



Ruthless Research

Final report for NHS Education for Scotland: ‘Delivering Quality through Midwifery leadership’ programme evaluation

March 2013



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About Ruthless Research

Ruthless Research is an Edinburgh-based independent research consultancy, through which Ruth Stevenson provides a range of qualitative and quantitative research solutions to organisations who work for the benefit of the community.

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EXECUTIVE SUMMARY

Background, context and methodology

In 2012, NHS Education for Scotland developed the 'Delivering Quality through Midwifery Leadership' programme, based on needs identified in the service. The aim of programme was to test a programme to build leadership capacity among the Nursing, Midwifery and Allied Health Professions workforce of NHS Scotland.

Ruthless Research was commissioned to undertake an independent evaluation of the programme. An online survey was conducted between 7th and 15th March 2013, which was completed by 39 midwives and 14 strategic staff members. In addition, depth interviews were conducted with 6 midwives, 5 strategic staff members and one leadership coach.

KEY FINDINGS – Programme progress

Setting up the programme: The leadership programme first came to the attention of strategic staff members from NHS Education for Scotland, via strategic groups and links. These strategic staff members were invited to put forward suitable midwives to participate in the programme. Some of the Health Board regions advertised the opportunity widely and solicited applications, and some prompted specific midwives to apply through targeted recruitment. In total, 52 midwives completed the programme. At the start of the programme, 27 midwives worked at Band 5 or 6, 17 worked at Band 7, and 8 worked at Band 8.

Initial one day workshop: An initial one day workshop was held in Dundee in August 2012, and included an introduction to the programme, a discussion of key leadership issues, and practical service development skills sessions. This was generally well received by the midwives, and in particular 82% said that they enjoyed it and 74% agreed that they learned something new. Many of the midwives reported feeling motivated and inspired to start the programme having attended. However, in retrospect some of the midwives felt that there had been too much to take in at this event.

Leadership challenge event: The leadership challenge event took place in Glasgow in September 2012, facilitated by leadership coaches from Firefly. This event was generally well received by the midwives, and in particular 83% agreed that they enjoyed it and 83% agreed that they learned something new. At the start of the day, some of the midwives felt unsure about the 'touchy feely' and 'airy fairy' approach taken by Firefly. However, most warmed to this approach in the end.

One-to-one leadership support service from Firefly: Midwives were offered three hours of one-to-one leadership support by telephone, provided by Firefly coaches. 48 of the 52 midwives engaged with the coaching, which was very well received by the midwives. 83% agreed that they enjoyed the coaching and 83% agreed that they made a positive change in working practices as a result of the coaching. Again, some of the midwives were sceptical about the approach to begin with, but in practice most midwives found the coaching to be a challenging but helpful form of support which they would like to continue.

Leadership projects: The midwives worked on local quality improvement projects, spanning the duration of the programme. This was the most well received component of the programme by the midwives. Of particular note, all midwives agreed that they enjoyed their leadership project. Some midwives planned their projects themselves, whereas other projects were proposed by strategic staff members. The concept of the projects was well received by the strategic staff members, as it enabled the midwives to undertake relevant local work.

Community of practice website: The midwives had access to a community of practice website containing information and resources about the programme. This was the least well received component of the programme. Those who used the website said that they looked at resources, but did not tend to enter into dialogue or sharing. For some, the website felt too complicated, and for others, the website was simply not considered to be a priority for their time.

Final national event: A final national event was held in Edinburgh on 6th March 2013, attended by participant midwives, strategic staff, and other national stakeholders. This event was also very well received, with 97% of midwives agreeing that they enjoyed it and more than eight in ten agreeing that it enhanced their confidence (89%) and that they learned something new (86%). Attending senior stakeholders found the showcased projects to be very inspiring.

Overall response to the programme: The majority of those interviewed were very positive about the programme. In total, 82% of the midwives and 86% of the strategic staff members were satisfied with the programme overall.

KEY FINDINGS – The impact of the programme on participating midwives

The programme had the following impacts on the participating midwives:

- The midwives enjoyed taking part in the programme, and this enjoyment most often resulted from the leadership projects and the final national event.
- The midwives feelings about their personal leadership abilities improved across the course of the programme, indicating an increase in their appreciation of themselves as a midwifery leader and in their ambition to lead.
- Participants acquired new skills and knowledge through the programme, most often managing a quality improvement project, encouraging and supporting others, learning what to do to be a more effective leader, and overcoming barriers to change.
- Positive personal changes were observed in the midwives, as many now understood that leadership is about recognising and capitalising on their own individual strengths, and the individual strengths of others.
- 74% of midwives and 93% of strategic staff members agreed that the participating midwife now had more confidence as a leader. This most often resulted from the final national event and the leadership projects.
- As a consequence of increased confidence, the strategic staff members felt that the participating midwives were now taking more a more confident approach within the workplace by using their new skills to recognise the needs of others.
- It was also felt that programme had led participating midwives to take additional educational and career opportunities that would not otherwise have been open to them.
- It is anticipated that participation in the programme will lead to ongoing opportunities for the participating midwives.

KEY FINDINGS – The impact of the programme for the NHS

The programme had strategic, workplace and patient care impacts for the NHS:

- The projects had a clear strategic impact as many of them were designed to meet the needs of local and national policies and targets. Many strategic impacts were recorded in the end of project posters presented at the final national event. As a result, many of the midwives reported a greater understanding of strategic needs in their locality and some of the strategic staff members felt that their midwives were now better able to play a strategic role within the workplace. In addition, 79% of strategic staff said that they now felt more confident about succession planning for midwives in their teams.
- The programme resulted in many impacts affecting staff, and impacts affecting practice. These workplace impacts were recorded in the end of project posters presented at the final national event. At the close of the programme, 79% of midwives felt that the programme had contributed to positive changes in the workplace, and these changes in the workplace most often resulted from the leadership projects.
- The midwives were enthusiastic about using leadership to improve patient care, and many of the projects were built around this. At the close of programme, 83% of midwives and 79% of strategic staff felt that the programme in general had contributed to improvements in patient care.

KEY FINDINGS – Identifying positive practice

The impact of the programme can be attributed to several specific elements of positive practice:

- It was felt that the opportunity to undertake practical leadership activities in the workplace made the programme feel relevant to the midwives and encouraged buy-in from senior staff, which enhanced the ability of all concerned to make changes.
- A combination of project requirements and confidence-building activity led many of the midwives to approach strategic staff members to ask for, and secure, additional resources where otherwise they would not have felt able to do so.
- Many of the midwives and their supervising strategic staff members appreciated the networking opportunity that the programme afforded as this exposed the midwives to Scotland-wide experiences, which prompted and enabled them to think strategically.
- The programme provided leadership training for midwives working at a relatively junior level who would not usually have access to such opportunities, and this generated a wider enthusiasm for leadership in the workplaces.

KEY FINDINGS – Challenges associated with the programme

During the course of the programme, a number of challenges were faced:

- 90% of the midwives said that a key challenge was finding the time to undertake the tasks and activities associated with the programme, and fewer than half of strategic staff found it easy to release the time for participating midwives. Some of the strategic staff members sourced funding from elsewhere to release staff from their usual duties. Due to different approaches being applied across the Health Boards, the amount of project time allocated to individual midwives varied considerably.

- 10% of the midwives said that a key challenge for them was gaining the support of their managers. Engaging with Consultant obstetricians was also difficult for some.
- 18% of the midwives said that a key challenge was putting their learning into practice. Several midwives commented that they found it difficult to make realistic plans for their projects, and put these into practice.
- Interactions with the Firefly coaches were extremely well received, however some midwives found it difficult to engage with Firefly's approach at first; either because they were unsure about whether the proposed approach would suit them, or because they were apprehensive about engaging with someone that they did not know by phone.

KEY FINDINGS – The legacy of the project

Several elements highlighted in the evaluation indicate that participation in the programme will act as a catalyst for further and ongoing project-based and leadership activity and impacts. Many of the midwives and strategic staff members had plans to continue project work locally, and plans were also in place to look for future leadership opportunities for their staff.

Concluding remarks

At the close of 'Delivering Quality through Midwifery Leadership' programme it can be concluded that the original aim was met and indeed exceeded through a successful pilot phase of the programme.

The 'Delivering Quality through Midwifery Leadership' programme has been a helpful, practical and enjoyable experience for participating midwives. Although it is recognised that levels of impact vary between participants, full engagement with the programme should have a long term positive impact on individual midwives, service delivery, and patient care – and it is likely that further impacts will arise and cascade out as the learning is embedded in practice.

The programme was delivered through a well thought out and logical progression of activities, with the events, projects and coaching playing vital and complementary roles in enhancing and embedding learning about leadership in a practical manner. The success of this is testament to the thought that went into programme planning.

What makes this project stand out is its relevance, and it is this relevance that has ultimately stimulated a good level of buy-in at all levels. The combination of programme activities has been carefully woven together to provide an offering which has felt personal to midwives because it has enabled them to make a difference in their workplaces, with their colleagues, and to their patients. The impact of the work has thus felt immediate and tangible to both the midwives and their supervisors – the positivity of which has been mutually reinforcing.

Midwives enter the profession with a desire to provide excellent patient care. Many of the participants in the programme work on the 'shop floor', so emphasising the potential to use leadership to achieve patient care impacts has been very motivating for participants. Concurrently, exposing the participants to positive midwifery leadership role models and providing one-to-one time to focus on personal needs has made the participants feel valued and has enhanced their ambition to become leaders within the profession.

Background and context

In 2012, NHS Education for Scotland developed the 'Delivering Quality through Midwifery Leadership' programme, based on needs identified in the service:

- Information provided by Heads of Midwifery in Scotland identifies a clear need for midwifery leadership development at all levels of the workforce.
- The landscape of public services is changing rapidly and publication of the findings from the Christie Commission and the Government's response highlights a strong focus on workforce development and leadership.
- Recent research from the Health Foundation sets out the kind of leadership that is required in order to embed an improvement culture across NHS services.
- The National Leadership Framework identifies the development of strong distributed leadership throughout the NHS as a priority in quality and service development and improvement.
- Within the maternity services context, substantial national and UK wide work has identified a need to support leadership capacity in NHS Scotland's midwifery workforce.
- At NHS Board level, effective midwifery leadership will be crucial to delivery of the Scottish Government policy, and achievement of quality improvement aspirations (i.e. Healthcare Improvement Scotland's Maternity Patient Safety Programme, 2012).

It is within this context that NHS Education for Scotland finalised the 'Delivering Quality through Midwifery Leadership' programme. The 'Delivering Quality through Midwifery Leadership' programme aimed to build leadership capacity for quality improvement in practice, through supporting existing leaders, whilst succession planning for the future. The programme was offered to a cohort of midwives with current leadership roles in clinical specialist or management roles (band 7-8) and midwives identified as having leadership potential but currently working at a more junior level (band 6 – early 7).

The programme ran during 2012 and 2013, and included the following stages:

- Engagement with local stakeholders;
- Advertising and recruitment;
- Initial one day workshop, introduction of programme, key leadership issues and practical service development skills sessions;
- Project lead provided cohort members with ongoing support on-line, telephone and face to face, as requested by participants, to develop and initiate a clear service development project plan;
- National programme leadership challenge event undertaken by teams;
- One-to-one leadership coaching provided by Firefly coaching;
- Local NHS board programme teams developed and implemented a change strategy relating to the goals of the Refreshed Framework for Maternity Care;
- Ongoing online, telephone and face to face assistance by project lead to local teams in the ongoing implementation and evaluation of their projects;
- Final national event to showcase projects.

Aims and objectives

The aim of the 'Delivering Quality through Midwifery Leadership' programme was to test a programme to build leadership capacity among the Nursing, Midwifery and Allied Health Professions workforce of NHS Scotland.

The objectives of the programme were:

- All territorial NHS Boards will participate and have midwives participating in the leadership programme.
- The programme will support the implementation and evaluation of service change and improvement to implement the goals of the Quality Strategy and Refreshed Framework.
- A cohort of around 60 midwives at both a senior and more junior level will receive high quality evidence-based leadership development and education. Coherent local leadership teams and networks will be developed throughout the programme.
- Pre and post programme testing will identify the impact of the programme on individual participants and on the maternity service. This evaluation will inform the development of similar leadership programmes.

The desired outcomes of the programme were:

- Enhanced supportive national networks of midwifery clinicians across Scotland.
- A cohort of midwives across the whole of NHS Scotland with confidence and competence to lead high quality maternity services.
- Improved maternity service provision to enhance access to and engagement with antenatal care by women at increased risk of adverse outcomes, reduction in healthcare inequalities in the pregnancy and postnatal period and improvements in maternal and infant nutrition.
- A model of a successful leadership development programme which can be rolled out.

Research Methodology

Ruth Stevenson of Ruthless Research was commissioned to undertake an independent evaluation of the 'Delivering Quality through Midwifery Leadership' programme.

Quantitative research formed one component of the programme evaluation. An online survey was designed to assess the impacts of programme, using the Kirkpatrick model of evaluation¹, and this was distributed to all participating midwives and their supervising strategic staff members. NHS Education for Scotland distributed links to the survey by email and the survey was available for completion between 7th and 15th March 2013. This short fieldwork period was required as the final showcase event took place on 6th March, and it was necessary to complete the evaluation by the end of the financial year.

In total, 53 questionnaires were completed² of which 39 were completed by midwives (a 75% response rate) and 14 were completed by strategic staff members (a 70% response rate).

Qualitative research was conducted concurrently with the survey. Depth interviews were conducted with key stakeholders to explore their experience of the programme. Appointments were set up by the researcher with stakeholders at their convenience, and semi-structured depth interviews were conducted by telephone.

In total, 12 in depth interviews were conducted as follows:

Stakeholder type	Number of interviews	Average length of interview
Midwives	6	30 mins
Strategic staff (that oversaw or managed participating midwives)	5	21 mins
Leadership coaches	1	32 mins

Data from this programme of research along with contextual information from a variety of planning documents has been integrated into the final evaluation report.

¹ <http://www.businessballs.com/kirkpatricklearningevaluationmodel.htm>

² Although this response rate is reasonable based on a population of 72, it is important to keep the low base size in mind when interpreting findings presented in this report.

KEY FINDINGS

Setting up the programme

The following section describes the process undertaken to set up the 'Delivering Quality through Midwifery Leadership' programme around Scotland, and response to this.

Initial correspondence

The leadership programme first came to the attention of strategic staff members from NHS Education for Scotland, via strategic groups and links.

"We'd heard through communications from the national forums and NES." (Strategic staff interview 1)

"It came out from NES, the information on it. Quite a bit of information, instructions on what to do." (Strategic staff interview 3)

"Through the Royal College of Midwives 'Lead Midwives' group which I attend." (Strategic staff interview 2)

"We had an email from NES and it had previously been discussed at the Lead Midwives Scotland group, inviting us to nominate midwives from our Board." (Strategic staff interview 5)

These strategic staff members were invited to put forward suitable midwives to participate in the programme.

Recruiting participants

The recruitment of midwife participants for the leadership programme tended to take one of two forms - an open application process or targeted recruitment.

Some of the Health Board regions advertised the opportunity widely and solicited applications.

"I put out a memo to say this was an exciting opportunity. I made sure it was always on the agenda at meetings, and through supervision." (Strategic staff interview 2)

"We produced an advert asking for notes of interest in writing." (Strategic staff interview 5)

"The Head of Midwifery circulated it to everyone on the shop floor inviting us to apply." (Midwife interview 2)

"My lead midwife sent an email with information asking for expressions of interest." (Midwife interview 5)

Some of the Health Board regions prompted specific midwives to apply through targeted recruitment.

