Annual Conference and Awards Evening Dinner
Asian Professionals National Alliance (**APNA**) NHS

APNA
South Asian Heritage NHS Leaders Staff Network

Leading the Next Decade: Workforce, Neighbourhood Health & Equity

"Going beyond the conversation"

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CONFERENCE AND AWARDS DINNER
A CELEBRATION OF SOUTH ASIAN ACHIEVEMENT

CONFERENCE Guide 2026

30th Sept - 1st Oct 2026

VENUE:
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Cre8tive Input Limited are proud sponsors of the 5th National Conference and Awards Dinner for APNA NHS and look forward to working with them in the years ahead.

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Welcome to the 5th APNA NHS annual conference 2026!

Dr Tanvir Alam, APNA NHS Chair - Welcome & Introduction



Dr Tanvir Alam
APNA NHS Chair

Dear colleagues and friends,

Welcome to the APNA NHS Annual National Conference and Awards 2026. Over two days, we will bring together people from across health, care, research, public service and our communities around one shared ambition: to turn discussion into practical progress.

Our theme -

Leading the Next Decade: Workforce, Neighbourhood Health & Equity

- speaks directly to the choices facing the NHS.

A sustainable future depends on a workforce that feels valued and able to thrive; neighbourhood services designed around people and place; and determined action to remove the inequalities experienced by patients, communities and colleagues.

The programme follows that journey. We begin with leadership, culture and workforce innovation; move into prevention, neighbourhood partnerships, community resilience and inclusive technology; and create space for research, lived experience and ideas that can be translated into action.

Our awards evening celebrates South Asian achievement and the people whose leadership and service often make change possible behind the scenes.



APNA NHS exists to amplify voices, strengthen professional development and leadership, build trusted partnerships and challenge inequity. I invite you to use this conference to listen generously, make new connections and leave with one commitment you can carry into your organisation or community.

Thank you to our speakers, presenters, sponsors, partners, volunteers and delegates. Your contribution makes this gathering possible. I hope the conference gives you renewed energy, practical insight and a stronger network for the work ahead.

Dr Tanvir Alam

Chair, APNA NHS





CONFERENCE PLANNING TEAM

A Message from the Conference Planning Team

Dear colleagues and friends,

The APNA NHS Annual National Conference and Awards 2026 is built around a practical question: how can the ideas discussed here lead to meaningful change in our workplaces, services and communities?

Our theme -

Leading the Next Decade: Workforce, Neighbourhood Health & Equity

has shaped every part of the programme.

Across the two days, sessions will examine the pressures facing the NHS while sharing practical approaches to workforce development, compassionate leadership, prevention, neighbourhood working, health equity and responsible innovation.

The programme brings together national leaders, clinicians, researchers, community organisations, emerging professionals and people with lived experience. This range of perspectives is intentional. Lasting improvement depends on people learning across professional and organisational boundaries, testing assumptions and developing solutions together.

We encourage you to make full use of the conference. Join conversations outside your usual area of work, engage with the Research and Innovation Showcase, meet our exhibitors and contributors, and connect with delegates whose experiences differ from your own. Ask what



can be applied in your organisation, what requires further challenge and who you might work with after the conference.

The Awards evening provides an opportunity to recognise South Asian professionals and community leaders whose contribution deserves wider attention. It also reminds us that progress often begins with individuals who are prepared to act, support others and persist when change is difficult.

Thank you to everyone who has helped shape and deliver the programme, including our speakers, presenters, judges, volunteers, exhibitors and delegates. We are grateful for the time, expertise and energy you have contributed.

We hope you leave the conference with useful knowledge, new relationships and a clear next step. The success of these two days will ultimately be measured by what we choose to do afterwards.

Conference Planning Team
APNA NHS Annual National Conference and Awards 2026

ALL ABOUT APNA NHS

Our purpose, impact and national–regional network

Who we are

APNA NHS is a voluntary, non-profit alliance of South Asian health and social care professionals working across the NHS and local authorities. It provides a national platform for professional support, representation, leadership development and action on health and workforce inequalities.

Our mission in action

Priority	What it means
Amplifying voices	**Bring South Asian staff and patient perspectives into workforce, healthcare and policy conversations.**
Health equity and anti-racism	**Work with leaders and communities to address discrimination, structural barriers and unequal outcomes.**
Career development & leadership pipeline	**Support professionals to progress, lead and contribute at senior levels.**
Equality, diversity and inclusion	**Promote inclusive practice and help tackle ethnicity and gender disparities.**
Community and partnership	**Connect NHS colleagues, public services, researchers, professional bodies and communities around shared action.**

Our story

The idea for APNA NHS was conceived by Professor Jagtar Singh and Habib Naqvi, inspired by a model of unified professional support and mentorship for under-represented communities. Launched in 2015, the network expanded steadily and grew rapidly during the COVID-19 pandemic, when stark health inequalities strengthened the need for a collective voice. By 2021, APNA NHS had formally constituted and held its first conference at the University of Warwick, supported by a founding executive team and partners across the system.

Examples of Impact

- **Contribution to NHS England policy conversations through the Patients Assembly.**
- **Advocacy on health inequalities that helped strengthen national focus and leadership.**
- **Support for more than 60 South Asian leaders to progress onto boards.**
- **Greater representation of members on professional and advisory panels.**
- **National recognition of APNA leaders and members through honours and diversity awards.**

How APNA NHS is organised

APNA NHS combines national leadership and governance with regional communities, workstreams and special-interest groups.

This structure helps members connect locally while contributing to national priorities.

APNA NHS engagement and communication structure

APNA NHS COMMUNITY

ANNOUNCEMENT CHANNEL

APNA NHS NATIONAL

REGIONAL NETWORKS
- Midlands
- North
- South
- Wales
- Scotland

MAIN NOTICE BOARD
- National updates
- Member information

WORKSTREAMS
- Health inequalities
- Women's Forum

SPECIAL INTERESTS
- Safer Together
- Digital Hub
- Research
- HLJ Magazine
- Diverse Abilities
- Partial Retirement
- Pharmacy WRES

GOVERNANCE
- Senior Leadership Team
- Executives
- Website
- Conference

DELIVERY / BUSINESS
- Operational delivery
- Business support



A national community connected through announcements, regional networks, workstreams, special interests, governance and delivery channels.

Layer	Current structure / purpose
National	**APNA NHS National, supported by the Announcement Channel and main Notice Board.**
Regions	**Midlands, North, South, Wales and Scotland.**
Workstreams	**Health inequalities and Women's Forum.**
Special interests	**Safer Together, Digital Hub, Research, HLJ Magazine, Diverse Abilities, Partial Retirement and Pharmacy WRES.**
Governance	**Senior Leadership Team, Executives, Website and Conference.**
Delivery / business	**Senior Leadership Team, Executives, Website and Conference.**

The wider NHS landscape

APNA members work across a complex health and care system. In England, national policy and oversight connect with regional leadership, integrated care systems and local providers. Integrated care boards plan and commission services for their populations; NHS trusts and foundation trusts deliver hospital, mental health, community and ambulance care; primary care and neighbourhood teams connect general practice, pharmacy, dentistry, optometry, community services, local government and the voluntary sector. Wales and Scotland operate through their own national and regional health structures.



2026 Conference connection

The programme explores how these layers work together:

National strategy, regional workforce planning, integrated neighbourhood health, provider leadership, research adoption and trusted community partnership.

Get involved

- **Join a working group or special-interest community.**
- **Become a regional champion or local APNA contact.**
- **Contribute to research, abstracts, posters or service-improvement activity.**
- **Take part in mentoring, leadership development, webinars and workshops.**
- **Connect via the APNA NHS website and official social channels.**

FROM THE GENERAL SECRETARY

Building APNA NHS together



Dr Sunil Kumar Daga
APNA NHS
General Secretary

Dear colleagues and friends,

It is a pleasure to welcome you to the APNA NHS Annual Conference 2026. This is my first conference as General Secretary, and it comes after a demanding year for our members and the wider health service.

NHS restructuring, organisational change and redundancies have created uncertainty for many colleagues. Beyond the NHS, conflict, humanitarian emergencies, and natural disasters continue to affect families and communities worldwide. These pressures reinforce the value of a trusted professional community where people can connect, exchange knowledge and support one another.

During the past year, APNA NHS has strengthened its governance and leadership arrangements. We have clarified how our national team, regional networks, workstreams and specialist groups work together, while improving communication with our growing membership.

Our developing areas of work include women's leadership, health inequalities, cultural safety, safer spaces, research and academia, and digital innovation. Together with regional events, webinars and our engagement during South Asian Heritage Month, these activities are creating more opportunities for members to contribute their expertise, develop ideas and take on leadership roles.

We have also taken practical steps to widen participation. For the second consecutive year, the Research and Innovation Showcase provides a platform for work and perspectives that may not always receive sufficient attention. We have also supported students and colleagues in Band 5 roles and below to attend the conference. Access to professional networks, learning and leadership opportunities should not depend on seniority or income.

This progress has been made possible by people who give their time voluntarily. APNA NHS draws its strength from members working across different professions, organisations, regions and stages of their careers. Our responsibility is to create an environment where knowledge and opportunities are shared, constructive challenge is welcomed, and members can influence the organisation's priorities.

The Annual General Meeting on Day 2 is an important part of that commitment. I encourage members to attend, ask questions, offer ideas and help determine our future direction. Effective governance depends on openness, accountability and active participation. APNA NHS should continue to be shaped by the people it represents.

My first year as General Secretary has reinforced a simple lesson: leadership begins with listening. It requires us to bring people together, make space for others and turn collective knowledge into practical action. The organisation does not belong to any one role, profession or group. It belongs to its members.

Our next phase should focus on developing emerging leaders, sharing opportunities more widely, supporting colleagues during difficult periods and demonstrating a measurable contribution to our workforce, the NHS and the communities we serve.

Thank you to every member, volunteer, regional representative, workstream lead, partner, speaker and sponsor who has supported APNA NHS during the past year. Your time, expertise and commitment sustain our work.

I hope the conference provides useful learning, honest discussion and new connections. More importantly, I hope it encourages each of us to play an active part in what APNA NHS becomes next.

VOICES FROM OUR REGIONS

Regional Chairs' updates

APNA's regional networks translate national priorities into relationships, support and action rooted in local communities and health systems.

APNA NORTH

By Panita Chouhan and Dr Mohinder Kapoor, Co-Chairs APNA NHS North

APNA North has continued to develop its regional presence by working with NHS staff networks, voluntary organisations, charities, universities and community groups. These relationships have helped us connect members with professional, research, charitable and community activity across the North of England.

Our leadership capacity has also grown. Dr Mohinder Kapoor has been appointed Co-Chair, Pav Brar as General Secretary and Zada Shah as Human Resources Advisor. These appointments provide a stronger foundation for member engagement, regional activity and workforce support.

Membership and engagement

Members receive regular information and opportunities through the APNA North WhatsApp group. Regional representatives have also attended events organised by NHS organisations, charities and community partners, helping APNA North build relationships beyond its immediate membership.

Participation has increased across the voluntary, research and charitable sectors, particularly in Yorkshire. Our next task is to strengthen engagement across the wider North of England so that the regional network reflects and serves members beyond Yorkshire.

Regional activity during 2026

APNA North members have contributed to several professional and community events:

- **Dr Mohinder Kapoor spoke about suicide prevention at the Asian Fire Service Association conference in Nottingham on 5 June.**
- **Dr Kapoor and Dr Sunil Daga attended a charity cricket dinner organised by the University of Leeds on 15 June.**
- **Dr Kapoor contributed to BAPIO's World Suicide Prevention Day webinar on 10 September.**
- **APNA North organised a regional social event with Dr Sunil Daga on 18 September, including a panel discussion on digital transformation and the NHS workforce.**
- **Dr Kapoor supported the assessment of abstracts for the Research and Innovation Showcase at this year's APNA NHS conference.**
- **Panita Chouhan and Mo Jogi contributed to the Conference Planning Team.**

Our collaborative work has included AFSA, BAPIO, NIHR, 13 Community Clinic, Doctors in Distress, Speak Their Name, the University of Leeds and the University of Nottingham.

Health inequalities and cultural safety

A significant development during 2026 was the establishment of the APNA NHS Health Inequalities Committee. Nazreen Iqbal, Programme Manager at The Rotherham NHS Foundation Trust, and Riyad Karim, Assistant Director for Community Engagement at NHS England, co-chair the committee. Dr Tanvir Alam serves as Chair and Executive Sponsor.

APNA North members Dr Sunil Daga, Dr Mohinder Kapoor and Ripaljeet Kaur are also contributing to the committee. This provides an important link between regional experience, community engagement and APNA's wider work on health inequalities.

Zada Shah has continued to facilitate the online APNA Cultural Safety Peer Support Group. This work creates a valuable space for reflection and support while promoting cultural safety as an important element of workforce wellbeing and safety.

Emerging impact

APNA North membership has grown, and the expanded regional leadership team has increased our capacity to represent members and develop new activities. Our partnerships are creating opportunities for professional development, research involvement, peer support and closer engagement with local communities.

It is too early to claim direct improvements in service delivery or patient experience. Our priority is to develop clearer measures so that we can understand whether regional activity is improving access to support, widening participation and influencing workforce and health inequality priorities.

Challenges and support required

Our main challenge is the lack of accurate, up-to-date information about APNA North's membership. This limits our ability to communicate consistently, gather representative feedback and assess the reach and impact of regional activity.

We would welcome support from the APNA NHS national leadership team to establish an up-to-date regional membership list and an agreed process for maintaining it.

Priorities for the next 12 months

Our priorities are to:

- **establish accurate and current information about APNA North membership;**
- **gather member feedback and use it to determine future regional activity;**
- **extend engagement beyond Yorkshire and build stronger connections across the North;**
- **develop a webinar series on NHS health inequalities;**
- **bring researchers, healthcare professionals, community leaders, policymakers and South Asian communities together to examine barriers and identify practical solutions; and**
- **support Zada Shah's planned online event in October 2026 exploring the Windrush legacy, workforce cultural safety and belonging.**

Regional summary

APNA North members have contributed to several professional and community events:

- **Greatest achievement**
  Building collaborative relationships with professional bodies, charities, universities, research organisations and community partners, while strengthening APNA North's leadership capacity.
- **Main priority for the next 12 months**
  Developing a regional programme of work on NHS health inequalities and improving our understanding of APNA North's membership.
- **Support requested from APNA NHS nationally**
  Access to accurate regional membership information and continued national support for coordinated work addressing NHS workforce and health inequalities.

APNA MIDLANDS

By: Randeep Kular, Co-Chair; Nasrin Khan, Co-Chair; and Nighat Sultana, Strategy Lead

Regional overview

APNA NHS Midlands is one of APNA's most established regional networks, connecting clinical and non-clinical colleagues across the Midlands. Over the past year, the region has focused on member engagement, leadership succession, professional development, governance, and creating a more structured regional programme.

The Midlands team has contributed to South Asian Heritage Month, national conference planning, workforce engagement, health inequality discussions and collaboration with APNA colleagues in the North and South. It has also worked with NHS England, University Hospitals Birmingham, universities and other external organisations to strengthen APNA's regional profile and partnerships.

Membership insight and engagement

During 2026, the Midlands team obtained an updated regional registration list and reviewed how information is distributed to members. This identified gaps in historic records and confirmed that some earlier registrations could not be reliably allocated by region.

A member survey was followed by a regional meeting on 23 July 2026. Eleven members responded. All had belonged to APNA for more than three years and said they would recommend the organisation to colleagues. Nine understood APNA's vision and purpose. Six felt the network represented their needs well or extremely well, four were neutral, and one felt poorly represented.

Members asked for:

- **clearer regional objectives, accountability and evidence of impact;**
- **structured mentoring, coaching and leadership development;**

- **greater inclusion of early-career, administrative and non-clinical colleagues;**
- **stronger attention to neurodiversity, health inequalities and workplace inequalities;**
- **more regular networking and face-to-face contact;**
- **improved engagement with NHS executives and partner organisations;**
- **simpler and more timely communication; and**
- **clearer opportunities to contribute their knowledge and experience.**

Respondents brought expertise in programme management, mentoring, research, health inequalities and neurodiversity. The regional team therefore agreed that future activity should be developed with members rather than solely by the leadership group.

The survey provides useful direction but reflects a small and established group of members. Further engagement is needed to understand the experiences of newer and less active colleagues.

Leadership and governance

The APNA Midlands Election and Annual General Meeting took place on 23 March 2026. The region is recruiting a new Co-Chair and General Secretary as Randeep Kular prepares to step down from the Co-Chair role after four years of service.

Randeep Kular, Nasrin Khan and Nighat Sultana have led work to prepare the region for its next phase. This has included member engagement, succession planning, and developing a member-informed programme for the next 12 to 18 months.

A Strategy and Policy Lead role has been developed to help the region set priorities, monitor policy developments, establish workstreams, strengthen partnerships and report progress. A Programme Management Office Lead opportunity has also been designed to give an aspiring colleague practical experience in strategy, delivery, stakeholder management and implementation, supported by mentoring from senior regional leaders.

APNA Midlands has also contributed to national discussions about the respective responsibilities of APNA's Executive, national leadership, regional teams and workstreams. The emerging model recognises that regional teams should deliver national priorities in ways that respond to local needs, engage members and feed regional intelligence into APNA's wider strategy.

Activity and partnerships

Winter wellness and vaccination

APNA Midlands contributed to the joint NHS England London, University Hospitals Birmingham and APNA NHS Winter Wellness and Flu Vaccination webinar on 27 November 2025. The event brought together workforce, prevention, community engagement and health equity perspectives and demonstrated the value of collaboration between the Midlands and South regions.

