

**The Developing Diverse Senior Leadership (DDSL)
Stretch Assignment Showcase.**

**The DDSL Programme is
Leicester, Leicestershire & Rutland (LLR's) inclusive
leadership programme for aspiring senior leaders
from diverse ethnic backgrounds.**



DEVELOPING DIVERSE SENIOR LEADERS PROGRAMME

Inclusive leadership in the workplace: A partnership programme for aspiring senior leaders from diverse ethnic backgrounds across LLR.

As part of our ongoing commitment to building an inclusive culture and fostering representative leadership across the whole system of health and social care within Leicester, Leicestershire, and Rutland (LLR), we welcomed applicants from health, social care, emergency services, local authority, and VCSE organisations across LLR working as Nurses, Midwives, Allied Health Professionals or in non-clinical areas and their sponsors/ mentors in to join the inaugural Developing Diverse Senior Leaders (DDSL) programme in 2025.

The Developing Diverse Systems Leadership programme is designed to shape leaders who look beyond their own success to focus on building a sustainable, diverse pipeline of future leaders. While traditional leadership development often focuses solely on personal achievement, true leadership is measured by how well it reflects, represents, and serves the communities and organisations it leads. Over the course of this programme, delegates were challenged, stretched, and empowered to:

- Develop deeper self-awareness, recognising the role of bias, privilege, and their influence as leaders.
- Make bold, inclusive decisions that not only shape their leadership but impact the future of leadership itself.
- Identify, champion, and sponsor diverse talent, ensuring equitable access to leadership opportunities.

This report showcases the stretch projects undertaken by each delegate, projects that reflect their commitment to inclusive leadership and their drive to create meaningful change within their systems. These initiatives are more than exercises in leadership development; they are tangible steps towards transforming leadership for the next generation.

As we continue to build on this work, our ambition remains clear: to grow a future leadership pipeline that truly reflects the diversity of our workforce and the communities we serve.



EXECUTIVE LEADERS & CHAMPIONS



Angela Hillery
Chief executive of Northamptonshire
Healthcare NHS Foundation Trust (NHFT), and
Leicestershire Partnership NHS Trust (LPT)



Rachna Vyas
National Policy Advisor
Strategy & Neighbourhood Programmer
NHS England



Alice McGee
Chief People Officer
LLR Integrated Care Board



Linda Chibuzor
Group Chief Nurse & Executive Director of
Nursing, AHPs and Quality
Leicester Partnership Trust and
Northamptonshire Healthcare Foundation Trust



Julie Hogg
Group Chief Nurse
University Hospitals of Leicester and
University Hospitals of Northamptonshire



Kay Darby
Chief Nursing Officer
LLR Integrated Care Board



Zafar Saleem
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Bina Kotecha
Associate Director of Systems
Leadership and ODR
LLR Integrated Care Board





DEVELOPING DIVERSE SENIOR LEADERS STRETCH ASSIGNMENTS SHOWCASE

Welcome to the DDSL stretch assignments showcase

The DDSL programme focused on supporting participants to move from learning into action.

As part of the programme Aspiring senior leaders were encouraged to identify and shape stretch assignments that addressed large-scale, system priorities and responded to real organisational needs.

This showcase demonstrates how DDSL participants translated development into visible, strategic leadership, applying their learning to current system priorities. Emphasising why programmes like the DDSL are so important for health and social care collaboration, proving that we work best when we work together to retain and promote diverse talent.

Why stretch assignments matter

Stretch assignments were a core part of the programme design. Each mentee was asked to define and commit to a stretch assignment intended to go beyond routine responsibilities, to be complex, or high-profile, and to build credibility, visibility and influence in real settings.


These assignments are intended to demonstrate readiness for more senior, strategic roles by tackling work that stretches experience, confidence, and exposure, linking leadership development directly to the realities of system priorities and delivery.

What you'll find in this document

You'll find a summary of the stretch assignments:

- the purpose of the assignment,
- how it aligns to local system and/or national priorities, and
- how impact will be measured.

Together, these stretch assignments show what becomes possible when talent is nurtured, potential is recognised, and leaders are supported to step forward with confidence and strategic intent, reflecting the wider ambition of LLR's inclusive leadership programmes.



