose to conduct a literature review with the aim of ascertaining the existing information available regarding mental health support for ethnic minority mothers in the postpartum period and evaluating the adequacy and appropriateness of the information provided. Furthermore, I presented an overview of my stretch assignment during the Trust Maternity and Neonatal Safety Champions meeting. The results derived from the review of existing literature will be disseminated among the Trust's maternity services.

Recently, I joined the British Arab Nursing and Midwifery Association (BANMA), a professional organisation that supports Arab nursing and midwifery staff, and this has enabled me to reconnect with my identity, recognise the skills I have as a midwife and have the opportunity to be filmed by The National in the Middle East, to showcase the work I do and the leadership I show in my role. This raises the profile of those wishing to enter midwifery as a profession in the NHS, and provides me with the opportunity to advocate perinatal mental health awareness within the Arab community.

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

"Get ready for the exciting journey of discovering your true self on the path of leadership. It might be a solitary and challenging start, but don't worry; you won't be alone. Along the way, you will meet countless professionals who will offer their unwavering support. This is an incredible opportunity for you to grow personally and professionally while expanding your network. Embrace this chance and watch yourself flourish!"



## Hilda Devassy

- **Role:** Matron, Renal/Renal Transplant Services
- **Email:** Hilda.Devassy@nuh.nhs.uk
- **Integrated Care System:** Nottingham and Nottinghamshire
- **Sponsor:** Michelle Rhodes, Chief Nurse

## Stretch Assignment

# Improving patient experience and patient outcomes by establishing Renal Virtual Ward

### Executive summary

I started my new role as Matron for Renal services and the DAL programme at the same time. This stretch assignment is based on my reflective journey of evolution as an adaptive leader during the process of establishing a Renal Virtual ward in my Trust.

In this first Matron role, I was faced with services which had experienced frequent changes of leadership, financial constraints, increased demand on flow and capacity and poor patient experience. As a leader I recognised the challenges of change management as the most laborious part of the stretch assignment along with the successful application of principles of adaptive leadership such as emotional intelligence, organisational justice, development and character. In the assignment I describe the multi-factorial nature of leadership used to improve quality of care, provide leadership and guidance to staff, improve morale and prepare the service for embracing a futuristic model for care delivery. Consequently, my service area is expecting to see some significant improvements such as positive impact on flow and capacity, and improved patient outcomes.

I have had the opportunity to network with strategic health facilitators, project managers and collaborative members within my division and outside, engaging stakeholders in the project and enhance patient experience.

Networking and support was facilitated by my Executive Sponsor. I am a strong advocate for colleagues who want to develop a leadership style that upholds their own personal values and principles, as a result of conducting this stretch assignment, and have learned to value my own authentic style.

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

“Let go of who we think we are supposed to be and embrace who we are. Be proud of your background and what you can offer.”



## Jane Sanjeevi

- **Role:** Freedom to Speak Up Guardian
- **Email:** j.sanjeevi@nhs.net
- **Integrated Care System:** Northamptonshire
- **Sponsor:** Nerea Odongo
- **X/Twitter:** @jane\_sanjeevi

## Stretch Assignment

# Levelling Up: A Career Acceleration Intervention for Internationally Educated Nurses

### Executive summary

My organisation has been recruiting Internationally Educated Nurses (IENs) for seven years but has not seen a desirable level of progression beyond band 5 or into senior positions. To address this disparity, promote inclusivity, and support progression, evidence was gathered through surveys and pull-back sessions regarding factors which influence in career progression. A career workshop (Levelling Up Programme) was structured to provide tools to address IEN development needs. I designed and developed this programme exclusively for IENs working across the system, to build their global experience and skills and enable them to access equal development opportunities to maximise their career potential.

The Levelling Up session offered the staff practical support for job applications, interview preparation, accessing funded courses, and an introduction to advanced clinical practice. Alongside, there were 'safe space' interactive sessions to identify enablers and barriers to career progression and to develop solutions. The participants had the opportunity to draw inspiration and positive reinforcement from the success stories of IENS who have progressed. I also engaged with managers' forums to create awareness of the need for development support for IENs.

On the evaluation of the programme, it was identified that 50% of the participants had either progressed to senior/specialist roles or had been successful in taking on leadership and professional development programmes. I have presented the positive outcomes of Levelling Up on regional and national platforms, as well as to other Trusts aspiring to replicate this best practice, which is gaining recognition.

The ambition of the project to meet the EDI strategy and NHS People Plan will be achieved by embedding this programme as an ongoing support for IENs. This recommendation, along with some institutional and cultural barriers identified, was communicated to the senior leadership team. The programme received excellent feedback and outcomes have led to culture and talent interventions within the organisation.

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

"Lift as you climb, facilitating a positive journey for those who follow to thrive and flourish."



## Kenneth Mbonzongwana

- **Role:** Ward Manager, Older Adult Acute ward
- **Email:** K.Mbonzongwana@nhs.net
- **Integrated Care System:** Lincolnshire
- **Sponsor:** Sharon Harvey, Director of Nursing and Quality
- **X/Twitter:** @Ken\_Mbonz

## Stretch Assignment

# The experience of IENs recruited to the Trust and their support in adapting culturally and professionally

### Executive summary

Internationally Educated Nurses (IENs) experience several cross-cultural barriers that can challenge their acculturation to the United Kingdom and, in turn, the delivery of care. The purpose of this stretch assignment is to support them to adapt to the new environment as well as support their acculturation to United Kingdom life, socially and professionally.

