



## Ruthless Research

# Final report for NHS Education for Scotland: Best Start Leadership Programme evaluation 2015/16

March 2016



## Table of Contents

Background and context .....	7
Aims and objectives .....	8
Research Methodology .....	9
<b>KEY FINDINGS .....</b>	<b>10</b>
Setting up the Programme .....	10
Evaluating the progress of the Programme .....	12
Initial two day workshop .....	12
Leadership support service from Firefly .....	15
Leadership projects .....	21
Final national event .....	25
Response to the Programme .....	27
The impact of the Programme for the NHS .....	31
Strategic impacts .....	31
Workplace impacts .....	33
Care impacts .....	35
The impact of the Programme on participants .....	38
Enjoyment .....	38
Increases in confidence .....	38
Enhanced networks .....	39
Progress towards personal goals .....	40
Access to ongoing opportunities .....	41
Positive changes in the personal life .....	42
Developing and demonstrating authentic leadership .....	44
Acquiring new skills and knowledge relating to leadership .....	44
Demonstrating enhanced leadership skills .....	45
A catalyst for change .....	46
Speaking up .....	47
Understanding colleagues .....	48
Approaching challenging conversations .....	48
Being open and honest .....	49
Managing change .....	49
Developing others .....	49
The authentic leader as a work in progress .....	50
Challenges associated with the Programme .....	53
Evaluating the challenges .....	53
Finding the time to undertake the Programme .....	53
Making realistic project plans .....	54
Engaging with Firefly .....	55

Persistent challenges .....	55
Emerging issues and positive practice in 2015/16.....	56
Similar delivery to last year.....	56
Excellent engagement with projects.....	56
Emphasis on authentic leadership .....	56
An ongoing process .....	56
The longer-term impact on past participants .....	57
Acquiring new skills and knowledge .....	57
Demonstrating enhanced leadership.....	57
A changed approach to leadership .....	58
Examples of authentic leadership.....	59
Other impacts.....	62
Access to ongoing opportunities.....	63
Challenges faced as leaders .....	63
Summary and conclusions .....	64

## **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.

## **Contact Ruth Stevenson**

Phone: 07884 023 781

Email: [ruth@ruthlessresearch.co.uk](mailto:ruth@ruthlessresearch.co.uk)

Website: [www.ruthlessresearch.co.uk](http://www.ruthlessresearch.co.uk)

## 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, 2014/15 and 2015/16.

Overall, 39 participants (33 Midwives and 6 LAC Nurses) completed the Best Start Leadership Programme in 2015/16.

Ruthless Research was commissioned to undertake an independent evaluation of the programme. An online survey was conducted between 8<sup>th</sup> and 18<sup>th</sup> March 2016, which was completed by 28 participants, 4 strategic leads, and 20 past participants. In addition, depth interviews were conducted 8 participants and 4 past participants.

### KEY FINDINGS

#### Setting up the Programme

- Participants tended to have heard about the Programme either through an email from their Manager or via a colleague that had previously taken part in the Programme. Word of mouth was a very strong driver in prompting participants to apply.
- This year, around four in ten participant volunteered for the Programme, and more than half were asked to attend. This pattern indicates a shift, as in previous years the majority of participants volunteered.

#### Evaluating the progress of the Programme

**Initial two day workshop:** The initial two day workshop was held in Glasgow in September 2015. This workshop was well received by the participants, with around eight in ten participants agreeing with each impact statement. In particular 96% agreed that they enjoyed the workshop and 89% agreed that they learned something new. Whilst this year's response to the initial two day workshop was marginally less positive than in 2014/15, it retained a much higher level of satisfaction and impact than in the first two years of the Programme.

**Leadership support service from Firefly:** The one-to-one leadership support was extremely received by the participants, with around nine in ten agreeing with each statement about its impact. In particular 96% agreed that they enjoyed the coaching and 92% agreed that they learned something new as a result of the coaching. Positive response to all indicators was slightly lower than in 2014/15 but still an improvement on the first two years of the Programme.

**Leadership projects:** In total 25 projects were undertaken. The leadership projects were well received by the participants, with at least eight in ten agreeing with each statement about their impact. Of particular note, 96% agreed that they enjoyed their leadership project, 96% agreed that they made a positive change to their working practices, and 100% agreed that they learned

something new as a result of their leadership project. 2015/16 was a positive year for the Leadership projects, with response and impacts generally maintaining or exceeding the high scores recorded in previous years. In particular, 100% of participants agreed that they learned something new through their project this year, which is the best response recorded to date.

**Final national event:** A final national event was held in Glasgow on 7<sup>th</sup> March 2016. This was also a well received component of the programme, and 96% of participants agreed that they enjoyed it. In addition, 88% agreed that the event enhanced their confidence as a leader, and 84% agreed that they learned something new at the event. Again, 2015/16 was a positive year for the final national event, with response and impacts generally maintaining or exceeding the high scores recorded in previous years. Of note, 88% of participants agreed that attending the event enhanced their confidence as a leader – an improvement on the last two years.

