Mary Seacole Awards
Annual Report
October 2012-2013
Foreword

On behalf of the Mary Seacole Steering Committee, I am delighted to present to you this year’s annual report. This year has been a busy one for the committee members who have continued to give their time generously to support the progress of our work and each of the winners.

The committee has been impressed and inspired by the awardees this year and by their creative commitment to addressing health inequalities in their work – the reach of which has been further extended over 2012-2013.

We remain grateful to the Department of Health (England) and to NHS Employers for their continued funding of these vital awards. The changes in the structure of the NHS in England determine that this will be their last year in this role - the future funding for the awards will be moving to Health Education England. We would like to take this opportunity to put on record our thanks to the Department of Health (England) and to NHS Employers for the intellectual and financial support they have made to the awards over the past 19 years. Their enduring commitment has ensured the awards process has become a robust platform on which each of the winners has demonstrated what can be achieved with specific funding to addressing health inequalities in their everyday clinical practice.

As the chair of the committee, I would like to note particular thanks to three committee members this year. Professor Laura Serrant Green has decided to stand down from the committee this year and she has made an outstanding contribution to the awards process. As a past awardee, and as an expert in the field of health inequalities as they affect BME populations, she has profoundly shaped the work of the committee and has brought insight and direction to our work. In her supervision of awardees she has developed a new cadre of nurses and midwives who are able to continue the momentum of the awards. We are very grateful to her. Moira Lambert has been the administrator of the awards for most of their lifespan and she also stands down this year. Moira has worked tirelessly to establish, promote and sustain the awards over a decade and a half and has brought continuity and robustness to all of our processes. She has created the networks that support the awardees throughout the award cycle and it is no exaggeration to say that much of what the Mary Seacole awards have achieved would not have happened without her – thank you Moira.
Lastly, on behalf of the committee I would like to thank our outgoing chair, Gail Adams, and her team at UNISON. Gail has seen the awards through an important stage of their evaluation and evolution and she has set a high bar for us all as committee members. We are delighted that she continues to represent UNISON on the committee.

Tom Sandford
England Director
Royal College of Nursing
Previous award winner achievements

The Mary Seacole Steering Group would like to congratulate Sarah Amani, a previous Mary Seacole Leadership Award winner who has recently been voted one of the 50 most inspirational women in the NHS.

The impact of the Mary Seacole Awards

Last year we published An evaluation of the impact of the awards. We wanted to independently assess the impact of the awards and we are grateful to the NHS Leadership Academy who kindly funded this commissioned research, and to Liz Clarke and Jill Rogers for undertaking it. The findings clearly demonstrate their importance both to the individual as a platform for professional development but also the impact on the service in addressing health inequalities.

The Mary Seacole Awards were established to improve the unmet needs of black and minority ethnic communities in England. The evaluation demonstrates unequivocally that for the past 19 years the awards have developed and inspired individual nurses, midwives and health visitors who have contributed to reducing health inequalities and improving health gain of our most underprivileged communities.

Staff are every organisation’s most valuable asset and investing in them is essential to ensuring vitality, motivation and commitment in the fast-changing health services. The awardees consistently demonstrate that they grow, develop and become confident leaders and influencers as a direct consequence of the investment and belief shown in them through these awards. Their influence is being felt throughout the NHS and particularly among black and minority ethnic staff who continue to be under-represented in leadership positions in the NHS.

Each winner has been instrumental in achieving positive health outcomes and tackling health inequalities for communities, in particular among hard-to-reach groups. On numerous occasions, they described their pride in having given a voice to groups whose needs were marginalised and unrecognised. Consequently, service users have been able to engage with health services in ways that were not available to them before, and evidence continues to accumulate, demonstrating sustainability within the organisation and across other services.

Working at grassroots level, many winners have gone on to influence and change policy at the highest level so that health gain can be embedded in our healthcare systems for minority communities and wider society. Positive change has been sustained as other staff are motivated by them and their experiences to adopt new ideas, methods and ways of working.

