



Ruthless Research

Final report for NHS Education for Scotland: Best Start Leadership Programme evaluation

March 2015



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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 Best Start Leadership Programme (previously 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 and 2014/15. Overall, 39 participants (33 Midwives and 6 LAC Nurses) completed the Best Start Leadership Programme in 2014/15.

Ruthless Research was commissioned to undertake an independent evaluation of the programme. An online survey was conducted between 10th and 20th March 2015, which was completed by 30 participants, 11 strategic leads, 7 colleagues of participants, and 13 past participants. In addition, depth interviews were conducted with 12 key stakeholders including participants, past participants and project implementation staff.

KEY FINDINGS

Evaluating the progress of the programme

Initial two day workshop: The initial two day workshop was held in Edinburgh in October 2014, and included an introduction to the programme, a discussion of key leadership issues and practical skills sessions. The initial two day workshop was extremely well received by the participants. In particular 97% agreed that they enjoyed the workshop and 97% agreed that they learned something new. LAC Nurses responded slightly more positively than Midwives. The initial two day workshop evaluated substantially better in 2014/15 than in previous years, demonstrating that the changes made to the event this year had a positive effect on its impact.

One-to-one leadership support service from Firefly: Five hours of one-to-one leadership support was provided for each participant by Firefly coaches. The one-to-one leadership support was very well received by the participants, and in particular 97% agreed that they enjoyed the coaching and 100% agreed that they learned something new as a result of the coaching. Again, LAC Nurses responded slightly more positively than Midwives and the one-to-one leadership support evaluated substantially better in 2014/15 than in previous years, demonstrating that the changes made this year had a positive effect on its impact.

Leadership projects: In total 22 local quality improvement projects were undertaken. 97% of participants agreed that they enjoyed their leadership project, 93% agreed that they made a positive change to their working practices, and 93% agreed that they learned something new as a result of their leadership project. Once again, the leadership projects were best received by the LAC Nurses. Response to the leadership project was still largely positive, but a slight decline was observed against some of the metrics in 2014/15.

Final national event: A final national event was held in Edinburgh in March 2015, attended by participants, strategic leads, and other national stakeholders. 97% of participants agreed that they enjoyed the event, and agreement with the other impact metrics was around eight in ten. A slightly lower two thirds (65%) agreed that they had noticed positive changes in their

workplace as a result of attendance. Yet again, the LAC Nurses were more positive about this element of the programme than the Midwives. Response to the final national event was still largely positive, but a slight decline was observed against some of the metrics in 2014/15.

Response to the programme

In total, all responding participants (100%) and all responding strategic leads (100%) were satisfied with the programme overall along with the administration and quality of the programme.

The impact of the programme on participants

The following key impacts of the programme were recorded by participants:

- Enjoyment;
- Re-igniting an enthusiasm for the job;
- Appreciation of own leadership potential;
- Acquiring new skills and knowledge;
- A changed approach;
- Progress towards personal goals;
- Increases in confidence;
- Access to ongoing opportunities;
- Enhanced networks.

The impact of the programme for the NHS

Strategic impacts: The projects had a clear strategic impact as many of them were designed to meet the needs of local and national policies and targets. All strategic leads (100%) agreed that the programme will help them to deliver on relevant policies, and 70% of strategic leads said that they now felt more confident about succession planning for their teams.

Workplace impacts: 80% of strategic leads felt that the programme had contributed to positive changes in the workplace. These changes in the workplace most often resulted from the initial two day workshop (90%) and the one-to-one leadership coaching from Firefly (87%).

Care impacts: 87% of participants and 90% of strategic leads felt that the programme had contributed to improvements in care. The participants were enthusiastic about the prospect of using their projects to improve care.

Challenges associated with the programme

Although the programme evaluated extremely well, it is notable that the same key challenges associated with the programme have remained influential to a degree throughout the three years, despite substantial effort having been put into making improvements in these areas. These were:

- Finding the time to undertake the programme;
- Making realistic project plans;

- Engaging with Firefly.

Identifying positive practice in 2014/15

New positive practice that led to a greater impact in 2014/15 included:

- Maximising impact through integrated activities and a stronger and more focused introduction, enabling participants to have a greater understanding of how elements of the programme fit together and influence one another.
- An emphasis on care priorities, enabling participants to identify and assert their own priorities, and understand how these were aligned with NHS priorities at a grassroots and strategic level.
- An emphasis on leadership at all levels.

The longer-term impact on past participants

In general, past participants are likely to have continued to be ambitious leaders using their newfound leadership skills after the programme finished, and they recognise the impact that the programme had in enabling this.

- 92% of the past participants felt that they had acquired new skills and knowledge through their participation in the programme – most often producing a project poster, being a more effective leader and overcoming barriers to change.
- 92% of the past participants felt that they had demonstrated enhanced leadership skills as a result of taking part in the programme – most often setting goals and priorities, providing positive feedback to colleagues, supporting colleagues, and making decisions.
- 77% of past participants agreed that they had initiated further quality improvement projects or tasks after the programme had finished, and 77% agreed that they had made further positive changes in their workplace after the programme had finished.
- 77% of the past participants said that they had experienced career changes since their time on the programme. These were most often increased responsibility and a new job or role.

Reflections on three years of the programme

In 2012, the Scottish Government and NHS Education for Scotland came together to create a new and transformational training programme for future leaders in the NHS. On reflection, the key strategic partners in this programme have been extremely happy with the development and impact of the programme. In addition to the substantial impacts already described, the key strategic features of the programme that have contributed to this success include:

- An evolving programme;
- Successful partnership working between the NHS and an external company - Firefly;
- A commitment to learning and evaluating.

At the close of the third year of the programme, NHS Education for Scotland and Firefly felt that the programme had allowed them to create a template for a successful leadership development

programme. Both NHS Education for Scotland and Firefly commented that they felt that the programme and its learnings would have a relevance to a much wider group of professionals.

Concluding remarks

The Best Start Leadership Programme (previously the 'Delivering Quality through Midwifery Leadership' programme) has always evaluated extremely well, but it is testament to the commitment to evaluation, learning, and partnership working that it has only continued to evolve and improve across the three years that it has run. It has exceeded all expectations.

In 2014/15, it seems that NHS Education for Scotland and Firefly got the balance right – providing a well integrated programme of training where each component complemented and supported the others. Alongside this, the message was consistent and focused – that individuals can be leaders making a difference within the service, and this can make a difference to the care experienced by members of the community. Participants engaged very well with this.

The programme has worked because it has been coherent and focused, and it has worked because it has taken experienced professionals and reinvigorated them. This has been done by taking them out of their busy working environments and providing them with the space to reflect and grow. They have made changes, they have seen the impact of these, and they have been recognised for doing so. Their work has been valued, and they have learned to value themselves as a result.

Stakeholders at all levels have expressed a desire for the programme to continue in some form, and it is hoped that it will do so and that more professionals will be able to benefit from the approaches created and honed during the three years of this programme.

It is certain that with an enhanced enthusiasm and confidence that the participants will continue to make change within the NHS, and that this will have a ripple effect of positively influencing junior and senior colleagues, and improving care.

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 2014/15, the programme ran for a third time, again in a slightly amended format. This time the programme was opened up to Looked After Children's Nurses (LAC Nurses) as well as Midwives, and renamed the Best Start Leadership Programme.

In 2014/15, the Best Start Leadership Programme comprised:

- Advertising and recruitment;
- Initial two day workshop providing an introduction to the programme;
- 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 Best Start 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 either or both Midwives and LAC nurses participating in the leadership programme;
- The programme will support the implementation and evaluation of service change and improvement to implement the goals of the Healthcare Quality Strategy for NHS Scotland and the Refreshed Framework for Maternity Care in Scotland;
- A cohort of around 41 Midwives and LAC nurses 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 for other Nursing Midwifery and Allied Health Professionals.

The desired outcomes of the programme were:

- Enhanced supportive national networks of midwifery clinicians and LAC nurses across Scotland;
- A cohort of Midwives and LAC nurses across the whole of NHS Scotland with confidence and competence to lead high quality maternity and child health services;
- Improved maternity and child health 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 to other NMAHPs.

Research Methodology

Ruth Stevenson of Ruthless Research was commissioned to undertake an independent evaluation of the Best Start 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. Ruthless Research distributed this survey to all participants, and reminder emails were sent to non-responders.

Participants' supervisors, participants' colleagues, and past participants were also invited to complete online surveys as part of the evaluation. NHS Education for Scotland distributed links to these surveys by email.

A prize draw to win a £25 Amazon voucher as offered as an incentive to complete a questionnaire.

The surveys were available for completion between 10th and 20th March 2015, immediately following the final national event on 9th March.

In total, 61 questionnaires were completed² of which 30 were completed by participants (a 77% response rate), 11 were completed by strategic leads, 7 were completed by colleagues of participants, and 13 were completed by past participants.

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

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

Stakeholder type	Number of interviews
Participant Midwives	3
Participant LAC Nurses	2
Participants' supervisors	1
Programme implementation staff (NES and Firefly)	3
Funder	1
Past participants	2

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 Best Start Leadership Programme around Scotland, and response to this.

Overall, 39 participants (33 Midwives and 6 LAC Nurses) completed the Best Start Leadership Programme in 2014/15.

The participants were asked what prompted them to apply. Over six in ten (63%) volunteered, whereas just over a third (37%) were asked to attend – a virtually identical pattern to the one found in 2014/15.

Q29 Did you volunteer to participate in this programme?	2012/13 %	2013/14 %	2014/15 %
Base: All responding participants	(53)	(42)	(30)
Yes	58	62	63
No – I was asked to attend	33	36	37
Other	10	2	0

As in previous years, the participants came to the programme through a variety of different routes.

“There was an email about it and I thought it sounded like a good programme because I’m quite big on change and what we can do better.” (Midwife 3)

“The team leader is thinking about retiring, she thought I would be ideal. She said of the Best Start leadership that I should go for it.” (Midwife 2)

Word of mouth from previous programme participants played a role in generating interest in the programme.

“One of my colleagues had done the course and it sounded like a nice course to do so I was keen to do it.” (Midwife 1)

“I knew someone that had done the course before. And there was previous projects there, you could see the results.” (Midwife 3)

In particular this year, several participants commented that they felt that they needed something for them personally, and that they hoped that the programme would provide that.

“I wanted something that would be good for me.” (LAC Nurse 1)

“I was giving out so much, I needed something back.” (Final event speaker)

“I’ve always looked after everybody, but maybe this is something for me.” (Midwife 2)

Additionally, the LAC Nurses interviewed both said that they had been keen to participate as they rarely see opportunities aimed at LAC Nurses.

“It was an email sent by a LAC Nurse, saying it was a good opportunity for LAC Nurses.”
(LAC Nurse 2)

“It is quite difficult to get things relevant to LAC.” (LAC Nurse 1)

Evaluating the progress of the programme

The following section describes the various component parts of the Best Start Leadership Programme, and response to these. More detail on impacts, challenges faced, and enablers of success are described elsewhere in this report.

Initial two day workshop

The first component of the Best Start Leadership Programme was an initial two day workshop for all participants.

The initial two day workshop was held in Edinburgh in October 2014, and included an introduction to the programme, a discussion of key leadership issues and practical skills sessions.

The length of this workshop was increased from one to two days in 2014/15, and the emphasis changed, following feedback from previous years.

“This year we got much better at doing the groundwork. First impressions last.” (NES 1)

One of the key changes was a greater involvement from the full Firefly team, to introduce the coaching element of the programme in an enhanced and more integrated manner.

“We had all of the coaching team present at the kick off day, to build community relationships.” (Firefly 2)

“We met them all to start with. For us it is helpful but not essential. Maybe for the Midwives it might be, it helps them connect with their coach.” (Firefly 1)

Many of the participants described how much they gained from the introductory two day workshop.

“It was stimulating and inspiring. They got the motivation bit just right.” (LAC Nurse 1)

“You left feeling buzzing.” (Past participant 1)

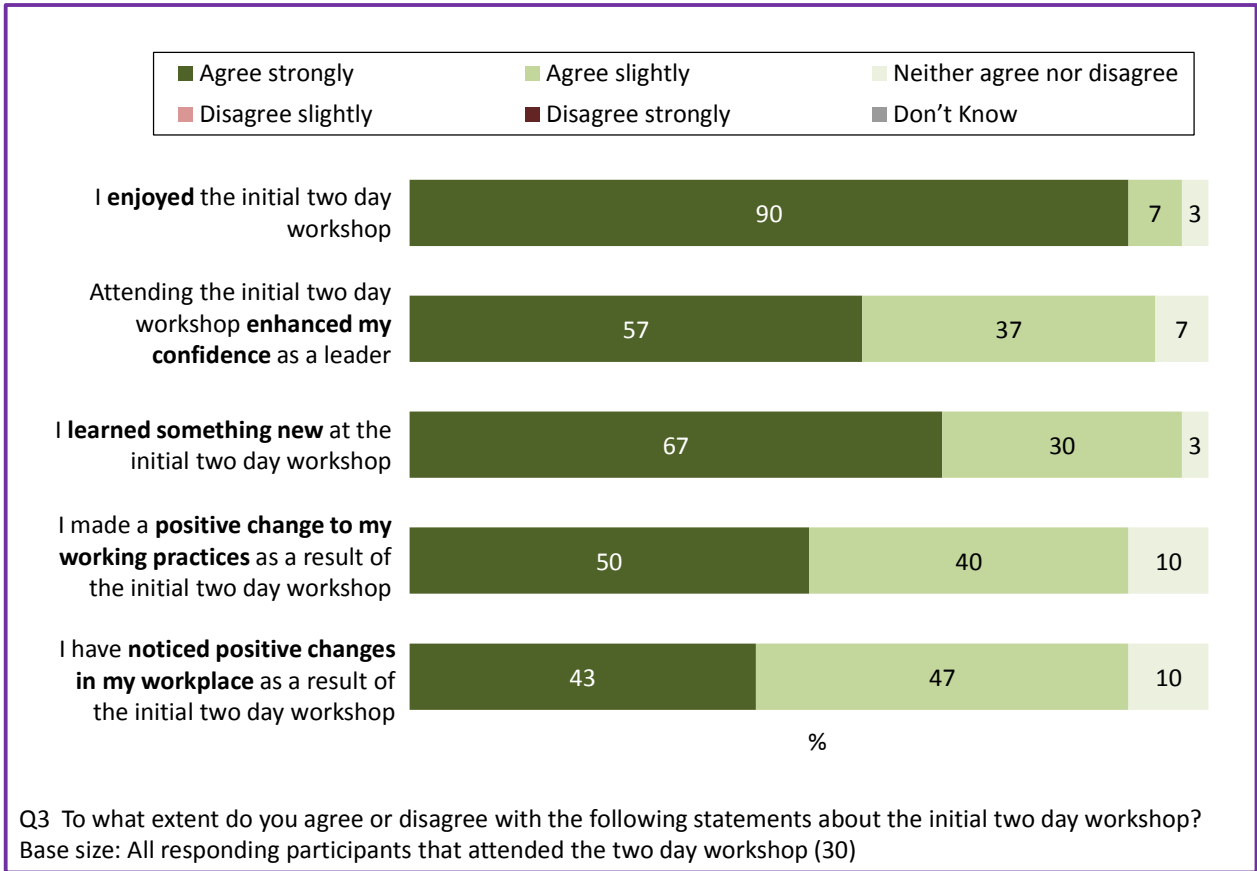
“I absolutely loved it. The coaches made you start thinking. The presentations brought you back to the basics of why we do this job. It was varied and I really enjoyed it.” (Midwife 3)

However, both of the LAC Nurses that were interviewed commented that they had been expecting more focus on their area of expertise.