### **Response to the Programme**

- In 2015/16 as in 2014/15, 100% of responding participants said that they were satisfied with the administration of the programme.
- In total 93% of responding participants were satisfied with the programme overall, down slightly from 100% in 2014/15. The remainder of responses were neutral: no responding participants were dissatisfied.

### **The impact of the Programme for the NHS**

- The projects undertaken as part of the Programme had numerous impacts on the NHS, in terms of strategic impacts, workplace impacts and care impacts.
- All strategic leads agreed that they now felt more confident about succession planning for their teams and that the Programme will help them to deliver on relevant policies.

### **The impact of the Programme on participants**

- Enjoyment;
- Increases in confidence;
- Enhanced networks;
- Progress made towards personal goals;
- Access to ongoing career opportunities;
- Positive changes in the personal life.

### **How participants developed and demonstrated authentic leadership**

- Acquiring new skills and knowledge relating to leadership;
- Demonstrating enhanced leadership skills;
- Speaking up;
- Understanding colleagues;
- Approaching challenging conversations;
- Being open and honest;
- Managing change;
- Developing others.

## **Challenges associated with the Programme**

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 four years, despite substantial effort having been put into making improvements in these areas: Finding the time to undertake the Programme, making realistic project plans, and engaging with Firefly.

## **Emerging issues and positive practice in 2015/16**

- 2014/15 was an excellent year for the Programme, and NES largely replicated the successful model used in that year to run the Programme in 2015/16.
- In 2015/16, the leadership projects were particularly successful as a catalyst for immediate changes in the workplace, in workplace relationships, and in providing consequent leadership experience for the participants.
- In 2015/16 an emphasis on authentic leadership practices tied all of the elements of the Programme together successfully, having been fed through the coaching, projects and workshops. No one element of the Programme was separate from another.
- In 2015/16 many of the participants left the Programme viewing themselves and their leadership as a work in progress. However, the participants are certainly acting as leaders even if they do not classify themselves that way.

## **The longer-term impact on past participants**

- All of the past participants felt that they had acquired new skills and knowledge through their participation in the programme.
- All 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 felt that they were now more positive / optimistic (80%), confident (80%), focused (75%) and verbal (75%).
- 95% of the past participants said that they had experienced career changes since their time on the programme: most often increased responsibility and a new job or role.

## **Concluding remarks**

The Best Start Leadership Programme has evolved and developed as a result of a commitment to learning from the feedback of participants, and as ever has been extremely well received in 2015/16. In 2014/15 it was noted that NHS Education for Scotland and Firefly had got the balance right – providing a consistent and focused Programme which was “well integrated programme of training where each component complemented and supported the others”. This version of the Programme was wisely replicated in 2015/16, to much the same positive response. Participants have appreciated being given the support to learn, to grow, and to develop within their roles. Many have been very proud of their achievements: making a difference to their patients, their colleagues, and indeed themselves. They have left the programme feeling confident and invigorated with a will to drive change, and they have felt valued for being given the opportunity. It is hoped that more professionals will be able to benefit from the learning developed during the four years of this Programme.

## 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.

The Best Start Leadership Programme ran again in 2015/16, following the same format as the previous year.

In 2015/16, 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;
- Group 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 evaluation<sup>1</sup>. Ruthless Research distributed this survey to all participants, and reminder emails were sent to non-responders.

Participants' supervisors 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 8<sup>th</sup> and 18<sup>th</sup> March 2016, immediately following the final national event on 7<sup>th</sup> March.

In total, 52 questionnaires were completed<sup>2</sup> of which 28 were completed by participants (a 72% response rate), 4 were completed by strategic leads, and 20 were completed by past participants.

Qualitative research was conducted concurrently with the survey to explore the impact of the Best Start Leadership Programme in more detail. 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	6
Participant LAC Nurses	2
Past Participant Midwives	3
Past Participant LAC Nurses	1

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

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

<sup>2</sup> 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 2015/16.

In 2015/16 for the first time, the participants were asked how they first heard about the Best Start Leadership programme.

Q2 How did you hear about the 'Best Start' leadership programme?	%
Base: All responding participants (28)	
Email from a Manager	43
Colleagues had previously undertaken the programme	43
Discussion with a Manager	32
Advertising in my workplace	7
Other	4

Participants tended to have heard about the Best Start Leadership Programme either through an email from their Manager (43%) or via a colleague that had previously taken part in the Programme (43%).

Those that had spoken to past participants tended to have heard good things about the Programme.

