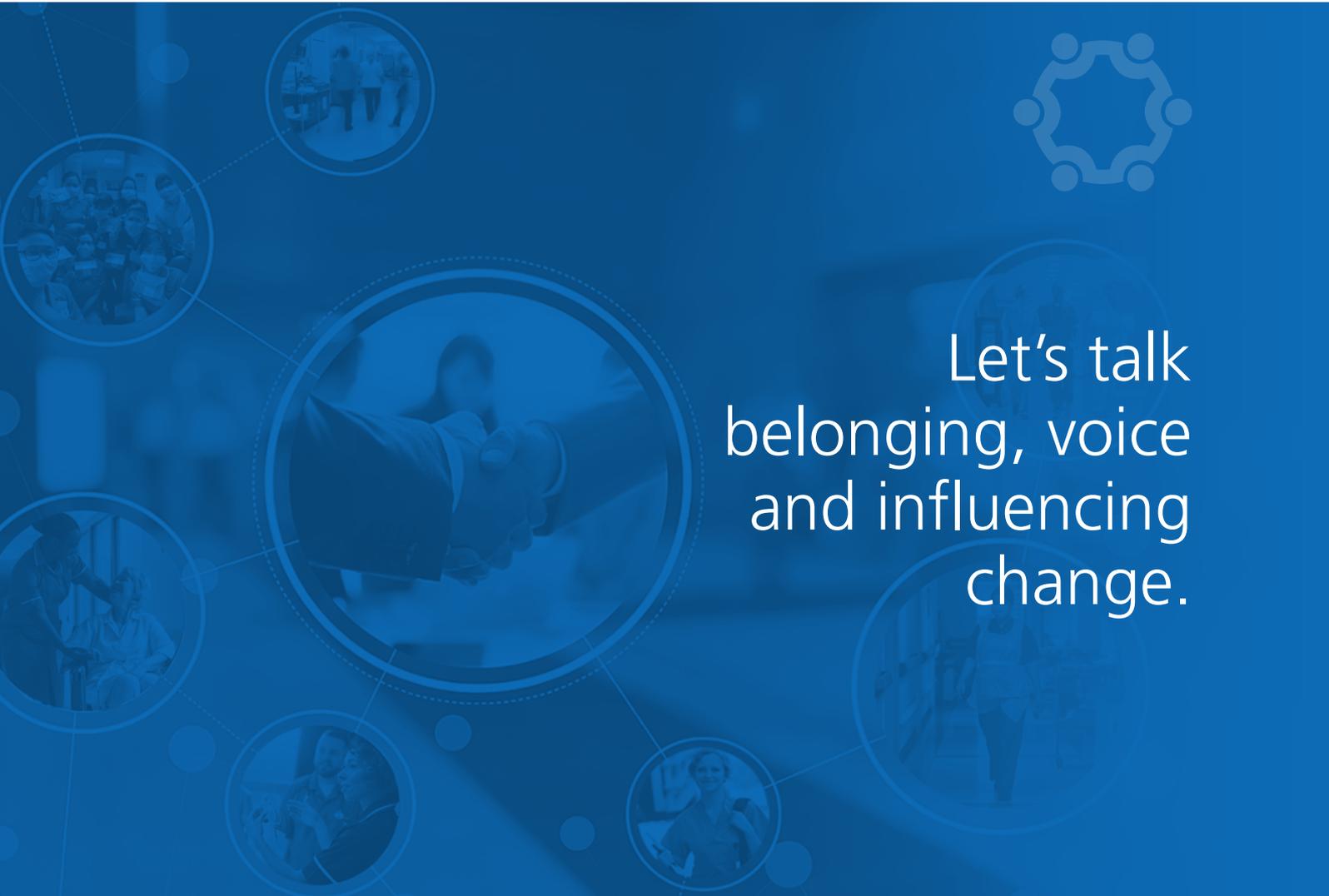




Leadership Academy

Making staff networks work for me, my team and my organisation **Online Event 2021**

Post Event Report:
18th March 2021



Let's talk
belonging, voice
and influencing
change.

ONLINE EVENT IN PARTNERSHIP WITH



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Introduction

Dr Clare Price-Dowd, Midlands Leadership and Lifelong Learning

I was thrilled to be hosting this event in collaboration with The Asian Firefighters Service Association and Jagtar Singh Associates. This event builds on our brand of Going Beyond on the conversation developed over the last three years with JSA Ltd and the Midlands Leadership Academy. We are pleased to confirm that last year's event on staff networks and subsequent reports have been published on the Midlands leadership academy website and are also available on request.

This event forms part of the NHS Midlands Leadership Academy's commitment towards *leadership development and equality and diversity*.

We had five truly amazing and inspirational speakers who shared insights into their careers and journeys. They demonstrated the importance of staff networks. The backdrop to the event was the *NHS People Plan 2020/21* and the '*people promise*', both key documents which set out what our NHS people can expect from their leaders and from each other.

The following report represents a summary of the insights shared by the speakers on the day, we hope you are inspired as much as we were.

Please feel free to offer feedback so we may grow and develop this brand in future years to midlands@leadershipacademy.nhs.uk or jagtarbasi@yahoo.com



Dr Clare Price-Dowd
Head of Midlands
Leadership & Lifelong
Learning



Background

According to the CIPD, staff networks can act as an important channel to improve inclusivity and tackle discrimination at work. To do so, staff networks need to function as vehicles for employees' voices at an individual and collective level. They need to have a clear role and objectives to support organisations in delivering real change.

Therefore, in line with the latest research and guidance on staff networks, we wanted to explore four key areas:

1. How staff networks can provide a safe space for discussion of issues.
2. What staff networks can do to help to raise awareness of issues within the wider organisation.
3. How staff networks can provide a source of support for individual staff who may be facing challenges at work.
4. How staff networks can offer a collective voice for the workforce to communicate with management.

Against this backdrop, we are delighted to offer you this rich and insightful report and to ask you to use the content as a catalyst for meaningful conversations about how you can create and renew staff networks. What this event has demonstrated to us all is that staff networks are an incredibly powerful way to engage people in diversity and inclusion.

Executive Summary

Jagtar Singh, Coventry and Warwick Partnership NHS Trust and Dr Clare Price-Dowd, Midlands Leadership and Lifelong Learning

The presenters brought insights from research-based practice and their own experience in developing and supporting staff networks. The following represents a summary of key learnings from the event.

If you are considering setting up a staff network or looking to renew an existing staff network or wondering how to make your staff networks better, the following key learnings from the event will prompt you to ask many of the questions you will need answers to somewhere along the line.

Key messages included.