“I thought it was going to be more about LAC, to be honest.” (LAC Nurse 2)

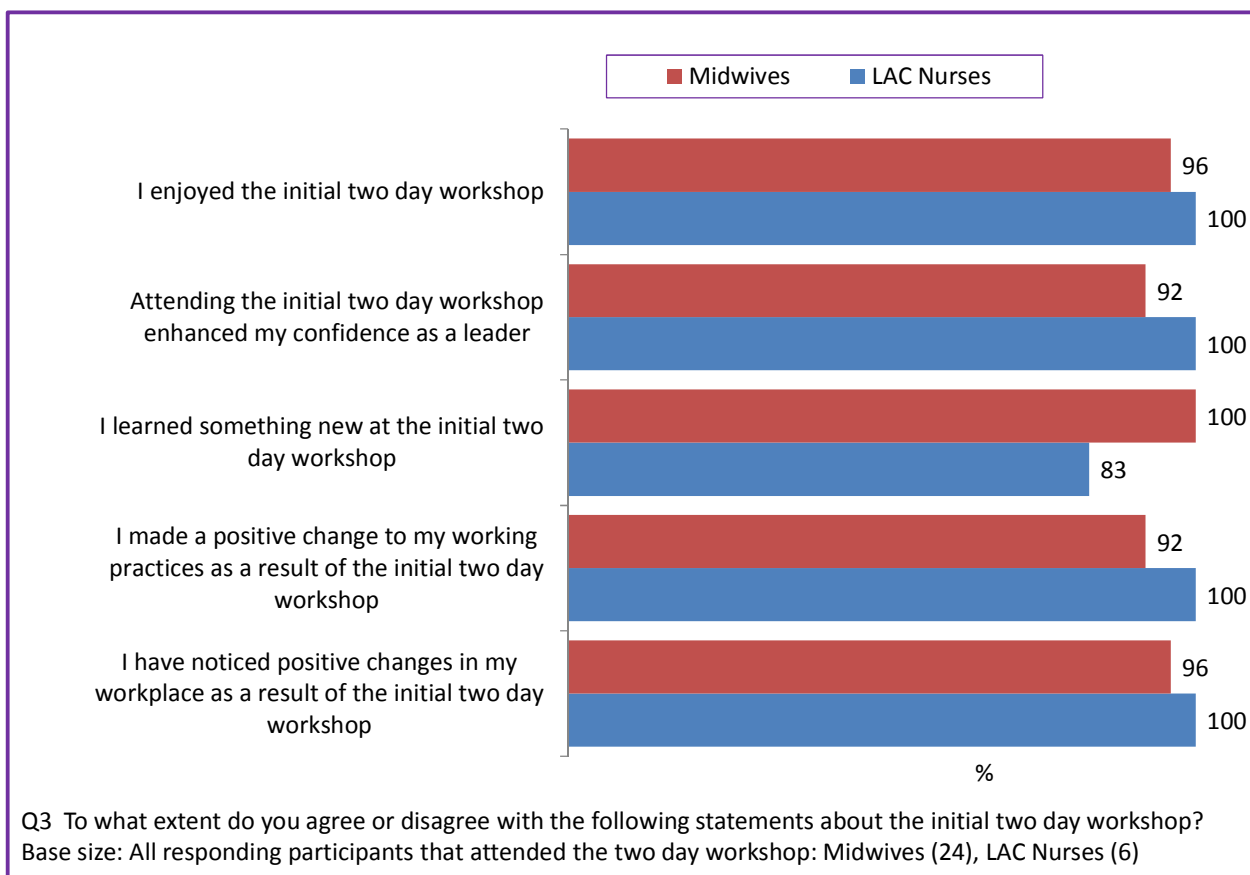
“It was quite midwifery focused, they kept speaking about Midwives and they had to remind themselves ‘and LAC nurses’. There was five activities for Midwives but one for LACs. But they were doing their best.” (LAC Nurse 1)

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



In the third year of the programme, the initial two day workshop was extremely well received by the participants, with at least nine in ten participants agreeing with each statement. In particular 97% agreed that they enjoyed the workshop and 97% agreed that they learned something new. No negative responses were recorded for the initial two day workshop.

The following chart compares response to the initial two day workshop by participant type.



The initial two day workshop was received in the most positive manner by the LAC Nurses. In fact, all participating LAC Nurses agreed with all of the statements. Although participating Midwives responded with comparatively lower levels of agreement to the statements than LAC Nurses, they still gave a very positive response to the initial two day workshop.

The following table compares response to the initial workshop between 2012/13, 2013/14 and 2014/15.

	2012/13 % Agree (39)	2013/14 % Agree (37)	2014/15 % Agree (30)
I enjoyed the initial one/two day workshop	82	95	97
Attending the initial one/two day workshop enhanced my confidence as a (midwifery) leader	49	57	93
I learned something new at the initial one/two day workshop	74	76	97
I made a positive change to my working practices as a result of the initial one/two day workshop	46	70	90
I have noticed positive changes in my workplace as a result of the initial one/two day workshop	33	65	90

The initial two day workshop scored substantially higher against each metric in 2014/15, demonstrating that the changes made to the event this year had a positive effect on its impact.

One-to-one leadership support service from Firefly

A key component of the Best Start Leadership Programme was one-to-one leadership support, provided by Firefly coaches.

In 2014/15 each participant was offered five hours of telephone coaching, increased from three hours previously.

“I think the five hours this time has really helped, we could have more depth with them.”
(Firefly 1)

The participants described their positive experience of the coaching.

“I have absolutely loved the coaching from Firefly.” (LAC Nurse 1)

“I enjoyed it. I looked forward to having the call.” (LAC Nurse 2)

“I really looked forward to her phone call to make me feel good.” (Midwife 2)

“My coaching experience exceeded my expectations.” (Final event speaker)

When reflecting on their time with their coaches, many of the participants described how the coaching had been transformational in both their work and personal lives.

“The coaching sessions have had a huge impact. This allows me to be more fulfilled in my work life which has a massive impact on family life.” (Participant, Firefly evaluation)

“It has had a bigger impact on me than I could have initially imagined... helping my work and home life.” (Participant, Firefly evaluation)

“You have changed my life, both professional and personal. Thank you.” (Participant, Firefly evaluation)

Several participants spontaneously commented that a key benefit of the coaching had been the opportunity to have a supportive relationship with someone outside the NHS.

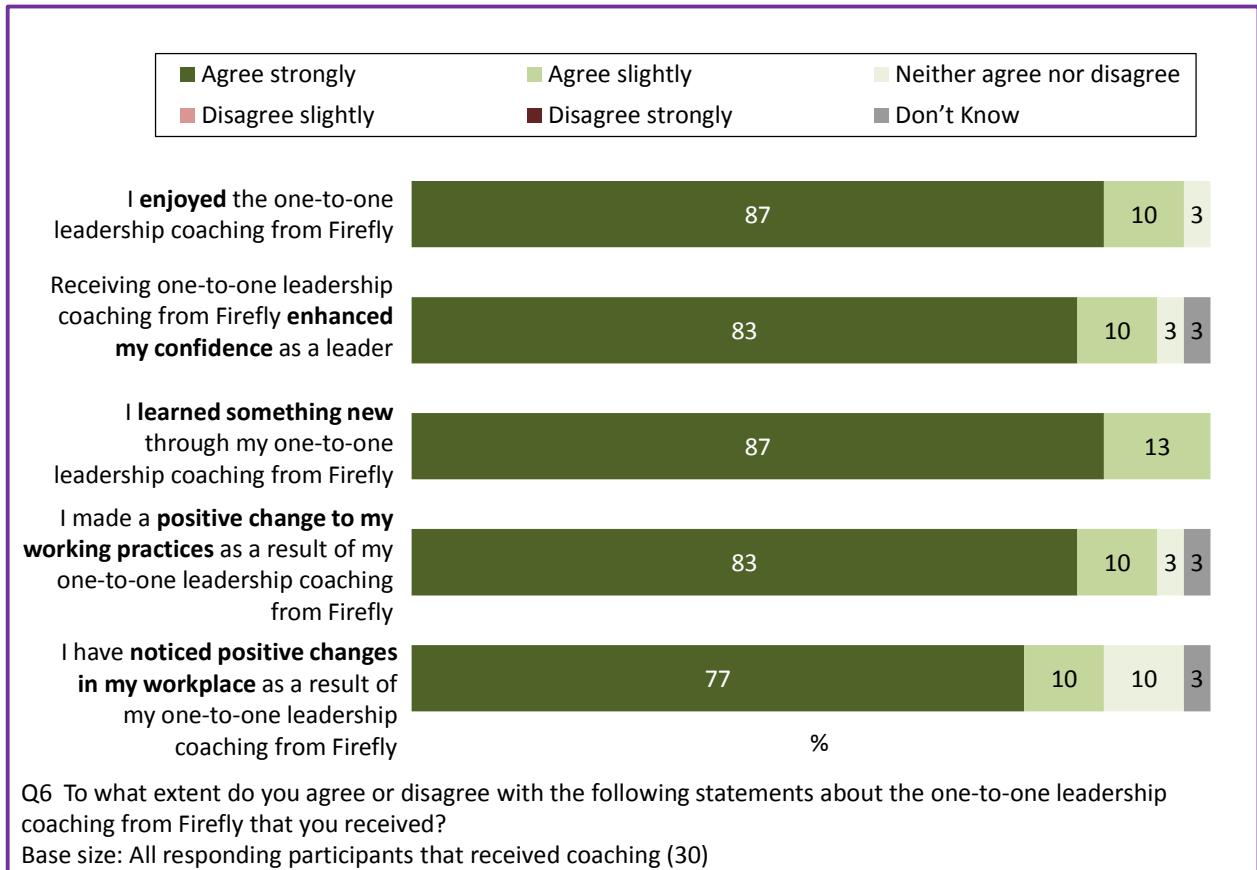
“The coaching was really good, somebody to talk to that was independent of my workplace.” (Past participant 1)

“There was always something going on in the workplace, it was good to go through that with someone that wasn't judging you.” (LAC Nurse 2)

“It was incredibly supportive and helpful, and nice to have an opinion from someone who is not here at work.” (LAC Nurse 1)

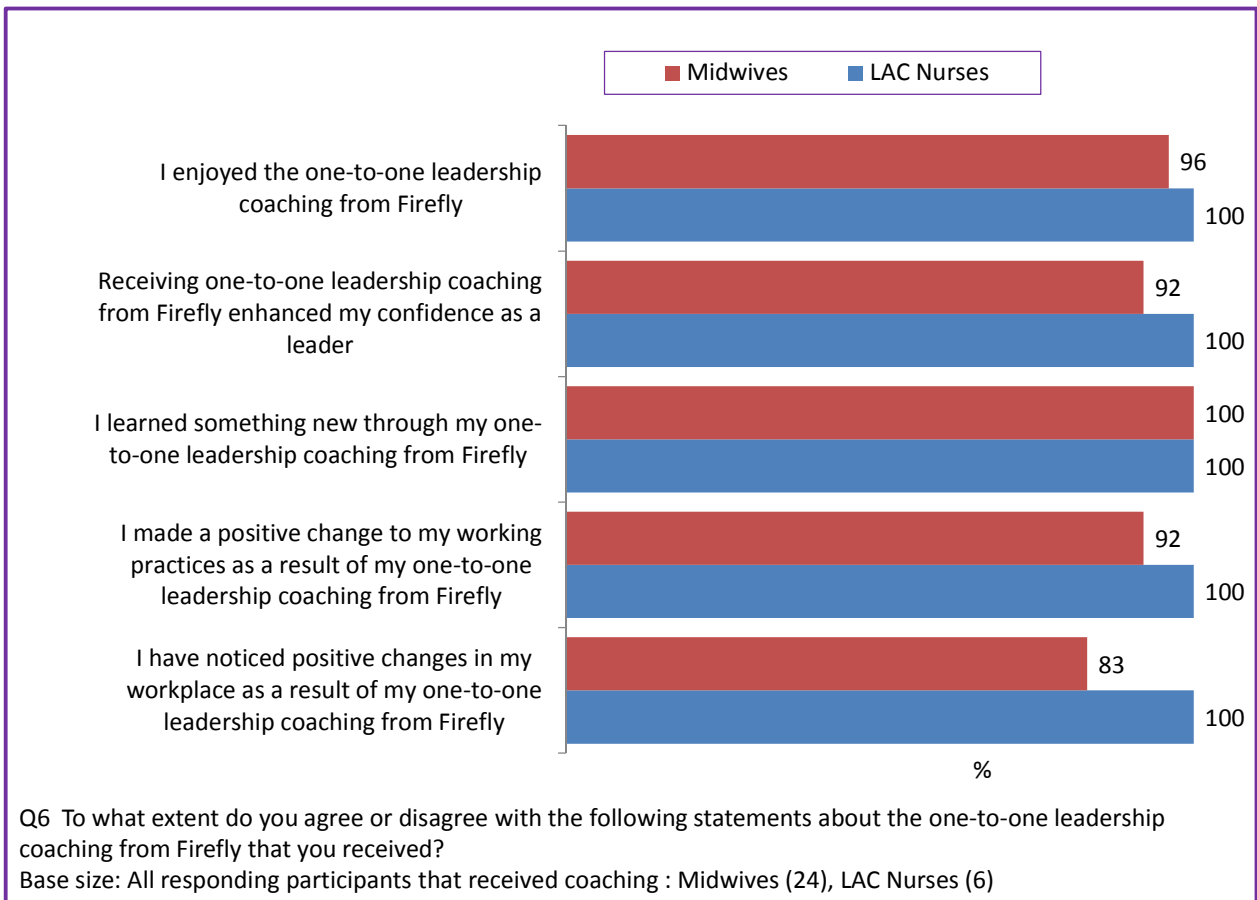
“The ongoing coaching by someone not from your service/work provided an unbiased overview that really helped me reflect and develop professionally and personally.” (LAC Nurse, end of programme survey)

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



The one-to-one leadership support was very well received by the participants, with around nine in ten agreeing with each statement about its impact. In particular 97% agreed that they enjoyed the coaching and 100% agreed that they learned something new as a result of the coaching. No negative responses were recorded for the one-to-one leadership support.

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



Again, the one-to-one leadership support was best received by the LAC Nurses who all agreed with each statement about the coaching.

The following table compares response to the one-to-one leadership support between 2012/13, 2013/14 and 2014/15.

	2012/13 % Agree (36)	2013/14 % Agree (41)	2014/15 % Agree (30)
I enjoyed the one-to-one leadership coaching from Firefly	83	88	97
Receiving one-to-one leadership coaching from Firefly enhanced my confidence as a (midwifery) leader	81	80	93
I learned something new through my one-to-one leadership coaching from Firefly	81	88	100
I made a positive change to my working practices as a result of my one-to-one leadership coaching from Firefly	83	85	93
I have noticed positive changes in my workplace as a result of my one-to-one leadership coaching from Firefly	75	78	87

As with response to the initial two day workshop, positive response to all indicators was higher for the coaching in 2014/15 than in previous years indicating a greater impact had been achieved.

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

Leadership projects

The participants worked on local quality improvement projects of their choosing, spanning the duration of the Best Start Leadership Programme. In total 22 projects were undertaken.

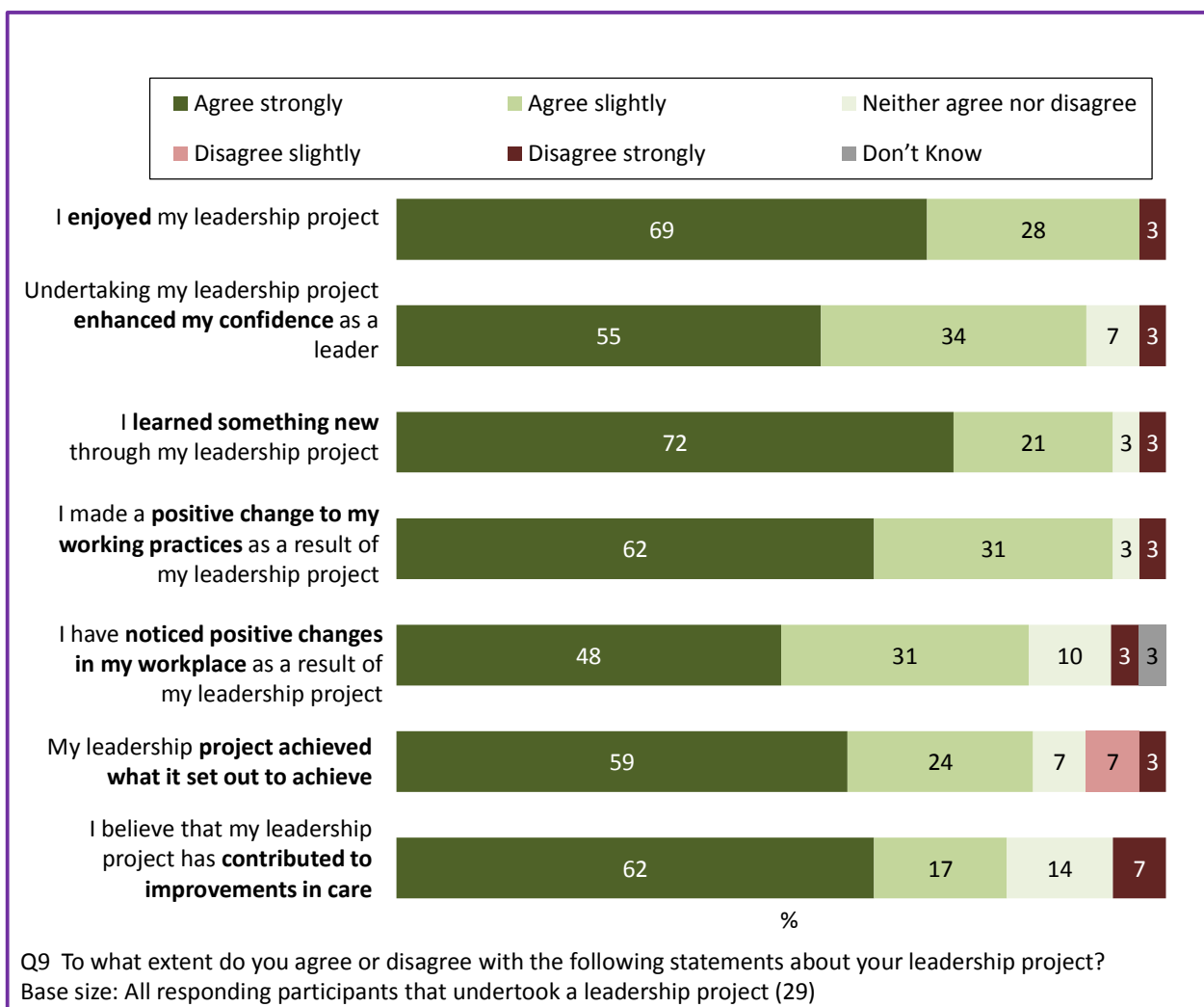
This year, the emphasis of the projects was often care-centred, and many of the participants described their motivations for selecting their projects with relation to this.