South Asian Heritage Month

The region supported South Asian Heritage Month through profiles, webinars and public events. Randeep Kular, Nasrin Khan and Nighat Sultana contributed a regional profile exploring South Asian identity, public service, health equity, strategic leadership and mentoring.

APNA Midlands was represented at the APNA NHS and Bravery in the Boardroom webinar on 24 July 2026. The region also supported a South Asian Heritage Month event led by Professor Jagtar Singh in Coventry on 29 July. The resulting report captured lived experience and proposed actions for NHS organisations, fire and rescue services and regional partners.

Conference and external engagement

The Midlands team has promoted and supported the APNA NHS National Conference, encouraged senior NHS leaders to participate and explored new sponsorship and partnership opportunities. It has also introduced APNA NHS to potential private-sector partners interested in future collaborative activity.

Workforce and member impact

The strongest evidence of progress is building a more sustainable foundation for regional delivery. APNA Midlands has:

- **used structured member feedback to inform priorities;**
- **created practical leadership and programme-development opportunities;**
- **increased access to learning, events and professional networks;**
- **promoted the visibility of South Asian leaders;**
- **supported discussion about health inequalities, cultural safety, neurodiversity and career progression;**
- **contributed to cross-regional work on workforce wellness and vaccination; and**
- **strengthened connections with external organisations and potential partners.**

The region is moving from a primarily communications-based network to a more strategic, member-led programme. Further work is needed to show how these activities affect members' careers, workforce inclusion, services, and communities.

Challenges and support required

Membership information

APNA Midlands does not yet have a single, reliable record of its members, their professional backgrounds, locations, interests and preferred level of involvement.

Representative engagement

The 2026 survey generated detailed feedback, but only eleven established members responded. Future engagement must reach newer members and colleagues who are less connected to the current network.

Communication
Members reported receiving too much information through some channels while missing important opportunities through others. Clearer channel purposes, planning and concise regional updates are needed.

Voluntary capacity
Regional activity depends heavily on volunteers. Leadership vacancies, transitions and limited administrative support can delay delivery.

Measuring impact
Members want clearer objectives, named accountability and consistent reporting of outcomes. Future work should define deliverables, milestones and measures of success rather than reporting activity alone.

APNA Midlands would welcome national support with accurate membership data, member induction, coordinated communications, administrative and programme capacity, consistent regional governance and clearer routes for members to join workstreams.

Priorities for the next 12 months

APNA Midlands will focus on six priorities:

- **1. Complete the leadership transition**
  Recruit and support the incoming Co-Chair and General Secretary, clarify responsibilities, and provide a structured handover.

- **2. Publish a regional delivery plan**
  Turn member feedback into a concise programme with agreed workstreams, responsible leads, milestones and measures of impact.

- **3. Improve membership information and onboarding**
  Work with the national team to establish accurate regional records and provide a clearer welcome and induction for new members.

- **4. Develop mentoring and professional development**
  Create accessible mentoring, coaching, shadowing and leadership opportunities for colleagues across clinical and non-clinical careers.

- **5. Strengthen communication and participation**
  Introduce a regular pattern of regional meetings, concise updates, webinars and informal networking. Engagement will extend to students, early-career colleagues, nurses, midwives, allied health professionals, pharmacists, managers, administrators, digital colleagues and researchers.

- **6. Build partnerships and address inequalities**
  Connect members with NHS organisations, integrated care systems, universities, professional bodies and community, cultural and faith organisations. Regional activity will focus particularly on prevention, health equity, workforce inclusion and cultural safety.

Recognising leadership contributions

As APNA Midlands enters its next phase, we thank the founding regional leadership team:

- **Masood Ahmed and Randeep Kular, Founding Co-Chairs;**
- **Rita Gupta, Events Lead and General Secretary; and**
- **Jamila Dhansey, Membership Lead and General Secretary.**

Regional summary

- **Greatest achievement**
  Using structured member feedback to begin developing a more inclusive, strategic and delivery-focused regional network.
- **Main priorities**
  Turning member insight and voluntary commitment into a sustainable programme with stronger leadership, better communication, meaningful development opportunities and measurable outcomes.

  Support requested from APNA NHS nationally.

  Practical support to improve membership information, onboarding, communications, programme delivery and regional governance.

APNA SOUTH

By Riyad Karim and Samina Arfan Co-Chairs APNA NHS South

APNA NHS South covers a substantial geographical area, extending from Land's End to Dover and including South and Southeast London and parts of the East of England. The region connects colleagues working across different NHS systems, organisations, professions and communities. Its scale creates considerable opportunities for collaboration but also makes consistent regional engagement challenging.

Over the past year, APNA South has grown into a multi-professional network supporting learning, professional connection and community engagement. Nursing and midwifery colleagues make an especially important contribution alongside members from medicine, pharmacy, public health, management and other professional backgrounds.

The region now has a stronger membership base, greater visibility and closer working relationships with APNA's national team and the Midlands and North regions.

Membership and engagement

The APNA South WhatsApp group has approximately 150 members. It provides a practical way to welcome new colleagues and share APNA news, professional opportunities, events and learning across a widely dispersed region.

The group also promotes community, cultural and faith events, recognising the important role APNA members play in connecting NHS services with local communities.

APNA South's Co-Chairs and members have been featured in South Asian Heritage Month profiles, helping increase the visibility of South Asian leadership across the NHS.

The next challenge is to convert digital membership into more consistent participation. Engagement remains uneven across some locations, organisations and professional groups. Increasing the involvement of students and early-career colleagues is also a priority.

Key activities and partnerships

APNA South has contributed to learning, prevention and health inequality activity, often in partnership with other APNA regions.

A strong example was the Winter Wellness and Flu Vaccination webinar delivered with NHS England London, University Hospitals Birmingham NHS Foundation Trust and APNA NHS. Contributors included Dr Chaand Nagpaul, Randeep Kular, Co-Chair of APNA Midlands, and Riyad Karim, Co-Chair of APNA South. The session brought together workforce, community engagement, prevention and health equity perspectives and demonstrated the value of cross-regional collaboration.

Health inequalities are becoming an increasingly important part of APNA's work. Riyad Karim has been nominated as Co-Chair of the APNA NHS Health Inequalities workstream. He is working with Nazreen Iqbal to develop the programme and strengthen APNA's contribution to health equity.

Samina Arfan has supported the APNA NHS Senior Leadership Team in developing an important governance document, contributing a regional perspective to the organisation's wider governance arrangements.

APNA South members have submitted abstracts for the APNA NHS National Conference and will contribute through oral presentations and posters. This provides an opportunity to showcase regional work and share learning with a national audience.

The Co-Chairs are also working with Amit Patel and Alister D'Souza from the APNA national team to explore an APNA South dinner and dance during October or November. The event would allow members to meet in person and strengthen relationships beyond digital channels.

Impact on workforce inclusion and service delivery

APNA South's clearest achievement is developing a multi-professional regional network of approximately 150 members, supported by regular communication and onboarding.

The region has increased its visibility through national initiatives, South Asian Heritage Month, conference submissions, webinars and cross-regional activity. Relationships with the national team and colleagues in the Midlands and North have also improved, allowing knowledge and opportunities to be shared more widely.

The Winter Wellness and Flu Vaccination webinar provides a practical example of APNA's contribution. It combined professional leadership with community engagement and prevention, showing how members' experience and credibility can support workforce inclusion and improve engagement with communities that may face barriers to healthcare.

Further work is needed to measure the effect of regional activity on members' development, workforce experience, community engagement and service delivery.

Challenges and support required

APNA South's principal challenge is its geographical scale. Maintaining regular engagement, developing local leadership, and organising face-to-face activity across such a large area is difficult for a volunteer-led network.

The region also needs better information about its members, including where they work, their professional backgrounds, the support they need and how they would like to contribute. Without this information, it is difficult to move from a communications-based network to a structured regional programme.

APNA South would welcome national support to establish:

- **accurate and current regional membership information;**
- **consistent arrangements for member onboarding and engagement;**
- **clearer regional and national communications;**
- **practical administrative and programme support; and**
- **a network of organisational and geographical APNA champions.**



Priorities and intended outcomes for the next 12 months

APNA South will focus on five priorities.

- **1. Complete the leadership transition**
  Identify organisational and geographical champions and increase participation among under-represented professions, students and early-career colleagues. Progress should be reflected in broader professional and geographical representation.

- **2. Develop learning and professional networks**
  Deliver webinars, networking and professional-development activity while continuing to collaborate with other APNA regions.

- **3. Advance health equity**
  Support the national Health Inequalities workstream and connect NHS professionals with community, faith and cultural organisations. This work will focus on prevention, access, and reducing health inequalities.

- **4. Create opportunities to meet in person**
  Develop more face-to-face professional and social activity, including the proposed APNA South dinner and dance.

- **5. Increase member visibility**
  Promote APNA South members through conferences, leadership opportunities, South Asian Heritage Month and other regional and national initiatives.

Regional headline summary

Our greatest achievement during the past 12 months was:

- **Building a growing multi-professional APNA South community of approximately 150 members and strengthening collaboration across regions, professions and communities.**
- **Our main priority for the next 12 months is:**
- **Turning that growing membership into a more active and sustainable regional network with a stronger focus on professional development, workforce inclusion and health equity.**
- **The one action we need from APNA nationally is:**
  Practical support to develop the membership information, regional infrastructure and local champion network needed to engage a large and geographically dispersed region effectively.

A FEW WORDS - APNA ADVISOR

Witnessing the organisation's development



Professor Jagtar Singh CBE
APNA NHS
National Advisor and
Former Co-Chair,

It is a privilege to address you as National Advisor and former Co-Chair of APNA NHS. Having witnessed the organisation's development over many years, I feel immense pride in what our members, volunteers, and partners have achieved together.

APNA NHS has grown from a relatively small professional network into a respected national organisation with an expanding membership, a stronger public voice and increasingly influential relationships across health and care. Our credibility is reflected not simply in our numbers, but in the trust we have developed with key stakeholders, including NHS England, the Care Quality Commission and many other national, regional and community partners.

This progress has been built through sustained commitment, professional integrity and a willingness to work across traditional boundaries. APNA NHS brings together colleagues from different professions, organisations, career stages, faiths and cultural backgrounds. We recognise that leadership is not defined by a job title, grade or position. It is demonstrated through service, courage, compassion and the ability to create opportunities for others.

What gives me the greatest pride is the unity of purpose that sits at the heart of our organisation. We do not allow differences in rank, role, privilege, faith or heritage to divide us. Instead, we draw strength from our diversity and remain focused on a shared ambition: to reduce inequalities affecting our workforce and the communities we serve.

This is particularly important at a time when many NHS colleagues are working under considerable pressure. Workforce shortages, organisational change, financial constraints and persistent inequalities continue to affect both staff experience and patient outcomes. Networks such as APNA NHS therefore have an increasingly important role - not only in celebrating achievement, but in providing support, creating connections, developing future leaders and ensuring that under-represented voices are heard where decisions are made.

The Chair's Foreword and the contributions throughout this delegate pack highlight many of APNA NHS's achievements during the past year. I am especially pleased to see our new Executive Committee settling into its responsibilities with such energy and professionalism. Its members have brought fresh thinking while remaining grounded in APNA's founding values. Their work demonstrates



that successful leadership transition is not simply about appointing new people; it is about renewing an organisation's purpose and creating the conditions in which others can contribute and lead.

I would also like to offer my particular thanks to Jeremy Hunt for designing and building the new APNA NHS website. This represents an important investment in the organisation's future. It gives members and partners a more accessible platform through which to find information, share resources, discover opportunities and remain connected with APNA's national, regional and specialist activities. As our network continues to grow, a strong digital presence will be essential to extending our reach and strengthening participation.

During the past 12 months, we have seen established members progress into highly influential leadership roles. Equally importantly, we have welcomed new members, students, early-career professionals and aspiring leaders who are beginning to find their voice through APNA NHS. Both forms of progress matter. An organisation's strength is measured not only by the achievements of those who are already visible, but by its ability to recognise potential, open doors and support the next generation.

I was therefore deeply honoured recently to attend an event at the House of Lords recognising Professor Swaran Singh, one of APNA NHS's founder members. It was a powerful reminder of the calibre and contribution of those who have helped shape our



organisation. Seeing APNA colleagues contributing at the highest levels of professional and public life demonstrates how far our network has travelled. It also reminds us of the responsibility that comes with greater influence: to use our collective voice constructively, widen opportunity, and ensure progress benefits those who continue to face barriers.

Our achievements should give us confidence, but they should never make us complacent. The next stage of APNA NHS's development must be defined by meaningful impact. We must continue to strengthen our evidence, deepen our partnerships and translate conversations into practical improvements for colleagues, patients and communities. We must also ensure leadership opportunities are shared, emerging voices are encouraged, and members across every profession and career stage can see a place for themselves within APNA NHS.

As you take part in this year's conference, I encourage you to engage fully: listen to perspectives different from your own, contribute your experience, build new relationships, and consider how the learning from these two days can carry into your organisation and community. A conference creates its greatest value when the ideas exchanged within it lead to action beyond it.

Thank you to our members, volunteers, Executive Committee, regional and specialist leads, speakers, partners and supporters. Your commitment has enabled APNA NHS to become the organisation it is today.

I wish you an inspiring, enjoyable and impactful conference. May it renew our collective ambition and strengthen our determination to build a fairer, more inclusive NHS in which every colleague can thrive and every community can receive the care it deserves.

Professor Jagtar Singh CBE
National Advisor and Former Co-Chair, APNA NHS

ANNUAL APNA RESEARCH & INNOVATION SHOWCASE

Oral and Poster presentations supported by: NIHR | National Institute for Health and Care Research

Oral presentations

Thursday 1 October 2026 - Time 09:15 to 11:20 - Venue: Ashbrooke Suite

Chairs: Dr Sunil Daga and Roxana Dumitrache

	Presenting author	Abstract title
01	*Nishani Jeyapalan*	**Understanding the experiences of early pregnancy loss among South Asian women in Luton.**
02	*Daniel Mark Cohen*	**Faster Access to Psychiatrists through data-driven and systematic quality improvement methodologies.**
03	*Dr Fatima Zakia*	**Community Connexions: tackling health inequalities through partnership in Birmingham & Solihull.**
04	*Numa Thebe*	**Improving Cancer Awareness in the Nepalese Community: Swasthya Chiya.**
05	*Ifunanya Okongwu*	**Mind the Implementation Gap: EDI and Sexual Safety in Regional IMG Onboarding.**
06	*Riyadul Karim*	**From Trust to Access: Applying the 3Ts to Vaccine and Health Equity with London's Bangladeshi Community.**
07	*Jordan Buxton*	**What Supports Fairness in Managing Concerns and Employer Referrals of Doctors to the GMC?**
08	*Freen Mehdi*	**Enhancing staff data collection and analysis to foster race inclusivity.**
09	*Dr Saadia Muzaffar*	**Understanding the systemic and cultural factors impacting the wellbeing of South Asian female psychiatrists working in the UK: a qualitative study.**

Networking break

11:20 to 11:45 | Tea and coffee

Poster Session 1 - Parallel session
Thursday 1 October 2026 - Time 11:45 to 12:45 - Venue: Ashbrooke Suite

Chairs: Dr Anshoo Dhelaria and Nasrin Khan

	Presenting author	Abstract title
01	*Riyadul Karim*	From Engagement to Infrastructure: Operationalising the 3Ts for Vaccine Equity Across London.
02	*Riyadul Karim*	Culture Creates Trust: Integrating the 3Ts and Creative Health for Vaccine Equity in Newham.
03	*Dr Naabil Khan*	Evaluation of a health inequalities leadership programme for non-executive directors and chairs in local English healthcare systems: a mixed methods study.
04	*Sam Hussain*	Promoting Diabetes Research in Women from Underserved Communities.
05	*Nazreen Iqbal*	From Passion to Place-Based Influence: Establishing the Rotherham Women's Health Network from the Ground Up.
06	*Nazreen Iqbal*	The Impact of Temporary Accommodation on Children and Young People: A Scoping Review with a Focus on Complex Health and Developmental Needs.
07	*Ifra Ali*	British Pakistani women with Gestational Diabetes: understanding the antenatal and postnatal factors contributing towards their future risk of developing Type 2 Diabetes.
08	*Farhana Begum*	Beyond availability: how safety and cultural belonging shape women's access to health services.
09	*Lauren Kivlin-Henry*	The Experiences of Education and Information given to Minority Ethnic Groups Diagnosed with Chronic Kidney Disease: a critical realist qualitative systematic review.
10	*Euan Chand*	Equitable AI-Enabled Breast Screening for South Asian Women in Croydon.
11	*Dr Haninder Magon*	Missed or Misattributed? Improving Menopause Recognition in Urgent Psychiatric Assessment.
12	*Thabaniya Sritharan*	Bridging Preventive Healthcare Gaps Through Female-Centric and Racially Diverse AI: a multi-domain Croydon study.
13	*Sanah Gull*	Women's Health Between Appointments: Gaps in Endometriosis, PCOS and Chronic Pelvic Pain.

