

Leadership Through Covid An Ethnic Minority Groups Perspective



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INTRODUCTION

Thinking of COVID-19 can often conjure up negative connotations especially in relation to the impact on ethnic minority groups, patients, communities and staff. This publication is an opportunity to share a different and uplifting perspective.

The Florence Nightingale Foundation delivers the Aspiring Directors of Nursing (ADONs) Programme as part of their scholarship. As part of their COVID-19 response in March 2020, they began the Ethnic Minority Leadership Programme. A group of 22 ethnic minority nurses joined. Some of the stories of these exceptional leaders are presented in this publication and captured on film. The aim is to inspire and challenge other ethnic minority groups leaders to come forward and dare to dream the impossible.

At the end of this publication is summary of the calls to action from the leaders we feature. Play your part in this by reflecting on these and alone or with your teams and report your outcomes to the [CNO and CMidO Ethnic Minority Groups Action Plan Future NHS Collaboration workspace](#). Together we can make the difference.



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Professor Greta Westwood CBE

CEO, Florence Nightingale Foundation

It fills me with immense pride to hear the positive stories of ethnic minority nurses and midwives, some of whom participated in the Nightingale Frontline Leadership Support Programme. The Foundation is committed to giving ethnic minority nurses and midwives a voice. We are acutely aware of the challenges they face, all magnified by the pandemic.

Ethnic minority nurses and midwives have been disproportionately affected by COVID-19, yet selflessly put themselves on the frontline to care for patients. It is therefore our duty as nursing and midwifery leaders to recognise this sacrifice and equip them with the skills to protect themselves and to excel in their roles and reach their potential. The Florence Nightingale Foundation supports ethnic minority nurse and midwife leaders today and develops them for tomorrow.

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Hilary Garratt

Deputy Chief Nursing Officer for England

This publication celebrates some of our most exceptional ethnic minority leaders, who have grown through adversity with a commitment and determination to develop their leadership during an extraordinarily challenging time. Some of these leaders have secured promotions, new posts or assignments and have had an impact on many levels during this time.

Their stories capture their personal reflections, charting their journey to leadership and championing healthcare practice and services for the patients and the public they serve. During the pandemic we have seen leadership and leaders truly tested. Professional and personal issues have required an extra level of compassionate comradeship and resilience. We have lost too many colleagues who have died with COVID and many of the leaders in this publication have experienced the effects of such tragic loss. I pay personal heartfelt condolences to all who have experienced the loss of colleagues and loved ones.

I extend a special thank you to my team and the Florence Nightingale Foundation (FNF) who had the foresight to commission the FNF Ethnic Minority Groups NHS COVID-19 leadership programme. The programme has sustained (and continues to sustain) leaders through these adverse times. Finally, I want to remind all nurses

and midwives that we are committed to advancing the nursing and midwifery professions by nurturing all the talent available. We will continue to work to ensure all nurses and midwives are valued and respected, and have equality of opportunity irrespective of their ethnicity. The leaders in this publication are testament to the exceptional talent within our amazing professions.

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HOW WE DESCRIBE ETHNICITY

Several terms have been used, by government and more generally, to refer to the collective ethnic minority population. These include 'black and minority ethnic' (BME), 'black, Asian and minority ethnic' (BAME) and 'black and ethnic minority' (BEM). These terms have been criticised on a number of grounds, including for excluding national minorities, for suggesting that black people (and Asian people, specifically the South Asians with BAME) are racially separate from the ethnic minority population and for including under a single label heterogeneous groups with little in common with each other (Wikipedia Dec 2020).

Most recently, in March 2021 the Cabinet Office gave guidance around writing about ethnicity and recommended that 'We use 'ethnic minorities' to refer to all ethnic groups except the White British group. Ethnic minorities include white minorities, such as Gypsy, Roma and Irish Traveller groups.'

In this booklet where individual stories refer to BAME or BME, as stated above this is acceptable as this is a self-definition. Where titles are used e.g. on the front cover the Cabinet Office guidance and the new terminology 'ethnic minority' is used.

For the purpose of this publication,

participants were given the opportunity to self-define, hence both BME and BAME has been used in keeping with individual choice.

Further Notes

Reference

Bradby H (2003) *Describing Ethnicity in Health Research, Ethnicity & Health, 8 (1): 5-13*

[Cabinet Office \(2021\) | Writing about ethnicity](#)

Further Reading

[Use of language: race and ethnicity | Advance HE \(advance-he.ac.uk\)](#)

[Please, don't call me BAME or BME! - Civil Service](#)

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ANGELA KNIGHT JACKSON

Head of Nursing Development Programmes
Chief Nursing Officer's team



Angela has responsibility for the leadership and management of professional nursing development programmes in the CNO's team. She talks about the importance of mentors and sponsors, and the creation of the first national CNO and CMidO Ethnic Minorities Action Plan.

One thing I would like to change is how the talent management process currently works, with progression dependant upon one individual: anecdotal evidence suggests managers are the blockers to ethnic minority groups progression.

My ask would be that the talent management 'conversation' is developed as a 360° view of talent, utilising different perspectives, to ensure a fairer process around suitability for progression through the 'talent management gateway'.

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“Because the course opened my eyes, I wanted to open other people’s eyes”

Angela was born to Jamaican parents, who arrived in England in 1955 as friends on the same ship and married in 1956. Growing up in Sheffield, Angela says, racism was rife. However, she had a solid home life, rooted in a strong Christian faith and the need to embrace opportunity.

It was stressed to Angela that in Jamaica some of her family were in the professions, and she should emulate them. “That sowed the seeds for our education – we were expected to succeed.”

Things went fairly smoothly for Angela in the early stages of her nursing career. She decided on a Health Visitor role, and did well, but was soon looking for further challenges. She completed both a Bachelors and a Masters degree, then tried to move on from her Health Visitor role.

Things now became more difficult, and she wasn’t even getting constructive feedback from the interviews she attended.

The year-long Beacon Leadership Programme in 2004-5 proved to be a defining moment, exposing Angela to things she hadn’t really been aware of, such as organisation culture, the effects of oppression, negotiation and influencing skills, emotional intelligence and the importance of networks.

Armed with this leadership insight, she began to look at nurse leadership through a research lens,

progressing to a Lead in Nursing and Allied Health Professions, followed by a corporate role, with responsibility for research leadership in a Primary Care Trust.

The Beacon Programme had been a real catalyst for her, she says: “Because the course opened my eyes, I wanted to open other people’s eyes.” She became a coach, mentor and action learning set facilitator, roles she continues to enjoy.

Her leadership, clinical and research experience also allowed her to move into the post of West Midlands Clinical Senate, hosted by NHS England, in 2013. She thrived on the challenge of the role, but again found it difficult to progress further; she realised that glass ceilings existed throughout the system, even at senior levels, and was frustrated at not being able to move on to a more senior role.

Angela applied for the Florence Nightingale Foundation Leadership Scholarship and was accepted on her second attempt in 2019. The Scholarship exposed her to a whole new grade of leadership, at a much more strategic level, and helped her appreciate the importance of networks and influencing, and where she might fit into this new world.

The Clinical Senate was suspended when the pandemic took hold, and Angela requested that she be redeployed to the CNO’s team, in order to be in

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“It was a stressful, harrowing time, but even through it I was able to hold my own as a leader and develop”

a nursing environment. This exposed her to the issues arising nationally.

One of the first opportunities in Angela’s portfolio when COVID-19 hit, was that of leading the Ethnic Minority Groups ADON/M FNF COVID-19 Leadership Programme as an enabler, whilst also taking part - a unique position she regards as a huge privilege. The one-to-one virtual RADA session helped her develop her virtual verbal and non-verbal communication skills and ‘personal presence’, she says, and the co-consulting sessions were a chance for everyone to bring to the table the issues they were grappling with.

As time progressed, it became obvious that COVID-19 was affecting a disproportionate number of ethnic minority groups colleagues. The reality of COVID-19, the horrendous deaths and the disproportionate effect on the ethnic minority groups community “were like a black cloud hanging over us,” says Angela. Colleagues were sharing harrowing stories with her: “One minute they were working with someone... Then they might be off sick, or worse still die. That had an impact on me.”