Mentee	Mentor	Stretch Assignment	Purpose of the Assignment	Alignment with System / National Priorities	How Impact Will Be Measured
Christabel Nanji (Patient Safety Lead)	Judith Spires (Head of Nursing UHL in community/ Nursing Excellence)	SWOT analysis for Hinckley Day Case Unit Focusing on improving patient safety	Assess service readiness and identify strengths, risks and actions to support mobilisation and delivery.	Elective recovery, neighbourhood-based care, modernised estates, NHS Long Term Plan priorities.	Improved readiness planning, reduced risks, and alignment across NHS partners.
Ola Oluwatayo (Maternity Matron)	Karradene Aird (Interim Head of Midwifery)	Community smoke-free pathway for maternity services in N’hampton	Redesign smoking cessation support using community engagement and national incentives.	Prevention, community-based care, digital enablement (NHS Long Term Plan).	Audit of smoking rates at booking compared to delivery. opening of new community centres
Sophy Chacko (Advanced Clinical Practitioner in Ophthalmology and Specialist Glaucoma)	Gang Xu (Deputy Medical Director)	Direct Selective Laser Trabeculoplasty (DSLTL) innovation	“Better service, Better eyes” - Introduce new laser technology led by advanced practitioners to improve glaucoma care.	Digital innovation, prevention, value for money, improved patient outcomes.	Clinical audit results and patient experience feedback.
Priyesh Mistry (East Midlands Radiotherapy Network Manager)	Richard Clarkson (Divisional Director of Nursing-Urgent & Emergency Care & Head of Service)	East Midlands Radiotherapy Network Practice Educator	Pilot a regional educator role to reduce learning gaps and speed up staff readiness.	Workforce development, regional collaboration, digital learning.	Improved competence levels across the system and the region.
Kajal Lad (Strategic Lead - Healthcare Public Health)	Joshna Mavji (Assistant Director for Commissioning -Public Health)	Strategic review of the Healthy Workplace Programme	Evaluate viability, priorities and integration with business-as-usual delivery.	Prevention, workforce wellbeing, NHS “work Well” and NHS Long Term Plan.	Evaluation findings and adoption of recommendations.
Bejal Fatania (Clinical Psychologist)	Jon Crossley (Associate Director for Psychological Professions)	Improve Neurodiversity pathway/diagnosis in CAMHS	Develop service design and commissioning skills for a recognised neurodiversity pathway.	Access, flow, waiting-time reduction for children and young people.	Reduced time in service and improved access measures leading to better outcomes.
Samukeliso Sibanda (Midwife)	Danielle Burnett (Director of Midwifery & Deputy Chief Nurse)	“Thrive to work” improving cultural competency	Improve inclusivity, cultural awareness and staff experience in maternity services.	NHS People Plan, EDI priorities, workforce wellbeing.	Staff surveys, questionnaires and facilitated discussions.

Mentee	Mentor	Stretch Assignment	Purpose of the Assignment	Alignment with System / National Priorities	How Impact Will Be Measured
Eunice Kehinde (Advanced Specialist Pharmacist-PDCA)	Eleanor Meldrum (Deputy Chief Nurse)	Safe learning environment in pharmacy (SLEC)	Create psychologically safe learning environments for pharmacy learners.	Workforce improvement and equality priorities & NHS People Promise	Staff Survey, local feedback and national learner survey results.
Suraj Tank (Advanced Specialist Pharmacist)	David Williams (Group Director of Strategy & Partnerships)	Digital optimisation of high-cost medicines	Streamline digital replenishment processes to reduce delays and errors.	NHS digitalisation and data-driven care priorities.	Reduced delays and improved data accuracy.
Bineetha Jiju (Matron)	Wayne Hurst (Deputy Director of Nursing)	Parkinson's time-critical medication improvement	Improve safe and timely administration of Parkinson's medications.	Patient safety, medicines optimisation, NHS Long Term Plan.	Safety audits, process measures and patient outcomes.
Amandeep Samrai (Clinical Psychologist in Paediatric Neuro-psychology)	Amanda Tetley (Consultant Clinical Psychologist, TSPPD Service Lead & Personality Disorder Pathway Lead)	Inclusive workforce insights for psychological professions	Explore recruitment, progression and inclusion experiences to inform workforce strategy.	Workforce equality, productivity, NHS workforce priorities.	Findings embedded in the five-year psychological professions strategy.
Priya Jayadevan (Clinical Site Manager)	Anna Duke (Head of Nursing, Recruitment, Retention and Pastoral Care)	SOP for mental health patients waiting in ED	Develop standardised escalation and care processes for mental health patients.	Urgent care flow, safety, reduced waiting times.	Reduction in ED waiting times, improved governance. improved visibility for under-represented patient group
Padmavathi Parthasarathy (Advanced Nurse Practitioner)	Rowena Harvey (Deputy Chief Nurse)	Criteria-led discharge implementation	Reduce discharge delays, improve flow and patient experience.	Productivity, flow, integrated care priorities & system improvements	Patient flow & efficiency, discharge timing, safety indicators and patient experience.
Melania Sicoe (Clinical Site Matron)	Clare Pheasant (Chief Allied Health Professional)	AI-enabled urgent care navigation	Pilot AI tools to improve patient experience, safety and system efficiency.	Digital innovation, patient empowerment, NHS Long Term Plan.	Measures across safety, experience, equity, efficiency and economic value.
Mina Roghiyeh (Advanced Clinical Practitioner)	Siobhan Favier (Deputy Chief Operating Officer)	Improving pain management in ED assessment	Improve early pain assessment and management during ED initial assessment.	National QI programmes, digital transformation.	Reduced waiting times and compliance with clinical standards. (SMART objectives)