"I was told how good it was especially the coaching." (Participant, Survey)

"That it was an excellent programme and the coaching was fantastic." (Participant, Survey)

"Very positive opinions about the coaching and the project work." (Participant, Survey response)

"My colleague had been through the course and found it beneficial and inspiring." (Participant 6)

"A colleague had been on the programme the year before and found it beneficial, especially regarding the coaching. She thought it would be something I would benefit from." (Participant 2)

Word of mouth was, as such, clearly a very strong driver in prompting participants to apply.

Q29 Did you volunteer to participate in this programme?	2012/13 %	2013/14 %	2014/15 %	2015/16 %
Base: All responding participants	(53)	(42)	(30)	(28)
Yes	58	62	63	39
No – I was asked to attend	33	36	37	54
Other	10	2	0	7

This year, around four in ten (39%) volunteered for the programme.

“I put my name forward to my team leader.” (Participant 6)

However, more than half (54%) were asked to attend the Programme in 2015/16.

“Our Consultant Midwife approached me and asked me to go on the course.”  
(Participant 4)

“We got an email at work, and my team leader encouraged me to apply so I could develop career progression and new things for the unit.” (Participant 8)

This pattern indicates a shift, as in previous years the majority of participants volunteered.

## 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 Glasgow in September 2015, and included an introduction to the programme, a discussion of key leadership issues, meetings with leadership coaches, and practical skills sessions.

Some of the participants reported feeling apprehensive before attending the initial two day workshop.

“I didn’t really know what to expect.” (Participant 7)

“I didn’t really know what I’d signed up to! So the first event was quite daunting and made me feel quite inexperienced.” (Participant 3)

“I didn’t know much about it and I wasn’t sure what I’d get out of it.” (Participant 8)

It may be that this was a consequence of more participants attending the Programme because they were asked to do so by senior colleagues, rather than volunteering themselves.

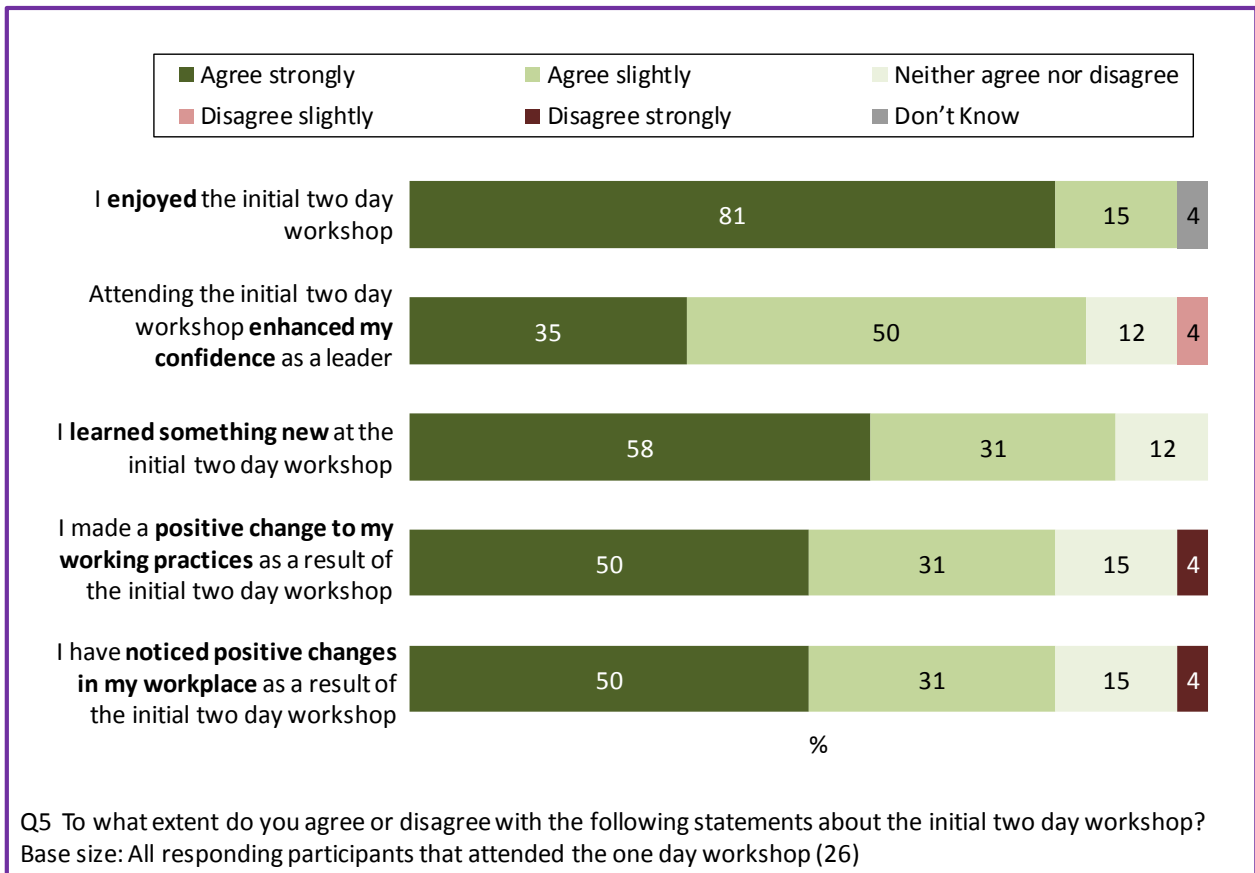
Following the initial two day workshop, many participants commented that it had been valuable to meet colleagues from other regions.