Their achievements continue to inspire. It has been our privilege to take this journey with them and see each individual develop into confident role models committed to addressing health inequality.
Mary Seacole was a pioneer and leader. The award holders have proved themselves to be worthy successors; their achievements must be sustained and continued as we strive to achieve equitable health services for all in a diverse Britain. It is perhaps the responsibility of each generation to create a legacy for future generations. The evaluation demonstrates that the award holders have followed in Mary Seacole’s footsteps to become influential leaders who make a real difference and continue to inspire other nurses, midwives and health visitors.

The evaluation was based on rich data obtained from 22 award holders (59% of the total population who completed their awards during the past 18 years) and found a high level of consensus between the views of award holders and Mary Seacole Award Steering Group members in relation to the key achievements of the awards. The evaluation also demonstrates robust consistency with the findings of the two previous reviews of the awards, thereby presenting a view over nearly two decades of their success in developing effective and courageous leaders who have had a positive impact on reducing health inequalities.

**Improving health outcomes for people from BME communities**

The evaluation demonstrates that award holders have made a difference in many practical and tangible ways and that the impact of award holders’ work has been felt beyond healthcare for minority communities, as many of the issues addressed are relevant for the wider communities served by today’s NHS.

**Reducing health inequalities**

The evidence from the evaluation demonstrates that the accumulated work of the award holders has had a direct impact on people’s health, thereby contributing to the reduction of health inequalities among hard-to-reach groups who are often marginalised and neglected. The body of work resulting from the awards has significantly raised the profile of health inequalities and of the healthcare needs of BME communities.

**Leadership skills**

The awards have enabled individuals to develop core skills of leadership: networking, influencing and communication. There has been transformational change on a personal scale as individuals have had access to role models for the first time and have then been able to achieve and sustain their own potential as leaders. Many have been appointed to senior posts and have become significant leaders in healthcare practice and education.
Sustainability of positive changes

The Mary Seacole Awards have been notable in that many improvements have become integrated into service redesign and thereby sustained beyond the time of the award holders’ projects. This has been achieved by disseminating the findings, training staff in new ways of working, mentoring staff, ensuring that other staff learn from the findings of the award holders’ work and that different ways of working are integrated into practice.

Impact on policy

Many instances were reported where award holders’ work has resulted in changes to local, national and international policy. Issues highlighted by award holders are often those that are not recognised and addressed in other arenas and are therefore unlikely to have been the subject of policy changes through any other route: their work is therefore of vital importance to our modern NHS.

User involvement in policy and services

There are numerous examples from the evaluation of instances where service users and carers from hard-to-reach BME groups, whose needs were marginalised and unrecognised, have developed confidence and awareness through their involvement in award holders’ projects.

Developing the evidence base

It is vital to develop a robust evidence base from which to further advance practice and the evidence base relating to issues affecting BME communities must be strengthened so that effective ways of working can be embedded in wider policy and practice. Award holders have disseminated their findings and the impact of their work in their final reports, published articles in peer-reviewed journals and through presenting at conferences.

Personal and professional development

The structure of the Mary Seacole Awards supports award holders in numerous practical ways and many individuals reported that they had been enabled to develop a range of key skills such as project management and presentation skills. Individuals have also developed greater self confidence, strategic thinking skills, networking skills and, most importantly, a belief in their own ability that continues to sustain them in their careers.

“...The Mary Seacole Awards have provided important opportunities for nurses, midwives and health visitors to develop personally and professionally in their careers. Past awardees have undertaken projects and initiatives that have been of benefit to BME communities and the NHS. Being a Mary Seacole awardee provides access to guidance and support from experienced academic and professional mentors and it can be a gateway to influential networks within and beyond the NHS. It is an experience worth attempting, so I would encourage nurses, midwives and health visitors to apply for the development or leadership awards. The application process itself could enable you to reflect on where you are in your career and what your direction of travel is.”

Janet Fyle, Professional Policy Advisor, Royal College of Midwives, Vice Chair of the Mary Seacole Steering Group
Looking back – 2012/13 award winner experiences

Desirée Campbell-Richards
(2012 Development Award)

Working in one of the most ethnically and socially deprived areas within England for a considerable length of time heightened my awareness of and passion for health inequalities. I felt both humbled and honoured to receive a Mary Seacole Development award. This award has provided a sense of validation with regards to my pursuit in contributing to the local health inequalities agenda.