“My Head of Midwifery insisted, she said she thought I’d get a lot out of it.” (Midwife interview 1)

“To be entirely honest my manager volunteered me for it. She probably realised I had lots of theoretical knowledge but needed the practical advice and support on how to be a good leader.” (Midwife interview 3)

“My immediate boss suggested that it might be a good thing to get involved with. A good support for me.” (Midwife interview 4)

Two of the strategic staff members stated that they made their final selection based on the motivation of specific staff members, which they felt showed leadership potential.

“They were the least qualified, but the most motivated.” (Strategic staff interview 1)

“They need to be the one making the first move, that shows leadership. This is not about picking, it is about someone saying ‘I’m up for that challenge.’” (Strategic staff interview 2)

In one region, the final selection of individuals was based around the group having mutually complementary skills and experiences.

“It is getting the mix right. We wanted a spread of midwives to bring different information to that project. Having the spread, different issues came out.” (Strategic staff interview 3)

At the start of the programme, the midwives were asked what prompted them to apply. Almost six in ten (58%) volunteered, whereas a third (33%) were asked to attend.

Q33 Did you volunteer to participate in this programme?	%
Base: All midwives before (53)	
Yes	58
No – I was asked to attend	33
Other	10

Overall, 52 midwives completed the ‘Delivering Quality through Midwifery Leadership’ programme, with midwives attending from all Health Boards apart from Orkney. Of these, 40 midwives worked primarily in a hospital setting, and 12 in the community. At the start of the programme, 27 midwives worked at Band 5 or 6, 17 worked at Band 7, and 8 worked at Band 8.

Evaluating the progress of the programme

The following section describes the various component parts of the ‘Delivering Quality through Midwifery Leadership’ programme, and response to these. More detail on impacts, challenges faced, and enablers of success are described elsewhere in this report.

Initial one day workshop

The first component of the ‘Delivering Quality through Midwifery Leadership’ programme was an initial one day workshop for all midwives.

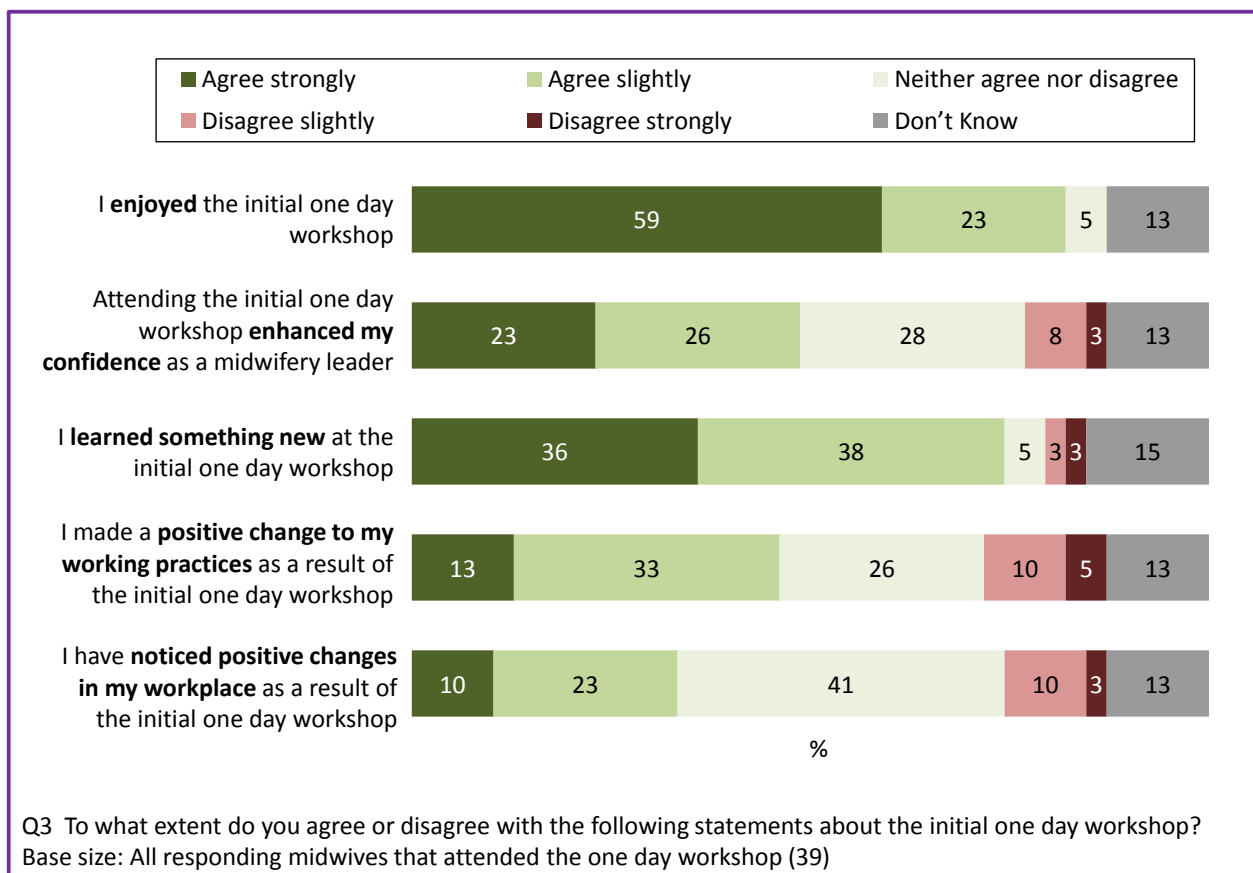
The initial one day workshop was held in Dundee in August 2012, and included an introduction to the programme, a discussion of key leadership issues, and practical service development skills sessions.

Some of the midwives reported feeling apprehensive in advance of this day.

“I was a bit nervous not knowing what to expect.” (Midwife interview 5)

“I didn’t know what I was getting myself in for.” (Midwife interview 3)

The following chart provides an overview of the response to the initial one day workshop, based on the end of project survey for midwives.



The initial one day workshop was generally well received by the midwives, and in particular 82% said that they enjoyed it and 74% agreed that they learned something new. At this early point in the programme, fewer attributed a change in confidence (49%), a positive change in working practices (46%) or positive changes in the workplace (33%) to this event.

However, the midwives reported feeling motivated and inspired to start the programme having attended.

“It was great, it was very inspiring to listen to those speakers. They were very encouraging.” (Midwife interview 6)

“Going to the first event was really inspiring. The enthusiasm from everyone attending – the speakers and the people there to attend the programme.” (Midwife interview 3)

“It was interesting speakers, motivational.” (Midwife interview 4)

Even so, in retrospect some of the midwives felt that there had been too much to take in at this event, and that they had not been able to absorb some of the detail about how the programme would progress.

“I’m not sure full explanations of the project were given, on reflection we said ‘that was a great day but what are we supposed to be doing?’” (Midwife interview 6)

“We had training on the first day but it was a lot to take in on the first day.” (Midwife interview 2)

In particular, the Driver Diagrams – used for project planning – were felt to be a particular challenge due to the midwives’ unfamiliarity with the concept.

“We could have spent more time or preparation on the Driver Diagram. Everybody went into meltdown, this little ripple through the room.” (Midwife interview 3)

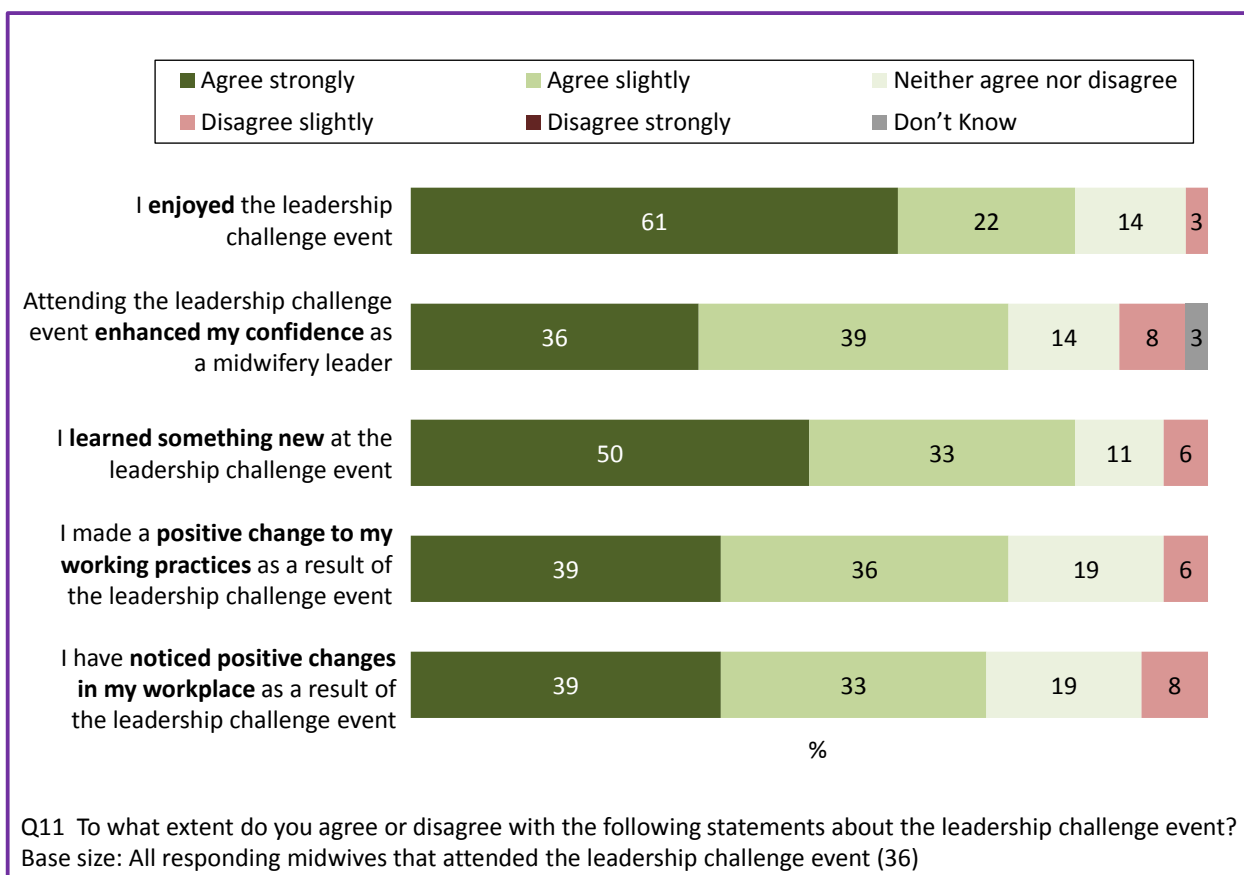
“We worked on Driver Diagrams, getting a feel of them. There were a lot of people requiring help. There was more people needing help than there was people wandering around helping. I have done something along those lines before, but if it hadn’t or if you were working on your own you could have been quite panic stricken. There could have been more talk on the nuts and bolts of what a Driver Diagram is and how to do it.” (Midwife interview 4)

Leadership challenge event

A second event for midwives participating in the ‘Delivering Quality through Midwifery Leadership’ programme - the leadership challenge event - took place in Glasgow in September 2012. This event focused on leadership skills, facilitated by leadership coaches from Firefly.

“It was a leadership challenge day to launch the process. Firefly’s first involvement to help to run the day. Very much about a sense of excitement and challenge and trying to be courageous about trying some things.” (Firefly coach)

The following chart provides an overview of the response to the leadership challenge event, based on the end of project survey for midwives.



The leadership challenge event was generally well received by the midwives, and in particular 83% agreed that they enjoyed it and 83% agreed that they learned something new. Many midwives also attributed a change in confidence (75%), a positive change in working practices (75%) or positive changes in the workplace (72%) to this event.

At the start of the day, some of the midwives felt unsure about the approach taken by Firefly. However, most warmed to this in the end.

“The second event was all to do with Firefly. Firefly felt a bit different, maybe a bit touchy feely and airy fairy. I enjoyed it actually.” (Midwife interview 1)

“I think we were all thinking ‘oh my I don’t know about this.’ A bit Americanized. But in the one-to-ones the positivity comes through and rubs off on you. I joined in, they were good fun.” (Midwife interview 2)

For one midwife, the focus on individuals and leadership was useful.

“It struck me how many people see themselves as being negative, how much people who work in the NHS feel undervalued. And if the leaders are not confident in themselves they are not going to inspire confidence in others.” (Midwife interview 1)

However, for another it did not feel practical enough.

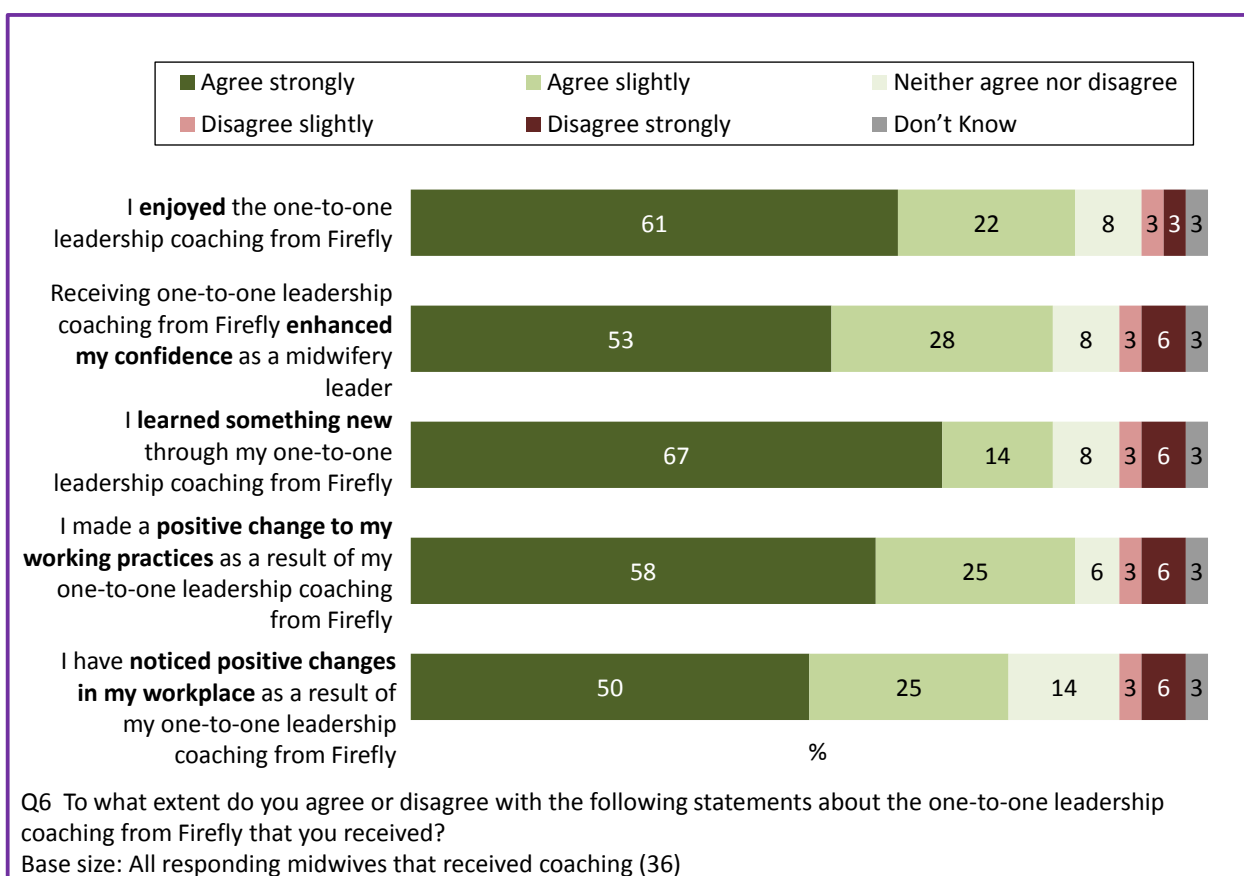
“It was mainly about the leadership, run by the coaches, but no focus on the projects. We spent all day on us, I don’t know if maybe that was too long.” (Midwife interview 6)

One-to-one leadership support service from Firefly

A key component of the ‘Delivering Quality through Midwifery Leadership’ programme was one-to-one leadership support, provided by Firefly coaches. Each midwife was offered three hours of telephone coaching, and 48 of the 52 midwives engaged with the coaching.