“It was really good to meet everybody.” (Participant 2)

“Meeting colleagues from other Trusts and building that network.” (Participant 4)

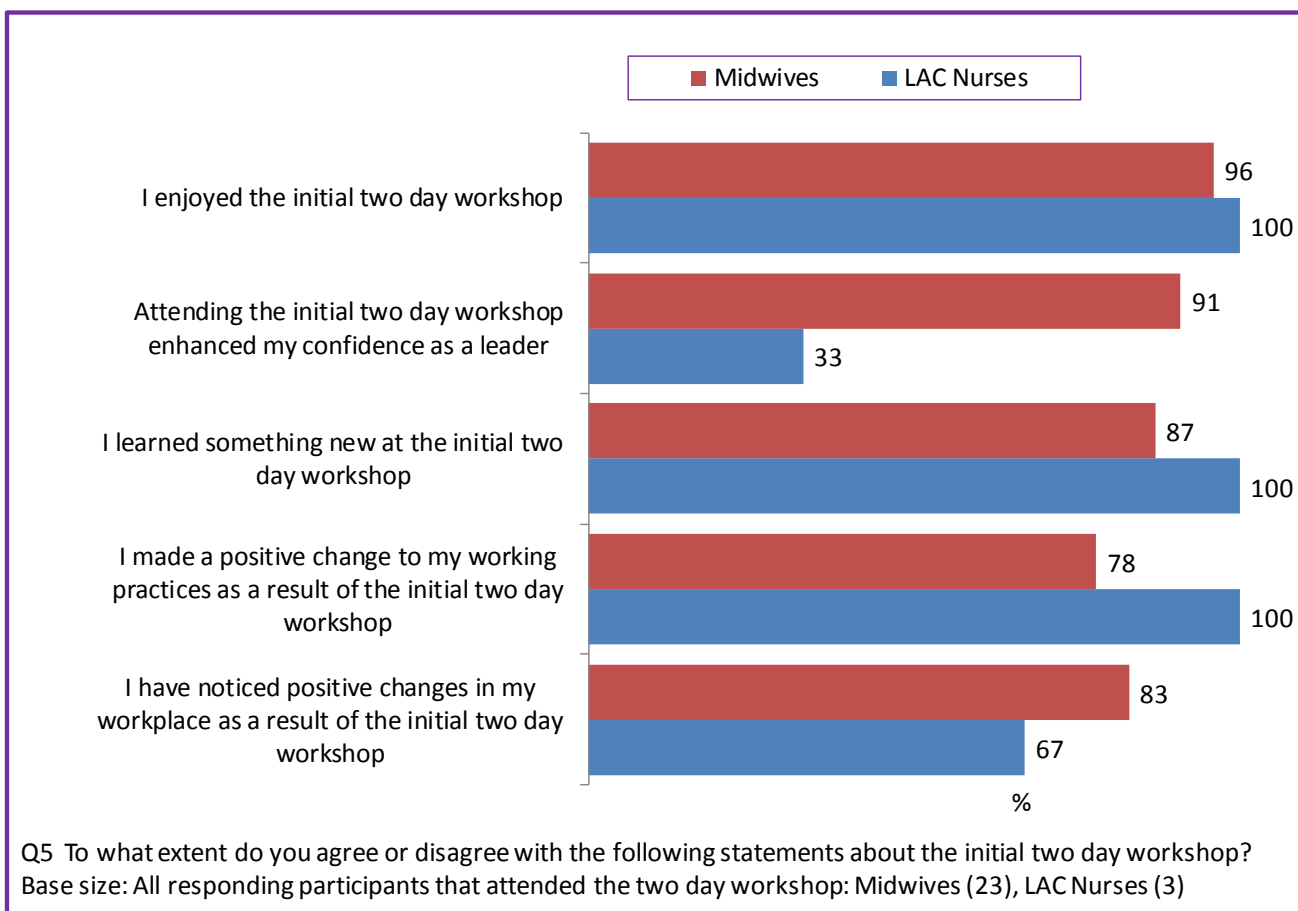
“Lots of new people, networking with other units.” (Participant 8)

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 fourth year of the programme, the initial two day workshop was well received by the participants, with around eight in ten participants agreeing with each statement. In particular 96% agreed that they enjoyed the workshop and 89% agreed that they learned something new.