Mentee	Mentor	Stretch Assignment	Purpose of the Assignment	Alignment with System / National Priorities	How Impact Will Be Measured
Sybil Musarurwa (CHS Inpatient Matron)	Heather Darlow (Trust Lead for QI and Quality Governance)	Building Belonging cultural awareness programme	Develop and deliver cultural awareness training to improve staff experience.	NHS People Plan, staff survey priorities.	Staff survey results, engagement feedback and retention data.
Dr Anita Sudan (Clinical Psychologist)	Camilla Watters	Psychological safety and workforce wellbeing	Assess and strengthen psychological safety and wellbeing in acute settings.	National priorities on staff wellbeing and safe cultures.	Validated wellbeing measures and qualitative feedback.
Nyasha Lucid (Inpatient Matron)	Saskya Falope (Head of Nursing)	Band 7 development and career diversification	Support leadership development and non-linear career pathways.	Flexible workforce models, NHS Long Term Plan.	Quality improvement outputs and retention indicators.
Nazrana Quareshy (Primary Care Dietetic Manager)	Deanne Rennie (Associate Director of Allied Health Professionals and Quality)	Safe staffing oversight for AHPs	Strengthen staffing oversight using demand and capacity modelling.	NHS AHP strategy, workforce planning, system efficiency.	Uptake of tools, improved staffing accuracy and safety indicators.
Emma Chaplain (ACP)	Daniel Stendall (Interim Head of Nursing)	Reducing ambulance handover delays	Contribute to system-wide action to reduce ambulance release times.	National urgent and emergency care standards.	Audit of handover times and adoption of standardised tools.- Improvements already identified



Stretch Assignment Themes

1. SYSTEM TRANSFORMATION & STRATEGIC PLANNING

Assignments that shape service readiness, strategy, or system-wide models and influence. Signalling strategic maturity and evidence of senior-readiness.

- SWOT analysis for Hinckley Day Case Unit service readiness
- East Midlands Radiotherapy Network Practice Educator (regional workforce solution)
- Strategic review of the Healthy Workplace Programme (viability/integration)


2. PATIENT SAFETY & CLINICAL QUALITY IMPROVEMENT

Assignments focused on reducing harm, improving safety processes, and strengthening clinical reliability. Demonstrating senior leaders taking on high-stakes priorities with measurable outcomes.

- Parkinson's time-critical medication improvement
- Improving pain management in initial ED assessment
- Implementing SLEC in pharmacy (safe learning environment)
- DSLT glaucoma laser innovation (technology-enabled clinical improvement)

3. FLOW, CAPACITY & OPERATIONAL PERFORMANCE

Assignments that reduce delay, improve flow, and strengthen operational grip. These are highly visible, board-level priorities with clear performance metrics.

- Criteria-led discharge (reduce delays, Length of Stay, improve flow)
 - SOP for mental health patients waiting in ED / placement (escalation and governance)
 - Ambulance handover time reduction (national initiative)
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4. DIGITAL, DATA & INNOVATION

Assignments using digital tools, AI or digitising processes to improve outcomes. Showing strategic confidence in innovation and evaluation across multiple domains.

- AI-enabled urgent care navigator & improved patient experience
- Digital replenishment of high-cost medicines (reduce delays & errors)
- New laser technology for glaucoma treatment (innovation/value)


5. WORKFORCE, BELONGING, INCLUSION & CULTURE

Assignments that improve staff experience, inclusion, psychological safety, and career pathways. Building Belonging. Demonstrating leadership influence in shaping culture.