- 1. Starting up a network** – it is important to double check your reason for starting a staff network. Four key factors that will help you are: having a purpose, checking for demand, identifying what resources are in place and recognising the importance of senior leadership buy-in. Finally, think about channels of communication that will need to be in place to support the network.
 - 2. Sustaining a network** – it is important to ensure that participants time is recognised and part of their personal development plans and that they have the support of their line manager. It is also beneficial to provide the network with a budget and to view such activity as an investment. Thirdly, generating political capital is paramount, therefore senior level champions/sponsors need to be informed on progress.
 - 3. Safe space and voice** – essentially, staff networks provide a safe space for staff to have their voices heard and to discuss the issues they face. We know that in the context of an unprecedented set of circumstances, NHS staff networks have gone above and beyond in providing invaluable support during the coronavirus pandemic.
- Finally, the event highlighted how staff networks have the capacity to foster future leaders, provide a forum for staff inputs, to drive innovation, support diversity and bring about inclusion across the NHS at local and system levels. The event highlighted that there are numerous strategic and social benefits to supporting the development and growth of staff networks.



Speaker 1

Staff Networks, Belonging and LGBT Networks: *Kuvy Seenan, Head of Equality and Inclusion at NHS England and NHS Improvement (Midlands)*

“Nobody’s free until everybody’s free” (Fannie Lou Hamer)

The first speaker, Kuvy Seenan, Head of Equality and Inclusion at NHS England and NHS Improvement (Midlands), started his presentation by sharing his background. Born in Mauritius he came to the UK and worked in the NHS as a mental health nurse before moving into managerial roles including working as a E&D lead within an NHS Trust and at NHS England as part of its national work addressing learning disabilities and employment. He recognised that as a heterosexual male he had certain privileges compared to LGBT+ people and may not truly understand what it is like to be from an LGBT+ background but as a person from an ethnic minority background he could empathise on many fronts.

To help set the context he *highlighted* the disproportionate impact on LGBT+ communities because of COVID-19 and the broader inequalities suffered by LGBT+ people. He urged the audience and wider society to reflect and be open about the need to recognise that (COVID-19) has had an unprecedented effect on the daily lives of everyone in the UK. The impact of the virus is widespread, however individuals from marginalised or disadvantaged groups who already experience poorer outcomes in healthcare are often disproportionately affected by the wider healthcare implications of the current situation.

He then addressed the need to recognise the continued fear and inappropriate language sometimes used to address LGBT+ issues. He also highlighted continued evidence of discriminatory practice experienced by LGBT+ people accessing services within the NHS.

Furthermore, he stressed the importance of the staff ‘voice’ and the importance of LGBT+ staff networks

and supporting the organisation to develop an inclusive environment. He *reminded* the audience of the hostile environment the LGBT community experienced in the 1980s and the struggle for better treatment. At present, an estimated 5% of the population identify as coming from an LGBT+ background and hoped that the new census may give a truer picture.

He then gave a personal account of how he set up an LGBT+ network in an NHS Trust. He underlined the importance of these network operations at peer-to-peer levels, in raising awareness, acting as a critical friend and ensuring impacts are focused on outcomes and scrutiny.

He highlighted several key benefits from his experience. Firstly, having such a network is evidence that the Trust believes in bringing people on board and values them. Secondly, people feel supported and valued and the organisation is seen as a good place to work which helps recruitment. Thirdly, it enables staff to have a voice.

Speaker 1 (Continued)

He then gave a personal account of how he set up an LGBT+ network in an NHS Trust. He underlined the importance of these network operations at peer-to-peer levels, in raising awareness, acting as a critical friend and ensuring impacts are focused on outcomes and scrutiny.

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LGBT+ networks provide an opportunity for Trusts to highlight and recognise how COVID 19 has impacted on LBQT+ colleagues and communities and the importance of health and wellbeing. They also serve to improve the staff experience.

Furthermore, he offered the audience a series of *top tips* based on the latest good practice. This included the need to research other networks before you establish an LGBT+ network, the importance of developing a business case, having an executive sponsor, agreeing protected time for staff to take part, reviewing memberships, agreeing aims and objectives, respecting privacy, consulting with members and collaborating with other networks and parties.

He concluded by sharing the quote from Fannie Lou Hamer; ***"Nobody's free until everybody's free"*** to remind the audience that the struggle for LGBT+ rights is everyone's responsibility and the importance of seeing such struggles through an intersectional lens.

1. ABOUT
This report summarises findings from a major study into Lesbian, Gay, Bisexual & Transgender employee networks in the NHS.
The research was funded by the Economic & Social Research Council & carried out by the University of York in partnership with NHS Employers, Stonewall & Employers Networks for Inclusion.

2. METHODS
Surveys of over **4000** NHS employees in trusts in England
9 CASE STUDIES of LGBT+ networks in NHS organisations comprising of
45 observations of network meetings and activities & **66** interviews

3. FINDINGS
Report looks at networks' **PURPOSE & FUNCTION**, **MEMBER COMPOSITION**, **SUSTAINABILITY & IMPACT**
MEETINGS ARE CENTRAL
Operationalising networks can increase organisational status & access to resources BUT meetings feel impersonal
UNCLEAR PURPOSE OF NETWORKS
Lack of information & guidance
Pressure to be active & evidence impact means activities are generic
Culture change is difficult to measure
DIVERSITY ISSUES
Focus on size of the network NOT diversity
Lack of information about members means that collective voice is not representative

THE REPORT FOUND THAT...
People join for different reasons from social to strategic
Members are more open about their sexuality compared to non-members
Networks lack diversity as dominated by gay men
Most networks chairs have no formal time allocation

Dr Anna Emarsdóttir, Professor Karen Mumford, Professor Yvonne Birks, Dr Bridget Leckyer and Dr Melisa Sayfi
UNIVERSITY OF YORK
LGBT+ Networks
NHS

4. CONCLUSIONS
NETWORKS FOCUS ON 3 MAIN AREAS:
Raising Awareness & Visibility
Influencing The Organisation
Creating A Supportive Space & Work Environment
But, right now LGBT+ networks are subsumed by long agendas with limited space for personal sharing

5. RECOMMENDATIONS

FOR NETWORKS

- 1 Be clear on purpose to unite members & garner organisational support
- 2 Make space for personal stories to build mutual support
- 3 Get to know your members to address under-representation
- 4 Seek support when you need it to access resources
- 5 Work with external partners & other staff networks for new ideas & impact

FOR ORGANISATIONS

- 1 Help raise LGBT+ networks' profile by promoting, resourcing & endorsing them
- 2 Support & consult networks to discuss policy & practice
- 3 Formalise time allocation & release to support networks as two thirds of chairs had no time