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



There was no clear pattern in response when comparing the experiences of the Midwives and LAC Nurses. Whilst the LAC Nurses were extremely positive about their enjoyment, learning and consequent changes to working practices (all 100%), they did not all agree that the initial two day workshop enhanced their confidence as a leader and resulted in changes in the workplace. However, the Midwives were more likely to show agreement with these two statements.

The following table compares response to the initial workshop across the four years of the Programme.

	2012/13 % Agree (39)	2013/14 % Agree (37)	2014/15 % Agree (30)	2015/16 % Agree (26)
I enjoyed the initial one/two day workshop	82	95	97	96
Attending the initial one/two day workshop enhanced my confidence as a (midwifery) leader	49	57	93	85
I learned something new at the initial one/two day workshop	74	76	97	88
I made a positive change to my working practices as a result of the initial one/two day workshop	46	70	90	81
I have noticed positive changes in my workplace as a result of the initial one/two day workshop	33	65	90	81

Whilst this year's response to the initial two day workshop was marginally less positive than in 2014/15, it retained a much higher level of satisfaction and impact than in the first two years of the Programme.

Again, it could be that the lower level of volunteering for the Programme this year resulted in a lower level of preparation or intrinsic interest at the start of the Programme than previously.

### **Leadership support service from Firefly**

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

As with the initial two day workshop, some of the participants reported feeling unsure about the coaching in advance.

"I was quite apprehensive and not convinced I'd get anything from it." (Participant 3)

"I was a little bit humbug thinking what would it be like." (Participant 5)

"I was very sceptical at first." (Participant 6)

However, for the majority of participants, the experience of coaching was ultimately very positive.

“The coaching was excellent.” (Participant 2)

“The coaching was life changing. It has been positive, the best thing of the course.” (Participant 5)

“It has been extremely positive, I can’t thank the coaching experience enough. The Coaching was amazing, it really lit me up.” (Participant 4)

“I thought it was amazing, fantastic, I wished I’d done it 30 years ago!” (Participant 6)

“It was very good, I wish we could have more.” (Participant 8)

The coaching sessions were used for discussions of a variety of issues, including issues arising at work and through the projects.

“We talked about my strengths and what I could improve on, such as public speaking and confidence with regards to interviews.” (Participant 1)

“I had major problems with a student and I got some coaching about putting yourself in different shoes. It was very effective, I went in more objective and had my rant written down first. It was very focused and we got a good outcome for everybody in the room.” (Participant 2)

“I did a lot of work with my Coach on how best to bring people on board, which was really useful. It is a small team and people have worked here for years, so they can be set in their ways of doing things. Trying to break through that.” (Participant 5)

One of the participants commented that the coaching sessions worked well because they gave a supportive outside perspective.

“It was a space with someone I didn’t know with no preconceptions about me and my workplace. It was really encouraging, someone holding my hand for a while.” (Participant 3)

Other participants noted that the sessions allowed them to challenge themselves and the way that they had done things in the past.

“It changes the way you look at challenging situations, which is inspiring and empowering.” (Participant 6)

“Making you think about why you do things, and challenging why you do things.” (Participant 8)

“Not one did the Coach say I was a good leader, she made me identify that.” (Participant 4)

This was difficult for some participants.



“It was hard work thinking about yourself, I wasn’t very good at praising myself.” (Participant 6)

