



Ruthless Research

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

April 2014



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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

NHS Education for Scotland developed the 'Delivering Quality through Midwifery Leadership' programme, which aimed to test a programme to build leadership capacity among the Nursing, Midwifery and Allied Health Professions workforce of NHS Scotland. The programme ran during 2012/13, and was repeated in a slightly amended format in 2013/14. In 2013/14, the programme ran for three cohorts of midwives:

- Cohort 1 (14 midwives) continued on the programme for a second year having participated in 2012/13;
- Cohort 2 (33 midwives) joined the programme for the first time in 2013/14;
- Cohort 3 (15 midwives) held current senior positions in the NHS and did not undertake projects.

Ruthless Research was commissioned to undertake an independent evaluation of the 2013/14 programme. An online survey was conducted between 7th March and 9th April 2014, which was completed by 42 midwives, 10 strategic staff members, 11 colleagues of participating midwives, and 17 midwives that participated in 2012/13 but did not continue in 2013/14. In addition, depth interviews were conducted with 6 midwives and 4 strategic staff members.

KEY FINDINGS – Programme progress

Setting up the programme: A variety of different approaches were taken to recruitment by different Health Board areas. 62% of participating midwives volunteered, whereas 36% were asked to attend. Some of the midwives (who became Cohort 1) had taken part in the programme in 2012/13 and were keen to take part again in 2013/14. It was noted that hearing about the success of the 2012/13 programme led to a greater degree of interest in 2013/14.

Initial one day workshop: An initial one day workshop was held in Dundee in September 2013, and included an introduction to the programme, a discussion of key leadership issues and practical skills sessions. This was generally well received by the midwives, and in particular 95% agreed that they enjoyed it, 76% agreed that they learned something new, and 70% agreed that they made a positive change to their working practices following attendance. The initial one day event was received most positively by Cohort 1, closely followed by Cohort 2. Comparing scores for 2012/13 and 2013/14 demonstrated a more relevant initial event in 2013/14.

Second event: The second event took place in Glasgow in December 2012. The day included a strategic session from Ann Holmes, practical sessions on quality improvement projects with cohorts one and two, action learning sets with cohort three and a leadership challenge for everyone. The second event was generally well received by the midwives, and in particular 86% agreed that they enjoyed it, and 71% agreed that they learned something new and that attending the event enhanced their confidence. The second event was best received by Cohorts 1 and 2. Although levels of enjoyment were slightly higher for the 2013/14 event, overall scores were slightly lower, demonstrating a slightly less well received event in 2013/14.

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. 88% agreed that they enjoyed the coaching and 88% agreed that they learned something new as a result of the coaching. The one-to-one leadership support was best received by Cohorts 1 and 3, and scores indicate that one-to-one leadership support was an even better received component of the leadership programme in 2013/14 than it was in 2012/13.

Leadership projects: The midwives worked on local quality improvement projects of which there were 23, spanning the duration of the programme. 97% agreed that they made a positive change to their working practices as a result of their leadership project. This was the most well received component of the programme by the midwives and high scores indicate this was a programme component with a greater depth of impact in 2013/14 than in 2012/13.

Final national event: A final national event was held in Edinburgh in March 2014, to draw the programme to a close and showcase the projects undertaken as part of the programme. 94% of midwives agreed that they enjoyed it and that they learned something new, and eight in ten agreed that it enhanced their confidence (81%) and that they had noticed positive changes to their working practices (72%) as a result of attending. The final national event was very well received by Cohorts 1 and 2. Cohort 3 midwives were least engaged, perhaps because they had not undertaken projects themselves so felt less involved. High scores indicate this was an event with a greater depth of impact in 2013/14 than in 2012/13.

Overall response to the programme: The majority of those interviewed were very positive about the programme. In total, 84% of the midwives and 70% 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.
- Participating midwives acquired new skills and knowledge through the programme, most often what to do to be an effective leader (74%), supporting others through the change process (71%), and how to plan and set realistic goals (71%). This learning most often resulted from the leadership projects and the final national event.
- Participating midwives demonstrated enhanced leadership skills as a result of taking part in the leadership programme, most often understanding the challenges facing senior colleagues (64%), setting goals and priorities (62%), and providing positive feedback for colleagues (62%). This learning resulted from the leadership projects and the coaching.
- 86% of the midwives agreed that they had made progress towards goals that they had set for themselves across the course of the programme.
- 81% of midwives (up from 74% last year) agreed that they had more confidence as a leader following the programme.

- Several midwives commented that the programme had enabled them to speak out, share their ideas and make a persuasive case within the workplace.
- Several midwives commented that they now felt more confident in dealing with conflict.
- 76% of the midwives agreed that they believe that the programme will help them as they progress in their career, and 95% said that they had experienced career changes during the programme - most often further study and increased responsibility.
- 64% of the midwives said that they had set up local support for themselves as a leader and 78% had built up a network with other midwifery leaders during the programme.

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 were designed to meet the needs of local and national policies and targets. 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. Specifically, 70% of strategic staff agreed that the programme will help them to deliver on policies and 80% 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. 70% of strategic staff and 36% of midwife colleagues felt that the programme had contributed to positive changes in the workplace. These changes in the workplace most often resulted from the leadership projects.
- The midwives were enthusiastic about improving patient care, and many of the leadership projects were built around this. 76% of midwives, 60% of strategic staff and 36% of midwife colleagues felt that the programme contributed to patient care improvements.

KEY FINDINGS – Identifying positive practice

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

- Several midwives and strategic staff commented that they felt the programme was unique and relevant because it focused on working directly with midwives in their workplaces.
- The programme generated an enthusiasm for leadership at all levels, and highlighted that leadership skills were important and relevant at all levels within the service.
- As part of the programme process, many of the midwives were required to forge new relationships and form new multidisciplinary teams. As a result, participating midwives increased their local networks and their skills in cross-service working.
- Midwives and strategic staff members alike appreciated the opportunity for participating midwives to network widely, and the impact that this had in terms of allowing knowledge and experience to be shared across and between Boards Scotland-wide. This was particularly attributed to the delivery and sharing of project work.

KEY FINDINGS – Challenges associated with the programme

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

- Overall, 86% of the midwives found the programme challenging at least one way.
- These challenges were most often finding the time to undertake the tasks and activities associated with the programme (74%), being released from day-to-day work to undertake programme activities (57%) and having the self-confidence to be a leader (33%).
- As in 2012/13, finding the time to undertake project activity was considered to be a major challenge in completing the programme. 74% of the midwives said that a key challenge was finding the time to undertake the tasks and activities associated with the programme, and 54% said that a key challenge was being released from day-to-day work to undertake programme activities.
- Linked to this, a major challenge identified in 2013/14 was one of making realistic project plans which could be completed successfully within the programme timeframe. This challenge was largely attributed to naivety or inexperience in project planning.
- Again as in 2012/13, many of the midwives who were new to the programme initially felt sceptical about engaging with Firefly and the one-to-one leadership support. As the evidenced positive impact of the one-to-one leadership support shows, this issue was largely resolved during the programme timeframe.

Concluding remarks

In 2013/14, a broad spread of participants completed the second year of the 'Delivering Quality through Midwifery Leadership' programme. A new structure was tested in 2013/14, with three distinct Cohorts of midwives completing the programme according to their needs and levels of experience. In addition to these changes in structure, small changes were also made to the approach taken and delivery of the various components of the programme, largely in response to recommendations made through the 2012/13 evaluation and report.

In the 2012/13 evaluation report, it was concluded that the original aim was met and indeed exceeded through a successful pilot phase of the programme. It is testament to the careful planning of the programme that the high levels of satisfaction and achievement of aims and impacts were upheld (and in many cases exceeded or improved) across the two years, whilst changes to the programme were implemented and tested in 2013/14.

It is clear that the programme has directly resulted in positive impacts for the vast majority of individual participants, as well as for the NHS; at a strategic, workplace and patient-care level. It is likely that further impacts will arise and cascade out as the learning is embedded in practice. The programme has felt very relevant to participants, and particular successes have been recorded around networking and promoting good leadership at all levels.

As such, the programme has successfully trained a group of more confident midwifery leaders to take leadership forward within the workplace (and beyond) at various levels within the NHS.

As with last year, challenges were faced when introducing the programme and its component parts to new participants, engaging them fully with the process, and releasing sufficient time for participating midwives to complete programme work.

A desire to see the 'Delivering Quality through Midwifery Leadership' programme continue has been recorded at all levels and it is hoped that there will be scope for this model to be developed or replicated in the future.

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 2012/13, and was repeated in a slightly amended format in 2013/14.

In 2013/14, the programme ran for three Cohorts of midwives:

- Cohort 1 continued on the programme for a second year having participated in 2012/13;
- Cohort 2 joined the programme for the first time in 2013/14;
- Cohort 3 held current senior positions in the NHS and did not undertake the local quality improvement projects as part of the programme.

In 2013/14, the programme comprised:

- Advertising and recruitment;
- Initial one day workshop providing an introduction to the programme;
- Second event comprising leadership challenge and national context;
- One-to-one leadership coaching provided by Firefly coaching;
- Design and delivery of local quality improvement projects;
- Ongoing online, telephone and face to face assistance by project lead;
- 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 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 March and 9th April 2014, immediately following the final showcase event on 6th March.

In total, 80 questionnaires were completed² of which 42 were completed by midwives (a 68% response rate), 10 were completed by strategic staff members, 11 were completed by colleagues of participating midwives, and 17 were completed by midwives that participated in 2012/13 but did not continue in 2013/14.

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, 10 in depth interviews (across 8 health Board regions) were conducted as follows:

Stakeholder type	Number of interviews
Midwives from Cohort 1	2
Midwives from Cohort 2	3
Midwives from Cohort 3	1
Strategic staff (that oversaw or managed participating midwives)	4

Data from this programme of research along with information gathered at the final national event has been integrated into the final evaluation report.

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

² Although this response rate is reasonable based on the population, 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.

Overall, 62 midwives completed the 'Delivering Quality through Midwifery Leadership' programme in 2013/14. Cohort 1 (14 midwives) continued on the programme for a second year having participated in 2012-13; Cohort 2 (33 midwives) joined the programme for the first time in 2013/14 and Cohort 3 (15 midwives) hold current senior positions in the NHS and did not undertake the local quality improvement projects as part of the programme.

Through the end of programme survey, the midwives were asked what prompted them to apply. Over six in ten (62%) volunteered, whereas just over a third (36%) were asked to attend.

Q35 Did you volunteer to participate in this programme? Base: All midwives (42)	%
Yes	62
No – I was asked to attend	36
Other	2

This variety mirrored the different approaches to recruitment taken by different Health Board areas.

There was an email sent out about the programme. We put up some notices and informed the team leaders. People applied by giving a few hundred words about why they should be considered. (Strategic Staff depth interview)

The funding came through for somebody to take part in it. I knew who I would send on it and I wanted to hear from some of the senior midwives. Unanimously they came up with the same name. (Strategic Staff depth interview)

It was advertised in our unit and I applied for it. (Midwife depth interview)

I heard from an email that went out, from NES and worked down. (Midwife depth interview)

I was asked to submit an application if I was interested and I jumped at the chance. (Midwife depth interview)

They had my name in the pipeline. (Midwife depth interview)

Some of the midwives (who became Cohort 1) had taken part in the programme in 2012/13 and were keen to take part again in 2014.

I did it last year. I quite enjoyed the coaching the first time and thought I'd do it again. (Midwife depth interview)

I had enjoyed the first one and thought I'd got a lot out of it, I thought it would follow on and tie up loose ends. (Midwife depth interview)

It was noted that hearing about the success of the 2012/13 programme led to a greater degree of interest in 2013/14.

One of the girls had done it last year and they had a great experience. (Midwife depth interview)

The second time we had much more interest – word had spread from the ones who did it last time. The second cohort had information from the first cohort so they knew what to expect. (Strategic Staff depth interview)

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.

Background work

At the start of the leadership programme, midwives were provided with a selection of information and background work to complete.

We had done some pre course work. (Midwife depth interview)

Several midwives commented that this was a helpful start to the programme.

Information given out before the programme commenced certainly aided completion of the course. (Midwife from survey)

The first involvement was an emailing outlining the format and how many days I would need to attend, and some worksheets to do – background work. That was helpful it kept me on track. (Midwife depth interview)

You got a lot of information beforehand and a bit of pre-work which was good. (Midwife depth interview)

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 September 2013, and included an introduction to the programme, a discussion of key leadership issues and practical skills sessions.

In general, this initial workshop was well received as an appropriate introduction to the programme.

The first event was a good place to start to get an idea of what was happening. (Midwife depth interview)

It was an introduction and meeting everyone else, and an idea of how we'd take our projects forward. (Midwife depth interview)

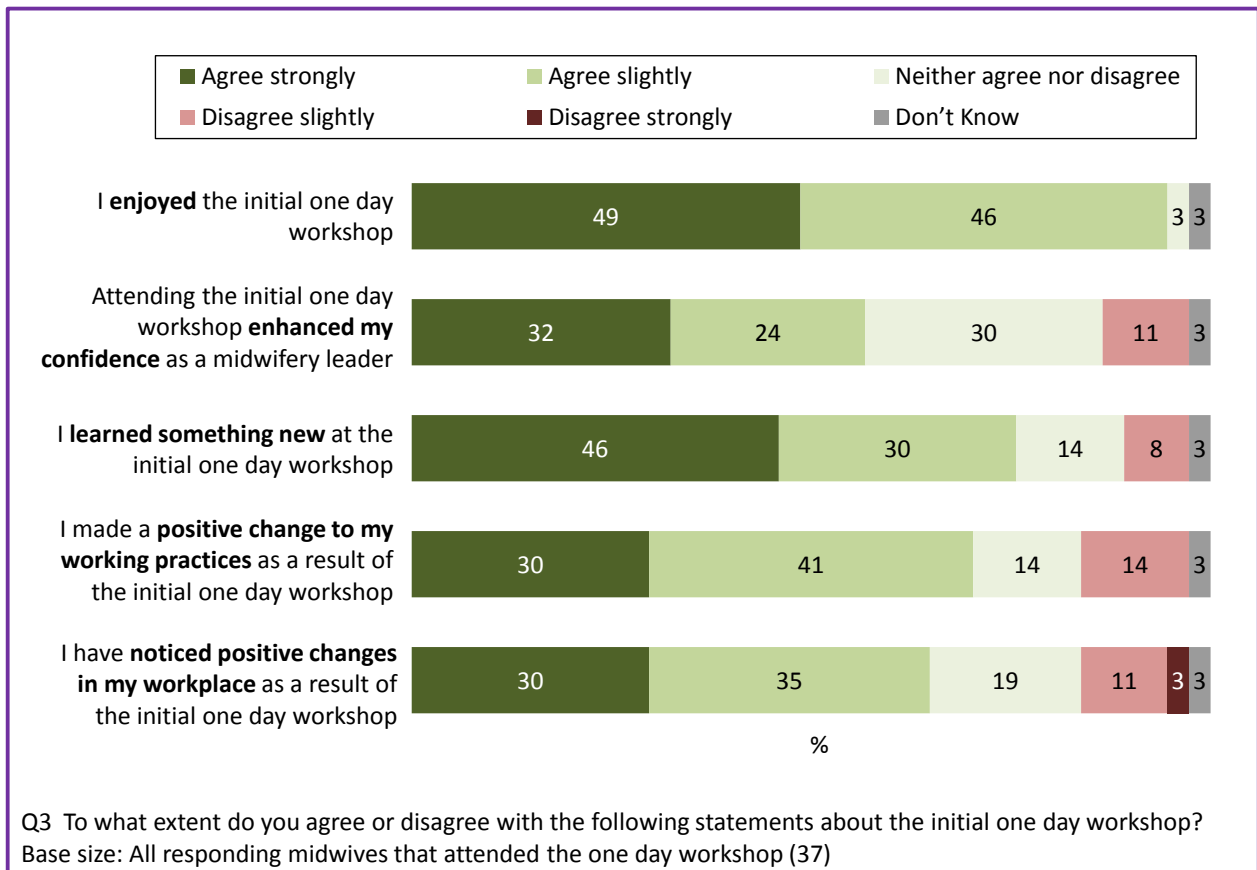
It was useful but we weren't bombarded, I didn't come out feeling overwhelmed. (Midwife depth interview)

Reflections from midwives that had previously completed the course were found to be particularly helpful for setting expectations.