- Psychological safety & workforce wellbeing in acute settings
- Cultural competence within inpatient wards
(Trauma informed care, anti-racism, inclusion)
- Inclusive workforce insights for psychological professions strategy
- Band 7 development: role diversification and increased retention
- Safe staffing oversight for AHPs using demand/capacity toolkit

6. PREVENTION & POPULATION HEALTH

Assignments focused on prevention, community pathways, and access. Showcasing understanding of long-term NHS priorities (prevention and early intervention)

- Restructuring smoke-free pathway in pregnancy (incentives and improved community care/support)
 - Neurodiversity pathway service development (access/waiting times)
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Building Belonging: Thrive to Work

Samukeliso Sibanda



From learning to action

A core element of the DDSL programme is supporting aspiring senior leaders to translate learning into visible, strategic action. Samukeliso Sibanda's stretch assignment, Building Belonging: Thrive to Work, is a powerful example of leadership that connects lived experience, system priorities, and cultural change.

This stretch assignment focused on the design and delivery of a cultural awareness programme to tackle workplace cultures, improve staff experience, and strengthen outcomes at University Hospitals Northamptonshire (UHN) and beyond.

The purpose of the assignment

The purpose of Thrive to work is to develop and deliver a cultural awareness programme for staff that promotes understanding, respect, and inclusion across diverse working cultures. The assignment also supports senior leadership by working alongside the Chief People Officer (CPO) and Board to improve staff engagement, satisfaction, and organisational culture.

The work was shaped by reflection on staff survey results, particularly in domains relating to equality, diversity and inclusion, teamwork, recognition, and respect. Rather than treating these as abstract measures, the assignment focuses on turning insight into action – creating practical opportunities for dialogue, learning, and behaviour change.

Alignment with system and national priorities

This assignment aligns strongly with the NHS People Plan, particularly its emphasis on creating inclusive, compassionate and psychologically safe environments where staff feel valued, respected, and able to thrive.

By addressing cultural awareness and belonging, the work supports:

- improved staff experience and engagement
- safer and more inclusive working environments
- better teamwork and communication
- improved outcomes for patients and communities

At a system level, the assignment recognises that culture is not peripheral, it is a core enabler of workforce sustainability, quality, and safety.



Leadership shaped by lived experience

Sam's leadership is influenced by her lived experience and global perspective. Alongside her NHS role, she undertakes charitable work in support of a hospital in Bulawayo, Zimbabwe, where she gave birth to her two daughters. Through her grassroots initiative, Mpilo: The Life Project, Sam supports healthcare delivery on the ground, sending essential supplies and working clinically when ever she gets the opportunity to visit.

Her experiences have reinforced the belief that understanding culture saves lives, not only globally, but here in the UK.

“The world has come to us. We don't need to go to Zimbabwe to help. People have migrated. Their cultures are here.”

Sam regularly speaks to students at the University of Northampton, using real examples to challenge assumptions in healthcare practice.

“Some women register late for pregnancy. It's not neglect, it's culture. We need to understand that.” “I've worked with Afghan refugees where husbands spoke on behalf of their wives. From our perspective that looks like domestic abuse. But it's not, it's culture. We need to ask questions before we make assumptions.”

Impact and how it will be measured

The impact of “Thrive to work” will be measured through a combination of quantitative and qualitative indicators, including:

- review of staff survey results, particularly EDI, teamwork, recognition and respect domains
- feedback from listening events and engagement sessions
- monitoring workforce retention and turnover rates

Together, these measures will help assess whether increased cultural awareness translates into improved staff experience, stronger relationships, and safer environments.

Leadership stretch and programme impact

For Sam, the DDSL programme has been transformative, at the DDSL Celebration event she reflected on how the programme helped her recognise her influence and use her voice more intentionally:


“This programme has led me to bring out the me in me...I realised I was in spaces where I could influence, but I was staying quiet. Now I want to be part of the change I want to see.”

Her stretch assignment demonstrates a clear shift from development into visible, values-led senior leadership, with culture as the golden thread. “Culture change runs through everything we do. Without it, there is a risk that everything will stay the same.”

Why this matters

Whether mentoring students, influencing board-level conversations, or painting hospital walls in Zimbabwe, Sam's leadership message is consistent:

“Every small act matters. And in a world that's increasingly interconnected, understanding each other's cultures isn't just kind – it's critical for patient safety and better outcomes.”