Poster Session 2 - Parallel session
Thursday 1 October 2026 - Time 11:45 to 12:45 - Venue: Gosmore Suite

Chairs: Dr Moe Kapoor and Roxana Dumitrache

	Presenting author	Abstract title
01	*Dr Gurlyn Ahluwalia*	Supporting International Medical Graduates in Transition to NHS Professional Practice: a regional gap analysis.
02	*Dr Idrees Mohammed*	We CARE: co-designing a culturally safe partnership model for equitable end-of-life care.
03	*Madhuja Nath*	Conversion of Intramuscular Vitamin B12 to Oral Vitamin B12 in General Practice.
04	*Suki Birdi*	Developing a Peer Support Cultural Safety Model for NHS Workforce Wellbeing.
05	*Zed Shah*	From Passion to Place-Based Influence: Establishing the Rotherham Women's Health Network from the Ground Up.
06	*Zada Shah*	Embedding Cultural Safety Through Peer-Led Reflective Practice in the NHS.
07	*Ifunanya Okongwu*	Who Meets You at the Door? Welcome, Pastoral Induction and Supervision for IMGs Across the East of England Region.
08	*Gursharan Kaur*	Exploration of my Compassionate Leadership during change management in a public sector organisation.
09	*Samuel Jude*	Silent Unsupported Endurance: identifying hidden workforce strain through a digital platform.
10	*Itoro Abigeal Oyewobi*	Managing Culturally Safe Neighbourhood Mental Health Support for Underserved African and Migrant Women.
11	*Riyadul Karim*	Faith as Health Infrastructure: Applying the 3Ts with Black Majority Christian Communities in London.
12	*Riyadul Karim*	From Invisibility to Infrastructure: Applying the 3Ts to Romanian Health Equity in London.
13	*Riyadul Karim*	From Recognition to Shared Action: Applying the 3Ts to Health Equity with Gypsy, Roma and Traveller Communities in London.

RECOGNISING EXCELLENCE - APNA NHS AWARDS 2026

Behind every award nomination is a story.

It might be the story of a clinician improving patient care, a mentor helping someone find their confidence, or an emerging leader speaking up for change. It might recognise a volunteer supporting a community, a digital project improving access, or a colleague whose contribution has gone unnoticed for too long.

The APNA NHS Awards exist to make those stories visible.

They celebrate the contribution of South Asian professionals and those who support our communities across the NHS, public services and the voluntary and community sectors. They recognise individuals, teams and organisations whose work improves services, tackles inequality and creates opportunities for others.

A growing response

We received 92 nominations for the 2026 awards. This represents an increase on the previous year and reflects growing awareness of the programme.



The number matters, but the stories behind it matter more.

The nominations show how APNA members and partners contribute across clinical care, workforce development, leadership, community engagement, digital innovation and equality, diversity and inclusion. Some nominees hold senior positions. Others lead through their everyday actions, often without a formal title or widespread recognition.

This breadth of contribution led us to review the award categories. Feedback from previous years suggested some categories felt too similar. Nominators were not always sure where their nominee fitted, and overlapping criteria made judging more difficult.

For 2026, we introduced clearer categories covering clinical and non-clinical achievement, equality and inclusion, mentoring, cross-sector leadership, organisational inclusion, community impact, digital innovation, emerging leadership and unsung contribution.

Separating APNA Champion of the Year into clinical and non-clinical awards was an important step. The NHS relies on people from a wide range of professional backgrounds. Their contributions take different forms and deserve fair recognition.

The programme also includes the Chair's Special Recognition Award, Vice Chair's Special Recognition Award and Outstanding Contribution to APNA Award. These recognise exceptional or sustained contributions which do not always fit within a standard category.

Making the process fairer

An awards programme must earn people's confidence. A strong ceremony means little if nominators and nominees do not trust the process behind it.

This year, we introduced category-specific criteria, scoring matrices and a formal Standard Operating Procedure covering the full awards cycle. This includes planning, eligibility, nominations, assessment, judging, communications and post-awards review.

Judging takes place in two stages

First, three independent judges assess each nomination against the published criteria for the relevant category. They score nominations independently, with the highest-scoring entries progressing to the shortlist.

The top three entries in each category then go before a senior panel of around nine NHS chief executives, chairs and senior leaders. The panel reviews the evidence and selects the winner.

Judges must declare any actual or perceived conflict of interest. We record and manage these conflicts to protect the process's integrity.

This approach does not remove every difficult decision. Nor should it. When nominations are strong, judges need to weigh different types of contribution and impact carefully. Clear criteria give them a consistent basis for doing so.

One lesson from this year stands out: good governance begins before nominations open. Clear guidance helps people choose the right category and provide evidence of what their nominee achieved, who benefited and what changed as a result.

A year-round commitment

The awards ceremony is the most visible part of the programme, but much of the work happens months earlier.



The Awards Committee reviews categories, develops guidance, manages nominations, checks eligibility, appoints judges and coordinates the senior panel. The team also communicates with finalists and prepares the content, citations, presentations and trophies for the awards evening.

This work depends on people giving their time, knowledge and judgement. I want to thank the APNA Executive Team, Awards Committee, administrative team, independent judges, senior judging panel, APNA members, volunteers and conference planning team.

We are also grateful to APNA's partners and sponsors. Their support helps us deliver a credible national programme and give wider recognition to work taking place across the NHS and our communities.

Why recognition matters

Many people do valuable work without expecting an award. Recognition still matters.

A nomination tells someone their contribution has been noticed. It gives colleagues and communities a chance to say: we saw what you did, we understand the effort involved, and it made a difference.

The awards also help APNA share examples of effective practice. They highlight people whose leadership feels relevant and accessible to others. This is particularly important for students, early-career professionals and colleagues who do not always see people with similar backgrounds represented in influential roles.

Leadership does not sit only at the top of an organisation. We see it when someone challenges an unfair decision, supports a colleague in difficulty, improves a service, mentors a new professional or builds trust with a community.

The APNA NHS Awards recognise those contributions.

What comes next?

While 92 nominations represent positive progress, we should not assume higher numbers mean everyone has an equal opportunity to take part.

We need to understand where nominations come from, which professions and regions are represented and whose contributions remain absent. Some organisations and community groups have limited engagement with national award programmes. We need to reach them.

Over the next year, the Awards Committee will work to broaden participation across NHS organisations, professions, regions and community networks. We will review nomination patterns, strengthen guidance for judges and gather feedback from nominators, finalists and attendees.

We will also continue to embed the new governance arrangements and build the administrative capacity needed to manage a growing programme without weakening assessment quality.

Our aim is simple. The APNA NHS Awards should remain fair, inclusive and trusted. They should reflect the full range of people who contribute to our NHS and communities, from established leaders to those whose work takes place quietly and without recognition.

To every person nominated this year: thank you for what you do.

To every person who took the time to submit a nomination: thank you for making someone's contribution visible.

And to our 2026 finalists and award recipients: congratulations. Your work shows what thoughtful, inclusive and determined leadership looks like in practice.

Kiran Rai
Chair, APNA Awards Committee

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Conference partners

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Website: Visit www.otua.co.uk

Futurisms AI provides artificial intelligence services and solutions to help organisations apply AI to business transformation and operational challenges.

Website: Visit www.futurisms.ai

BAPIO is a UK non-profit organisation supporting healthcare professionals through advocacy, professional development, leadership, education and work promoting quality, diversity and inclusion.

Website: Visit www.otua.co.uk

Say So provides independent and confidential workplace reporting and support services, helping organisations strengthen speaking-up cultures, safety, trust and accountability.

Website: Visit www.say-so.co.uk

Badger Health Group is a not-for-profit healthcare co-operative and social enterprise providing NHS urgent primary care and GP out-of-hours services.

Website: Visit www.badger-group.com

Britannia Fire is a UK manufacturer of fire extinguishers and fire-safety products, focused on quality, innovation, sustainability, and long-life performance.

Website: Visit www.britannia-fire.co.uk

SISU Health combines self-service health checks, digital tools and data insights to support prevention, early risk identification and accessible community and workforce health programmes.

Website: Visit www.sisuhealth.co.uk

Our Future Health is an ambitious collaboration between the public, charity and private sectors to build the UK's largest health research programme - bringing people together to develop new ways to prevent, detect and treat disease.

Website: Visit www.ourfuturehealth.org.uk

AFSA is a member-led organisation that works with fire and rescue services and partners to strengthen inclusion, representation, professional support, and engagement with diverse communities.

Website: Visit www.afsa.co.uk

DAY 1 - WEDNESDAY 30TH SEPTEMBER 2026

08:00 - 09:00	**REGISTRATION, REFRESHMENTS AND NETWORKING** Hosted by APNA
09:00 - 09:10	**Welcome, Opening and Overview of APNA NHS** ● Dr Tanvir Alam, Chair APNA NHS
09:10 - 09:30	**The NHS Ten-Year Plan: What Leadership Will Be Judged On** ● Sir Jim Mackey, Chief Executive Officer, NHS England
09:30 - 09:50	**My Patient Journey: A Conversation** ● Manjit Kaur Gill MBE, CEO, Binti International I Anjuna Kalsi, Chief Human Resources Officer, Theramex
09:50 - 10:10	**From Service Change to System Hope: My Leadership Journey and Hopes for the NHS** ● Nighat Sultana, Deputy Director, National Provider Improvement Team, Chief Operational Officer Directorate, NHS England
10:10 - 10:30	**Towards a Model Neighbourhood: Next Steps in Improving Neighbourhood Health** ● Dr Priya Kumar BEM, PPL Senior Clinical Advisor, GP Partner, Health Inequalities and Population Health Management Lead
10:30 - 10:55	**NHS Management and Leadership Framework** ● Nicky Littler, Executive Director of Workforce, Pennine Care NHS Foundation Trust ● Suzanne Douglas, NHS North West Leadership Academy
10:55 - 11:20	**Compassionate Leadership and the Workforce We Need** ● Sarah-Jane Dale, COO, Affina OD
11:20 - 11:50	**REFRESHMENT BREAK, NETWORKING & EXHIBITIONS**
11:50 - 12:10	**Workforce Innovation Spotlight** ● Penny Smee, Chief People & Officer, Flexzo Ai
12:10 - 12:30	**Improving Support, Preventing Mental Ill Health & Inequalities** ● Sean Duggan, Chair, Sussex Partnership NHS Foundation Trust
12:30 - 12:50	**From Belonging to Performance: Building NHS Cultures Where People Thrive** ● Saira Shah, Chief People Officer, West Hertfordshire Teaching Hospitals NHS Trust
12:55 - 13:15	**LEADERSHIP PANEL** ● Dr Tanvir Alam I Dr Ananta Dave I Nighat Sultana I Dr Priya Kumar Sarah-Jane Dale I Penny Smee I Sean Duggan I Manjit Kaur Gill MBE Anjuna Kalsi I Dr Saleema Kauser, Associate Professor, University of Manchester
13:15 - 13:25	**Launch of the APNA Women's Forum: Turning Voice into Action** ● Dr Ananta Dave and Tista Chakravarty-Gannon, APNA Co-Vice Chairs

Please note the programme is subject to change and we will endeavour to inform you of any major changes.

DAY 1 - WEDNESDAY 30TH SEPTEMBER 2026

13:25 - 14:25	**LUNCH, NETWORKING & EXHIBITIONS**
14:25 - 14:55	**Purple All Stars Musical Performance**
14:55 - 15:55	**WORKSHOPS 1 - 4** **Workshop 1 - AI in Surgical Care: Predicting Risk, Reducing Trauma and Supporting Recovery at Homes** ● Chairs: Dr Sunil Kumar Daga, Consultant Nephrologist and Renal Transplant Physician, Leeds Teaching Hospitals NHS Trust; EDI Lead, NIHR HRC Leeds Roxana Dumitrache, HRC Programme Manager - Strategic, NIHR HealthTech Research Centre in Accelerated Surgical Care. Panel: Stella Vig, National Medical Director for Secondary Care and Quality, NHS England; Consultant Vascular and General Surgeon, Croydon Health Services NHS Trust l Anusha Gajanan, Medical Student, University of Sheffield l Fiona Maher, Change Lead, Axiologik; Director, Smarter-I l Vee Mapunde, Co-Director, NIHR HealthTech Research Centre in Accelerated Surgical Care **Workshop 2 - Prevention and Neighbourhood Partnership** ● Andy Hall, Assistant Chief Fire Officer, Hertfordshire Fire and Rescue Service **Workshop 3 - Hospital to Community: Fair Pathway Redesign** ● Dr Chris Streather, Regional Medical Director, NHS England l Matthew Trainer, Chief Executive, King's College Hospital NHS Foundation Trust Shubhra Kamat, Senior AI Manager, Clinical Strategy and Adoption, Chelsea and Westminster Hospital NHS Foundation Trust **Workshop 4 - Inclusive Leadership and Psychological Safety** ● Cheryl Samuels, Director of People and Culture, Guy's and St Thomas' NHS Foundation Trust l Dr Chetna Modi, Deputy Director of People and Culture for London, NHS England - London Region
15:55 - 16:15	**Prevention, Community Resilience and System Leadership** ● Professor Jim McManus, Director of Public Health, Wales Public Health
16:15 - 16:35	**Complete Doctors for a Changing NHS: Compassion, Community and Social Accountability** ● Professor Sonya Kumar, Founding Executive Dean of Medicine, St Mary's University, London
16:35 - 17:00	**Faith, Health and Trust: Working with Communities to Reduce Inequalities** ● Professor Swaran Singh, Professor of Social and Community Psychiatry, Warwick Medical School
17:00 - 17:15	**Leadership Beyond the Title** ● Prof Godwin Simon MD FRCP MBA CMgr FCMI, Consultant Endocrinologist/ Site Medical Director(Interim) Queens and King George Hospitals BHRUT/ Clinical Lead Invited Service Reviews RCP/National Chair BAPIO faculty for Leadership/Hon Professor of Medicine NVU Georgia
17:15	**CLOSE AND END OF DAY 1 NETWORKING, EXHIBITIONS AND REFRESHMENTS**
19:00 - 00:00	**2026 APNA AWARDS CEREMONY AND DINNER**

Please note the programme is subject to change and we will endeavour to inform you of any major changes.

DAY 2 - THURSDAY 1ST OCTOBER 2026

08:00 - 09:00	**REGISTRATION, REFRESHMENTS AND NETWORKING** Hosted by APNA
08:00 - 09:00	**APNA ANNUAL AGM 2026**
09:00 - 09:10	**MORNING PLENARIES Welcome Back** ● Dr Tanvir Alam, Chair APNA NHS
09:10 - 09:15	**DELEGATE MOVEMENT AND SESSION SET-UP**
09:15 - 09:35	**The IMG Journey in the NHS: Kabhi Khushi. Kabhi Gham** ● Dr Partha Kar, Consultant in Diabetes Endocrinology, Portsmouth Hospitals NHS Trust
09:35 - 09:55	**From Frontline GP to National Leadership: Equity, Community and the Future of General Practice** ● Professor Victoria Tzortziou Brown OBE, Chair of RCGP Council, GP in East London
09:55 - 10:15	**Building the Workforce of the Future: Strategy, Digital, Prevention and the NHS 10 Year Plan** ● Meera Mistry, Chief Strategy Officer, West London NHS Trust
10:15 - 10:35	**Neighbourhood Health Services: The Workforce Frontier** ● Adanna Williams, Director Workforce Strategy, NHS England (SE)
10:35 - 10:55	**Safety for Every Patient and Member of Staff: Psychological Safety and Equity** ● Marimouttou Coumarassamy MBE, Deputy COO, HIOW HC NHS FT
10:55 - 11:20	**HEALTH INEQUALITIES PANEL** **One System, Competent Workforce, Every Community** ● Professor Victoria Tzortziou Brown OBE Professor Sue Tranka CBE I Dr Priya Kumar BEM I Dr Partha Kar I Meera Mistry I Professor Durka Dougall Professor Habib Naqvi I Danielle Oum, ICB Chair I Professor Zafar Iqbal, Associate Medical Director, Public Health and Vice President, UK Faculty of Public Health

PARALLEL SESSION ABSTRACT ORAL PRESENTATIONS PART 1

- ***Ashbrooke Suite***

Chairs: Dr Sunil Kumar Daga and Roxana Dumitrache
Judges: Vee Mapunde, Tista Chakravarty-Gannon and Professor JS Bamrah
09:15 - 11:20

Please note the programme is subject to change and we will endeavour to inform you of any major changes.

DAY 2 - THURSDAY 1ST OCTOBER 2026

11:20 - 11:45	**REFRESHMENT BREAK, NETWORKING & EXHIBITIONS**	
11:45 - 12:05	**Community Power, Trust and Hidden Inequalities** ● Professor Francis Davis, University of Birmingham	**PARALLEL SESSION POSTER PRESENTATIONS PART 2** ● ***Ashbrooke Suite*** 13 abstracts Chairs: Dr Sunil Kumar Daga and Dr Anshoo Dhelaria. ***Gosmore Suite*** 13 abstracts Chairs: Roxana Dumitrache and Dr Moe Kapoor **11:45 - 12:45**
12:05 - 12:45	**Alcohol, Izzat and Me: South Asian Women in Recovery** ● Dr Sarah Fox, Lecturer, MMU	
12:45 - 13:30	**LUNCH, NETWORKING & EXHIBITIONS**	
13:30 - 14:15	**WORKSHOPS 1 - 4** **Workshop 1 - Leading Change Under Scrutiny** ● Andrew Rowlands, Capsticks Solicitors	
	Workshop 2 - How to Navigate a Senior Recruitment Process ● Robin Staveley MBE, Practice Lead, Board Practice - Health, GatenbySanderson, Serena Dobson, Senior Consultant and Lead for Primary Care, Health, GatenbySanderson	
	Workshop 3 - Designing Your Day for Health and Performance ● Dr Ashish Bhatia	
	Workshop 4 - From Analogue to AI: Reimagining the Future of Workforce Technology in the NHS ● Penny Smee, Chief People and Operating Officer, Flexzo AI | Alister D'Souza, National Executive Board Member and Flexzo AI Senior Healthcare Executive	
14:15 - 14:35	**Anti-Racist Medicine: From Evidence to Action in the NHS** ● Dr Zeshan Qureshi, University of Cambridge | Dr Mehrunisha Suleman, University of Oxford	
14:35 - 14:55	**Advancing Workforce Race Equality and Inclusive Working Environments** ● Professor Habib Naqvi, Chief Executive, NHS Race and Health Observatory	
14:55 - 15:15	**Faith, Health and Community Trust: Working Together to Reduce Inequalities** ● Enoch Kanagaraj, Chief Executive, One Vision	
15:15 - 15:35	**ANTI-RACIST AND FAITH-BASED HEALTH INEQUALITIES PANEL** ● Community Power, Faith and Fair Access: What NHS Leaders Need to Do Differently	

Please note the programme is subject to change and we will endeavour to inform you of any major changes.