“We asked them to complete a document which gave them some idea of what coaching is – a contract about what you could expect from your coach and their agreement to be coachable. We had a coaching arc in terms of the process – a journey marked out so each of the Firefly coaches were all working from the same basic document.” (Firefly coach)

The following chart provides an overview of the response to the one-to-one leadership support, based on the end of project survey for midwives.



The one-to-one leadership support was very well received by the midwives, with more than three quarters agreeing with each statement about its impact. In particular 83% agreed that they enjoyed the coaching and 83% agreed that they made a positive change in working practices as a result of the coaching.

It was noted that some of the midwives were sceptical about the value of the coaching to start with, and this is discussed in more detail elsewhere in this report.

“They were a bit sceptical at the beginning.” (Strategic staff interview 2)

“I was a bit sceptical to begin with.” (Midwife interview 6)

However in practice, for most midwives the coaching was considered to be a very beneficial form of support.

“I have to say I thoroughly enjoyed that and got a lot out of it.” (Midwife interview 1)

“The coaching sessions have had a massive impact on both my professional and personal life.” (Midwife from survey)

“It was a very positive experience.” (Midwife from survey)

“The coaching was amazing and incredibly powerful.” (Midwife from survey)

“The coaching was awesome and I think is something that all staff should have the opportunity to try. This process has changed my life. Thank you.” (Midwife from survey)

The approach taken during the coaching sessions was considered to be challenging but helpful.

“Making it very clear that it was safe place to talk, we can discuss things without there being any backlash, not thinking what you are saying is stupid. Amazing how down the phone you can discuss topics that you wouldn’t usually be able to do.” (Midwife interview 3)

“I liked the person I was talking to, easy to talk to and understanding.” (Midwife interview 4)

“It wasn’t easy, she did challenge me.” (Midwife presentation 15, final showcase event)

“When I first started in midwifery I had great dreams, and what happens is your dreams slowly become eroded in the great big cumbersome machine that is the NHS. I was completely down at the head [sic], I thought ‘where’s the point’. What’s happened with the coaching is it has allowed me to free up those early dreams that I had.” (Midwife interview 1)

Many of the midwives felt that they would like to continue with the coaching.

“I loved it, I wish it could continue.” (Midwife interview 6)

“I wish I could have her on the phone every week.” (Midwife presentation 12, final showcase event)

“If I could keep it going I would keep it going.” (Midwife interview 3)

“The midwives have found real benefit in their 1:1 coaching and would welcome the opportunity to continue with this.” (Strategic staff from survey)

Two midwives had already made provision to mimic this support on an ongoing basis.

“I’m partnering up with someone else on the course and we are going to continue to coach each other.” (Midwife interview 1)

The strategic staff members were also happy with the inclusion of coaching within the programme.

“It sounded as if it had been positive for everyone involved with it.” (Strategic staff interview 5)

“I personally think that having outside coaching and outside help can be very beneficial to staff.” (Strategic staff interview 5)

It was felt that this form of support was unusual within the NHS.

“The coaching, the continued support, that seems very unique to me.” (Midwife interview 3)

“It is very nice to have one person that will spend a whole hour listening to you and encouraging you. You don’t get much of that in the NHS.” (Midwife interview 1)

However, one midwife did feel that the coaching did not suit her well.

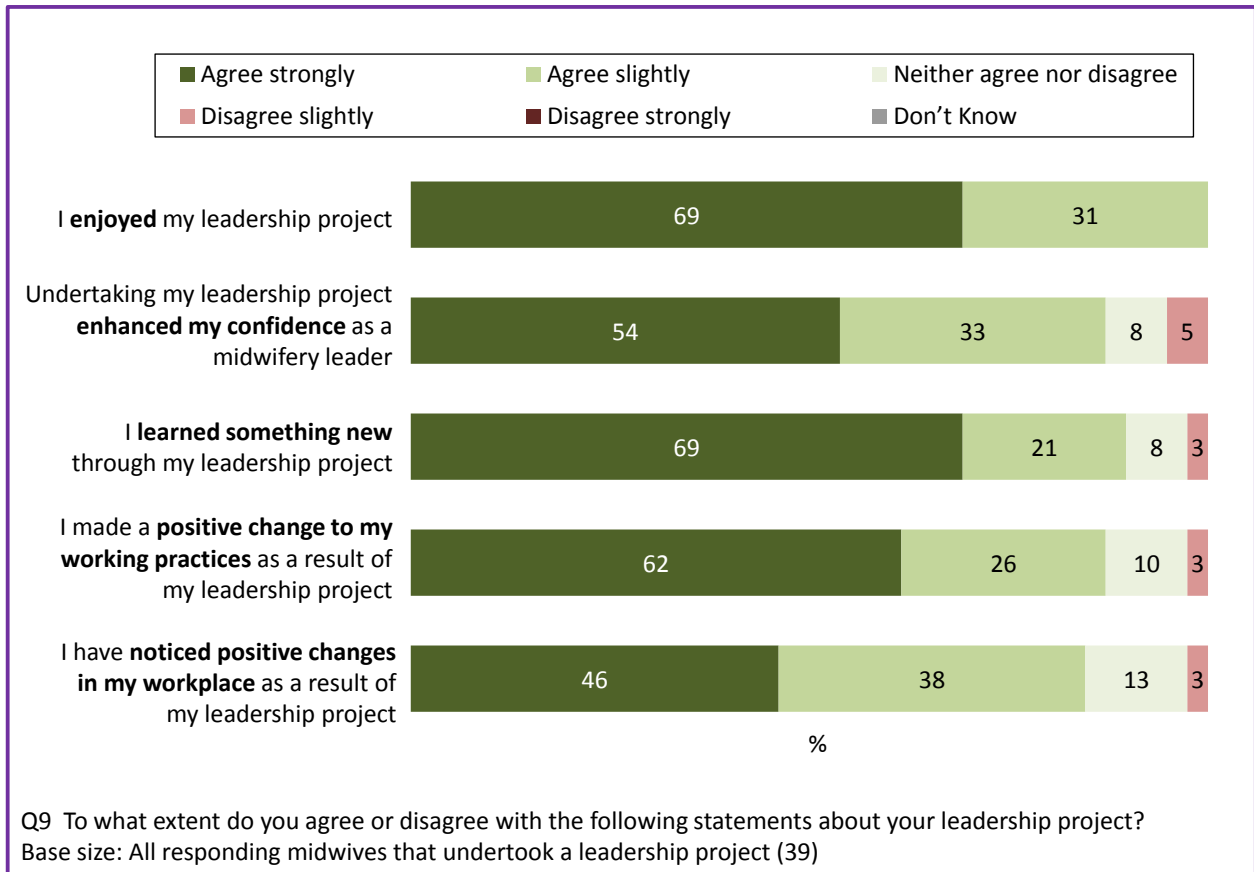
“I didn’t particularly get an awful lot out of it, certainly within leadership it wasn’t that beneficial for me. I was thinking I don’t really want to do this. My coach was very bubbly and enthusiastic, and I was not in an enthusiastic place. It felt a bit draining.” (Midwife interview 5)

Detail on the impact of the coaching is provided later in this report.

Leadership projects

The participating midwives worked on local quality improvement projects of their choosing, spanning the duration of the ‘Delivering Quality through Midwifery Leadership’ programme. In total there were 12 team projects and 11 individual projects.

The following chart provides an overview of the response to the leadership projects, based on the end of project survey for midwives.



The leadership projects were the most well received component of the programme by the midwives, with more than eight in ten agreeing with each statement about their impact. Of particular note, all midwives (100%) agreed that they enjoyed their leadership project.

Some midwives planned their projects themselves, whereas other projects were proposed by strategic staff members.

“I decided I would do a piece of work that was sitting on my desk that needed to be done, I wouldn’t do anything new. Something that I need to do.” (Midwife interview 1)

“My manager was keen for me to take this project forward. But it was a combination of our ideas that got the project started.” (Midwife interview 5)

The concept of the projects was well received by the strategic staff members, as it enabled the midwives to undertake relevant local work.

“Take forward programmes in a safe environment with support from NES.” (Strategic staff interview 5)

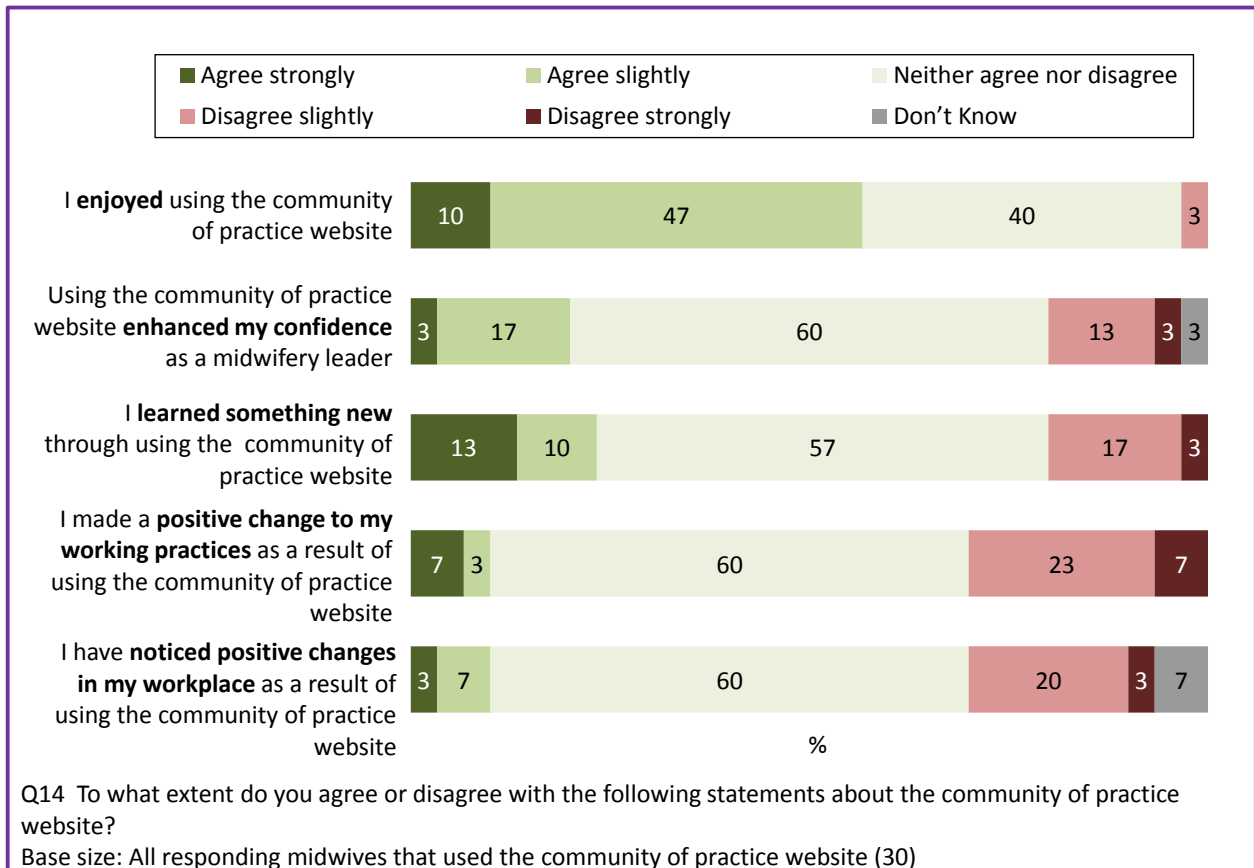
“Two of the projects gave us the opportunity to try something different that it would have been difficult to try out with that programme.” (Strategic staff interview 5)

Detail on the impact of the projects is provided later in this report.

Community of practice website

During the ‘Delivering Quality through Midwifery Leadership’ programme, the midwives had access to a community of practice website, containing information and resources about the programme.

The following chart provides an overview of the response to the community of practice website, based on the end of project survey for midwives.



The community of practice website was the least well received component of the programme by the midwives. Although more than half (57%) agreed that they enjoyed using the community of practice website, fewer than a quarter agreed with the other statements about its impact. The majority of responses were neutral.

Those who used the community of practice website said that they looked at resources, but did not tend to enter into dialogue or sharing.

“I was on it, I never put anything into it.” (Midwife interview 2)

“I certainly used it for the resources. You can feel quite vulnerable putting stuff up, I never got any communication going.” (Midwife interview 3)

“I did go on and look and see, but all I posted on it myself was a little hello.” (Midwife interview 5)

For some, the process of using the community of practice website felt too complicated.

“You had to register and you went away and never revisited it.” (Midwife interview 2)

“You had to negotiate about to find where you were supposed to go. Log in, and remember your login.” (Midwife interview 5)

For others, the website was simply not considered to be a priority for their time.

“I didn’t have time.” (Midwife interview 1)

“The main reason I didn’t engage with the online community was due to time.” (Midwife from survey)

“I kept forgetting about it.” (Midwife from survey)

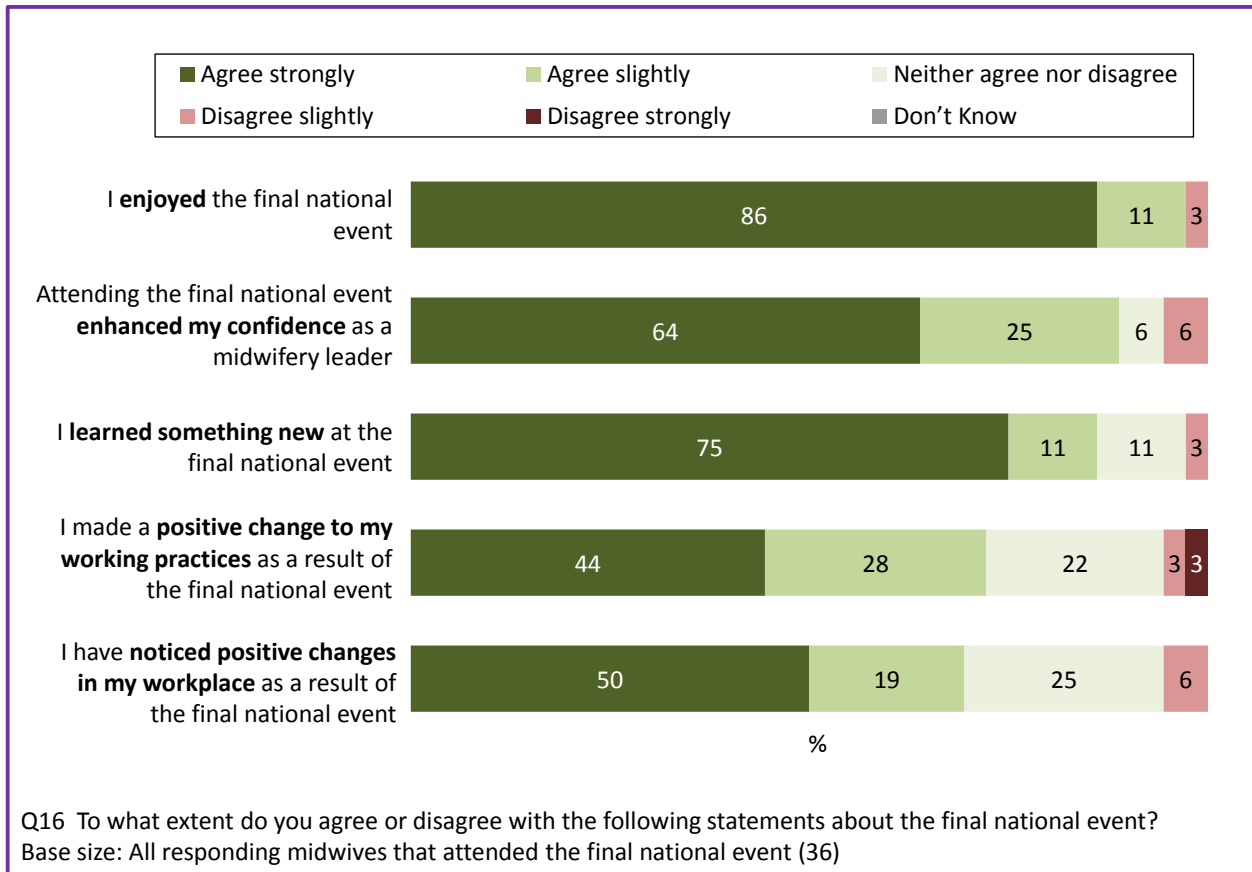
Final national event

A final national event was held in Edinburgh on 6th March 2013, attended by participant midwives, strategic staff, and other national stakeholders. This event drew the ‘Delivering Quality through Midwifery Leadership’ programme to a close and showcased the projects undertaken as part of the programme.