The scope of this award and the support provided has helped to address not only my academic pursuits but personal and professional development. It provides exposure and opportunities which are not usually readily accessible and creates a dynamic network for awardees. The Mary Seacole award provides an excellent opportunity for driving forward the health inequalities agenda.

Kelly Hylton

I am proud to have won the Mary Seacole Development Award (MSA) in 2012, importantly it acknowledges and provides opportunity and support for frontline nurses and midwives to challenge attitudes and improve health inequalities for Black Ethnic and Minority communities. I am a clinician with very little research experience, therefore urge others not to be put off by this. The MSA provided support and structure to facilitate an idea to fruition.

My project was a service evaluation which aimed to enhance the skills of the workforce when working with BME communities experiencing mild to moderate common mental health problems. In - service statistical information correlated with current research which identifies that BME communities remain underrepresented within psychological service. The project aimed to evaluate a training and supervision package at the same time gather information to help us to tackle this more effectively. The results prove interesting for the service and we will continue to offer education and supervision of this nature.

The MSA has enabled me to build confidence in the area of research, writing, critical analyses. It has challenged my thinking on all levels particularly strategically and academically. I have had opportunities previously unavailable such as insights at the Department of Health, conference attendance and personal development to translate into clinical work.
Anita John

I was lucky enough to receive the Mary Seacole Developmental Award for 2012. This has helped me to explore both the barriers and incentives to diabetic retinopathy screening amongst the South Asian population in Nottinghamshire.

As part of my project I have worked with various religious leaders, heads of community organisations and service providers within Nottinghamshire. Findings from my project were fed back to community leaders through feedback presentation and also through a poster at the South Asian Festival.

This was the first time I have stepped out of my comfort zone and challenged myself to work differently. I was overwhelmed by the support from my managers, mentors and colleagues both from within my organisation and outside. I feel privileged and humbled to be representing the commitments of my organisations contributions to address health inequalities. This award has, I feel, helped to boost the reputation of our Trust and seal its place on the national map.

Apart from developing my skills in qualitative research and focus group interviews, the award has also given me opportunity to visit to Department of Health and exposed me to Media Training. Completing the project and the exposure to the wider NHS has given me personal confidence and I look forward to taking the spirit and resilience of Mary Seacole with me throughout my career.

Olwyn Lidster

Receiving the Mary Seacole development award has given me the wonderful opportunity to contribute to service improvements which have a direct impact on improving the patient experience within Bradford District Care Trust. Gypsy and traveller communities experience health inequalities and face discrimination in all areas of their lives - they have the worst health outcomes of all English speaking ethnic minority groups. One of the identified barriers to them accessing services is their perception that healthcare staff do not understand them and a fear they will be discriminated against because of who they are.

My project aimed to gain an understanding of healthcare staffs perceptions, knowledge and experience of working with gypsy and traveller communities, and to identify any training needs they may have. This then informed cultural awareness training to enable a culturally confident workforce.

The impact on raising the awareness for these communities amongst staff has been tremendous. My academic and professional mentors from the Mary Seacole Steering Group and my work based mentor have been invaluable in supporting and encouraging my enthusiasm. The year has made me much more confident in myself and given me the courage to lead on positive change. I whole heartedly encourage nurses to apply for this award and make a difference.
Gloria Likupe

Winning the Mary Seacole Leadership Award has been a highlight in my career. I have always had ideas on how I could influence the health care of people who may be disadvantaged in society and the Mary Seacole award has started me on a journey to do this.

The project I am working on concerns the exploration of communication processes between Health Care Workers and Ethnic Minority Elders. From this exploration I have proposed a Communication Model which can be used by health care workers to enhance the care of ethnic minority elders and in so doing maintain their dignity. The project has also identified issues on training of health care workers in communication to enable them to provide culturally competent care. I have already presented part of the project at the UK Phi Mu Chapter Inaugural Conference in Bournemouth. Other presentations and journal articles are planned and will follow to disseminate the results.

The Mary Seacole award has enabled me to network with health care and social care providers and to hear firsthand their views on communication. I have developed my leadership skills and feel more energised to be a diversity champion in general and for older people in particular.