Angela knew that the first response must be to listen to what was being experienced on the ground. A series of calls was set up with the regions, and the fear amongst staff was tangible: “I’ll never forget the harrowing stories... the helplessness and

then also the deaths. It was at that time I resolved to reach out to my nursing and midwifery colleagues with some kind of solution. If that’s leadership... I’m not sure. It was for humanity. Nurses go to work to give care. We don’t go to work to be exposed to the threat of death.”

Meanwhile, the Chief People Officer had also been engaging with staff on a national level, and found there were five recurring themes emerging. Angela mapped these findings with the nursing response.

As a result of this collaboration, Angela was able to create the first ever CNO Ethnic Minorities Action Plan, which was agreed at the end of July 2020. Whilst it is COVID-specific, she says, it is also entirely transferable, dealing with the protection of staff, engagement, representation in decision making, rehabilitation and recovery, and communications and media. It is Angela’s hope that, post-COVID, it can be developed into a Strategy.

Angela feels she has blossomed as a Nurse Leader during coronavirus: “I had wanted to develop but just kept getting blocked. Then, being thrown into this very complex environment working at national level - it was a stressful, harrowing time, but even through it I was able to hold my own as a leader and develop. I’m just amazed!”

Given the scale of the ongoing pandemic, Angela

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“This is bigger than COVID-19... it is about holding true to the principle of the NHS of universality and equality for all”

feels ambivalent about celebrating her achievements. She also questions whether she would have achieved the Head of Nursing Development Programme post, had she not already been on the team and proving herself at a national strategic level: “All the stars were aligned for me to apply. Had I applied from outside, I’m not sure how successful I would have been.”

Angela is a big advocate of mentors, and has had many of them herself. Jacqueline Dunkley-Bent, Chief Midwifery Officer, was one of them, and Angela says her support cannot be overestimated. “She epitomises the struggle and the fight, and helped me challenge my thinking, and decide on my best fit within the organisation,” she says.

There is now a move to encourage people to become sponsors, those leaders who go a step further, by opening doors to opportunities for development and challenge. Hilary Garratt, Deputy Chief Nursing Officer, acted as Angela’s sponsor, and the combination of mentor and sponsor was, she says, immense.

The Aspiring Director of Nursing (ADONs) programme has been invaluable during COVID-19, Angela says. On a personal level, it gave her a sense of achievement to work with outstanding ADONs who were keen to be on board despite the unprecedented demands on them. More broadly,

she is clear that the programme gave much-needed support to nurses dealing with COVID-19 on a daily basis, something not all her colleagues benefitted from.

Despite her achievements, Angela knows that there is far more work to do. She would like to see zero racism in the NHS. This is bigger than COVID-19, she says; it is about holding true to the principle of the NHS of universality and equality for all – staff as well as patients.

She has a simple message to younger nurses who would like to follow in her footsteps: “If you have these ambitions, go for it. But do it intelligently. Whatever your passion is, follow it. Go for your passion!”

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MARSHA JONES

Deputy Chief Nurse - Epsom and St Helier University Hospitals NHS Trust



Marsha’s work combines her varied experiences as a teacher, nurse and midwife. She describes how she is driven by the need to achieve the best possible outcomes for patients, and how the ADONs Programme has helped her career to progress.

What I would like to see in the health and social care system is for the Equality, Diversity and Inclusion (EDI) agenda not to be seen as burdensome, but rather as core to our business and carrying equal weighting with other issues.

Diversity of people brings richness of thoughts, innovation and productivity. My ask is that NHS Trust leadership teams should be held to account when there is no year on year improvement of their WRES indicators, and there are poor experiences for staff from ethnic minority groups backgrounds. The CQC should engage specifically with ethnic minority groups staff as part of their assessment in validating the Trust WRES indicators, as part of Well-led.

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“I am very aware that there are not many people in senior roles who look like me”

With an interest in mathematics and nutrition, health literacy and public health, Jamaican-born Marsha was very particular about the area of nursing she wanted to work in. She asked herself how she might make most impact on public health, and decided this could be through midwifery: if you want to improve public health, she says, the first step is to influence a mother and her child. This influence will then naturally extend to the household, then to the extended family and then into the community.

Marsha entered nursing management “by default” she says, and when she became a Mary Seacole Scholar her interest in health inequalities grew. She was sorely aware that women from ethnic minority groups backgrounds had less favourable outcomes than their white counterparts, especially in postnatal care and services.

Her journey to becoming a nurse leader has been driven by the awareness that “there are not many people in senior roles who look like me”. The Aspiring Directors of Nursing (ADONs) programme came along at just the right time, as ironic as that might sound: when it began, Marsha was struggling with COVID-19 herself. She managed to stay at home throughout, with what she describes as ‘extraordinary primary care support’ – something she feels fortunate and privileged to have

experienced.

While she was ill, her friends supported her, and signposted her to some daily online sessions about preparing for promotion during COVID-19. Marsha admits “I had a little inner chuckle at myself - ‘Look at me fighting COVID-19 and I’m here thinking about promotion!’ – but it energised me. If you’re at home not feeling well, when you’re engaging with something else distracting you, it is a help.”

Her first session on the ADONs programme was with Jackie Holder, the facilitator for the programme, and Marsha threw herself into it wholeheartedly. One thing about the session was crucially important, she says. “What made it more impactful was that Jackie is a black woman. I wasn’t having to think ‘Okay, do I have to build a rapport here? Do we have any cultural differences?’ Those things get in the way.”

The programme’s sessions had a big impact on Marsha. She found that they gave perspective to a lot of the things that were happening around her – the conflicts and challenges that everyone was experiencing. They also helped her to focus on possible career steps and how to prepare for interviews. On the back of these sessions, she began to seek out new opportunities; she is to begin a Deputy Chief Nurse post as well as taking up a Nurse Fellowship at NHSE/I.

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“I’ve had a voice and expressed my concerns, and I’ve been able to galvanise others”

Marsha knows that the programme has helped her from a career perspective, but she says that it has helped her equally to have more of an impact in the workplace: “The sessions helped me to stop hiding my light under a bushel. I’ve had a voice and expressed my concerns, and I’ve been able to galvanise others.”

She got active in the West Hertfordshire Hospitals NHS Trust Staff Network and took on the interim Chair role. She believes the Network achieved in three months what would usually have taken a year.

The Network’s ‘Safe Space’ sessions have been particularly important during COVID-19, offering huge mutual support. They have been a caring and compassionate place for staff to express themselves, allowing their concerns to be raised with their organisations, to show the true reality of working through the pandemic.

Marsha says that her management style is to lead very much from behind: “I think that’s partly cultural. You never blow your own trumpet.” So she tries to make her work speak for itself. She has begun to participate in other programmes, and has given online talks to the Malawi Nursing Association, the Nursing Association of Jamaica, and the Nigerian Nursing Association. She is finding a voice and a way to tell stories, which has been

invaluable from a leadership perspective.

About the programme generally, Marsha says: “It has snowballed and I feel this energy will go on for a while.” Marsha now has her sights set on a Chief Nurse role, but her ultimate ambition, she says, is to be a Chief Executive.

The ADONs programme has highlighted the fact that lots of ethnic minority groups nurses are ready for the next step on the ladder. When people don’t progress, Marsha points out, it isn’t because they don’t want to – it’s because the opportunities don’t present themselves fairly and equitably. “If the next rung on the ladder is missing, we’re not going to be able to step on it,” she says. “And rungs are missing, especially for black staff.”

The solution lies in energising those already at the top to pull others up with them, and in energising each other. And mutual support is vital in the environment in which ethnic minority groups nurses exist. “How do you keep yourself contained and focussed so that you’re not derailed by the bullying and distractions that will come your way?” asks Marsha, “Because we have a lot of that.”

COVID-19 made Marsha realise that ‘everyone was in it together’, regardless of skin colour – it was tough for all involved. Frontline staff in patient-facing roles, she points out, were the ones most badly affected – and a disproportionate number of

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“If the next rung on the ladder is missing, we’re not going to be able to step on it. And rungs are missing”

them were from ethnic minority groups backgrounds, probably because these are the people who miss out on opportunities to progress.