“I was despondent at women thinking their experiences weren’t great and I thought how could we make an impact in our local area.” (Midwife 2)

“The projects are available for patients so that will be a big benefit to the patients.” (Midwife 1)

“The children have got to come first and foremost. I was letting the bureaucracy take priority. But we need to be mindful of why we are here.” (LAC Nurse 2)

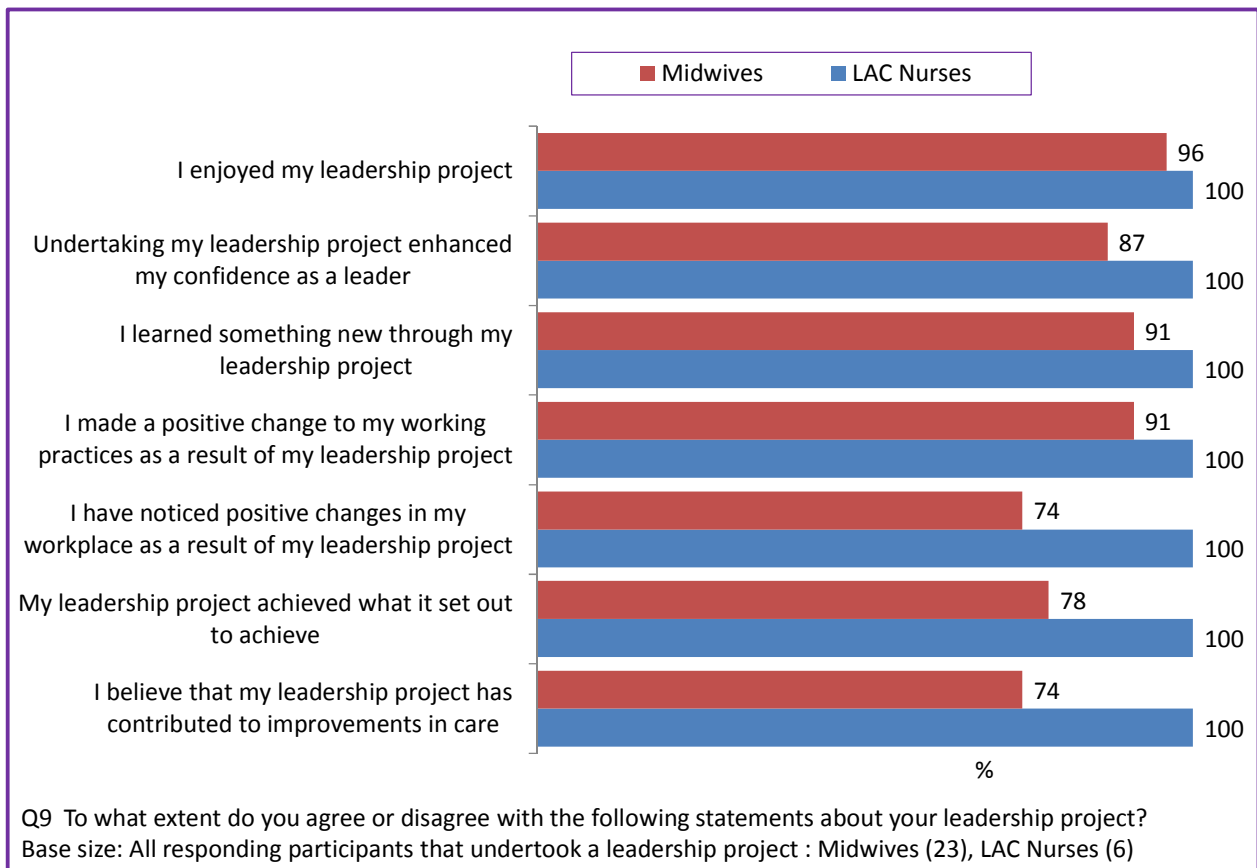
The following chart provides an overview of the response to the leadership projects, based on the end of project survey for participants.



The leadership projects were also well received by the participants, with at least eight in ten agreeing with each statement about their impact. Of particular note, 97% agreed that they enjoyed their leadership project, 93% agreed that they made a positive change to their working practices, and 93% agreed that they learned something new as a result of their leadership project.

Although overall scores were still high, 10% of participants disagreed that their project achieved what it set out to achieve – a very similar pattern to 2013/14 where 12% disagreed.

The following chart compares response to the leadership projects by participant type.



Once again, the leadership projects were best received by the LAC Nurses who all agreed with each statement.

The following table compares response to the leadership projects between 2012/13, 2013/14 and 2014/15.

	2012/13 % Agree (39)	2013/14 % Agree (33)	2014/15 % Agree (30)
I enjoyed my leadership project	100	94	97
Undertaking my leadership project enhanced my confidence as a (midwifery) leader	87	91	90
I learned something new through my leadership project	90	94	93
I made a positive change to my working practices as a result of my leadership project	88	97	93
I have noticed positive changes in my workplace as a result of my leadership project	84	88	79
My leadership project achieved what it set out to achieve	n/a	79	83
I believe that my leadership project has contributed to improvements in (patient) care	n/a	88	79

Although response to the leadership projects was still very positive, a slight decline was observed against some of the longer-term metrics in 2014/15. Lower levels of agreement were recorded for participants making a positive change to working practices, noticing positive changes in their workplace, and believing that their project has contributed to improvements in care.

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 9th March 2015, attended by participants, strategic leads, and other national stakeholders. This event drew the Best Start Leadership Programme to a close and showcased the projects undertaken as part of the programme.

The element of the final national event most often appreciated by the participants was the opportunity to hear about the projects.

“I thought it was very good listening to everybody’s projects.” (LAC Nurse 1)

“It is really inspiring to see all of those different projects.” (Past participant 1)

“I thought it was really good to hear about everyone’s projects.” (Midwife 1)

This sentiment was echoed by the programme’s funder, along with observing the impact on participants.

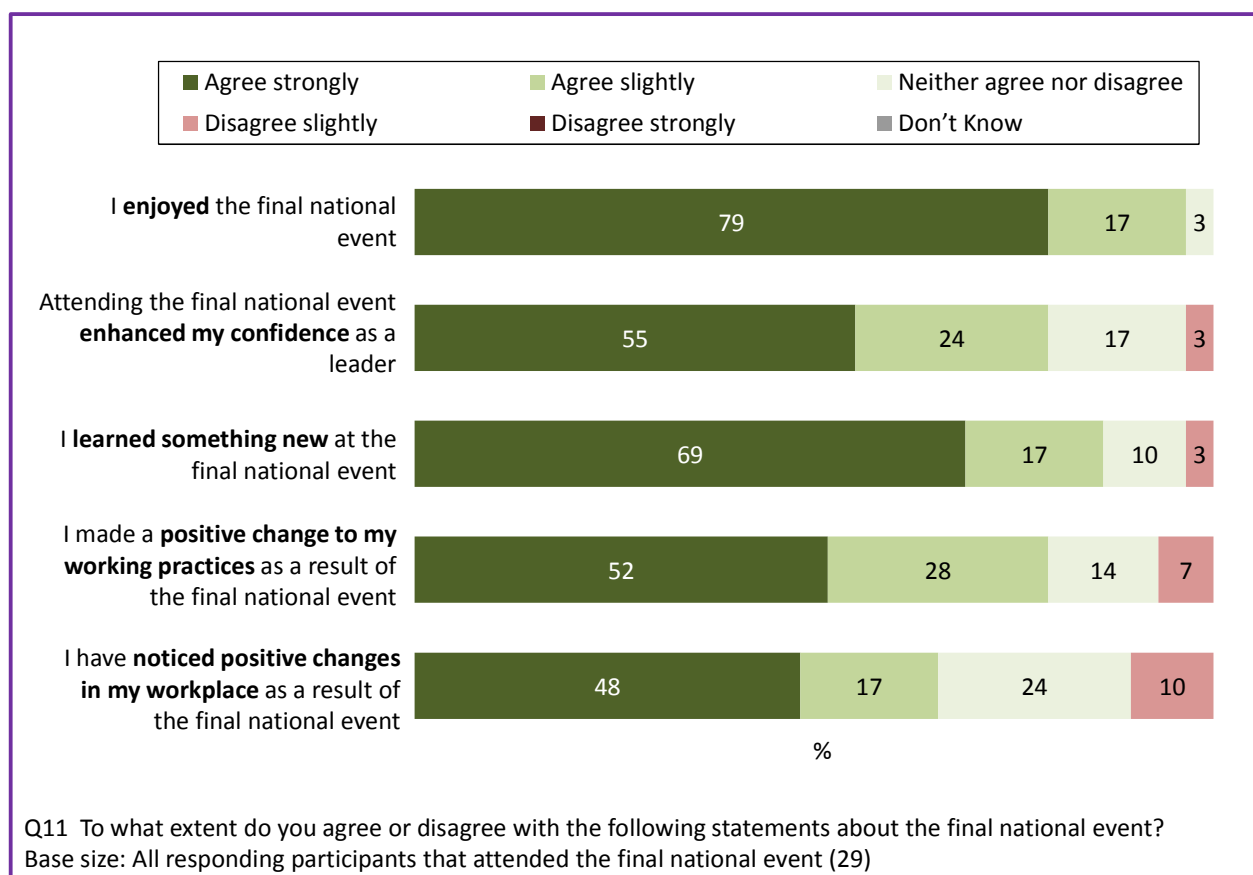
“Inspiring to see the projects and the fact that people could talk about the impact it had on them personally and in their work life.” (Funder)

This year, two participants spontaneously mentioned how pleased they were to have had the experience of presenting at the final national event.

“Mary asked us to speak, it felt like she had confidence in what we were speaking about. It felt good.” (Midwife 2)

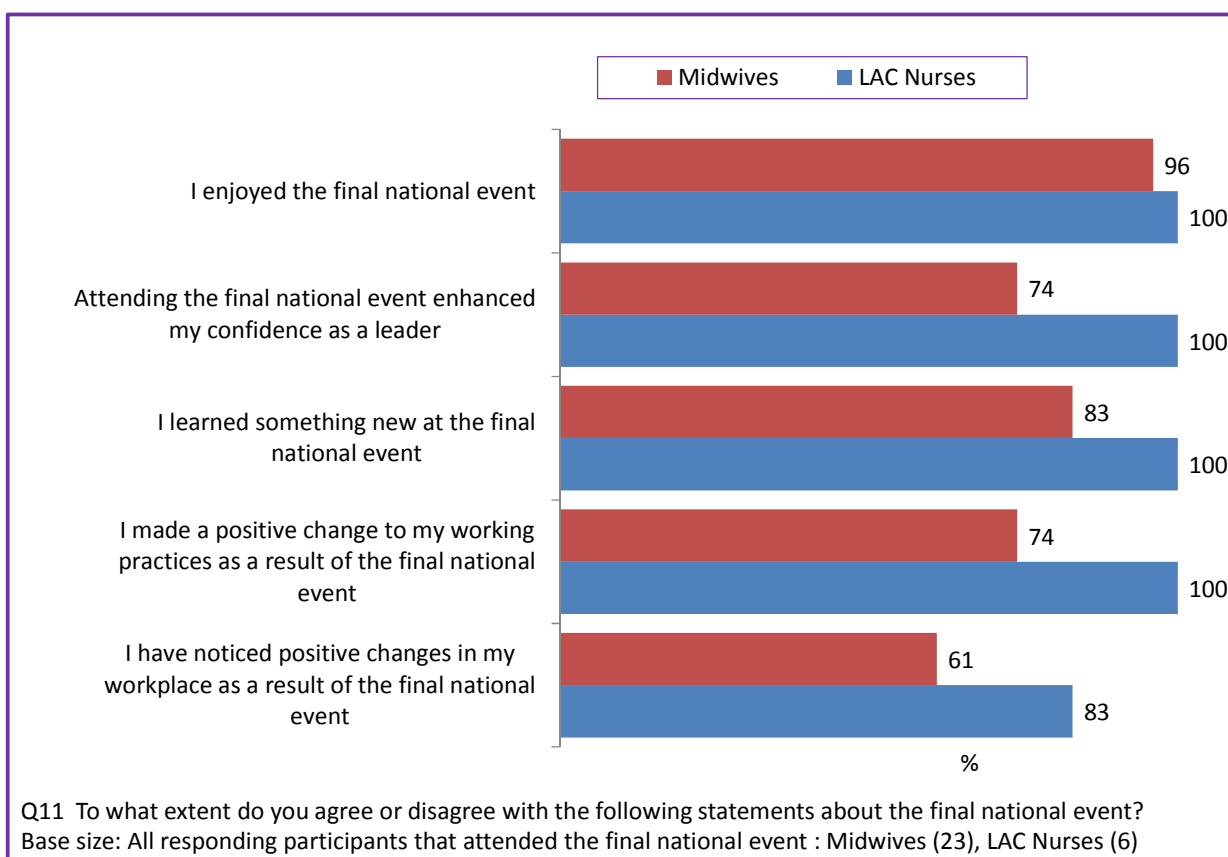
“We got good comments on the final day when we presented our project, including from the Chief Midwife who said it was a great project that women need.” (Midwife 3)

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



The final national event was also a well received component of the programme, and 97% of participants agreed that they enjoyed it. Agreement with the other impact metrics was around the eight in ten level, with a slightly lower two thirds (65%) agreeing that they had had noticed positive changes in their workplace as a result of attendance. The small level of disagreement with some of the longer term impact statements could be explained by the short timeframe between the event and evaluation completion (a maximum of two weeks).

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



Yet again, the LAC Nurses were more positive about this element of the programme than the Midwives.

The following table compares response to the final national event between 2012/13, 2013/14 and 2014/15.

	2012/13 % Agree (36)	2013/14 % Agree (36)	2014/15 % Agree (30)
I enjoyed the final national event	97	94	97
Attending the final national event enhanced my confidence as a (midwifery) leader	89	81	79
I learned something new at the final national event	86	94	86
I made a positive change to my working practices as a result of the final national event	72	81	79
I have noticed positive changes in my workplace as a result of the final national event	69	75	66

Although response to the final national event was still largely positive, a slight decline was observed against some of the metrics in 2014/15. Lower levels of agreement were recorded for participants feeling that they had learned something new, and noticing positive changes in their workplace as a result of event attendance.

Response to the programme

The following section gives an overview of response to the Best Start Leadership Programme at its close.

Overall, the response from participants was very positive.

“I really enjoyed it.” (Midwife 3)

“I enjoyed the leadership course and would recommend people to do it.” (Midwife 1)

“It is one of the best programmes I have ever been on.” (LAC Nurse 1)

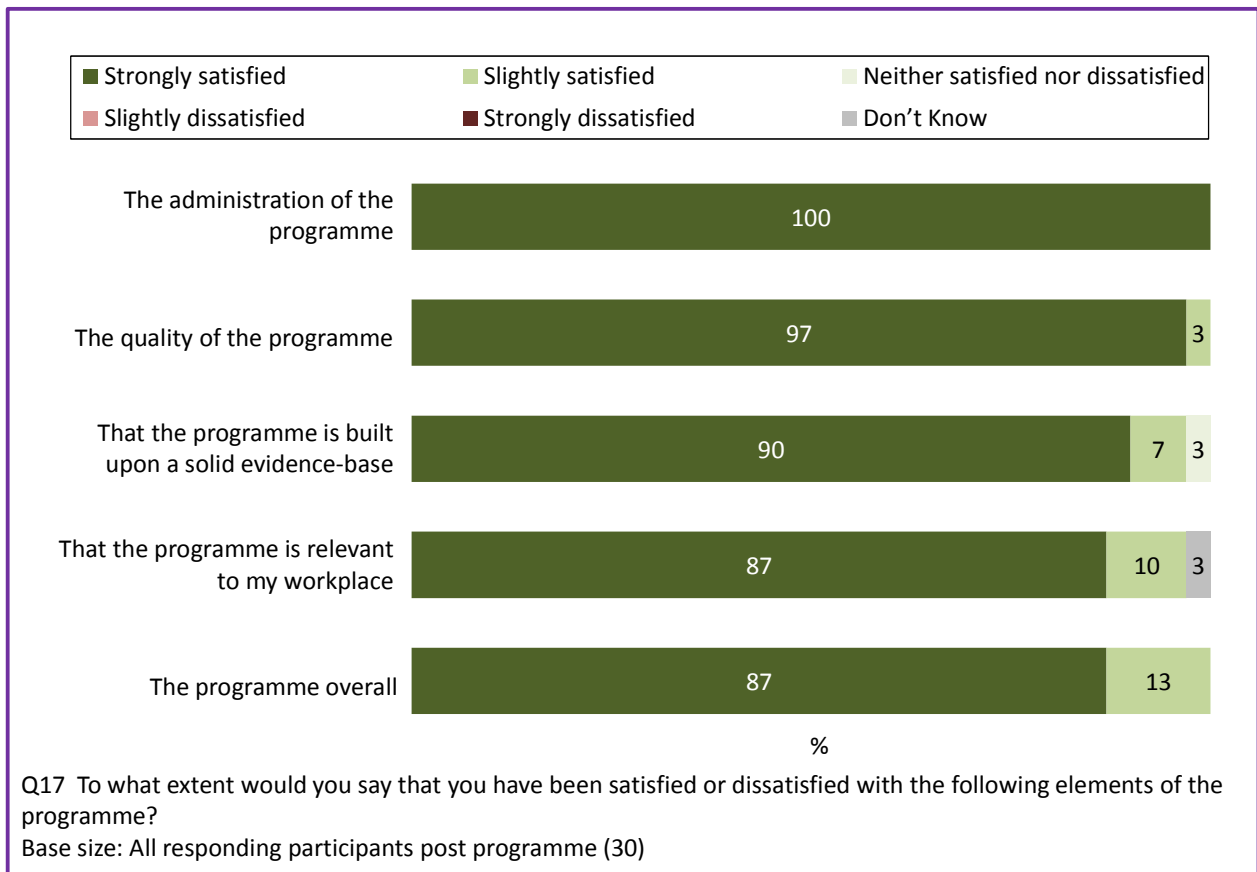
“All brilliant, spoiled in the best possible way - better than going to Stobo Castle!” (LAC Nurse, end of programme survey)

The programme was commended for being of practical use to participants.