Fiona McGregor

Being awarded and working on the Mary Seacole Leadership Scholarship has been an honour. My chosen theme for the project was to investigate sexual health assessment needs and improve outcomes amongst under 18 year old BME groups in an inner London borough. This is an area of practice which has enormous potential for exploration and fosters my commitment to enhance our young people’s prospects for a brighter future. It has also provided insights and new ways of delivering care and compassion to under privileged groups.

Undertaking such a project has been hugely challenging, rewarding and heart warming. The governance procedures were lengthy and testing, but essential. I have had the opportunity to take the project through all its stages from its inception, planning, reviewing, implementation, qualitative analysis and delivery of the final product. The engagement of the young people and their enthusiasm to inform us of how our services could meet their needs was touching.

In terms of my career development I have been given openings to showcase work, raise the profile of the dedicated work undertaken within the trust, as well as enhance my academic and research skills which I plan to take forward to a higher level.
Moving forward with the awards

The evaluation made nine recommendations that the committee has been moving forward on over this year. They are made in the belief that the firm foundations and achievements of the past 19 years can be built on to develop even more effective leaders for the NHS and to meet the needs of, and improve health outcomes for, the diverse communities in Britain today.

1. Based on the unequivocal evidence that the Mary Seacole Awards enhance career opportunities for professionals from BME communities at a time when they are under-represented in leadership and management positions, the awards should continue in their present form and with the present funding levels maintained or even enhanced, given the strategic importance of the awards.

2. The current system of support for award holders, namely mentors and academic supervisors, should be strengthened and co-ordinated to provide individuals with personal and professional advice during this life-changing year.

3. The vital, supportive role played by award holders’ colleagues and managers should be reinforced and acknowledged by involving these individuals more actively in the process. Award holders’ managers could, for example, be invited to events organised by the steering group to recognise their commitment.

4. Award holders are powerful and influential individuals and their impact should be enhanced further by bringing them together regularly after the completion of their projects. A Mary Seacole alumni group would have even greater influence than individuals alone and would create a critical mass of healthcare professionals to further the goals of the Mary Seacole Awards.

5. The findings of the award holders’ work should be more widely disseminated so that they can have even greater impact on policy and practice than at present. Consideration should be given to a series of ‘highlights’ focusing on policy changes achieved and practical implications from award holders’ work to be published regularly by the Mary Seacole Award Steering Group and disseminated widely throughout the NHS and wider health and social care sectors.

6. The outcomes and practical implications for service development and improvements in patient experience demonstrated by the impact of the award holders’ work is often evident beyond BME communities. The implications of the work for the wider communities served by the NHS should be highlighted and publicised more extensively.

7. There is great strength in the fact that the awards are supported by the key organisations in nursing, midwifery and health visiting: Department of Health, NHS Employers, Royal College of Nursing, Royal College of Midwives, UNISON and Unite CPHVA. This support should continue.
8. Consideration should be given to the suggestion that each year, applications be invited to address aspects of a theme of key strategic importance to the NHS and to the important agenda of ensuring equity of healthcare for all communities.

9. The awards should be widely advertised and promoted by the steering group and through previous award holders to ensure that individuals with the potential to be effective leaders have the opportunity to apply and become part of the growing body of influencers to improve health outcomes and challenge health inequalities in modern Britain.

In summary, the Mary Seacole Awards are a fitting, dynamic and contemporary legacy for a remarkable pioneer and leader. Through the awards, the impact of Mary Seacole’s vision and courage continue to be experienced by some of the most marginalised groups and communities in modern Britain today. Without these awards, many of the unmet health needs would continue to go unrecognised. Their important contribution should be sustained and strengthened so that health inequalities continue to be addressed within the NHS.

Funding

The awards this year are funded by the Department of Health and NHS Employers and the total funding is £50,000. Through this funding, two leadership awards are offered to the value of £12,500.00 and four development awards for £6,250.00.

As noted earlier, the future funding for the awards will be moving to Health Education England (HEE) and the committee has started discussion with HEE around the need for longer-term funding – we believe that their impact could be greater if we were assured of this. Currently we receive year on year funding and would value assurance of this over a longer period – we could, for example, develop a better business case and outcomes if we received secure funding for five years.
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