Lincolnshire Partnership Foundation Trust has embarked on international recruitment in response to the need for safe staffing and to embark on a process to ensure that staff and patient safety is not compromised due to the shortage of staff/workforce. The Trust is working hard to retain the existing staff, also encouraging staff who have left the NHS to re-join the workforce and part of this is to increase the homegrown supply of staff, but it has also become clear that ethical international recruitment is crucial for achieving the commitments for safer staffing etc.

I chose this area as part of my stretch assignment because I was also recruited internationally and have lived experience of what it means to come over to the United Kingdom and be a new nurse being qualified in a different country. I looked at the key objectives to support IENs and at the centre of that is a cross-cultural barrier which has significant impact on how the nurses adapt or thrive in their career and develop to be at higher banding than Band 5. Part of the stretch assignment is to engage other existing stakeholders within the Trust and outside and look at addressing the level of support with issues of social isolation and emotional distress.

Newly recruited IENs do face challenges of adaptation socially and culturally once they are on the wards and at times there are not enough opportunities created while they are supernumerary, to support their learning and build up their confidence. My ambition was to embed the organisation's values of setting and achieving high standards for staff and the care they deliver, by ensuring that they are supported and nurtured to the Trust, thereby afforded equal learning opportunities, regardless of which ward or department they are assigned to.

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

“Leadership development is a journey not a destination’. Be the change that you want to be and push boundaries in life as you cannot expect to be given it on a platter.”



## Liavel Vargas

- **Role:** Practice Development Lead for Postgraduate Education
- **Email:** liavel.vargas2@nuh.nhs.uk
- **Integrated Care System:** Nottingham and Nottinghamshire
- **Sponsor:** Michelle Rhodes and Tabettha Darmon
- **X/Twitter:** @liavelvargas

## Stretch Assignment

# Beyond preceptorship – retention of early-career nurses

### Executive summary

Retaining nurses in the NHS remains a critical challenge in the workforce. The Royal College of Nursing reported a significant number of early-career nurses leaving the register within 10 years of first registration.

In October 2022, NHS England published the national standards for preceptorship for nurses. The publication provides a framework for organisations to deliver a structured preceptorship for newly registered nurses. However, the recent leavers' data indicates that after the preceptorship period it is vital to provide continued support to early-career nurses to improve retention.

To support early-career nurses, I led the relaunch of 'Careers Conversations' at Nottingham University Hospitals NHS Trust. Careers Conversations involved a monthly trolley-dash and a bi-yearly event. During the trolley-dash, colleagues and I visited clinical areas and spoke to staff about the various support and development opportunities available within the Trust and the system. The Careers Conversations event presented staff with a marketplace of different teams highlighted their support offers. Examples of the information provided include education and training, apprenticeships, continued professional development, shared governance, leadership, research and innovation, shadowing opportunities, flexible working, and health and wellbeing support.

I continue to work closely with NUH's recruitment and retention team, and my network within the system, to share my career journey and promote career opportunities within the nursing profession. I offer career guidance, pastoral support, shadowing opportunities and coaching to nurses who are thinking of the 'next steps' in their career.

I am a member of the Nursing Career Mapping Task and Finish Group in Nottingham and Nottinghamshire ICB. One of the aims of the group is to provide a clear career pathway for nurses in Nottingham and Nottinghamshire (#NottsNurses).

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

"Always be your authentic self and stay true to your core values. As a leader, it is important to remain curious, ask for feedback and regularly reflect. Always be kind, compassionate and honest. Remember to extend the kindness and compassion to yourself too – you will not always get it right but it's important to reflect and learn from your experience. Your mentor/s and peers are there to support you, so don't be afraid to ask for help. Lastly, appreciate the importance of creating and expanding your network during your leadership journey."



## Lisa Mason

- **Role:** Deputy Ward Manager
- **Email:** Lisa.mason@combined.nhs.uk
- **Integrated Care System:** North Staffordshire Combined Healthcare
- **Sponsor:** Kenny Laing

## Stretch Assignment

# Reducing Restrictive Practise with Virtual Reality

### Executive summary

Inpatient Psychiatric Wards are heavily restricted environments. Patients are often detained under the Mental Health Act meaning even their freedom to leave the ward is restricted. The ward has limited space to move around and de-stress. Patients can feel closed in and become anxious leading to feelings of anger and upset. Due to the lack of freedom and limited space to deescalate/ distract from these emotions, they can erupt into violent outburst which leads staff to respond to this with either the use of medication, restraint or at worse seclusion.

During this assignment I wanted to explore the use of Virtual Reality to see if it could help relieve this stress and reduce the number of restrictive practises staff use. The idea was that patients could utilise VR as a way to distract them from their negative emotions, such as take a walk on a beach/ woods to help relax them before the emotions erupted into a violent outburst.

VR could also be utilised as a treatment option to help provide exposure to anxiety provoking situations such as crowded areas.

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

"Always seek feedback from the people around. It can be extremely daunting especially if like me you suffer from imposter syndrome however you will find that you are doing a better job than you perceive you are. You will also have clear instruction on what you need to improve on rather than shooting in the dark."