“It was very different, not just about policies and procedures. It was about bringing out the best in someone.” (LAC Nurse 1)

“I’ve done leadership courses about policies and communication, but this was more about making a change in some way.” (Midwife 1)

In 2014/15, very high levels of satisfaction with the programme were recorded, as detailed by the participants in the end of project survey.



In total, all responding participants (100%) were satisfied with the programme overall along with the administration and quality of the programme. No negative responses were recorded.

Linked to this, some of the participants commented that they felt very supported by the team running the programme.

“The support you get from NES is amazing.” (Past participant 2)

“The team were just fabulous, they deserve a pat on the back.” (Midwife 2)

“The people running the course and Firefly must be some of the loveliest people on the earth.” (Midwife, end of programme survey)

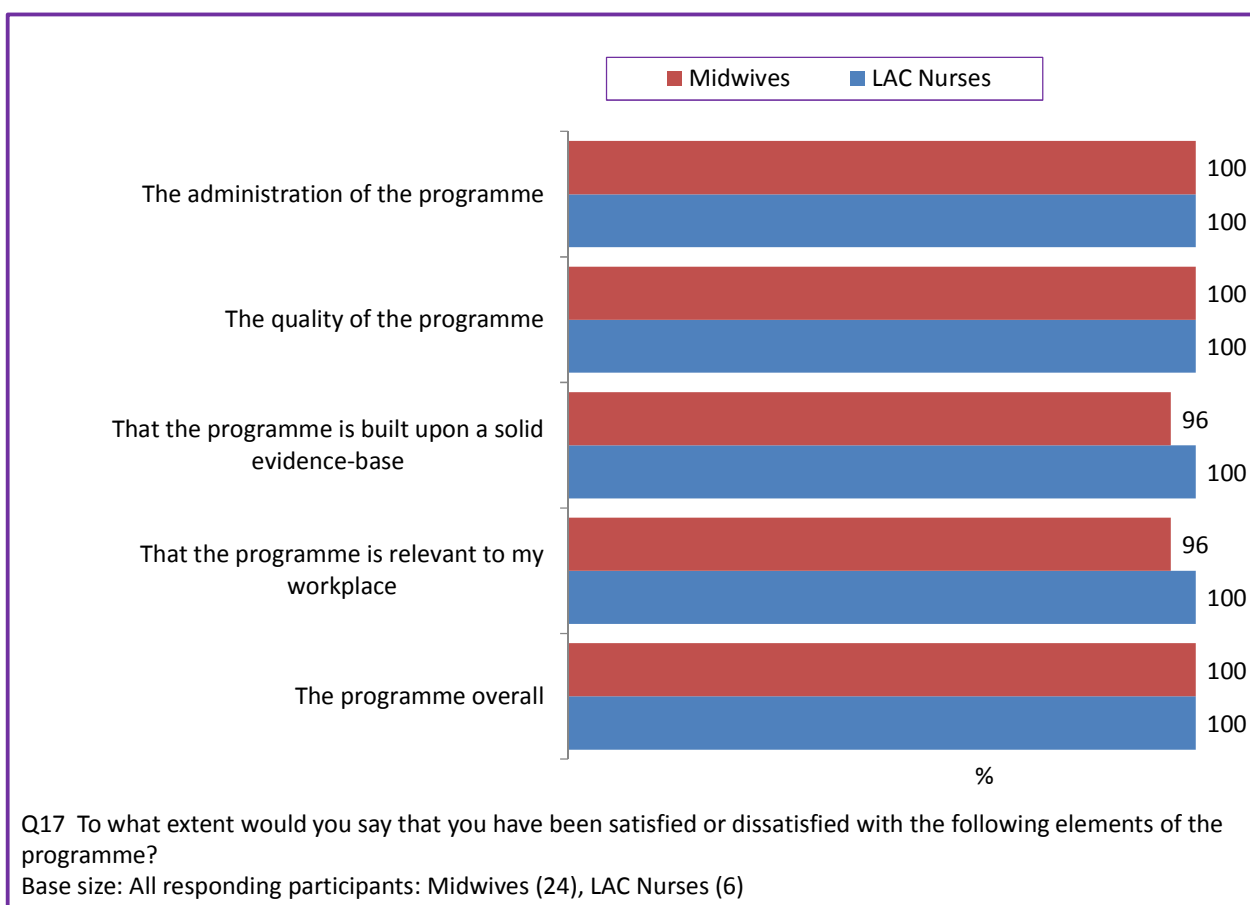
In particular, several stakeholders singled out the programme lead – Mary Ross-Davie – for particular praise.

“Mary herself is excellent, she’s just so knowledgeable I could listen to her all day. She’s excellent at leading the programme.” (Midwife 3)

“Dr Mary Ross-Davie was also extremely helpful by offering her time, guidance and support.” (LAC Nurse, end of programme survey)

“Mary Ross-Davie is the driving force and she has been willing to take risks and follow her instincts. It is important to recognise her contribution.” (Firefly 2)

The following chart compares satisfaction by participant type.



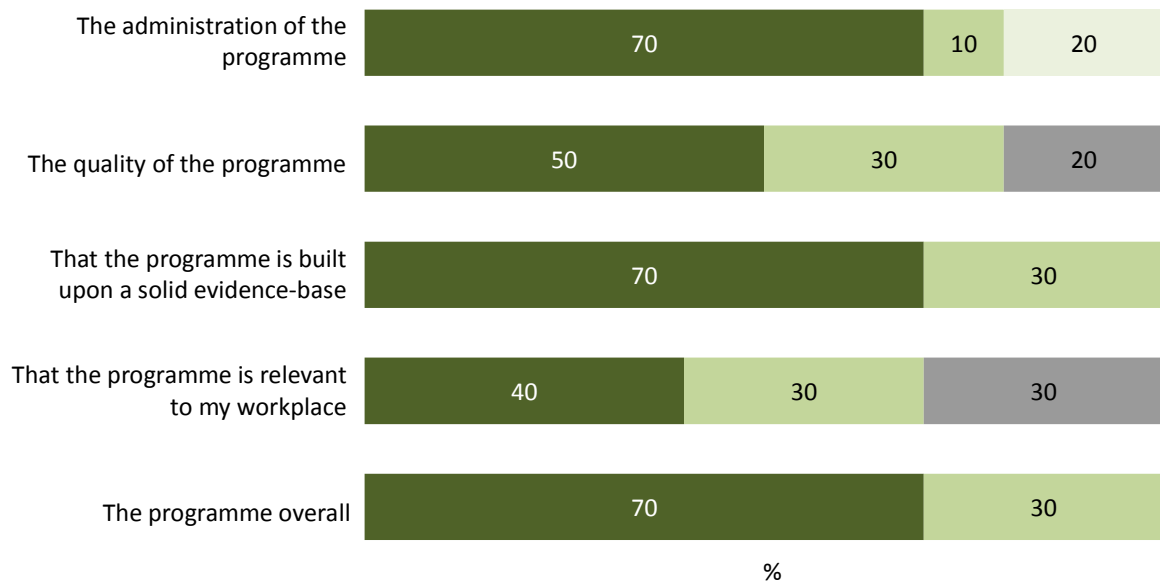
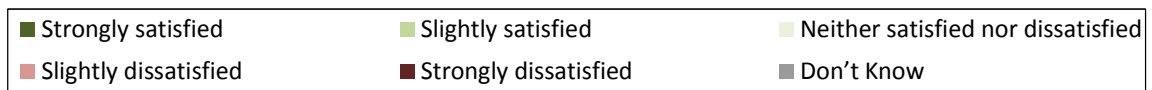
Satisfaction was marginally higher amongst the LAC Nurses who were all satisfied with each element of the programme.

The following table compares satisfaction between 2012/13, 2013/14 and 2014/15.

	2012/13 % Agree (39)	2013/14 % Agree (42)	2014/15 % Agree (30)
The administration of the programme	85	88	100
The quality of the programme	85	86	100
That the programme is built upon a solid evidence-base	80	86	97
That the programme is relevant to my workplace	82	86	97
The programme overall	82	83	100

Satisfaction with the programme has always been high. However, in all areas satisfaction with the programme was higher in 2014/15 than in the two previous years.

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



Q11 To what extent would you say that you have been satisfied or dissatisfied with the following elements of the programme?

Base size: All responding strategic staff post programme (10)

In total, 100% of the strategic leads were satisfied with the programme overall, and none gave negative responses.

The impact of the programme on participants

The following section describes the impact that the Best Start Leadership Programme had on the participants.

Enjoyment

It is clear from responses throughout the evaluation that many participants enjoyed taking part in the Best Start Leadership Programme.

I enjoyed ... [Activity] Base: All responding participants that experienced each	2012/13 % Agree	2013/14 % Agree	2014/15 % Agree
Initial one/two day workshop	82	95	97
One-to-one leadership coaching from Firefly	83	88	97
Leadership project	100	94	97
Final national event	97	94	97

Based on evaluations of particular elements of the leadership programme, all were enjoyed equally in 2014/15 by almost all (97%) participants. The high levels of enjoyment recorded in previous years were maintained, and significantly improved upon in the case of the one-to-one leadership coaching from Firefly.

Re-igniting an enthusiasm for the job

In 2014/15, several of the participants commented that the programme had reignited their enthusiasm for their job.

“I have regained a bit of enthusiasm, it re-energises you.” (Midwife 1)

“Working in the NHS we’re not used to people telling us we are loved. The course has made me look at myself and realise I can offer more to the NHS. It gave me a real morale boost.” (Midwife 2)

“Oh my God, I’m back!” (Final event speaker)

This was also noticed by strategic stakeholders.

“There’s a lot of worn out Midwives, because they are giving. They are re-energised.” (Firefly 1)

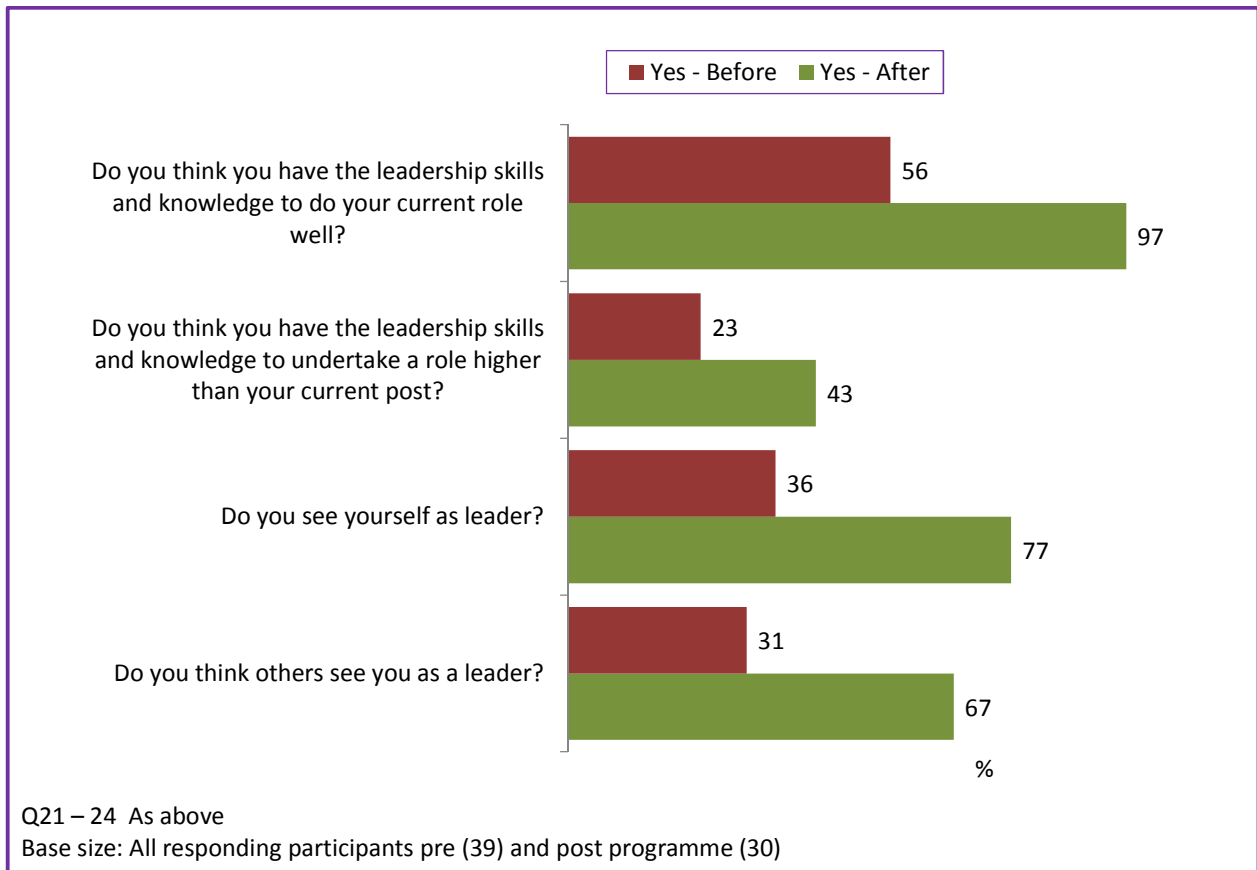
“For her it is the drive to keep going.” (Supervisor)

“They were invigorated and enabled to see themselves as leaders. Just staggering.” (Funder)

Appreciation of own leadership potential

The participants were asked a set of questions focusing on their feelings about their leadership abilities at the start and end of the Best Start Leadership Programme.

Similar to the pattern observed in the previous two years, the participants showed an increased appreciation of their own leadership potential across the course of the programme.



At the close of the programme, 97% of participants felt that they had the leadership skills and knowledge to do their current job well (higher than around eight in ten the previous two years), and 43% felt that they had the leadership skills and knowledge to undertake a role higher than their current post (lower than around six in ten the previous two years).

In addition, 77% of participants now considered themselves to be a leader and 67% felt that others now see them as a leader, each an increase of around ten percentage points on the previous two years.

These findings may reflect an emphasis this year on leadership at all levels and not just in promoted roles.

“I think a lot of people were worried, fears about were they in the right place. People kept apologising saying ‘I’m just a midwife on the ward’. They spoke about what a leader is and how you don’t need to be in a management role. They made that very clear.” (LAC Nurse 1)

“The coaching helped me realise I’m already a leader.” (Midwife 3)

“People within our team see me as a leader although I don’t have a leadership position. With doing this course it doesn’t matter who you are, you can all make a change. You don’t have to be the Manager.” (Midwife 1)

Again, this was also noticed by strategic stakeholders.

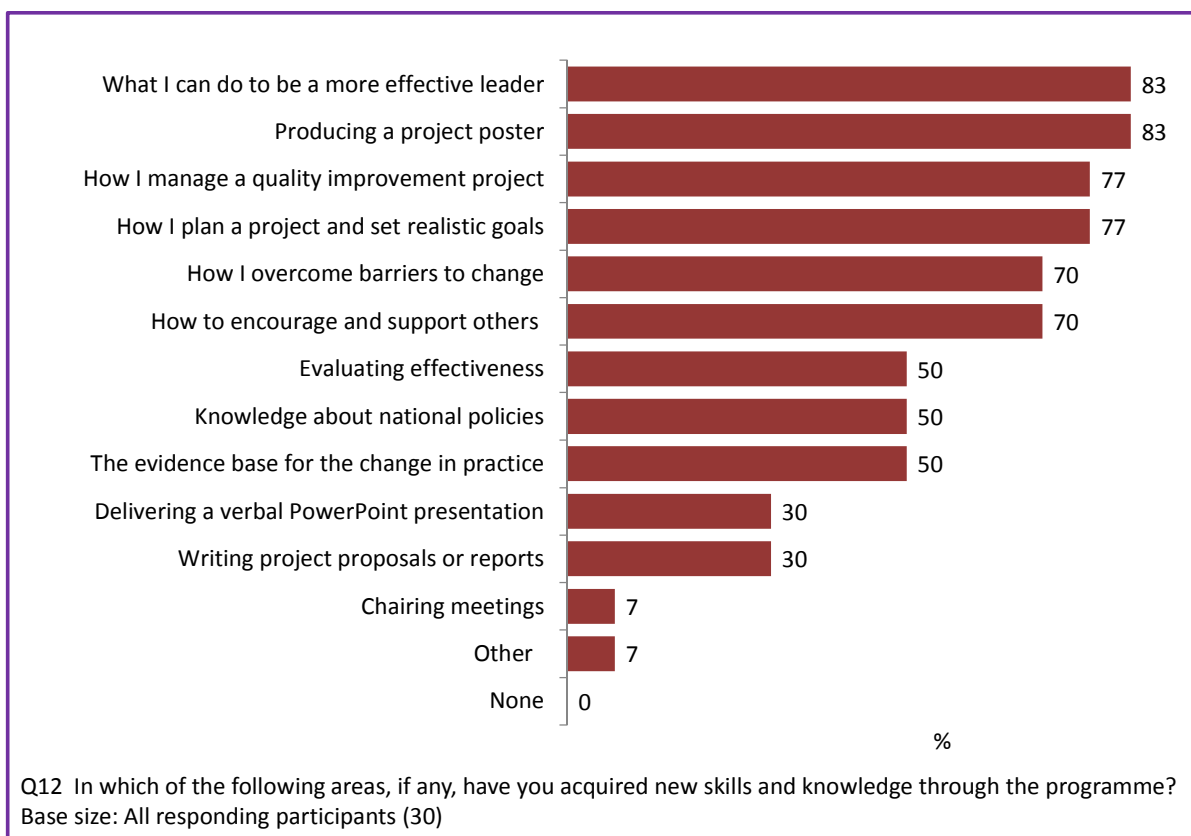
“It brings out people’s leadership qualities that they don’t know they have and that it isn’t always about managing staff.” (Supervisor)

“Some of those at a reasonably junior grade, I’m seeing them in the national arena at conferences. That’s a huge impact I wouldn’t have anticipated.” (Funder)

Other factors contributing to these changes are discussed in this section of the report.