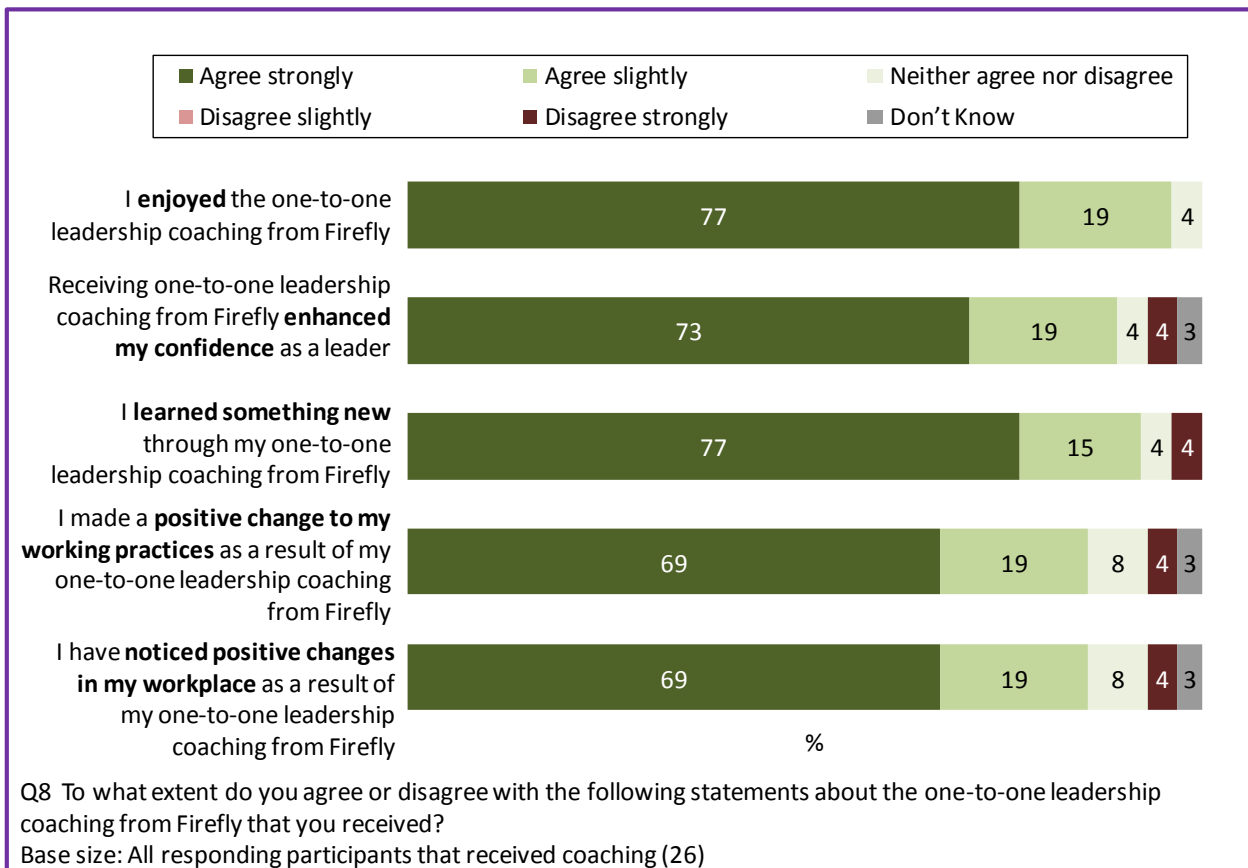
“It is difficult talking about yourself and thinking about why you do things when that is the way you’ve always done them. It was challenging.” (Participant 8)

This year, a small level of negative response was recorded for the one-to-one leadership support and this was also discussed during the depth interviews.

“If I’m honest I didn’t get anything out of it. I don’t know whether it was the person I had? Or I maybe didn’t go into it with the right attitude, I thought it wasn’t for me so I didn’t embrace it. And I didn’t see how it would have any benefit or help towards my project or to make me a better leader. I just didn’t get it. When the people spoke at the final event I felt a bit cheated, I wanted to experience what they had experienced.” (Participant 7)

“At points I was thinking I wasn’t sure what I was getting out of it or if it was doing anything for me. But when I thought about it and how I now deal with things it has definitely done things for me.” (Participant 8)