## Michelle Hartanto

- **Role:** Practice Facilitator, Pathway to Excellence® Team
- **Email:** Michelle.Hartanto@uhcw.nhs.uk
- **Integrated Care System:** Coventry and Warwickshire
- **Sponsor:** Tracey Brigstock, Chief Nursing Officer

## Stretch Assignment

### Building leadership capability within our internationally educated workforce: shared decision-making and collective leadership

There are inconsistencies in the career progression, professional development, and well-being of ethnic minority and internationally educated staff in the NHS (NHS England, Midlands Developing Aspirant Leaders Programme 2021). It is important the NHS is inclusive, and all staff feel they belong, have equal opportunities, and have a voice in decision-making. This aligns with the Chief Nursing Officer for England's vision for collective leadership, national workforce priorities, and the NHS Long Term Plan.

Supported by the Chief Nursing Officer, Deputy Chief Nursing Officer, Pathway to Excellence® Team, Practice Development Team, and Workforce Team at University Hospitals Coventry and Warwickshire, I designed a project to develop additional infrastructure to improve the professional development, career progression, and wellbeing of internationally educated staff (IES).

After completing a scoping exercise with stakeholders, the IES Shared Decision-Making Council was formed to give IES a voice in making decisions that shape their practice. The council is sponsored by the Associate Director of Nursing for Workforce, supported by senior IES members who use their lived experiences to provide coaching, and facilitated by myself. My aim is to build leadership capability and develop IES leaders, by ensuring the delivery of bespoke training on shared decision-making, creating inclusive environments, and inclusive leadership, as well as providing coaching and establishing rotational council leadership roles where outgoing leaders train incoming leaders as a sustainable model.

The council has organised IES support network cafés and established a mission and vision which will enable and empower IES across the Trust. This work is underpinned by Trust values, rooted in cultural awareness and respect, and supported by senior leaders across the Trust. I am incredibly proud of the council for their work and for the values they demonstrate, and look forward to supporting them in building, sustaining, and embedding the work.

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

“Find out what fills your cup to give you mental, emotional, and physical energy – what gives you professional pride and joy. Be authentic and kind to those you meet on your leadership journey, and be patient and kind to yourself while you learn.”



## Nonceba Winnie Babu

- **Role:** Ward Manager
- **Email:** nonceba.babu@swft.nhs.uk
- **Integrated Care System:** Coventry and Warwickshire
- **Sponsor:** Ellie Ward, Deputy Director of Nursing
- **X/Twitter:** @Nceshbabu

## Stretch Assignment

# Championing health and wellbeing practices and interventions: Developing cultures of compassion, staff engagement and positive patient experience

### Executive summary

The effects of Covid-19, isolating patients and impacting their health and wellbeing cannot be overlooked. The challenge is felt by staff who care for patients and by organisations who need to manage retaining staff, sickness and morale/engagement levels, patient safety issues, complaints and increased lengths of stay. Although our Trust has a staff wellbeing resource online, it is not routinely used. These factors directly impact care delivery.

My project aims to champion wellbeing; signposting and supporting teams to effectively use resources and interventions to work well and thrive in line with our Trust objectives and NHS People plan. For staff survey data to improve there needs to be a focus on changing culture and creating an environment where everyone can thrive and count on each other. Moreover, building resilience to manage challenges should be prioritised.

A staff survey was conducted based on Kings Fund research to establish workplace culture and the self-assessment tool from NHS People was used to understand the wellbeing culture. These were completed by 60% percent of staff of surveyed teams.

Survey results were shared with line managers and staff, and an action plan completed. The first wellbeing WhatsApp group was created; members created personal wellbeing goals using the health and wellbeing resource pack from the Trust. Outcomes were shared with the workforce and wellbeing lead, our hospital social network and Pulse magazine.

The Head of Workforce and Wellbeing lead, and the Freedom To Speak Up guardian supported me throughout the project. Wellbeing practices were extended to patients and their relatives. The re-launch of John's Campaign helped to support wellbeing for patients and advocate for open visiting for patients living with dementia, reduced car park charges and meals for carers.

The plan is to share practice with other teams and encourage health and wellbeing champions, create a network support group, and create a dedicated space for staff to share wellbeing experiences for a happy workplace.

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

"Be the change you want from others, lead by example. Commit to your journey, be consistent and be intentional."





## Patience Ruvimbo Tate

- **Role:** Learning Disability Transition Nurse
- **Email:** p.tate@nhs.net
- **Integrated Care System:** Joined Up Care Derbyshire
- **Sponsor:** Michelle Bateman, Executive Director of Nursing, AHPs and Quality
- **X/Twitter:** @RuvpatienceT

## Stretch Assignment

# Supporting the development of the transition pathway for young people with learning disabilities in accessing adult learning disability services in Derbyshire

### Executive summary

There is a recognition that the transition from children into adult services can be very challenging for young adults, particularly in understanding change of services and change of professionals. For young people with learning Disabilities, transitioning to adult services is often a very difficult period. The transition support from the neurodevelopmental service helps individuals and their families/carers to prepare, plan and move into adult services.

Young people, parents and carers need full support during the transition period to adult services. Aware of the challenges faced by Young People and their families during the Transition period, I have been working in a project to support them and developed a presentation for the work in the Transition Pathway.

Due to expansion of the Derbyshire Healthcare Foundation NHS Trust (DHcFT) and Derbyshire Community Health Services NHS Foundation Trust (DCHS), I am involved in developing the Transition Pathway between the two services by working closely with the multi-disciplinary teams from children and adult services.