So how did COVID-19 affect Marsha in her leadership role? “It made me reflect, and I was more vocal. Things I might have turned a blind eye to or thought didn’t affect me... No, this was about the collective, not the individual. This is about *humanity*, and if I don’t add my voice, the conversation may have a valid point missing.”

Keen to help others to find their voice, Marsha, as part of the team, managed to secure £50,000 from NHS Charities, to fund five Cultural Intelligence Workshops, for a total of 100 nurses. Sixty of the participants will be ethnic minority groups staff, with the remaining forty being non-ethnic minority groups leaders working with ethnically diverse teams. Participants will be encouraged to speak up, and will learn how to interact and treat others, in the knowledge that they are “speaking to someone who looks like them, and who cares”.

She sums up how she would like to be remembered, with a quote from Maya Angelou: ‘People will forget what you said, people will forget what you did, but people will never forget how you made them feel.’ She would like to be remembered as someone who spoke the truth, and would go the

extra mile to deliver the desired outcomes for those in her care.

For the next generation of ethnic minority groups nurses, she has this message: stay focussed on yourself and where you’re going, choose your circle carefully, and never allow anyone to validate you. Above all, she says, be true to yourself, because authenticity is fundamental to effective leadership.

Marsha feels she has been enabled to find her voice by a combination of the pandemic, the injustices it has highlighted, and, crucially, by the ADONs programme. “I already had the car,” she says, “but the programme was the fuel!” She wants to know where things go from here: “It has ignited a fire in us. Are we just going to put that fire out? We have to ask ‘What’s next?’ There has to be something next.”

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JABU CHIKORE

Assistant Chief Nurse / Mental Health Lead Nurse
University College London Hospitals NHS Foundation Trust



Jabu is new to his post, and is responsible for implementing the mental health strategy for his hospital. He was previously Head of Nursing at Barnet, Enfield and Haringey Mental Health Trust, where his responsibilities during COVID-19 extended to infection control, staff wellbeing and support, patient support and service-user involvement.

One thing I would like to change is to ensure that people from ethnic minorities are included in the recruitment process so that all available talent is recognised and appreciated.

My ask is that it is made a requisite that you cannot pass the Well-led domain of the CQC inspection if you are unable to demonstrate that you have an active programme to increase the percentage of ethnic minority groups staff in leadership positions (8a+) and there is evidence of the outcome.

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“I got to the point where I thought ‘There’s room at the top. Why not me?’”

Born and raised in Zimbabwe, Jabu was encouraged to become a nurse by his mother, a nurse and midwife herself. He was not convinced that he would make a good nurse, or a successful one, but thought he’d “try it for a bit”. He fully expected to be able to tell his mother “I told you so!”

Jabu came to England to begin his nursing training, and opted for Mental Health Nursing because he couldn’t stand the sight of blood – “Little did I know!”, he says. After qualifying in 2000, he immediately secured a post at Chase Farm Hospital. It has all been a bit of a rollercoaster ride since then, he says.

After working as a ward manager for six or seven years, Jabu felt he needed more. “I got to the point where I felt I needed to influence the profession more than I did then,” he explains. “I also got to the point where I thought ‘There’s room at the top. Why not me?’ So I started thinking about how to make that leap and be more influential.”

Having completed an MSc in Leadership and Management, he was able to move from a Band 7 post to a Band 8a. He gained satisfaction from having more influence over how services were run, and began to ask himself why he shouldn’t do this a lot more. And whilst he says he feels better suited to influencing services, rather than the overall

picture, he would not say no if someone offered him a role as a Chief Executive!

The Aspiring Directors of Nursing (ADONs) programme gave Jabu the opportunity to experience a more corporate environment, and to learn what was expected in the board room, as well as the opportunity for networking widely. The programme offered a good support structure and enabled a crossover of opportunity and the free exchange of ideas.

It was particularly useful during COVID-19, he says, giving the participants a valuable support structure. It was also a chance for time away from the workplace. “That space alone is brilliant,” Jabu says. “You get the opportunity to shut down from everything and concentrate on your own development and improvement.”

And the relationships that have developed through the programme have been especially useful: “We’ve pushed one another always to aim for more. If a job comes up, we post it on our WhatsApp group and encourage one another to go for it.”

Jabu singles out the support given by Paul Reeves and Hilary Garratt from NHS England and NHS Improvement. They made an effort to bring the programme to the attention of all Chief Nurses, and to encourage candidate diversity.

It has been hugely positive, Jabu says, to know

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“We’ve pushed one another always to aim for more”

that there has been this focus on developing staff from ethnic minority groups backgrounds, and the acknowledgment that much more needs to be done to get ethnic minority groups nurses up the career ladder.

The programme has also been an open forum for discussion: inequalities have been highlighted, acknowledged, and discussed openly, and people have contributed their ideas on how to improve things across the board.

COVID-19 has, says Jabu, highlighted the inequalities suffered by ethnic minority groups staff. He was asked to lead the Ethnic Minority Groups Network, and this highlighted the difficulties and inequalities people were facing in relation to COVID-19.

Jabu became something of a figurehead for his Trust: “It gave me an opportunity to influence how staff were looked after during COVID-19, but it also gave me a support network.” Jabu was able to take concerns to his Trust, and influence its response to the coronavirus at the highest level.

This led to a support structure being planned, which included the addition of ‘Freedom to Speak Up not out’ guardians. “It catapulted my position from Head of Nursing to being BME chair leading the BME strategy with the Trust as a whole,” says Jabu. “I grew up in a day!”

Jabu feels he has grown professionally as a result of the extra demands of the pandemic. “The turning point for me was when I found out one of our staff had passed away due to COVID,” he says. “Initially, it had just been statistics, but this hit home. I needed to think about how to change outcomes for staff, and especially for BME staff.”

He immediately began to focus on goals to support BME staff, including the types and use of PPE in place. He was also very concerned to offer psychological support to staff, to ensure their wellbeing. An office was cleared to create a breakout room, complete with beanbags, so that staff could relax. A psychologist was also on standby to offer support, and the whole team received resilience coaching.

His colleagues on the ADONs programme all supported each other too. “We had sessions where we just talked about the difficulties of running a service through COVID-19, and said ‘The buck stops here’. I’d only been in the post for six months,” says Jabu. “It was a learning curve, to say the least!”

It took a single day to re-purpose the service and re-organise staff, bringing people in from community services to work on the wards. The response from the staff was very impressive, and highlighted how much they value patient care and wanted to keep services going.

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“It gave me an opportunity to influence how staff were looked after during COVID-19, but it also gave me a support network”

Jabu says that he couldn’t have survived if it hadn’t been for his staff, and their loyalty and dedication. “It became a two-way process,” he says. “As much as I support them, they supported me. Even when things were very difficult, they kept coming in.”

He admits that he would get upset during lockdown when he saw people out and about and putting other people at risk, having experienced first-hand the effect COVID-19 was having on his staff and services. And whilst he appreciated the ‘clap for carers’ at first, the novelty soon wore off. “I felt the government wasn’t doing enough to listen to us,” he says, “and they’re still not doing it.”

Whilst the coronavirus has brought unprecedented challenges, Jabu says that it has also transformed the service and enabled it to embrace technology, in a way that would normally have taken years. “There has been lots of change for staff and services too,” he says. “We won’t go back to where we were before.”

Everyone has had the licence to think about new ways of doing things: patients who need a face-to-face appointment are prioritised, whereas others can benefit from a Teams meeting or a phone call. The new system has actually enabled the Trust to reduce its waiting list, even during the pandemic.