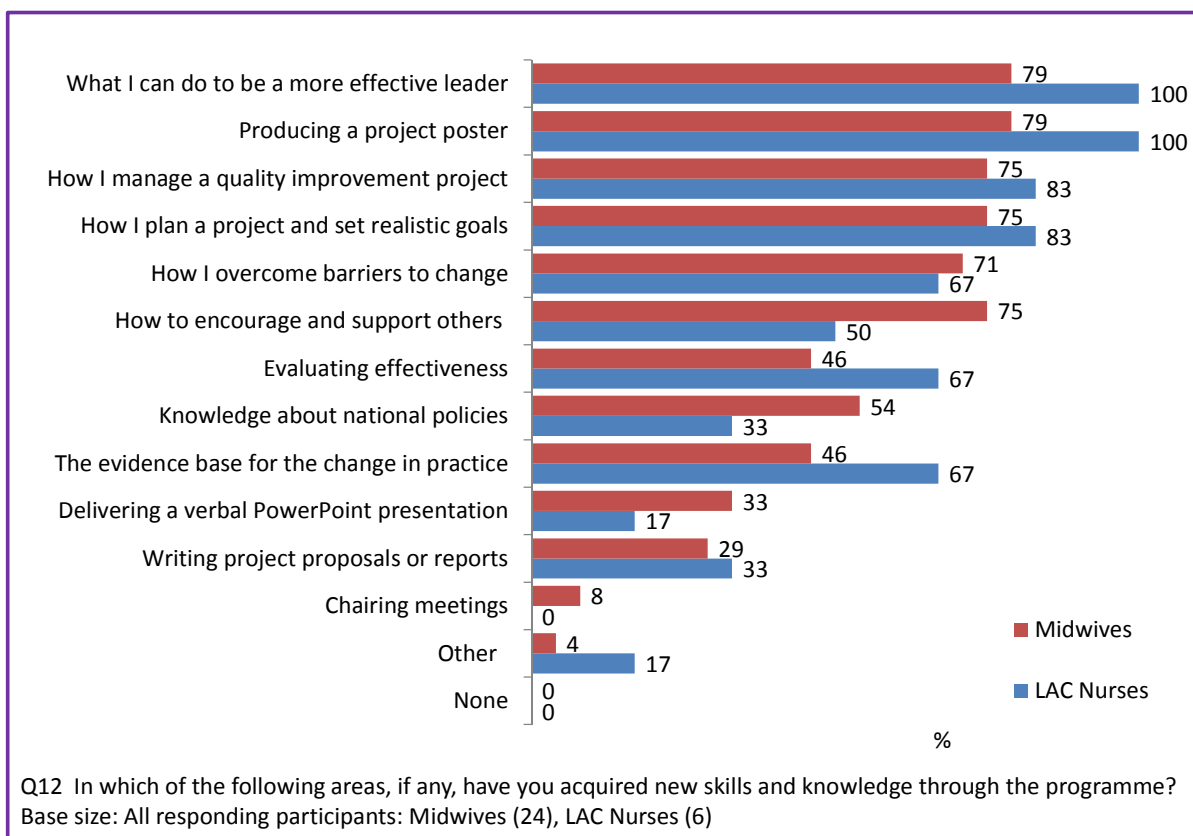
Acquiring new skills and knowledge

Participants were given the opportunity to acquire new skills and knowledge through their participation in the Best Start Leadership Programme.



The skills and knowledge most often acquired by participants reflected the activities undertaken as part of the programme, namely being a more effective leader (83%), producing a project poster (83%), managing a quality improvement project (77%) and planning a project and setting realistic goals (77%).

The skills and knowledge acquired through the programme can also be broken down by participant types.

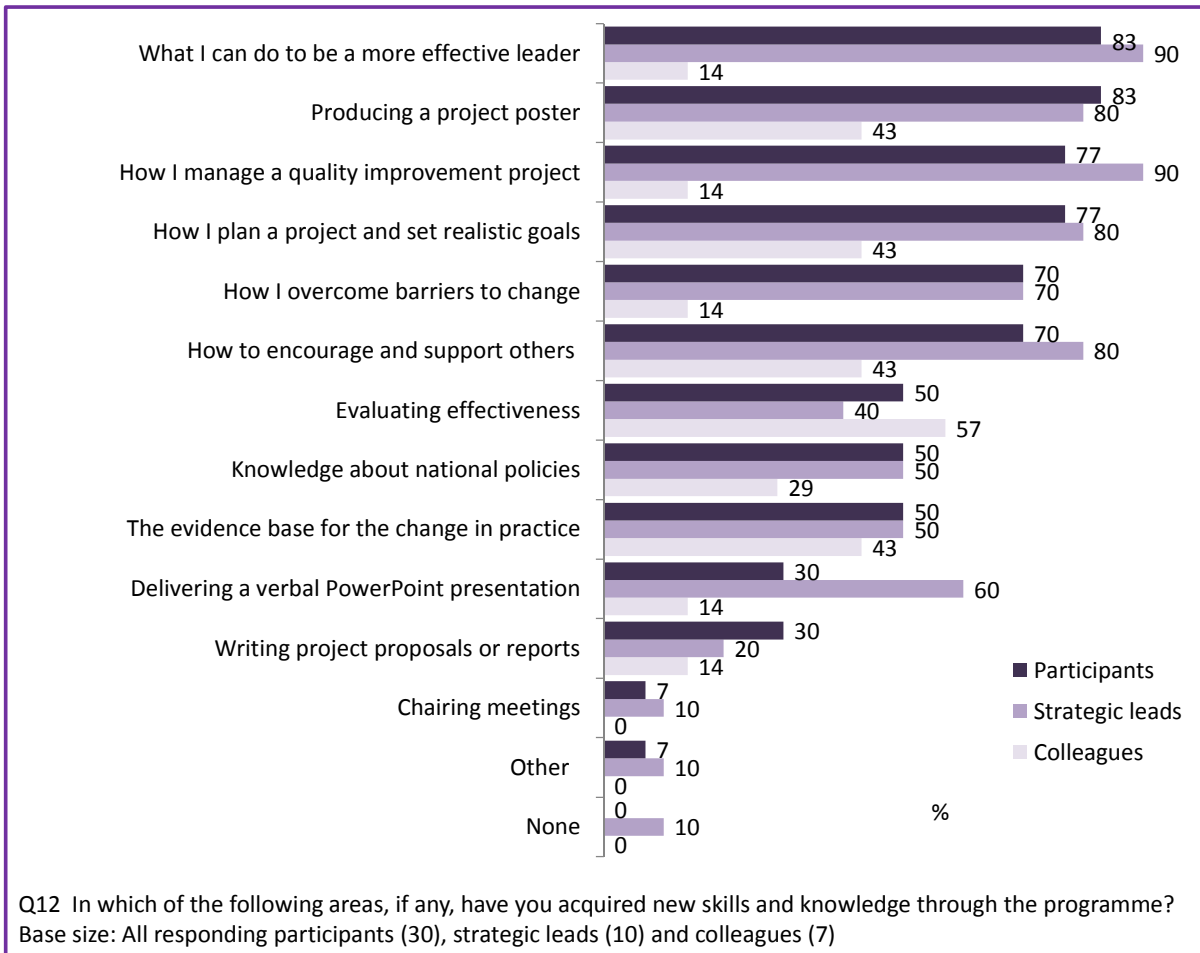


Similar patterns in response were recorded for Midwives and LAC Nurses.

LAC Nurses were more likely than Midwives to say that they had acquired skills in evaluating effectiveness and the evidence base for change.

Midwives were more likely than LAC Nurses to say that they had acquired skills in encouraging and supporting others, and knowledge about national policies.

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



Patterns in recognition of the acquisition of skills and knowledge were very similar for participants and their strategic leads. However, strategic leads were significantly more likely than participants to recognise new skills in delivering a verbal Powerpoint presentation and somewhat more likely to recognise new skills in managing a quality improvement project and encouraging and supporting others.

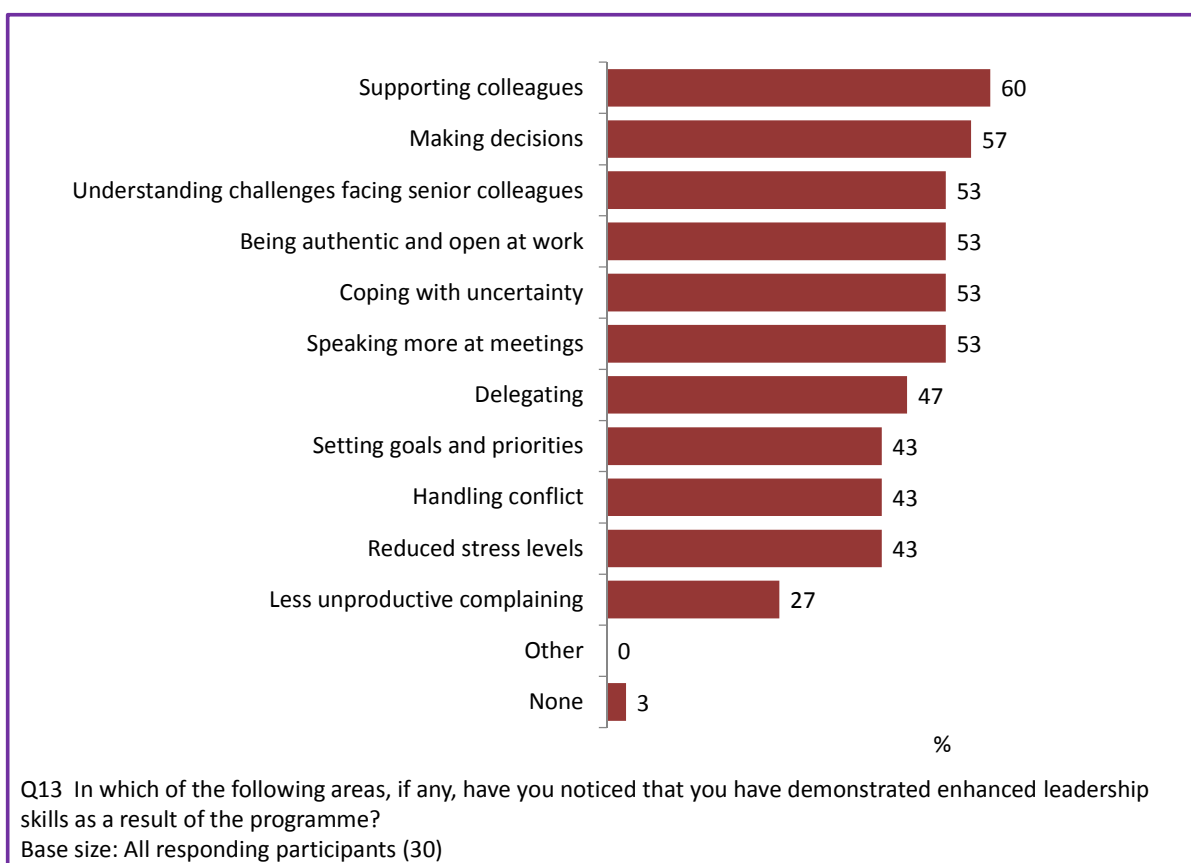
Colleagues were less likely to have noticed the acquisition of skills and knowledge.

Based on evaluations of particular elements of the leadership programme, this acquisition of learning most often resulted from the one-to-one leadership coaching from Firefly and the initial two day workshop. This is a change of emphasis, as in previous years the leadership projects and the final national event had the greatest impact.

I learned something new as a result of ... [Activity]	2012/13 %	2013/14 %	2014/15 %
Base: All responding participants that experienced each	Agree	Agree	Agree
Initial two day workshop	74	76	97
One-to-one leadership coaching from Firefly	81	88	100
Leadership project	90	94	93
Final national event	86	94	86

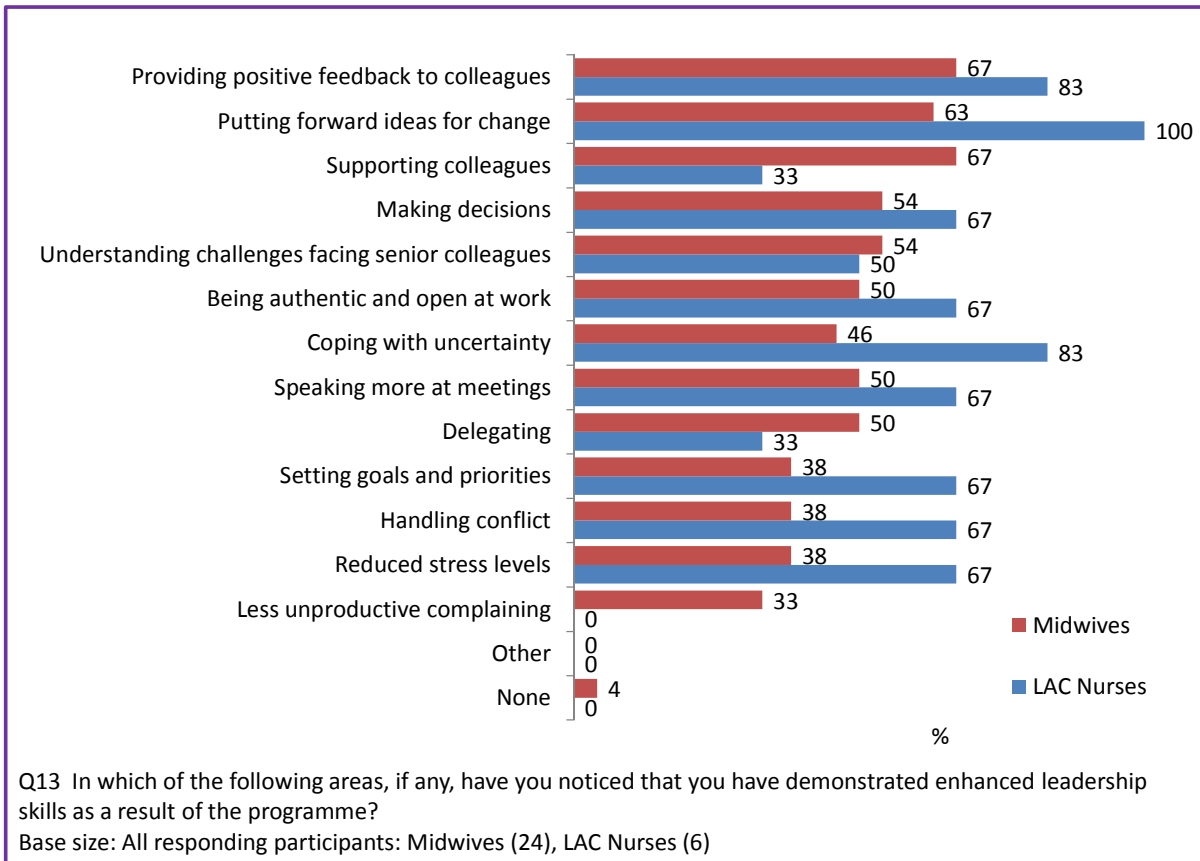
A changed approach

Participants were asked whether they had demonstrated enhanced leadership skills as a result of taking part in the Best Start Leadership Programme.



The enhanced leadership skills most often demonstrated by participants were supporting colleagues (60%) and making decisions (57%).

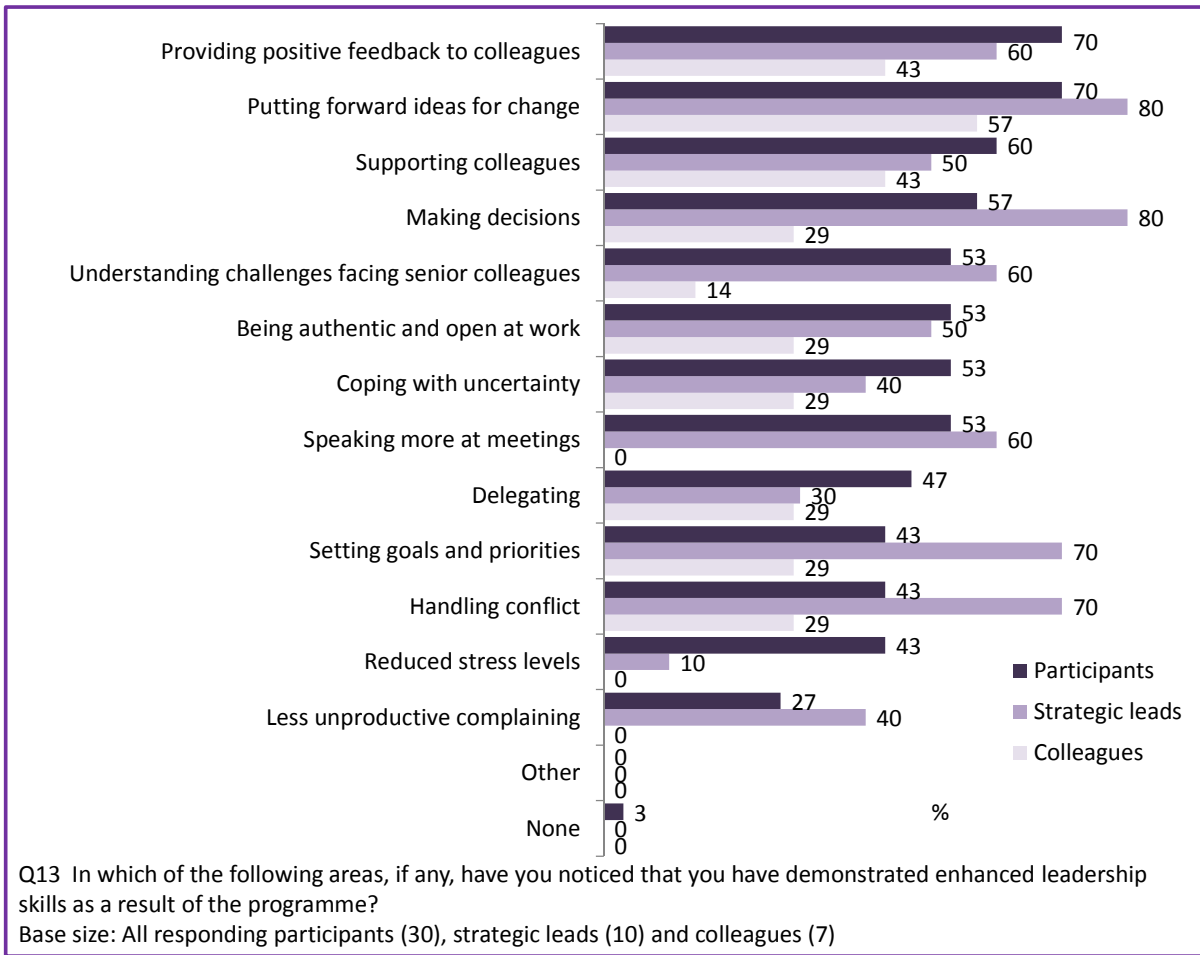
The enhanced leadership skills demonstrated through the programme can also be broken down by participant types.