My project evidences the need for the Transition Pathway in the service, and for further training for the pathway team.

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

“Have a positive mindset, everything will fall into the right place at the end of the Leadership Journey.”



## Paulson Arancheril

- **Role:** Pathway Co-ordinator, Virtual Ward
- **Email:** p.arancheril@nhs.net
- **Integrated Care System:** Shropshire, Telford and Wrekin
- **Sponsor:** Clair Hobbs, Director of Nursing and Workforce

## Stretch Assignment

# Supporting workforce, recruitment, and retention of international nurses

### Executive summary

There is a national shortage of nurses across the NHS. Shropshire Community Health NHS Trust recently started recruiting international nurses for the community hospitals and district nursing team. Feedback is required from the international nurses for the smooth running of the recruitment process and for the further improvements for retention and career development.

I conducted a survey of newly recruited international nurses across community hospitals during their pre-registration and post registration journey. I told my own story of migration to team members, my transition to an RN and fitting into an unfamiliar culture. I supported international recruitment for the nurses and recruited to community hospitals. The feedback from the team managers has been positive in terms of learning, adaptation and meeting the need to represent the diverse patient population served in the organisation. It has enabled the recruitment team, workforce team and board members to formulate plans to support international nurses during transition and in terms of their further training opportunities and retention. I am fully involved with pastoral support and development of newly recruited nurses and team leads, as well across the organisation in terms of training and support.

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

“Great things are done by a series of small things brought together. So work hard in silence, let your success be the noise.”



## Saarah Hussain

- **Role:** Childrens Safeguarding Nurse Specialist
- **Email:** Saarah.Hussain7@nhs.net
- **Integrated Care System:** Birmingham and Solihull
- **Sponsor:** Lorraine Galligan, Chief of Nursing and Therapies

## Stretch Assignment

# Cultural Competency: The role health plays in creating understanding in safeguarding

### Executive summary

Working in a busy Multi Agency Safeguarding Hub (MASH) I identified that the way safeguarding referrals are discussed with families from BAME backgrounds needed to be adapted to promote better understanding and awareness. Reviewing how we discuss referrals with BAME families was the primary concern as well as looking at what the impact of a referral meant for families.

Initially I focussed on collating qualitative data from health visitors (HV) and school nurses about their perceptions of how safeguarding referrals are discussed and if there is any follow-up. Results indicated that HVs felt they gave generic information regardless of ethnicity and background. They acknowledged that different cultural practices would impact on a family's understanding of a safeguarding referral. Others felt that they could not challenge certain practices or have open discussions, as they didn't want to be labelled as a racist.

Speaking with senior leaders, understanding the diversity of the city and the services we provide is important. Discussion about being culturally aware and using skills such as professional curiosity to have open discussions was a necessity. I became involved with the cultural competency working group with the Birmingham Safeguarding Children's Board and it became more apparent that having culturally competent practitioners was crucial to better tailor our health services. This was not limited to safeguarding referrals but also health promotion information we provide as a Trust. Findings have been shared with the safeguarding team to promote improved cultural competence in safeguarding supervision sessions with health visitors and school nurses as well as other specialist teams.

I am now in discussions with Equality and Diversity directors to determine where we can implement cultural competence training. I have developed a 7-minute briefing regarding cultural competence and have presented this to senior leaders and the safeguarding team for dissemination to practitioners. Ongoing work to promote and implement this on a wider scale is being reviewed to support the Trust's strategy.

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

"It is not just a journey, it is a process, whereby you will learn, develop, action, and evaluate who you are and what you want. Accept that along the way there will be changes you may not understand or agree with but accept that it is OK to just keep going. Just allow yourself."



## Salu Sreedevi

- **Role:** Clinical Educator – Digital Safety & Transformation
- **Email:** Salu.sreedevi@nhs.net
- **Integrated Care System:** Birmingham and Solihull
- **Sponsor:** Patrick Nyarumbu, Executive Director of Strategy, People & Partnerships Deputy CEO Birmingham and Solihull Mental Health Foundation Trust
- **X/Twitter:** @Sree2inspire
- **LinkedIn:** Salu Sreedevi

## Stretch Assignment

# Catalysing digital transformation to ignite digital readiness for health care excellence

### Executive summary

During the course of the DAL programme, I transitioned into a full-time digital role within a new organisation. In this capacity, I recognized the increasing significance of digital transformation in healthcare, particularly within the NHS and undertook the crucial initiative of identifying the need for establishing a cadre of digital champions. This project was designed to identify individuals within the organisation who possessed a profound passion for digital technologies, were capable of inspiring and influencing change, and could be dedicated to facilitating a seamless transition through various digital transformations occurring within the Trust.

I used the power of networking, a skill cultivated during participation in the DAL programme, both internally and externally to forge connections with key stakeholders, including leads and service managers, streamlining the process considerably.

The overarching objective of this initiative is to cultivate a network of digital champions who serve as the voice of the broader staff body. These champions are positioned to be at the forefront of testing and assessing new technologies and digital health solutions adopted by the Trust. They are instrumental in providing valuable feedback to the IT department regarding the efficacy of digital tools and potential hindrances within their respective spheres of operation.

This project remains an ongoing endeavour, with the aspiration that digital champions will play a pivotal role in implementing safer systems and optimising the efficient utilisation of technologies. The goal is to enable healthcare professionals, particularly nurses, to allocate more time to patient care, ensuring the delivery of high-quality healthcare services precisely when needed.