The final national event was designed to be an uplifting finale to the programme.

“A sense of celebration about the day, that it would be fun and uplifting and reinforce the coaching messages. And hear some of the stories.” (Firefly coach)

The following chart provides an overview of the response to the final national event, based on the end of project survey for midwives.



The final national event was also a very well received component of the programme by the midwives, with 97% of midwives agreeing that they enjoyed it and almost nine in ten agreeing that it enhanced their confidence (89%) and that they learned something new (86%). Relatively fewer agreed that they had noticed positive changes to their working practices (72%) or positive changes in their workplace (69%) as a result of attendance, however as the evaluation took place within the week following the event this is to be expected.

This event was attended by strategic staff members and other national stakeholders as well as midwives, and they found the showcased projects to be very inspiring.

“I am proud, this has been the most inspiring thing I have been to in a long time.” (Ann Holmes, Chief Midwife Scottish Government, final showcase event)

“Really inspiring, a privilege to be here.” (Collette Ferguson, Director of NMAHP NHS Education for Scotland, final showcase event)

“The one day event was really good, it really highlighted the positives and how much staff got out of it. It was very inspiring. ” (Strategic staff interview 3)

“It made me very proud that I was part of maternity services in Scotland.” (Strategic staff interview 5)

“The leadership event was wonderful, it made you proud to be a midwife. To have midwives from all levels deliver the way they delivered shows the strengths of that

programme. The projects they had done, and the personal journeys were amazing. I thought it was wonderful to sit and celebrate the leadership skills they have. We need more days like that.” (Strategic staff interview 2)

Hearing presentations about the projects was also well received by the participating midwives.

“The final one I really enjoyed it. Really enjoyed the day. I particularly liked hearing everyone’s stories. It just shows the variety of projects and different circumstances people are in.” (Midwife interview 3)

However, some of the midwives felt that any focus out with the showcased presentations was an unnecessary distraction.

“I feel the Firefly input was maybe not quite necessary. I didn’t take a lot out of it. Everyone was hyped up and nervous about the presentations.” (Midwife interview 5)

“Firefly had had a whole day so I don’t think they needed to have so much time, and the bosses and strategic overview is more the sort of thing that should come in at the beginning.” (Midwife interview 1)

“Focussing on midwives projects and learning and having less from Firefly and the executives.” (Midwife from survey)

Some event attendees that had not experienced the Firefly style before were also a little wary of the approach taken.

“It was a little too touchy feely for me, outside my comfort zone.” (Strategic staff interview 5)

“Some of the interaction between the Firefly team and bigger audience was a bit too ‘fluffy’ for me - a wee bit of culture clash.” (Strategic staff from survey)

Suggestions for addition support

Many of the midwives made suggestions for additional elements of the support that they would like to have received during the ‘Delivering Quality through Midwifery Leadership’ programme.

Some of the midwives suggested that they would have liked to have more practical guidance on workplace skills for leaders.

“Maybe little workshops on different things. PowerPoint, public speaking. A choice of things to go to.” (Midwife interview 5)

“I imagined there would be more practical guidance. A lot of people are terrified of doing a professional presentation or writing a report or chairing a meeting. People do need these skills as well.” (Midwife interview 4)

Some of the midwives suggested that they would like to have had more face-to-face contact to review their project work.

“Not having such a gap between the middle day and the last day. Maybe something else along the way to review your project and leadership scenarios. We had to send in progress but it’d be useful to have face-to-face.” (Midwife interview 5)

“When we started getting down to the nitty gritty of our projects, it would have been good to have a wee interim get together.” (Midwife interview 3)

Some of the midwives suggested that they would have liked to have worked in small groups in addition to the events.

“Using smaller groups, tutorials or workshops at a local level for ongoing support.” (Midwife interview 3)

“A lot of people would have benefitted from getting together in small groups.” (Midwife interview 4)

“It would have been helpful to have had small workshops held locally facilitated by coaches.” (Midwife from survey)

One midwife suggested that a local mentor could have been beneficial.

“As well as having a coach for personal development, a leader mentor within my own organisation to talk through leadership problems.” (Midwife interview 4)

Response to the programme

The following section gives an overview of response to the ‘Delivering Quality through Midwifery Leadership’ programme at its close.

When asked for their overall impressions, the majority of those interviewed had very positive things to say about the ‘Delivering Quality through Midwifery Leadership’ programme.

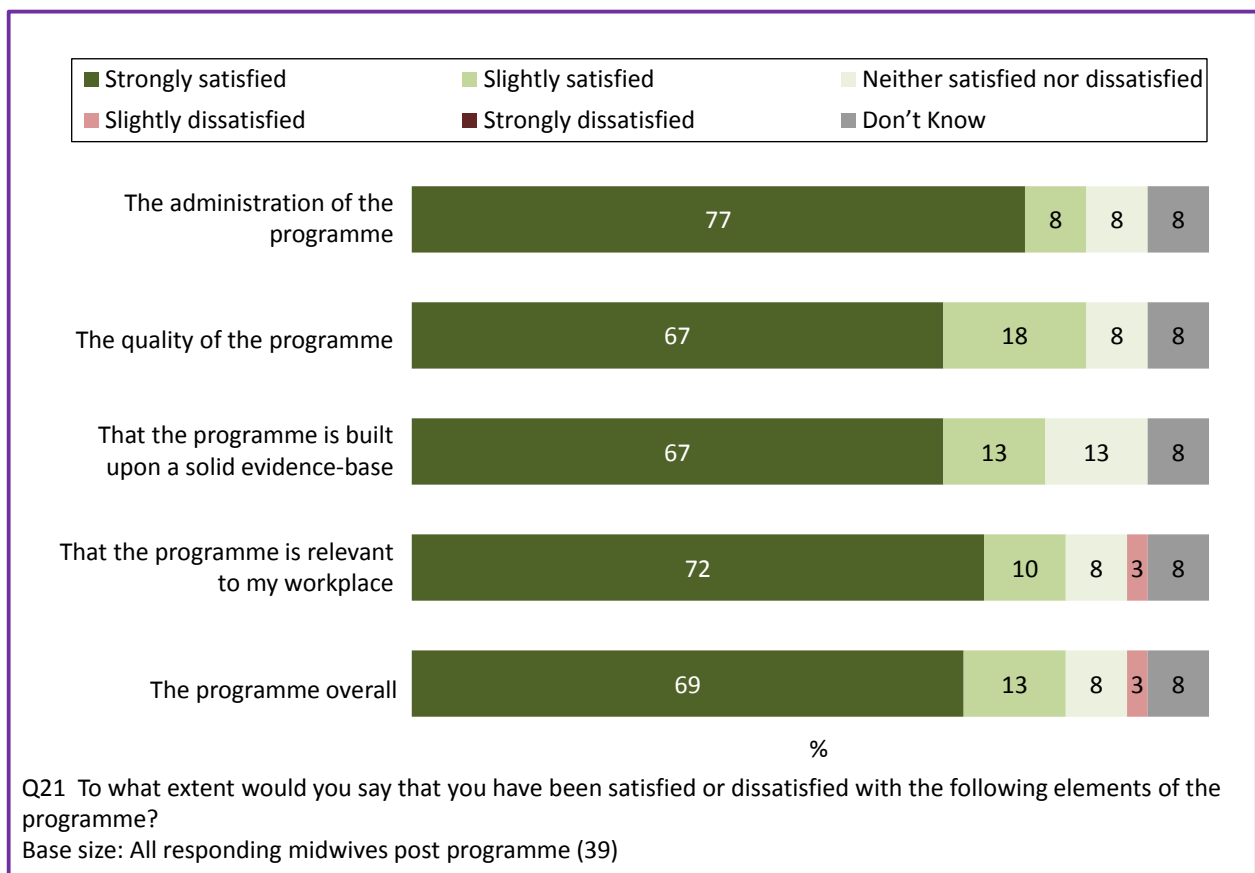
From the midwives:

“I don’t have any negative things to say about it at all. I can’t pick fault in anything.”
(Midwife interview 2)

“It has done me a power of good, I would thoroughly recommend it to anyone else.”
(Midwife interview 1)

“I want to thank everyone at NES, I’m really grateful for the chance.” (Midwife presentation 4, final showcase event)

This is echoed by very high levels of satisfaction with the programme, as detailed by the midwives in the end of project survey.



In total, 82% of the midwives were satisfied with the programme overall. In addition, at least eight in ten midwives were satisfied with each element of the programme, with the majority being strongly satisfied and very few giving negative responses.

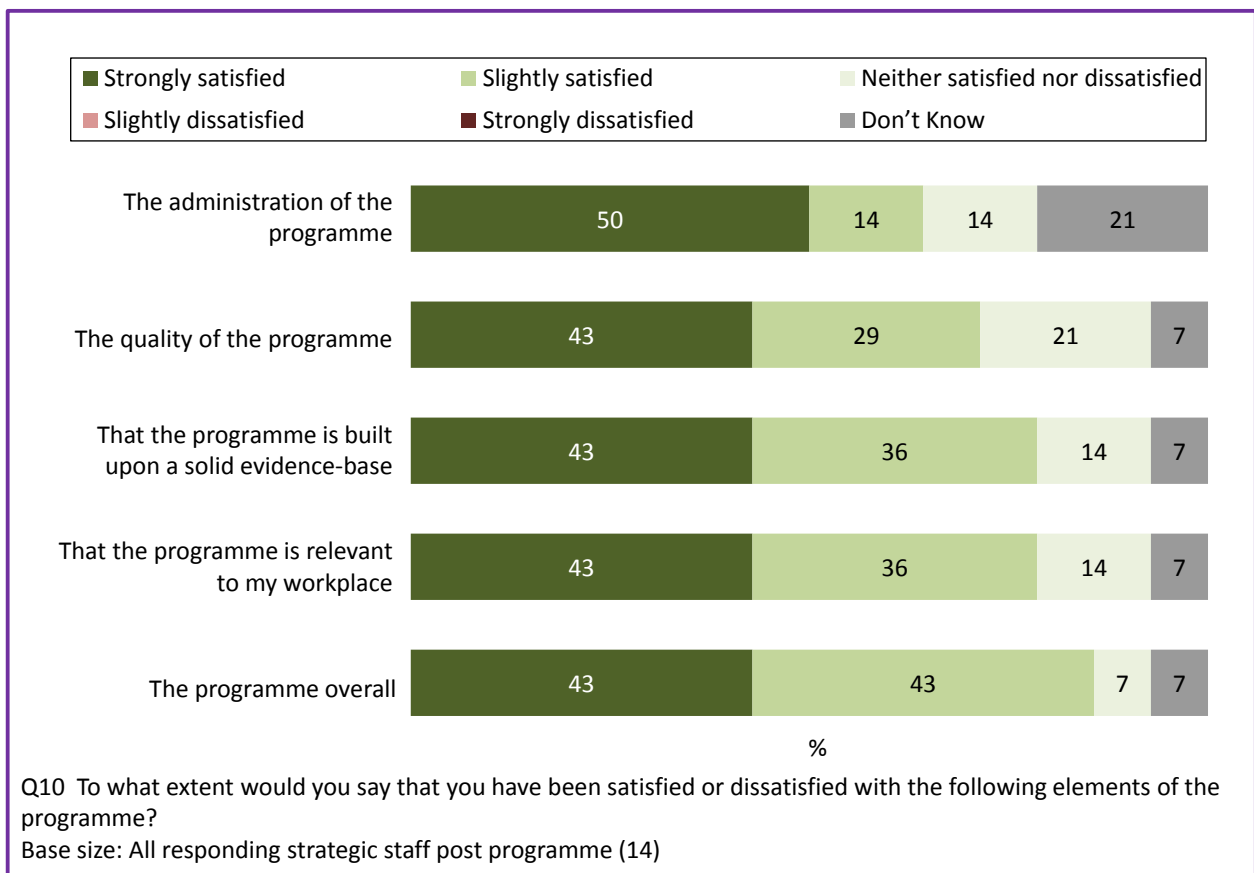
From the Strategic staff members:

“I think it’s been absolutely fantastic, very successful and well run.” (Strategic staff interview 1)

“I was enthused by it, I really want to see new leaders emerging.” (Strategic staff interview 4)

“From my point of view it has been excellent.” (Strategic staff interview 5)

Again this is echoed by very high levels of satisfaction with the programme, as detailed by the strategic staff members in the end of project survey.



In total, 86% of the strategic staff members were satisfied with the programme overall, and none gave negative responses.

From Firefly:

“There was [sic] various technical issues, but when you strip that all away the vast majority of midwives would say it was a positive experience. As a pilot I think it achieved what it was meant to achieve to draw out the leadership, and there was some good learning about what to do next time to make it even more of a powerful experience.” (Firefly coach)

The impact of the programme on participating midwives

The following section describes the impact that the ‘Delivering Quality through Midwifery Leadership’ programme had on the participating midwives.

Enjoyment

It is clear from responses throughout the evaluation that many participating midwives enjoyed taking part in the ‘Delivering Quality through Midwifery Leadership’ programme.