Reflections on Leadership Growth and the impact of the DDSL

A Word from Samukeliso's Sponsor: Danni Burnett


Sponsoring Samukeliso through the Developing Diverse Senior Leaders (DDSL) programme has been a genuinely positive and developmental experience. Over the course of the programme, I have seen Samu grow significantly in confidence and courage, particularly in her willingness to step into uncomfortable spaces and remain there long enough to make a meaningful difference.

Samu does not shy away from challenge. She is prepared to have difficult conversations, to question assumptions, and to name issues that others may avoid, especially where culture, inclusion and belonging are concerned. What is particularly notable is how she does this. Her approach is thoughtful rather than reactive, grounded in care, respect and emotional intelligence.

A key part of my sponsorship journey with Samu has been about going further, encouraging her to look beyond her immediate role and consider her influence at a wider system level. Samu has shown real openness to this, alongside a growing belief that her experience, insight and perspective have value in more senior and strategic conversations. Over time, she has started to back herself more, which has been both encouraging and rewarding to observe.

As Samu's sponsor, I have been intentional about advocating for her, both when she is in the room and when she is not. I am comfortable doing this because she consistently demonstrates credibility, integrity and professionalism. Her leadership style strikes a balance between seriousness and humility, and she takes responsibility for the impact she has on others and on the environments she helps shape.





Her stretch assignment, Building Belonging: Thrive to Work, is a clear reflection of the leader Samu is becoming. She is deeply motivated by seeing other people do well and by creating cultures where individuals feel safe, valued and able to thrive. She understands that culture affects everything; performance, experience, safety and outcomes, and she treats it as essential, rather than an add-on.

Samu leads with care and honesty. She is prepared to be uncomfortable in order to challenge the status quo, and she does so in a way that is constructive. What I particularly love is how she interacts with others through storytelling. She draws on a rich breadth of personal and professional experience to make complex issues relatable and meaningful. It is so powerful to listen to her share her own experiences which bring insight, perspective and depth and it is clear how powerfully this resonates with others. I know I could listen all day, week, month about Samu's personal and professional experiences.


The DDSL programme has had an impact not only on Samu's leadership journey, but also on my own practice as a sponsor. It has reinforced the value of advocacy, reflection and creating space for honest conversations about identity, power and influence. Supporting Samu through this programme has been a reminder of the difference sponsorship can make when it is intentional, trusting and values-led.

I have no doubt that Samu has further to go, and I am confident she will continue to grow into wider and more senior leadership roles. The progress she has made through DDSL demonstrates both her capability and the importance of investing in diverse talent in a way that enables people to show up fully and lead with authenticity.

This Is What Impact Looks Like

This case study illustrates the impact of DDSL beyond individual development. It shows how confidence grows into courage, reflection turns into action, and sponsorship becomes a force for wider cultural change. Through intentional support, advocacy and trust, Samu has developed the confidence to use her voice, influence senior conversations and lead change grounded in values and lived experience.

At the same time, the sponsorship relationship has strengthened leadership practice, reinforcing the importance of creating space for challenge, reflection and advocacy. Together, this partnership demonstrates how DDSL enables aspiring senior leaders to step into their influence while supporting sponsors to lead more intentionally, resulting in stronger leadership, healthier cultures and meaningful progress toward inclusive, compassionate organisations.





Parkinson's Time Critical Medication

Bineetha Jiju

From development to system-level action

Bineetha Jiju's stretch assignment, Parkinson's Time-Critical Medication project, demonstrates how leadership development can translate into real patient safety impact when confidence, sponsorship and self-belief align.

This assignment focused on leading a cross-organisational improvement programme to ensure the safe and timely administration of time-critical medications, with a particular focus on Parkinson's disease, in line with Parkinson's UK's 10 Recommendations.

The purpose of the assignment

The core purpose of this stretch assignment was to reduce avoidable harm by improving how time-critical Parkinson's medications are managed across the system. This included:

1. benchmarking current practice
2. identifying gaps in safety and reliability
3. implementing sustainable, system-wide improvements

The work required Bineetha to operate beyond her immediate role, engaging multiple stakeholders and balancing patient safety, operational pressures, and clinical priorities.

Alignment with system and national priorities

The Parkinson's Time-Critical Medication project aligns strongly with both local system priorities and national NHS commitments.