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

“Seize your destiny: forge opportunities rather than awaiting them. Recognize the boundless potential of networking—it unveils skies, not merely doors. Embrace mentorship and Pay It Forward; when the time is right, be a mentor and lift somebody else.”



## Samantha Sewell

- **Role:** Matron – Critical Care Outreach, Sepsis Team, Acute Pain Team and Advanced Critical Care Practitioners
- **Email:** Samantha.sewell6@nhs.net
- **Integrated Care System:** The Black Country and West Birmingham
- **Sponsor:** Catherine Wilson, Deputy Director of Nursing
- **X/Twitter:** @SamantherB20

## Stretch Assignment

# Exploring barriers facing BAME staff gaining successful promotion into senior positions within the Trust and exploring strategies to improve this

### Executive summary

Black, Asian and Minority Ethnic (BAME) staff are underrepresented in senior clinical positions. The NHS Workforce Race Equality Standard (WRES) 2022 data analysis report identified that race disparity ratios were higher, reflecting greater inequality in clinical staffing roles. This was most evident with progression from band 5 posts to 6 and above. I sought to identify if there were any contributing factors within the Trust to explain this disparity, by comparing the Trust's Annual Equality, Diversity and Inclusion report (2021-2022) to see if their data reflected the same conclusions and findings that the WRES report highlighted.

Having reviewed the Trust's report I devised a survey for BAME employees. The survey highlighted the perceived lack of progression was multi-factorial, ranging from not obtaining constructive feedback following an interview, to the perception of being treated unfairly due to a person's ethnic background.

I produced recommendations for improvement by holding meetings with senior executives, BAME employee voice group leads, and the Equality and Diversity Inclusion lead. This included making recommendations to job vacancies, with the intention of initiating positive action statements for positions of band 7 and above. In response to the survey BAME staff also wanted to seek shadowing opportunities with senior stakeholders, this is something I wish to explore further and develop.

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

"Be brave, have confidence even though it may make you feel uncomfortable. Don't hold back: there will be challenges and not everyone will agree with your decisions and views, perseverance and determination is the key."



## Simbarashe Kapishe

- **Role:** Safer Staffing Matron
- **Email:** Simbarashe.Kapishe@nhft.nhs.uk
- **Integrated Care System:** Northamptonshire
- **Sponsor:** Anne Rackham

## Stretch Assignment

# Autism and reasonable adjustment at Northamptonshire Crisis Houses

### Executive summary

The Crisis houses, The Warren and The Martins within Northamptonshire offer a community-based alternative to acute hospital admission for service users suffering from a crisis impacting on their mental health or directly linked to their mental health. The service model is designed in collaboration with service users and carers who had lived experience of mental health services.

I recognised an opportunity to improve the Crisis Houses environment and make them more welcoming and inclusive for autistic service users. I liaised with the trust's neurodiversity lead to seek guidance on reasonable adjustments. This information was shared with the Director of Mental Health and learning disability directorate who supported in securing funding to enable me to make reasonable adjustments to the Crisis houses.

The project was co-produced, and I strongly utilised service users and carers with lived experience to support in the development. As a result, NHFT's two crisis houses – The Martins and The Warren have been redesigned as colourful and comforting spaces for autistic service users who utilise the service.

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

"Do not be afraid to ask for help, Be bold and courageous and take every experience as a learning opportunity. Lean on your peers for support as there will be testing times. Most important of all, be kind to yourself."



## Dr Takwira Marufu PhD

- **Role:** Clinical Academic Lead – Nursing Research, Honorary Assistant Professor, CYPHR School of Health Sciences, Nottingham University
- **Email:** Takawira.Marufu@nuh.nhs.uk
- **Integrated Care System:** Nottingham and Nottinghamshire
- **Sponsor:** Michelle Rhodes – Chief Nurse and Aquiline Chivinge – Assistant Director of Nursing, Nursing & Midwifery

## Stretch Assignment

# Evaluating the Equality, Diversity and Inclusion of development and career opportunities for paediatric registered nurses across Nottingham & Nottinghamshire Integrated Care System (ICS)

### Executive summary

Ensuring a diverse nursing workforce that represents the community it serves is a priority outlined in the current NHS People Plan and the professional strategic plan of the Chief Nursing Officer of England. Nottingham University Hospitals and Integrated Care system partners (ICS) are committed to lead on this national EDI agenda. A diversified workforce contributes to cultural competence, leading to higher quality of care, and improved healthcare outcomes.

My project focused on exploring and understanding equity, accessibility, and availability of career progression and development opportunities for paediatric registered nursing staff across the ICS. Seven participants with protected characteristics as defined by the Equality Act 2010 took part in two focus groups and four semi-structured individual interviews, all which were recorded. Information collected included knowledge, awareness, accessibility, support, and challenges related to the participants' experiences and views regarding career development and progression opportunities.

Participants highlighted disparities in equity and access to development opportunities based on their roles and clinical area, emphasised the importance of personal initiative in seeking opportunities, and expressed a need for clearer central information about available opportunities. All had reservations about the effectiveness of the appraisal system. Challenges identified included concerns about favouritism, ineffective appraisals, restrictions on access to certain opportunities for part-time workers, and a lack of guidance.