“Very positive programme and fun too.” (Midwife from survey)

“Friendly and fun all the way through.” (Midwife from survey)

“I absolutely loved the whole experience.” (Midwife from survey)

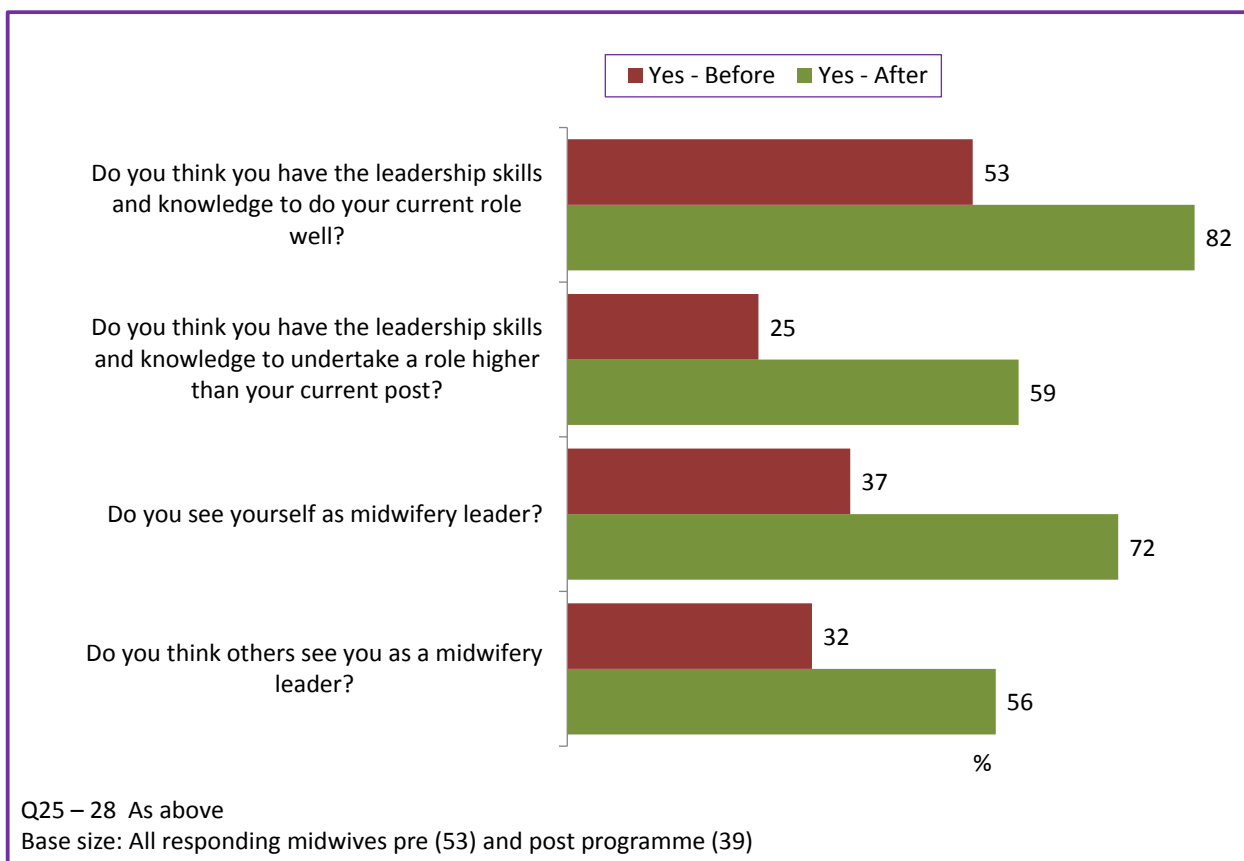
Based on evaluations of particular elements of the leadership programme, this enjoyment most often resulted from the leadership projects (100%) and the final national event (97%).

I enjoyed ... [Activity]	%
Initial one day workshop	82
One-to-one leadership coaching from Firefly	83
Leadership project	100
Leadership challenge event	83
Community of practice website	57
Final national event	97

Appreciation of own leadership potential

The midwives were asked a set of questions focusing on their feelings about their leadership abilities at the start and end of the ‘Delivering Quality through Midwifery Leadership’ programme.

In every area, the midwives showed a marked improvement across the course of the programme, indicating an increase in their appreciation of themselves as a midwifery leader and in their ambition to lead.



At the close of the programme, 82% of participants felt that they had the leadership skills and knowledge to do their current job well (up from 53% at the start), and 59% felt that they had the leadership skills and knowledge to undertake a role higher than their current post (up from 25% at the start).

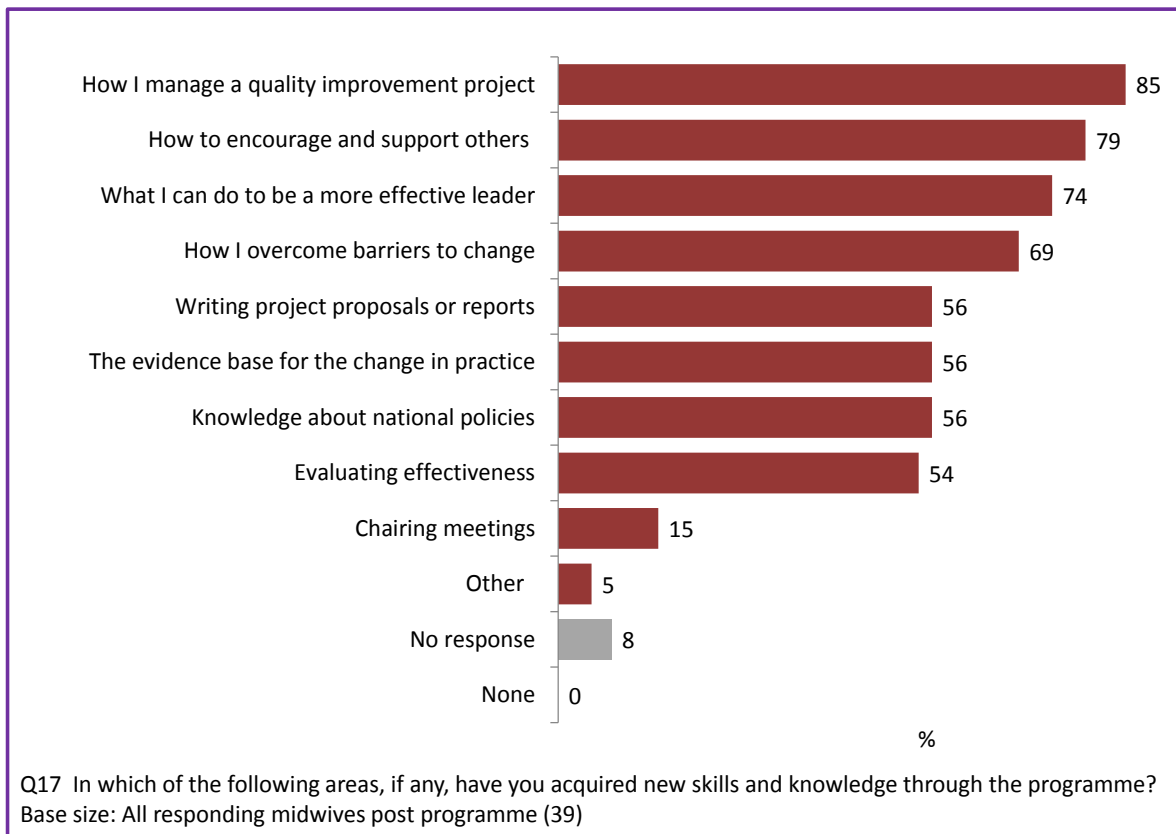
In addition, 72% of participants now considered themselves to be a midwifery leader (up from 37% at the start) and 56% felt that others now see them as a midwifery leader (up from 32% at the start) indicating a substantial increase in leadership confidence and ambition.

Factors contributing to this change are discussed in this section of the report.

Acquiring new skills and knowledge

Participating midwives were given the opportunity to acquire new skills and knowledge through their participation in the 'Delivering Quality through Midwifery Leadership' programme.

The following chart provides an overview of skills and knowledge acquired through the programme, based on the end of project survey for midwives.



The skills and knowledge most often acquired were managing a quality improvement project (85%), encouraging and supporting others (79%), learning what to do to be a more effective leader (74%), and overcoming barriers to change (69%).

Based on evaluations of particular elements of the leadership programme, this acquisition of learning most often resulted from the leadership projects (90%), the final national event (86%) and the leadership challenge event (83%).

I learned something new as a result of ... [Activity]	% Agree
Initial one day workshop	74
One-to-one leadership coaching from Firefly	81
Leadership project	90
Leadership challenge event	83
Community of practice website	23
Final national event	86

Base: All responding midwives that experienced each

Personal growth

At the close of the 'Delivering Quality through Midwifery Leadership' programme, both midwives and strategic staff members recognised that positive personal changes had occurred in participating midwives.

“I’ve seen them blossom.” (Strategic staff interview 2)

“We were told we would be different and I thought ‘ah maybe’ – but the skills I have learned have absolutely changed me.” (Midwife presentation 2, final showcase event)

Key to this change, the midwives now understood that leadership is about recognising and capitalising on their own individual strengths, and the individual strengths of others.

“They have learned that every leader doesn’t have all the skills, and to use each other.” (Strategic staff interview 1)

“That awareness of what everybody brings to the table.” (Strategic staff interview 3)

“Recognising our strengths and using them effectively.” (Midwife presentation 1, final showcase event)

Increases in confidence

31% of midwives who completed the survey said that having the confidence to be a leader was a key challenge of the ‘Delivering Quality through Midwifery Leadership’ programme.

However, a key impact that the ‘Delivering Quality through Midwifery Leadership’ programme had on the participating midwives was an increase in self-confidence.

“I feel more confident than I did before.” (Midwife interview 1)

“I do feel more confident – an inner confidence and calmness.” (Midwife presentation 15, final showcase event)

“I now look in the mirror and see something bigger and stronger and braver.” (Midwife presentation 12, final showcase event)

“I’ve become a stronger person, to lift up my head and say ‘I’m as good as anybody’.” (Midwife interview 6)

This change in confidence levels was also recognised by the strategic staff members.

“It has given her courage.” (Strategic staff interview 4)

“It has given them more confidence.” (Strategic staff interview 5)

This was echoed by the results from the survey, with 74% of midwives and 93% of strategic staff members agreeing that the participating midwife now had more confidence as a leader.

Q19a/Q8a To what extent do you agree or disagree... more confidence a leader	% Base: All midwives (39)	% Base: All strategic staff (14)
Strongly agree	64	36
Slightly agree	10	57
Neither agree nor disagree	13	7
Slightly disagree	5	0
Strongly disagree	0	0
Don't know	8	0

Based on evaluations of particular elements of the 'Delivering Quality through Midwifery Leadership' programme, this increase in confidence most often resulted from the final national event (89%) and the leadership projects (87%).

[Activity] enhanced my confidence as a midwifery leader Base: All responding midwives that experienced each	% Agree
Initial one day workshop	49
One-to-one leadership coaching from Firefly	81
Leadership project	87
Leadership challenge event	75
Community of practice website	20
Final national event	89

A changed approach

As a consequence of increased confidence, the strategic staff members felt that the participating midwives were now taking more a more confident approach within the workplace.

"They are definitely more questioning. They challenge, which is good. They are more willing to give it a go. They know they can do it, they can achieve." (Strategic staff interview 2)

"They have more belief in themselves that they can make a difference and that they will be listened to." (Strategic staff interview 3)

Many of the midwives reported that as a result of the 'Delivering Quality through Midwifery Leadership' programme they had changed the way that they approached their work.

"If you change the way you think, you change the way you behave." (Midwife presentation 4, final showcase event)

In particular, the midwives have been able to use their new skills to help others.

“I’ve reinvigorated myself and I can share that with others.” (Midwife presentation 14, final showcase event)

“I felt frustrated that I couldn’t unlock the potential in the people around me. This has enabled me to do that.” (Midwife presentation 2, final showcase event)

For many, the key learning that has enabled this change was that as a leader it is important to consider the different needs of others.

“It is not all about me, it is about the people I interact with. Put yourself in their shoes.” (Midwife presentation 15, final showcase event)

“You have to take everybody as individuals and meet them where they are.” (Midwife interview 2)

“I think I’ll probably be a lot more mindful about how I speak to people and how they might be feeling.” (Midwife interview 1)

“Enhanced my self-awareness and ability to understand others.” (Midwife from survey)

Several midwives gave examples of the way that this change in approach had already improved or enabled their practice.

“I’m engaging more with people, spending a lot more time with people finding out what their fears are and what the barriers are to them moving forward.” (Midwife interview 1)

“I was doing a review and I was conscious she was feeling quite unsupported, which was an eye opener and I changed my approach.” (Midwife interview 3)

I had a particular issue with a member of staff and it enabled me to overcome that.” (Midwife interview 6)

Based on evaluations of particular elements of the ‘Delivering Quality through Midwifery Leadership’ programme, this change in working practices most often resulted from the leadership projects (87%) and the one-to-one leadership coaching from Firefly (83%).

I made positive changes to my working practices as a result of ... [Activity] Base: All responding midwives that experienced each	% Agree
Initial one day workshop	46
One-to-one leadership coaching from Firefly	83
Leadership project	87
Leadership challenge event	75
Community of practice website	10
Final national event	72

Access to additional opportunities

It was also felt that the ‘Delivering Quality through Midwifery Leadership’ programme had led participating midwives to take additional opportunities that would not otherwise have been open to them.

“It has opened doors for me. I feel like I’ve got a new job. If I hadn’t stepped forward to do the programme I probably wouldn’t have done half the things I have done.” (Midwife interview 2)

Many of the midwives and strategic staff members gave examples of ways in which the programme had led to opportunities.

“I was asked if I would like to write an article, it has been published.” (Midwife presentation 4, final showcase event)

“A midwife has gone on to further study on the back of this project. And from my point of view that was something I was engaged with and more likely to buy into.” (Strategic staff interview 5)

“They are using my project as an example for their essay for university!” (Midwife interview 3)

“She advised me to join a group that has been set up for achieving a HEAT target. That was great, I attended that. I’m the only person on the shop floor in the meeting.” (Midwife interview 6)

Access to ongoing opportunities

It is anticipated that participation in the ‘Delivering Quality through Midwifery Leadership’ programme will lead to ongoing opportunities for the participating midwives.

At the close of the programme, 80% of participating midwives agreed that they believe that the programme will help them as they progress in their career.

Q19d To what extent do you agree or disagree... I believe that the programme will help me as I progress in my career		%
Base: All midwives (39)		
Strongly agree		59
Slightly agree		21
Neither agree nor disagree		10
Slightly disagree		3
Strongly disagree		0
Don't know		8

One midwife commented that they wished they had been able to take this opportunity sooner.

“I wish it is something that I had had years ago, it would have made such a difference to my career.” (Midwife interview 1)

To enable further progress, 61% of midwives agreed that they had set up local support for themselves as a leader.

Q19c To what extent do you agree or disagree... I have set up local support for myself as a leader		%
Base: All midwives (39)		
Strongly agree		23
Slightly agree		38
Neither agree nor disagree		28
Slightly disagree		0
Strongly disagree		3
Don't know		8

The impact of the programme for the NHS

The following section describes the impact that the ‘Delivering Quality through Midwifery Leadership’ programme had on the NHS, in terms of strategic impacts, workplace impacts and patient care impacts.

Strategic impacts

The ‘Delivering Quality through Midwifery Leadership’ programme projects had a clear strategic impact as many of them were designed to meet the needs of local and national policies and targets.

“It sits really well within the national and local policies.” (Midwife presentation 3, final showcase event)

“The project they have done was looking at the HEAT target.” (Strategic staff interview 1)

“They were looking at things highlighted in Early Years, so they were looking at political things.” (Strategic staff interview 2)

The following strategic impacts were recorded in the end of project posters presented at the final national event on 6th March 2013.

Health Board	Strategic impacts
NHS Borders (1)	Actions taken to localise aspects of Getting it Right for Every Child and the Refreshed Framework for Maternity Services (2011) in relation to parent education.
NHS Dumfries and Galloway (3)	Actions being developed to engage with women to enable them to access maternity services, to meet a HEAT target.
NHS Greater Glasgow and Clyde (3)	Use of the Quality Strategy (2010), the Refreshed Framework for Maternity Services (2011) to guide and focus project work around person-centred care.
NHS Highland (1)	Setting up a maternity day assessment unit fulfils elements of actions taken to localise aspects of the Refreshed Framework for Maternity Services (2011) around working in areas of deprivation and providing services in the community.
NHS Highland (2)	Actions taken based on the principles of the Refreshed Framework for Maternity Services (2011) and the Quality Strategy (2010) in relation to improving quality of care using information technology.
NHS Lanarkshire	The results of an audit showed NHS Lanarkshire what they need to improve to meet their HEAT targets, and actions have been planned or taken to enable this.
NHS Lothian (2)	The results of a survey showed NHS Lothian what they need to do to improve compliance with the NHS Lothian policy on Routine Enquiry of Gender based Violence in Maternity, and actions have been planned to enable this.

As a result of this activity, many of the midwives reported a greater understanding of strategic needs in their locality.