“As a member of the BME Men in Nursing

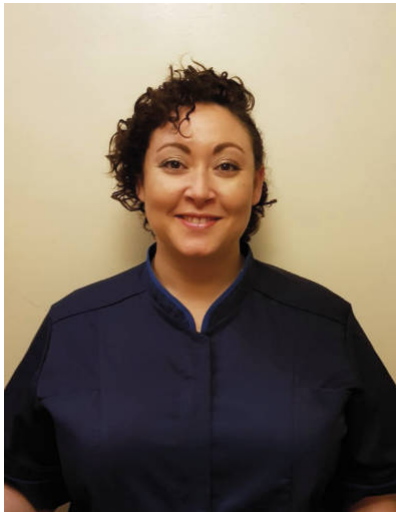
Group, I am keen to encourage more men into nursing as a career, as well as into senior roles. I’d like my legacy to be to inspire more male nurses to follow in my footsteps, and I’d like to see more BME nurses in similar positions to me,” says Jabu. To that end, he is actively involved in the mentoring and support of ethnic minority groups staff, to help them achieve higher things.

And his message to anyone wanting to follow in his footsteps is simple: “If you think big, think bigger!”

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HANNAH SPENCER

Head of Nursing - Women's Health and Paediatric Division
Ashford and St Peter's NHS Foundation Trust



Hannah tells us about the unique challenges of being mixed race, how she found her perfect fit on the ADONs programme, and how the programme has helped her career to blossom.

One thing that needs to change (with regard to ethnic minority groups staff) is the lack of equity in ethnic minority groups recruitment and leadership development.

An ask of people – an action that they can take – is for leaders and recruiters always to have an ethnic minority groups staff member on any selection and recruitment panel and in all steering groups for leadership development programmes.

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“If we’re not prepared to put our voice out there, we’re saying we’re not prepared for change. And I’m prepared for change”

Born in Yorkshire to a Scottish father and a Jamaican mother, Hannah describes her very blended background. Her mother’s parents were both mixed race themselves, with Israeli, Eritrean and Jamaican heritage, and racially Jewish roots. “A regular Mary Seacole is what I like to call myself,” Hannah says. “She is someone I affiliate myself with quite closely.”

In her teens, the family moved to the south east of England. Hannah was uncertain about the career path she wanted to take. She considered psychology, but her parents – both psychologists themselves – strongly discouraged her. She considered mechanical engineering, and studied maths and physics at A level, but decided against that path. Eventually, scrolling through opportunities on UCAS, she spotted Child Nursing. “It just popped out at me, and there was this moment of ‘That’s what I’m going to do’. I’ve always loved working with people, and especially children, but prior to that, I’d never considered children’s nursing as a career.”

Hannah trained at Ashford & St Peter’s, then took a job in London doing a variety of rotations. She spent time at the National Burns Unit, eventually becoming a sister, and then went to the BUPA Cromwell – “That’s where I started my ‘Florence Journey’,” says Hannah. She became a

Florence Nightingale Scholar in 2019. She subsequently began in an interim senior post and progressed, later becoming Paediatric Directorate Manager.

In late 2019, now back in the NHS, her boss told her about the 8c Symposium for aspiring Ethnic Minority Groups Nurse Leaders. Although she was only an 8b, Hannah’s boss encouraged her to apply. Hannah says “I thought ‘You know what? The opportunity’s there, I’m going to grab it’.”

Hannah’s reason for wishing to be a Nurse Leader is simple: if your chair is not at the table, you have no right to complain about what’s being said or done; if you want action you have to be prepared to be part of it. “For me,” she says, “the voice of children and young people, and the voice of nursing, is an incredible thing to be part of, and if we’re not prepared to put our voice out there, we’re saying we’re not prepared for change. And I’m prepared for change – *that’s* why my voice is at the table.”

Before the opportunity to take part in the Aspiring Directors of Nursing (ADONs) programme presented itself, Hannah says she would distance herself from ethnic minority groups events: “As a mixed race person, I’ve spent my life being told I’m not black enough to be black and I’m not white enough to be white.” When her boss told her about

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“I am a leader, and I am in a BAME category, and it’s important to be that champion”

the programme, Hannah determined that, worst case scenario, she could “sit at the back, keep my head down and get through it”.

However, when the time came, Hannah felt total acceptance for who she was. “There was this ‘You have an incredible heritage – we recognise your heritage. You belong here.’ That was the first time in my life I’d experienced that. So in itself that was incredibly powerful.”

The programme has, says Hannah, given her the opportunity to meet some incredible leaders, who have co-consulted and coached her, and held her to account, pushing her further than she thought possible. “My career has developed, my skills have blossomed and I’ve found a group of women who’ve lifted me up as a proud BAME Nurse Leader, which I’d never experienced before.”

Hannah believes her experience of never having found a place where she was comfortable is something common to many mixed race people. Growing up in Yorkshire, her mother was considered black, and it had never occurred to her that her mother was technically mixed race. In the West Indies, things are very different, says Hannah: “If you’re black, you’re black. There are different shades of black but that’s how it goes.” Moving to the south east as a teenager was the first time Hannah experienced the attitude of ‘You’re not this,

you’re not that’. People like to put other people in boxes, Hannah says, and if you are someone who doesn’t fit into a box, it can be quite challenging.

Hannah admits that other ethnic minority groups development opportunities had probably been open to her before, but that she would deliberately withdraw herself from them, because of her previous experiences. It is obvious, though, that the ADONs programme has been a good fit for her. “It’s been incredible,” she says.

One of the main issues the programme has highlighted for Hannah is the disproportionate number of ethnic minority groups nurses at junior levels, which does not translate to more senior posts. “I think we have an obligation to look at that, and do something about it,” she says. “We need to develop and promote ourselves, not because of our colour, but because we are highly skilled professionals who have a right to those posts.”

Hannah feels she has found her voice as a Nurse Leader during the coronavirus pandemic, participating in discussions and calling things out in a way she probably wouldn’t have done before. She says she’s been hesitant about speaking out on ethnic minority groups issues before, because people don’t think of her as being from an ethnic minority groups background, and it isn’t a label she

“It has been a really uplifting few months in the middle of a massive storm. It’s been beautiful”

has for herself. “But I *am* a leader, and I am in a BAME category,” she says, “and it’s important to be that champion, because if we don’t have champions at this level, then how do we give a voice to the people who want to get to this level?”

There are two tenets that Hannah says inform her life and work, and that she would like to pass on. The first, from Sports Psychologist Jamil Qureshi, is about how one degree of change can re-set your destination; the second, from a Hillsong women’s conference she went to in 2019, is: “Where fear of failure tempts you to take a seat, risk courageously.” At 32, Hannah is probably one of the youngest Senior Nurse Leaders in the country – a position she regards as a huge privilege. She wants her own team to ‘dream big’ and to know that there are no limits to their own progress.

Looking back, Hannah admits that when she and her colleagues were first invited to take part in the programme “there was this weight in the room that was tangible – a heaviness of ‘How do we share this truth and keep ourselves safe?’.” But as the programme has progressed, people have been proud to share their stories.

Participating in the ADONs programme during COVID-19 has, says Hannah, “been a really uplifting few months in the middle of a massive storm – it’s been beautiful”. Hannah says that her experiences

of the Florence Nightingale Foundation have always been very positive, and of the ADONs programme she says “The opportunities to meet and discuss, and support and be supported by other senior BAME leaders, has been incredible.”

She is keen for other people like her to take opportunities when they present themselves, and to take them at face value. It can be tempting, she says, to think ‘I’m only being given this opportunity because I’m black, or mixed race, or Asian or BME’. “But you need to shake off that label, take the development for what it is, and grow yourself as an individual.”

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BINA JUMNOODOO

Head of Nursing - East & North SBU
Hertfordshire Partnership University NHS Foundation Trust



Bina talks about confronting imposter syndrome, and the simple but effective way she encouraged her frontline staff to share their feelings during COVID-19.

One thing I would like to change is for ethnic minority groups staff who may be at 8a and above to have an active sponsor at a senior level who will create opportunities for that ethnic minority groups staff member to develop and to create more exposure and hopefully more opportunities.

My call to action is for every senior leader, regardless of ethnicity, to seek high potential ethnic minority groups 8a and above staff and to develop a sponsoring relationship with them as outlined above.

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“I know I am a leader, and I bring people along with me, and together we share the success”

Born in Mauritius, Bina’s first passion was teaching – she loved to teach, and to be around other people. When she came to England, she was unsure of the direction she wished to take, and considered psychiatry before deciding on mental health nursing. “It was always about helping others and what I could do to make other people feel good and recover,” she says. She was particularly affected by seeing her grandparents – previously so capable and independent – growing older and needing more help. “I thought ‘Really? People get *that* old?’, and it just made me think there was this compassion and caring in me from day one.”