Some people spoke about their experiences from before which gave us an idea of what to expect. (Midwife depth interview)

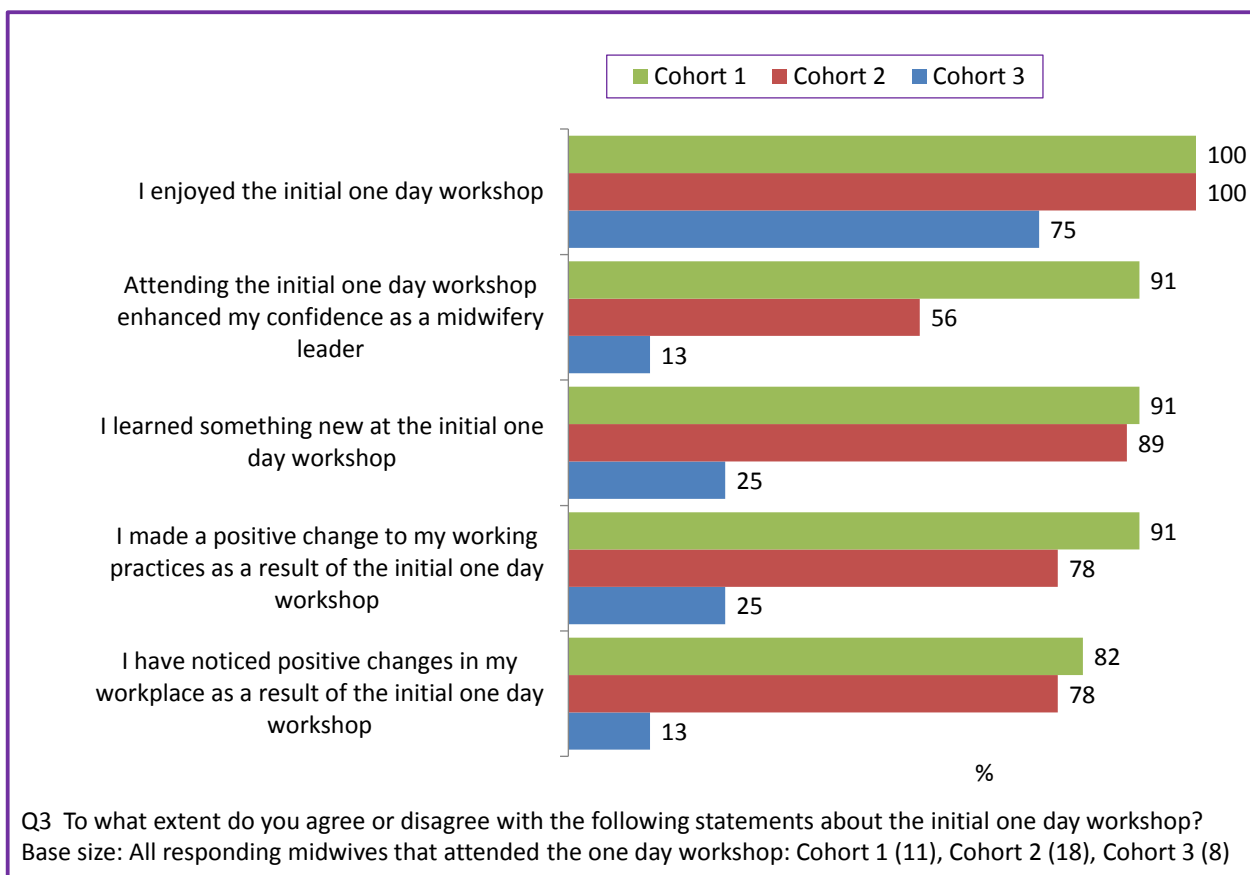
Setting the scene for the course and reflections from people who had been on the course previously. It was good. (Midwife depth interview)

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 95% agreed that they enjoyed it, 76% agreed that they learned something new, and 70% agreed that they made a positive change to their working practices. At this early point in the programme, relatively fewer attributed a change in confidence (57%) or positive changes in the workplace (65%) to this event.

The following chart compares response to the initial one day workshop by cohort.



The initial one day event was received in the most positive manner by Cohort 1, closely followed by Cohort 2. The event – although generally enjoyed – had less of an impact on Cohort 3.

The following table compares response to the initial one day workshop between 2012/13 and 2013/14.

	2012/13 % Agree (39)	2013/14 % Agree (37)
I enjoyed the initial one day workshop	82	95
Attending the initial one day workshop enhanced my confidence as a midwifery leader	49	57
I learned something new at the initial one day workshop	74	76
I made a positive change to my working practices as a result of the initial one day workshop	46	70
I have noticed positive changes in my workplace as a result of the initial one day workshop	33	65

Although findings from 2013/14 show a very similar pattern in response to 2012/13, levels of agreement were noticeably higher for each indicator, demonstrating a more relevant initial event in 2013/14.

Second event

A second event for midwives participating in the 'Delivering Quality through Midwifery Leadership' programme - the leadership challenge event - took place in Glasgow in December 2012. The day included a strategic session from Ann Holmes, practical sessions on quality improvement projects with cohorts 1 and 2, action learning sets with cohort 3 and a leadership challenge for everyone.

The 2013/14 event was deliberately different to the equivalent one run in 2012/13, as it had less emphasis on coaching and more on projects and strategy.

For some, the opportunity to learn about the national agenda was useful.

We talked about Compassionate Connections and get to know about the bigger picture and what is going on nationally. (Midwife depth interview)

However, one midwife commented that this information had not been new to her and therefore felt less relevant personally.

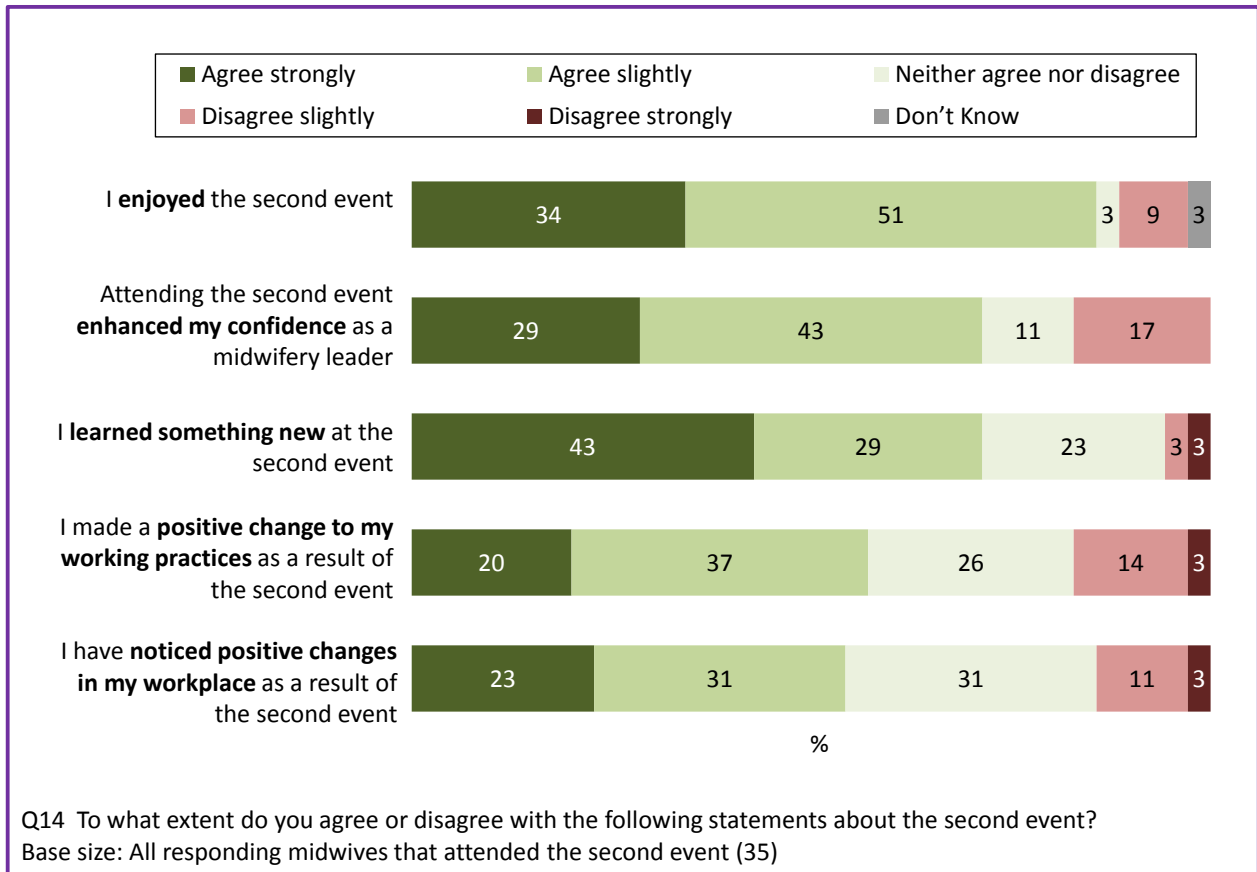
Glasgow, I can't say there was anything there I didn't know. Government and where midwifery is going. It was good to hear the speaking though, always a good thing to remind you where we're coming from. Lots of people didn't know about it. (Midwife depth interview)

Some of the midwives also commented that the group exercises were a good way of working together.

The one in Glasgow was good, some good exercises. (Midwife depth interview)

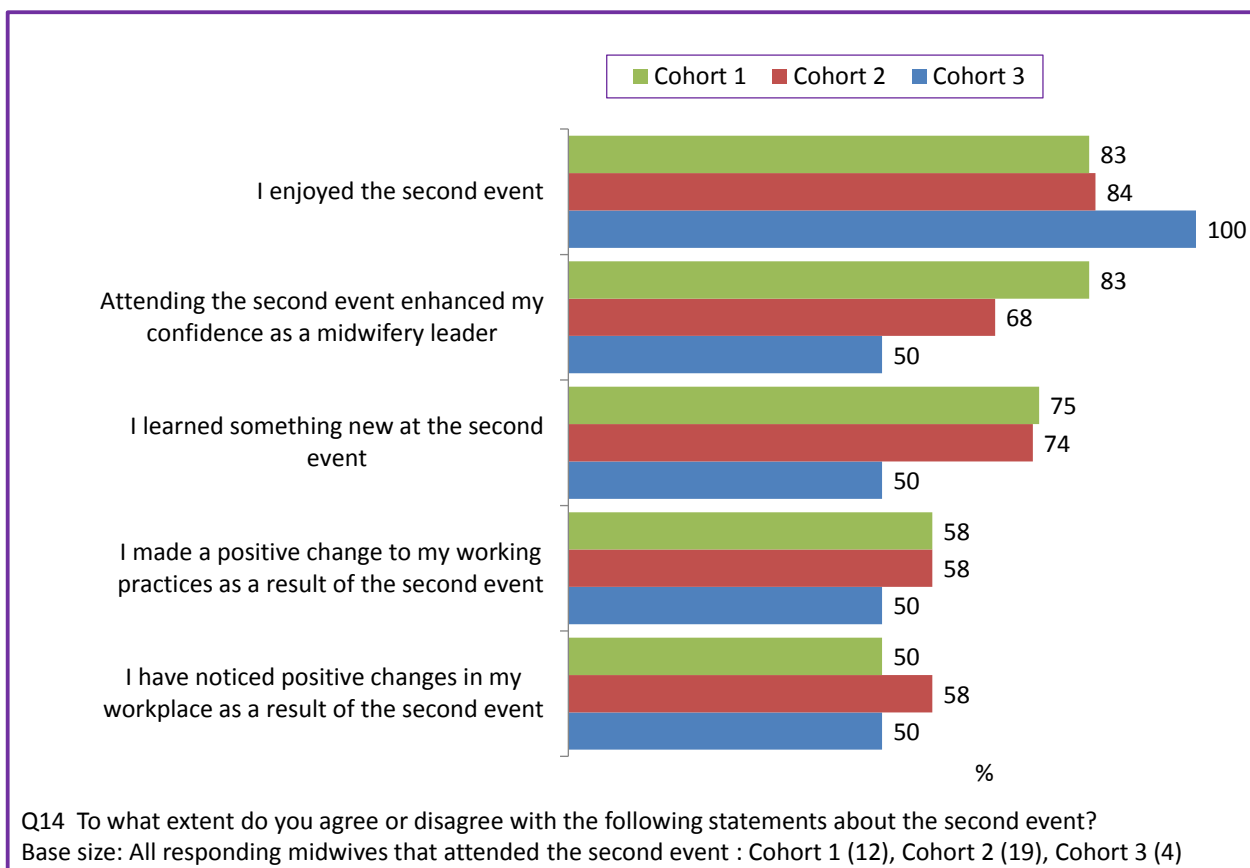
We did a challenge, it was nice to bring people working together. (Midwife depth interview)

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



The second event was generally well received by the midwives, and in particular 86% agreed that they enjoyed it, and 71% agreed that they learned something new and that attending the event enhanced their confidence. More than half of attending midwives also attributed a positive change in working practices (57%) or positive changes in the workplace (54%) to this event.

The following chart compares response to the second event by cohort.



The second event was best received by Cohorts 1 and 2. Of particular note, Cohort 1 were most likely to agree that attending the second event enhanced their confidence, and Cohort 2 were most likely to agree that they noticed positive changes in their workplace as a result of the event. Although all of the responding Cohort 3 midwives said that they enjoyed the event, they were also least likely to agree with the other indicators.

The following table compares response to the second event between 2012/13 and 2013/14.

	2012/13 % Agree (36)	2013/14 % Agree (35)
I enjoyed the second event	83	86
Attending the second event enhanced my confidence as a midwifery leader	75	71
I learned something new at the second event	83	71
I made a positive change to my working practices as a result of the second event	75	57
I have noticed positive changes in my workplace as a result of the second event	72	54

Although levels of enjoyment were slightly higher for the 2014 event, overall levels of agreement were slightly lower for each indicator, demonstrating a slightly less well received event in 2014 particularly in terms of working practices and workplace changes.

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 65 engaged with the coaching. The figure for midwives participating in coaching is higher than the 62 who completed the programme as this includes three midwives who withdrew from the programme due to other commitments but did receive coaching.

Many of the midwives had very positive things to say about the one-to-one leadership support.

I absolutely loved the coaching. (Midwife depth interview)

I think the coaching was invaluable. (Midwife depth interview)

The coaching was the most beneficial part of the course. (Midwife depth interview)

I really benefited from the Firefly coaching. (Midwife from survey)

This appreciation was also noted and echoed by the strategic staff members.

The coaching I think has been particularly beneficial. (Strategic Staff depth interview)

It has been a real success the telephone coaching. It is something new for the staff. They felt it beneficial and personally enlightening and a completely new way of learning and developing. (Strategic Staff depth interview)

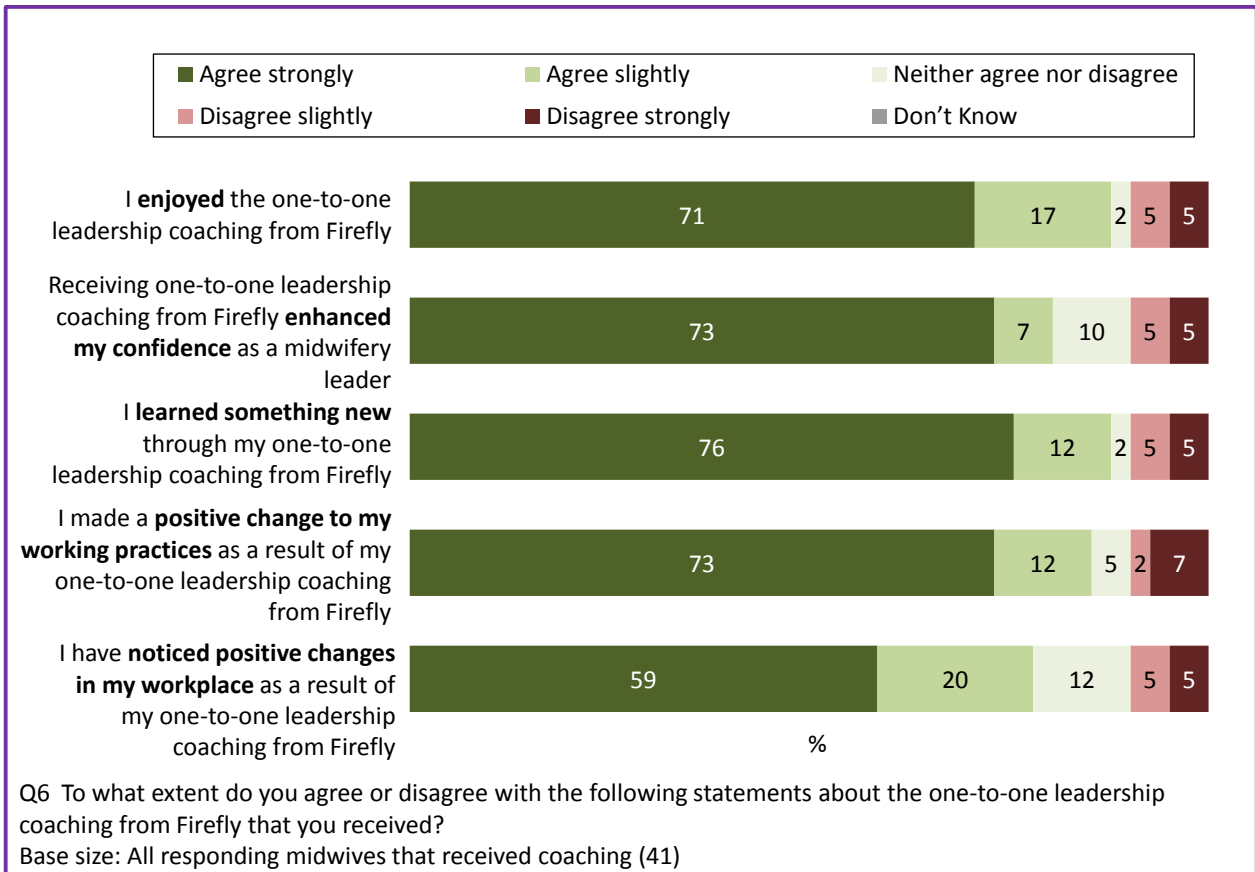
The coaching does seem to be of huge benefit and that opportunity is appreciated both by the participants and the line managers who see the obvious positive results. (Strategic staff from survey)

This success was attributed to the supportive approach taken by the coaches.