It operationalises key elements of:

- The NHS Long Term Plan
- The Patient Safety Strategy
- The Medicines Optimisation Framework

By strengthening medication safety, supporting personalised and integrated care, and improving cross-system collaboration, the assignment directly contributes to reducing avoidable harm and improving outcomes for people living with Parkinson's.

It also delivers against Parkinson's UK's national recommendations, reinforcing best practice and consistency across services.



Measuring impact and improvement

Impact from this work is being assessed using a comprehensive and balanced measurement framework, including:

- Process measures to assess implementation and changes in practice
- Outcome measures to evaluate patient safety and clinical benefit
- Balancing measures to ensure improvements do not create unintended consequences
- Qualitative measures to capture experience, learning and culture change
- Robust data collection and reporting to support sustainability

This approach reflects a mature understanding of quality improvement at senior level, balancing safety, experience, and system performance.

Leadership growth through belief and sponsorship

Alongside the technical and strategic demands of the assignment, Bineetha's leadership confidence has flourished, shaped by self-belief, but also by the support of mentors and sponsors who have actively created space for her to grow.

She reflects openly on how her mindset has shifted over time. Early in her career, Bineetha recalls hesitating to apply for roles because she felt she wasn't ready. A mentor challenged that thinking with a simple but powerful message that growth happens when you put yourself outside your comfort zone. That advice has stayed with her, transforming how she approaches leadership.

Why this matters

The DDSL programme has expanded her professional network and created space for purposeful, senior-level conversations, helping her to navigate complexity with confidence and intent. Looking ahead, Bineetha is focused on her future ambitions, she is determined, and realistic about the journey:

“The next step is tougher than before, and that’s okay. Mentors and networking have shown me how to move forward.”





Criteria-Led Discharge (CLD)

Padmavathi
Parthasarathy

Key Purpose of the Assignment

The project aims to introduce and embed Criteria-Led Discharge (CLD) to improve patient flow, enhance operational efficiency, and strengthen multidisciplinary working.

The key purposes include:

1. Reducing unnecessary delays in discharge once patients are medically fit, enabling:
 - Timely discharges
 - Improved patient flow
 - Reduced emergency department overcrowding
 - Increased bed availability for incoming patients
2. Empowering the multidisciplinary team (MDT) by enabling nurses, AHPs, and ACPs to confidently discharge patients when agreed criteria are met.
3. Reducing length of stay for appropriate patient groups.
4. Improving patient experience and outcomes through timely, well-coordinated discharges.
5. Supporting a culture of accountability, safety, and standardisation across wards.
6. Increasing operational efficiency and cost-effectiveness for the organisation.

Alignment with Local System and National Priorities


The introduction of CLD at University Hospitals Leicester (UHL) aligns with local system priorities:

- Improving patient flow across Leicester, Leicestershire and Rutland (LLR)
- Reducing avoidable discharge delays
- Supporting workforce optimisation and MDT-led models of care
- Enhancing hospital capacity by reducing bed occupancy pressures

CLD supports the NHS Long Term Plan and National ambition to:

- Improve productivity and reduce unwarranted variation in care
- Free up acute capacity to meet growing demand
- Deliver more timely discharges and smoother transitions into community and social care
- Embed MDT-led decision making
- Maintain safety, quality and patient-centred care
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Overall, the assignment strengthens flow, improves operational resilience, and contributes directly to national and local transformation priorities.





How Impact will be measured

1. Patient Flow & Efficiency Metrics

- Average Length of Stay (LoS): Compare pre- and post-implementation LoS for eligible patients.
- Time from “medically fit” to actual discharge: Aim for a 4–12 hour improvement.
- Proportion of patients discharged before 11 a.m.: Indicator of improved bed turnaround.
- Number/percentage of CLD discharges: Measures uptake and utilisation.

2. Safety & Quality

- Readmission rates: Ensure CLD does not compromise patient safety.
- Incidents/adverse events linked to discharge: Reviewed through clinical governance processes.
- Compliance with CLD criteria checklist: Assurance of consistent and safe documentation.

3. Workforce & Operational Impact

- Consultant time saved through reduced medical sign-off bottlenecks.
- Nurse and ACP satisfaction/confidence captured via surveys or focus groups.
- Weekend and bank-holiday discharge numbers: A marker of improved system resilience.

4. Patient Experience

- Patient and carer satisfaction measures, including:
 - “Was your discharge timely and well-communicated?”
- Complaints and compliments related to discharge quality.