Dr Anna Emarsdóttir, Professor Karen Mumford, Professor Yvonne Birks, Dr Bridget Leckyer and Dr Melisa Sayfi
UNIVERSITY OF YORK
LGBT+ Networks
NHS

Speaker 2

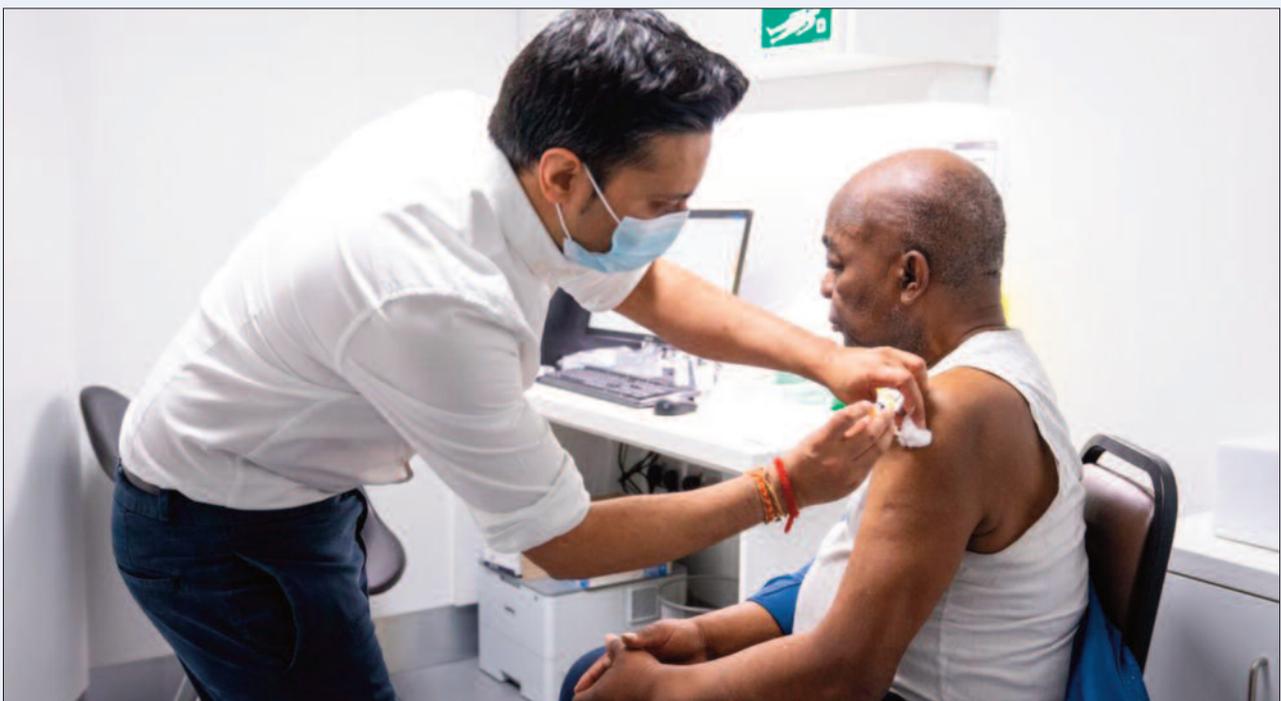
BME Doctors staff networks and forums:

Dr Anil Jain MB BS, MD, FRCR, PG Dip (Medical Law), Consultant Radiologist, BMA Council Member, UK Consultant Committee Executive Member, BMA Equality, Diversity, and Inclusion Advisory Group Member

Dr Anil Jain started his presentation by reminding the audience of the *disproportionate impact* of COVID 19 on black and minority ethnic staff and the community.

He explained his role as supporting the BMA in advancing equality, diversity and inclusion. Of the 1.3 million NHS staff 77.9% are white and 22.1% are BAME, of which 10.7% are Asian and 10% of are in medical roles. Furthermore, around 32% of GPs are of BAME origin. Finally, within non-medical roles, 19.7% of staff are BAME.

To further set the context the speaker highlighted the BMA work on Bullying and Harassment including the 2018 *report*. The issue is more than just about individual relationships and reflects pressures in the system, poor working environments, top-down 'command and control' leadership and a culture that accepts such behaviour as the norm.



Speaker 2 (Continued)

He also highlighted further issues for BAME doctors and International Medical Graduates (IMGs). This included how BAME staff are twice as likely to say there is a problem with bullying, harassment and undermining at their workplace and not feeling confident in speaking up. Similarly, they were 2.5 times more likely to say they have not reported issues during the COVID-19 pandemic as they were worried about the potentially negative career impact of doing so.

Also, he highlighted how bias and negative stereotyping can make it difficult for BAME/IMG doctors to 'fit in', feel confident and included. This affects wellbeing and therefore performance (GMC West review).



The speaker then highlighted the regional BMA Regional BAME Networks and how they have worked with members to influence the agenda in the following ways:

- Highlighted the disproportionate impact of COVID-19 on BAME medics and brought bullying and harassment, inequalities and discrimination faced by members into sharper focus
- Called for an inquiry into the COVID 19 impact on BAME communities and HSCW
- Widely credited for securing the PHE Review by Professor Kevin Fenton
- Developed a BMA RA Tool and pushed for RA of HSCW with full mitigation and support
- Secured visa extensions for IMG and indefinite leave for bereaved families
- Supported IMGs stuck in the UK due to PLAB cancellation.
- How the second wave has been equally deadly and has required vaccine prioritisation, visa assistance for dependants and wellbeing support.

He concluded by highlighting that the 10 regional BAME member networks help drive positive change for BAME doctors with over 2,000 members.

Finally, the networks offer a space for BAME BMA members to network and support each other, raise issues that affect BAME doctors and medical students, identify ways in which better support can be offered and influence the BMA's national policy and campaigning on these issues.



Speaker 3

Disability and Staff networks and 2021: *Andrew Mould, Chair, Disability and Long-Term Conditions Staff Network, Sandwell and West Birmingham NHS Trust*

Andrew shared his personal experience of being diagnosed with *dyslexia* at a young age and the associated difficulties of this. He moved to working in the NHS, having worked in the commercial industry.

Having joined the NHS, he decided to use his experience and help build the Trust's disability network.

Firstly, he encouraged the audience to ask the question **"why does your organisation need a network?"**. He felt this was important to ensure the network had a purpose and help ensure the aims and objectives were clear from the outset.

Secondly, he reminded the audience that consideration of the membership was especially important. Disability is extremely broad ranging from neurodiversity, physical, long terms conditions and mental health.

Thirdly, he highlighted the importance of an executive sponsor and deciding whether the network was an integral part of the Trust or was independent. The network decided to take the independent route and has worked with HR and occupational health on various projects, in particular *reasonable adjustments*.