DAY 2 - THURSDAY 1ST OCTOBER 2026

15:35 - 16:15	**DRAGONS' DEN Innovation in Action** ● Chair: Professor Jagtar Singh, National Advisor, APNA NHS
16:15 - 16:45	**END OF CONFERENCE CLOSING KEYNOTE** ● Courageously Humble: How Three Breaths Can Transform Your Life I Dr Ashish Bhatia
16:45 - 17:00	**APNA National Conference 2026 Summary** ● APNA National Leadership Team
17:00	**CLOSE OF 2026 APNA NATIONAL CONFERENCE**



Please note the programme is subject to change and we will endeavour to inform you of any major changes.

SPEAKER BIOGRAPHIES

The people shaping the conversation

The following biographies consolidate the latest speaker information supplied for the conference. Check entries containing confirmation notes directly with the named individual before external publication.

Sir James Mackey

CEO NHS England



Sir Jim Mackey took up the post of Chief Executive Officer at NHS England on 1 April 2025.

From September 2021 to March 2025, Jim was National Director of Elective Recovery at NHS England. From January 2024 to March 2025, he was Chief Executive of Newcastle upon Tyne Hospitals NHS Foundation Trust. He was also Chair of the NHS Customer Board for Procurement and Supply but stood down from the post at NHS England.

From 2003 to 2023, Jim was Chief Executive of Northumbria Healthcare NHS Foundation Trust, during which time (2015 to 2017) he was Chief Executive of NHS Improvement, on secondment.

He was knighted in 2019 for services to healthcare.

Nicky Littler

Chief People Officer, Pennine Care NHS Foundation Trust



Nicky has been Chief People Officer at Pennine Care NHS Foundation Trust since December 2018. Her role involves leading the workforce, organisational development, EDI, and learning and development functions, and supporting the Trust in delivering on its ambition to be a great place to work for its 4,700 colleagues.

Nicky has over 20 years' experience working in mental health NHS services in the people functions, and before joining the NHS, worked in local government for 12 years. Nicky joined the local authority as a junior entrant and was supported to develop and achieve professional qualifications while working in the human resources team, which is why she is a passionate advocate for the apprenticeship opportunities the NHS offers.

Nicky recognises the importance of inclusive and compassionate leadership, which is vital in the NHS's evolving landscape and inspires admiration and respect. She works with her team and senior leaders to foster a culture where people can thrive and develop in their roles.

Nicky has significant experience leading complex major workforce programmes and also supporting service transformation and organisational development.

She is a member of the Chartered Institute of Personnel and Development and holds a professional coaching and mentoring qualification.

Sean Duggan

Chair - Sussex Partnership NHS Foundation Trust



Sean Duggan joined the Trust as Chair on 1 April 2024. He previously served as chief executive of the NHS Confederation Mental Health Network.

Sean has a background in mental health nursing and was awarded an OBE on the Queen's Platinum Jubilee Honours List in recognition of his 40 years of service in mental health. His tireless efforts to improve care earned him the 2024 Skellern Lifetime Achievement Award, inspiring pride and motivation among readers.

Sean was selected to receive the 2024 Skellern Lifetime Achievement Award for his tireless efforts to improve care across the sector, and in 2013 was awarded the President's Medal by the Royal College of Psychiatrists.

Sean has been a Sussex resident for over 30 years and now has five grandchildren living locally.

SPEAKER BIOGRAPHIES

Professor Jagtar Singh CBE

National Advisor, APNA NHS



Professor Jagtar Singh CBE is an experienced public-sector chair, organisational development leader, and advocate for equality and inclusion. His career spans the fire and rescue service, the NHS, national professional associations and community organisations.

Professor Singh joined West Midlands Fire Service in 1977 as a firefighter and progressed through a range of operational and leadership positions, including Divisional Commander. He later joined Bedfordshire Fire and Rescue Service, where he served as Deputy Chief Fire Officer and Acting Chief Fire Officer of Bedfordshire and Luton Fire and Rescue Service.

In 2006, he founded Jagtar Singh Associates Ltd, supporting public sector organisations with equality, diversity and inclusion, organisational development, human resources policy and equality impact assessments. He has advised boards and executive teams on governance, culture, leadership, accountability and organisational performance.

Professor Singh has also held significant NHS leadership roles. He served as Chair of Coventry and Warwickshire Partnership NHS Trust, where he provided board-level leadership across mental health, learning disability and community health services.

He has played a prominent role in the Asian Fire Service Association, serving as AFSA National Advisor and helping build stronger relationships between fire and rescue services and diverse communities. He is also National Advisor to APNA NHS and previously served as its Co-Chair, supporting the representation, professional development and leadership of South Asian health and care professionals.

Professor Singh was appointed Commander of the Order of the British Empire for his contribution to equality, inclusion and public service.

At the APNA National Conference 2026, he chairs the Dragons' Den session, supporting the presentation and development of new ideas to improve health services and patient outcomes.

Professor Sonia Kumar

Executive Dean of Medicine, St Mary's University, School of Medicine



Professor Kumar is the Founding Executive Dean of Medicine at St Mary's in London, leading their new School of Medicine, which will welcome its first cohort in September 2026. Professor Kumar has over two decades of experience as a GP and educationalist, specialising in community-based health and education for the benefit of society, a core focus of the new School.

Sonia studied Medicine at King's College London, where she also earned a Bachelor of Science and a master's degree (with distinction), and holds a Fellowship of the Royal College of General Practitioners. Before this role, she was the Associate Dean in Community Engagement at the University of Leeds, where she led the university's civic mission in the city and local region.
She established CENTRE (Community Engagement Network in Research, Education, and Civic Engagement), working with colleagues across the university and key stakeholders to maximise the university's social impact, enabling students to gain key graduate attributes and citizenship skills needed for our future workforce and broader global change.

Professor Kumar worked at the London Deanery and had a 10-year award-winning tenure as the Director of Undergraduate Primary Care Education at Imperial College London. Over this time, she won 19 awards for her team, including the Imperial President's Medal for Outstanding Contribution to Teaching Excellence and the CATE Collaborative Team Award from Advance HE. At Imperial, she founded MEdIC (Medical Education Innovation and Research Centre), a research centre focused on aligning medical education with community priorities and workforce needs.

Over the last 20 years, Professor Kumar has worked with numerous national and international collaborators, served as an external examiner for University College London, and provided external consultancy, including for the FCDO in Mexico and the Pharmaceutical Industry. She has published

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extensively, has been invited to present across the UK and globally, and is a Visiting Professor at Imperial College London, the University of Leeds, and SBV Pondicherry in India.

She lives in London with her husband and two lively teenage girls, has recently taken up cold-water swimming, and loves walking in nature, reading, art, and theatre.

Professor Habib Naqvi MBE FFPH,

Chief Executive of the NHS Race and Health Observatory



Professor Habib Naqvi is the Chief Executive of the NHS Race and Health Observatory, which leads national work to identify and tackle ethnic inequalities in health and healthcare. He is accountable for organisation-wide strategic planning, performance, oversight and delivery. Habib directs the implementation of a far-reaching multi-year work programme and leads national health policy in this area. He is responsible for strategic global partnerships that address systemic inequalities in healthcare.

Habib has held roles at the Department of Health and Social Care and at NHS England. He serves on numerous national commissions and is a member of the National Maternity and Neonatal Taskforce, where he chairs its Health Equity Expert Reference Group. Habib was awarded an MBE in the 2019 Queen's Birthday Honours for services to equality and diversity in the NHS; he received a Fellowship through distinction at the UK Faculty of Public Health in 2023 and is listed in the Health Service Journal's '100 most influential people in health'.

Dr Chris Streather

Regional Medical Director & CCIO, NHS England (London region)



Chris Streather took up the role of Regional Medical Director for NHSE in London in May 2022. He worked in the Royal Free London group as chief medical officer from 2018, after serving as chief executive of the Royal Free Hospital in 2017. Before joining the Royal Free, he was chief medical officer of HCA International, previously managing director of the Health Innovation Network, where he led patient safety nationally, and, in 2009, chief executive officer of South London Healthcare NHS Trust.

Chris began his career as a renal physician in NHS hospital trusts in Brighton, London and Cambridge. He became medical director at St George's University Hospitals NHS Foundation Trust in 2004, and later director of strategy. In 2008, he was the clinical director for London as the capital's stroke services were comprehensively redesigned.

He holds several Trustee roles in the third sector, and served as a non-executive director, board quality lead, and senior independent director at Kingston Hospital NHS Foundation Trust from 2014-17.

He is particularly interested in population health, reducing inequalities, and reducing unwarranted variation in clinical care.

Andy Hall

Assistant Chief Fire Officer, Hertfordshire Fire & Rescue Service



Andy Hall is an Assistant Chief Fire Officer at Hertfordshire Fire & Rescue Service (HFRS), where he leads on Service Support and plays a key role in shaping organisational strategy, workforce development, and operational resilience. With over two decades of experience in the fire and rescue service, Andy has held senior leadership roles across operational response and corporate functions.

Andy is a strong advocate for workforce development and future planning, leading the Service's Strategic Workforce Plan to ensure a modern, resilient, and inclusive workforce. He has also played a central role in developing the Community Risk Management Plan, aligning service priorities with the evolving risks and needs of the communities HFRS serves. In addition, Andy provides strategic oversight for the Service's

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estates development programme, supporting investment in facilities that enhance operational effectiveness, firefighter safety, and workforce wellbeing. Through his leadership, Andy champions collaboration across blue light services, local government, and health partners, bringing a practical operational perspective alongside strategic insight. He is committed to supporting innovation, improving public outcomes, and contributing to discussions on workforce, neighbourhood health, and equity within the wider public service landscape.

Dr Ashish Bhatia

Humble Health and Performance



Playful and pioneering, Dr Bhatia from Humble Health and Performance (www.humble.info) helps you bring out your best. He is a GP, Insomnia Specialist, University Lecturer and Wellbeing Consultant. Working with individual teams and organisations to optimise lifestyle habits, mindsets, consulting skills, teamwork, and shift work, and to enable systemic change. His work has been integrated into medical education, published, and presented internationally. He loves inspiring and empowering you with practical skills and resources to help you transform your life. All you need is a willingness to learn. Just imagine what positive changes you could make!

Prof Godwin Simon

MD FRCP MBA CMgr FCMI



Consultant Endocrinologist/Site Medical Director(Interim) Queens and King George Hospitals BHRUT/ Clinical Lead Invited Service Reviews RCP/National Chair BAPIO faculty for Leadership/Hon Professor of Medicine NVU Georgia

Senior NHS Leader,with board level experience in Patient Safety,Healthcare Management and Quality Improvement Experienced as external assessor for NHS organisations, across UK as Specialist Professional Advisor for Care Quality Commission and as Clinical Lead for invited services reviews for Royal College of Physicians Experienced Case Manager,Case investigator and internal and external panel member under MHPS framework

Trained in Leadership and management with completion of Executive MBA and accreditation from Chartered Management Institute.
As Divisional Medical Director for Unplanned and Integrated care I line managed four Clinical Directors for Specialist Medicine, Acute and Emergency Medicine, Geriatrics and Radiology, Diagnostics & Therapies.This included approximately 100 consultant physicians 30 SAS doctors and 30 Clinical Trust Fellows with a joint budgetary responsibility for £150 million.

Awarded Chartered Manager of the Year Highly commended,UK 2023 for overall contributions to NHS. Shortlisted for NHS parliamentary awards 2023 for 90 percent reduction in avoidable Cardiac arrests at Medway NHS Trust. Shortlisted for HSJ Award 2023 for Quality Improvement category for reduction of avoidable cardiac arrests in Acute and Emergency Care group at Medway NHS Trust. Led Medway NHS Trust Acute and Emergency Services from Inadequate to Good CQC rating in 2022. Winner BMJ award 2020- Good diabetes care in pregnancy. Winner HSJ Award 2018 for reduction in mortality in fracture neck of femur by 50 percent. Introduced Structured Judgement Review,Medical Examiner System and Learning from Deaths for Basildon and Southend NHS Trusts in 2018, commented as outstanding practice by CQC 2019 inspection.

Suzanne Douglas

Senior Associate Director at NHS Northwest Leadership Academy



Suzanne Douglas is a Senior System Leadership Lead at the NHS North West Leadership Academy, supporting leaders across the North West to develop the skills, behaviours and confidence needed to lead collaboratively across organisational boundaries.

Passionate about compassionate leadership, partnership working and creating positive cultures, Suzanne brings extensive experience in leadership development and system working. She is committed to helping leaders navigate complexity, build meaningful partnerships and create the conditions for people and organisations to thrive together.

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Dr Partha Kar OBE

Consultant in Diabetes & Endocrinology, Portsmouth Hospitals NHS Trust



Partha Kar is a Consultant in Diabetes & Endocrinology at Portsmouth Hospitals NHS Trust and an International Medical Graduate from Kolkata, India.

Over the past decade, working with NHS England as the Type 1 Diabetes lead, he has helped lead the national transformation of Type 1 Diabetes care, expanding access to technologies such as insulin pumps and continuous glucose monitoring (CGM). This work has helped position the NHS as a global leader in equitable technology adoption and has contributed to improvements in HbA1c outcomes and reductions in diabetic ketoacidosis (DKA) and severe hypoglycaemia admissions.

He pioneered the "Super Six" Diabetes Model, an integrated care framework implemented in Hampshire in 2011, which brings specialist expertise into the community settings while maintaining consultant oversight for complex cases, and has shown positive outcomes across the system.

Partha is also a strong advocate against racism in medicine and has worked with the GMC to address ethnic disparities in regulatory referrals.

Since 2023, he has been working in India as Clinical Lead for Breakthrough T1D - working with multiple stakeholders to improve T1D care He writes a monthly BMJ blog, hosts the YouTube channel "Kar Mic," and founded TAD Talks, along with being a co-founder of the 'Type 1 Diabetes comic book series".

He was awarded an OBE in 2021 for services to Diabetes Care.

Adanna Williams

Director for Workforce Strategy and Transformation for the South East Region



Adanna is the Director for Workforce Strategy and Transformation for the South East Region at NHS England, where she leads teams to align regional workforce planning with national strategies.

With over 20 years of NHS experience, she has also served as Deputy Director of Nursing for Professional and Systems Development and as Regional Director of Programmes for Mental Health, Learning Disabilities, Autism, and SEND. As one of three National Programme Leads for the Covid-19 Vaccination Programme, she played a key role in delivering this historic effort.

A registered mental health nurse practitioner and independent prescriber, Adanna combines clinical expertise with strategic leadership. She values empathy, collaboration, integrity, and inclusivity, driving innovation and closing gaps in patient care. Deeply committed to equality, diversity, and inclusion (EDI), she chairs the South East Region BAME Network and contributes to the NHS's Global Majority Nursing strategy, earning recognition during Black History Month.

An inspiring speaker, Adanna has hosted and presented at national and international conferences, including in Ghana, where she collaborated with the Ministry of Health and Education. In 2024, she joined the 68th Commission on the Status of Women by UN Women UK, reflecting her dedication to empowering women and advancing health equity worldwide.

Dr Chetna Modi

Deputy Director of People and Culture for London Region



Chetna is presently the Deputy Director of People and Culture for London Region. She leads the portfolios of Talent, Leadership, Staff Experience, and EDI for the Capital, which has an NHS workforce of circa 250K. She is a values-led leader with a particular passion for social justice and the role we can all play in building a fairer society for everyone.

Chetna began her career as a government scientist at Porton Down, MoD. She then completed a PhD

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in cancer chemotherapy. Her research has resulted in several high-impact academic publications and a patent. Upon completing her research, she worked as a postdoctoral chemical engineer at the multinational company Syngenta before joining the NHS in 2003 as a graduate trainee (GMTS).

Chetna has undertaken a variety of management roles since completing GMTS. She has redesigned the Diabetes pathway across the Northamptonshire health system in partnership with patients and clinical leaders. This work has improved care quality while also saving the local system £1m per annum. In 2010, Chetna took up the position of Associate Director for the former East Midlands Health Innovation and Education Cluster (EMHIEC) at Leicester Medical School. The EMHIEC delivered 31 bespoke educational projects to meet service need. All projects were academically evaluated.

In 2012, she joined Health Education England as Head of Research, where she created the clinical academic careers pathway for all clinicians outside medicine and dentistry. Over 200 clinicians have now successfully joined the programme. She was then seconded to Health Education England's national team to lead the delivery of its patient safety agenda, specifically the Commission's 2016 report, 'Improving Safety through Education and Training'.

She joined the Leadership Academy in 2019 as Head of GMTS, a role she particularly enjoyed, having joined the NHS through this route. Chetna is passionate about delivering high-quality leadership training for the next generation of NHS managers.

Chetna has taught both undergraduate and postgraduate students across clinical and non-clinical curricula, including biochemistry, Quality Improvement, leadership in the NHS, and patient safety. She recently supervised her first PhD student, who studied CQC Care Home closures.

In her spare time, she can be found out in the Leicestershire countryside walking or cycling with her young family.