The coaches are non judgemental and very supportive. (Midwife depth interview)

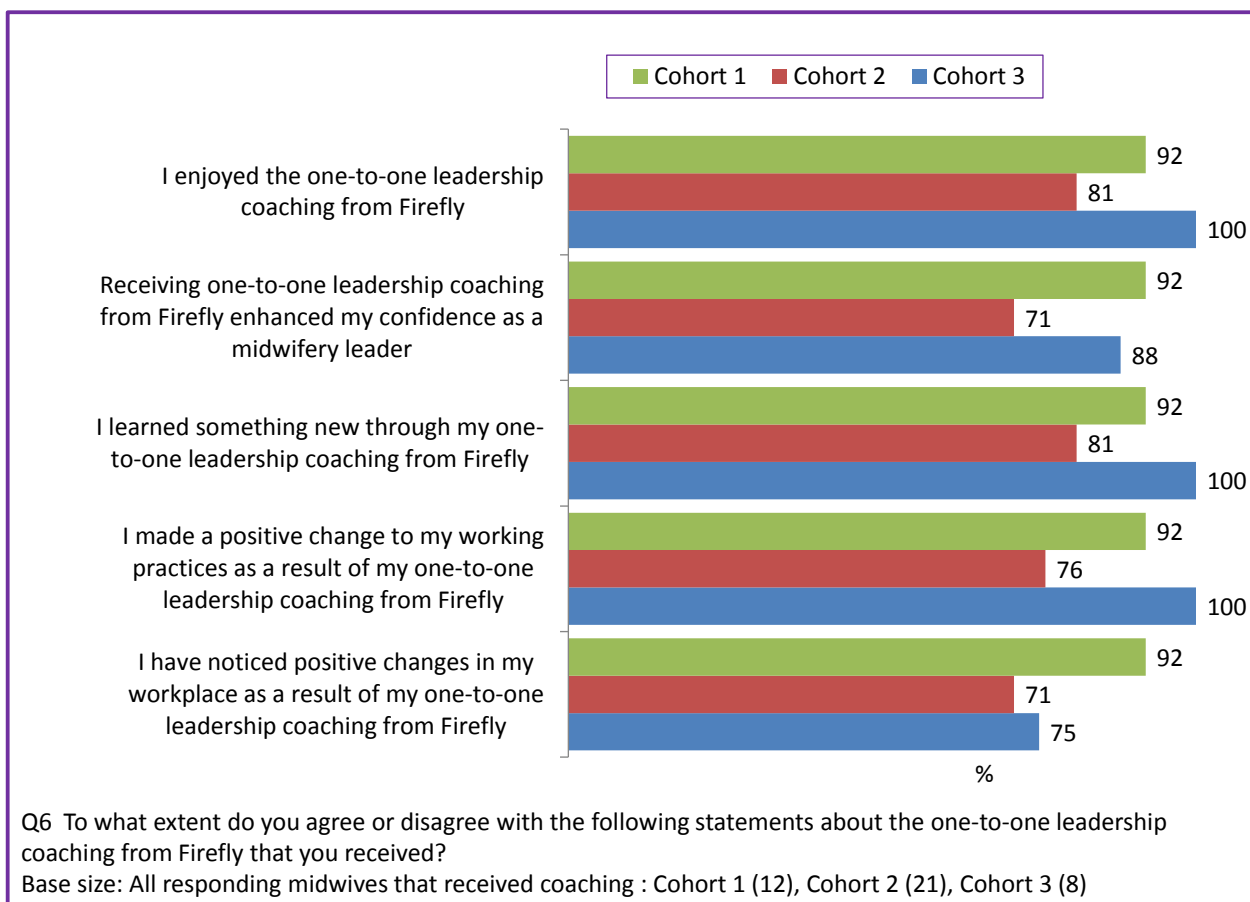
Someone to talk to that doesn't have an agenda. (Midwife presentation at final event)

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 around eight in ten agreeing with each statement about its impact. In particular 88% agreed that they enjoyed the coaching and 88% agreed that they learned something new as a result of the coaching.

The following chart compares response to the one-to-one leadership support by cohort.



The one-to-one leadership support was best received by Cohorts 1 and 3.

The following table compares response to the one-to-one leadership support between 2012/13 and 2013/14.

	2012/13 % Agree (36)	2013/14 % Agree (41)
I enjoyed the one-to-one leadership coaching from Firefly	83	88
Receiving one-to-one leadership coaching from Firefly enhanced my confidence as a midwifery leader	81	80
I learned something new through my one-to-one leadership coaching from Firefly	81	88
I made a positive change to my working practices as a result of my one-to-one leadership coaching from Firefly	83	85
I have noticed positive changes in my workplace as a result of my one-to-one leadership coaching from Firefly	75	78

In 2013/14, positive response to all indicators but one was higher than in 2012/13 (with the other remaining stable) indicating the one-to-one leadership support was an even better received component of the leadership programme in 2013/14 than in 2012/13.

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

Group leadership support

Members of Cohort 3 were also offered the opportunity to undertake group leadership support, however this was not widely taken up.

Findings from the end of programme survey indicate that this was largely a result of other work and time commitments.

Unable to attend due to work commitments. (Midwife from survey)

Unable to be freed from clinical and operational demands and priorities. (Midwife from survey)

Conflicting diary commitments that I couldn't get out off unfortunately. Very much wanted to participate. (Midwife from survey)

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 23 projects were undertaken.

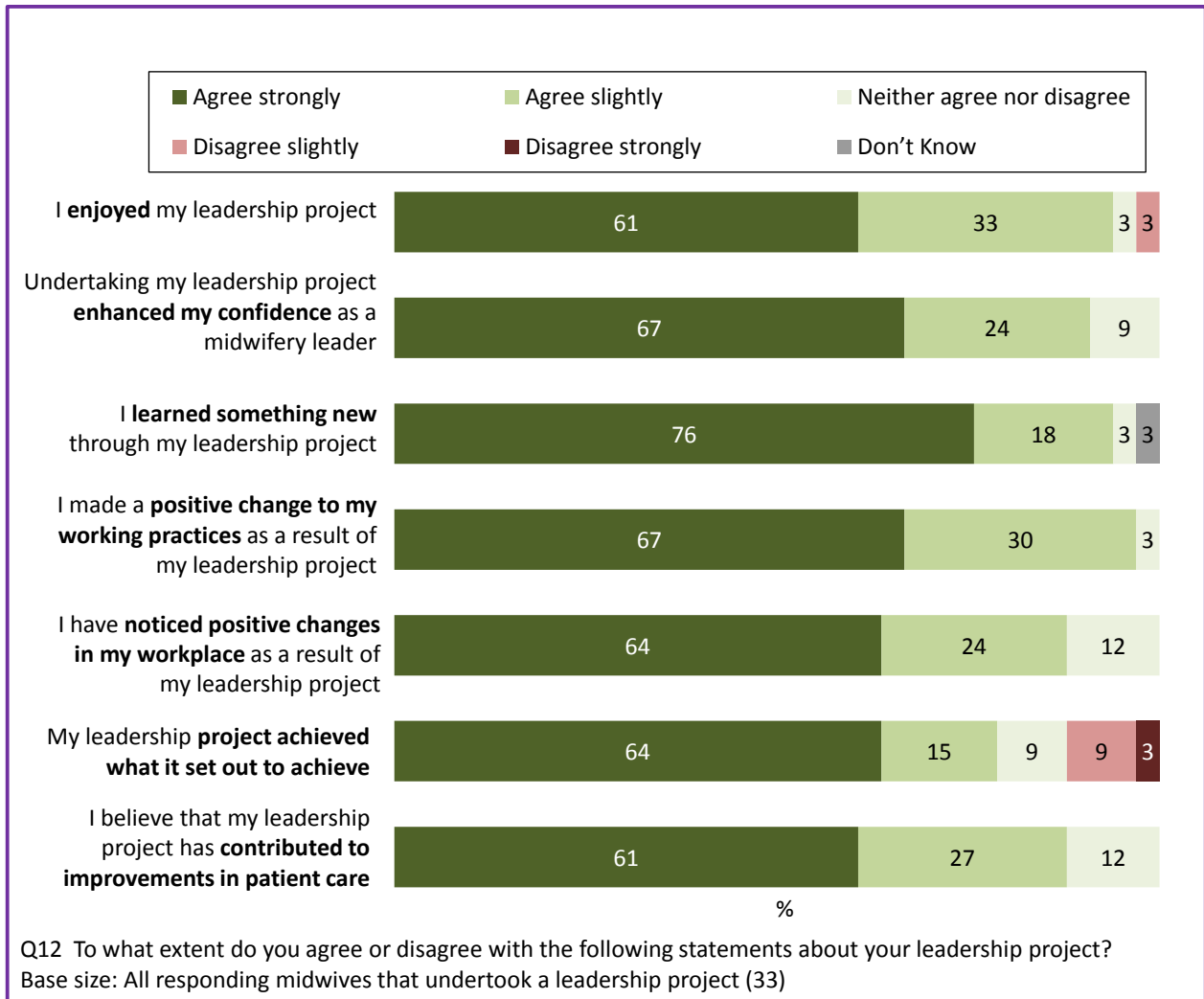
The project work tended to be appreciated by midwives and strategic staff members as an opportunity to undertake an enjoyable task that could have positive impacts on the midwife and the service.

I just loved doing my project, it was a joy to do. I felt a pride in myself, I felt really glad that I got to do it. (Midwife depth interview)

The projects could have a huge benefit for the service. (Strategic Staff depth interview)

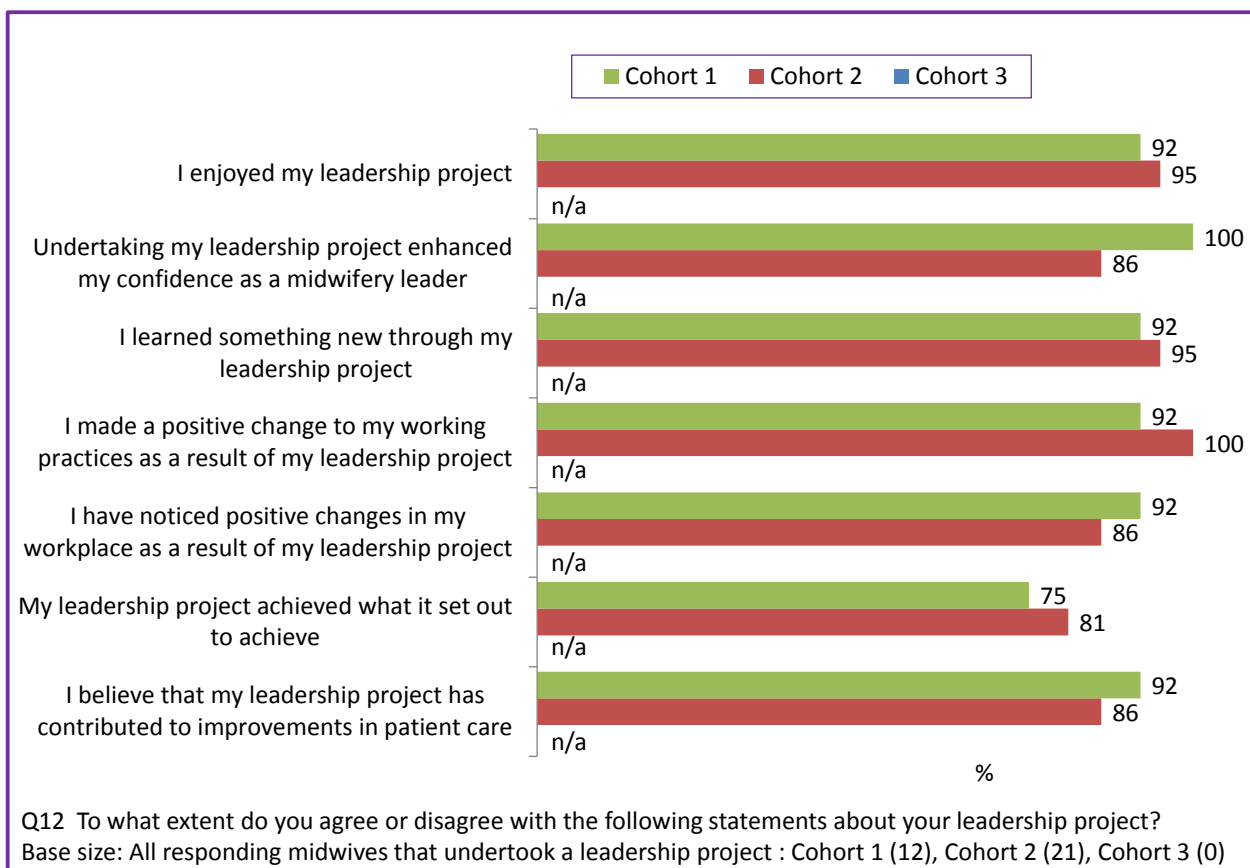
The projects this year and last year have been empowering, showing they could put their heads above the parapet. It gives them an opportunity and permission to shine and get a bit of recognition. (Strategic Staff depth interview)

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 around nine in ten agreeing with each statement about their impact. Of particular note, 97% agreed that they made a positive change to their working practices as a result of their leadership project. Although overall scores were still high, 12% of participating midwives disagreed that their project achieved what it set out to achieve.

The following chart compares response to the leadership projects by cohort.



Cohort 3 did not undertake leadership projects. There was little discernible pattern in response to the leadership projects between Cohorts 1 and 2. Most notably, Cohort 1 were most likely to agree that the leadership projects enhanced their confidence, and Cohort 2 were most likely to agree that the leadership projects led to positive changes in their working practices.

The following table compares response to the leadership projects between 2012/13 and 2013/14.

	2012/13 % Agree (39)	2013/14 % Agree (33)
I enjoyed my leadership project	100	94
Undertaking my leadership project enhanced my confidence as a midwifery leader	87	91
I learned something new through my leadership project	90	94
I made a positive change to my working practices as a result of my leadership project	88	97
I have noticed positive changes in my workplace as a result of my leadership project	84	88
My leadership project achieved what it	n/a	79

set out to achieve		
I believe that my leadership project has contributed to improvements in patient care	n/a	88

Though scores were still high, slightly fewer of the midwives said that they enjoyed the leadership projects in 2013/14 than in 2012/13. However, response to each of the other indicators were higher in 2013/14 than they were in 2012/13 indicating a programme component with a greater depth of impact.

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

Final national event

A final national event was held in Edinburgh on 6th March 2014, 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.

Midwives and strategic staff members alike appreciated the final national event as a celebration of the programme.

I thought that was a wonderful celebration of the work that had gone on. (Midwife depth interview)

The celebration event is really such a great event, there's such a wealth of ideas and achievement. (Strategic Staff depth interview)

This was largely attributed to the presentations from participating midwives.