Fourthly, he stressed that members wanted a voice to talk about their experience. A wide range of diverse communication channels has been used including Microsoft Teams, WhatsApp, and WebEx. Be aware that this can lead to issues from members who prefer face-to-face contact.

Fifthly, the speaker shared how the network has influenced the Trust to consider developing disability passports and harmonise policy and practices.

Finally, he concluded that disabled staff networks enable staff to express a voice within a safe space. He encouraged members not to over intellectualise networks and that networks must include allies.



Speaker 4

The Power of Staff Networks and making a difference - from talk to outcomes:

*Jo Harfleet, Kent Fire and Rescue Service and AFSA
Communication Lead*

Jo gave some background to the Asian Fire Service Association (AFSA) which was formed in 2003 by four Asian firefighters from the London Fire Brigade. The founding fathers were Manjit Singh, Pavinder Singh, Akwala Deol, and Davinder Sodi, who wanted to see better representation and progression within the workplace, particularly in the uniformed roles of Asian staff. The AFSA has since grown steadily over the years and now represents 45 organisations. The association remains an independent, inclusive, employee-led support group.

She described how the AFSA works with fire and rescue services (FRSs) to address challenging issues around diversity and inclusion in two priority areas: service provision and employment policy and practice. In addition, the association has a team of volunteers who are skilled and highly experienced operational and managerial professionals. This has enabled the AFSA to engage in excellent consultation with fire and rescue services, government and others on many issues ranging from recruitment, fire safety, clothing and research as well as making valuable contributions to charities and international aid. The association has formed strategic partnerships with the Fire Service in the UK, the Chief Fire Officer Association CFOA, the Fire Brigade Union under-represented groups, Networking Women in the Fire Service (NWFS) and many community groups.

She outlined how the AFSA supports fire and rescue services in their approach to diversity and inclusion and the changes that they are experiencing. The association has taken three broad types of approach:

1. Type 1: Friendly nudge: this approach aims to direct, prod or nudge the fire and rescue service.

Familiar tools here include undertaking research, highlighting legislation, pushing targets, command and performance management, regulation and good practice.

2. Type 2: Proactive support: this method focuses on enabling organisations more directly to make the changes needed. This has been achieved by offering advice and support by analysing policy and practice, sharing tools and resources and networking.

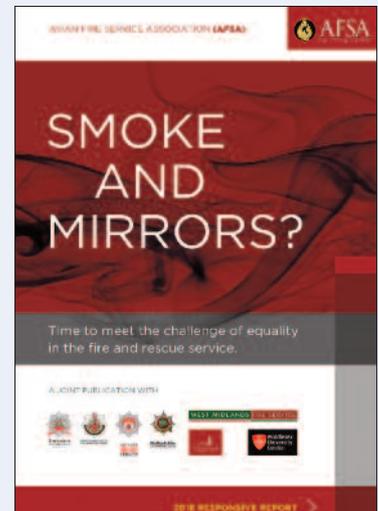
3. Type 3: People-focused: this tactic includes both prods and proactive support, targeting FRS staff rather than organisations, as well as actions to inspire, engage and involve staff. Approaches include using policy mechanisms such as education and training, professional regulation and standards to help develop capacity.

The speaker then highlighted the diverse communication channels used by the AFSA to keep members up to date including bi-weekly newsletters, regional events (online and face-to-face) and two national conferences.

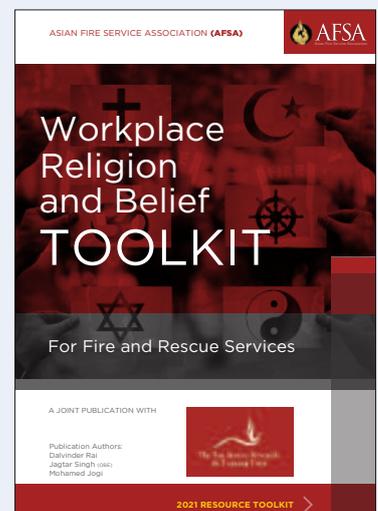
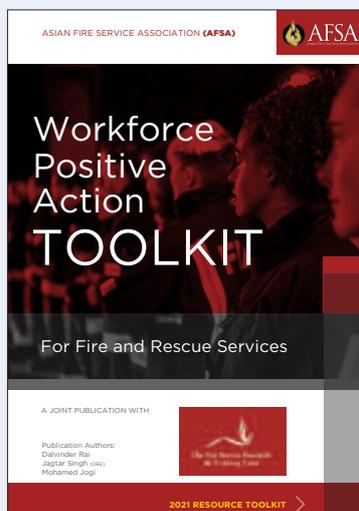


Speaker 4 (Continued)

She concluded her presentation by sharing personal insights into her involvement. She stressed that the network was very much inclusive and welcoming to all and members do not have to be of Asian origin. The network has provided her with the opportunity to work with diverse people, share ideas and learn from each other.



GOOD COMMUNICATION WITH HELP DEVELOP YOUR NETWORK
For more information please check out the AFSA website link www.afsa.co.uk



Speaker 5

The Trust board and staff networks and workforce diversity:

Shajeda Ahmed, Director of People, OD and Inclusion, North Staffordshire Combined Healthcare

Diverse people deliver better decision making'.

Shajeda gave a personal overview on why she was committed to inclusion. Being brought up in the 1970s and 1980s and experiencing injustice fuelled her passion for inclusion.

She gave an insight into how and why her own Trust has developed staff networks.

Firstly, she highlighted that all networks have an executive sponsor to help steer the network.

Secondly, staff networks are viewed as strategic influencers as well as vehicles for supporting staff. Thirdly, dedicated and protected time with a budget allocation has been given to all networks and members.