“All these committees and groups well above my head within the Health Board that you have to deal with. Getting to know people higher up and what they do.” (Midwife interview 5)

“Make a connection between strategic planning right down to what we do on the ward.” (Midwife presentation 2, final showcase event)

“As a shop floor midwife I have become aware of the things that go on at a strategic level.” (Midwife presentation 3, final showcase event)

Consequently, some of the strategic staff members felt that their midwives were now better able to play a strategic role within the workplace.

“It helps me to have people who understand where you are coming from, it acts as a support to me in my role because they are reinforcing the message.” (Strategic staff interview 2)

“Anything that allows people to see the bigger picture is really good.” (Strategic staff interview 3)

Specifically, at the programme close, 72% of strategic staff agreed that the programme will help them to deliver on policies such as Healthcare Quality Strategy for NHS Scotland and the Refreshed Framework for Maternity Care in Scotland.

Q8e The programme will help me to deliver on policies such as Healthcare Quality Strategy for NHS Scotland and the Refreshed Framework for Maternity Care in Scotland	%
Base: All strategic staff (14)	
Strongly agree	36
Slightly agree	36
Neither agree nor disagree	21
Slightly disagree	7
Strongly disagree	0
Don't know	0

In addition, the ‘Delivering Quality through Midwifery Leadership’ programme also resulted in Strategic staff members feeling more able to tackle the issue of succession planning.

“Especially with that midwifery population being of a certain age. We have to think about succession planning and making sure that our workforce are [sic] fit for purpose and for us to identify the leaders for the future.” (Strategic staff interview 1)

“Very important for succession planning.” (Strategic staff from survey)

At the close of the programme, 79% of strategic staff said that they now felt more confident about succession planning for midwives in their teams.

Q8d I now feel more confident about succession planning for midwives in my team	%
Base: All strategic staff (14)	
Strongly agree	29
Slightly agree	50
Neither agree nor disagree	21
Slightly disagree	0
Strongly disagree	0
Don't know	0

Workplace impacts

The 'Delivering Quality through Midwifery Leadership' programme also resulted in many impacts in the workplace, which can be categorised into two broad areas – impacts affecting staff, and impacts affecting practice.

Overall, it was felt that the programme had resulted in positive changes in the workplace for staff, and many of these are referenced elsewhere in this report.

“The difference in the culture is tangible.” (Strategic staff interview 2)

The following workplace impacts for staff were recorded in the end of project posters presented at the final national event on 6th March 2013.

Health Board	Workplace impacts – learning and understanding for staff
NHS Ayrshire and Arran (2)	Staff education seminars delivered around gestational diabetes management, along with newly updated paperwork.
NHS Dumfries and Galloway (3)	Staff has a better awareness of the demographics of women who do not engage with maternity services, and the barriers that prevent them from doing so.
NHS Forth Valley	Staff has a better awareness of the issues facing patients and potential ways to address these.
NHS Highland (2)	Following IT training sessions, 100% of staff now feel more competent and confident using required computer programmes.
NHS Lanarkshire	Staff have a better awareness of the issues facing patients and potential ways to address these.
NHS Lothian	Staff have a better awareness of the barriers to Routine Enquiry of Gender based Violence in Maternity, and anecdotally since some technology changes have been made compliance has improved.
NHS Tayside (2)	Training provided for staff around information and care for women with a BMI <30, resulting in improved knowledge and skills and confidence addressing this issue, and enhanced referrals.

The ‘Delivering Quality through Midwifery Leadership’ programme also led to many impacts on practice within the workplace, largely as a result of the projects that took place.

“The project has made a change to clinical practice and will continue to. It went a lot further forward than it would have been if it had been left to the managers. They have moved forward a big bit of work that us as a Board had to do, but it is more staff centred and women centred.” (Strategic staff interview 1)

The following workplace impacts on practice were recorded in the end of project posters presented at the final national event on 6th March 2013.

Health Board	Workplace impacts – changes in practice
NHS Dumfries and Galloway (1)	Design, testing and delivery of an SBAR tool – which received positive feedback from staff members.
NHS Dumfries and Galloway (2)	Actions taken to improve the quality of care for bereaved parents, including SANDS workshops, packs of documents, and coloured butterflies to notify staff that a bereavement has taken place. Anecdotal evidence shows that these actions facilitate the process, releasing time to care.
NHS Fife	Development of the ‘Nature’s Best’ support pack, pathways, and peer support groups to increase the number of preterm babies breastfeeding or receiving expressed breast milk on discharge.
NHS Greater Glasgow and Clyde (2)	Changes in practice made to enable women to have a ‘named midwife’ that provides the majority of their care.
NHS Greater Glasgow and Clyde (3)	As a result of work to improve the patient experience around elective caesarean section staff felt more satisfied, team work was improved, theatre ran more smoothly and roles were more define.
NHS Greater Glasgow and Clyde (4)	A 3pm Brief and proforma were developed and introduced to collate details of new or expected admissions, to improve labour ward performance.
NHS Lothian (1)	Monthly ‘Listening for Normality’ meetings, aide memoir cards about Intermittent Auscultation, and changes around the use of fetal monitoring.
NHS Shetland	New interventions developed in an area of social deprivation including an antenatal clinic, parenthood sessions, baby massage and display boards.
NHS Tayside (1)	A handover tool was developed which follows a woman from antenatal admission to postnatal discharge. This reduces handover time taken and minimises inappropriate comments. Feedback from staff has been supportive and it is seen to be key when dealing with emergencies.
NHS Tayside and South East and West of Scotland LSAs	New guidelines and documentation supporting the Review of Practice process were developed, and have now been adopted as standard. An evaluation found that 100% of concerns raised regarding midwifery practice were dealt with confidently and competently.

At the close of the ‘Delivering Quality through Midwifery Leadership’ programme, 79% of midwives felt that the programme had contributed to positive changes in the workplace.

Q8b I believe that the programme has contributed to positive changes in my workplace Base: All strategic staff (14)	%
Strongly agree	29
Slightly agree	50
Neither agree nor disagree	21
Slightly disagree	0
Strongly disagree	0
Don't know	0

Based on evaluations of particular elements of the ‘Delivering Quality through Midwifery Leadership’ programme, these changes in the workplace most often resulted from the leadership projects (85%).

I have noticed positive changes in my workplace as a result of ... [Activity] Base: All responding midwives that experienced each	% Agree
Initial one day workshop	33
One-to-one leadership coaching from Firefly	75
Leadership project	85
Leadership challenge event	72
Community of practice website	10
Final national event	69

Patient care impacts

The midwives were enthusiastic about the prospect of using leadership to improve patient care.

“One of my passions for the project is that the journey for the patients would improve.”
(Midwife interview 6)

“We are on the shop floor, we talk to the women. We are in the best possible place to change things.” (Midwife interview 2)

“Women should always be the focus, that shouldn't go out the window when you become a leader.” (Midwife presentation 16, final showcase event)

Consequently, much of the work undertaken during the projects resulted in positive impacts for patient care. The following patient care impacts were recorded in the end of project posters presented at the final national event on 6th March 2013.

Health Board	Patient care impacts
NHS Ayrshire and Arran (1)	There was an 11% reduction on admission rates of nulliparous women in the three months that were monitored after an increase focus on education.
NHS Ayrshire and Arran (2)	An increase in women's satisfaction with their care as a result of work around care following oral glucose tolerance tests.
NHS Ayrshire and Arran (3)	Post-natal clinics offered for women, which attendees found to be convenient and a positive experience.
NHS Borders (1)	Work undertaken to enhance equitable delivery of antenatal education, and a web-based patient feedback tool introduced.
NHS Borders (2)	A web-based patient feedback tool was introduced to engage with women.
NHS Fife	Observed increase of 30% in the number of preterm babies breastfeeding or receiving expressed breast milk on discharge.
NHS Greater Glasgow and Clyde (3)	Women reported a positive birth experience while having elective caesarean section, through actions including earlier admission times, reduced fasting times, reduced unnecessary noise in theatre, baby weighted and examined in front of parents.
NHS Highland (1)	A maternity day assessment unit is now being provided in County Community Hospital Invergordon.
NHS Lanarkshire	A poster campaign has been launched to encourage pregnant women to 'Keep calm and call the midwife'.
NHS Lothian	Improvements recorded around Intermittent Auscultation and fetal monitoring.
NHS Shetland	Families in an area of social deprivation now have access to an antenatal clinic, parenthood sessions, baby massage and display boards.
NHS Tayside (1)	A handover tool was developed which follows a woman from antenatal admission to postnatal discharge, improving efficiency and appropriateness of care.
NHS Tayside (2)	Information and advice provided to women with high BMIs through clinics and information sessions.

Both midwives and strategic staff members commented on ways in which project activity would have an impact on patient care, now or in the future.

"We're hopefully making labour shorter and progress more normally, a huge knock on effect for women." (Midwife interview 3)

"Saves them money, saves them time, saves them childcare. It is very patient-centred. It has been developed purely for the benefit of our ladies." (Midwife interview 5)

"The women are happier, I think we are giving better care because they are going away thinking they know what they are doing." (Midwife interview 2)

“It will keep women at home appropriately, and won’t clog up our system, so women that need to be there get the right care. That will definitely enhance the quality of care that women and their families receive.” (Strategic staff interview 3)

At the close of the ‘Delivering Quality through Midwifery Leadership’ programme, 83% of midwives and 79% of strategic staff felt that the programme in general had contributed to improvements in patient care.

Q19e/Q8c To what extent do you agree or disagree... I believe that the programme has contributed to improvements in patient care	% Base: All midwives (39)	% Base: All strategic staff (14)
Strongly agree	62	29
Slightly agree	21	50
Neither agree nor disagree	10	21
Slightly disagree	0	0
Strongly disagree	0	0
Don't know	8	0

Specifically, 97% of midwives surveyed agreed that they believed that their leadership project had contributed to improvements in patient care.

It was also commented that broad changes in the workplace would ultimately benefit patients.

“That is better for the women if the culture and atmosphere is more friendly and open.” (Strategic staff interview 2)

“Any improvement in communication is going to be for the good of patient care.” (Midwife interview 1)

Identifying positive practice

The positive impact that the 'Delivering Quality through Midwifery Leadership' programme has had can be attributed to several specific elements of positive practice.

The relevance of the programme

It was felt that the opportunity to undertake practical leadership activities in the workplace made the 'Delivering Quality through Midwifery Leadership' programme feel relevant to the midwives.

"Something that was real to them so they could look back and reflect on their leadership skills. Something that they could get their teeth into but learn about leadership as well."
(Strategic staff interview 1)

"Anything that is hands on is real for them and making a difference within their own workplace – it is much more beneficial than theoretical learning about leadership."
(Strategic staff interview 3)

"You chose your project so you chose something relevant to you. It made you think what you want to change. So it is 100% going to work." (Midwife interview 2)

From the midwife perspective, undertaking relevant local projects demonstrated that they could make a significant change using relatively few resources.

"Change doesn't take big budgets." (Midwife presentation 6, final showcase event)

"It makes you realise that you can make a difference. It shows you what you can achieve in just six months." (Midwife interview 2)

"It made you aware that some projects can be achieved in a very short time." (Midwife interview 6)

This realisation could result in midwives feeling confident to continue to generate and lead strategic change in their workplaces.

Additionally, from the strategic staff perspective, it was possible to encourage the midwives to select a project that would address an existing strategic issue in their region. This encouraged buy-in from senior staff, which enhanced the ability of all concerned to make changes.

"We agreed on a bit of work that needed to be done, it fitted in with what we needed too." (Strategic staff interview 1)

"It needed to meet our needs and not just be the pet project of an individual. We have needs as a service that we have identified. It had to fit in with our strategic direction."
(Strategic staff interview 3)

"Two of the projects very much fitted with strategic needs." (Strategic staff interview 5)

A catalyst for releasing additional resources

A combination of project requirements and confidence-building activity led to many of the midwives to approach strategic staff members to ask for additional resources where otherwise they would not have felt able to do so.

“Twice I have approached the Head of Midwifery and she has said ‘that’s a good idea’. I’ve been encouraged. If I have an idea I’ll go to them.” (Midwife interview 2)

“We thought they’d say no, but that didn’t happen.” (Midwife presentation 6, final showcase event)

Several midwives gave examples of situations where they had asked for additional resources, and been granted them.

“I managed to get a dietician and a physio – a huge accomplishment.” (Midwife presentation 8, final showcase event)

“We needed more equipment, which has been ordered.” (Midwife presentation 14, final showcase event)

“It allowed me to go to my Head of Midwifery and ask if anyone else could be released for it. I did get that help.” (Midwife interview 1)

“I secured funding for this. I thought they’d say ‘no too much money’ but she agreed to it.” (Midwife interview 2)

It is likely that this has enhanced the impact of the ‘Delivering Quality through Midwifery Leadership’ programme by expanding its remit, and will continue to make a difference in the future as midwives have enhanced confidence in their ability to drive change.

A networking opportunity

Many of the midwives and their supervising strategic staff members appreciated the networking opportunity that the ‘Delivering Quality through Midwifery Leadership’ programme afforded.

“Meeting everyone else, all the other midwives. A whole load of you that want to make a difference.” (Midwife interview 2)

At the end of the programme, 71% of participating midwives agreed that they had built up a network with other midwifery leaders as a result of the programme.

A key benefit of the networking opportunity was that the midwives were exposed to Scotland-wide experiences, which prompted and enabled them to think strategically.

“The networking with other areas nationally is good for them, it gives you a better picture.” (Strategic staff interview 2)

“An opportunity for networking at that strategic level and seeing what was going on around Scotland.” (Strategic staff interview 4)

“Collaboration at national level gave midwives exposure to colleagues from other health Boards.” (Strategic staff from survey)

“It has been good involving all of Scotland.” (Midwife interview 5)

Another reason why the networking opportunity worked well was that the midwives were exposed to positive role models, both within the project staff and their participating colleagues.

“There were role models from the very beginning, you’re seeing midwives who have progressed and are leaders, being able to talk with them. It is quite unique.” (Midwife interview 3)

Networking also had the benefit of enabling midwives to gauge their progress against others, which was confidence-enhancing for some.

“A measurement against others. You think ‘I do know what I’m talking about.’” (Strategic staff interview 4)

Generating enthusiasm for leadership amongst practitioners

The strategic staff members felt that the ‘Delivering Quality through Midwifery Leadership’ programme was unique in that it provided leadership training for midwives at relatively junior job grades that would not usually have access to such opportunities.

“It was the first programme that would address that need and encourage people at that level.” (Strategic staff interview 2)

“To see midwives who do a clinically based job being given the opportunity to stretch out.” (Strategic staff interview 4)

“We can have leadership at all levels within maternity services.” (Strategic staff interview 5)

The strategic staff members felt that the ‘Delivering Quality through Midwifery Leadership’ programme had also generated enthusiasm for leadership in their workplaces, out with the participating midwives themselves.

“All of the other staff have seen the difference a project has made.” (Strategic staff interview 1)

“Everyone has been extremely supportive. Aware of what I have been doing. There has been an enthusiasm, a topic of conversation. It can be monotonous [at work], but [the programme activity] helps people be motivated.” (Midwife interview 3)

“Midwifery colleagues are enthusiastic and are invigorated with the project.” (Midwife from survey)

As a result of this enthusiasm, non-participating midwives were now proving themselves to be innovative in the workplace.

“They are coming up with innovative ideas. Maybe just a small thing but it really does make a difference.” (Strategic staff interview 2)

“It’s almost as if we opened a door – people have lots of ideas.” (Midwife presentation 5, final showcase event)

“There are people with imagination and vision, they need to be encouraged.” (Midwife interview 1)

At the close of the programme, some of the strategic staff members had made plans for the participating midwives to share their project work with their colleagues.