The LAC Nurses were more likely than the Midwives to feel that they had demonstrated enhanced leadership skills in almost all of the areas – particularly putting forward ideas for change, providing positive feedback for colleagues, and coping with uncertainty.

The Midwives were more likely than LAC Nurses to say that they had demonstrated enhanced leadership skills in supporting colleagues, and delegating.

Participants, their colleagues and their strategic leads were asked to comment on the areas in which they had demonstrated enhanced leadership skills as a result of taking part in the Best Start Leadership Programme.



In many cases, the strategic leads were more likely to have noted enhanced leadership skills than the participants themselves. In particular, around making decisions, setting goals and priorities, and handling conflict.

Colleagues of participants most often noted that participants had demonstrated leadership skills in putting forward ideas for change (57%), providing positive feedback for colleagues (43%) and supporting colleagues (43%).

Based on evaluations of particular elements of the Best Start Leadership Programme, this change in working practices most often resulted from the leadership projects (93%) and the one-to-one leadership coaching from Firefly (93%). In 2014/15, the initial workshop and coaching had a greater impact on working practices than in previous years.

I made positive changes to my working practices as a result of ... [Activity]	2012/13 %	2013/14 %	2014/15 %
	Agree	Agree	Agree
Base: All responding participants that experienced each			
Initial one/two day workshop	46	70	90
One-to-one leadership coaching from Firefly	83	85	93
Leadership project	88	97	93
Final national event	72	81	79

Progress towards personal goals

In the 2013/14 and 2014/15 end of programme evaluation surveys, the participants 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	% 2013/14	% 2014/15
Base: All participants		
Strongly agree	62	50
Slightly agree	24	50
Neither agree nor disagree	10	0
Slightly disagree	2	0
Strongly disagree	0	0
Don't know	2	0

In 2014/15, all (100%) of the participants agreed that they had made progress towards goals that they had set for themselves across the course of the programme – an increase from 86% in 2013/14.

Increases in confidence

As in previous years, an increase in confidence was a key impact of the programme.

“I feel much more confident.” (LAC Nurse 1)

“I feel more confident than when I started.” (Midwife 1)

“It has made me more confident and made me believe in what I can achieve.” (LAC Nurse 2)

“I’ve seen her confidence really grow and she is very motivated. A real growth in self belief.” (Supervisor)

At the close of the programme, 94% of participants (up from 81% last year and 74% the year before) agreed that they now had more confidence as a leader.

Q20a To what extent do you agree or disagree... more confidence a leader	2012/13 % (39)	2013/14 % (42)	2014/15 % (30)
Base: All participants			
Strongly agree	64	57	67
Slightly agree	10	24	27
Neither agree nor disagree	13	14	3
Slightly disagree	5	2	0
Strongly disagree	0	0	0
Don't know	8	2	3

90% of strategic leads (up from 60% last year and similar to 93% the year before) agreed that the participant now had more confidence as a leader.

Q9a To what extent do you agree or disagree... more confidence a leader	2013/14 % (14)	2013/14 % (10)	2014/15 % (10)
Base: All strategic leads			
Strongly agree	36	40	70
Slightly agree	57	20	20
Neither agree nor disagree	7	20	10
Slightly disagree	0	0	0
Strongly disagree	0	0	0
Don't know	0	20	0

Based on evaluations of particular elements of the Best Start Leadership Programme, this increase in confidence most often resulted from the initial workshop (93%) and the one-to-one leadership coaching from Firefly (93%), closely followed by the leadership projects (90%).

In previous years the final national event was particularly influential, and although a similar proportion of participants agreed that it enhanced their confidence in 2014/15, its level of influence reduced within the mix of activities as the other became more influential.

[Activity] enhanced my confidence as a leader	2012/13 %	2013/14 %	2014/15 %
Base: All responding participants that experienced each	Agree	Agree	Agree
Initial one/two day workshop	49	57	93
One-to-one leadership coaching from Firefly	81	80	93
Leadership project	87	91	90
Final national event	89	81	79

Access to ongoing opportunities

Many of the participants benefited from access to ongoing opportunities as an impact of their participation in the programme.

“You can see that people have come out of their box, taken promoted posts, further study. Growing capacity within the workforce, which is what we need.” (Funder)

“I want to put this to good use, I don’t want to say it is something else I’ve done and it is finished.” (LAC Nurse 2)

The participants 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	% 2014/15
Base: All participants	(39)	(42)	(30)
Strongly agree	59	52	60
Slightly agree	21	24	37
Neither agree nor disagree	10	14	3
Slightly disagree	3	7	0
Strongly disagree	0	0	0
Don’t know	8	2	0

Almost all participants (97%) agreed that they believe that the programme will help them as they progress in their career – an increase from 76% in 2013/14 and 80% in 2012/13).

In the 2013/14 and 2014/15 end of programme evaluation surveys, the participants 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?	% 2013/14	% 2014/15
Base: All participants	(42)	(30)
Further study	33	23
Increased responsibility	31	27
New job or role	17	7
Promotion	12	7
Other	36	20
None	5	40

Six in ten (60%) of the participants said that they had experienced career changes during their time on the programme, a significant reduction from 95% in 2013/14.

In both years where career changes had been experienced, these were most often increased responsibility (27%) and further study (23%).

Enhanced networks

The participants 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	% 2012/13	% 2013/14	% 2014/15
Base: All participants	(39)	(42)	(30)
Strongly agree	23	24	17
Slightly agree	38	40	33
Neither agree nor disagree	28	26	30
Slightly disagree	0	7	13
Strongly disagree	3	0	3
Don't know	8	2	0

At the end of the programme, half (50%) of the participants felt that they had set up local support for themselves as a leader. This was slightly lower than figures recorded in 2013/14 (64%) and 2012/13 (61%).

In the 2013/14 and 2014/15 surveys the participants were also asked whether they had built up a network with other leaders during the programme.

Q19c To what extent do you agree or disagree... I have built up a network with other leaders	% 2012/13	% 2013/14	% 2014/15
Base: All participants	(39)	(42)	(30)
Strongly agree	-	57	27
Slightly agree	-	21	47
Neither agree nor disagree	-	17	17
Slightly disagree	-	0	10
Strongly disagree	-	0	0
Don't know	-	5	0

At the end of the programme, 74% of the participants felt that they had built up a network with other leaders during the programme. This showed a similar level of agreement to the 78% recorded last year, however the strength of agreement was lower with fewer strongly agreeing.

“These were people from across the country that I wouldn’t have seen otherwise.” (LAC Nurse 1)

“You get to network with other people, I found that really good.” (Past participant 1)

“It was very social meeting midwives from other areas. You sometimes become isolated in your own area.” (Midwife 2)

In addition, 92% of Midwives and 67% of LAC Nurses agreed that they had found it useful to connect with both Midwives and LAC nurses.

The impact of the programme for the NHS

The following section describes the impact that the Best Start Leadership Programme had on the NHS, in terms of strategic impacts, workplace impacts and care impacts.

Strategic impacts

The Best Start 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 9th March 2015.

Health Board	Strategic impacts
Ayrshire and Arran (1)	The project raised the profile of partnership working with Midwives, Smoking Cessation services and linked into the work being undertaken by the MCQIC Champions for NHS Ayrshire and Arran.
Borders and Lothian	Staff educated on National Practice Model, Wellbeing indicators, Role of the named person, Implementation of GIRFEC.
Borders (1)	Fewer DNAs and extra appointments.
Borders (2)	Local guidance and referral pathways for Pregnancy Induced Hypertension based on evidence and national guidelines.
Dumfries and Galloway	More effective sharing of information between maternity services, public health nurse and GP.
Grampian (3)	Mandatory training in the use of the National Call Record.
Lanarkshire (1)	Early intervention intended to reduce long term issues as identified in GIRFEC and Best Possible Start.
Lanarkshire (2)	15% reduction in admissions of women to triage.
Lothian (3)	Streamlined taught approach to CTG.
Orkney	Length of stay for patients better understood.
Tayside	Compliance around sepsis better understood.

At the programme close, all (100%) strategic leads (up from around seven in ten in previous years) agreed that the programme will help them to deliver on relevant policies.

Q9e The programme will help me to deliver on policies such as: Healthcare Quality Strategy for NHS Scotland; the Refreshed Framework for Maternity Care in Scotland; (CEL 16, 2009; GIRFEC 2008; the Children and Young People (Scotland) Act 2014.)	2013/14 %	2013/14 %	2014/15 %
	(14)	(10)	(10)
Base: All strategic leads			
Strongly agree	36	40	70
Slightly agree	36	30	30
Neither agree nor disagree	21	10	0
Slightly disagree	7	0	0
Strongly disagree	0	0	0
Don't know	0	20	0

This emphasis on links with policies was echoed by several of the stakeholders during the depth interviews.

“One of the quality indicators, this slotted in nicely to what needed to be done.” (Midwife 3)

“I’m very very proud of them. What they’ve done we’ll incorporate in our everyday work. The work they have done will pioneer the way. The Heath Board is very proud of what they have achieved.” (Supervisor)

In addition, the Best Start Leadership Programme also resulted in strategic leads feeling more able to tackle the issue of succession planning.

Q9d I now feel more confident about succession planning for (Midwives in) my team	2013/14 %	2013/14 %	2014/15 %
	(14)	(10)	(10)
Base: All strategic leads			
Strongly agree	29	40	40
Slightly agree	50	40	30
Neither agree nor disagree	21	0	10
Slightly disagree	0	0	0
Strongly disagree	0	0	0
Don't know	0	20	20

At the close of the programme, 70% of strategic leads (down from around eight in ten in previous years) said that they now felt more confident about succession planning for their teams.

Workplace impacts

The Best Start 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 9th March 2015.

Health Board	Workplace impacts
Ayrshire and 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.
Ayrshire and Arran (2)	Documentation is now more accurate.
Borders and Lothian	Midwives and health visitors trained.
Borders (1)	Specialist midwife in post.
Fife (1)	Post emergency debrief sessions promote sound reflective practice and strengthened teamwork.
Fife (2)	Staff welcomed positive feedback.
Forth Valley	Improved quality of the information shared between Midwifery staff and Health Visitors.
Grampian (1)	SBAR particularly useful for students and less experienced Midwives.
Grampian (2)	Staff awareness, communication links and information sharing has improved greatly.
Lothian (1)	Training to increase confidence in communicating change in risk status.
Western Isles	Weekly risk assessment meetings lead to better communication.

During the course of undertaking their projects, several participants commented that they were able to seek and gain the support of colleagues.

“We had a few challenges, and went to another member of staff and he came on board to help us.” (LAC Nurse 2)

“She emailed it to every LAC nurse in Scotland and they got back to me with their comments. Lots of people replied, it was quite surprising, and it was very positive. They said they’d use it themselves.” (LAC Nurse 1)

“We did a lot of research, we identified what services might be needed, spoke to people in those areas. We had the backing of everybody.” (Midwife 3)

At the close of the Best Start Leadership Programme, 80% of strategic leads (up from 70% last year and similar to 79% in the year before) felt that the programme had contributed to positive changes in the workplace.

Q9b I believe that the 2013/14 2013/14 2014/15

programme has contributed to positive changes in my workplace	% (14)	% (10)	% (10)
Base: All strategic leads			
Strongly agree	29	60	40
Slightly agree	50	10	40
Neither agree nor disagree	21	10	0
Slightly disagree	0	10	0
Strongly disagree	0	0	0
Don't know	0	10	20

Many of the participants now noticed that they were behaving in a different way in the workplace.

“I wasn’t speaking out. But now I can give my opinion in a nice calm clear way and not worry about what anyone else is thinking.” (LAC Nurse 1)

“I’ve seen myself put myself forward.” (Past participant 1)

“I’m doing loads of extra stuff in work, and the response I get from people is great. People come to you, they have the confidence that you can help them.” (Midwife 3)

As a consequence of these changes in attitude and behaviour, several participants noted that they were now more effective in their jobs.

“I’m much happier in my role, and much more productive. Because I’m calmer I’m not getting the same flack back.” (LAC Nurse 1)

“I’m not getting as stressed, so I’m more productive, so I achieve more, so the children get a better service.” (LAC Nurse 2)

“Much more engaged with my work and with my team, more productive with my caseload as a result.” (LAC Nurse, end of programme survey)

“People have told me I’m an amazing midwife. It’s because I’m happy.” (Final event speaker)

Based on evaluations of particular elements of the Best Start Leadership Programme, these changes in the workplace most often resulted from the initial two day workshop (90%) and the one-to-one leadership coaching from Firefly (87%).

I have noticed positive changes in my workplace as a result of ... [Activity]	2012/13 %	2013/14 %	2014/15 %
	Agree	Agree	Agree
Initial one/two day workshop	33	65	90
One-to-one leadership coaching from Firefly	75	78	87
Leadership project	84	88	79
Final national event	69	75	66

In previous years the leadership projects were particularly influential in the workplace, but their level of influence reduced within the mix of activities as the others have become more influential.

Care impacts

The participants were enthusiastic about the prospect of using leadership to improve care. Consequently, much of the work undertaken during the projects resulted in positive impacts for care. The following care impacts were recorded in the end of project posters presented at the final national event on 9th March 2015.

Health Board	Patient care impacts
Ayrshire and Arran (1)	All pregnant women will be 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.
Ayrshire and Arran (2)	All women now receive appropriate analgesia for perinatal suturing, which increases satisfaction and results in a more positive start to parenting.
Borders (1)	Health improvement interventions for women with CO monitoring levels of 4 and above.
Borders (2)	Safe, effective and reliable care for women around Pregnancy Induced Hypertension.
Dumfries and Galloway	Time 2 Talk card shows women how they can arrange a meeting to discuss their care and feelings.
Fife (2)	Feedback received from 294 women, who felt valued.
Greater Glasgow and Clyde	Greater continuity of carers for women during antenatal care.
Highland	More Unit visits for women and their partners who had not attended antenatal classes.
Lanarkshire (1)	Increased confidence felt by parent, and increased bond between parent and newborn.
Lanarkshire (2)	Patients and their families appreciated the leaflets produced about the latent phase of labour.
Lothian (2)	It is possible to discharge more mothers at an acceptable time of

day.

Both participants and strategic leads felt that programme activity would have an impact on care, now or in the future.

At the close of the Best Start Leadership Programme, 87% of participants (up from 76% in 2012/13 and 83% in 2013/14) felt that the programme had contributed to improvements in care.

Q20f To what extent do you agree or disagree... I believe that the programme has contributed to improvements in (patient) care Base: All participants	2012/13 %	2013/14 %	2014/15 %
	(39)	(42)	(30)
Strongly agree	62	55	60
Slightly agree	21	21	27
Neither agree nor disagree	10	17	10
Slightly disagree	0	5	0
Strongly disagree	0	0	3
Don't know	8	2	0

Similarly, 90% of strategic leads (up from 60% last year and 79% the year before) felt that the programme in general had contributed to improvements in care.

Q9c To what extent do you agree or disagree... I believe that the programme has contributed to improvements in (patient) care Base: All strategic leads	2013/14 %	2013/14 %	2014/15 %
	(14)	(10)	(10)
Strongly agree	29	40	60
Slightly agree	50	20	30
Neither agree nor disagree	21	20	10
Slightly disagree	0	0	0
Strongly disagree	0	0	0
Don't know	0	20	0

Almost eight in ten (79%) of participants felt that their leadership project specifically contributed to improvements in patient care – slightly lower than the 88% recorded last year.