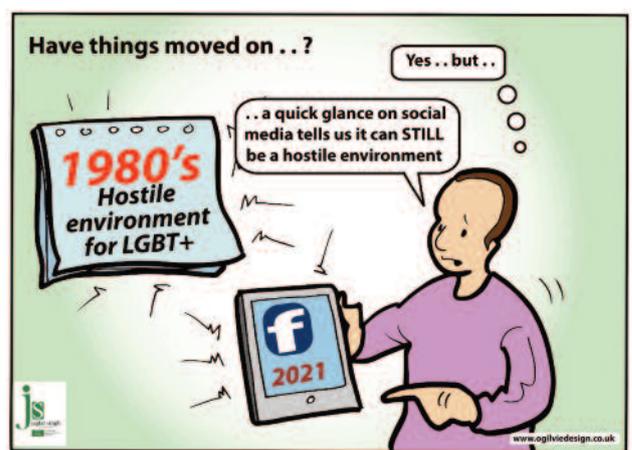
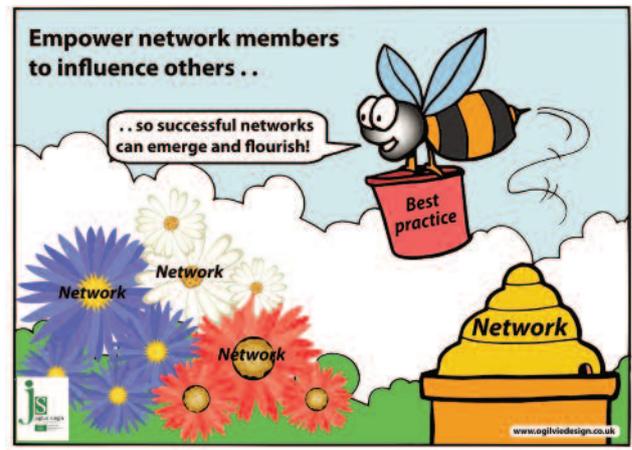
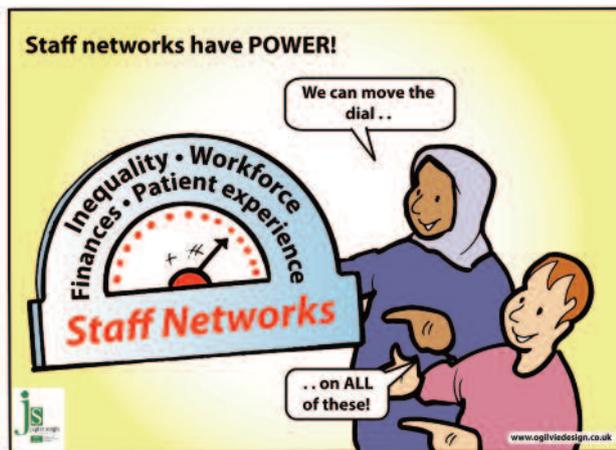
Fourthly, communications play a key role and all networks have an active social media presence. In addition, story-telling is encouraged.

She attributed the success of the networks to strong backing from the senior leadership team, visible and active sponsors and allowing the network to be led by the members. In addition, there was a strong commitment to developing network members and learning from experience.

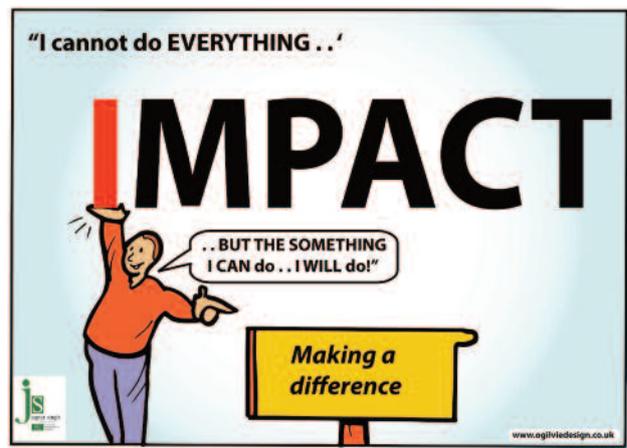
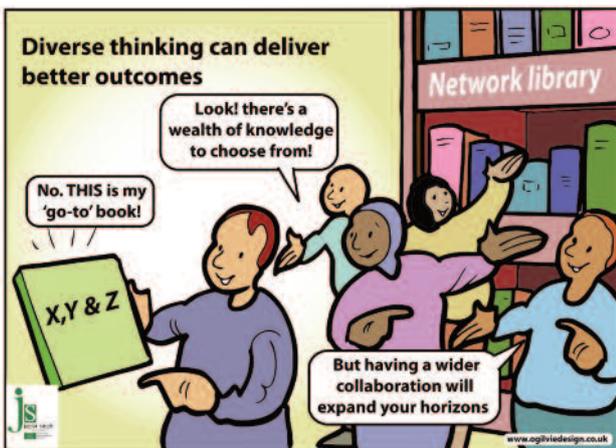
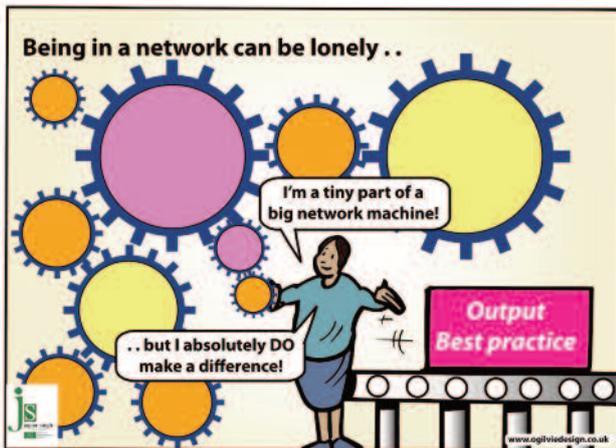
She concluded by stating that networks and members must be *strategic influencers* who can help the trust to empower staff, support staff, develop staff and finally give a voice to staff.