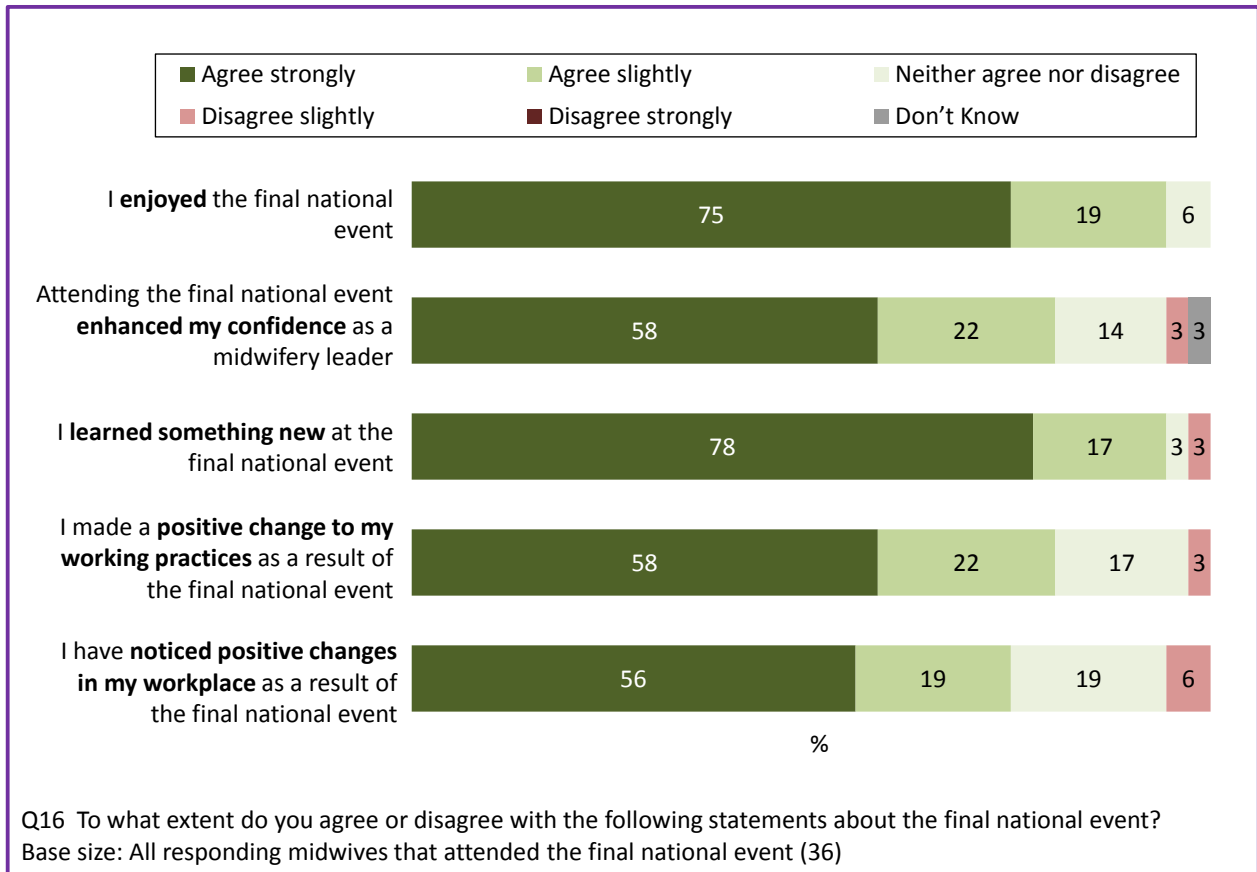
It was so good to hear what everybody else was doing. I was truly mesmerised by some of them. Simple ideas but so effective. (Midwife depth interview)

It was useful to see how everyone worked together and what their ideas were. I really found that beneficial watching everyone else. (Midwife depth interview)

However, one Cohort 3 midwife pointed out that this day felt less relevant to her as she had not undertaken a project herself.

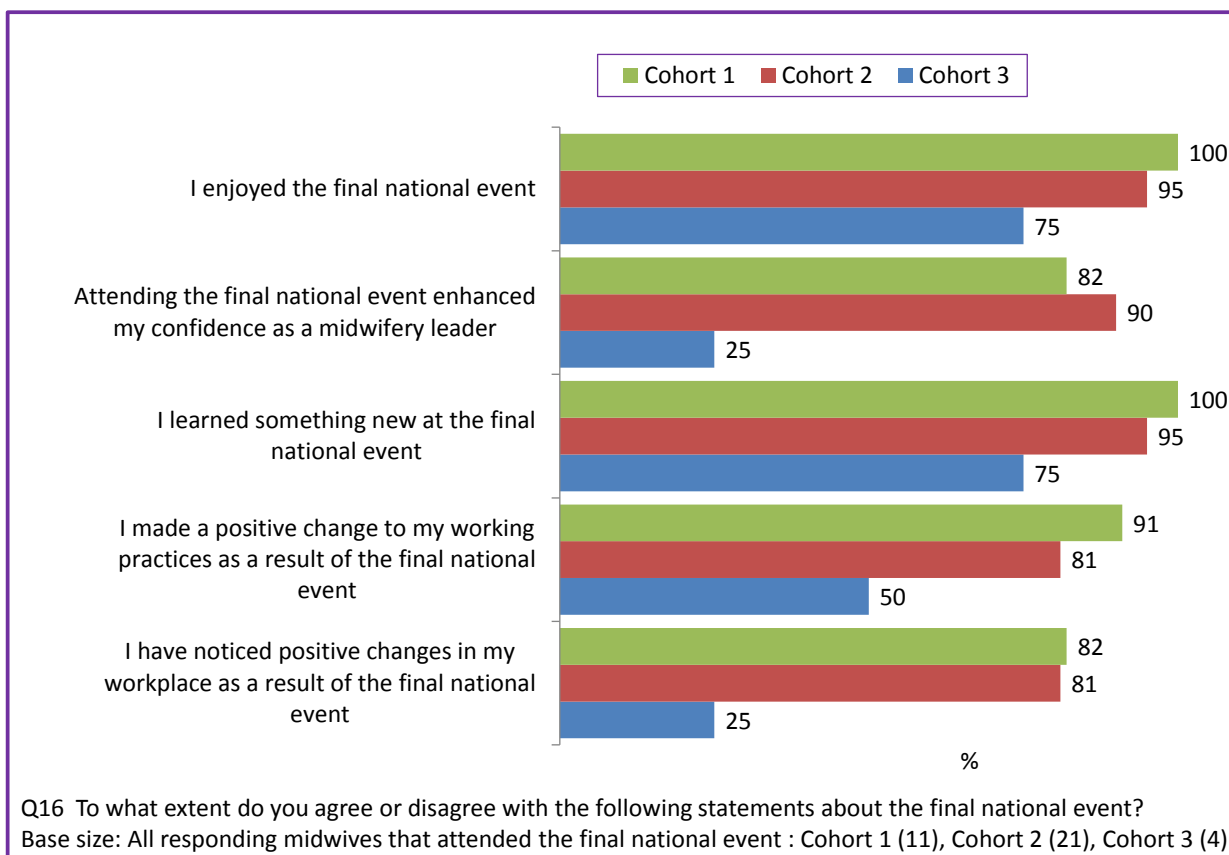
I don't think the final event specifically related to myself, it was more for the midwives in cohort 1 and 2. (Midwife depth interview)

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 94% of midwives agreeing that they enjoyed it and that they learned something new, and eight in ten agreeing that it enhanced their confidence (81%) and that they had noticed positive changes to their working practices (72%). Three quarters (75%) agreed that they had noticed positive changes in their workplace as a result of attendance.

The following chart compares response to the final national event by cohort.



The final national event was very well received by Cohorts 1 and 2. Cohort 3 midwives were least likely to agree with each of the indicators, perhaps because they had not undertaken projects themselves so felt less involved.

The following table compares response to the final national event between 2012/13 and 2013/14.

	2012/13 % Agree (36)	2013/14 % Agree (36)
I enjoyed the final national event	97	94
Attending the final national event enhanced my confidence as a midwifery leader	89	81
I learned something new at the final national event	86	94
I made a positive change to my working practices as a result of the final national event	72	81
I have noticed positive changes in my workplace as a result of the final national event	69	75

Though scores were still high, slightly fewer of the midwives said that they enjoyed the final event and that it enhanced their confidence than in 2012/13. However, response to each of the other indicators were higher in 2014 than they were in 2014 indicating an event with a greater depth of impact.

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, many midwives had very positive things to say about the ‘Delivering Quality through Midwifery Leadership’ programme.

I felt it was one of the most worthwhile things I’ve done. (Midwife depth interview)

I just felt it was really really good. (Midwife depth interview)

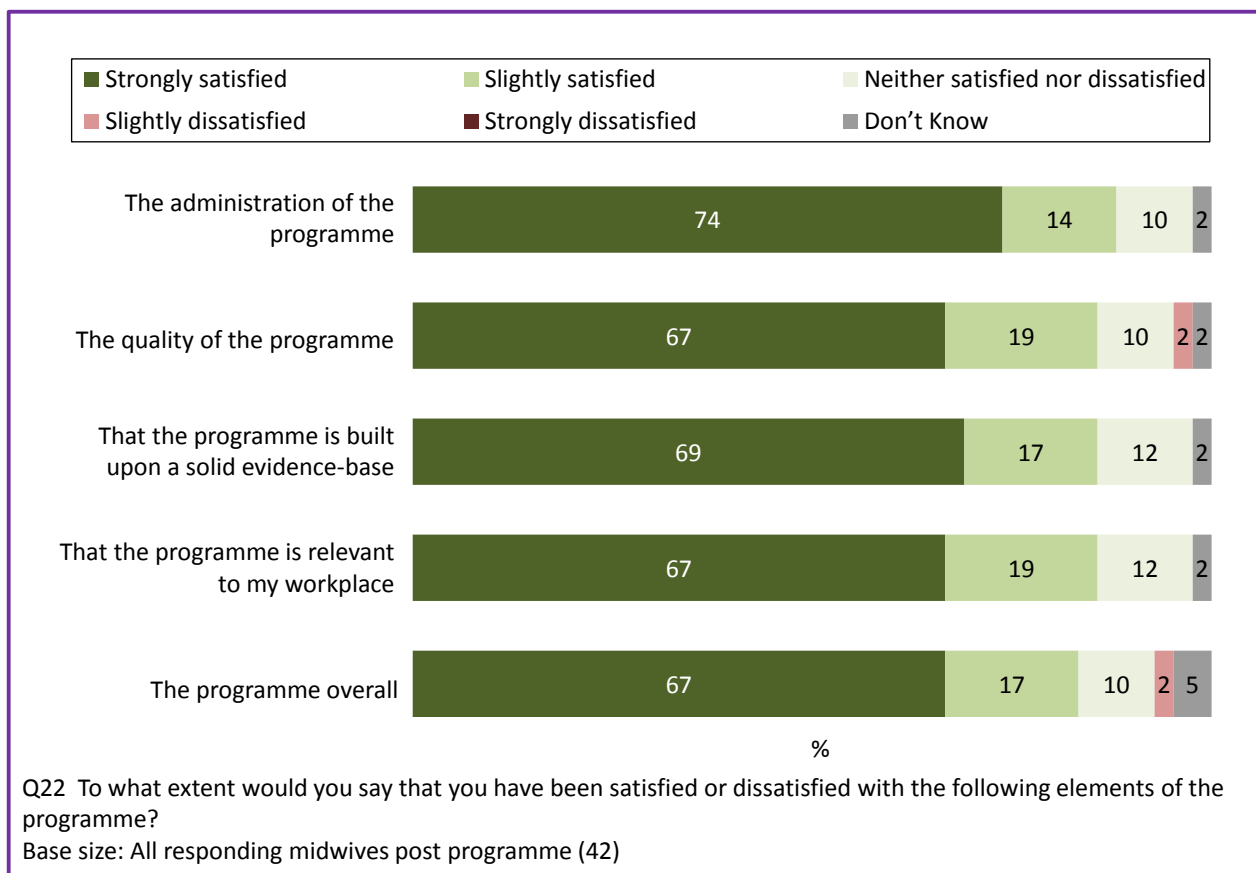
It is really valuable, I hope other people get the benefit of it. (Midwife depth interview)

It was really good I did enjoy it. (Midwife depth interview)

I couldn’t believe how inspired I felt. (Midwife presentation at final event)

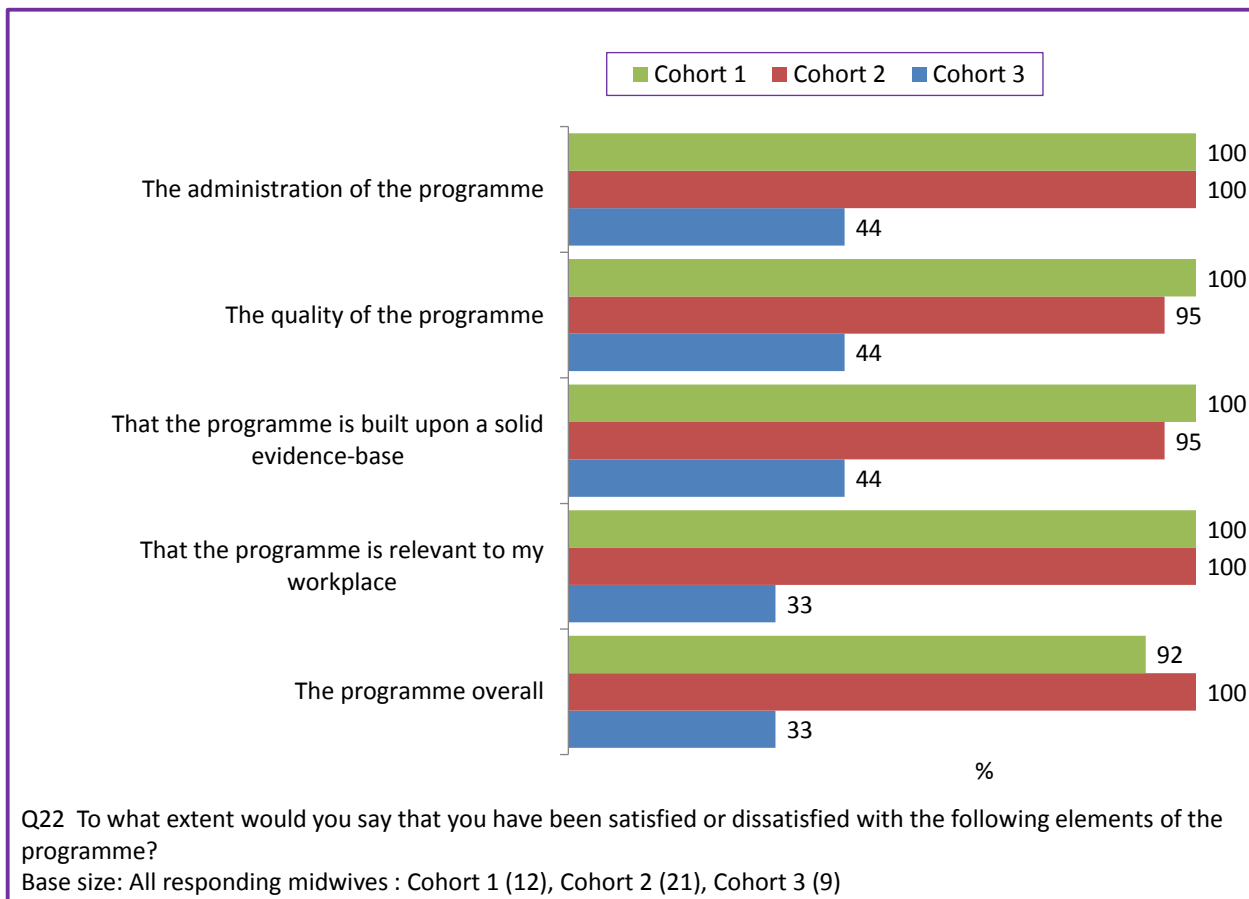
The whole programme makes you feel relevant and wholly appreciated. (Midwife from survey)

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



In total, 84% 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.

The following chart compares satisfaction by cohort.



Cohorts 1 and 2 were very satisfied with the leadership programme and its component parts, whereas Cohort 3 tended to give more neutral responses.

The following table compares satisfaction between 2012/13 and 2013/14.

	2012/13 % Agree (39)	2013/14 % Agree (42)
The administration of the programme	85	88
The quality of the programme	85	86
That the programme is built upon a solid evidence-base	80	86
That the programme is relevant to my workplace	82	86
The programme overall	82	83

In all areas, satisfaction with the programme was very slightly higher in 2013/14 than in 2012/13.