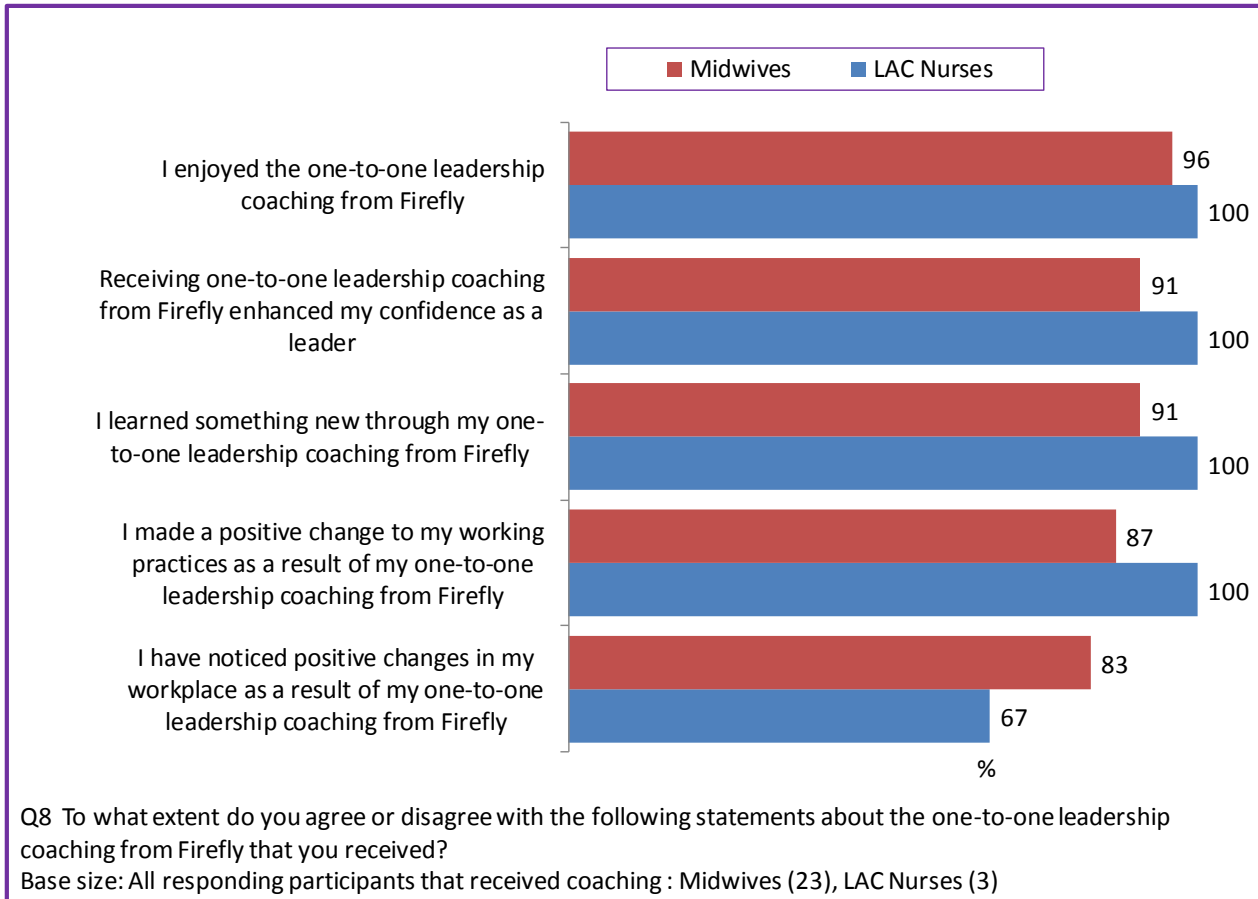
The following chart provides an overview of the response to the one-to-one leadership support, based on the end of project survey for participants.



The one-to-one leadership support was extremely received by the participants, with around nine in ten agreeing with each statement about its impact. In particular 96% agreed that they

enjoyed the coaching and 92% agreed that they learned something new as a result of the coaching.

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



The one-to-one leadership support was best received by the LAC Nurses who all agreed with each statement about the coaching, except for the final one relating to changes in the workplace.

The following table compares response to the one-to-one leadership support across the four years of the Programme.

	2012/13 % Agree (36)	2013/14 % Agree (41)	2014/15 % Agree (30)	2015/16 % Agree (x)
I enjoyed the one-to-one leadership coaching from Firefly	83	88	97	96
Receiving one-to-one leadership coaching from Firefly enhanced my confidence as a (midwifery) leader	81	80	93	92
I learned something new through my one-to-one leadership coaching from Firefly	81	88	100	92
I made a positive change to my working practices as a result of my one-to-one leadership coaching from Firefly	83	85	93	88
I have noticed positive changes in my workplace as a result of my one-to-one leadership coaching from Firefly	75	78	87	81

As with response to the initial two day workshop, positive response to all indicators was slightly lower than in 2014/15 but still an improvement on the first two years of the Programme.

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

Group leadership support by telephone was also offered as part of the Programme.

Some participants noted that they did not engage with group leadership support because they had not been offered it.

“I was not offered this.” (Participant, survey)

“Was unaware it was an option.” (Participant, survey)