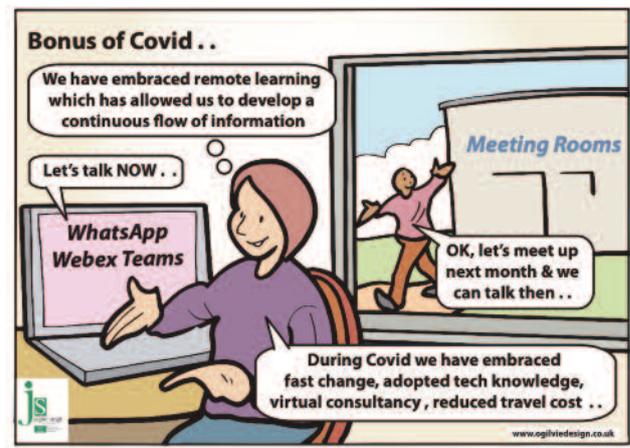
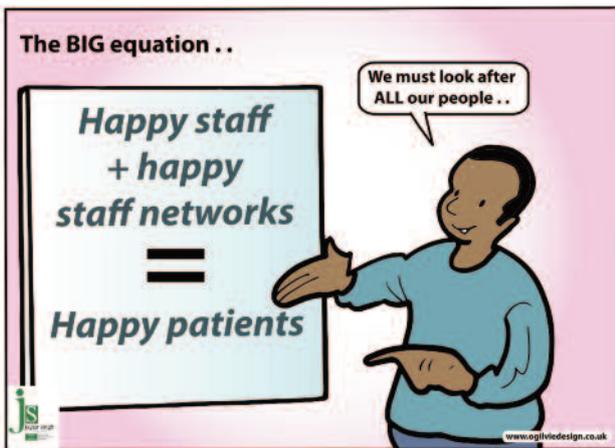
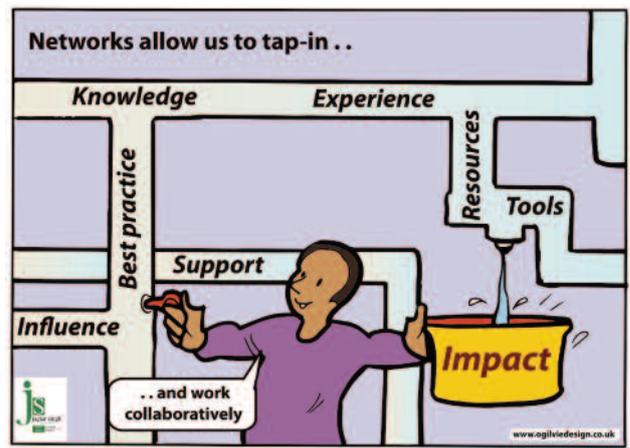
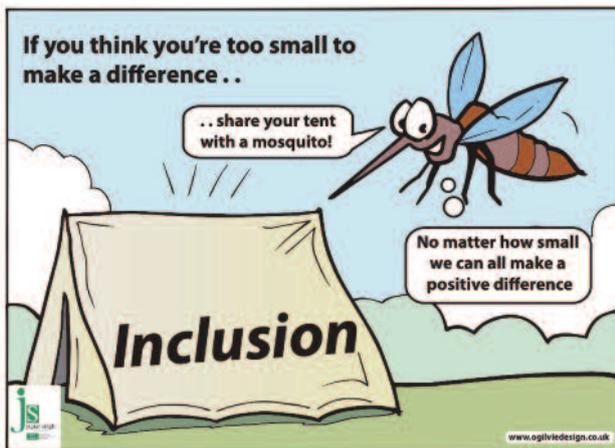
Conference in Pictures



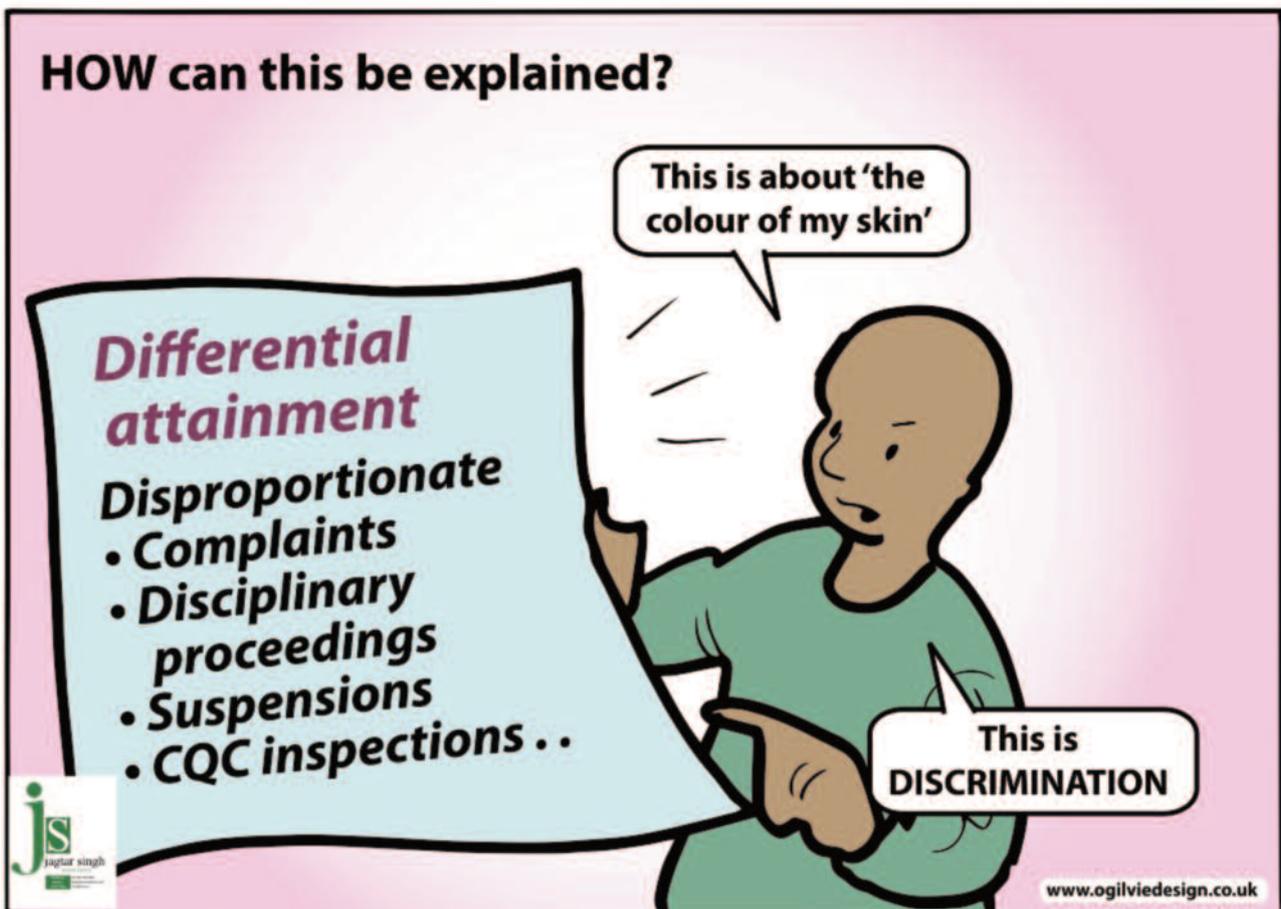
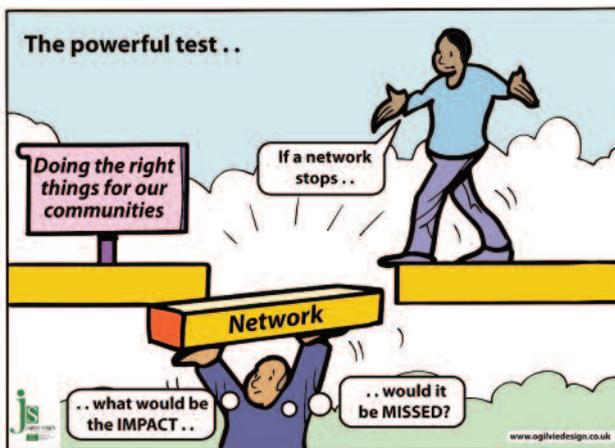
Conference in Pictures (Continued)



Conference in Pictures (Continued)



Conference in Pictures (Continued)



Speaker Biographies

Jagtar Singh,

OBE, MSc, BA Hons, MIFireE,

National Advisor, AFSA



Jagtar joined the West Midlands Fire Service in 1977 and retired as deputy chief fire officer in 2005. With over 28 years' strategic leadership experience in senior public service and national roles, Jagtar brings a wealth of expertise to the Trust, including 20 years in the Fire and Rescue Service and 18 years in Non-Executive roles in the Ambulance Service, Hospital Foundation and currently as Chairman of Community and Mental Health Trust.