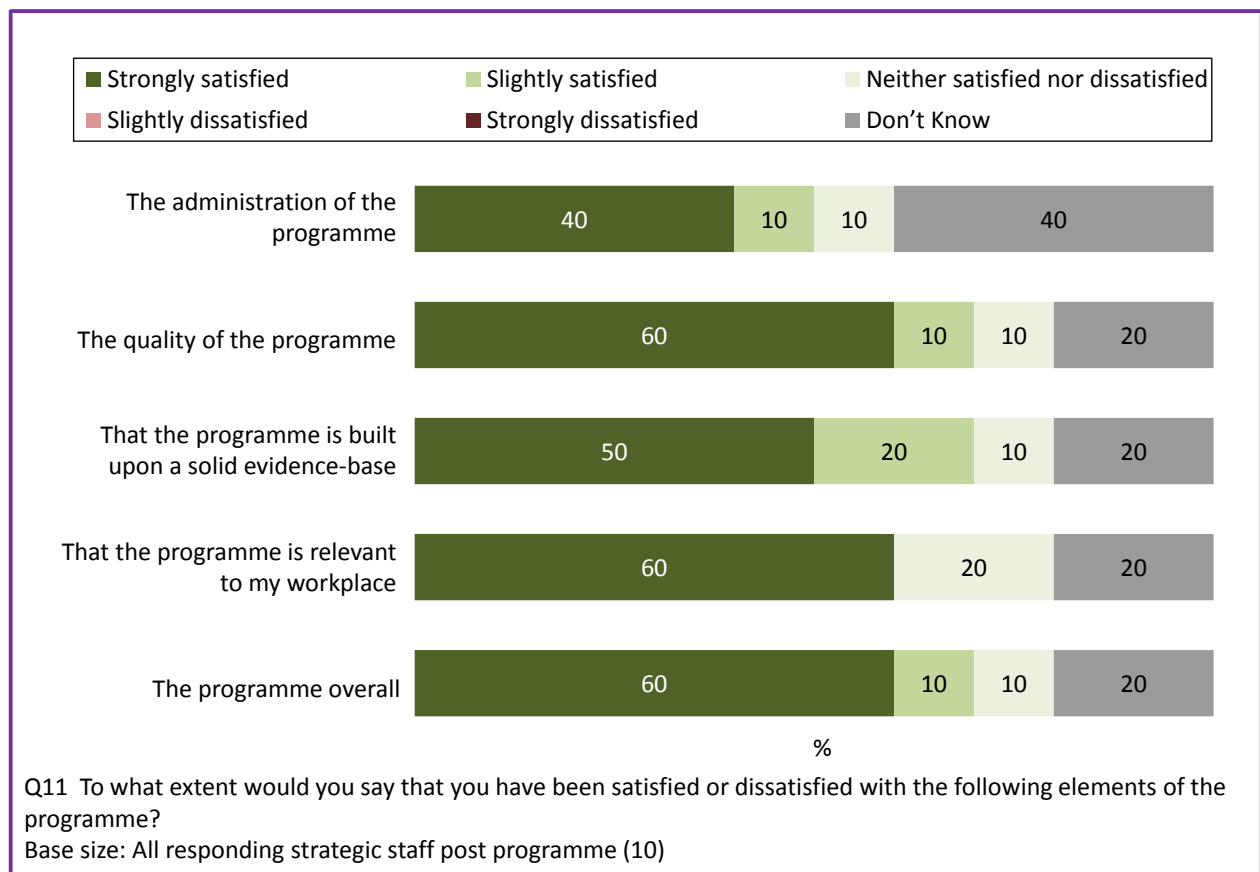
This positivity about the leadership programme also came through from the strategic staff members supervising the midwives.

My member of staff verbalised to me that she really benefitted for the programme and that is good enough for me to know it is working well. (Strategic Staff depth interview)

If I had to pay for girls to participate, I'd pay for it. (Strategic Staff depth interview)

It has been a very positive experience for all of the staff that have undertaken this course. (Strategic Staff depth interview)

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



In total, 70% of the strategic staff members were satisfied with the programme overall, and none gave negative responses.

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.

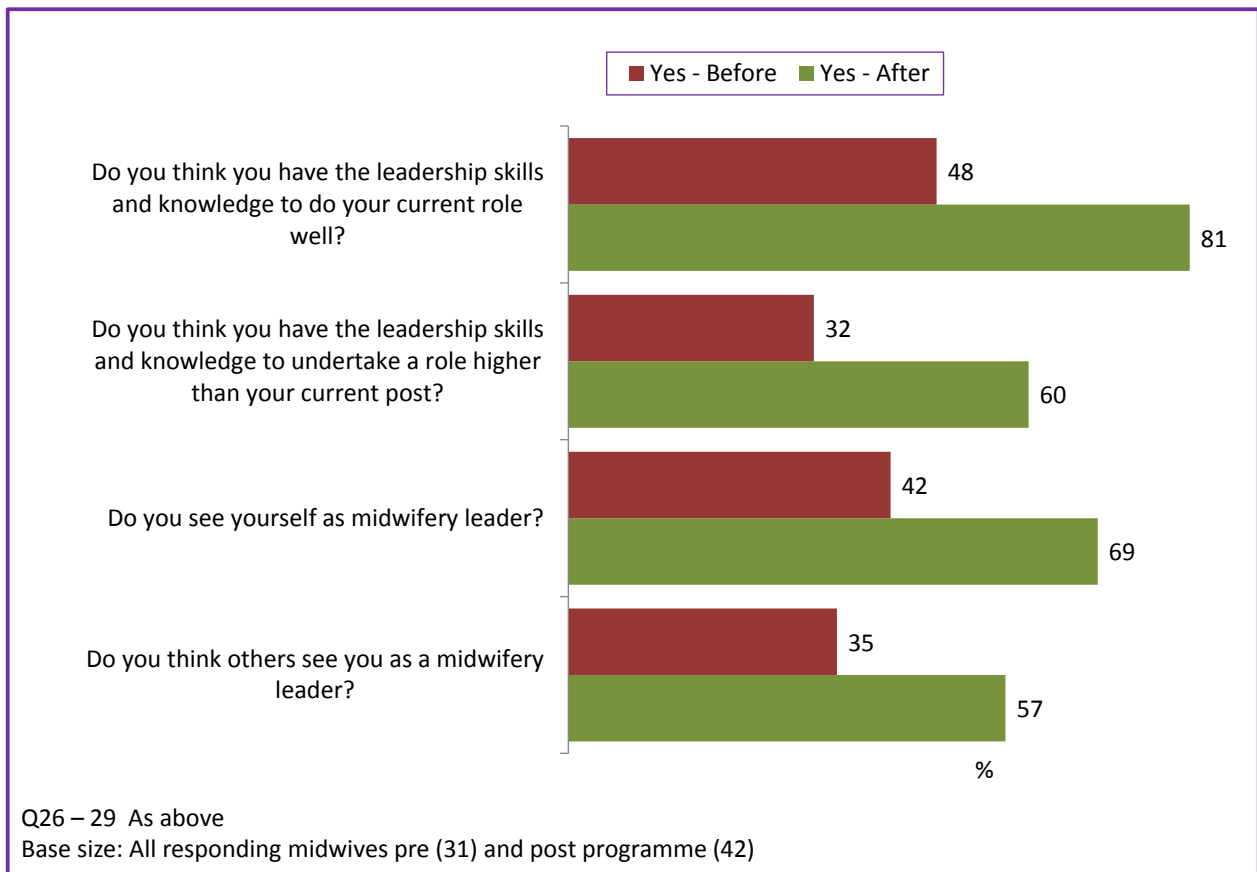
I enjoyed ... [Activity] Base: All responding midwives that experienced each	2012/13 % Agree	2013/14 % Agree
Initial one day workshop	82	95
One-to-one leadership coaching from Firefly	83	88
Leadership project	100	94
Second event	83	86
Final national event	97	94

Based on evaluations of particular elements of the leadership programme, in both years this enjoyment often resulted from the leadership projects (94%) and the final national event (94%). Showing an increase in enjoyment levels, the initial one day event was also particularly enjoyed in 2013/14 (95%).

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 and as last year, 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, 81% of participants felt that they had the leadership skills and knowledge to do their current job well (similar to 82% last year), and 60% felt that they had the leadership skills and knowledge to undertake a role higher than their current post (up from 59% last year).

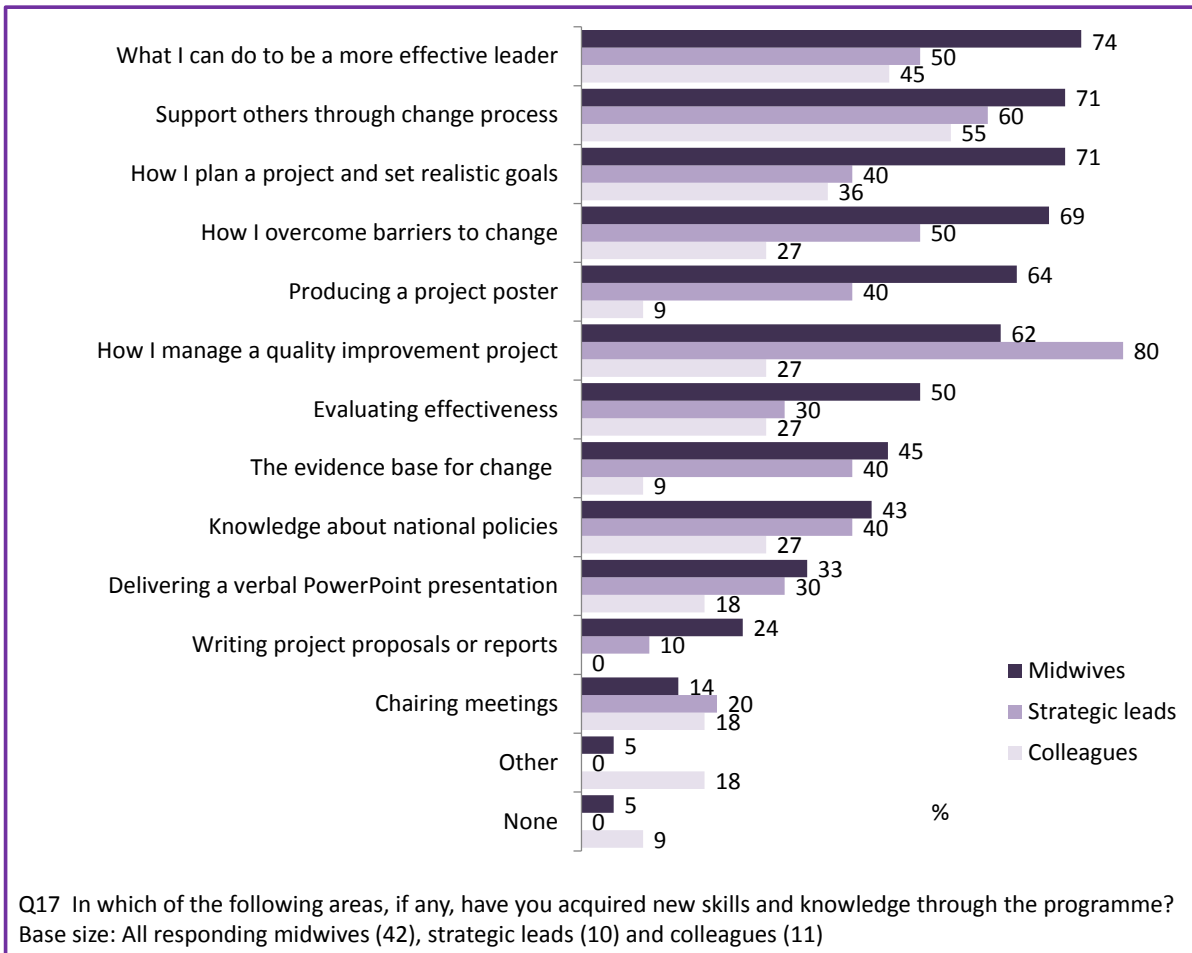
In addition, 69% of participants now considered themselves to be a midwifery leader (similar to 72% last year) and 57% felt that others now see them as a midwifery leader (up from 56% last year) indicating a substantial increase in leadership confidence and ambition.

Factors contributing to these changes 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.

Midwives, their colleagues and their strategic staff were asked to comment on skills and knowledge acquired through the programme.

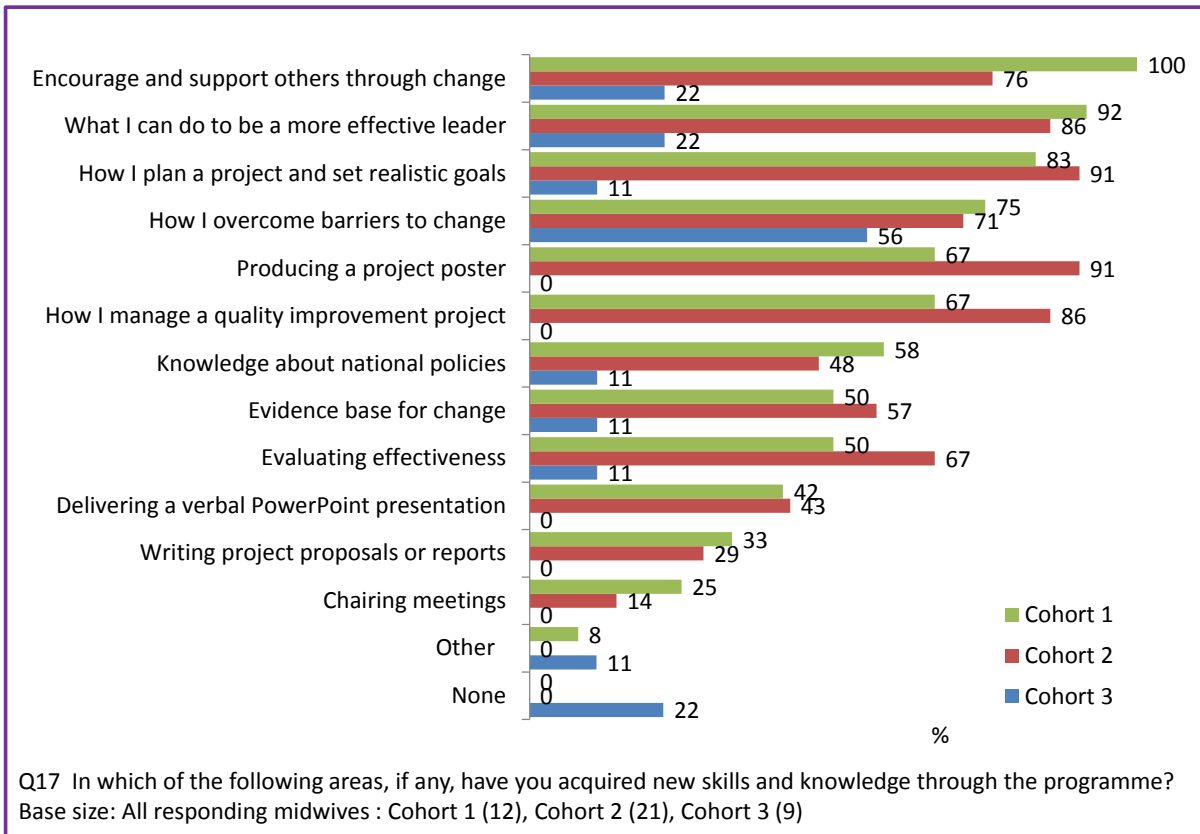


The midwives themselves most often noted that they had acquired new skills and knowledge in what to do to be an effective leader (74%), supporting others through the change process (71%), and how to plan and set realistic goals (71%). Each of these areas increased in priority since last year, when the 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%).

In 2013/14, Strategic staff most often noted that participating midwives had acquired new skills and knowledge in managing a quality improvement project (80%), and supporting others through the change process (60%).

Colleagues of midwives most often noted that participating midwives had acquired new skills and knowledge in supporting others through the change process (55%), and what to do to be an effective leader (45%).

The skills and knowledge acquired through the programme can also be broken down by individual cohorts.



Cohort 1 most often noted that they had acquired new skills and knowledge in encouraging and supporting others (100%), what to do to be an effective leader (92%), and how to plan and set realistic goals (83%).

Cohort 2 most often noted that they had acquired new skills and knowledge in how to plan and set realistic goals (91%), producing a project poster (91%) and managing a quality improvement project (86%).