Bina was drawn to the idea of nurse leadership by the desire to make a change, and to be in the position of being able to influence things in a positive manner. She likes to think outside the box, and challenges herself to do so. And she knows she has the ability to bring other people with her: “I didn’t say to myself ‘I’m going to get there because it’s my ambition’; I want people to be with me and feel the same way. It’s about collaborative, collective leadership, working together to achieve that.”

One of the successes of which she is most proud is her part in the development of the Nursing Associate role. “I know I am a leader, and I bring people along with me, and together we share the success.”

The thing Bina has most valued about the Aspiring Directors of Nursing (ADONs) programme has been the opportunity to hear other people’s stories, and to recognise that everyone was in the same boat: “It has been very much about how we have managed the challenges differently, and offering support to each other,” she says. Importantly, it has also reminded her of the need not to neglect her own self-care, when the demands of COVID-19 might have caused this to take less of a priority.

The programme could not have come at a better time, Bina says. It was a space that offered the support she needed and enabled her to talk to other people experiencing the same pressures she was. The participants were able to share their own ways of working, and to challenge each other in a professional and non-confrontational way.

Being from Mauritius, which is very multi-cultural, Bina says that people’s colour had never been something she’d thought about. Until, that is, she decided to apply for the Head of Nursing post. “Somebody said to me ‘If you get that post, you will have broken through the glass ceiling. But be mindful, if you don’t, how you’re going to feel about it’.”

Imposter syndrome began to set in, and Bina began to ask herself whether she really was capable

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“I mustn’t think that because I’m black or Asian or Indian, I won’t get there. I need to look at how I can do things differently”

of filling this post effectively after all. She secured the post and people were pleased with her. “But lately, I’ve been more aware of women talking about the level they’re at and that they have to do that extra bit more to make sure their face fits,” she says.

This has reinforced the imposter syndrome, but her training has equipped her to face the challenge: “It helped me understand that it’s up to me to make a difference. It’s up to me to get a good sponsor to open the door for me, and not think that because I’m black or Asian or Indian, I won’t get there. I need to look at how I can do things differently.”

Bina has been aware of her great responsibility as an ethnic minority groups nurse leader during the pandemic. There are a huge number of ethnic minority groups staff on the lower grades in Mental Health, and they are the group at greatest risk from the virus. It has been important to her that her staff know that she is standing up for them and speaking out at meetings on their behalf. She made sure that individual risk assessments were carried out for all staff members, and that their needs were met.

And whereas senior staff would be quick to ask for one-to-one psychological support, this is more difficult for more junior staff. Bina’s solution was simple but highly effective: “I got pizza on the ward, got food around the table. Because that’s where

people will engage in conversation with you and tell you exactly how they feel.” Bina believes this was a much more helpful environment for the staff than formal psychological support would have been.

The Leadership Programme gave Bina an enhanced self-awareness, she says, and an ability to speak openly about her experience of COVID-19. She was aware that many of her staff were from ethnic minority groups backgrounds, and were worried about coming to work, or taking the virus home to their families. But at the same time, she was feeling the same fears and vulnerability: “I was scared going to work sometimes. I would pray for myself, and pray for others – ‘Please don’t let this virus get to me, so that I can still carry on with my job to support others’.” Bina’s priority was to ensure that her staff had all they needed, such as PPE and flexi hours arrangements, to enable them to come to work and care for their patients.

Bina would like to be remembered as someone who was never phased by anything that happened at work, and as someone who would be there for anyone who needed her, at any time of day. “The staff know I am there to support them,” she says, “and I always have an answer for them, and find a way to get the information for them, or find a solution with them.”

Whatever you need to do, to get where you

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“I got pizza on the ward, got food around the table. Because that’s where people will engage in conversation”

want to be, you should do it, says Bina. Don’t let anything get in your way to prevent you getting there, and you will get there. It’s partly about knowledge, skills and qualifications, she says, but it’s also about your respect for others, your understanding and your ability to put yourself in their shoes.

Bina admits that it hasn’t been an easy ride: it’s been challenging, and it certainly isn’t a nine-to-five job. What’s important, she says, is to enjoy what you do and to know that you’re making a positive difference to other people’s lives.

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LINDA CHIBUZOR

Deputy Director of Nursing and Quality
NHS Milton Keynes CCG



Linda talks about how her harrowing lived experience of her mum's mental illness drove her to become a Mental Health Nurse, and how it still motivates her today. She also reflects on the serious effects of bullying in the workplace.

One thing I would like to change is the disproportionate number of ethnic minority groups nurses who are dismissed and referred to the NMC, following NHS Trust disciplinary hearings, appeals and conduct cases.

My ask is that NHS Trusts ensure that the panels for these disciplinary hearings, appeals and conduct cases always have a ethnic minority groups representative on them to ensure that there is fair treatment for ethnic minority groups staff and that the panel represent diversity to assist in understanding 'extenuating circumstances.'

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“I tell people it’s the patient voice, but actually it’s my mum I see in all of this”

From an early age, Linda remembers, she wanted to work in health care, and to help people. At school in Zimbabwe, she and her friends would fight over who would have what role when they grew up, vying with the boys to become an ambulance driver!

However, her career path was ultimately decided by harrowing lived experience. Her mother has suffered long and enduring mental illness, and Linda was her carer as a teenager. In Africa, she says, the mentally ill are subject to shocking treatment: “I grew up as one of those children who other people laughed at - ‘That’s the mad woman’s daughter’ – but what really upset me was the treatment that my mum received.”

From the age of 14, she was very clear what she wanted to do, and was supported and guided by her aunt, herself a nurse. Linda came to England and went straight into nurse training. From the beginning, she was clear of the pathway she wished to take, and clear that she wanted to be an Executive Director of Nursing.

Linda worked in a number of settings across mental health - care homes for people with dementia, the prison service, frontline acute nursing, community nursing - and managed inpatient psychiatric wards, before moving into commissioning in 2014.

Her mother, and the treatment she had received,

were a huge motivation in Linda’s desire to become a Nurse Leader. She knows that “the only way to make a positive change is if you are in a position where you have a voice and you can represent the voiceless. I tell people it’s the patient voice,” she says, “but actually it’s my mum I see in all of this.”

The support network and the relationships that have developed as a result of the ADONs programme have worked really well, says Linda. She would like to see senior NHS leaders coming into the group, and making themselves available for the sessions, so that both groups could suggest how things could be improved. She says there is a nervousness around listening to other people’s experiences, and that they can be upsetting, but that it is important for these experiences to be acknowledged, if progress is to be made.

Linda has experienced bullying and harassment within the system herself, from a very senior member of NHS staff. This is a common experience, she says, and one that is not confined to ethnic minority groups staff. “I think it upsets you more as you become more senior,” she says. “As a junior, you dust if off, it doesn’t really matter, but when you are senior yourself, you expect people in senior roles to behave in a certain way. When they don’t, it can be upsetting and hurtful, and it can damage your career.”

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“I felt that Ruth May was speaking to me as a nurse. And with the determination I’ve always had, I said ‘Yes, I want to play my part’”

Linda now acknowledges that this experience had a profound effect on the way she was behaving towards others. “I became that person who is very guarded and defensive, and maybe I missed out on opportunities because I was no longer approachable.” A lot of ethnic minority groups staff, she thinks, have gone into fight mode, and as long as this situation persists “someone who has never treated me that way is having to respond to my behaviour, which is fuelled by my feeling that that’s what everyone is like.” It is a vicious circle, she thinks.

The people on the programme are very engaged with it, Linda says, but the network needs to be widened if this is to be truly effective. She suggests each participant is accompanied to the first session by their Chief Nurse or Director of Nursing. “Most Executive Nurses will never have attended this kind of programme, so hearing what we’ll be discussing, and how it’s structured, would be useful for them as well.”

The most significant thing about being an ethnic minority groups Nurse Leader during COVID-19, says Linda, has been knowing that everyone was in it together. “And whilst we have had different challenges across the health and care system, there was this force bringing us together.”