Jagtar was the first BME to be appointed as Acting Chief Fire Officer and rose from Fire Fighter to Divisional Commander in the West Midlands Service before completing his service as DCFO in Bedfordshire.

In 2003 Jagtar received both the Public Servant of the Year Award at the Asian Achievement Awards ceremony in Birmingham and was awarded an OBE for his work on equality and diversity in the Fire Service. Since joining the NHS Jagtar as received a number of awards for his leadership and in 2015 was named by the HSJ as one of the top BME influencers in the NHS.

In 2004, he was seconded to the role of Lead Inspector of Fire and Rescue Services working for the

Department for Communities and Local Government as the first national leader for equality and led on embedding and restructuring equality and diversity in the Fire Service.

After taking his retirement in 2006, Jagtar was appointed as a Non-Executive Director in the East of England Ambulance Service.

Jagtar Singh was appointed Chair of Coventry and Warwickshire Partnership NHS Trusts in September of 2014.

Chairman of Audit and finance in Bedfordshire Police in 2013 and reappointed for four years in December 2016. In 2016 he was appointed by the Privy Council as independent member of the Architects Registration Board.

Jagtar is a keen golfer and supporter of Birmingham City FC.



**Jo Harfleet,
Kent Fire and Rescue
Service and AFSA
Communication Lead**



Jo has worked for Kent Fire and Rescue Service since 2009. Having spent nine years working as a press and communications officer, she took up her current role as Customer Liaison Officer in February 2018.

She is part of the AFSA executive team, supporting the communication and awards committee. She plays an active role in the South Region group and arranged a successful national knowledge sharing event to share information and understanding about Sikh, Roma and Polish communities in Kent, with colleagues from the AFSA, other fire, police and health services.

Jo has always been interested in people, places and different cultures, influenced by growing up in a very diverse area of London. Ensuring everyone has equal access to services and job opportunities is something Jo is passionate about and she has worked hard in Kent to foster and develop good relations with a wide range of diverse community groups.

**Andrew Mould: Chair, Disability and Long-Term
Conditions Staff Network, Sandwell and West
Birmingham NHS Trust**

I was always seen as behind at school except for one teacher in reality during my primary schooling, who noted I had an ability with mechanical things, Maccano, Lego, painting drawing, all good in a child but not the reading and writing, I had had speech issues as a pre-school child as well, as school progressed so I felt the fact that I was labelled slow or thick, and so as schooling was streamed, so I was pushed back and at the point on entry to high school

there was a proposal for attending a remedial unit, something that my parents were very anti, as they could understand my intelligence and see it, especially with my craft and making abilities.

Fortunately my father was a practical engineer, as a profession as well as a hobby and through his hobby he happened me discuss my issues with a fellow model maker and Ex Teacher whose wife was a educational phycologist and had been involved in the early work of Dr Margaret Newton at Aston university, subsequent investigation resulted in my formal diagnosis of Dyslexia, and limited special needs support was made available in main stream school, through to 6th form and A levels, during this time and up to the end of my university education the LEA never accepted Dyslexia as a condition per se and failed to fully support, indeed my grant of a computer to aid my university studies was only made in my last weeks at University.

Following that I entered the world of building services engineering, in a small traditional family firm, where my talents at problem solving innovative design solutions had me progress to the level of an executive engineer, oddly the traditional set up of admin a secretarial staff actually supported me more than anything that was available through access to work, and passing a scruffy note in bad handwriting and poor spelling was soon translated in to a wonderful piece of prose by our typists, letters and faxes ruling the day before email.

Then came a move in to the NHS and at first I have to admit I was shocked by the lack of disability understanding and support how could that be possible in an organisation like the NHS, my career has progressed as has my support for disability, support and awareness, partially driven by my own negative (and at times positive) experiences and witnessing those of others, on moving to Sandwell and West Birmingham Hospitals just over 4 years ago I became aware of a proposal to establish a Staff Network and have supported this since its inception as both Vice Chair and Chair, I am also an active Trade union representative for Managers in Partnership and have previously supported Unison including attending national disability conference.



Post Event Report : 18th March 2021

Dr Anil Jain MBBS, MD, FRCR, PG
Dip (Medical Law), **Nye Bevan
Graduate (Executive
Healthcare Leadership),
NHS Leadership Academy**
Twitter: @anilkjain61
@APNAnhs
@BME_CANCER



I am a highly experienced thought Leader and strategic thinker with extensive clinical, managerial, teaching, research, and board level experience, both within and outside the NHS. I am a strong team player, collaborator, innovator, constructive challenger and firm believer in accountability and governance. I am an alumnus of the Nye Bevan programme in Executive Healthcare Leadership and a Senior BAME Influencer at the NHS Leadership Academy and @APNA NHS, helping develop inclusive leadership in the NHS. I have very effective chairing skills with a lot of experience. I am a regular presenter at various conferences, panel discussions and webinars.

I am a member of the BMA UK Council, UK Consultants Committee and Equality, Diversity, and Inclusion Advisory Group. I have led the setting up of the BMA National BAME Members Forum and Regional BAME networks and enhancing support for the International Medical Graduates (IMG) via the BMA IMG Steering Group. As Deputy Chair for the BMA Community Care Committee, I am leading on improving support for Care Homes, Nursing Homes and Hospices residents especially on the disproportionate impact of COVID-19 on them.

I am Founding Chair of the Asian Breast Cancer Support Group and Patient to Patient Support Initiative (PaPSI). I am deeply committed to addressing health inequalities particularly in breast cancer care: please follow @BME_CANCER. I am working hard on addressing inequalities faced by BAME communities. I lead an innovative Cross-Cultural Communication Skills Training Programme based on 'Cultural Humility' model.

I am founding member of the Disabled Doctors Network and Workforce Disability Equality Standard (WDES) Strategic Advisory Group at NHS England and Improvement, focused on improving support for disabled doctors/medical students and other NHS staff.

I was awarded BMA Fellowship in 2013, HSJ Top 50 BME Pioneer award in 2014 and Health and Social Care Network Embrace Award in 2015.