Dr Tanvir Alam

Chair, APNA NHS



Dr Tanvir Alam is a GP Partner, Deputy Medical Director for NHS Suffolk and North East Essex Integrated Care Board, and Group Non-Executive Director at Norfolk and Waveney University Hospitals Group. He is also a nationally elected Council Member of the Royal College of General Practitioners and Training Programme Director for Advancing Equity and Differential Attainment.

In 2026, Dr Alam was appointed Chair of the Equality, Diversity and Inclusion Group at the Royal College of Physicians of Edinburgh. He is a Fellow of the Royal College of General Practitioners, the Faculty of Medical Leadership and Management,the Royal College of Physicians of Edinburgh and the Royal Society for Public Health.

His professional interests include addressing differential attainment in the MRCGP examination, improving cultural safety, reducing health inequalities and strengthening equity across protected characteristic groups. He has also led work to improve physical health outcomes for people living with significant mental illness.

As Chair of APNA NHS, Dr Alam promotes professional development, representation and collaboration across the health service. He brings together NHS leaders, professional bodies and community organisations to address workforce inclusion, clinical leadership, fair access to care and the experiences of internationally educated health professionals.

At the APNA National Conference 2026, Dr Alam opens the conference, contributes to the leadership panel and supports the wider programme as APNA NHS Chair.

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Dr Ananta Dave



Chief Medical Officer at the Black Country Integrated Care Board & Co-Vice Chair, APNA NHS

Dr Ananta Dave is Chief Medical Officer at the Black Country Integrated Care Board and Co-Vice Chair of APNA NHS. She is an experienced consultant psychiatrist and senior NHS leader whose career spans clinical practice, medical leadership, service improvement, education and workforce wellbeing.

Dr Dave is the Presidential Lead for Retention and Wellbeing at the Royal College of Psychiatrists. She has also been elected to the UK Parliament Health and Social Care Committee's expert panel, contributing her clinical and leadership experience to examining national health and care policy.

In 2019, Dr Dave received a Churchill Fellowship to travel to the United States and study approaches to preventing suicide among doctors. Supporting the mental health and wellbeing of doctors and other healthcare professionals remains central to her work. She advocates for sensitive, accessible and non-stigmatising mental healthcare, informed by her experience of seeing colleagues experience mental illness and losing friends and colleagues to suicide.

Dr Dave is passionate about developing leadership cultures that promote equality, inclusion and workforce wellbeing. She contributes to national discussions on organisational culture, staff experience and the challenges faced by internationally educated doctors and other health professionals.

She also has a longstanding commitment to teaching and training. Her educational work includes undergraduate teaching at Lincoln Medical School and postgraduate medical education.

Through APNA NHS, Dr Dave supports professional development, representation and leadership opportunities for Asian health professionals. At the APNA National Conference 2026, she co-presents APNA's purpose and progress and contributes to the Day 1 leadership panel.

Tista Chakravarty-Gannon



Head of Outreach Strategic Delivery and National Engagement, General Medical Council; Co-Vice Chair, APNA

Tista Chakravarty-Gannon leads outreach strategic delivery and national engagement at the General Medical Council.

She has worked in public service for more than 25 years, supporting doctors, employers and health systems to understand professional standards and improve working environments. Her work has included engagement on fairness in medical regulation, discrimination, inclusive workplaces and the experiences of international medical graduates. Tista brings together professional bodies, NHS organisations and community networks to turn evidence into practical action. She is also Co-Vice Chair of APNA, where she helps shape the organisation's national programme and partnerships. At the conference, she co-presents APNA's purpose and progress, contributes to the leadership panel, supports the future-leaders workshop and serves as a judge for the oral abstract presentations.

Nighat Sultana



Deputy Director, National Provider, Provider, Improvement Team, Chief Operational Officer, Directorate, NHS England

Nighat has over 28 years of experience in service redesign in acute hospital, primary care, and commissioning environments. She is extremely passionate about service transformation and has extensive knowledge of operational management strategies, especially within modernisation and clinical pathways. She has led acute hospital budgets and established robust performance/ contract management processes, developed commissioning intentions for acute/private sector contracts, and reflected this in activity and capacity plans, including introducing an open-book costing approach for new business cases.

Co-led on the development of the National Provider Improvement Framework Saff

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Engagement Condition of Success. Delivered the Midlands' first dataset for physiological sciences, which achieved National recognition and is the first in the country. Led the development of the Midlands Cancer Screening Dashboard aimed at identifying vulnerable population groups to improve take-up of cancer screening.

Nighat has a BSc in Biochemistry, a Master's in Healthcare Commissioning, and is proficient in PRINCE2 and MSP. She has led on the development of transformation proposals through the NHS England assurance process, building business cases, including developing robust quality standards and clinical pathways using evidence to shape policy decisions including: Directed multiple acute reconfigurations programs (stroke, urgent and emergency care, urgent cardiology, and surgery), overseeing several listening exercises and programme governance within tight timescales. Developed a National Stroke Reconfiguration Toolkit to promote best practice across the country.

Nighat is hugely passionate about Equality, Diversity and Inclusion and has successfully introduced communities of practice at regional level for menopause, BME and #10,000 Black interns' program. Nighat is a member of the West Midlands Clinical Senate Council.

Penny Smee FCIPD

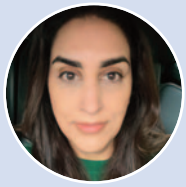


Chief People and Operating Officer, Flexzo AI

Penny Smee is Chief People and Operating Officer at Flexzo AI and a Chartered Fellow of the CIPD. She is an experienced people and operations leader focused on workforce strategy, organisational performance, and responsible innovation. Her career has involved leading people functions, developing operating models and helping organisations respond to changing workforce needs.

At Flexzo AI, she works at the intersection of workforce planning, technology, and service delivery, focusing on how digital tools support better deployment and experience without losing sight of professional judgment or staff wellbeing. Penny contributes to the conference's Workforce Innovation Spotlight and the Day 1 leadership panel.

Saira Shah



Chief People Officer, West Hertfordshire Teaching Hospitals NHS Trust

Saira Shah is Chief People Officer at West Hertfordshire Teaching Hospitals NHS Trust. She leads the Trust's people agenda, including workforce strategy, organisational culture, leadership, equality and staff experience. Her role centres on creating the conditions in which colleagues feel respected, supported and able to provide safe, high-quality care. She brings senior experience of people leadership and organisational change in complex services, with a strong interest in belonging, performance and fair opportunity. At the APNA National Conference 2026, Saira speaks on building NHS cultures where people thrive and links workforce experience with organisational performance.

Vee Mapunde



Co-Director, NIHR HealthTech Research Centre in Accelerated Surgical Care, Leeds

Vee Mapunde is Co-Director of the NIHR HealthTech Research Centre in Accelerated Surgical Care in Leeds. She works across clinical, academic, industry and patient partnerships to help promising technologies move from development into safe and effective use. Her leadership supports research designed to improve surgical pathways, reduce avoidable harm and help patients recover at home. Vee has a particular interest in inclusive innovation, public involvement and ensuring new technologies address real clinical and patient needs. At the conference, she co-leads the workshop on AI in surgical care and serves as a judge for the oral abstract presentations.

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Dr Sunil Kumar Daga



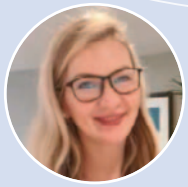
Consultant Nephrologist,
Leeds Teaching Hospitals NHS Trust

Dr Sunil Kumar Daga is a Consultant Nephrologist at Leeds Teaching Hospitals NHS Trust. His clinical work includes assessing and treating kidney disease, managing complex long-term conditions, and providing care across hospital and community pathways.

Alongside clinical practice, he contributes to research, education and service improvement, with an interest in how digital innovation and better-designed pathways improve patient experience and outcomes.

Sunil is closely involved in APNA's research and innovation activity and supports opportunities for clinicians and researchers to present and develop their work. At the 2026 conference, he co-leads the AI in surgical care workshop and co-chairs the oral abstract presentations.

Roxana Dumitrache



Strategic Programme Manager,
NIHR HealthTech Research Centre
in Accelerated Surgical Care, Leeds

Roxana Dumitrache is Strategic Programme Manager for the NIHR HealthTech Research Centre in Accelerated Surgical Care in Leeds. She coordinates complex research and innovation programmes involving clinicians, researchers, technology partners and patients. Her work supports the development, evaluation, and adoption of health technologies designed to improve surgical care, recovery, and patient safety.

Roxana brings programme leadership, partnership working, and an implementation perspective to research, helping teams move from ideas to tested approaches that fit real services. At the conference, she co-leads the workshop on AI in surgical care, co-chairs the oral abstract presentations and chairs part of the poster programme.

Mathew Trainer

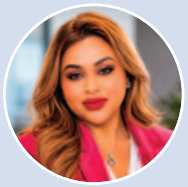


Chief Executive, King's College
Hospital NHS Foundation Trust

Mathew Trainer is Chief Executive of King's College Hospital NHS Foundation Trust. He has held senior executive roles across the NHS, including chief executive and operational leadership posts in large and complex provider organisations. His experience covers organisational recovery, quality improvement, workforce culture, performance and major service change. At King's, he leads one of the country's largest teaching hospital trusts, working with clinical, academic and system partners to improve care, research and education.

Mathew contributes to national and regional discussions about how hospitals work more effectively with community services and local partners. At the conference, he joins the workshop on fair pathway redesign from hospital to community.

Shubhra Kamat



Senior Clinical AI and Digital
Transformation Leader, Chelsea
and Westminster Hospital
NHS Foundation Trust

Shubhra Kamat is a senior NHS leader in clinical artificial intelligence, digital transformation and technology adoption. Her work focuses on turning digital opportunities into safe, useful changes in clinical services. This includes AI governance, clinical safety, strategy, adoption and the practical conditions needed for innovation to work across teams and sites.

She is particularly interested in responsible implementation, health inequalities and ensuring technology supports clinicians and patients rather than adding avoidable burden. Shubhra brings experience working across clinical, operational, and digital communities, and translating technical issues into decisions for leaders. At the APNA conference, she contributes to the workshop on fair pathway redesign from hospital to community. Her precise current job title should be confirmed, as public profiles use several related descriptions.

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Cheryl Samuels FCIPD



Director of People and Culture, Evelina London, Guy's and St Thomas' NHS Foundation Trust

Cheryl Samuels is Director of People and Culture at Evelina London, part of Guy's and St Thomas' NHS Foundation Trust. She is a Chartered Fellow of the CIPD and an award-winning NHS people leader. Her work spans workforce strategy, organisational culture, leadership, inclusion and staff experience. She has held senior workforce transformation roles in NHS organisations and has contributed to national and regional work on equality and the people profession. Cheryl has been recognised in influential leader lists for her contribution to health and human resources practice. She writes and speaks on inclusive leadership, values-led HR, and leaders' responsibility to address structural barriers. At the 2026 conference, she co-leads the workshop on inclusive leadership and psychological safety.

Professor Jim McManus



National Director of Health and Wellbeing, Public Health Wales

Professor Jim McManus is National Director of Health and Wellbeing at Public Health Wales and an Associate Fellow of Green Templeton College, University of Oxford. He previously served for more than 11 years as Director of Public Health for Hertfordshire and was President of the Association of Directors of Public Health.

A Chartered Psychologist and Fellow of the British Psychological Society, he has worked across local government, the NHS, the third sector and academia. His interests include prevention, public mental health, behavioural science, health inequalities and the influence of poverty and place on health. He has helped shape policy and practice in areas including mental health, alcohol, drugs and suicide prevention. At the conference, he speaks on prevention, community resilience and system leadership.

Professor Swaran Singh



Professor of Social and Community Psychiatry, University of Warwick; Member of the House of Lords

Professor Swaran Singh is Professor of Social and Community Psychiatry at Warwick Medical School and a Consultant Psychiatrist with Coventry and Warwickshire Partnership NHS Trust. He joined the University of Warwick in 2006. His research has made a substantial contribution to early intervention in psychosis, the mental health of ethnic minority communities and young people's transition between child and adult mental health services. His career combines clinical practice, research, teaching and public service, with a longstanding focus on equality and human rights. In August 2026 he joined the House of Lords as a life peer, following recognition of his contribution to mental health research, clinical psychiatry and public life. At the APNA conference, he speaks about faith, health, trust and reducing inequalities through community partnership.

Professor Victoria Tzortziou Brown OBE



President, Royal College of General Practitioners; Professor of Primary Healthcare and Health Policy, Queen Mary University of London

Professor Victoria Tzortziou Brown OBE is President of the Royal College of General Practitioners, a practising GP in East London and Professor of Primary Healthcare and Health Policy at Queen Mary University of London. She has worked in general practice for more than 20 years and has held senior elected roles within the RCGP, including Vice Chair for External Affairs. Her work connects frontline general practice, policy, research and medical leadership. She has a strong interest in health inequalities, community-based care, prevention, continuity and the role of general practice within integrated neighbourhood services. She was appointed OBE for services to general practice. At the conference, she speaks about equity, community and the future of general practice and contributes to the health inequalities panel.

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Meera Mistry



Chief Strategy Officer,
West London NHS Trust

Meera Mistry is Chief Strategy Officer at West London NHS Trust, a role she took up in January 2025. She leads strategy development, transformation, partnerships and digital across the Trust's community, mental health, forensic and high-security services. Before joining the Trust's executive team, she was Director of Strategy and Integration at Central and North West London NHS Foundation Trust and Programme Director for the North West London Mental Health Partnership. Her career includes leadership roles in integration, partnerships, business, transformation and major programmes. She holds an MSc in Computer Science, which informs her interest in digital change and the future workforce. At the conference, Meera speaks about strategy, digital, prevention and the NHS 10 Year Plan and joins the health inequalities panel.

Marimouttou Coumarassamy MBE



Deputy Chief Operating Officer,
Hampshire and Isle of Wight
Healthcare NHS Foundation Trust

Marimouttou Coumarassamy MBE is Deputy Chief Operating Officer at Hampshire and Isle of Wight Healthcare NHS Foundation Trust. A senior nurse and operational leader, he has extensive experience of mental health services, clinical operations, equality and workforce inclusion.

His work has included service leadership, patient safety, community involvement and support for internationally educated nurses.

He is a visible advocate for inclusive workplaces and for recognising the contribution that overseas-trained professionals make to the NHS. He was appointed MBE for services to nursing and equality. At the conference, he speaks on psychological safety and equity, linking staff experience with safe care for every patient.

Professor Durka Dougall



Population health leader and
health policy specialist

Professor Durka Dougall is a health and care leader with more than 25 years of experience in clinical practice, public health, policy and system improvement. She has worked in senior roles across the NHS and the wider health sector, helping organisations connect population health evidence with practical delivery. She founded the Centre for Population Health, an implementation-focused organisation supporting work on inequalities and improved outcomes.

Her career has also included programme leadership at The King's Fund and work with national partners, communities and leaders across health and care. Durka is known for bringing clinical, public health and organisational perspectives together, with a focus on prevention, partnership and community voice. At the conference, she contributes to the health inequalities panel.

Professor JS Bamrah CBE



Consultant Psychiatrist and
senior medical leader

Professor JS Bamrah CBE is a Consultant Psychiatrist and senior medical leader with a longstanding record of work on mental health, race equality and the experience of international medical graduates. He has held leadership roles in medical representative bodies and has contributed to national debate on fair regulation, workforce inclusion and access to culturally responsive care. His work spans clinical practice, education, policy and advocacy.

He is closely associated with BAPIO and has supported initiatives designed to improve professional development and representation for doctors from minority ethnic backgrounds. He was appointed CBE for services to mental health, diversity and the NHS. At the APNA conference, he serves as a judge for the oral abstract presentations.

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Danielle Oum



Chair of NHS Birmingham, Black Country and Solihull

Danielle Oum is an experienced NHS and public service chair whose work focuses on governance, partnership and reducing inequalities. She has held board leadership roles across health and community services and brings experience of working with diverse populations, voluntary organisations and system partners. As an Integrated Care Board chair, she supports collective decision-making across NHS organisations, local authorities and wider partners, with attention to population health, accountability and community voice. Danielle is also recognised for her contribution to inclusion and leadership across public services. At the APNA conference, she joins the health inequalities panel to bring a system governance and board perspective. The agenda does not name her Integrated Care Board, and current public information was insufficient to resolve this safely. The organisation and full title should therefore be confirmed directly before publication.

Dr Anshoo Dhelaria



Consultant Paediatrician, Lister Hospital

Dr Anshoo Dhelaria is a Paediatric consultant with expertise in Paediatric Cardiology (PEC), and has worked at Lister Hospital for 16 years. She has undertaken various leadership roles, including lead for the local cardiac service, EoE training program director, trust LED tutor, and RCPCH Area Officer for the East area. Amongst her accolades, her passion for providing exemplary training and education was marked by her work to move the unit from the worst to "The best training unit" in the region towards the end of her college tutor career.

She is dynamic, positive, and socially active, participating in various charity events and getting involved in cultural and sporting activities. She aims to strike a right work-life balance and emphasise on mental well-being. She has raised charity funds by undertaking bike (cycling) challenges like London to Brighton, London to Southend, and Buckingham Palace to Windsor Palace in the last couple of years. She is a proud mum of twin girls who are now in A level and they also play badminton at national level.

Robin Staveley MBE



Practice Lead, Board Practice Health, GatenbySanderson

Robin is one of the Partners at GatenbySanderson, and he leads the Health Practice. He has been with GS since 2010 and has been a recruiter for over 25 years, mostly in the public sector, and for the last 20 years supporting the NHS. He helped establish GS's Insight Programme in 2018 which now supports aspiring NEDs from under-represented communities to gain NED experience in the NHS, voluntary sector and housing sector. Working with Serena Dobson and other members of the GS Health team, he has led senior executive roles and non-executive appointments across the UK's four nations within NHS providers, ICBs, Health Boards, NHS England and DHSC.