Q12 I believe that my leadership project has contributed to improvements in (patient) care Base: All participants who undertook a project	% 2013/14	% 2014/15
	(33)	(29)
Strongly agree	61	62
Slightly agree	27	17
Neither agree nor disagree	12	14
Slightly disagree	0	0

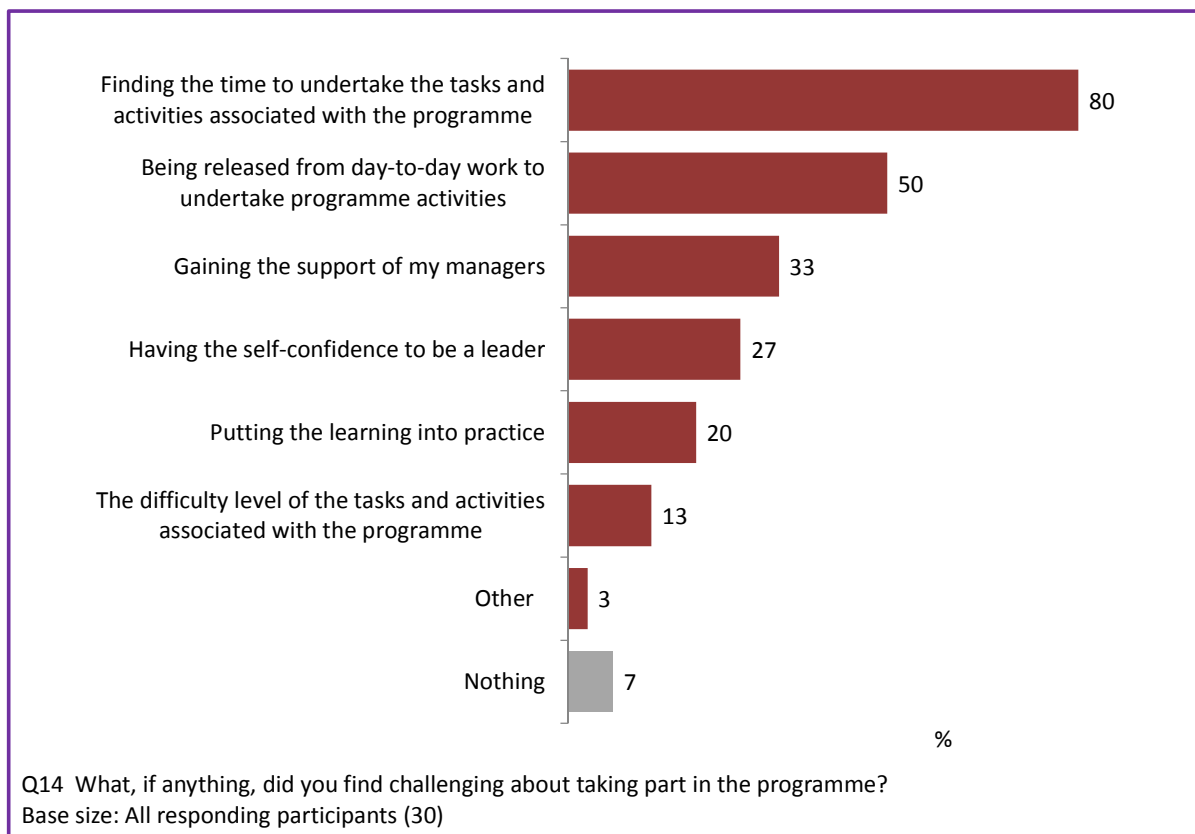
Strongly disagree	0	7
Don't know	0	0

Challenges associated with the programme

During the course of the Best Start Leadership Programme, a number of challenges were faced.

Evaluating the challenges

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



Overall, 93% of the participants 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 (80%, up from 74% last year), and being released from day-to-day work to undertake programme activities (50%, down from 57% last year).

Finding the time to undertake the programme

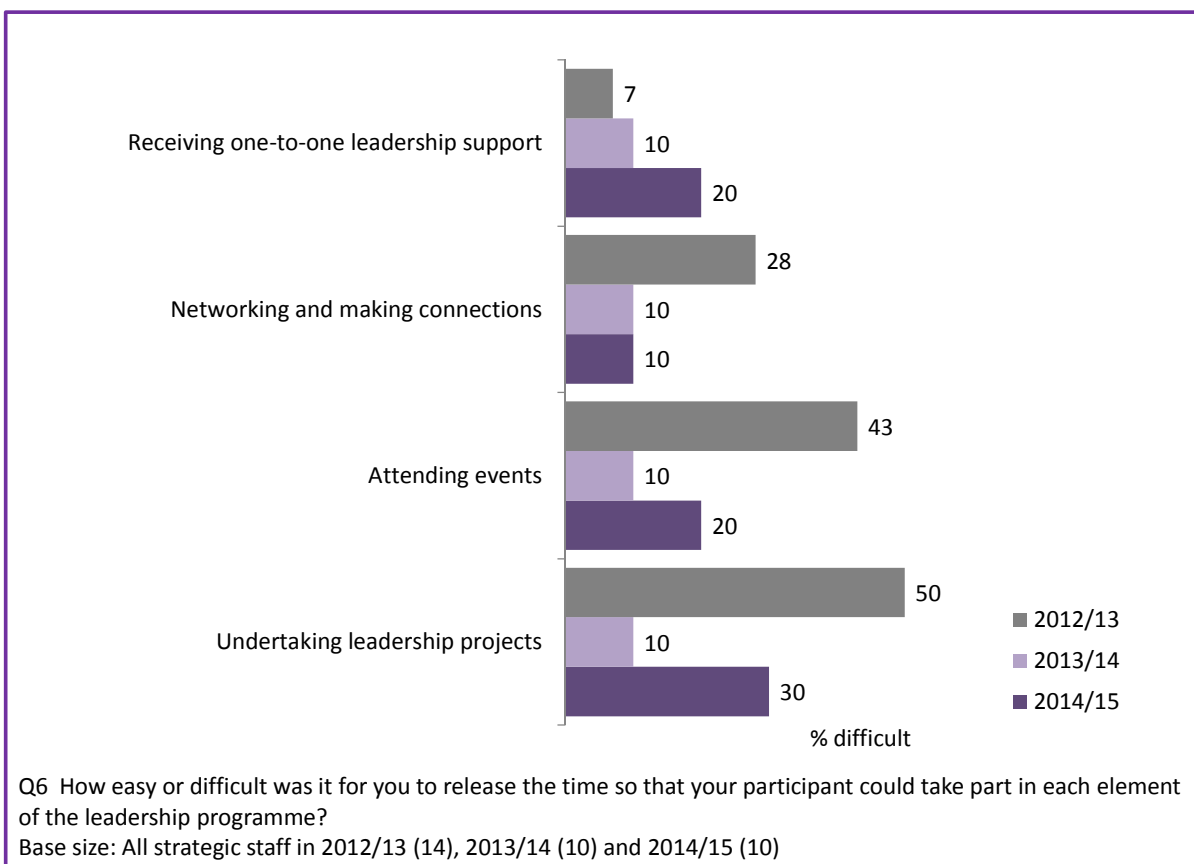
As in 2012/13 and 2013/14, finding the time to undertake project activity was considered to be a major challenge in completing the programme. This continued in 2014/15.

“The hardest bit was negotiating study leave. I couldn’t work out how much time I would need. I was on my own, so it is a lot to get done and I wasn’t sure if I’d get any study time.” (LAC Nurse 1)

“As it transpired I didn’t get any study time to do it. Locally I didn’t get that support. My day off I spent on my project, not with my kids.” (Midwife 1)

“Because their job is so busy, I now know on reflection a lot of the work they were doing at home. They didn’t complain because they were so enthused, they didn’t perceive it as work. In future I’ll take a bit more consideration.” (Supervisor)

A significant minority of the strategic leads said that they found it difficult to release participant time, particularly for undertaking project activity (30%) and receiving one-to-one leadership support (20%).



Making realistic project plans

Linked to finding the time to participate in project activities, another major challenge identified in 2013/14 and 2014/15 was one of making realistic project plans which could be completed successfully within the programme timeframe.

“We had plans to change the world, but you can’t do that in six months in the NHS.” (Past participant 2)

“The project I had in mind was huge, we reigned it all in.” (Midwife 3)

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

Q12 My leadership project achieved what it set out to achieve	% 2013/14	% 2014/15
Base: All participants who undertook a project	(33)	(30)
Strongly agree	64	59
Slightly agree	15	24
Neither agree nor disagree	9	7
Slightly disagree	9	7
Strongly disagree	3	3
Don't know	0	0

At the close of the programme 83% of participants (up from 79% last year) agreed that their leadership project achieved what it set out to achieve. However – similarly to before - 10% of participants disagreed that their project achieved what it set out to achieve.

Engaging with Firefly

In all three years of the programme, many of the participants said that they initially felt sceptical about engaging with Firefly and the one-to-one leadership support.

“I had this worry that I was suddenly going to tell people my deepest darkest secrets.”
(LAC Nurse 1)

“I was cagey about how much information to give her, but I opened up.” (Midwife 2)

“I was a bit sceptical, and on the day some of the things they got you to think about... pretend you are an animal... I didn't think I was up for it. But they were lovely.” (Midwife 3)

“It sticks in my mind, we had to say what animal we were. Initially I worried what is she going to expect from me.” (LAC Nurse 2)

As the evidenced positive impact of the one-to-one leadership support shows in all years, this issue was largely resolved during the programme timeframe. This year in particular, the improvements to the way that the coaching was presented at the initial two day workshop is also likely to have had a positive impact on this.

“I think the expectations of having a coach was much better put forward this year.”
(Firefly 1)

Persistent challenges

Although the Best Start Leadership Programme and all of its elements evaluated extremely well, it is notable that the same key challenges associated with the programme have remained

influential to a degree throughout the three years, despite substantial effort having been put into making improvements in these areas.

Identifying positive practice in 2014/15

Many elements of positive practice have been identified across the three years that this programme has been running, and these have been maintained throughout.

In addition, the following observations have been made on the new positive practice that has led to a greater impact in 2014/15.

Maximising impact through integrated activities

The programme has evaluated well across the three years that it has been running, as have all elements of programme activity.

Having learned from past experience and evaluations, NHS Education for Scotland and Firefly have worked together to evolve the project in order to maximise impact on participants and beyond. This year the level of coaching provision was increased to five hours from three, and the initial workshop was revamped and increased from one day to two.

Whilst the quality improvement projects and end of programme event always evaluated well, now the improved first event and coaching have become more influential within the mix. Furthermore, participants appear to have had a greater understanding of how elements of the programme fit together and influence one another. This greater integration of activities has led to an even more cohesive programme.

More specifically, a stronger and more focused introduction to the programme appears to have had a profound effect on the way that the participants experience the programme. This is described in greater detail below.

An emphasis on care priorities

As mentioned earlier in the report, this year has shown a particular trend towards participants feeling that their interest in their jobs had been reignited. It seems that the programme reminded many participants why they wanted to do their jobs in the first place – to help people.

Firstly, participants showed a greater recognition that what they do will impact on the care of women, children and members of the community. Where previously the impact on care has tended to focus on quality improvement projects, now prioritising care appears to have become a fundamental facet of participants' personality and workplace behaviour.

Secondly, participants showed a greater recognition that their actions could support and be supported by strategic policies and procedures.

Overall, something in the way that the programme was presented to participants this year led to them identifying and asserting their own priorities and understanding how these were aligned

with NHS priorities at a grassroots and strategic level. It is likely that this was driven by the enhanced initial workshop, and supported by a well integrated project and coaching relationship.

An emphasis on leadership at all levels

Linked to this, participants in 2014/15 have embraced the notion that leaders could and should be found at all levels within the NHS, and that they personally could demonstrate leadership within their own roles.

Again, this appears to have been inherent in the way that the programme was presented to participants this year and has been further emphasised through the series of well integrated programme activities.

Of note however, a recognition of leadership potential within a current role may have had slight consequences for the level of participant ambition. Whilst many participants believe that the programme will help them in their career, fewer this year feel that they have the skills to undertake a promoted role and fewer have made a change during the programme. It may be that greater satisfaction and impact within a current role curtails ambitious drive for promotion, in the short term at least.

Recognised change

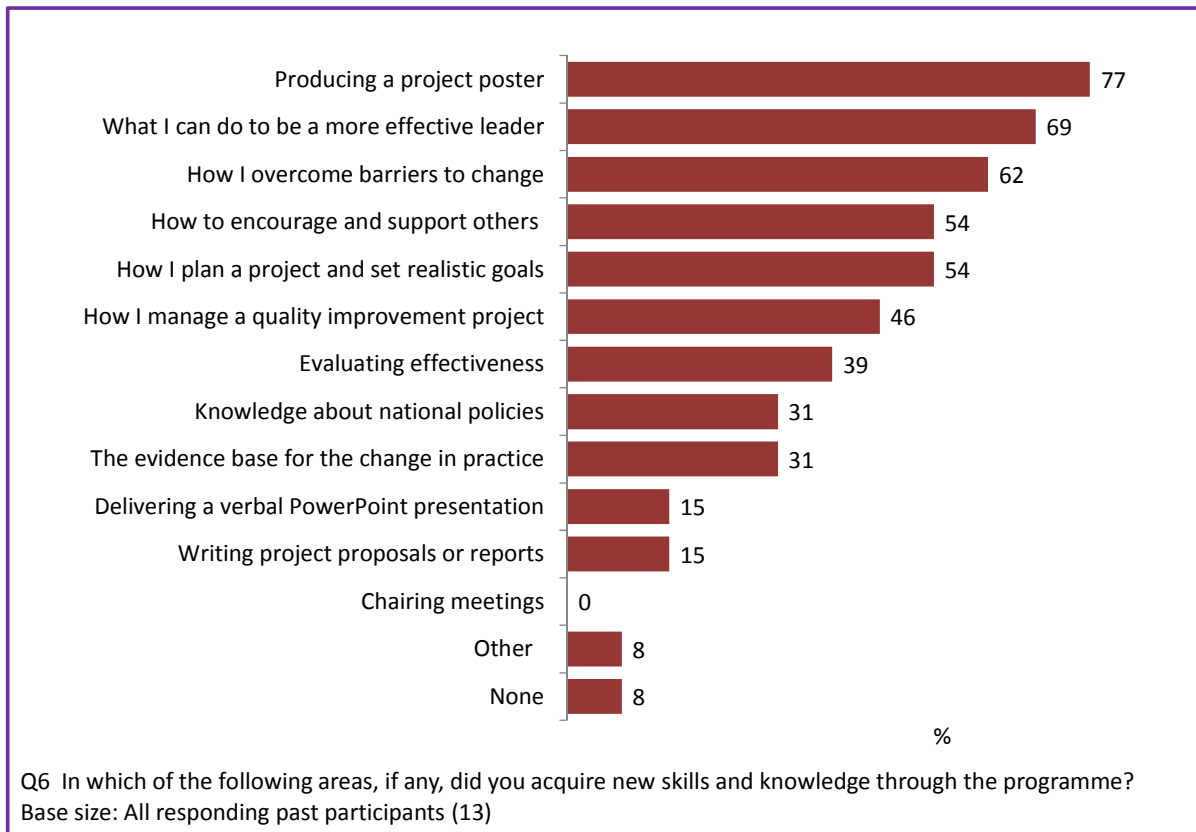
It is notable that these changes were well recognised by strategic leads and colleagues, and in some cases were even more apparent to strategic leads and colleagues than they were to the participants themselves. This indicates that genuine demonstrable changes in attitude and behaviour took place during the programme.

The longer-term impact on past participants

Those who participated in the programme in 2012/13 and 2013/14 were invited to complete a short survey to evaluate the longer-term impact of the programme. The following section describes the findings from this survey.

Acquiring new skills and knowledge

Past participants were asked to reflect on the skills and knowledge that they had acquired through their participation in the programme.

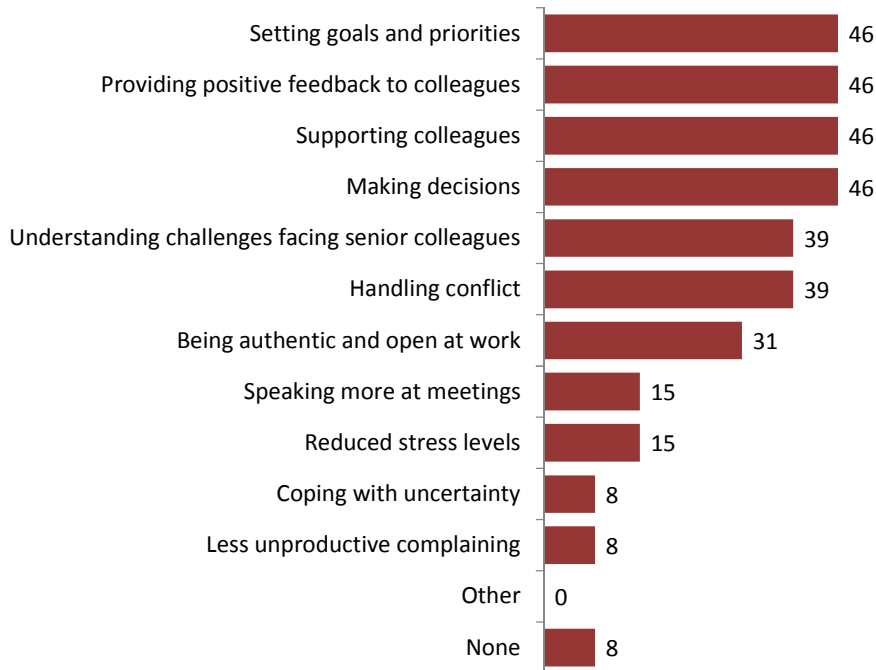


In total, 92% of the past participants felt that they had acquired new skills and knowledge through their participation in the programme.

The past participants most often noted that they had acquired new skills and knowledge in producing a project poster (77%), being a more effective leader (69%) and overcoming barriers to change (62%).

A changed approach

Past participants were asked whether they felt that they had demonstrated enhanced leadership skills as a result of taking part in the programme.