In my day job, I am a Consultant Radiologist with experience of clinical, teleradiology, Artificial Intelligence (AI), teaching and research work. I have undertaken various senior management and leadership roles including Medical Staff Governor, Clinical Director, Radiology Lead for the Manchester Mobile MRI Pilot, Chair of the Annual Plan Committee at my Trust with board level experience. I have been an Hon. Professor at University of Salford and am currently an Hon. Senior Lecturer at University of Manchester. I am also an Academic Advisor for Medical Students at the Manchester Medical School, University of Manchester.

**Shajeda Ahmed,
Director of Workforce,
Organisational
Development and
Inclusion, North
Staffordshire Combined
Healthcare NHS Trust**



Shajeda Ahmed, Director of Workforce, Organisational Development and Inclusion is a hugely experienced HR and OD professional with a passion for inclusion, cultural change and leadership development.

Throughout her career, she has always had one genuine motivation that has remained constant. That is to put people at the heart of everything she does by creating the best employee experience through supporting people to deliver their best every day. Vital to this is harnessing the talents of the workforce, enabling them to give their best through fulfilling and stretching opportunities at work in North Staffordshire Combined Healthcare and within the Staffordshire and Stoke-on-Trent system.

Shajeda's own personal journey in the NHS has shown her how challenging it can be to progress and thrive to the best of her ambition and potential. "No one can do it alone." Shajeda is most fulfilled when helping people grow professionally. Embracing her core values of inclusion and diversity she is committed to developing and growing the health and social care workforce of the future, a workforce that is compassionate, inclusive and representative of the people that great care is provided to.

Shajeda has made a huge impact in developing staff engagement and health and wellbeing since joining Combined Healthcare shortly before the onset of the COVID-19 pandemic, and is most proud to have delivered very significant improvements in the experience of our colleagues with BAME heritage over this period. This work was recognised in being

shortlisted as a finalist for the Trust's work on developing greater race inclusion for the Health Service Journal Workforce Race Equality Award 2020 was a great moment, but it won't stop there... 'Representation isn't enough. It has to really feel like genuine inclusion to everyone. We've still got a long way to go, but I am so proud of the progress that we are making.'

In her spare time she enjoys reading horror books - the scarier the better! She has two daughters, one aged 24 who also works for the NHS and one who is 11 who keeps her very busy!

**Kuvy Seenan,
Head of Equality
and Inclusion at
NHS England and
NHS Improvement
(Midlands)**



I was born in Mauritius and came over to the United Kingdom to undertake my Psychiatric Nurse training. I have since worked for the NHS or over 16 years in various roles ranging from clinical work, education and training to leadership and inclusion.

My current remit covers the whole of the region and is an external facing role. The main aspect of my role is to provide a strategic steer on tackling workforce equality issues across the region and enabling a system approach to inclusion.

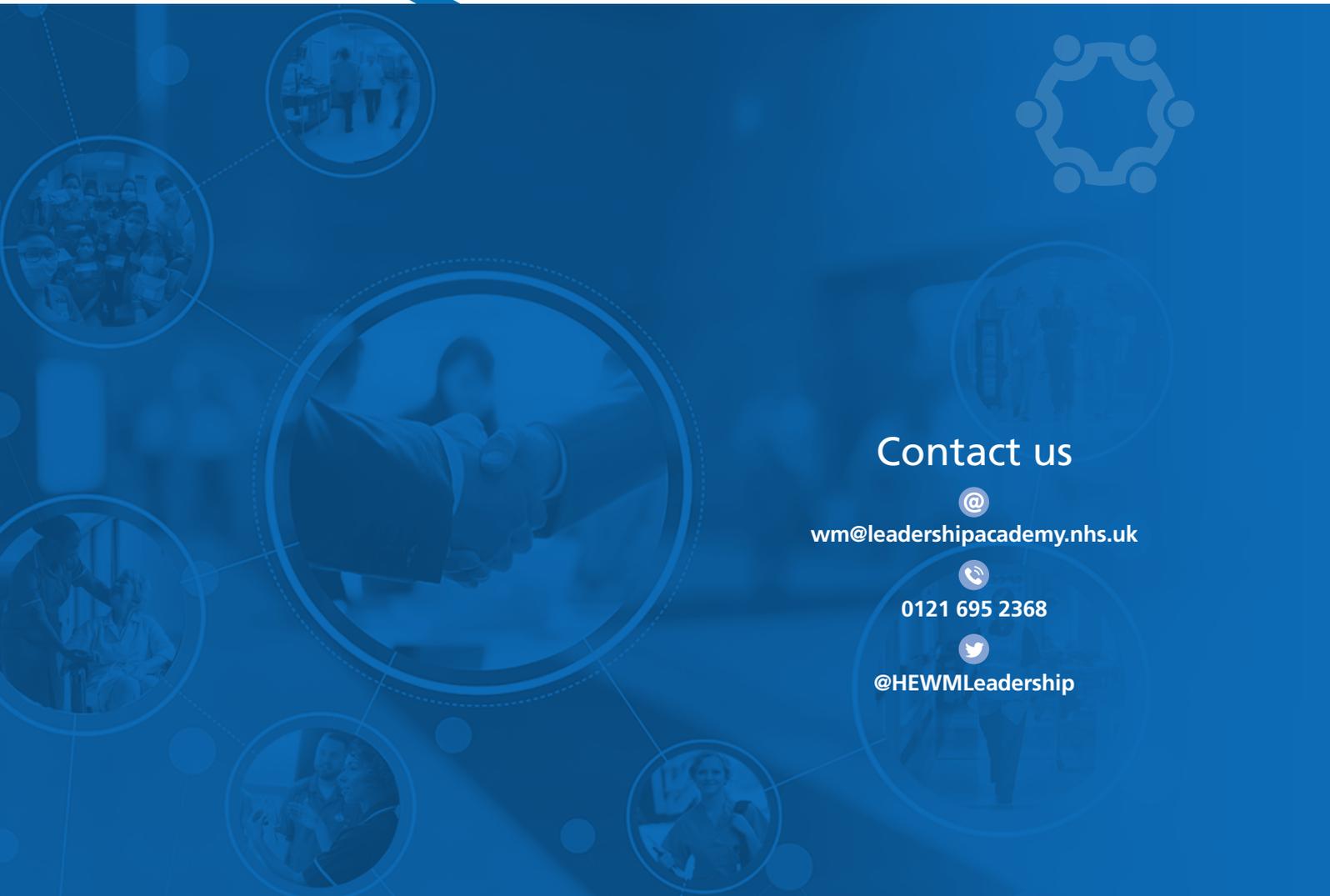
I have a keen interest in coaching as I am fascinated in helping people to be the best they can be. It gives me a great sense of satisfaction when I see people grow and develop.

"People don't care about how much you know until they know how much you care"





Leadership Academy



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