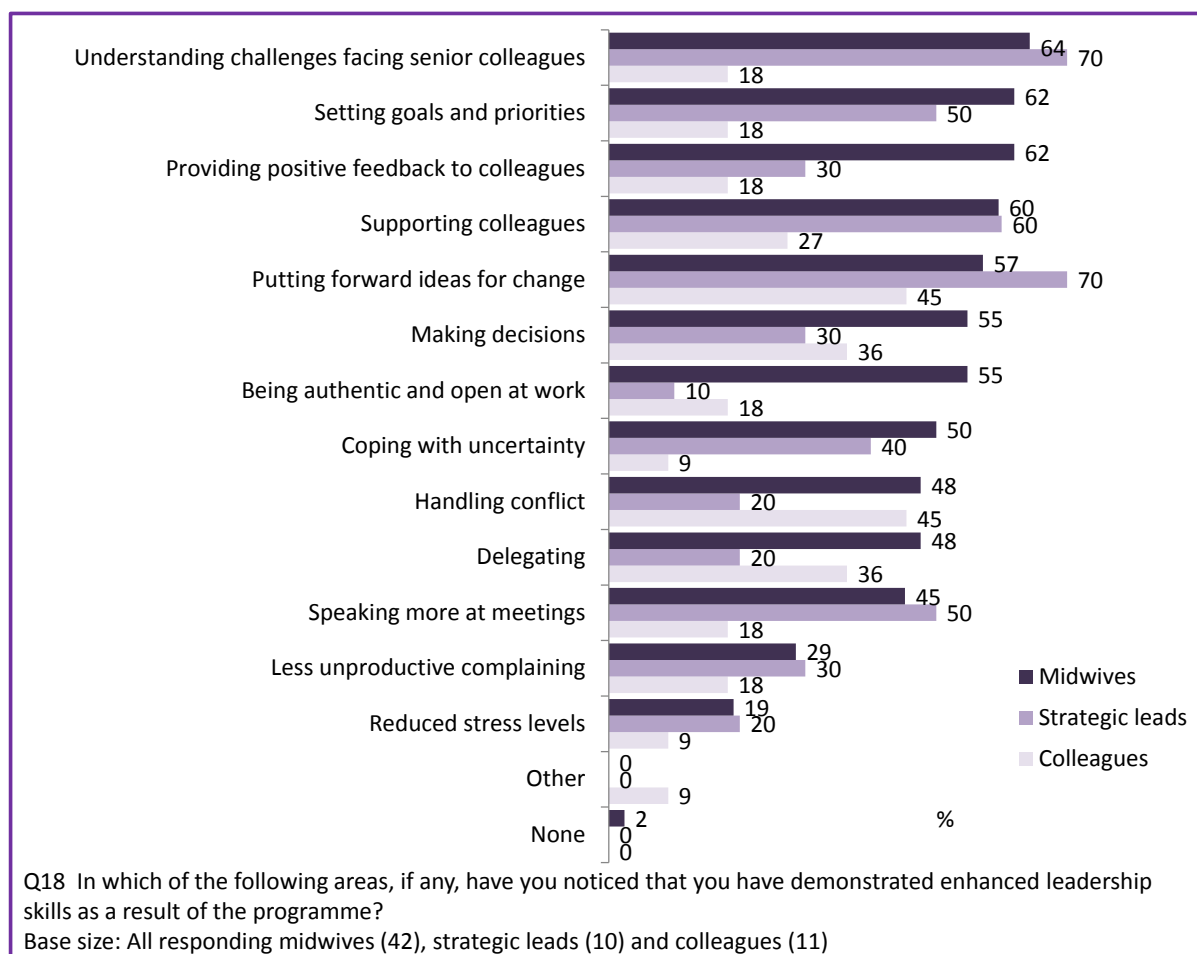
Cohort 3 most often noted that they had acquired new skills and knowledge in overcoming barriers to change (56%).

Based on evaluations of particular elements of the leadership programme, this acquisition of learning in both years most often resulted from the leadership projects (94%) and the final national event (94%).

I learned something new as a result of ... [Activity]	2012/13 %	2013/14 %
Base: All responding midwives that experienced each	Agree	Agree
Initial one day workshop	74	76
One-to-one leadership coaching from Firefly	81	88
Leadership project	90	94
Second event	83	71
Final national event	86	94

A changed approach

Midwives, their colleagues and their strategic staff were asked to comment on the areas in which they had demonstrated enhanced leadership skills as a result of taking part in the leadership programme.



The midwives themselves most often noted that they had demonstrated leadership skills in understanding the challenges facing senior colleagues (64%), setting goals and priorities (62%), and providing positive feedback for colleagues (62%).

It changes how you think about things. The situation is the same but it is how you deal with it. It has been a revelation. (Midwife depth interview)

Strategic staff most often noted that participating midwives had demonstrated leadership skills in understanding the challenges facing senior colleagues (70%) and putting forward ideas for change (70%) – both scoring higher than the midwives rated themselves.

Colleagues of midwives most often noted that participating midwives had demonstrated leadership skills in putting forward ideas for change (45%) and handling conflict (45%).

Based on evaluations of particular elements of the ‘Delivering Quality through Midwifery Leadership’ programme, in both years this change in working practices most often resulted from the leadership projects (97%) and the one-to-one leadership coaching from Firefly (85%).

I made positive changes to my working practices as a result of ... [Activity] Base: All responding midwives that experienced each	2012/13 %	2013/14 %
	Agree	Agree
Initial one day workshop	46	70
One-to-one leadership coaching from Firefly	83	85
Leadership project	88	97
Second event	75	57
Final national event	72	81

Progress towards personal goals

In the 2013/14 end of programme evaluation survey, the midwives were asked the extent to which they felt they had made progress towards goals that they had set for themselves.

Q19b To what extent do you agree or disagree... I have made progress working towards the goals I set for myself Base: All midwives	% 2013/14 (42)
Strongly agree	62
Slightly agree	24
Neither agree nor disagree	10
Slightly disagree	2
Strongly disagree	0
Don't know	2

In total, 86% of the midwives agreed that they had made progress towards goals that they had set for themselves across the course of the programme.

Increases in confidence

At the close of the programme, 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, many participating midwives said that the programme provided them with an increased confidence.

It gives you a platform to grow your confidence. (Midwife depth interview)

I feel very confident as a leader. (Midwife depth interview)

The leadership programme made me more confident. (Midwife depth interview)

It's massively increased my confidence. I'm re-energised, enthused and inspired!
(Midwife from survey)

I'm much more confident that I was beforehand. (Midwife depth interview)

This was echoed by the results from the end of programme survey, with 81% of midwives (up from 74% last year) agreeing that they now had more confidence as a leader.

Q20a To what extent do you agree or disagree... more confidence a leader	2012/13 %	2013/14 %
Base: All midwives	(39)	(42)
Strongly agree	64	57
Slightly agree	10	24
Neither agree nor disagree	13	14
Slightly disagree	5	2
Strongly disagree	0	0
Don't know	8	2

Similarly, 63% of midwife colleagues agreed that the participating midwife now had more confidence as a leader.

Q5a To what extent do you agree or disagree... more confidence a leader	2013/14 %
Base: All colleagues	(11)
Strongly agree	36
Slightly agree	27
Neither agree nor disagree	0
Slightly disagree	0
Strongly disagree	0
Don't know	36

This increased confidence was also noted by some strategic staff members.

From a confidence point, you can see that she has engaged with it and she has blossomed from having done the programme. (Strategic Staff depth interview)

I can see them really growing in confidence. (Strategic Staff depth interview)

60% of strategic staff members (down from 93% last year) agreed that the participating midwife now had more confidence as a leader. Please note the low base sizes when comparing these findings.

Q9a To what extent do you agree or disagree... more confidence a leader	2013/14 %	2013/14 %
Base: All strategic staff	(14)	(10)
Strongly agree	36	40
Slightly agree	57	20
Neither agree nor disagree	7	20
Slightly disagree	0	0
Strongly disagree	0	0
Don't know	0	20

Based on evaluations of particular elements of the 'Delivering Quality through Midwifery Leadership' programme, in both years this increase in confidence most often resulted from the leadership projects (91%) and the final national event (81%).

[Activity] enhanced my confidence as a midwifery leader	2012/13 %	2013/14 %
Base: All responding midwives that experienced each	Agree	Agree
Initial one day workshop	49	57
One-to-one leadership coaching from Firefly	81	80
Leadership project	87	91
Second event	75	71
Final national event	89	81

Persuasive practice

Several midwives commented that the programme had enabled them to speak out and share their ideas and opinions more widely within the workplace.

I have all of these ideas brimming in my head but I haven't had the confidence to broach them. I think I have the confidence now to go and say I think we should try something, and take a plan. (Midwife depth interview)

I go to forums and speak up and give my opinion, whereas in the past I'd have had thoughts but never spoke out. (Midwife depth interview)

More confidence to participate at meetings - a feeling that my viewpoint is valid and worth throwing into any discussion. (Midwife from survey)

I feel more confident sitting in with managers and stating my case. I can say what I want to say and I believe in it. (Midwife depth interview)

The midwives noted that they had learned ways to make a persuasive case, which enabled success in this area.

It has given me some skills to bring people round to my way of thinking. (Midwife depth interview)

Realising things don't just happen overnight. There's processes to use that I didn't know before. (Midwife depth interview)

It has clarified my thoughts on how I'd proceed with doing things. Follow a process and provide evidence to make my case stronger. Before I naively thought people should let me do it because I thought it was a good idea. Now I know I need to show it is a good idea. (Midwife depth interview)

Dealing with conflict

Several midwives commented that they now felt more confident in dealing with conflict, as a result of participating in the programme.

If there was conflict I'd put off dealing with it, but now I will deal with it as and when it happens and it is much easier. (Midwife depth interview)

In the past I would see if my manager was in a good mood before I approached her, but now I would approach her regardless of her mood. (Midwife depth interview)

I'm confident in approaching the staff I find I have tense relationships with. (Midwife from survey)

Access to ongoing opportunities

The midwives were asked the extent to which 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	% 2012/13	% 2013/14	% 2013/14
Base: All midwives	(39)	(42)	(33)
Strongly agree	59	52	64
Slightly agree	21	24	30
Neither agree nor disagree	10	14	3
Slightly disagree	3	7	3

Strongly disagree	0	0	0
Don't know	8	2	0

More than three quarters (76% - down slightly from 80% last year) agreed that they believe that the programme will help them as they progress in their career. However, when looking solely at Cohorts 1 and 2 in 2013/14 (for more comparable banding) a much higher 94% agreed that they believe that the programme will help them as they progress in their career.

In the 2013/14 end of programme evaluation survey, the midwives were asked whether they had experienced any career changes during their time on the programme.

Q31 Have you experienced any of the following career changes during your time on the programme? Base: All midwives (42)	%
Further study	33
Increased responsibility	31
New job or role	17
Promotion	12
Other	36
None	5

Overall, 95% of the midwives said that they had experienced career changes during their time on the programme. These were most often further study (33%) and increased responsibility (31%).

Enhanced networks

The midwives were asked the extent to which they had set up local support for themselves as a leader during the programme.

Q19d To what extent do you agree or disagree... I have set up local support for myself as a leader Base: All midwives	% 2012/13 (39)	% 2013/14 (42)
Strongly agree	23	24
Slightly agree	38	40
Neither agree nor disagree	28	26
Slightly disagree	0	7
Strongly disagree	3	0
Don't know	8	2

At the end of the programme, 64% of the midwives (up from 63% last year) said that they had set up local support for themselves as a leader during the programme.

In the 2013/14 survey the midwives were also asked whether they had built up a network with other midwifery leaders during the programme.

Q19c To what extent do you agree or disagree... I have built up a network with other midwifery leaders	% 2012/13	% 2013/14
Base: All midwives	(39)	(42)
Strongly agree	-	57
Slightly agree	-	21
Neither agree nor disagree	-	17
Slightly disagree	-	0
Strongly disagree	-	0
Don't know	-	5

At the end of the programme, 78% of the midwives felt that they had built up a network with other midwifery leaders during the programme.

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.

The following strategic impacts were recorded in the end of project posters presented at the final national event on 6th March 2014.

Health Board	Strategic impacts
NHS Ayrshire & Arran (2)	Highlighted that consistent use of the Analgesia Guideline requires continued education of both medical and midwifery staff.
NHS Borders and Lothian	Educated Staff on: National Practice Model, Well Being Indicators, Role of the Named Person, and Implementation of GIRFEC universal information.
NHS Borders (2)	Consulted with maternity care team including GPs, community midwives, consultant obstetricians and hospital midwifery staff to ensure multidisciplinary consensus/agreement on the proposed Pregnancy Induced Hypertension referral pathway.
NHS Fife (1)	Developed an SBAR based tool for use during multidisciplinary team debrief sessions, following a significant event in the Midwife and Consultant Led Units.
NHS Greater Glasgow & Clyde	Changes implemented to reduce numbers of women seeing >3 midwives in community in line with GIRFEC.
NHS Grampian (1)	SBAR communication tool implemented within Labour ward.
NHS Lanarkshire (1)	Early intervention to prevent long term issues as identified by GIRFEC and supported by Best Possible Start.
NHS Lothian (3)	Compiled pocket guide in accordance with NICE guidelines interpretation of CTG.

These strategic impacts were appreciated by the strategic staff members, who felt that it was important that midwives understood the broader agendas within which they worked.

Understanding how the huge big engine of the NHS works is hugely valuable for them.
(Strategic Staff depth interview)

There’s more awareness of the strategic drivers in maternity services which is beneficial.
(Strategic Staff depth interview)

The projects at Board level have been really useful as the subject they chose fitted with the national drivers and local feedback from women. See where local services fit in with the national picture. (Strategic Staff depth interview)

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

Specifically, at the programme close, 70% of strategic staff (down slightly from 72% last year) 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.

Q9e 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	2013/14 %	2013/14 %
	(14)	(10)
Strongly agree	36	40
Slightly agree	36	30
Neither agree nor disagree	21	10
Slightly disagree	7	0
Strongly disagree	0	0
Don't know	0	20

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.

Q9d I now feel more confident about succession planning for midwives in my team Base: All strategic staff	2013/14 %	2013/14 %
	(14)	(10)
Strongly agree	29	40
Slightly agree	50	40
Neither agree nor disagree	21	0
Slightly disagree	0	0
Strongly disagree	0	0
Don't know	0	20

At the close of the programme, 80% of strategic staff (up slightly from 79% last year) said that they now felt more confident about succession planning for midwives in their teams.

Workplace impacts

The 'Delivering Quality through Midwifery Leadership' programme also resulted in many impacts in the workplace.

The following workplace impacts for staff were recorded in the end of project posters presented at the final national event on 6th March 2014.

Health Board	Workplace impacts
NHS Ayrshire & Arran (1)	A group of 16 Community Midwives attended the first Maternity Smoking Cessation and Prevention Refresher training in February 2014 and stated it would be beneficial to their practice.
NHS Borders (1)	The specialist midwife continues to learn and grow from her experiences and so now therefore have an in house trainer to deliver further support and training to maintain the current level of screening being offered.
NHS Fife (1)	Motivational staff information sessions conducted to communicate benefits and to support the implementation of PEP 5. Information board developed to provide guidance, visual prompt and feedback for staff. Staff felt supported and it encouraged sound reflective practice.
NHS Grampian (1)	Education sessions were held using Power Point presentation and also use of literature on SBAR.
NHS Grampian (2)	A Scoping exercise with midwives in NHS Grampian is ongoing for staff opinions on their level of knowledge of the current service. This will identify training needs and help formulate a teaching package around PMH and referral criteria.
NHS Grampian (3)	Provided all Midwives working within NHS Grampian specific training on using the National Call Record (NCR).
NHS Lanarkshire (2)	Formulated a triage tool flowchart to give midwives guidance whilst on the phone to women.
NHS Lothian (1)	Through a series of interactive scenario-based discussions / drills using visual aide memoirs, an increased competence and confidence in communicating change of risk status using a consistent approach to giving and receiving information.
NHS Western Isles	Weekly risk assessment meetings with Obstetric Consultants proving to be successful and has many benefits including good team communication and effective risk assessment. This has also reduced the consultant work load through reducing unnecessary appointments for green pathway women.

Several of the midwives commented that their projects had made a tangible difference in the workplace.

You can see the difference in the unit I work with, my project has become embedded and people have become involved in it. They've took on board what I was aiming to do and changed their practice. (Midwife depth interview)

We've identified a number of training needs and now I see them putting that into practice and giving information and leaflets they didn't before. (Midwife depth interview)

Members of strategic staff also noted that a general enthusiasm created through the programme had a positive impact on their team.

They come back full of enthusiasm and that rubs off on other members of staff so it has a knock on effect on other members of the team. (Strategic Staff depth interview)

The fact she did an audit and something changed is good for staff to know as well, that somebody on the shop floor can make a difference. It will have given people aspiration that maybe they could do that too. (Strategic Staff depth interview)

Many of the midwives felt that the skills that they had learned during the programme had resulted in positive changes in the workplace.