I recommended to the ICS the implementation of suggested improvements from the participants, such as creating a centralised catalogue where all development opportunities are in a single place for easy reference, ensuring a clear and constructive feedback policy for individuals who are not granted opportunities, and maintaining a log to track instances when staff are denied opportunities due to staffing or other reasons, among others. This project marks the beginning of a program of work dedicated to ensuring equity in access and availability of development opportunities across NHS workforce.

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

“Enjoy the course, do your best and put all the learning into practice.”



## Ukraina Garcia

- **Role:** Lead Research Practitioner
- **Email:** Ukraina.Garcia@uhnm.nhs.uk
- **Integrated Care System:** Staffordshire and Stoke-on-Trent
- **Sponsor:** Ann-Marie Riley

## Stretch Assignment

### Take Research on board (engagement project)

#### Executive summary

The project is very important for the Research and Innovation (R & I) department because it follows previous engagement projects and aims to use visual boards showcasing what research activity is being done in the different areas of the trust. The project has objectives such as raising awareness on the importance of embedded research culture and promoting Research Engagement. Another objective is to encourage cooperation between clinical areas and Research. At the same time, improve R & I visibility and build patient centered research partnerships with clinical areas.

The main goal is to improve patient care, giving patients wider access to clinical research and to promote inclusion. According to NIHR (National Institute for Health and Care Research) evidence shows clinically research-active hospitals have better patient outcomes. According to NIHR patients and the public are interested in being part of and getting involved with research. They are hopeful of benefiting from more treatments, but they also want to help others who are experiencing the same condition as them.

The project firstly consists of meetings to introduce the ideas and arrange the Research board on the wards. The board will be standardised and will have the current research activity, brief explanation, research team contacts and relevant information for the patients and staff. The poster will create a visual impact to signpost and indicate that the area is research active. The poster will be the canvas where all the relevant information will be updated by the research links and all the research delivery team that supports the project. The project has been well received and the team is supporting to pilot in 4 areas.

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

“Be open and listen to your peers, include your team and respect diversity.”





## Vanessa Oluwole

- **Role:** ENRICH Practice Education Facilitator
- **Email:** vanessa.oluwole@combined.nhs.uk
- **Integrated Care System:** Staffordshire and Stoke-on-Trent
- **Sponsor:** Kenny Laing, Executive Director of Nursing & Quality

## Stretch Assignment

### Transformative journey toward a more equitable and inclusive healthcare system. Implementation of the Patient and Carer Equality for Race Inclusion and Cultural Heritage (ENRICH) Feedback Mechanism

#### Executive summary

The “Patient and Carer ENRICH (Equality for Race Inclusion and Cultural Heritage) Feedback Mechanism” project is a ground breaking initiative of mine within the North Staffordshire Combined Healthcare NHS Trust. This project is driven by the urgent need to address healthcare disparities, foster cultural competence, and elevate the voices of patients and carers from diverse racial and cultural backgrounds.

My primary objectives were to reduce healthcare disparities, amplify the voices of underrepresented communities, enhance cultural competence, and establish an effective feedback mechanism aligned with the Patient and Carer Race Equality Framework (PCREF).

My key strategies included robust stakeholder engagement, rigorous data collection and analysis, cultural competency training for healthcare providers, comprehensive communication and outreach efforts, and diligent monitoring of PCREF compliance.

I anticipate several significant outcomes, including a noticeable reduction in healthcare disparities, increased engagement of underrepresented patients and carers, heightened cultural competence among healthcare professionals, and the creation of a transparent feedback mechanism.

This project aligns with our Trust’s commitment to equality, inclusion, and cultural heritage. The “Patient and Carer ENRICH Feedback Mechanism” project represents a pivotal step toward transforming healthcare delivery within the Trust which is still an ongoing project.

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

“It’s essential to have clear post-programme goals and fully leverage the support offered by sponsors, managers, colleagues, and fellow programme participants. Make the most of available resources to achieve your objectives effectively.”



## Winnie Masanzu

- **Role:** Midwifery sister, Practice Educator Midwife for International Recruitment
- **Email:** winnie.masanzu@nhs.net
- **Integrated Care System:** Northamptonshire
- **Sponsor:** Nerea Odongo
- **X/Twitter:** @WinnieMasanzu

## Stretch Assignment

# Supporting The Journey for Internationally Educated Midwives

### Executive summary

International recruitment has been a recruitment pathway used at Northampton General hospital. I realised the gaps and challenges faced by internationally educated midwives after joining the trust. This included the support needs for both internationally educated and domestic midwives.

Staff retention has challenged the National Health Services (NHS) with a vacancy rate of 2000 nationally according to the RCM – a figure that was supported by the Select Committee in its maternity safety inquiry last year. I have vast midwifery experience as a labour ward coordinator. Having frequently led a labour ward with minimal numbers of midwives, I knew how important it was to support midwives to retain them. The safety aspect linked to retention of midwives in maternity was a pivotal point in my professional journey as I aspired to be the Practice Educator Facilitator for Internationally Educated Midwives.

Having not worked in education, I realised a gap in my knowledge and skills. However, I was keen to utilise my student mentoring experience and build onto the role. I started by looking at the onboarding experience and any concerns the international midwives were facing and their OSCE learning experience. I started by doing a pullback session with all the international midwives. A survey was also conducted.

Putting the results from the pull back session and survey some changes are being implemented. Two Preceptorship midwives have been recruited into the post to support the supernumerary midwives; maternity will have a profile board for the internationally educated midwives. A handbook for international midwives and a guidance handbook for maternity services supporting internationally educated midwives is now in place.