5. Wider System Impact


- Bed occupancy levels and ED waiting times as indicators of improved flow.
- Reduction in elective cancellations due to bed shortages.

Why This Work Matters

Implementing Criteria-Led Discharge is more than an operational improvement, it is a fundamental shift toward a safer, more efficient, and more compassionate health-care system.

Timely discharge not only frees up vital bed capacity but also ensures patients can return home or to the right care setting without unnecessary delay, improving recovery and overall wellbeing. By empowering the multidisciplinary team, CLD strengthens collaborative practice and supports a sustainable workforce model that is essential in today’s pressured NHS environment. Most importantly, it places patients at the centre of decision-making, ensuring their experience, safety, and dignity remain the priorities.

This work directly contributes to a more resilient, high-performing hospital system and supports the long-term health of the communities our system serves.





Reducing Ambulance Handover Times

Emma Chaplain

Key Purpose of the Assignment

This stretch assignment focused on supporting a system-wide response to reduce ambulance handover times to under 45 minutes, thereby decreasing community risk and improving flow through the Emergency Department (ED).

Emma was part of a senior leadership response, contributing to the design and implementation of new handover processes that were both safe and effective. The ambition extended beyond the national requirement, with local winter-preparedness goals targeting ambulance release within 15 minutes.

Alignment with Local System and National Priorities

This assignment directly aligns with national priorities outlined in the NHS Long Term Plan, specifically:

- High-quality emergency care and improved patient flow
- Achievement of the maximum 45-minute ambulance handover standard
- Ensuring timely access to emergency services
- Reducing community risk by improving ambulance availability

Locally, the work supports system objectives around winter resilience, risk reduction, and safer urgent and emergency care pathways.

How Impact Will Be Measured

Impact will be measured using:

- Audit of ambulance handover times
- Review of tools and processes trialled within the ED
- Rollout of successful tools and processes to other departments following evaluation
- Analysis of qualitative staff feedback collected during the intervention
- Evidence of earlier release times (toward the 15-minute ambition)



Why this matters

Emma invested significant effort in understanding the problem and preparing the organisation for the approaching winter pressures. The target was ambitious, but critical to maintaining safe, responsive services across the system.

Emma undertook:

- Data review and analysis
- A staff feedback process (but was not perturbed when she only received 56 responses from 315 requests)
- Collaborative development of a new intervention model
- Coaching and supporting a trainee partner involved in the work

Despite the low response rate being frustrating, the feedback gathered was meaningful and helped shape the final intervention.

Within days of implementing the new handover process, an audit demonstrated:

- Noticeable improvement in flow
- Early indications that the intervention was working
- Increased preparedness ahead of peak winter pressures
- Positive engagement with staff trialling the updated approach


These quick results provided strong evidence that the revised process could support the wider ED and eventually be adopted across the organisation.

The stretch assignment was not without its challenges but Emma embraced them as opportunities to learn and develop. Thanks to the DDSL programme she was able to objectively recognise that despite leading the data analysis and producing the improvement report, she was not invited to present the findings herself (instead, the report was presented by others in meetings that Emma did not attend).

This experience highlighted:

- The importance of recognition and visibility in leadership roles
- The need to advocate for involvement in decision-making spaces
- How improving one's visibility can support personal development and strengthen system influence

This became an important leadership learning point regarding leadership visibility, stakeholder engagement, and the importance of ensuring those who do the work have the opportunity to represent it. Especially where they are making meaningful contributions to improving key national and local priorities.



Restructuring the Maternity Smoke-Free Pathway

Ola Oluwatayo



Key Purpose of the Assignment

This stretch assignment focused on redesigning Northamptonshire's community engagement approach to smoking cessation in pregnancy, incorporating the national digital incentive programme into a more accessible, community-centred pathway. The work aimed to shift the smoking cessation journey out of traditional clinical spaces and into local neighbourhoods, ensuring earlier support, improved access, and more empathetic, person-centred care for pregnant people.

Alignment with Local and National Priorities

Ola's project directly supports the NHS Long Term Plan and contributes to three key principles of the NHS 10-year strategy:

1. Prevention is better than treatment
2. Raising awareness of the risks of smoking in pregnancy and supporting behaviour change to improve outcomes for unborn babies.
3. Bringing healthcare into primary and community settings - Moving services closer to where people live, ensuring that help is embedded within local neighbourhoods rather than hospital-based services.

In addition this project harnessing digital innovation by integrating the national digital incentive programme to improve engagement and encourage sustained quitting.