I always thought I was approachable but through the coaching I learnt new ways of dealing with things. (Midwife depth interview)

People come to me for advice. I do a lot of further reading and am interested in the big picture and policies and guidelines. (Midwife depth interview)

[She] has definitely become a more advanced leader than any other Band 7 in our unit. She is high functioning and supportive and just has vision that the team can follow. (Colleague from survey)

Some midwives noted that this had resulted in positive changes in how they approached workplace challenges.

I had a midwife come to me who had been off sick. We had a general discussion and an action plan. It was productive and she felt at ease. I got feedback from Occupational Health that it was the best they'd seen her in years. (Midwife depth interview)

One midwife arrived at work then bailed after an hour. Part of me thought it was the last thing I needed. I wanted to say all sorts of things but I didn't. I handled it a lot better than I would in the past. (Midwife depth interview)

At the close of the 'Delivering Quality through Midwifery Leadership' programme, 70% of strategic staff (down slightly from 79% last year) felt that the programme had contributed to positive changes in the workplace.

Q9b I believe that the programme has contributed to positive changes in my workplace	2013/14 %	2013/14 %
Base: All strategic staff	(14)	(10)
Strongly agree	29	60
Slightly agree	50	10
Neither agree nor disagree	21	10
Slightly disagree	0	10
Strongly disagree	0	0
Don't know	0	10

36% of midwife colleagues agreed that that the programme had contributed to positive changes in the workplace. The majority did not feel able to answer this question.

Q5a To what extent do you agree or disagree... I believe that the programme has contributed to positive changes in my workplace		2013/14
Base: All colleagues		%
		(11)
Strongly agree		18
Slightly agree		18
Neither agree nor disagree		27
Slightly disagree		0
Strongly disagree		0
Don't know		36

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]	2012/13	2013/14
Base: All responding midwives that experienced each	% Agree	% Agree
Initial one day workshop	33	65
One-to-one leadership coaching from Firefly	75	78
Leadership project	84	88
Leadership challenge event	72	54
Final national event	69	75

Patient care impacts

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

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 2014.

Health Board	Patient care impacts
NHS Ayrshire & Arran (1)	All pregnant women routinely offered a CO test at their first point of contact with Maternity Services. Any women with a CO of 4ppm or greater as well as those who smoke or are exposed to SHS are routinely referred to local Smoking Cessation services by a midwife. Early indications suggest an increased referral activity of nearing 20%, which is almost double the planned projected increase of 10%.
NHS Ayrshire & Arran (2)	All women now receive appropriate analgesia for perineal suturing.

NHS Borders (1)	Co-locating the specialist smoking cessation midwife clinic with the 12 week ultrasound appointment so not experiencing any DNA's and reducing the need for extra appointments.
NHS Borders (2)	All women booked to give birth at the BGH can expect to receive an equitable and consistent response to emerging Pregnancy Induced Hypertension.
NHS Dumfries and Galloway	A questionnaire will continue to be given out to postnatal women so that information and suggestions are received to obtain first hand views of service users and the "Time 2 Talk" debrief card will be professionally printed following good feedback.
NHS Fife (2)	Obtained feedback from 294 women.
NHS Highland	Provided a weekly unit visit and parenting session for those who have decline parenting sessions or recently moved to the area - Everyone to date who has attended found the session's worthwhile.
NHS Lanarkshire (1)	Hands off teaching approach to parenting skills in order to nurture the parent and child bond
NHS Lanarkshire (2)	There was a 15% reduction in admissions to triage with women in the latent phase after the changes were made.
NHS Lothian (2)	This project has proved to all that with correct staffing levels and involvement from the multidisciplinary team it is indeed possible to discharge more mothers at an acceptable time of day.

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.

At the close of the 'Delivering Quality through Midwifery Leadership' programme, 76% of midwives (down slightly from 83% last year) felt that the programme in general had contributed to improvements in patient care.

Q20f To what extent do you agree or disagree... I believe that the programme has contributed to improvements in patient care Base: All midwives	2012/13 %	2013/14 %
Strongly agree	62	55
Slightly agree	21	21
Neither agree nor disagree	10	17
Slightly disagree	0	5
Strongly disagree	0	0
Don't know	8	2

At the close of the 'Delivering Quality through Midwifery Leadership' programme, 60% of strategic staff (down from 79% last year) felt that the programme in general had contributed to improvements in patient care.

Q9c To what extent do you agree or disagree... I believe that the programme	2013/14 %	2013/14 %
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has contributed to improvements in patient care Base: All strategic staff	(14)	(10)
Strongly agree	29	40
Slightly agree	50	20
Neither agree nor disagree	21	20
Slightly disagree	0	0
Strongly disagree	0	0
Don't know	0	20

36% of midwife colleagues agreed that the programme in general had contributed to improvements in patient care. The majority did not feel able to answer this question.

Q5a To what extent do you agree or disagree... I believe that the programme has contributed to improvements in patient care Base: All colleagues	2013/14 % (11)
Strongly agree	27
Slightly agree	9
Neither agree nor disagree	27
Slightly disagree	0
Strongly disagree	0
Don't know	36

Of the midwives who undertook a leadership project, 88% felt that their leadership project specifically contributed to improvements in patient care.

Q12 I believe that my leadership project has contributed to improvements in patient care Base: All midwives who undertook a project (33)	% 2013/14
Strongly agree	61
Slightly agree	27
Neither agree nor disagree	12
Slightly disagree	0
Strongly disagree	0
Don't know	0

This view was echoed by comments from both midwives and strategic staff members.

I can see the projects made a difference to patient care. (Midwife depth interview)

There will be changes to patient care because of the projects they undertook. (Strategic Staff depth interview)

Not bringing women in in early labour and bring down our section rate and improve women's experience. They are more likely to have a fulfilling experience. (Midwife depth interview)

Now the patients are not coming unnecessarily when they could come elsewhere, fewer unnecessary appointments for our women impacts on patient care. (Strategic Staff depth interview)

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

Several midwives and strategic staff members commented that they felt the programme was unique and relevant because it focused on working directly with midwives in their workplaces.

We were all midwives more or less round about the same level, so there was no hierarchy. We were all on a level playing field. We could relate to each other. (Midwife depth interview)

The fact that it is purely midwifery and doesn't take on nursing issues or the other agencies, and the projects are focused on midwifery. (Strategic Staff depth interview)

It is the access to the programme because it is so inclusive of midwives of different banding and roles. (Strategic Staff depth interview)

Generating enthusiasm for leadership amongst practitioners

One particular ethos of the programme shone through, and could be said to be an example of positive practice as well as a positive impact.

The programme very much generated an enthusiasm for leadership at all levels of participant, and highlighted that leadership skills were important and relevant at all levels within the service.

Changes have got to come from people like ourselves. (Midwife depth interview)

People think leaders have to be in a high position, but you don't have to be. (Midwife depth interview)

Practice development and leadership is everybody's business. (Strategic Staff depth interview)

It encourages leadership at all levels. (Strategic Staff depth interview)

Realising leadership isn't about management it is at all levels in the service. (Strategic Staff depth interview)

This continues all the way through your career, you're expected to improve and not just clinically. Working on leadership skills is for all of us in the NHS. (Strategic Staff depth interview)

Facilitating and encouraging cross-service working

As part of the programme process, many of the midwives were required to forge new relationships and form new multidisciplinary teams.

I spoke to all the relevant staff and consultants and people would need to deal with an increase in referrals. (Midwife depth interview)

We had meetings with our Head of Midwifery. We spoke to people who ran postnatal parents groups, asked staff, googled what other units were using. (Midwife depth interview)

They had to talk to lots of people - IT specialists and GPs and health visitors. (Strategic Staff depth interview)

As a result, participating midwives increased their local networks and their skills in cross-service working.

Aiding the communication skills to link with senior managers. (Midwife from survey)

They are much better at making contact with people they didn't know before. (Strategic Staff depth interview)

They can engage better with the clinical staff and medical staff. (Strategic Staff depth interview)

Facilitating and encouraging working across Boards

Midwives and strategic staff members alike appreciated the opportunity for participating midwives to network widely, and the impact that this had in terms of allowing knowledge and experience to be shared across and between Boards Scotland-wide.

They are functioning more at a national level and are aware of what is going on in other Board areas and bring ideas to our Board from other Boards. (Strategic Staff depth interview)

It gave you ideas to come back to your own workplace. (Midwife depth interview)

Networking with midwives from all levels and from differing health Boards has been invaluable. Everyone's contribution has resulted in a wealth of ideas to take forward to my own area. (Midwife from survey)

This was particularly attributed to the delivery and sharing of project work.

The sharing of projects across Scotland. (Strategic staff from survey)

The projects were interesting to take the learning back to the workplace. (Midwife depth interview)

I've had four or five NHS Boards contacting me asking about my project. I've had a lot of interest in it. (Midwife depth interview)

I think all the small projects that have been under taken and shared will have an impact on many areas. (Midwife from survey)

Challenges associated with the programme

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

Evaluating the challenges

At the close of the programme, the midwives were asked what, if anything they found challenging about the programme.



Overall, 86% of the midwives found the programme challenging at least one way.

According to the end of programme survey, these challenges were most often finding the time to undertake the tasks and activities associated with the programme (74%), being released from day-to-day work to undertake programme activities (57%) and having the self confidence to be a leader (33%).

Finding the time to undertake the programme

As in 2012/13, finding the time to undertake project activity was considered to be a major challenge in completing the programme. This continued in 2013/14.

At the close of the 'Delivering Quality through Midwifery Leadership' programme, 74% 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, and 54% said that a key challenge was being released from day-to-day work to undertake programme activities.

Challenging is getting the time for the project side of it. (Midwife depth interview)

There's been a lot of organisational change and our roles have changed and moving offices. We didn't get as much protected time as we'd have liked. (Midwife depth interview)

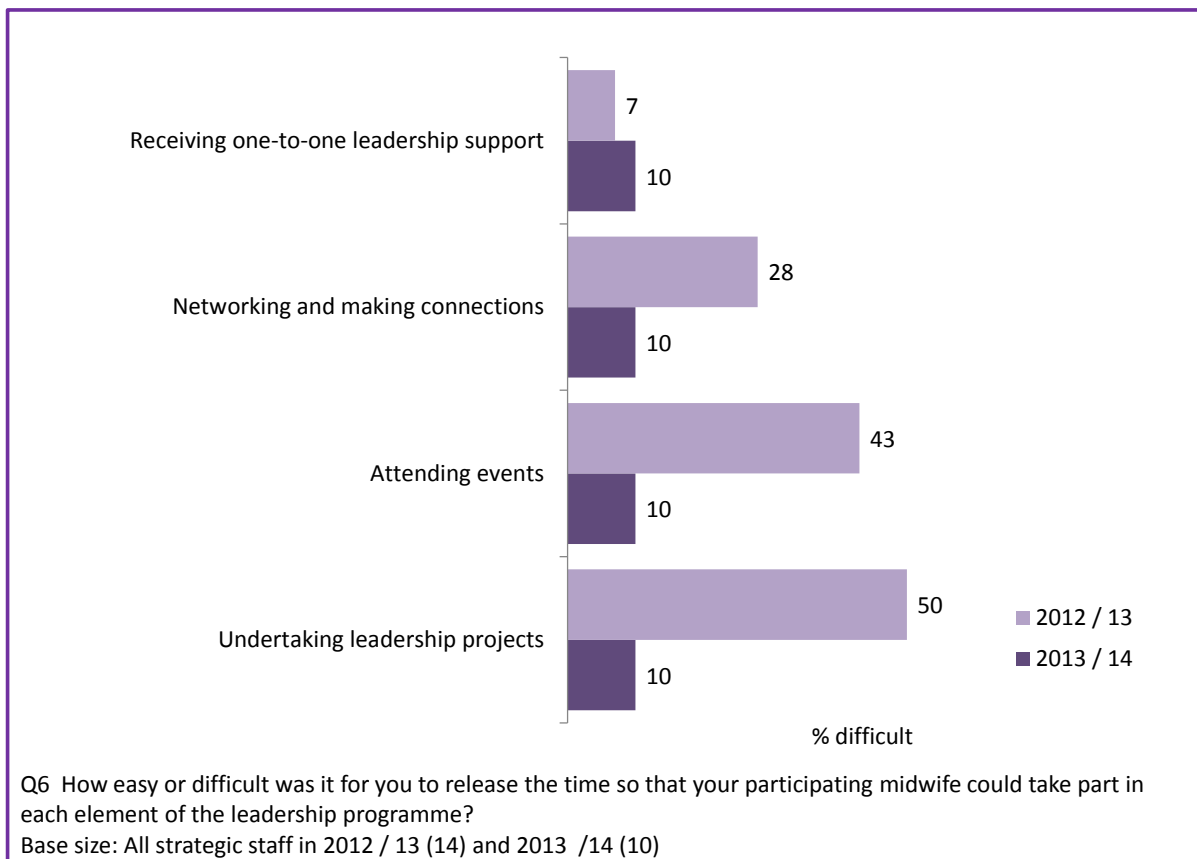
There were times I felt we had agreed time and I didn't get the time which was disillusional. I had this idea we'd get an allocated amount of time from our workplace but they said they didn't need to agree to that formally. That was a bit of a struggle. If I'd known that I wouldn't have done it. (Midwife depth interview)

In some cases, it was felt that the success of projects was compromised by this issue.

If you don't get protected time it doesn't always happen – a major challenge for us. (Midwife presentation at final event)

It has proved difficult to negotiate hours to complete the project and I do feel that the project was less successful due to lack of time. (Midwife from survey)

Although this challenge was echoed by the strategic staff in the end of programme survey in 2012/13, it was considered less of an issue 2013/14 where only 10% said that they found releasing time difficult.



Making realistic project plans

Linked to finding the time to participate in project activities, a major challenge identified in 2014 was one of making realistic project plans which could be completed successfully within the programme timeframe.

It took us ages, we didn't think we'd ever be able to develop it. (Midwife presentation at final event)

That can be the difficulty, honing it down into small pieces and making it manageable for the period of time they had to do the project in. (Strategic Staff depth interview)

This challenge was largely attributed to naivety or inexperience in project planning.

It took longer than we thought due to our inexperience of launching new initiatives. (Midwife presentation at final event)

There was how much she could do with the timeframes. She was trying to do too much and take it too wide. (Strategic Staff depth interview)

This challenge was resolved along the way to a certain extent.

Q12 My leadership project achieved what it set out to achieve	% 2013 14
Base: All midwives who undertook a project	(33)
Strongly agree	64
Slightly agree	15
Neither agree nor disagree	9
Slightly disagree	9
Strongly disagree	3
Don't know	0

At the close of the programme 79% of midwives agreed that their leadership project achieved what it set out to achieve. However, 12% of participating midwives disagreed that their project achieved what it set out to achieve.

Engaging with Firefly

Again as in 2012/13, many of the midwives who were new to the programme expressed that they initially felt sceptical about engaging with Firefly and the one-to-one leadership support.