She also talks about how challenges have been

met, and about the important developments that have taken place during the pandemic. “Things that we’d aspired to do for years, like moving into a virtual way of working... it happened overnight. Where we struggled to get into a meeting room together, it happened on Teams... We were almost speaking the same language as our tech colleagues. That had never happened in the NHS.”

Being an ethnic minority groups leader was especially significant, given the disproportionate number of deaths in the ethnic minority groups community and the need to support ethnic minority groups members of staff. With many of the staff in her team being redeployed to the frontline, Linda had one-to-one conversations with everyone, and completed thorough, individual risk assessments for each staff member. “There was a lot of anxiety from BAME staff,” she says. “I made sure that colleagues would be redeployed to roles that would not put them at risk, and which they would be comfortable with.”

She also signposted and encouraged nurses to access psychological and talking therapies for healthcare staff in hospitals, primary care and care homes, as well as the CCG. Throughout the time that staff were redeployed, Linda set up a weekly Teams meeting with each member of staff, to offer her support and keep them updated on key issues in

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“The NHS is beginning to embrace inclusive practice, and we cannot embed that without having BAME senior leaders”

the CCG.

Linda says that her response to the COVID-19 crisis has been driven by her love for the NHS. “By the age of 15, I had fallen in love with the NHS. It becomes quite upsetting when you hear some of the negativity around it,” she says, especially when you have an appreciation for the organisation, having not grown up with it. Ruth May’s message to nurses at the beginning of the COVID-19 outbreak – that this was the time they were needed, more than ever – had a profound effect on Linda: “I felt that Ruth May was speaking to me as a nurse. And with the determination I’ve always had, I said ‘Yes, I want to play my part.’”

Linda stresses that behind every leader are a lot of other people supporting them – not just colleagues. Most of her family are in Africa, and she was touched by the fact that they were so concerned about her, when they were living in far worse conditions. She also received support from her neighbours. “One of my neighbours did a pamper basket to say ‘Thank you for all you do.’” It wasn’t even a neighbour she knew very well. “I’ve had a lot of support from an amazing line manager and colleagues, and outside of work people have been genuinely kind.”

Linda’s message to the next generation of ethnic minority groups nurses who wish to take on

leadership roles is full of hope. “I am beginning to see things I didn’t see 20 years ago,” she says. “The NHS is beginning to embrace inclusive practice, and we cannot embed that without having BAME senior leaders.” As one of the world’s biggest employers, for the NHS to be having these conversations is a huge step forward, says Linda.

But people must be prepared to participate, if true change is to be achieved: “We need to be sitting around that table to support this work. When you play a positive part in change, you are likely to get the positive outcomes you’re looking for.”

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ANNESHA ARCHYANGELIO

Director of Infection Prevention and Control
Dartford and Gravesham NHS Trust



Annesha reflects on her desire to celebrate what the Aspiring Directors of Nursing (ADONs) programme has achieved for her, and her work on the National Matron's Handbook as part of her NHSE/I Fellowship.

One thing that I think needs to change going forward, with regard to ethnic minority groups staff, is including ethnic minority groups in all mainstream awards programmes, rather than having specific ethnic minority groups awards.

My ask would be that all leaders and sponsors of awards programmes have an individual and a team or organisation award, and encourage or facilitate the inclusion of ethnic minority groups staff in these mainstream awards, in recognition of the extensive work that has been undertaken to inspire and encourage others.

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“I’m always thinking ‘There’s something that can come of this’. I always have a thirst for progression and development”

Annesha leads at Executive and Director level, embedding strategies for infection control and the Health and Social Care Act across the organisation, to ensure patients and staff are safe. This has been particularly important during COVID-19.

From a very young age, Annesha says, she had great aspirations, and considered working in the health or medical field. In Jamaica, nursing and health care are greatly valued, she says, and a career in this field is very much something to aspire to.

Her route into nursing hasn’t always been easy, even from the beginning. Her guardian reacted to her wish to become a nurse with “Oh Annesha, I don’t think you could manage that”. But Annesha was determined, and came out top of her class. At nursing school, she committed herself and did well, gaining the respect of her colleagues.

She came to the UK six months after qualifying, and has studied for various qualifications since then, including in health studies and infection control. More recently, she has worked across CCG, community, mental health and acute trusts, and in different specialties.

Working as an NHSE/I Fellow has broadened her experience to the national level, she says, and given her a greater vision of how she might contribute to health care. Annesha is driven by the desire for excellence in every project she undertakes. “I’m

always thinking ‘There’s something that can come of this’,” she says. “I always have a thirst for progression and development in whatever I do.”

Her focus is on becoming a Chief Nurse, whether at Trust, regional or even national level. These are people, after all, who are at the top of the organisation and who can contribute most to the wider decisions that have good impacts on the populations they serve. However, she is aware that she doesn’t have to get there straightaway, and that she can be an effective leader across her organisation and contribute by setting a good example.

As an NHS Fellow, her project was to develop and implement the National Matron’s Handbook. She achieved this through a series of consultations with Ruth May and her team, national colleagues and stakeholders, the Royal Colleges and the universities. She also held engagement events, supported by the project team, to find out just what the matrons wanted.

Alongside her role in IPC, Annesha is now working with other organisations and regions to implement the handbook. “The handbook focuses on inclusive and compassionate leadership,” she says, “and on trying to hold on to that, regardless of the challenges that we may face.”

One of the keys to improving health care, says Annesha, is greater standardisation across health

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“For me, it’s about supporting everyone with training and development, encouragement and motivation”

systems. Having worked in a variety of organisations, she can see that each one is different, and believes that greater standardisation would be better for everyone.

The ADONs programme has been very useful, says Annesha, and definitely assisted her in securing her current role. The coaching, and the RADA session, have helped her build better relationships, when meeting her new executive team, which has been very useful. These are skills that she will continue to use as she progresses further.

She thinks a clearer structure to the programme - perhaps having sessions divided into modules - would have been useful, along with further resources and development materials, to complement the face-to-face sessions.

The programme has definitely highlighted the challenges that staff from ethnic minority groups backgrounds face, Annesha says. “The people in the group all have similar experiences, such as struggling to get a post, even though they might be far better qualified than other candidates. The main point is knowing not to give up.”

Annesha has been thinking about how the Ethnic Minority Groups Programme compared with others in the mainstream, which include elements such as focus groups and action learning sets, and thinks those would be useful additions: “They include really

practical things like support for CV development and interviews. Unless you get those things right, you’re not going to get the job.”

The COVID-19 outbreak has brought into sharp relief what the ethnic minority groups population has experienced. As a senior leader, Annesha has seen the crucial need to engage with others, and to turn those discussions into practical actions. She makes a point of discussing with senior colleagues their role in supporting and assisting, with practical things such as stress management, and ensuring that staff are not over-worked. “We have a long way to go... and everyone has different ways of doing things. For me, it’s about supporting everyone with training and development, encouragement and motivation.”

Annesha’s role has been dominated by COVID-19, and she says everyone is preparing for a second wave. “We’re hoping that we’re ready to react when we need to, and that we have escalation points in place. I’m told I work very fast, but it’s not about the speed of getting everything in place, it’s about getting others to come along with you and not moving too rapidly for them.”

The ADONs programme has provided a lot of valuable peer support, Annesha says. It has also given her a lot of resilience, and helped her to build resilience within the rest of her team. But it has

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“I think it would be great to have a celebration, and talk about what each of us has achieved”

been hugely challenging: “When I was on the frontline and we started to see fatalities, I started to think about what I would do when my staff began to get sick, and the impact it would have on their wellbeing. And I worried about what would happen when I was off sick, and I wasn’t there for everyone, and I’d sit and worry.”

Annesha would like to make a lasting contribution to a health system with a greater degree of standardisation, and with seamless processes that do not have a catastrophic effect on a particular group of staff, simply because of a particular shared characteristic.

In terms of the next generation, she hopes that the hard work she and her colleagues are doing now will pave the way, and make it easier for those who come after her to progress as they would wish to. It won’t be easy for them, she says, but if they keep trying hard and remain motivated, it *will* be possible.