Serena Dobson



Senior Consultant and Lead for Primary Care Health

Following an early career within the Not-for-Profit sector, Serena joined the executive search industry in 2007. Since then, she has worked across central and local government, not-for-profit and the NHS to recruit for a breadth of senior level roles. Before joining GatenbySanderson, she led the Healthcare Practice at another leading executive search firm.

Serena has extensive experience of working with both established and emerging organisations to appoint top teams and establish effective organisational culture and leadership at GatenbySanderson. She works with clients across a wide range of Health and Social Care settings to support the appointment of executive and non-executive Board Members. Additionally, Serena leads on the work within Primary Care,

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with a particular focus on GP Federations and has supported several key appointments in this area, working closely with Boards and wider stakeholders to ensure robust, inclusive processes which result in sustainable appointments which have a direct impact on population health and the reduction of health inequalities at a local level.

Andrew Rowland



Head of NHS Healthcare, Partner, Capsticks Solicitors

Andrew is Head of Capsticks' national NHS Healthcare practice and a Partner in the employment and pensions division. He joined the firm as a trainee and has been with Capsticks for over 22 years, working with NHS clients daily. As Head of Healthcare, Andrew leads the firm's 200-strong healthcare team in providing an excellent service to our NHS clients.

Andrew also deals with the full range of employment law queries. Still, he has a specific interest in doctor cases under the national framework, *Maintaining High Professional Standards in the Modern NHS*. He has led several leading cases arising under that framework (see below) and specialises in helping clients resolve doctor issues. Andrew also advises clients on their most sensitive senior executive terminations, whether by way of a settlement agreement or through formal processes.

Andrew's experience extends to advising clients on potential changes to national terms and conditions, the processes required to achieve this, and associated employee relations issues. His work in this area has led to groundbreaking instructions from new clients and STP groups keen to explore ways to achieve change. He also leads the firm's work with NHS Employers.

Nasrin Khan MRCPharm



Deputy Head of Medicines Optimisation, National Institute for Health and Care Excellence& Co-Chair, APNA NHS network Midlands Region

Nasrin Khan works with the National Institute for Health and Care Excellence and contributes to the APNA National Conference's research and innovation programme. At the conference, she co-chairs the Ashbrooke Suite poster presentations, supporting structured discussion of research, service improvement and innovation. Her involvement brings a perspective informed by evidence, standards and the translation of knowledge into health and care practice. Public information did not provide enough certainty to distinguish her full role and career history from other professionals with the same name.

Professor Stella Vig



Director for Workforce and Productivity, NHS England Medical Directorate

Professor Stella Vig is Director for Workforce and Productivity in the NHS England Medical Directorate, National Clinical Director for Elective Care, and a consultant vascular and general surgeon at Croydon University Hospital. She is also Honorary Professor of Clinical Practice at University College London. With more than 20 years' experience as a consultant surgeon, Stella works at the intersection of frontline care, national policy and system transformation.

Her portfolio spans elective reform, workforce, productivity, artificial intelligence and robotic-assisted surgery. A passionate advocate for patients, professional development and inclusive leadership, she is recognised for translating ambitious national strategy into practical change that improves care.

SPEAKER BIOGRAPHIES

Dr Mohinder Kapoor



Associate Medical Director for Research and Development, South West Yorkshire Partnership NHS Foundation Trust

Dr Mohinder Kapoor is a Consultant Psychiatrist specialising in old age psychiatry at South West Yorkshire Partnership NHS Foundation Trust. He is also a Trust Medical Investigator and Appraiser and has worked in the NHS for over 25 years.

Dr Kapoor joined the Trust's research team in January 2022 as Associate Medical Director for Research and Development. He plays a key role in advancing the Trust's research agenda, strengthening medical engagement and raising the national profile of its research capabilities through Clinical Research Networks. He aims to increase participation in research and development activities across the organisation.

Previously, Dr Kapoor served as Foundation Training Programme Director at Health Education England, Yorkshire and the Humber, and Clinical Lead for Older People's Services in Calderdale and Kirklees.

He is a Fellow of the Royal College of Psychiatrists. He holds a Master's degree in Public Health, a Diploma in Psychiatry and a Postgraduate Certificate in Health Research from the University of Leeds. His professional interests include public health, ethnic inequalities in mental healthcare, patient safety, research and medical engagement.

Dr Kapoor has played an active role in raising awareness of mental health stigma and suicide within South Asian communities across Kirklees, Leeds and Bradford. He promotes greater understanding of mental health through community engagement, public education, published articles and social media. In November 2024, he contributed to a panel discussion on addressing inequalities at the Psychiatry Annual Conference in Sheffield.

His achievements include a Clinical Excellence Award for developing and delivering high-quality patient care and supporting continuous improvement across the NHS. In 2025, he received the South West Yorkshire Partnership NHS Foundation Trust Outstanding Achievement Award. He was also nominated for the Leeds Compassionate City Unsung Hero of the Year Award in 2024. APNA NHS recognised him for his outstanding contribution to the voluntary and charitable sector.

Dr Kapoor has written numerous letters, blogs and articles published in professional journals and other media. He has also contributed to national television and radio interviews.

He is a trustee of Speak Their Name, an online shared space supporting people who have lost loved ones to suicide. He also serves as Co-Chair of APNA North, where he continues to address health inequalities affecting South Asian communities and support South Asian leadership across the health service.

Fiona Maher



Change Lead, Axiologik

Fiona Maher is an experienced NHS leader and change professional with more than 30 years' experience across health and care, including digital transformation, service improvement and organisational change.

Fiona currently works as a consultant supporting NHS transformation programmes, with a particular interest in the people side of digital change and how technology can be introduced in ways that are accessible, inclusive and practical for staff and the communities they serve.

She is passionate about digital inclusion and health equity. She is a Fellow and Leeds Hub Co-Lead with One Health Tech, where she works with communities, health technology organisations and partners to explore how technology can improve health and wellbeing without leaving people behind.

Fiona is also an Advisory Board member at the University of the West of Scotland, supporting the connection between education, technology and the realities of the health and care sector. She also runs Smarter-I Consulting, focused on business change, digital transformation and inclusive practice.

SPEAKER BIOGRAPHIES

Professor Francis Davis



Honorary Professor of Public Policy and Communities, University of Birmingham

Professor Francis Davis is Honorary Professor of Public Policy and Communities in the Department of Theology and Religion at the University of Birmingham.

His work examines the relationship between public policy, civil society, faith, communities and public services. He has held academic, advisory and public appointments and has worked with government, local authorities, the NHS and voluntary organisations.

His research and practice explore how institutions build social solidarity, respond to disadvantage and work with communities as partners. He has also held visiting academic roles at the University of Oxford and has contributed to work on social protection, ageing, disability and community leadership. At the conference, he speaks on community power, trust and hidden inequalities.

Dr Saleema Kauser



Associate Professor in Business Ethics and Organisational Strategy, Alliance Manchester Business School, University of Manchester.

Her work focuses on responsible leadership and fairness in organisations and how organisations can create fair and inclusive workplaces.

Saleema has also held external roles supporting women's leadership and wellbeing in Greater Manchester, including serving on the Steering Group for the Queen Bee Coaching programme and as a Board member for the Pankhurst Trust and Manchester

Women's Aid.

Alister D'Souza



APNA Co-General Secretary and Flexzo AI Senior Healthcare Executive

A multi-award-winning Senior NHS Leader, recognised locally, nationally, and globally, with a strong track record of turning innovation into real-world impact at scale. Currently operating across national and system leadership roles, I bring a blend of hands-on operational delivery and strategic governance, including experience as a National Executive Board Member and Parliamentary Health Committee contributor.

One of the youngest senior leaders, I offer a fresh, energetic perspective grounded in credibility, pace, and results. I demonstrate strong leadership across diverse NHS settings, prioritising collaboration, teamwork, and the building of trusted relationships to deliver outstanding results, including recognition through a parliamentary award nomination from my local MP. I specialise in translating ideas into action, leading workforce, digital and AI-enabled innovation, system transformation, and programmes that improve outcomes, reduce inefficiency, and tackle health inequalities. Known as a strong connector, I work effectively across the NHS, industry, academia, and policy to mobilise stakeholders, challenge constructively, and deliver measurable outcomes. I am driven by one principle: turning good ideas into outcomes that make a real difference.

Anusha Gajanan



Medical student at the University of Sheffield

Anusha Gajanan is a final-year medical student at the University of Sheffield, with her research journey growing from hands-on clinical work on developing an AI model to support detection of precapillary pulmonary hypertension using cardiac MRI measurements, alongside further research in cardiology and plastic surgery. She also organised a national conference on behalf of the Surgical Society (SurgSoc), later serving as its President.

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Involvement in medical trade unionism has followed a similar trajectory of growing responsibility. She served as Deputy Chair of Finance within the BMA Medical Students Committee before being elected to BMA Council, where she is now involved in decisions on the level of AI usage and integration within the NHS - including shaping BMA regulatory positions and prospective risk preparedness around AI in clinical practice.

She has previously chaired a BAPIO (British Association of Physicians of Indian Origin) session on AI, served as a BFIRST representative, and worked as an MMI course director and teaching organiser, supporting the next generation of medical applicants.

Anusha offers a combined perspective - as a student, researcher, and trade union decision-maker - on how AI is being developed, used, and governed in medicine today.

Dr Zeshan Qureshi

Clinician, author and educator,
University of Cambridge



Dr Zeshan Qureshi is a clinician, author and medical educator whose work focuses on education, child health, equality and anti-racism in medicine. He has written and edited learning resources for health professionals and contributes to teaching and research at the University of Cambridge.

His work examines how racism affects medical education, professional culture, clinical practice and patient outcomes. He advocates moving beyond statements of intent to measurable changes in curricula, policy, leadership, and everyday clinical environments. At the APNA conference, he co-presents 'Anti-Racist Medicine: From Evidence to Action in the NHS' with Dr Mehrunisha Suleman. Please confirm his current clinical appointment and full university affiliation before publication.

Dr Sarah Fox

Lecturer and researcher,
Manchester Metropolitan University



Dr Sarah Fox is a lecturer and researcher at Manchester Metropolitan University and a member of its Substance Use and Associated Behaviours research group. Her work explores alcohol and other substance use, gender, domestic abuse, identity and the barriers people face when seeking support. She has undertaken research with South Asian women and contributed to public engagement work examining the influence of izzat, stigma and cultural expectations on experiences of alcohol use and recovery.

Her work supports more culturally informed services and creates space for lived experience to shape research and practice. At the APNA conference, Sarah co-presents 'Alcohol, Izzat and Me: South Asian women in recovery' with Aunee Bhogaita.

Anjuna Kalsi

Chief Human Resources Officer,
Theramex



Anjuna Kalsi is Chief Human Resources Officer at Theramex, a global pharmaceutical company focused on women's health. She has more than 20 years of experience across the pharmaceutical and biotechnology sectors. Her career includes senior roles with Ranbaxy, Chiron/Novartis, Watson/Actavis, Forest Laboratories and Allergan.She has led major organisational integration and change programmes and previously served as Executive Director for Allergan's international multifunctional site in Marlow. She also supported the company's Southern and Western European business.

Anjuna holds a degree in European Studies and an MBA. She also trained as a management accountant before moving into human resources.

At Theramex, she focuses on organisational culture, leadership and building a global workforce committed to improving women's health.

SPEAKER BIOGRAPHIES

Manjit K. Gill MBE



Founder and Chief Executive Officer, Binti International

Manjit K. Gill MBE is the Founder and Chief Executive Officer of Binti International, the first registered period charity in the UK and India. Binti works to ensure menstrual dignity through access to period products, education and action to address stigma and cultural taboos. Before establishing Binti, Manjit gained more than 20 years of international business experience and worked with seven start-up organisations. Her experience mentoring a businesswoman in Kenya through the Cherie Blair Foundation helped inspire Binti.

Manjit received an MBE in the 2020 Queen's Birthday Honours for her work providing period products and advancing menstrual dignity. She is an Ambassador for the Cherie Blair Foundation and Women of the Future. She also serves as a trustee of the Leus Family Foundation and the Global Sikh Economic Forum.

Dr Mehrunisha Suleman



Medical doctor and researcher, University of Oxford

Dr Mehrunisha Suleman is a medical doctor, researcher and ethicist whose work explores health inequalities, public policy, faith and the social determinants of health. She has contributed to academic and policy work on unequal health outcomes, community engagement, racism and the ethical questions raised by health systems and public health decisions. Her approach brings together medicine, social science, ethics and the experiences of communities whose voices are often underrepresented in policy.

She has worked with universities, public bodies, and civil society organisations and regularly contributes to discussions about fairer healthcare. At the APNA conference, she co-presents 'Anti-Racist Medicine: From Evidence to Action in the NHS' with Dr Zeshan Qureshi. Confirm her current Oxford role before publication.

Enoch Kanagaraj BEM DL



Founder and Chief Executive, One Vision

Enoch Kanagaraj BEM DL is Founder and Chief Executive of One Vision, a community organisation based in Hertfordshire. He works across faiths, cultures and sectors to strengthen community relationships, reduce isolation and connect residents with practical support.

One Vision's work has included food support, health outreach, community events and partnership activity with councils, the NHS, police and voluntary organisations. Enoch is a Deputy Lieutenant of Hertfordshire and was awarded the British Empire Medal for services to the community.

He strongly advocates for faith and community organisations as trusted partners in public services, especially when institutions need to reach people facing barriers to access. At the conference, he will speak on faith, health, and community trust.



Ideas and perspectives from the APNA community

Standing Firm in NHS Leadership



Professor Jagtar Singh CBE
APNA NHS
National Advisor and
Former Co-Chair,

Public debate about equality diversity and inclusion is changing. Some public bodies are reviewing how far their policies should go beyond minimum legal requirements, and NHS leaders will increasingly encounter different positions across local partnerships. The appropriate response is neither alarm nor retreat. Boards should return to first principles: the law, the evidence and the effect of decisions on patients and staff.

For the NHS, equality is part of sound governance. Decisions about service redesign, workforce planning and cost improvement can affect access, safety and experience in different ways. A board that cannot show how it considered those effects exposes the organisation to legal, clinical and reputational risk.

The legal duty has not changed

Section 149 of the Equality Act 2010 establishes the Public Sector Equality Duty. When exercising their functions, public authorities must have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

Due regard is more than a statement of intent added after a decision. The relevant equality implications must be considered with sufficient information, at the point when a proposal can still be influenced. The evidence required will vary with the decision, but the discipline is consistent: identify foreseeable effects, test assumptions, consider proportionate mitigations and keep a clear record of the judgement reached.

A change in a council strategy does not remove the duties held by an NHS trust or integrated care board. Nor does partnership working dilute each organisation's accountability. Where partners adopt different priorities, NHS boards should make their own legal and clinical responsibilities explicit and ensure that joint decisions preserve them.

The NHS already has practical evidence tools

NHS organisations do not need to rely on broad declarations. National frameworks provide data that can reveal unequal experience and outcomes and guide targeted action.

Framework	How boards should use it
WRES and WDES	Use workforce race and disability indicators to identify disparities in recruitment, progression, disciplinary processes, bullying and senior representation. Require action against persistent gaps, not reporting alone.
Core20PLUS5	Use the national approach to focus improvement on people in the most deprived communities, locally identified inclusion groups and five priority clinical areas.
Local equality evidence	Combine national metrics with patient access, experience, outcomes, complaints and workforce data. Examine variation by service and population rather than relying only on organisation-wide averages.

These tools matter only when they shape choices. A dashboard that reaches the board after a decision cannot substitute for analysis during its development. The board should be able to trace how evidence changed the option selected, the safeguards applied or the outcomes being monitored.

Ideas and perspectives from the APNA community



Accountability must be visible

Legal duties and national standards do not enforce themselves. They depend on challenge inside the organisation, candour across the system and external assessment that follows evidence into operational practice.

Leadership lever	Evidence of effective practice
Board scrutiny	Chairs and Non Executive Directors test equality analysis before approving service redesign, workforce change or cost improvement. They ask what the data shows, who may be affected and how the board will know whether mitigations worked.
System partnership	Integrated care leaders state clearly which duties and standards must be preserved in joint work. Differences between partner policies are recorded and resolved rather than allowed to create ambiguity for staff or patients.
Regulatory assurance	The Care Quality Commission's well led assessment includes workforce equality diversity and inclusion. Providers should be ready to show how leaders identify inequality, act on evidence and assess whether practice improves.

Ideas and perspectives from the APNA community

Questions for every board

- **Was equality evidence considered early enough to influence this decision?**
- **Which groups may experience a different effect and what data supports that assessment?**
- **What reasonable alternatives or mitigations were considered and why was this option selected?**
- **How will we measure the effect on access experience outcomes and workforce safety?**
- **Does the board receive evidence that action is reducing identified inequalities in practice?**

Leadership beyond compliance

The minimum legal standard is a floor. NHS boards still have to decide what good leadership requires in the circumstances before them. That judgement should be grounded in the organisation's statutory functions, quality responsibilities and evidence about the communities and workforce it serves.

This avoids an unproductive contest over labels. The practical question is whether a decision is lawful, informed and safe, and whether it improves or worsens an inequality the organisation can reasonably address. Leaders should be able to answer that question in public, using evidence rather than assertion.