At first I was really sceptical. (Midwife presentation at final event)

I wasn't sure that I wanted to do it. I thought I didn't need all that unpicking of my brain. It was naivety, I prejudged it, I wasn't open minded enough. (Midwife depth interview)

I was in two minds about it as part of me wondered what I might gain from it. (Midwife depth interview)

I had already decided it wouldn't suit me – how could someone who wasn't a midwife help me? (Midwife presentation at final event)

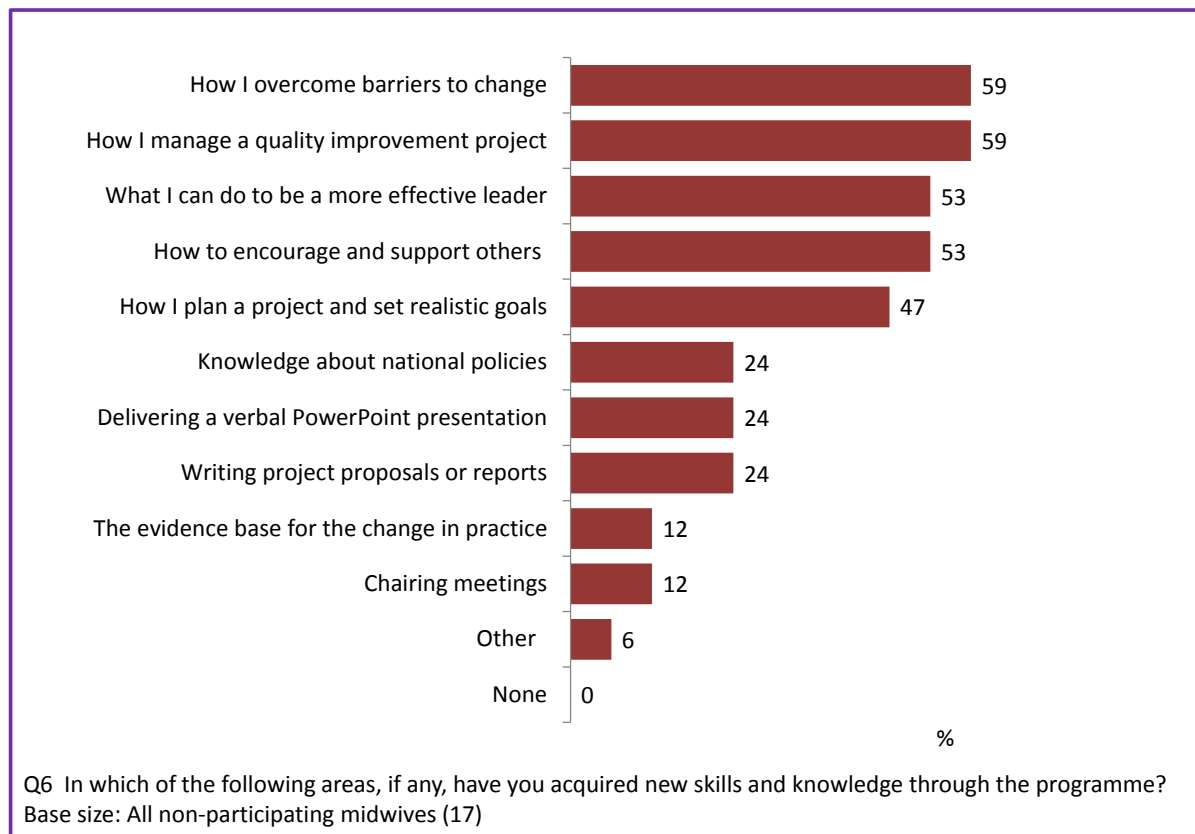
As the evidenced positive impact of the one-to-one leadership support shows, this issue was largely resolved during the programme timeframe.

Midwives not continuing from 2013/14

The midwives who comprised the initial Cohort of participants in 2012/13 were invited to continue their participation in 2013/14. The majority did not do so. The following section describes the findings from a short survey amongst these midwives.

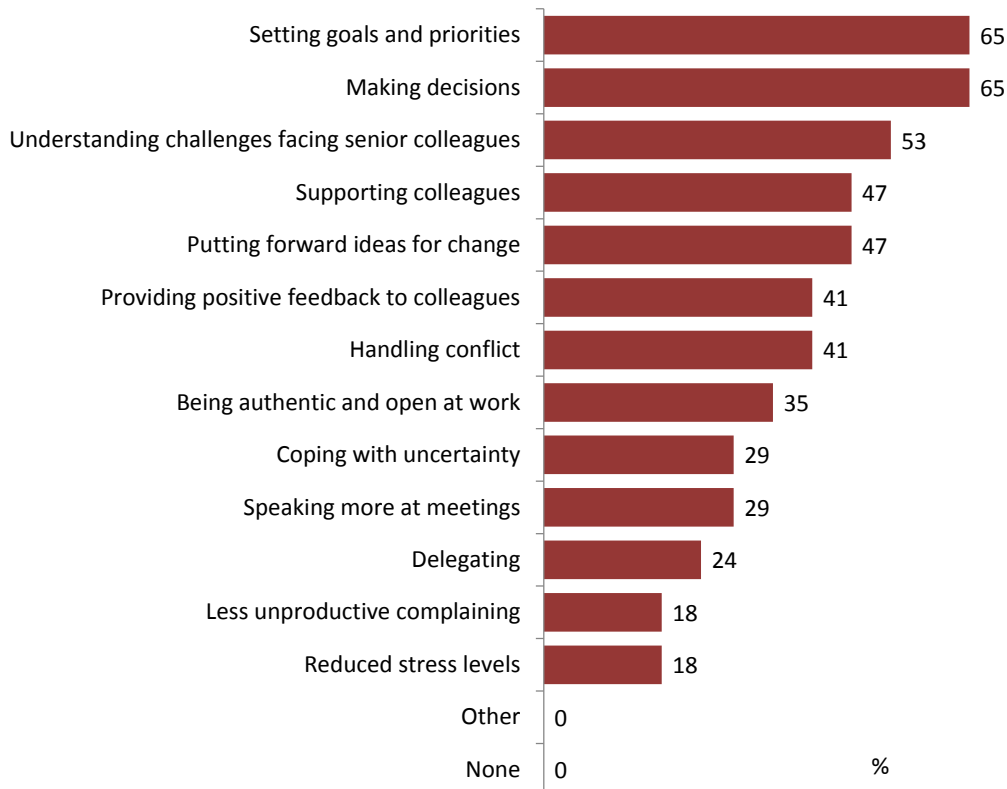
Programme impact

The non-participating Midwives were asked to comment on skills and knowledge acquired through the programme.



The non-participating midwives most often noted that they had acquired new skills and knowledge in overcoming barriers to change (59%) and managing a quality improvement project (59%). Patterns in response were similar to current participants, if a little lower for each.

The non-participating midwives were asked to comment on the areas in which they had demonstrated enhanced leadership skills as a result of taking part in the leadership programme.



Q7 In which of the following areas, if any, have you noticed that you have demonstrated enhanced leadership skills as a result of the programme?

Base size: All non-participating midwives (17)

The non-participating midwives most often noted that they had demonstrated leadership skills in setting goals and priorities (65%), making decisions (65%), and understanding the challenges facing senior colleagues (53%). Patterns in response were broadly similar to current participants.

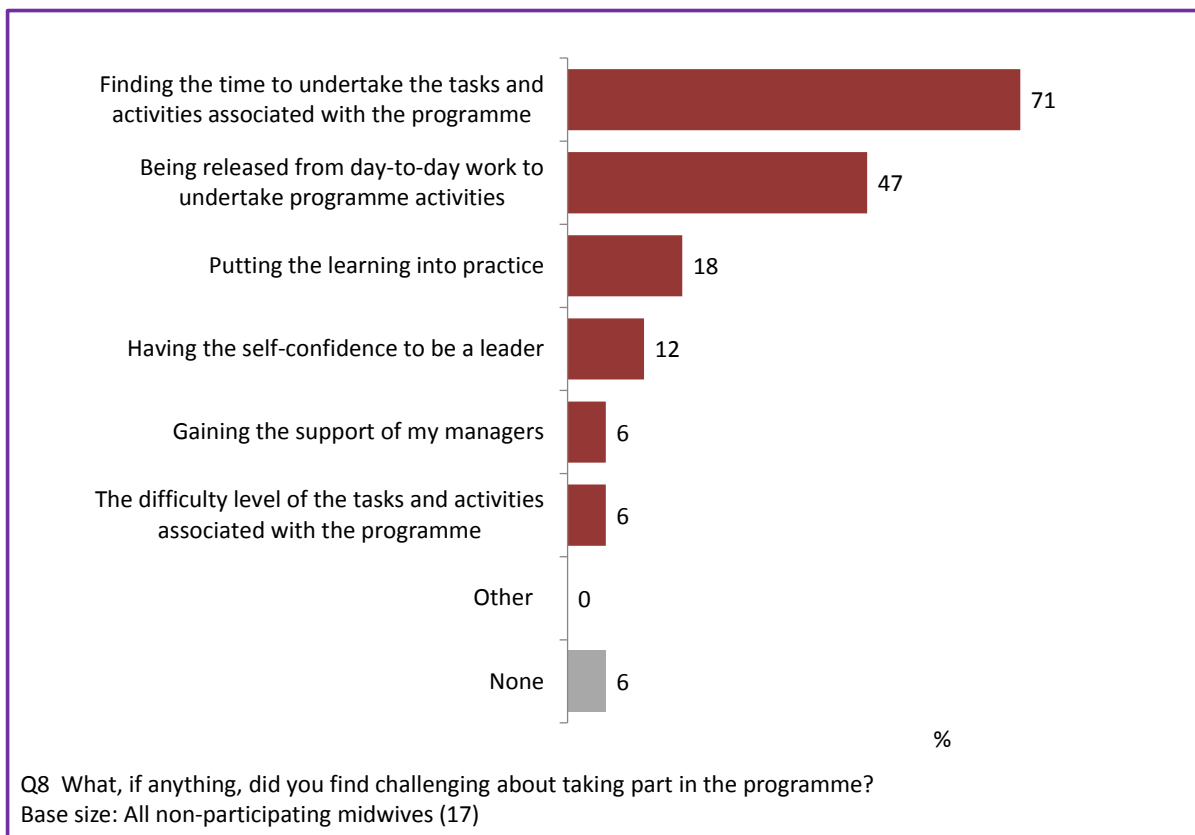
The non-participating midwives were asked whether they had experienced any career changes during or since their time on the programme.

Q11 Have you experienced any of the following career changes during or since your time on the programme?	No.	%
Further study	6	35
Increased responsibility	6	35
New job or role	4	24
Promotion	2	12
Other	1	6
None	4	24

Overall, 78% of the non-participating midwives (compared to 95% of the current Cohorts) said that they had experienced career changes during their time on the programme.

Programme challenges

The non-participating midwives were asked what, if anything they had found challenging about the programme.



Following a very similar pattern to the participating midwives, these challenges were most often finding the time to undertake the tasks and activities associated with the programme (71%), and being released from day-to-day work to undertake programme activities (47%).

Decision not to continue

When asked why they had chosen not to continue with the programme, a variety of responses were provided.

Several non-participants said that they had not known the programme was running again.

Was not offered chance to continue on programme by manager and would have liked to.
(Non-participating midwife from survey)

Didn't know when it commenced, would have loved to continued with programme.
(Non-participating midwife from survey)

Other non-participants noted that the opportunity had been given to other members of staff instead.

Other staff allocated for second programme. (Non-participating midwife from survey)

Opportunity given to younger team member. (Non-participating midwife from survey)

Several non-participants also noted that they did not have time to participate.

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;
- Providing a programme which was considered to be relevant to midwives;
- Facilitating and encouraging cross-service working;
- Facilitating and encouraging working across Boards.

Key challenges

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

Concluding remarks

In 2013/14, 67 midwives completed the second year of the 'Delivering Quality through Midwifery Leadership' programme, coming from a variety of bands and Health Boards thus achieving a broad spread of participants.

A new structure was tested in 2013/14, with three distinct Cohorts of midwives completing the programme according to their needs and levels of experience.

Within this structure, 23 leadership projects were undertaken locally and the majority of participating midwives received one-to-one leadership support from Firefly.

In addition to these changes in structure, small changes were also made to the approach taken and delivery of the various components of the programme, largely in response to recommendations made through the 2012/13 evaluation and report.

In the 2012/13 evaluation report, it was concluded that the original aim was met and indeed exceeded through a successful pilot phase of the programme.

It is testament to the careful planning of the programme that the high levels of satisfaction and achievement of aims and impacts were upheld (and in many cases exceeded or improved) across the two years, whilst changes to the programme were implemented and tested in 2013/14.

It is clear that the programme has directly resulted in positive impacts for the vast majority of individual participants. These included:

- Enjoyment;
- Appreciation of own leadership potential;
- Acquiring new skills and knowledge;
- A changed approach;
- Progress towards personal goals;
- Increases in confidence;
- Persuasive practice;
- Dealing with conflict;
- Access to ongoing opportunities;
- Enhanced networks.

As last year, although it is recognised that levels of impact vary between participants, full engagement with the programme is likely to 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.

Impacts were also recorded for the NHS; at a strategic, workplace and patient-care level. It has been shown that these impacts were appreciated by strategic staff members and midwife colleagues alike, and these too are likely to have an ongoing impact within the workplace and for women under the care of the service.

As such, the programme has successfully trained a group of more confident midwifery leaders to take leadership forward within the workplace (and beyond) at various levels within the NHS.

As in 2012/13, the concept of educating and inspiring relatively junior staff members to be the leaders of the future has been well received and the ethos of promoting good leadership at all levels and as everyone's responsibility has been clearly felt.

The programme has felt very relevant to participants, and the structure of being able to make linkages across coaching, projects and strategic work within the midwifery context has been very positive. Participating midwives have been able to make a difference and see that difference for themselves within a relatively short timescale and within their own workplaces, which has had a transformational effect on attitudes and approaches for many.

Networking has also been a particular success of the programme in both years, and has been shown to have led to increased and improved personal networks as well as more (and more confident) cross-service and cross-Board working.

As with last year, challenges were faced when introducing the programme and its component parts to new participants, and engaging them fully with the process. However, as predicted substantial progress has been made in this area 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. The major outstanding challenge with the programme relates to releasing sufficient time for participating midwives to complete programme work, or at the very least better managing expectations around this.

A desire to see the 'Delivering Quality through Midwifery Leadership' programme continue has been recorded at all levels and it is hoped that there will be scope for this model to be developed or replicated in the future.

Recommendations

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

Continue to use positive experiences to gain buy-in from strategic staff

This programme has now run successfully over two years with positive results, and the impact of these programmes can be used to the advantage of future programmes in order to gain buy-in from strategic staff and recruit a range of the highest quality midwives to the programme.

Continue to use positive experiences to motivate the midwives and manage expectations

This year's evaluation shows that the influence of previous cohorts of midwives can have a positive effect on recruiting enthusiastic midwives to the programme whilst managing their expectations and lowering initial levels of apprehension. Continue to take this approach in further programmes.

Continue to emphasise a positive leadership ethos

The 2013/14 programme strongly demonstrated that leadership is valued at all levels within the NHS. Opportunities to promote this ethos should thus be maximised.

Continue to maximise networking opportunities within the programme

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.

Facilitate cross-service working

Cross-service working was a particular success of the 2013/14 programme. This could be enhanced in future programmes by looking for new ways to encourage midwives and strategic staff alike to build this into project plans and other development activities.

Facilitate working across Boards

Sharing between Boards was a particular success of the 2013/14 programme. This could be enhanced in future programmes by looking for new ways to encourage midwives and strategic staff alike to build this into project plans and other development activities, outwith the final national event.

Negotiate time out from clinical activities

Negotiating time out from clinical activities to undertake the programme continues to be a key issue for midwives and strategic staff alike. Emphasising the strategic, workplace and patient care impacts achieved by the previous cohort may persuade strategic staff to release time for project work. However it is of most importance to manage expectations from all sides, to ensure that midwives are able to realistically plan and allocate their time within what is genuinely available.

Support midwives to set realistic goals and targets

Whilst 2013/14 midwives appeared to find project planning more straightforward than the previous year (largely due to changes to the introductory event) they still faced problems with setting realistic goals and targets. This is a side to the issue that could be explored and supported further at initial events in the future.

Be mindful when introducing leadership coaching

As in 2012/13, many midwives were initially sceptical about undertaking leadership coaching, although again this issue was largely resolved during the course of the programme. There may be new ways to approach leadership coaching in order to minimise this. Certainly enthusiastic testimonials from Cohort 1 and previous cohorts made some difference in 2013/14.

Be mindful when promoting the bigger picture

Exploring the bigger picture of midwifery in Scotland has been a positive impact of the 2013/14 programme which has had strategic consequences appreciated by midwives and strategic staff members alike. However, when working with midwives at a range of levels it is important to be mindful of the range of experience in this area. In this situation it is necessary to present information to both beginners and more experienced midwives in a way that is inspiring to each.

Further work on event 2

The second national event was less well received in 2013/14 than it was in 2012/13. Further work on this will be needed to optimise engagement, although being mindful when promoting the bigger picture may make a substantial difference.

Keep it new and avoid repetition

If midwives are to continue to participate across multiple programmes, it will be important to introduce new elements at the national events in order to maintain enthusiasm and avoid repetition.

Engage with Cohort 3

Although Cohort 3 midwives tended to enjoy the programme, some felt that elements were less relevant to them as they had not undertaken leadership projects. Consider ways to better engage with Cohort 3 and help them to feel included at all stages.

Consider the interactions between coaching and projects

The one-to-one leadership coaching and project elements of the programme have both been extremely well received and tend to be viewed quite separately. For future programmes consider the extent to which these interact and whether they could or should be more interlinked. If so, look for ways to enhance this and build a more coherent multi-stream structure. If not, consider keeping these programme streams more separate and more distinctly enable midwives to engage with a single stream. Either way, future programmes could be somewhat more focused with cohorts built and engaged with accordingly.

Learn from good practice

Take note of the good practice outlined in this report, and build this into future programmes.