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

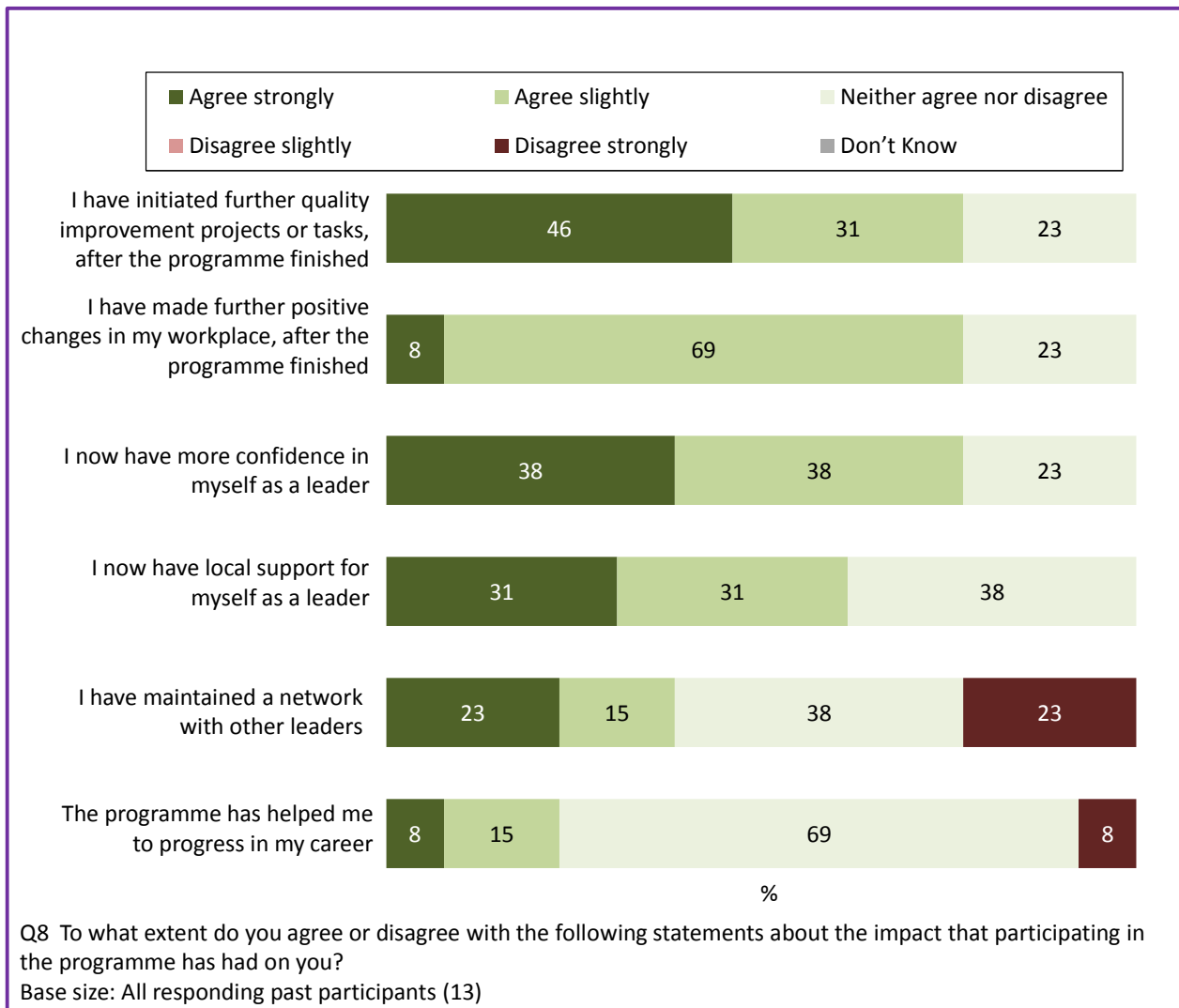
Base size: All responding past participants (13)

In total, 92% of the past participants felt that they had demonstrated enhanced leadership skills as a result of taking part in the programme.

The past participants most often noted that they had demonstrated enhanced leadership skills in setting goals and priorities, providing positive feedback to colleagues, supporting colleagues, and making decisions (all 46%).

Other impacts

The past participants were also asked the extent to which they agreed or disagreed with various statements about the potential longer-term impact of the programme.



The findings show that the positive move towards change continued after the close of the programme for many past participants. In total, 77% of past participants agreed that they had initiated further quality improvement projects or tasks after the programme had finished, and 77% agreed that they had made further positive changes in their workplace after the programme had finished.

These impacts were further emphasised in the interviews.

“I’ve become a bit more courageous. I see different ideas and think we could do that. I’m continuing to be involved in the roll out of what I started, in the implementation and evaluation of that. We’re going round GP practices and spreading the word. It takes me away from clinical time, but I’ve had positive points from the general manager saying they want me to carry on doing it and she’s thankful for my input.” (Past participant 1)

“It has been a very busy year, I’ve done lots. I’m involved in a working group. I did a presentation at a midwifery event. I’ve been at a few conferences. Lots of good response from my managers, they will email me and ask me to look at things. The project process I’ve used that for other projects. I’ve made a few changes in my service.

I can say I'll take something forward, go to my manager, make it happen. I didn't have the confidence or the skills before." (Past participant 2)

More than three quarters (76%) also agreed that they now had more confidence in themselves as a leader.

Very few past participants disagreed with any of the impact statements. Just under one in ten (8%) disagreed that the programme had helped them to progress in their career, and just under a quarter (23%) disagreed that they had maintained a network with other leaders.

Access to ongoing opportunities

The past participants were asked whether they had experienced any career changes since their time on the programme.

Q9 Have you experienced any of the following career changes since your time on the programme? Base: All responding past participants (13)	
Increased responsibility	46
New job or role	31
Further study	15
Promotion	8
Other	15
None	23

Overall, 77% of the past participants (compared to 60% of the current participants) said that they had experienced career changes since their time on the programme. These were most often increased responsibility (46%) and a new job or role (31%).

"I got a new job. I applied for a new role just at the end of the leadership programme. I didn't know if I had the confidence to put myself up, but my coaching helped me and it was successful." (Past participant 2)

"I've filled in application forms and been at interviews, trying to be promoted. I'm currently doing my Masters, I've wanted to do that for a long time. I've become an RCM Steward. I'm really proud of that." (Past participant 1)

Continued ambition

In general, these findings indicate that past participants are likely to have continued to be ambitious leaders using their newfound leadership skills after the programme finished, and they recognise the impact that the programme had in enabling this.

Reflections on three years of the programme

Creating a transformational programme

In 2012, the Scottish Government and NHS Education for Scotland came together to create a new and transformational training programme for future leaders in the NHS.

“There had been work done under the auspices of Midwifery 2020 which was followed up in Scotland with work locally to find out the key issues. They identified developing leadership capacity and succession planning. I had a clear idea of what I wanted – a transformational programme rather than a traditional education programme. I thought it would benefit from the input of external consultancy as I had experience of the impact that could have. It needed to be something quite different. We had dialogue back and forward with NES, before we awarded them funding. We came up with a blended programme allowing people to learn individually and collectively, and be supported by coaching. And to work on priority areas for Government.” (Funder)

“There had been a feeling that there was a need for leadership development for Midwives – a retirement bubble. The Scottish Government had a need for good leadership to implement their refreshed framework for maternity care. Thinking about networks of leadership and distributed leadership, not just people in management positions. Sometimes leadership learning feels cut off from your day job, so we wanted to do something to embed the learning into their everyday work.” (NES 1)

On reflection, the key strategic partners in this programme have been extremely happy with the development and impact of the programme.

“It has surpassed the aims and objectives.” (Funder)

“I think it has been really effective, it has surpassed my expectations – what they have gained and how they have developed. We have surpassed our aims and objectives.” (NES 1)

“From a value-for-money perspective the cost is low, and the impact is remarkable.” (Firefly 2)

In addition to the substantial impacts already described in this document, this section focuses on describing some of the key strategic features of the programme that have contributed to this success.

An evolving programme

The programme has run for three years to date, and during this time the team have made several changes. The main changes are described below.

- “The first event evaluated less well than the other events. People felt overloaded. So in the next year we made sure people were led into it carefully. In the second year it evaluated much better overall.” (NES 1)

- “In the first year people felt overwhelmed by the idea of coaching and the way it was pitched. We talked to Firefly and how we could pitch it differently. They did a lot more to establish the relationship at the beginning.” (NES 1)
- “In the second year we had three different cohorts. There were benefits and drawbacks. We had a less cohesive overall group. This year we’ve gone back to the plan where everyone was new.” (NES 1)
- “The programme director picked up some leadership development needs with LAC nurses. We’d always planned the leadership programme for a wider cohort so it was a good opportunity to offer it to a wider group. The response from LAC nurse managers has been really positive, we could have filled the places several times over.” (NES 1)
- “The third year included a group coaching call. We wanted to create coaching families of between six and eight coaching clients across Health Boards. It has been very positive. They supported each other in their projects, gave each other peer support.” (Firefly 2)

As a result of these changes, the programme has continued to improve and progress.

“This third year has felt palpably different. The way in which it has matured and become a job of ease and yet still delivering the same impact if not more.” (Firefly 2)

“This year people have engaged much more quickly with coaching, with the projects. Getting in touch more, less chasing.” (NES 1)

Successful partnership working

A key feature of the programme is the one-to-one leadership support, provided by a company external to the NHS.

“There are some coaches within NES but they didn’t have the level of resource that we were looking for. So we needed to go outside of the organisation.” (NES 1)

Firefly, NHS Education for Scotland and the Scottish Government all commented that this has proved to be a highly successful relationship.

“Firefly understood the ethos of what we were trying to do and had the necessary skills to make those transformational changes.” (Funder)

“It is a unique piece of collaboration.” (Firefly 1)

“It is a pioneering approach how NES has constructed the programme and partnered with Firefly.” (Firefly 2)

“It has been a really good example of a collaboration between NHS and a private organisation, which has added a different dynamic and feel to things.” (NES 1)

A commitment to learning and evaluating

The evolution of the leadership programme and the successful partnership relationship were both fuelled and supported by a commitment to learning and evaluation.

Each year of the programme has been evaluated by an external research expert, and alongside this both NES and Firefly implemented their own feedback and reflective practice mechanisms.

“There was learning going on there.” (Funder)

“It was helpful to have the first evaluation report to highlight some recommendations. We looked at that when we looked at the next year. We looked at evaluations from the individual days to evolve out thinking.” (NES 1)

“Even when we re-tendered we went back to square one and looked at what we and NES were trying to achieve. We wanted to use reflective practice to enhance the approach.” (Firefly 2)

This commitment to learning and evaluation, along with being open to change, ensured that the programme was responsive to the needs of participants and other stakeholders. It is this approach that has allowed a very well received programme to become even more relevant and effective across the three year period.

A challenging timescale

The key challenge for NHS Education for Scotland, and consequently for Firefly, has been the short timescale that the funding rounds allowed for planning the programme.

“The main compromise has always been the amount of time we’ve had. The programme activities need to be condensed into seven months.” (NES 1)

“We get the funding confirmed in the summer then we need to recruit people to the programme. Then the final event by March to the financial year. A pressure.” (NES 2)

“The timing for getting started was difficult so in the first year our first involvement was with the development day and the participants had already had a kick off day.” (Firefly 2)

The legacy of the programme

At the close of the third year of the programme, NHS Education for Scotland and Firefly felt that the programme had allowed them to create a template for a successful leadership development programme.

“We’ve got a blueprint.” (NES 2)

“It has added to the body of evidence about how we can develop leaders.” (Funder)

Both NHS Education for Scotland and Firefly commented that they felt that the programme and its learnings would have a relevance to a much wider group of professionals.

“I’m hopeful we can learn the lessons from this programme and the huge impact it has had, and roll it out to a wider group of professionals.” (NES 1)

"I firmly believe that the learning from this programme should be shared more widely. It has been pioneering and innovative, achieving a significant impact for a low cost per head. Looking at bringing deep development on a fairly tight budget to front line practitioners, not just in midwifery, not just in the health service." (Firefly 2)

Many of the participants spontaneously commented that they hoped that the programme would be able to run again in the future.

"I have recommended other people to go on it." (LAC Nurse 2)

"I think it should be a programme for NHS staff, everybody should get the chance to do it." (Midwife 2)

"Fingers crossed it gets started again. I think it is great, if anyone gets the chance to do it they should do it." (Midwife 3)

"It would be such a shame if they didn't do this again. My managers are really keen to put people through this again." (LAC Nurse 1)

This was also echoed by strategic leads.

"Would just like to ensure it was run again." (Strategic lead, end of programme survey)

"If funding was withdrawn that would be a real shame because the benefits are long lasting. I would like to go on it, it sounds like a fantastic course." (Supervisor)

Summary and conclusions

At the close of the evaluation and of the three years of this programme, those involved in the Best Start Leadership Programme were very satisfied with its progress and outcomes.

Key achievements

- Very high levels of satisfaction from participants across the three years, improving each year;
- Creating an integrated and transformational training programme;
- Evaluating, learning and evolving;
- Emphasising care priorities and leadership at all levels;
- Successful partnership working.

Key impacts

- Having a positive impact on participants in terms of:
 - Enjoyment;
 - Re-igniting an enthusiasm for the job;
 - Appreciation of own leadership potential;
 - Acquiring new skills and knowledge;
 - A changed approach;
 - Progress towards personal goals;
 - Increases in confidence;
 - Access to ongoing opportunities;
 - Enhanced networks.
- Having an impact on the NHS in terms of strategy, workplace and patient care;
- Demonstrating a longer-term impact on past participants in terms of confidence, a more positive and effective approach, and career development

Key challenges

- The time available for planning and set-up of the programme;
- Releasing time for participants to fully engage with the programme;
- Making realistic project plans;
- Managing expectations around Firefly and the coaching.

Meeting the objectives and outcomes of the programme

At the close of the third year, the programme has made substantial progress against its objectives and intended outcomes.

OUTCOME: A cohort of Midwives and LAC nurses across the whole of NHS Scotland with confidence and competence to lead high quality maternity and child health services.

At the close of the programme in 2014/15, 94% of participants agreed that they now had more confidence as a leader. In addition, 97% of participants felt that they had the leadership skills and knowledge to do their current job well, 77% of participants now considered themselves to

be a leader, and 67% felt that others now see them as a leader. Crucially, in this year in particular, many of the participants expressed an understanding that they can demonstrate leadership skills at any level within the NHS, and that they personally could influence and drive change.

OBJECTIVE: The programme will support the implementation and evaluation of service change and improvement to implement the goals of the Healthcare Quality Strategy for NHS Scotland and the Refreshed Framework for Maternity Care in Scotland.

In the third year of the programme in particular, the integrated leadership programme has encouraged participants to consider how policy informs and supports their practice. The relevance of the policy environment has been presented and reiterated through the programme's national events, which along with the coaching have supported the participants to understand their own care priorities and apply these to a project that they are passionate about. As a consequence, participants have already undertaken at least one policy-relevant quality improvement project in their own workplaces, and many have expressed a will to continue to drive change. This transformation in attitude and behaviour has been well recognised by strategic leads, who have largely found it to support their practice and enhance their workplaces.

OUTCOME: Improved maternity and child health 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.

Linked to the previous outcome, in 2014/15 in particular the cohort of participants in the programme have been supported towards a new enthusiasm for providing care through a combination of reflective time, gentle encouragement, and impactful project activity. Many participants have noticed a positive change in themselves, and this change has been further noticed by strategic leads and colleagues. As a consequence, participants have evidenced that they are now providing a more effective and enthusiastic service which is certain to contribute to enhanced care.

OUTCOME: Enhanced supportive national networks of midwifery clinicians and LAC nurses across Scotland.

The programme has provided an opportunity for a diverse group of Midwives and LAC Nurses to meet and network in a supportive environment. Furthermore, the interpersonal skills gained through the programme alongside the tasks and outcomes associated with the projects have given the participants the tools and incentive to learn from one another and use this to reflect on their own practice. It is hoped that this experience will prove to be a driver to maintaining these supportive relationships. Whilst it is understood – and evidenced to a degree – that these national networks may not all survive in the long term, it is certain to have been the start of forming cross-disciplinary relationships in their own areas. In addition, the new confidence and enthusiasm gained through the course is creating new networks for many in terms of educational and networking activities that they otherwise would not have sought.

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

Throughout the three years of the programme, a desire to see the 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. It has been suggested by both NHS Education for Scotland and Firefly that the programme as it stands provides a useful blueprint for future leadership development, and that the format has a relevance for a much wider cohort of professionals, outside of Midwives and LAC Nurses and perhaps even outside the NHS.

Concluding remarks

The Best Start Leadership Programme (previously the 'Delivering Quality through Midwifery Leadership' programme) has always evaluated extremely well, but it is testament to the commitment to evaluation, learning, and partnership working that it has only continued to evolve and improve across the three years that it has run. It has exceeded all expectations.

In 2014/15, it seems that NHS Education for Scotland and Firefly got the balance right – providing a well integrated programme of training where each component complemented and supported the others. Alongside this, the message was consistent and focused – that individuals can be leaders making a difference within the service, and this can make a difference to the care experienced by members of the community. Participants engaged very well with this.

The programme has worked because it has been coherent and focused, and it has worked because it has taken experienced professionals and reinvigorated them. This has been done by taking them out of their busy working environments and providing them with the space to reflect and grow. They have made changes, they have seen the impact of these, and they have been recognised for doing so. Their work has been valued, and they have learned to value themselves as a result.

Stakeholders at all levels have expressed a desire for the programme to continue in some form, and it is hoped that it will do so and that more professionals will be able to benefit from the approaches created and honed during the three years of this programme.

It is certain that with an enhanced enthusiasm and confidence that the participants will continue to make change within the NHS, and that this will have a ripple effect of positively influencing junior and senior colleagues, and improving care.