I will be attending the trainer's training course to enhance my knowledge to give full support for the international midwives. I have already visited one of the successful midwifery units which is Coventry Hospital to shadow the Facilitator for their international educated midwives. I will also be visiting the Capital Midwives in London to learn about their robust programme for internationally recruited midwives.

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

"As you progress in your career, you will need a network of supportive colleagues. You must not be shy in reaching out, particularly when days are tough."



## Yasmin Hussain

- **Role:** Senior Research Nurse (North) CRN West Midlands
- **Email:** Yasmin.Hussain@nhs.net
- **Integrated Care System:** The Black Country
- **Sponsor:** Catherine Wilson Deputy Director of Education, Ann-Marie Cannaby Chief Nurse
- **X/Twitter:** @yasminhussain4

## Stretch Assignment

# Retention of our Internationally trained colleagues at Royal Wolverhampton NHS Trust and Walsall Healthcare NHS trust

### Executive summary

The Clinical Nursing Fellowship Programme was established at Royal Wolverhampton NHS Trust in 2018, with a team to support recruitment and the Objective Structural Clinical Examination (OSCE) bootcamp. As the nursing numbers began to grow, the recruitment team added a pastoral network for smoother transition. After completing OSCE, staff were integrated into placements with the pastoral team retaining an integral role. As part of my stretch assignment, I shadowed the pastoral team and observed nurses remaining at the same grade, creating a concern around career progression and education.

I developed a survey to review whether the academic offer available through the Clinical Fellowship Programme was accessed. Challenges that I met showed me that there were many barriers as international nurses who had been in the country more than two years were not compliant. My ambition was to implement further focus groups to engage and understand why, and so I successfully handed this task over to programme leads in International Nursing.

The learning that I have acquired has increased my confidence, assertiveness, self-awareness, resilience, and emotional maturity. Understanding that we learn from challenges has been an integral part of my learning. My enthusiasm to learn, reflect and grow has influenced my leadership style, and this visibility inspired my colleagues to want to know more about my learning.

At our network celebration event I was invited to present my leadership journey. I was able to champion leadership as an important factor when motivating career progression and retention. This was a pivotal point as the positive feedback from this session and my colleagues has highlighted my personal growth over the last twelve months.

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

“Don’t be afraid of challenges – we learn, we grow, we adapt, then we come back stronger.”

“Be a passionate leader and believe in yourself, it sparks excitement and enthusiasm wherever you go and becomes your positive trait.”

# Executive Sponsors

**Each participant has had the support of a senior leader acting as a sponsor in their organisation.**

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 Integrated Care 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 and for continuing to play a key role in career progression. We ask our cohort 2 sponsors to continue to promote the benefits of the DAL programme and advocate for sponsorship in systems.

We continue to work regionally to promote the benefits of sponsorship and are expanding the concept to middle managers through new regional initiatives such as the Developing You, Developing Me talent acceleration programme.

## Our 2023 DAL sponsors included:

Anne Rackham	Kenny Laing	Patrick Nyarumbu
Ann-Marie Cannaby	Liz Lockett	Patricia Paine
Aquiline Chivinge	Lorraine Galligan	Sarah Shingler
Catherine Wilson	Martin Fahy	Sharon Harvey
Clair Hobbs	Mary Sexton	Susan Smith
Ellie Ward	Michelle Bateman	Tabetha Darmon
Hayley Flavell	Michelle Rhodes	Tracey Brigstock
Jayne Skippen	Natalie Willetts	
Krishna Kallianpur	Nerea Odongo	

### Natalie Willetts



“ My experience as an executive sponsor of the DAL programme has been fantastic. The reciprocal mentoring has increased my knowledge and understanding far beyond any training I have had and it at times has pushed me out of my comfort zone and really stretched my learning. I have found working with Eve inspirational – she has committed so much to the course and observing her grow and develop such confidence has been fantastic.”

**Natalie Willetts, Director of Nursing and Quality, Herefordshire and Worcestershire**

### Tracey Brigstock



“ My experience of mentoring Michelle, as part of the DAL Programme, has been invaluable as a Chief Nurse. Our scheduled time together has enabled rich conversation, sharing personal stories and experiences, forming connections, and exploring opportunities for her personal growth. As a member of a pilot programme and building on this experience, I am now working with fellow Chief Officers and Non-Executive Directors in building the Trust’s inclusive mentoring, capacity and capability, reflecting our EDI ambition.”

**Tracey Brigstock, Chief Nursing Officer, Coventry and Warwickshire**

# Successes

## DAL Participants

The DAL programme participants have created significant successes, leading to improved patient and staff outcomes, as described in their 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.



## Dezrene Jones-Beezer



Since pursuing the DAL programme, Dezrene has been awarded a certificate, nominated by a colleague in recognition of delivery and dedication during presenting her stretch

assignment project at the hospital briefing seminar.

Dezrene is also co-writer of a book soon to be published “Dementia and the Church” to raise awareness and increase knowledge in this area.



## Jane Sanjeevi

Jane was awarded the NHS England Midlands Inclusion and Diversity Award Scheme (MIDAS) – Change Maker of the Year Award in November 2022 in recognition of her ongoing work in the development and retention of IENs. Jane presented her project – Levelling Up at the RCN National Education Conference in April 2023 and won first place in the poster competition. Jane was promoted to a band 8A role whilst on the programme.