“I want the team to present at meetings.” (Strategic staff interview 2)

“Hold an event within the unit and display their posters. Share it with their colleagues.” (Strategic staff interview 5)

As a result of this enthusiasm, strategic staff members reported hearing other midwives seeking opportunities to take part in project work, or future leadership programmes.

“I know they’ve encouraged their colleagues to take part in it.” (Strategic staff interview 2)

“They are asking if there will be another leadership course. There’s an enthusiasm, hoping it would run again.” (Strategic staff interview 1)

It was thus suggested that participating midwives from the current cohort would be good advocates for future leadership programmes.

“Speak to the ones that went before.” (Strategic staff interview 3)

“Some of those that you could see were real leaders mentoring and being a role model for the new cohort.” (Strategic staff interview 4)

“That’s the best selling point, is to see a change in someone and think ‘I wish I’d gone for that’.” (Strategic staff interview 2)

Challenges associated with the programme

During the course of the 'Delivering Quality through Midwifery Leadership' programme, a number of challenges were faced.

Finding the time to undertake the programme

At the close of the 'Delivering Quality through Midwifery Leadership' programme, 90% of the midwives that completed the survey said that a key challenge was finding the time to undertake the tasks and activities associated with the programme.

One of the strategic staff members commented that the length of time allocated to project work was not sufficient.

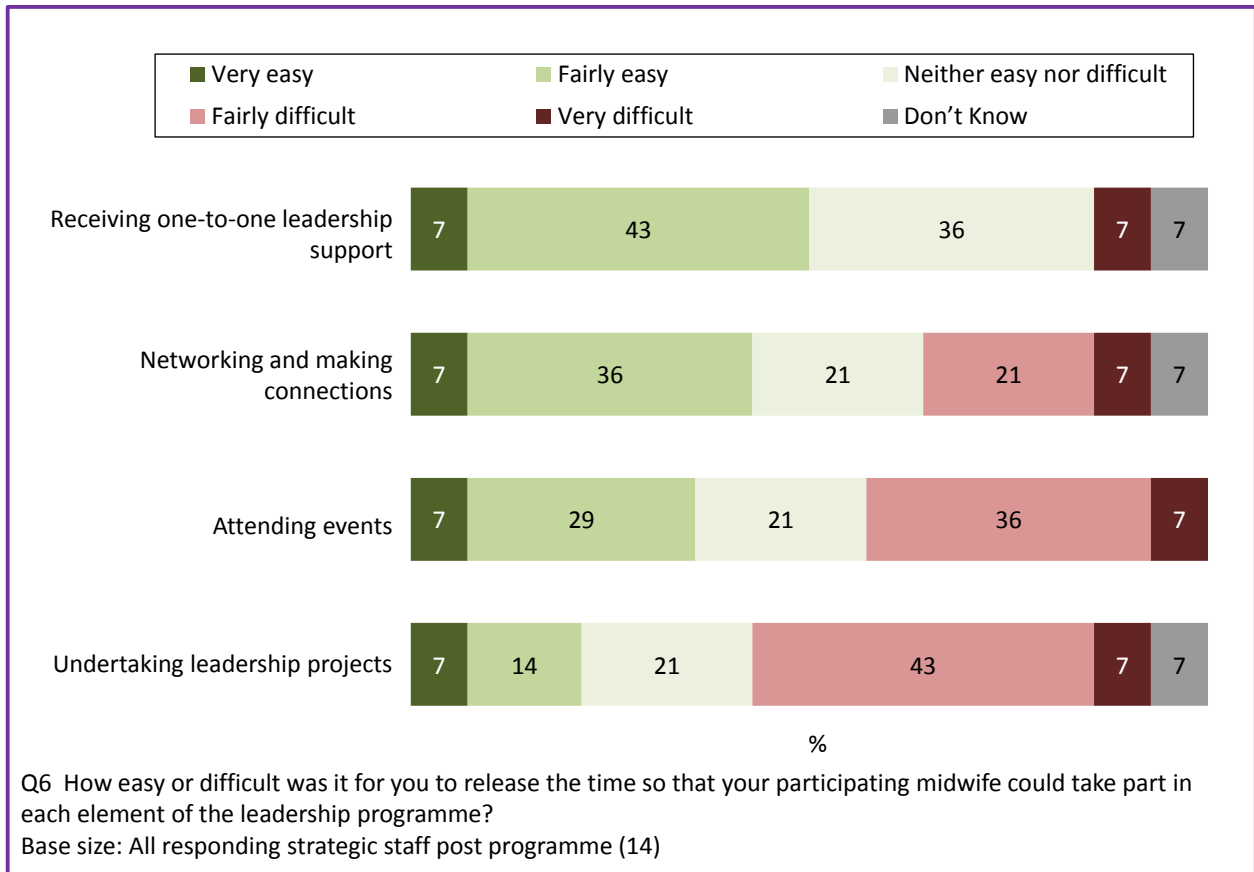
"The outputs expected over a six month period I'm not convinced, it was too short a period of time from the start of a project to completion. Given a longer period of time would have given them more confidence." (Strategic staff interview 4)

Whilst this is something to consider, the underlying cause of this difficulty was the time made available to midwives for project work during this period.

"The biggest challenge was to negotiate time out for them." (Strategic staff interview 1)

"If we could have had protected time for them that would have been easier." (Strategic staff interview 2)

This challenge was echoed by the strategic staff in the end of programme survey, as fewer than half found it easy to release the time for participating midwives, with finding time for the leadership projects (50% found this difficult) and events attendance (43% found this difficult) proving particularly challenging.



For many strategic staff members, this challenge arose because they felt unable to afford to release participating midwives from their usual roles in order to undertake programme activities.

“The fiscal climate we’ve got to justify every clinical hour. That part was the most difficult. That is one thing I think they need to address.” (Strategic staff interview 2)

“That was a confusion at the beginning about how much time out they need. I remember being shocked and thinking without any financial support that can’t happen.” (Strategic staff interview 3)

However, some of the strategic staff members were able to source funding from out with the programme in order to allow them to release staff from their usual duties to undertake programme activities.

“We afforded each of them a clinical day each week, which was funded by a local programme.” (Strategic staff interview 1)

“We used some of the Refreshed Framework money.” (Strategic staff interview 3)

“It would have been hard to achieve had she not been in the post that she was in, I was able to release her for more than the one day.” (Strategic staff interview 4)

Due to different approaches being applied to this across the Health Boards, the amount of project time allocated to individual midwives varied considerably.

“My manager has given me a day a week, it has been absolutely fine I had lots of time.”
(Midwife interview 5)

“I had to go back and say ‘I need time’ and she was able to give me two days a week.”
(Midwife interview 6)

“I approached my manager and asked for some help or advice, and she kindly let me have one clinical shift a month to cover some study time and for carrying out the project.”
(Midwife interview 3)

“They said it was a day a week but we were getting a day a month.” (Midwife interview 2)

“There wasn’t any allocated time, we had to find time.” (Midwife presentation 6, final showcase event)

The midwives found it challenging to fit their programme activities around the time that had been allocated to them.

“It was time consuming, between your role that you have to maintain plus the additional work.” (Midwife interview 3)

This was acutely challenging for those doing group work.

“Even to get them to meet together can be quite challenging.” (Strategic staff interview 3)

“Co-ordinating diaries can be frustrating.” (Midwife presentation 3, final showcase event)

However, as one strategic staff member pointed out, this approach was realistic within the existing workplace and thus offered an additional learning point.

“If we’d given them longer they’d maybe be able to do more but it showed them that you have to fit things like this project in with your everyday working lives too. You have to grow while you’re doing the job.” (Strategic staff interview 1)

Engaging with senior colleagues

At the close of the ‘Delivering Quality through Midwifery Leadership’ programme, 10% of the midwives that completed the survey said that a key challenge for them was gaining the support of their managers.

“People were wary, we had to get them on-side.” (Midwife presentation 1, final showcase event)

It was important for the midwives to have a certain amount of autonomy to pursue their projects, and this was a challenge for some strategic staff members.

“To allow these girls to flourish is a big challenge, allowing them free reign.” (Strategic staff interview 1)

Doing this successfully involved allowing autonomy, within a framework of regular progress meetings with managers to ensure that expectations were met from all sides.

“It wasn’t about me totally directing them, it was about them taking leadership. To learn about themselves and grow.” (Strategic staff interview 1)

“It was their project as long as they were coming to me I was quite happy to support them. If they’d gone on a tangent I would have probably pulled them in.” (Strategic staff interview 2)

One strategic staff member felt that it would have been easier to achieve buy-in from senior staff members if the midwives had provided clearer information on the intended impacts of their work.

“A biography of what they hoped to achieve and what difference it has had in practice.” (Strategic staff interview 4)

It was also noted that several midwives found it particularly difficult to engage with Consultant obstetricians.

“I did find getting Consultants on board quite difficult.” (Midwife presentation 3, final showcase event)

“Consultants at the hospital we couldn’t get anyone to get involved in the project at the start.” (Midwife interview 5)

Making realistic project plans

At the close of the ‘Delivering Quality through Midwifery Leadership’ programme, 18% of the midwives that completed the survey said that a key challenge was putting their learning into practice.

Several midwives commented that they found it difficult to make realistic plans for their projects.

“The driver diagram was very difficult.” (Midwife presentation 13, final showcase event)

“About an eighth of the size of the first one, very much pared down.” (Midwife presentation 9, final showcase event)

This was echoed by a strategic staff members.

“It took them a wee while to think how they were going to take it forward. They were going too far ahead of each other initially.” (Strategic staff interview 3)

The midwives also found it challenging to put their plans into practice.

“Everything takes much longer than you think it is going to.” (Midwife presentation 6, final showcase event)

“It was too big a remit and too short a time.” (Midwife presentation 10, final showcase event)

This may have been a useful part of the learning experience however, because at the close of the programme 87% of midwives surveyed agreed that their leadership project achieved what it set out to achieve.

Engaging with Firefly

The one-to-one support and interactions provided by Firefly coaches were extremely well received, however some midwives initially found it difficult to engage with the approach that Firefly took.

A Firefly coach described the way that some of the midwives found it easier to engage with the coaching than others.

“Some of the midwives didn’t really want to engage, and some did. It was mixed. Bearing in mind that some people come to coaching because they have a burning need, or some people do it because of their employment. Within that you get people really pleased to be there, and other people that really don’t have any interest. I think that is true of any programme that is a mix of people putting themselves forward and being selected.” (Firefly coach)

This was confirmed by the midwives, who gave two main reasons for this.

The first reason, as described earlier in this report, was that they were unsure about whether the proposed approach would suit them.

“I did think ‘this really isn’t my kind of thing, it is going to be airy fairy.’” (Midwife presentation 15, final showcase event)

The second reason was that they were apprehensive about engaging with someone that they did not know (and in some cases had not met) by phone for a prolonged period.

“I was a bit apprehensive about the coaching, ‘what am I going to speak about for an hour?’” (Midwife presentation 4, final showcase event)

“How is this going to go, I’ve never met her.” (Midwife presentation 15, final showcase event)

“How am I going to talk to someone I don’t know for an hour?” (Midwife presentation 8, final showcase event)

It was suggested that for future iterations for the ‘Delivering Quality through Midwifery Leadership’ programme, more could be done to manage expectations about this process.

“There may be something that could be done to warm people up for it, to get a sense of what it can do and allay some of the fears.” (Firefly coach)

From the perspective of Firefly, there were also some challenges around making and keeping appointment times for the midwives.

“We agreed that we would allow the midwives to decide how they would use the time, and most of them said 30 minutes would work well. But to have a gap after a 30 minute session there is a lot of momentum lost.” (Firefly coach)

“Because of the nature of what they are doing, other things would intervene such as an emergency situation or a baby being born. It because a bit of an issue not turning up for an appointment or showing up late. A feeling that some of them thought we were sitting on the end of the phone waiting for them at any time. It is common for 20% of their appointments to become failed appointments – and they take the view they have other things they can get on with and it is a relief. And that is the mental frame that they brought to us, that we would see the failed call as a breathing space. “If we did it again we’d want to put boundaries in place, address that in a different way.” (Firefly coach)

Again, this is something that could be addressed through expectation management if the programme ran again.

The legacy of the project

Several elements highlighted in the evaluation indicate that participation in the ‘Delivering Quality through Midwifery Leadership’ programme will act as a catalyst for further and ongoing project-based and leadership activity and impacts.

Further project-based activity and impacts

At the close of the ‘Delivering Quality through Midwifery Leadership’ programme period, many of the midwives and strategic staff members stated that project work would continue in their areas.

“My piece of work is still going on.” (Midwife interview 1)

“Hopefully see that the project can continue in the long term.” (Midwife presentation 3, final showcase event)

“My project is still current, still up and running and will be for a wee while.” (Midwife interview 2)

Some of the Health Boards had classified their project as a pilot and intended that it would lead to further activity.

“This is the beginning, the project is a pilot.” (Midwife presentation 10, final showcase event)

“We are hoping the pilot project will extend and become permanent.” (Midwife presentation 3, final showcase event)

The following plans for the future were recorded in the end of project posters presented at the final national event on 6th March 2013.

Health Board	Legacy
NHS Ayrshire and Arran (2)	Plans for further health promotion activity around gestational diabetes.
NHS Borders (1)	Plans to extend work around equitable delivery of antenatal education.
NHS Dumfries and Galloway (1)	Plans to roll out the newly created SBAR tool for the Maternity Assessment Unit and more widely within Maternity Services.
NHS Dumfries and Galloway (3)	Currently seeking funding to develop a micro site to engage women in Dumfries.
NHS Forth Valley	Actions identified based on a service user feedback survey. Implementation of these will be incorporated within the Early Years Collaborative.
NHS Grampian	Plans made to improve triage, both within the current service and alongside the maternity service review.
NHS Greater Glasgow and Clyde (1)	Plans to develop new guidelines and a business case for mandatory fields for an obstetric referral form ensuring an improved journey

	for women through maternity services.
NHS Greater Glasgow and Clyde (4)	Plans to roll out a 3pm Brief and proforma to collate details of new or expected admissions were introduced, to improve labour ward performance.
NHS Highland (1)	A maternity day assessment unit is being provided in County Community Hospital Invergordon on a pilot basis of six months, with plans to evaluate the viability of the service and decide whether it should continue.
NHS Lanarkshire	Plans made to implement social networking sites, a free phone service, and more promotion of the media campaign.
NHS Lothian (1)	A commitment to continuing the 'Listening for Normality' project, to include monthly meetings and a conference.
NHS Lothian (2)	Training days scheduled to increase compliance with Routine Enquiry of Gender based Violence in Maternity.
NHS Tayside (1)	A handover tool which follows a woman from antenatal admission to postnatal discharge has been embedded in clinical practice in this region.
NHS Tayside (2)	Further training scheduled for staff around information and care for women with a BMI <30.
NHS Tayside and South East and West of Scotland LSAs	New guidelines and documentation supporting the Review of Practice process will continue to be used as standard, and training will be provided.

Further leadership activity and impacts

Two strategic staff members were prompted by the 'Delivering Quality through Midwifery Leadership' programme to say that they would be looking for leadership opportunities for their staff in the future.

"We have to find ways or we'll never move on and we'll never develop our staff."
(Strategic staff interview 3)

"If it doesn't happen nationally we have to think about it locally. It would be a fantastic opportunity for other midwives." (Strategic staff interview 1)

Specifically, they were keen to ensure that the leadership skills learned during the programme were developed and used.

"The big challenge is to continue building on these girls' leadership." (Strategic staff interview 1)

"We need to make sure that those ones that we saw shining, we capitalise on that."
(Strategic staff interview 4)

"Early identification of individuals who have potential to be senior leaders in the future."
(Strategic staff from survey)

Linked to this, when asked in the survey 82% of the participating midwives said that they would take up ongoing leadership support if it was offered.