Locally, the assignment responds to an urgent challenge: Northamptonshire is among the top three areas in the UK for smoking during pregnancy, making this an essential priority for improving maternity and population health outcomes.

How Impact Will Be Measured

Impact will be assessed through:

- Data and audit comparing smoking at booking with smoking at delivery
- Tracking engagement across the new community centres
- Monitoring uptake of the digital incentive programme
- Qualitative feedback from service users accessing support in community settings
- Evaluation of changes in smoking prevalence over time across Northamptonshire

These measures will illustrate both the behavioural impact and the system-level effect of moving the pathway into the community.



Why this matters

When Ola began the assignment, the initial plan was to work alongside the midwifery team. However, as she explored the wider landscape, a more impactful opportunity emerged: the chance to redesign Northamptonshire's entire approach to smoking cessation in pregnancy.

Recognising that the county has one of the highest smoking-in-pregnancy rates in the UK, Ola reframed the project into a Quality Improvement initiative aimed at transforming how and where support is offered.

Drawing inspiration from the NHS 10-year commitment to community-based care, Ola:

- Identified and mapped key stakeholders
- Began building alliances across the system
- Leveraged the professional networks developed through the DDSL programme
- Initiated plans to establish five community smoke-free centres
- Successfully made progress on a couple of these sites, with momentum steadily growing

Her vision is to create safe, empathetic and supportive local spaces where pregnant people can access help without fear of judgement, places that enable a shared journey rather than an individual struggle.


Progress, Learning and Leadership Growth

Ola's work is already influencing strategic thinking around community-based prevention and early intervention. Her leadership has been characterised by:

- Strategic reframing – recognising when to pivot the project toward a bigger, more meaningful opportunity
- Use of networks – drawing on relationships built through DDSL to bring stakeholders on board
- Community-centred design – aligning the pathway with people's real-world needs
- Courage and clarity – pursuing a bold ambition to establish five community hubs
- Empathy-led leadership – ensuring the model prioritises compassion, accessibility and emotional support

The project has also strengthened Ola's confidence in navigating systems leadership, influencing across boundaries, and shaping projects that contribute to national priorities while being deeply rooted in community need.

This stretch assignment is an example of visionary system leadership. If successful, and early progress indicates it will be, this work has the potential to significantly improve outcomes for families in Northamptonshire and reshape how preventative maternity care is delivered across the region.



Leicester, Leicestershire and Rutland Developing Diverse Senior Leaders Team



Bina Kotecha

Bina is Deputy Chief Officer at LLR ICB, leading cultural transformation, organisational development, and inclusion. An award-winning leader and qualified coach, she drives system-wide improvements and was named Change Maker of the Year at the 2024 Midlands Inclusivity and Diversity Awards



Hellen Makamure

Hellen is a Registered Mental Health Nurse with 20+ years of NHS experience driven to improve patient safety and learning cultures across urgent care, acute, and mental health services. Originally from Zimbabwe, she brings a rich cross-cultural perspective and is a passionate advocate for inclusion and mentoring underrepresented groups.



Ngozi David-West

Ngozi David-West is an allied health professional with more than twenty years' leadership experience in programme management, clinical governance, and quality improvement. A PRINCE2 and QSIR Practitioner, she champions equity, inclusion, and compassionate leadership, inspiring future leaders from minority ethnic backgrounds.



Haseeb Ahmad

Haseeb is Head of Equality, Diversity, and Inclusion at Leicestershire Partnership Trust and LLR System Projects, with over 31 years' experience across the NHS, local authorities, and VCS. He leads the award-winning Reverse Mentoring Programme and is also a self-published author and Guinness World Record holder for the fastest Blind Ironman (2016).



Judi Vernau

Judi is the Executive Assistant to the Chief Nursing Officer and Deputies at Leicester, Leicestershire, and Rutland (LLR) ICB. She provides dedicated support to Equality, Diversity, and Inclusion programmes across the LLR system. Judi provides essential support ensuring the smooth delivery and coordination of the programme



**Sylvia Stephenson
Absolute Diversity**

The LLR Academy have partnered with Absolute Diversity to deliver this programme. Working with Sylvia Stephenson who is a transformation specialist who boasts over 20 years' experience embedding EDI strategies across global and local organisations. A qualified HR professional and Certified Diversity Executive, she creates safe spaces for honest dialogue and drives inclusive, high-impact change.



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Document Control

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