Standing firm therefore means maintaining disciplined governance when the surrounding rhetoric changes. Boards should protect the time and authority needed for proper analysis, expect executives to show the evidence trail and intervene when partnership pressures weaken accountability. The aim is not to preserve every existing initiative. It is to preserve the standard: fair decisions, safe care and measurable improvement for the people the NHS serves.

**Rhetoric changes.
The board's duty is to keep decisions lawful evidence based and accountable.**



Source note
Key sources: Equality Act 2010 section 149; NHS England Workforce Equality Data Standards and Core20PLUS5; Care Quality Commission well led guidance on workforce equality diversity and inclusion. Sources accessed September 2026.

Bringing Dialysis Care Closer in Jharkhand

Kidney health poverty and the case for safe local treatment

Dennis Moss MBE



Team India with nurses, doctors, and colleagues at St Joseph's Hospital

For families in rural Jharkhand, kidney failure can become a crisis of distance as well as disease. Dialysis may be available only after a long and costly journey. When treatment is delayed or missed, a serious clinical condition becomes even more dangerous. The practical case for local care is therefore simple: bring safe treatment closer to the communities that need it and build the clinical systems required to sustain it.

Poverty intensifies the problem. NITI Aayog's 2023 national index estimated that 28.81 per cent of Jharkhand's population experienced multidimensional poverty in 2019 to 2021. For households already managing insecure incomes, poor transport, and limited access to clean water, repeated dialysis journeys can be difficult to maintain.



Illustrative renal replacement therapy equipment

Ideas and perspectives from the APNA community

Why kidney health is vulnerable

Kidney damage has many causes, and no single environmental exposure explains the burden.

In low-resource settings, risk can accumulate through dehydration, severe infection, delayed treatment and exposure to medicines that can harm the kidneys when used without clinical supervision. Children can deteriorate quickly when diarrhoea, vomiting, fever or sepsis reduces blood flow to the kidneys.

Risk	Why it matters
Heat and dehydration	Extreme heat, strenuous work and too little safe drinking water can reduce blood flow to the kidneys and contribute to acute kidney injury.
Infection and severe illness	Malaria, diarrhoeal illness, fever, jaundice, vomiting and sepsis can lead to dehydration, shock and organ injury. Children are especially vulnerable when treatment is delayed.
Medicines and toxic exposure	Painkillers such as ibuprofen and diclofenac can increase kidney risk in some circumstances, particularly during dehydration or existing illness. Reduce pesticide and insecticide exposure, and investigate through local environmental evidence.
Distance from care	Poor roads, travel costs and time away from work or family can delay assessment and make a repeated dialysis schedule difficult to complete.

Prevention and early treatment remain essential. Clean water, sanitation, heat protection, prompt care for serious illness and safer use of medicines can prevent some acute injuries and reduce avoidable harm. People with suspected kidney disease also need reliable testing, referral and specialist review before dialysis is considered.

A local plan for dialysis care

The proposed first step is to establish a haemodialysis service at St Joseph's Hospital, in the heart of the community, with an initial target of January 2027 and a second machine planned for 2028. Team India has already worked with the hospital, delivering basic and advanced life support training to nurses and doctors and seeing firsthand the care they provide to people living in poverty.

One machine could potentially support up to 30 treatment sessions each week, depending on the treatment schedule, staffing and operating hours. This could reduce repeated long journeys for adults and, where clinically appropriate and supported by paediatric renal expertise, for younger patients. It could also make it easier for families to complete prescribed treatment rather than postponing care because of travel or cost.

Ideas and perspectives from the APNA community

A machine is only one part of the service

Haemodialysis must be introduced as a complete clinical service. India's Pradhan Mantri National Dialysis Programme provides a useful framework for accessible renal care and emphasises the infrastructure and governance needed to operate safely.

- A renal physician or defined specialist referral pathway for patient assessment and prescriptions
- Nurses and technicians trained in dialysis monitoring, vascular access, and emergency response
- A reliable reverse osmosis water treatment system with routine water quality testing
- Stable electricity, infection prevention, safe waste disposal, and an equipment maintenance contract
- Patient records, medication review, laboratory monitoring, and clear escalation arrangements

These safeguards should be confirmed through a formal feasibility assessment with the hospital and relevant Indian health authorities before purchasing equipment. The assessment should also establish how the service will connect with existing public dialysis provision, emergency transfer and specialist nephrology care.

Funding treatment as well as equipment

The campaign's current planning estimate is approximately £15 per dialysis session. It also proposes support of up to £5,000 per patient each year, for no more than two years, where financial need would otherwise prevent treatment. These figures should be confirmed against local clinical pathways, public entitlements and operating costs so that every donation is tied to a transparent treatment plan.

A sustainable funding model should cover consumables, staffing, laboratory tests, water treatment, maintenance and emergency contingencies. It should publish the number of sessions delivered, the number of patients supported, missed treatment rates and any safety incidents. This is how community generosity becomes accountable healthcare.

The next step

The immediate task is to bring the hospital, local clinicians, public health authorities and funding partners together around a costed implementation plan. Community fundraising and sponsorship can then support a service that is clinically governed, properly maintained and accessible to families with the least ability to pay.

The purpose is practical: fewer dangerous delays, less travel and a dependable route to treatment close to home. With careful planning, local partnership, and transparent oversight, St Joseph's Hospital can help extend life-sustaining renal care to people who might otherwise struggle to reach it.

Support Dennis at the conference

Dennis will fundraise throughout the APNA Conference to help move this plan toward safe local dialysis care. Every contribution will help build support for the equipment, clinical infrastructure, and treatment costs needed to reach the goal.

- Visit Dennis at his exhibition stand to learn more about the project and the communities it aims to support
- Make a donation during the conference
- Support the fundraising raffle on Awards Night
- Speak with Dennis about individual organisational or corporate sponsorship

Please visit the stand, ask questions, and help Dennis bring this goal closer to reality.

Source note
Key sources: NITI Aayog National Multidimensional Poverty Index 2023; Government of India Pradhan Mantri National Dialysis Programme; Chisavu and colleagues 2025 review of acute kidney injury in dehydrated children. The author supplies campaign dates, capacity, and cost estimates and requires local confirmation during implementation.

Ideas and perspectives from the APNA community

What Courage Looks Like in Daily Leadership



Hardeep Dale
Station Commander,
London Fire Brigade

In the fire service, courage is often seen through the operational lens.

We think about firefighters entering danger, crews making decisions under pressure, control staff staying calm, and incident commanders carrying responsibility when situations change quickly.

That courage matters. It always will.

But daily leadership asks for another kind of courage.

The courage to speak up.

The courage to make fair decisions.

The courage to challenge poor behaviour.

The courage to support someone who feels isolated.

The courage to lead through scrutiny without becoming defensive.

As a Station Commander and AFSA London Chair, I have seen how much leadership depends on ordinary moments.
Not speeches. Not slogans.
What people see you do.

Who gets listened to?

Who gets developed?

Who gets challenged?

Who feels safe enough to say, "This is not right"?

The London Fire Brigade has had to face difficult truths about workplace culture.
The Independent Culture Review challenged the Brigade to look hard at behaviour, trust, inclusion and leadership.
[London Fire Brigade Independent Culture Review]



That scrutiny was not easy. But public services do not improve by avoiding difficult feedback. They improve when leaders listen, act and keep going.

Across the sector, HMICFRS has also challenged fire and rescue services to improve standards of behaviour, misconduct handling, values and culture. [HMICFRS Standards of Behaviour]
The Core Code of Ethics is clear. Services must promote good behaviour and challenge inappropriate behaviour. [Core Code of Ethics]

So what does courage look like in daily leadership?

It looks like a watch manager stopping "banter" when it crosses the line.

It looks like a station commander asking whose voice is missing from a decision.

It looks like a leader clearly explaining a difficult decision.

It looks like a colleague is using their influence to support someone with less power in the room. That is allyship in plain language.

It looks like taking staff networks seriously. Not as side groups, but as sources of insight, challenge and learning.

It looks like supporting suicide prevention work, because leadership also means noticing distress, asking direct questions and helping people reach support before the crisis point.

Ideas and perspectives from the APNA community

It looks like accountability. When something goes wrong, leaders should not hide behind process. They should ask what happened, what harm was caused, what needs to change and how trust can be rebuilt.

Courage also matters in fair decision-making.

People notice when decisions feel inconsistent. They notice who gets opportunities. They notice who is believed. They notice whether poor behaviour is challenged or quietly managed away.

Fairness is built in those moments.

The fire service is under scrutiny because it matters. Communities need to trust us. Staff need to feel safe, respected and heard. Leaders need to be honest about the gap between what we say and what people experience.

My message to delegates is simple.

Courage in leadership is not a speech.

- ***It is what people see you do when something is difficult.***
- ***It is how you respond when someone speaks up.***
- ***It is how you treat people under pressure.***
- ***It is how you use your role to make the service fairer, safer and stronger.***

If we want a fire service trusted by communities and safe for staff, courage has to show up every day.

- ***In stations.***
- ***In control rooms.***
- ***In meetings.***
- ***In decisions.***
- ***In how we challenge.***
- ***In how we care.***

That is the leadership the future fire service needs.



Ideas and perspectives from the APNA community

From Conflict to Trust: Why Mediation Belongs in Culture Change



Mo Jogi MSc FCIPD
APNA Member

Conflict is part of working life. In fire and rescue services, it happens on watches, between teams, between managers and staff, in control rooms, in training settings and across professional services.

The issue is not whether conflict exists. It always will.

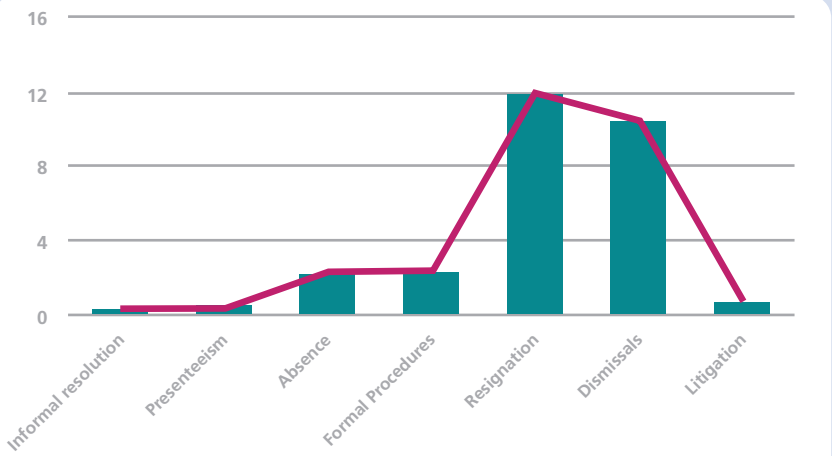
The real issue is how early we deal with it, how fairly we respond, and whether people trust the process.

As a qualified ACAS mediator and coach, I have seen how powerful structured conversation can be. When people feel heard, when the process is fair, and when leaders create space for honest dialogue, conflict can become a route back to trust.

The causes are often familiar. The CPP Global Human Capital Report, published in 2008, found that workplace conflict is often driven by personality clashes, warring egos, stress, and heavy workloads. These pressures are common in busy public services. Left unchecked, they damage relationships, weaken teams and affect service delivery. [CPP Global Human Capital Report, 2008]

The cost is also clear. Workplace conflict costs UK organisations £28.5bn each year. Around 9.7 million employees experience conflict annually. Managers spend between one and five hours a week managing conflict. Formal grievances and disciplinary cases carry a high cost in time, money and morale. [ACAS, 2021] [CIPD, 2023]

But the cost is not only financial.



[Conflict escalation and early intervention. Source: Saundry and Urwin, 2021.]

Conflict affects well-being. It damages morale. It weakens communication. It breaks trust. It makes people dread coming to work. In a fire service setting, that matters. Crews need trust. Control rooms need calm communication. Leaders need people to speak up early, before harm grows.

Too often, conflict is left too long. A small concern becomes a grievance. A difficult conversation becomes a formal complaint. A strained relationship becomes sickness, disengagement or someone leaving.

The above graph makes the point clearly. The earlier we intervene, the lower the cost. Once conflict moves into absence, formal procedures, resignation, dismissal, or litigation, the financial and human costs rise sharply.

This is why mediation belongs in culture change.

Mediation is not a soft option. It is a disciplined early intervention. It gives people a structured space to speak, listen and understand impact. It does not remove accountability. It helps accountability happen more fairly and humanely.

A just culture does not mean anything goes.

It means we look at context, intent, behaviour, impact and learning before deciding the right response. Genuine mistakes should

Ideas and perspectives from the APNA community

not be treated the same as reckless behaviour or deliberate misconduct. Serious misconduct still needs formal action. But not every disagreement needs a formal process.

Traditional approaches are often blamed at the centre. People take positions. Evidence is gathered. Relationships harden. The question becomes, "Who is right?" or "Who is at fault?"

A just culture asks better questions.

- ***What happened?***
- ***What was the context?***
- ***What was the impact?***
- ***Was this a mistake, poor judgment, reckless behaviour or deliberate harm?***
- ***What needs to happen now?***
- ***How do we repair trust where repair is possible?***

Restorative practice supports this. It focuses on harm, responsibility and repair. It does not excuse poor behaviour. It asks people to understand the impact of their actions and take responsibility where needed.

Psychological safety sits closely alongside this. People speak up earlier when they believe they will be treated fairly. They raise concerns sooner when leaders listen without punishing honesty. They make mistakes when the organisation wants learning, not humiliation.

Formal routes still matter. Serious misconduct, discrimination,



bullying, harassment or safety breaches must be dealt with properly. But formal procedures should not become the default response to every relationship breakdown.

There are three practical routes.

- ***Informal resolution meetings give people space to talk early, often with support from a manager or HR.***
- ***Informal mediation allows a manager, HR adviser or trained colleague to help people talk through the issue before positions harden.***
- ***Formal mediation brings in a neutral third party to help people reach a workable agreement.***

Mediation remains underused. Only 5% of employees use it, yet ACAS reports that 74% of mediated conflicts are fully or largely resolved. [ACAS, 2021] For fire and rescue leaders, the message is simple.

Do not wait until conflict becomes formal.

- ***Notice the early signs.***
- ***Step in sooner.***
- ***Ask better questions.***
- ***Use HR when needed.***
- ***Use mediation when relationships need repair.***
- ***Use formal routes when behaviour demands it.***

Culture change is not only about paper values. It is about how we handle moments when relationships come under strain.

If we want more trust, we need better ways to deal with conflict.

Mediation gives us one of those ways.

Ideas and perspectives from the APNA community

Why Motivation Alone Is Not Enough



Professor Jagtar Singh CBE
APNA NHS
National Advisor and
Former Co-Chair,

Governance, systems and board-level accountability in the NHS.

Across more than 40 years in leadership, first in the fire service and later as an NHS Chair and Non-Executive Director, I have heard the same proposition repeated in boardrooms: if we motivate people, performance will improve. The intention is understandable. The diagnosis is often incomplete.

Motivation helps people respond to challenge. It does not keep quality and safety intact when demand rises, staffing is thin, systems fail and resources do not match expectations. When committed professionals stall, disengage or burn out, the board must look beyond morale and ask a harder question: what in the system is preventing good people from doing good work?

The Motivation, Opportunity and Ability model offers a practical way to answer that question. It treats performance as the product of three connected conditions, rather than as a test of individual commitment.

MOA as a board diagnostic

MOTIVATION	OPPORTUNITY	ABILITY
Why people act	**Where action becomes possible**	**How work is delivered**
Purpose, values and commitment	**Systems, resources and authority**	**Skills, capacity and leadership**

All three conditions matter. Strengthen one while neglecting another and performance becomes fragile. he practical value of MOA is that it moves board scrutiny away from "Why are staff not trying harder?" and towards "Which condition is missing, and what is the board doing about it?"

When motivation is mistaken for governance

Under pressure, leaders reach for motivation because it feels immediate. Asking staff to go the extra mile is quicker than redesigning a flawed discharge pathway, resolving unsafe workloads or removing a layer of approval. Pressure, dressed as inspiration, can look like action. It is not governance.

The NHS often relies on workforce goodwill to absorb structural defects. People stay late, skip breaks and compensate for weak pathways. This can sustain a short-term response, but it cannot substitute for reliable technology, adequate staffing, workable interfaces with social care or clear decision rights. Praising dedication while leaving the defect untouched transfers organisational risk to individuals.

Ideas and perspectives from the APNA community

Three warning patterns for boards

MOA pattern	What the board should see
High motivation and ability but low opportunity Frustration and attrition	Experienced staff want to improve care but face red tape, poor equipment, weak pathways or limited authority. Responsibility remains with them, while control sits elsewhere. Moral injury and exit become foreseeable outcomes.
High motivation and opportunity but low ability Misguided risk	Teams receive permission to lead transformation without enough development, capacity or governance literacy. Good intent then creates avoidable risks to quality, safety and financial control.
High ability and opportunity but low motivation Passive capability	Capable teams stop investing discretionary effort because repeated restructuring, ignored feedback or weak protection after speaking up has damaged trust. This is a system signal, not a character flaw.

The board's work is to design opportunity

For Chairs and Non-Executive Directors, opportunity is where governance becomes visible. It is more than money or bed capacity. It includes the conditions that permit sound judgement and timely action: clear authority, workable pathways, psychological safety, access to information and credible support when staff raise risk.

Boards should test whether clinicians and frontline leaders have genuine scope to act at the point of care. They should ask whether reasonable decisions made under pressure receive organisational backing, and whether incidents trigger learning or defensiveness. If the answer is unclear, opportunity exists in the strategy but not in practice.