And she doesn’t want the ADONs programme to end here. “I think it would be great to have a celebration, even a virtual one, to say ‘This group of staff have been through this process’, and to talk about what each of us has achieved.”

Most importantly, perhaps, Annesha wants to ask “What’s next for this group of staff?”

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MORIAM ADEKUNLE

Associate Director of Nursing, Clinical Effectiveness – North East London NHS Foundation Trust (NELFT)

Joint Chair – Trust Ethnic Minority Staff Network



Moriam talks about how nursing was a ‘calling’ for her, and about how the COVID-19 pandemic has both challenged and developed her skills as a nurse leader.

One thing that needs to change with regard to ethnic minority groups staff is a more proactive identification of ethnic minority groups talents and nurturing through a scheme of works, for example, shadowing opportunities, stretch assignment and acting up positions.

My ask is for nursing leaders to take responsibility for ensuring that equality, diversity and inclusion are embedded in every strand of the processes in their respective organisations.

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“...little did I know I would be part of this response to the pandemic”

Moriam has responsibility for the support and development of colleagues, and her team is the first point of contact for nursing and AHP colleagues who may have a difficulty or need clarification or support in the delivery of care. Her team is involved with a number of workstreams, and feeds into assurance and governance at the Trust. She has also set up a skills and simulation lab where professionals can upskill and build their confidence, in a safe environment.

Moriam was appointed Joint Chair of the Ethnic Minority NELFT Network in January 2019. Its aim is to work with the organisation’s leaders to ensure the race agenda is embedded within the different strands of its work. It provides support to ethnic minority groups staff, and runs a range of webinars and meetings, focussed on developing people and raising awareness, to keeping the race agenda live. The Network is also supported by a number of white colleagues, who make a very valuable contribution.

Nursing was definitely a ‘calling’ for Moriam. Growing up in Nigeria, the second of six children, she tried to support her mother and was always asking what she could do to make a difference. “If I saw someone sad,” she says, “I would always want to know why and find out what I could do.” When it came to thinking about a career, Moriam was

very clear that she wanted to work with people and to make a difference.

She considered medicine, but the significant financial commitment of a medical training, combined with the sudden and tragic death of her father, made this impossible. So she decided on nursing instead and gained a place at the prestigious University College Hospital in Ibadan. “I have not looked back since then,” she says. “It was an amazing journey.” She represented the school at the annual Florence Nightingale Speech Contest, coming top and being awarded the Florence Nightingale Shield.

Moriam relocated to the UK in 2004, and says that working in this country is what inspired her to become a nurse leader. She speaks of the difficulties of coming to a new country to work, and having to re-train, despite having worked as a nurse in Nigeria for eight years. In her Band 5 post, she observed the nursing environment and contributed to the development of the nursing strategy for her organisation. She says “I went to meetings... and there were times I wouldn’t agree with the decisions being made.” Moriam realised that, to influence change and ensure that the right decisions were made, she needed to be in a senior position.

Moriam was already a scholar on the Florence Nightingale Foundation programme for ADONs

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“You start to think to yourself, ‘Do people see me as a person of colour, or do they see what I bring to the table?’”

when her Chief Nurse told her about the ethnic minority groups programme. She says that if ever there was a time for co-consulting, it has been during the COVID-19 crisis. “Those sessions have given me a psychological safe space and an opportunity to discuss key challenges with people of a like mind.”

Her colleagues on the sessions have helped shape her thinking, says Moriam, and suggested solutions that hadn’t been apparent before. She talks about the ‘light bulb moments’ that have resulted, and her excitement at being able to implement new ideas immediately.

The RADA session also gave Moriam an invaluable insight into how to retain presence and gravitas on virtual platforms, at a time when physical meetings have become almost non-existent.

Many themes have recurred during the ADONs sessions, and these are not unique to this group of nurses. At meetings, those at the table automatically turn to Moriam only if there are agenda items concerning ethnic minority groups people. “You start to think to yourself, ‘Do people see me as a person of colour, or do they see what I bring to the table?’” she says. However, she believes that this behaviour is rooted in unconscious bias rather than being intentional.

Opportunities do exist for ethnic minority groups nurses to progress, but, Moriam says, skills and talent need to be recognised and nurtured. She was lucky enough to have a manager who did just that; he thought that Moriam didn’t realise what she herself was capable of, and encouraged her development.

The death of George Floyd, and the subsequent rise of the Black Lives Matter movement, threw racial inequality into even sharper relief, against a backdrop of COVID-19’s disproportionate effect on the ethnic minority groups community. Moriam was redeployed to Silver Command, temporarily acting as Tactical Director. It was a hugely demanding time. “I was watching what was coming through the media and worrying how this would impact on people, and wondering about what I’d be walking into, back at work the next day,” Moriam says.

People were angry and frustrated, and looking to her for guidance. With 40% of her Trust colleagues being from an ethnic minority groups background, and a significant number of them working on the frontline, Moriam considered whether these nurses should be removed from frontline service to protect them from danger. It was difficult to find a balance, something that was “emotionally, mentally and physically challenging and draining,” she says.

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“It’s one thing having the skills and knowledge, but using them to help others is what gives me joy”

Moriam also found it challenging to have to be in planning meetings when she really wanted to be visiting colleagues on the frontline and speaking to them. Through a network of colleagues, communication channels were kept open. “Some of the conversations were uncomfortable,” says Moriam, “but they were conversations we had to have.”

There were inevitably times when there were different views around the table and her relationships with her colleagues were strained, admits Moriam. However, she was determined not to allow COVID-19 to cause long-established relationships to break down. “By shifting focus away from myself, and investing in those individuals, the underlying problems have to a great degree been resolved.” Without the ADONs programme, Moriam says, this would have been far more difficult.

Has the challenge of COVID-19 made her a better nurse, and a better leader? The answer is an emphatic “Yes!” In particular, she has noticed in herself a new determination that however she is feeling, she will show compassion to her colleagues. It’s about being a role model: if she has expectations of others, she says, she needs to be a role model for those expectations.

She is proud of what she’s been able to

contribute during the pandemic. “It’s one thing having the skills and knowledge, but using them to help others is what gives me joy,” she says. “It reminds me why I became a nurse.”

Moriam is keen to make a lasting contribution to the development of the next generation of leaders, “so that there are enough remarkable practitioners within the profession to keep up with the agenda”. She thinks back to the senior manager who recognised and nurtured her talents, and that is what she has been doing with colleagues – through informal coaching sessions, mentoring and signposting. “That’s my way of giving back,” she says.

Moriam has one message for the next generation: they must develop resilience, political astuteness and emotional intelligence, if they are to thrive. Role models are key, she says. “There’s something about seeing someone who looks like you, who speaks like you, at that senior level. It gives you the confidence and the assurance that you can do it.”

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MAX OOSMAN

Community Mental Health Nurse Practitioner
East Lancashire Memory Assessment Services



In 2022, Max Oosman will celebrate 50 years' service in the NHS. He tells us about arriving in England from Mauritius, having to adapt to very much a 'white world', and why he thinks labels might actually be unhelpful.

One thing I would like to change is that racism exists across the NHS and there is a lack of understanding as to why we treat those who are different from us in an uncivil and inequitable fashion.

My ask is that decision makers at board level look at their organisations and take responsibility and accountability, to ensure diversity of thought and resources is part of their workforce, so they will attract the best people irrespective of their ethnicity. I'd like all staff to understand and embrace allyship together, to make this a better world to work, live and play.

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“I would take Dad’s small change and buy them things like Coca Cola and crisps, and I’d sit in the yard and entertain them”

Max arrived in England to begin his nursing training on 30th August 1972, at the age of 19. But his perception of nursing had been formed during his childhood in Mauritius. Nursing is much more highly valued in Mauritius, with no gender gap, he says, and very early on he recognised the added value that nurses brought to society as a whole, with home births common and nurses visiting to administer vaccines.