## Lia Vargas

- Received a Team Nottingham University Hospitals nomination for the 'Empower' category and received 'Highly Commended' for the 'Nurturing' category
- Recently successful at an interview for the Institute Senior Nurse for Practice Education (band 8A) at Nottingham University Hospitals
- Successfully completed a PGDip in Medical Education at University of Nottingham

## Salu Sreedevi

- Entered into a completely different speciality, obtaining a Band 6 role
- Obtained a Digital Fellowship with Shuri Network
- Attended a digital conference in Birmingham and met Interim CNIO NHS England and CCIO NHS England
- Shortlisted for a Band 8a Interview
- Spoke at BAPIO 2023 conference in Manchester

## Nonceba Winnie Babu

- Nominated for a GEM award (championing wellbeing)
- Featured in pulse magazine for NHS 75 newsletter



## Michelle Hartanto

- Shortlisted for the Royal College of Nursing Workforce Award 2023



# Successes



## Simbarashe Kapishe

- Led on innovative new facilities for people with autism described as “trailblazing” by Prime Minister Rishi Sunak. The project was featured on BBC Northamptonshire – A case study can be read [here](#)



## Paulson Arancheril

- Promoted to band 7 Pathway Co-ordinator for Virtual Ward at Shropshire Community Health NHS Trust
- Actively involved with international recruitment of nurses to the trust

## DAL programme team

- Nominated for “Best Corporate Achievement of the Year” Award at the National BAME Health and Care Awards 2023 and winner in 2022



## Asha Day

- Nominated for BAME Nurse of the year at the National BAME Health & Care Awards 2023 and winner of a special commendation



## Tom Warner

- Nominated for best ally of the year at NHS England the NHS England Midlands Inclusion and Diversity Award Scheme 2022 (MIDAS)



## Lynn Day

- Winner of a regional individual performance award, following the DAL cohort 1 celebration event



## Jennifer Pearson

- Promoted to Head of Nursing
- Successfully completed Professional Nurse Advocate Training to deliver restorative clinical supervision and lead on the roll out at the Royal Orthopaedic Hospital
- Invited to join the CNMA Caribbean Nurses Committee, winning an award at the Global Caribbean Diversity Awards Sept 2023
- DAL finalist National Diversity Awards Sept 2023 attended by Ruth May
- Co-Chair Chief Nursing Officer Delivery Group enabling establishment of system reference group and sits on the BSOL Global Majority Board
- Invited to join round table discussion re career progression with Rt Hon Steve Barclay Dept Health
- Ambassador for NAME UK (nursing and midwifery excellence)
- Member of the Shared Professional Decision-Making Council NHSE
- Flag bearer for NHS with BAME RAF veterans Windrush event and Black History events VOWS community enterprise
- Published article in Wounds UK Skin Tone Bias
- Invited by REACH to co-author re vaccine uptake in BAME communities with Prof Donald Palmer

“One of my highlights of my career was supporting a IEN whilst she gave birth, she was alone and had no relatives in country. Another highlight was co-designing DAL programme and watching the participants flourish, grow, develop and gain promotion.”





# Alumni

A DAL Alumni group has been formed to maintain the powerful regional network of aspirant leaders created during cohorts 1 and 2.

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

- Self-facilitated action-learning sets participants encouraged to continue
- Tracking of career progress
- [FutureNHS workspace](#) for networking and contact information
- Regional sharing of promotion, learning and development opportunities
- Lift as you climb – utilising the Global Majority Nursing and Midwifery Skills Exchange on Hexitime to share strengths and experience

The alumni will require the enthusiasm and innovation of our DAL 1 and 2 participants to continue the DAL legacy and momentum. As such we are asking participants to contact the programme team if they would like facilitation or speakers arranging for any alumni events.

For more information, please contact **[england.midlandsnursingworkforce@nhs.net](mailto:england.midlandsnursingworkforce@nhs.net)**

Find us on the [FutureNHS website](#) by searching for “The Award-Winning Developing Aspirant Leaders (DAL) programme.”

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# Next steps

We would like to thank all participants, sponsors, programme team members and integrated care systems across the region for supporting cohorts 1 and 2 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 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.

We continue to expect to see an increased representation of ethnic minority leadership and the elements of the DAL programme are an evidenced based way to improve equality, diversity and inclusion. We have already seen outcomes in cohort 1 and 2 aligned to our programme objectives including promotions, improved patient experience and senior leaders demonstrating accountability. The pilot programme is undergoing final independent academic evaluation and the results will be published early in 2024.

Please stay connected to [@NHSMidlands](#) and our [FutureNHS](#) site for the latest updates.





## Our programme's ambitions are being achieved:

- Make a positive difference to the career development experiences of our ethnic minority nurses and midwives
- Create and deliver a sustainable positive action scheme and strategy for progression for nurses and midwives from ethnic minority groups
- For midlands employers to be 'spoilt for choice' from a pipeline of diverse talent equipped to thrive in senior roles
- To establish a network of allies and sponsors of ethnic minority staff

The DAL programme was jointly created by our regional CNO and CMidO Ethnic Minority Expert Reference Group, the regional CNO and CMidO BME Strategic Advisory Group representative, NHS England Midlands nursing team and the National & Midlands Leadership and Lifelong Learning Academy.