Questions every board should ask

- ***Where are we relying on workforce goodwill to compensate for weak systems?***
- ***Which capable and committed teams are constrained by processes, resources or unclear authority?***
- ***What unsafe workloads or cultural barriers have we normalised while praising staff dedication?***
- ***What evidence shows that frontline feedback changes board decisions and improves the system?***

A different standard of leadership

My experience across emergency services and the NHS has reinforced one principle: leadership is not about helping people endure dysfunction. It is about fixing the conditions that make good performance unnecessarily difficult.

People rarely fail in isolation. They work inside systems that either support or obstruct them. Strong boards assure those systems before blaming the workforce. When motivation, opportunity and ability are aligned, high-quality care depends less on heroic effort and more on a safe, well-led organisation designed to succeed.

Motivation may start the work. Robust governance and well-designed systems make it sustainable.

Source note
The MOA framing draws on Blumberg, M. and Pringle, C. D. (1982), "The Missing Opportunity in Organizational Research," Academy of Management Review, 7(4), 560–569. The discussion of psychological safety draws on Edmondson, A. C. (1999), "Psychological Safety and Learning Behavior in Work Teams," Administrative Science Quarterly, 44(2), 350–383.

Ideas and perspectives from the APNA community

Suicide Prevention: A Leadership Responsibility for Fire and Rescue Services

Dr Mohinder Kapoor, Consultant Psychiatrist and Associate Medical Director (R&D), South West Yorkshire Teaching NHS Trust

This article follows my presentation at the AFSA Suicide Prevention Conference on the 9th June 2026.

Suicide prevention is not only a health issue. It is a leadership issue, a culture issue and a workforce safety issue.

For fire and rescue services, the closest emergency service evidence is hard to ignore. Research published in the Emergency Medicine Journal found that **male paramedics had a suicide risk 75% higher than the national average**. (Hird et al., 2019)

That figure deserves real attention.

Paramedics, firefighters, control staff and other emergency responders often work side by side. They attend trauma. They make decisions under pressure. They see distress, death and grief. They support the public in crisis, then return to work and carry on.

We should not assume people are fine because they are trained, experienced or outwardly coping.

In England and Wales, 6,069 suicides were registered in 2023. This was the highest rate since 1999. (ONS, 2024)

Mind's Blue Light research, cited in the Association of Ambulance Chief Executives' report, found that 27% of emergency responders had contemplated



taking their own lives because of work-related stress and poor mental health. (Mind, 2015, cited in AACE, 2020)

These are not distant statistics. They reflect the pressure carried by people who respond when others are in crisis. The fire and rescue service has a proud culture of courage. But courage should not mean silence. It should not mean hiding distress. It should not mean absorbing trauma without support.

The risk factors are clear. Work-related stress can damage mental health and may contribute to suicidal thoughts and behaviour. (HSE, 2024) **Emergency responders also face risks linked to trauma exposure, alcohol misuse, shift work, sleep disruption, bullying, discrimination, financial pressure and debt.** (AACE, 2020)

Formal complaints and investigations can increase distress. Research published in BMJ Open found that doctors with current or recent complaints had higher levels of depression, anxiety and suicidal ideation. (Bourne et al., 2015)

Ideas and perspectives from the APNA community

These risks rarely sit alone. They build up, overlap, and become heavier when people feel isolated, ashamed, or unable to speak.

Culture can protect people, or it can silence them.

A psychologically safe workplace makes it easier for someone to say, **"I am not okay."** A poor culture teaches people to hide distress, fear judgment, and keep going until they break.

That is why suicide prevention belongs in leadership, wellbeing, just culture and inclusion work. Staff need to know that asking for help will not damage their career. Managers need confidence to notice distress and act early. Senior leaders need to make support visible, trusted and easy to reach.

There are warning signs we should never ignore.

Someone may talk about wanting to die, feeling hopeless, trapped, ashamed or a burden. They may withdraw, take more risks, increase alcohol or drug use, give away possessions, or show sudden mood changes. (NIMH)

The response does not need to be perfect. It needs to be human.

- **See the problem.**
- **Say the words.**
- **Signpost to support.**

If you are worried someone may be thinking about suicide, ask directly:

"Are you thinking about suicide?"

Asking directly does not put the idea into someone's head.

Samaritans say asking someone if they are suicidal can protect them and permit them to talk. (Samaritans)

Stay calm. Listen. Do not judge. Take what they say seriously. Help them connect with support. If there is an immediate risk, do not leave them alone.



For fire and rescue leaders, the action is clear.

- **Train managers and staff in suicide awareness.**
- **Support staff after traumatic incidents.**
- **Watch carefully for people under formal investigation.**
- **Tackle bullying, discrimination and harassment.**
- **Review workload and burnout risks.**
- **Build trusted peer support.**
- **Make confidential help easy to access.**
- **Create cultures where people belong.**
- **Belonging protects. Isolation increases risk.**
- **Suicide prevention is everyone's business, but leaders set the tone.**
- **The question is simple.**
- **Would we know what to do?**
- **And if not, what are we doing now to change that?**

Ideas and perspectives from the APNA community

Removing Bias from Executive Recruitment: Moving from Good Intentions to Positive Action

By Serena Dobson and Robin Staveley of GatenbySanderson

Gatenby Sanderson

Why this is important

The NHS serves one of the most diverse populations in the world, and its leadership should reflect the communities, patients and staff it serves. While health and social care organisations are committed to equality, diversity and inclusion, good intentions alone do not create equitable outcomes. Recruitment processes must be intentionally designed to identify and remove barriers, challenge assumptions and create opportunities for talented individuals from all backgrounds to succeed. Ultimately, it is positive actions, not simply positive intentions, that drive better outcomes.

We have probably all seen how the quality and inclusivity of a recruitment process can directly influence the breadth and diversity of a candidate field. Fair and accessible recruitment not only attracts a wider range of applicants, it also improves the likelihood of appointing leaders with the skills and experiences needed to navigate increasingly complex environments.

Challenge

As recruiters one of our roles is to challenge assumptions about what a successful candidate should look like; when an external firm like us is not involved, that's a role someone internally has to fill. Recruitment 'briefs' often contain requirements that may not be essential to success, but which have become accepted over time as standard practice. An emphasis on particular qualifications, career pathways or sector experience can unintentionally narrow the field and exclude capable individuals whose leadership capability, communication skills, judgement and values may be stronger indicators of future success. By focusing on what truly matters, organisations can access a broader and more diverse talent pool.
As recruiters we often need to risk being a bit of an irritant by asking 'but why?' so much.
If no one does that, inadvertently we are allowing bias to become embedded.

Watch Your Language

The way a role is described can have a significant impact on who chooses to engage with an opportunity. The language used, the requirements emphasised, and the way an organisation presents its culture all influence whether potential candidates can see themselves reflected in the role. Candidate-facing materials should be reviewed to ensure they are accessible, inclusive and free from biased language. Technology can support this by identifying wording that may discourage particular groups, but inclusive recruitment also requires organisations to ask whether candidates genuinely feel welcomed, represented and able to succeed.



Ideas and perspectives from the APNA community



Use Data

Even the most inclusive role design will have limited impact if opportunities fail to reach diverse audiences. Our research data indicates that applicants from ethnic minorities are more likely to discover opportunities through broader online searches and are often less reliant on established professional networks. This means organisations must think beyond traditional advertising routes to develop multi-channel campaigns that reach and engage different communities, who might otherwise remain outside established networks.

By analysing application and progression rates throughout a recruitment process, organisations can identify where barriers may exist and take targeted action to address them. This creates a continuous cycle of learning and improvement, enabling recruitment teams to refine approaches and improve outcomes over time.

Traditional selection methods can also unintentionally favour individuals who are already familiar with established recruitment conventions. Approaches such as structured application questions linked to organisational values, competency-based assessments and video submissions can provide richer insight into how candidates think, communicate and lead. This shifts the focus away from career history alone and towards behaviours, values and leadership potential.

Supportive not restrictive

Creating a level playing field must extend beyond 'process'. We know that lack of confidence can present as a significant barrier, particularly for individuals from underrepresented groups who may have had fewer opportunities to access senior leadership roles or formal interview environments. Feedback we receive from candidates regularly highlights that understanding the process, knowing what to expect and feeling confident presenting their experience can be as challenging as demonstrating technical capability. Our own research identifies confidence as a key factor holding back diverse applications. Clear communication, interview preparation and constructive guidance can therefore make a meaningful difference. The objective is not to provide an unfair advantage, but to ensure every candidate has an equal opportunity to demonstrate their capabilities and potential.

Ideas and perspectives from the APNA community

Perhaps most importantly, diverse appointments begin long before a vacancy arises. Recruitment processes matter, but organisations must also invest in developing future leaders from underrepresented backgrounds. Leadership pipelines across many sectors remain less diverse than the communities they serve. Programmes such as the Insight Programme (which supports aspiring non-executive directors from Black, Asian, Minority Ethnic and disabled communities through coaching, mentoring and board-level experience) and Leadership NOW (developed by GatenbySanderson in partnership with UNIFY) support current and aspiring ethnically diverse leaders through development opportunities, peer networks and confidence-building. These initiatives reinforce an important principle: improving representation requires both inclusive recruitment practices and sustained investment in diverse talent pipelines.

A truly inclusive recruitment process must also recognise that candidates will have different needs and circumstances. This may involve using straighforward language to support neurodiversity, sharing interview questions in advance, or taking account of factors such as Ramadan fasting, religious observance and caring responsibilities when scheduling recruitment activities. These practical considerations help create an environment in which individuals can perform at their best without unnecessary barriers. Equally important is ensuring that decision-makers are equipped to make fair and informed assessments. Structured evaluation frameworks, diverse perspectives and training that helps panel members recognise and mitigate unconscious bias can contribute to more objective and balanced decision-making.

Creating truly inclusive recruitment processes requires commitment, reflection and action at every stage. There is no single intervention that removes bias. However, by challenging traditional assumptions, broadening attraction strategies, designing accessible assessments, supporting candidates effectively and continually learning from data and feedback, organisations can create recruitment processes that are fairer for candidates and lead to stronger, more representative leadership. For the NHS and wider public sector, this is not simply an equality issue. It is a leadership issue.

We look forward to hearing your views at the APNA conference.



Digital Transformation, Health Equity and the Future of NHS Care

NIHR | National Institute for Health and Care Research

Reflections from the APNA NHS North Region Social Evening - Leeds | 18 September 2026
Article contribution: Roxana Dumitrache, HRC Programme Manager - Strategic, NIHR HealthTech Research Centre in Accelerated Surgical Care.

How do we use digital transformation to improve care, support NHS staff and reduce health inequalities, rather than introduce more technology?

This question shaped an open, practical discussion at the APNA NHS North Region Social Evening in Leeds, emphasising that technology must serve staff and patient needs. Colleagues from the NHS, HealthTech, academia, digital transformation and community organisations examined what good implementation looks like in practice and where systems still get in the way.

APNA North Chairs Panita Chouhan and Dr Mohinder Kapoor welcomed guests and facilitated the evening. Mahmud Nawaz chaired the panel, with contributions from Altaf Siddique, Nazreen Iqbal, Noshina Kiani and Fiona Maher. Together, they brought perspectives from digital leadership, health inequalities, wellbeing, HealthTech and organisational change.

Start with the problem

The evening's strongest message was simple. Define the clinical, operational or patient problem



before selecting a technological solution to inspire trust that digital transformation addresses real needs. Digital transformation should improve care and working lives. A new platform, application or system is only useful when it solves a clear problem and produces a measurable benefit.

- **Improve patient experience, clinical effectiveness and safety**
- **Make better use of workforce capacity and reduce avoidable administration**
- **Support patient flow, productivity and outcomes**

Technology should enable service transformation. It should not become the objective in its own right.

People determine whether change lasts

Successful transformation depends on staff having the time, confidence and support to adopt new ways of working. Leadership, culture, workload, trust and local skills all influence whether a digital initiative becomes part of everyday practice or fades after launch.

The panel stressed the need to design technology around the

Ideas and perspectives from the APNA community

reality of clinical work. Staff should not have to compensate for fragmented systems or poor design. Clinical engagement, co-design and change support need to begin early and continue after implementation.

Equity must be designed in

Digital services can improve access, but they can also deepen existing inequalities. Transformation teams need to consider digital literacy, access to devices and connectivity, disability, language, communication needs, personal circumstances and patient preference.

A digital-first approach should never become digital-only. Community organisations can help NHS teams understand barriers that are easy to miss and shape services around the people most at risk of exclusion.

Integration should make work simpler

Fragmentation remains a major challenge. Clinicians and other staff often move between multiple platforms, screens and processes to find or record the information they need. One aspiration captured the discussion's practical ambition: moving from ten clicks to one.

Information should be available at the point of need, with fewer duplicated tasks. AI and automation may help connect information and support workflows, but safe adoption depends on sound governance, interoperability, clinical accountability and clear evidence of benefit.

Digital change must support the whole pathway

The panel also considered pressure across acute care, including workforce gaps, sickness absence, burnout, delayed discharge, waiting times and demand for beds. Digital tools might improve coordination across urgent care, acute services, primary care, community services and onward care. Yet technology alone will not solve capacity problems. Services must redesign pathways and address capacity across the wider system.

What success should look like

Over the next five years, progress should be judged by outcomes rather than the number of systems installed. Meaningful transformation should support prevention and earlier intervention, safer care, a better experience for patients and staff, reduced administration, improved patient flow, more accessible services and stronger integration across health and care. Stakeholders are encouraged to contribute to this vision and help shape the future of digital health initiatives.

The longer-term aim is for digital capability to become part of normal service improvement, rather than a collection of isolated projects.

Join NIHR at the APNA conference

All delegates are invited to the NIHR-led Day 1 workshop, AI in Surgical Care: Predicting Risk, Reducing Trauma and Supporting Recovery at Home, from 2:55 pm to 3:55 pm. Dr Sunil Kumar Daga and Roxana Dumitrache will chair the session, with Stella Vig, Anusha Gajanan, Fiona Maher and Vee Mapunde joining the panel.

NIHR will also exhibit throughout the conference, allowing delegates to meet the team, learn more about its work and continue the discussion.

On Day 2, Oral presentations will run from 9:15 am to 11:20 am, followed by poster presentations from 11:45 am to 12:45 pm.

From discussion to action

The Leeds evening showed the value of bringing NHS colleagues, innovators, community leaders and technology specialists into the same conversation to foster a sense of shared purpose. The next step is to develop this network as a working group, focused on practical learning and shared action to strengthen collaboration.

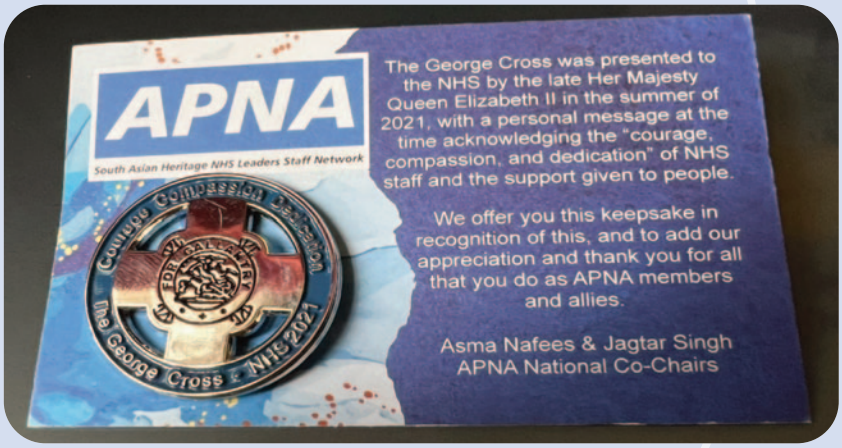
The message was clear:

The message was clear: people first, outcomes first, equity by design and technology as an enabler.

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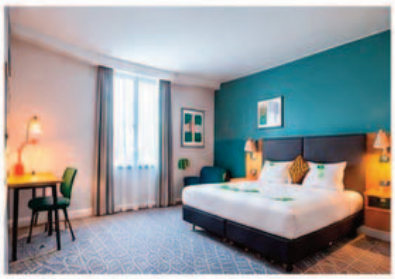
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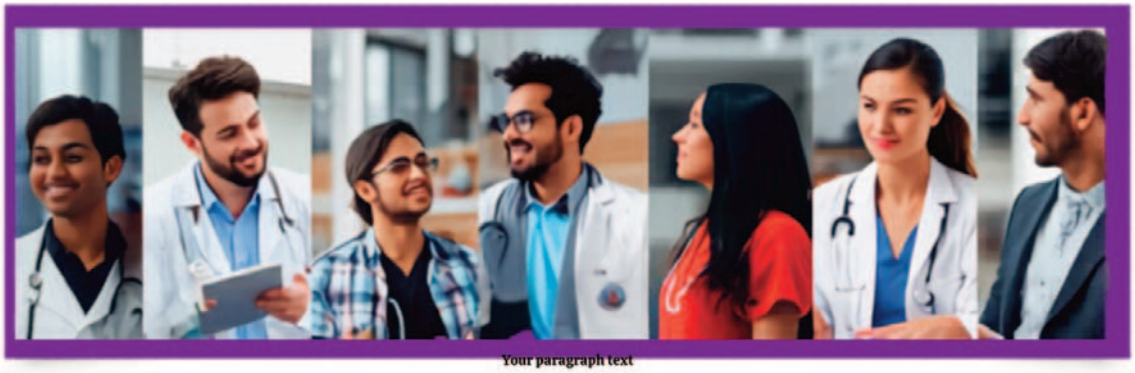
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Creating a *positive* workplace









SPEAK UP

Whats the point?

Find out at our event

25 Mar 2027 09:30

West Yorks FRS (HQ), BD11 2DY

and how it helps you, your colleagues & your organisation

Register at: info@say-so.co.uk or afsafrs@yahoo.com