He was, he admits, ‘a bit of a maverick at school’, and unwilling to accept the status quo. But he also recognises that the roots of his own nursing career go back to his early school days. He remembers feeling compassion for children who were less fortunate than he was, ‘arriving at school with bare feet and runny noses’. “I would take Dad’s small change and buy them things like Coca Cola and crisps,” Max says, “and I’d sit in the yard and entertain them.”

Unemployment levels in Mauritius were high, and Max took the opportunity to come to England, for three years’ training at Mid-Worcestershire School of Nursing, based in Bromsgrove, to become a State Registered Nurse.

His arrival at the school was something of a culture shock. He had come from a large family, living in a big house in tropical Mauritius. Now he was shown to his small, lonely college room, and

the canteen could offer him only a cheese salad for dinner, because the kitchen was shut for the day.

On his first day at the school, he was lucky enough to meet another student from Mauritius – “someone who looked like me, someone on the same journey” – and the two young men became inseparable. Their friendship was, thinks Max, vital to their psychological wellbeing.

Although they were looked after quite well in college, Max says he experienced prejudice very early on. He was placed on a medical ward where patients largely required bed rest. There was lots of fetching and carrying, he says, and he “often got things wrong”. He was assigned the dirtiest work, but was too terrified to recognise the blatant prejudice. He was always on edge, and wasn’t enjoying himself.

And whereas his friend had a sympathetic Ward Sister, who realised that they were in a strange new environment, Max feels his own Ward Sister bullied others to compensate for her own lack of clinical skills, “especially people like us – we were an easy target”.

After qualifying, neither Max nor his friend found they could get the jobs they wanted. The jobs would be advertised first and they would only get them if no-one else applied. This was the first time he realised he wasn’t being treated the same

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“You find your way through the maze, despite all the bias and the negativity around you”

as other people, or being given the same opportunities. At the age of 22, he was given night duty on a trauma ward: “It was very intense. I couldn’t sleep. I couldn’t socialise. But I had no choice. It was definitely down to prejudice.”

Max and his friend – who had been assigned to the geriatric ward at the back of the hospital – decided to make the move into Mental Health Nursing. After a spell in Epsom, Max returned to Worcestershire, where his skills were put to good use on an acute mental health unit attached to A&E.

Always keen to put himself forward for opportunities, Max now got promoted quite quickly, progressing to Nurse Specialist, Quality Manager, Nurse Manager, Deputy Director of Nursing, and Clinical Lead. Whenever he didn’t get the role he wanted, he determined to do better next time: “You find your way through the maze, despite all the bias, and the negativity around you,” he says. “You create your own resilience, in a way.”

Role models have been a very important influence throughout Max’s career. For instance, he experienced one nursing sister who was everything his first one hadn’t been: “She was very dynamic and progressive. She would take the water jugs round to the patients first thing in the morning.” But there was more to this simple act than met the eye. “She was actually doing a ward round,” says

Max. “She knew everything that was going on. I really identified with her.”

Max admits that he struggled for a long time to adjust to the way nurses are perceived in England, especially in contrast to doctors. But now he recognises their true worth: “Nursing is patient-centred care. Nurses get to know their patients the way nobody else does – you are connecting on a human level and there are things you can do to change people’s lives. It’s intense! Now I’m happy as a nurse. I’m the *proudest* nurse. And I want everybody to understand what nursing is really about.”

Allostatic load can be heavy on ethnic minority groups staff, Max says, because of the stresses they deal with every day. This is what he puts a period of mid-career demoralisation down to. However, moving to MerseyCare and being introduced to dementia care energised him again. Max became a Nurse Specialist in Dementia Care. He is now a Dementia Champion, and has given a keynote speech to the Alzheimer’s Society.

After his long and varied career, what would Max like to tell his younger self? Looking after yourself is crucial, he says: “To be able to offer support and help to others, you’ve got to look after yourself. You matter.”

Growing up with colonisation – and the feeling

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“I’m the proudest nurse. And I want everybody to understand what nursing is really about”

of being inferior in his own country – has had a life-long effect on Max, and he says he used to be in an angry place. But it’s important to park that anger, and use in constructively, he says. “History is important. But what really matters is now. You need to use history to inform the present and the future. Kids need to know that.”

Max is no stranger to rocking the boat, and says he sees the need to “create good trouble”. He is a change agent for NHS Horizons, and works with NHS England to promote nursing among ethnic minority groups. “I want to change the world. I want to show them what I’ve done. Not to be ‘Max is great...!’ No. It’s about using my lived and learned experiences to inspire others, to make them say ‘If Max can do it, I can do it’.”

Resilience is an important concept to him, and he works hard with his team to instil this in everyone, emphasising the importance of kindness and compassion, and inclusivity and diversity of thought and behaviour. “I want a world where everybody is treated as a human being, as equal,” he says. He actually finds the BAME label unhelpful, and wants to think more broadly: “Many people are marginalised, and not just because of their race or religion. We need to ally ourselves with others who feel marginalised. I don’t want to think in terms of ‘them and us’, because there really is only one ‘us’.”

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A CALL TO ACTION

This is a summary of the calls to action from the leaders we feature. Play your part in this by reflecting on these and alone or with your teams and report your outcomes to the [CNO and CMiDO Ethnic Minority Groups Action Plan Future NHS Collaboration workspace](#). Together we can make the difference.

	WHAT ARE YOU GOING TO DO?	WHAT CAN YOUR ORGANISATION DO?	WHAT CAN YOUR ETHNIC MINORITIES NETWORK DO?	WHO CAN HELP YOU?
<p>Angela Knight Jackson The talent management 'conversation' is developed as a 360° view of talent, utilising different perspectives, to ensure a fairer process around suitability for progression through the 'talent management gateway'.</p>				
<p>Marsha Jones NHS Trust leadership teams should be held to account when there is no year on year improvement of their WRES indicators, and there are poor experiences for staff from ethnic minority groups backgrounds.</p>				
<p>Jabu Chikore My ask is that it is made a requisite that you cannot pass the Well-led domain of the CQC inspection if you are unable to demonstrate that you have an active programme to increase the percentage of ethnic minority groups staff in leadership positions (8a+) and there is evidence of the outcome.</p>				

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	WHAT ARE YOU GOING TO DO?	WHAT CAN YOUR ORGANISATION DO?	WHAT CAN YOUR ETHNIC MINORITIES NETWORK DO?	WHO CAN HELP YOU?
<p>Hannah Spencer For leaders and recruiters always to have an ethnic minority groups staff member on any selection and recruitment panel and in all steering groups for leadership development programmes.</p>				
<p>Bina Jumnoodo For every senior leader of all ethnicities to seek high potential ethnic minority groups 8a and above staff and to develop a sponsoring relationship with them.</p>				
<p>Linda Chibuzor NHS Trusts ensure that the panels for disciplinary hearings, appeals and conduct cases always have an ethnic minority groups representative on them to ensure that there is fair treatment for ethnic minority groups staff and that the panel represents diversity to assist in understanding 'extenuating circumstances'</p>				

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	WHAT ARE YOU GOING TO DO?	WHAT CAN YOUR ORGANISATION DO?	WHAT CAN YOUR ETHNIC MINORITIES NETWORK DO?	WHO CAN HELP YOU?
<p>Annesha Archyangelio All leaders and sponsors of awards programmes encourage or facilitate the inclusion of ethnic minority groups staff in these awards, in recognition of the extensive work that has been undertaken to inspire and encourage others.</p>				
<p>Moriam Adekunle Nursing leaders to take responsibility for ensuring that equality, diversity and inclusion are embedded in every strand of the processes in their respective organisations.</p>				
<p>Max Oosman Decision makers at board level look at their organisations and take responsibility and accountability to ensure diversity of thoughts and resources is part of their workforce, so they will attract the best people irrespective of ethnicity.</p>				

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Elizabeth Carter, Transformation Lead, Perceptions of Nursing, NHS England and NHS Improvement

Ethnic Minority Groups 8c Symposium March 2020

CNO Nursing Directorate Ethnic Minority Groups work programme 2019/20 and 2020/21

CNO Ethnic Minority Groups Strategic Advisory Group listening events

Filipino nurse concerns of impact COVID-19 to Filipino nurses

CNO and CMidO Ethnic Minority Groups Action Plan

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