Q22 If further leadership support was available to you on an ongoing basis, would you take it up? Base: All midwives (39)		%
Yes		82
No		8
Don't know		10

In particular, several of the midwives and strategic staff members spontaneously said that they would like to see the midwifery leadership programme running again.

“I’d be keen to support it again and have staff go through it.” (Strategic staff interview 3)

“I would like to see it running again.” (Strategic staff interview 5)

“Would just love it to be run again.” (Strategic staff from survey)

“I hope it is going to run again and again.” (Midwife interview 1)

Summary and conclusions

At the close of the evaluation, those involved in the 'Delivering Quality through Midwifery Leadership' programme were generally satisfied with its progress and outcomes.

Key achievements

- High levels of satisfaction from midwives and strategic staff;
- Making the programme feel relevant to the midwives and their strategic colleagues;
- Having an impact on participating midwives;
- Having an impact on the NHS in terms of strategy, workplace and patient care;
- Using the project to release additional resources to increase the impact of the programme;
- Providing useful networking opportunities;
- Generating an enthusiasm for leadership, within the participants and beyond.

Key challenges

- Releasing time for midwives to fully engage with the programme;
- Encouraging senior colleagues to engage with the programme;
- Making realistic project plans;
- Managing expectations around Firefly and the coaching.

Meeting the aim, objectives and outcomes of the programme

The following section summarises progress against the original aim, objectives and outcomes of the 'Delivering Quality through Midwifery Leadership' programme and makes conclusions.

OBJECTIVE: A cohort of around 60 midwives at both a senior and more junior level will receive high quality evidence-based leadership development and education. Coherent local leadership teams and networks will be developed throughout the programme.

In total, 52 midwives completed the programme coming in just under the target set. At the start of the programme, 27 midwives worked at Band 5 or 6, 17 worked at Band 7, and 8 worked at Band 8 so a good spread of seniority was achieved.

All midwives took part in a local leadership project, which involved working with other programme participants, senior staff members, colleagues, and other local stakeholders. At an overall level, many strong local leadership teams and networks were certainly developed. However, the ease of achieving this, the speed at which this occurred, and the team coherence attained varied across the participants. It is acknowledged that addressing such challenges is part of the learning experience for individual participants.

OBJECTIVE: All territorial NHS Boards will participate and have midwives participating in the leadership programme.

Within the 52 participating midwives, the 'Delivering Quality through Midwifery Leadership' programme saw representation from all Health Boards apart from Orkney.

OBJECTIVE: Pre and post programme testing will identify the impact of the programme on individual participants and on the maternity service.

The information contained in this report outlines substantial impacts occurring as a result of the 'Delivering Quality through Midwifery Leadership' programme, at a personal level for participants as well as at a strategic, workplace and patient care level for the NHS.

Through personal narratives, and where compared to evaluation undertaken by NHS Education for Scotland at the start of the programme, it is clear that the programme has directly resulted in positive change for many participants.

OBJECTIVE: The programme will support the implementation and evaluation of service change and improvement to implement the goals of the Quality Strategy and Refreshed Framework.

The participating midwives undertook project work which in many cases was directly underpinned by elements of the goals of the Quality Strategy and Refreshed Framework. Impacts relating to this were recorded in the end of project posters presented at the final national event on 6th March 2013.

As a result of this activity, many of the midwives reported a greater understanding of strategic needs in their locality and some of the strategic staff members felt that their midwives were now better able to play a strategic role within the workplace. At the close of the programme, 72% of strategic staff agreed that the programme will help them to deliver on policies such as The Healthcare Quality Strategy for NHS Scotland and the Refreshed Framework for Maternity Care in Scotland.

DESIRED OUTCOME: A cohort of midwives across the whole of NHS Scotland with confidence and competence to lead high quality maternity services.

Participants in the programme were spread across Scotland, both geographically and in terms of workplace setting. Increases in confidence and skills were observed widely, and these are likely to have a broad impact across NHS Scotland.

Specifically, following the programme, 74% of midwives and 93% of strategic staff members agreed that the participating midwife now had more confidence as a leader. The skills and knowledge acquired included managing a quality improvement project (85%), encouraging and supporting others (79%), learning what to do to be a more effective leader (74%), and overcoming barriers to change (69%).

At the close of the programme, 72% of participants now considered themselves to be a midwifery leader (up from 37% at the start) and 56% felt that others now see them as a midwifery leader (up from 32% at the start) indicating a substantial increase in leadership confidence and ambition.

The programme has thus increased the confidence and competence of the majority of its participants, and these individuals show potential to lead high quality maternity services now and in the future.

DESIRED OUTCOME: Improved maternity service provision to enhance access to and engagement with antenatal care by women at increased risk of adverse outcomes, reduction in healthcare inequalities in the pregnancy and postnatal period and improvements in maternal and infant nutrition.

During the programme the midwives undertook projects in their workplaces, which tended to be built around a desire to improve patient care.

A variety of patient care impacts have already been identified and have been recorded within this report, and it is expected that more will be recorded as learning from the programme is embedded and projects continue or are rolled out.

At the close of the programme, 83% of midwives and 79% of strategic staff felt that the programme in general had contributed to improvements in patient care and it was also commented that broad changes in the workplace resulting from improved leadership skills would ultimately benefit patients.

DESIRED OUTCOME: Enhanced supportive national networks of midwifery clinicians across Scotland.

Many of the midwives and their supervising strategic staff members appreciated the networking opportunity that the 'Delivering Quality through Midwifery Leadership' programme afforded, as this exposed them to Scotland-wide experiences which prompted and enabled them to think strategically.

71% of participating midwives agreed that they had built up a network with other midwifery leaders as a result of the programme.

DESIRED OUTCOME: A model of a successful leadership development programme which can be rolled out.

The concept of educating and inspiring relatively junior staff members to be the leaders of the future has been well received. Although this was a pilot programme, the work to date will have a legacy beyond this initial phase and there is also an expressed desire at all levels to see the programme continue in a similar format.

There is no question that revisions could be made if the programme ran again, particularly around addressing initial apprehension about the programme in general and its individual elements for both participants and their supervisors. However, much of the concern could be counterbalanced by demonstrating the relevance and impacts of work from the pilot, and using the original cohort and their supervisors to promote the value of the programme.

As such, it is hoped that there will be scope for this model to be developed or replicated in the future.

Should the programme be rolled out in a non-midwifery context, it will be important to build a programme that has relevant and practical components within the context for which it is intended, underpinned by key motivators for that workforce.

Concluding remarks

At the close of 'Delivering Quality through Midwifery Leadership' programme it can be concluded that the original aim was met and indeed exceeded through a successful pilot phase of the programme.

AIM: To test a programme to build leadership capacity among the Nursing, Midwifery and Allied Health Professions workforce of NHS Scotland.

The 'Delivering Quality through Midwifery Leadership' programme has been a helpful, practical and enjoyable experience for participating midwives. Although it is recognised that levels of impact vary between participants, full engagement with the programme should have a long term positive impact on individual midwives, service delivery, and patient care – and it is likely that further impacts will arise and cascade out as the learning is embedded in practice.

The programme was delivered through a well thought out and logical progression of activities, with the events, projects and coaching playing vital and complementary roles in enhancing and embedding learning about leadership in a practical manner. The success of this is testament to the thought that went into programme planning.

What makes this project stand out is its relevance, and it is this relevance that has ultimately stimulated a good level of buy-in at all levels. The combination of programme activities has been carefully woven together to provide an offering which has felt personal to midwives because it has enabled them to make a difference in their workplaces, with their colleagues, and to their patients. The impact of the work has thus felt immediate and tangible to both the midwives and their supervisors – the positivity of which has been mutually reinforcing.

Midwives enter the profession with a desire to provide excellent patient care. Many of the participants in the programme work on the 'shop floor', so emphasising the potential to use leadership to achieve patient care impacts has been very motivating for participants. Concurrently, exposing the participants to positive midwifery leadership role models and providing one-to-one time to focus on personal needs has made the participants feel valued and has enhanced their ambition to become leaders within the profession.

Recommendations

The following recommendations could be taken into account when planning future programmes:

Use positive experiences to gain buy-in from strategic staff

It can be difficult to communicate the value of the programme to strategic staff, particularly where resources are short. This is a particular challenge for a pilot project. However, the impact of the pilot programmes can be used to the advantage of future programmes. Use the positive experiences of this cohort of midwives and strategic staff to demonstrate the worth of the programme, particularly during the set-up phase. The positive influence of strategic staff at this stage could also ensure that the most appropriate midwives who are most likely to engage fully with the programme are recruited.

Use positive experiences to motivate the midwives and manage expectations

Many of the participating midwives were apprehensive at the start of the programme, or were wary of particular elements of the programme. Use the positive experiences of this cohort of midwives to demonstrate the worth of the programme, perhaps through personal narratives, presentations, Q&A sessions or written case studies. A small number of midwives could be selected to do this at each stage of the process.

Negotiating time out from clinical activities

Negotiating time out from clinical activities to undertake the programme was a key issue for midwives and strategic staff alike. Some strategic staff sought funding from elsewhere to enable time out, and allowed time varied substantially between midwives. This must be carefully considered before running the programme again. Assuming that time out from clinical activities cannot be directly funded, this could either take the form of providing guidance on time out from the outset to manage expectations from all sides, or examples of ways in which cohort one strategic staff used funding from other sources to enable this could be shown. Emphasising the strategic impacts achieved by the previous cohort may persuade strategic staff to release time for project work.

Focus on impact

A greater focus on impact from the start may help the midwives to frame their projects and make a difference at all levels. At each stage from planning to poster presentation, midwives could be asked 'What difference will this make to you / patients / colleagues / strategy?' Not only could this enhance focus, but it is likely to better demonstrate impacts, enhance communication, and encourage buy-in from senior staff and colleagues.

Maximise networking opportunities

Strong networks allow participants to learn from one another and build a support system which will extend beyond the scope of the project. Networking opportunities should thus be maximised.

Be mindful when introducing new concepts

Many of the leadership skills and experiences introduced by the programme will be new to the midwives as their roles tend to be clinical, and this can be intimidating. Be mindful of this when

presenting new concepts, and consider using alternative or additional approaches or support mechanisms to counter this.

Be mindful when introducing new approaches

The approach taken to leadership coaching was also new to the midwives, and many did not think it would suit them. However, it proved to be very successful in the end. Be mindful of this when presenting new or unusual approaches, and consider being more explicit about practices, or present candid testimonials from cohort one midwives that had been wary but had ultimately had a positive experience.

Rethink the community of practice website

The community of practice website was the only element of the programme that did not evaluate well, and that many midwives did not engage with. The objectives and application of this website will need a rethink. Either put plans in place to drive midwives to interact with it regularly, or recognise that participants are unlikely to prioritise it. It may be that remote support and ongoing networking functions can be provided through other mechanisms instead.

Enhance the programme for cohort two

Several suggestions were made for ways to add to the programme if it ran again. Consider whether it is practical and appropriate to add additional support sessions, training on practical leadership skills, small group work, and mentoring opportunities.

Extend the programme for cohort one

Consider ways to maintain the momentum gained during the programme by finding ways to offer ongoing leadership support to cohort one midwives, or a subset of these. This could include additional coaching or networking sessions, opportunities to 'buddy' with a cohort one midwife from another region, opportunities to find local mentors, or opportunities to mentor cohort two candidates.

Learn from good practice

Please also refer to the good practice section. Take note of the good practice outlined in this report, and build this into future programmes.

Good practice

The following elements of good practice were identified during the course of the project.

Programme component	Focus	Existing good practice	Issues to consider
Programme set up	Recruitment of high quality candidates	<ul style="list-style-type: none"> ▪ Wide distribution of information about the opportunity via strategic groups and links. ▪ Cascading information throughout Health Boards. ▪ Autonomy on local recruitment methods. ▪ Recruitment of around 50 midwives. ▪ Recruitment of Band 5-8 midwives. ▪ A good spread of midwives from each of Bands 5-8. ▪ A good spread geographically. ▪ A good spread of workplace settings. 	<ul style="list-style-type: none"> ▪ Provide more guidance at recruitment stage, focusing on characteristics of midwives that could benefit, and tangible impacts based on the previous cohort. ▪ Consider increasing intake to original target of 60 midwives. ▪ Aim to recruit midwives from every Health Board. ▪ Include testimonials from the previous cohort about the value of the programme (aimed at strategic staff). ▪ Include testimonials from the previous cohort about the value of the programme (aimed at midwives).
Initial one day workshop	Motivating midwives to embrace the programme	<ul style="list-style-type: none"> ▪ Provide an introduction to the programme. ▪ Presentations from inspiring speakers to motivate the midwives as they start the programme. 	<ul style="list-style-type: none"> ▪ Provide clear information about what the midwives can expect of the day, in advance of the day. ▪ Do not over face the midwives with too much information on the first day. ▪ Review the approach to introducing Driver Diagrams. ▪ If midwives are being trained (i.e. Driver Diagrams, Community of Practice website) ensure plenty of staff are available to answer questions. ▪ Finish the day with clear guidance on actions required before the next session.

			<ul style="list-style-type: none"> ▪ Include inspiring testimonials from the previous cohort about the value of the programme.
Leadership challenge event	Introducing leadership	<ul style="list-style-type: none"> ▪ Make the day enjoyable and non-intimidating. ▪ Make the day feel relevant to the individual. ▪ Include confidence-building activities. 	<ul style="list-style-type: none"> ▪ Plan ways to manage expectations around the 'different' approach. ▪ Ensure all midwives are introduced to their coaches. ▪ Include leadership and coaching testimonials from the previous cohort.
One-to-one telephone coaching	Building confidence through addressing personal issues	<ul style="list-style-type: none"> ▪ Three hours of coaching for each individual offered in total. ▪ Match midwives with appropriate coaches. ▪ Provide a coaching contract to manage expectations. ▪ Sessions conducted by telephone or Skype. ▪ Allow some autonomy around use of time and distribution of sessions. ▪ Create a safe environment for sharing. ▪ Sessions to be guided by midwife's personal and career needs. 	<ul style="list-style-type: none"> ▪ Plan ways to manage expectations around the 'different' approach. ▪ Revise the coaching contract to address challenges raised by the first cohort. ▪ Consider setting a realistic minimum session length. ▪ Consider ways to reduce midwives failing to keep appointments.
Leadership projects	A relevant application of leadership skills	<ul style="list-style-type: none"> ▪ Allow midwives to select a project relevant to their workplace. ▪ Allow midwives to work alone or in a group. ▪ Provide support in planning and undertaking projects. 	<ul style="list-style-type: none"> ▪ Provide more guidance on project planning. ▪ Encourage midwives to plan projects with their managers. ▪ Encourage midwives to consider intended project impacts during the planning stage. ▪ Motivate midwives through an emphasis on patient care. ▪ Explain how projects can have strategic, workplace and patient care impacts, and the relationship between these. ▪ Include testimonials, FAQs or top tips from the previous cohort (i.e. planning, time management,

			engaging with senior colleagues).
Community of Practice website	24/7 access to support and information	<ul style="list-style-type: none"> ▪ Access to support and information via the internet. ▪ Include resources from the programme. ▪ Include the ability to interact with other participants. 	<ul style="list-style-type: none"> ▪ Make login more straightforward. ▪ Consider the intention for this element – either put plans in place to drive midwives to interact with it regularly, or recognise that participants are unlikely to prioritise this.
Final event	Showcasing impact	<ul style="list-style-type: none"> ▪ Invite midwives and other key stakeholders. ▪ Provide the opportunity for midwives to showcase the impact of their work through presentations and posters. ▪ Other speakers to focus on the value of the programme. ▪ Midwives to leave feeling they had achieved something. 	<ul style="list-style-type: none"> ▪ Consider other ways to allow midwives to showcase the impact of their work. ▪ Provide more guidance on poster design and content. ▪ Consider inviting potential leadership programme candidates to attend.