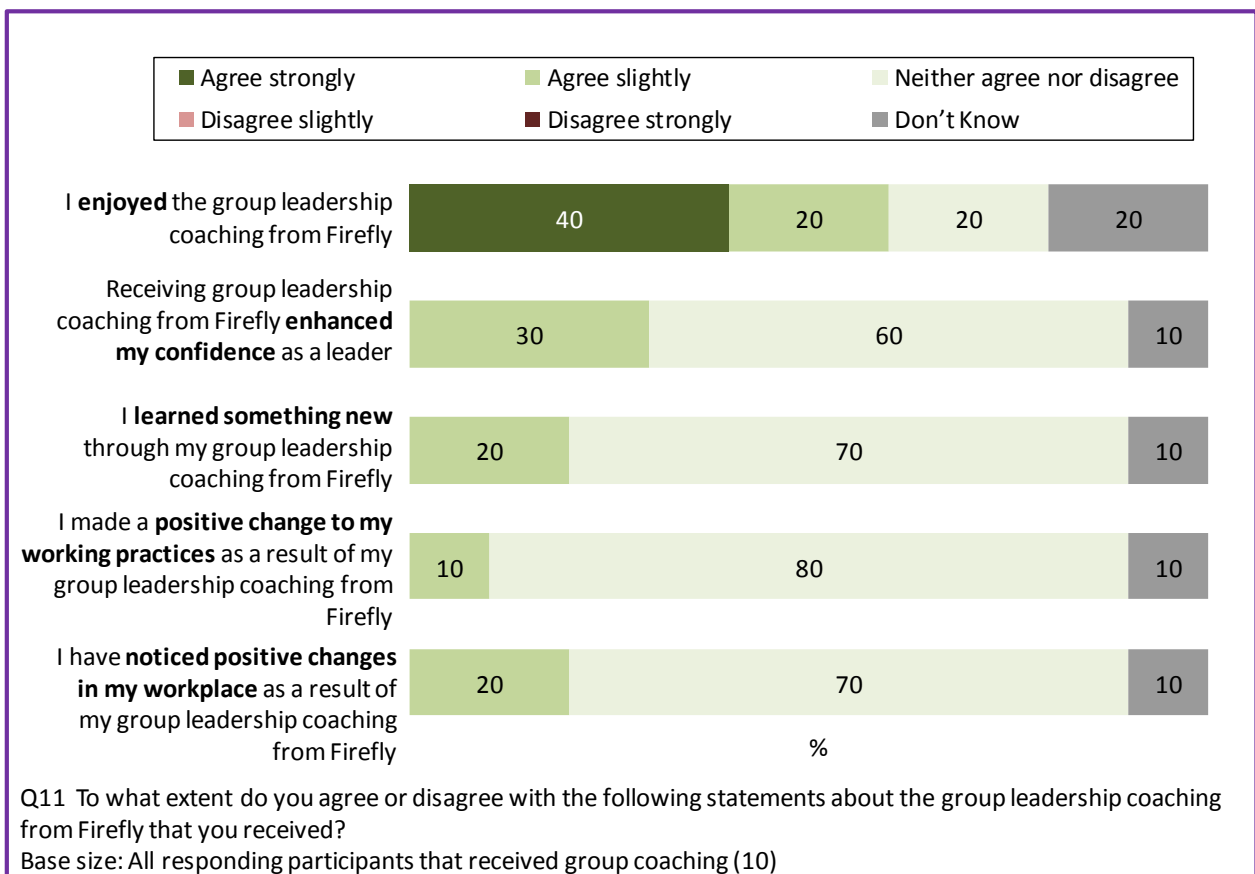
Others had not engaged due to timing issues.

“The group ones were too tricky for me time-wise.” (Participant 1)

“Workload would not allow.” (Participant, survey)

“Time restraints.” (Participant, survey)

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



Overall, only ten of the responding participants had taken part in the group coaching sessions. Whilst 60% said that they enjoyed the sessions, response overall tended to be neutral.

“The group telephone sessions didn’t work really, it was fine but not as good as the one-to-one sessions.” (Participant 2)

## Leadership projects

The participants worked on local quality improvement projects of their choosing, spanning the duration of the Best Start Leadership Programme. In total 25 projects were undertaken.

Ideas for projects came from a variety of sources.

Some were guided by senior managers.

“Ours was a little bit pushed by the General Manager in what she wanted us to be doing.” (Participant 3)

“We were guided by our Trust in what they would like improved and to think along those lines, but we decided what to improve within that category.” (Participant 4)

Other participants looked for issues within the workplace that they felt needed addressing.

“We had discussions within the team and with my team leader about what might need looking at.” (Participant 6)

“We came up with an idea of doing a project together, as something we thought was missing in our unit. Our managers were happy for us to go ahead and do it.” (Participant 7)

One participant joined the Programme because they thought it would be a way to achieve something in their workplace that they had already had in mind for a while.

“We’d been trying to work out a way to set up a feeding clinic, but it was finding the time and the political will. I saw there was a project and a guarantee of time so I thought there was a way to get it!” (Participant 5)

This year, many of the participants reported finding it challenging to engage with colleagues on matters relating to the projects.

“I felt some of the emails I got were a wee bit... not rude, but not an email you would send normally. People got sensitive, they are protective of what they have done in the past. That was discouraging.” (Participant 6)

“I didn’t understand why people couldn’t do what I was asking because I thought I had a great idea. I never in my wildest dreams thought I would have the difficulty I had.” (Participant, final event)

“One of the more senior managers tried to block the project. We worked out a way round that, but it was difficult.” (Participant 2)

Even where colleagues were not actively difficult, some participants found it very time consuming to get responses back.

“There was a lack of information coming back, which was really frustrating. Weeks and weeks would pass with no feedback, which was like banging your head against a brick wall.” (Participant 7)

“It takes a while to get responses which is a bit frustrating as you think you could get it done quicker but you have to just wait.” (Participant 8)

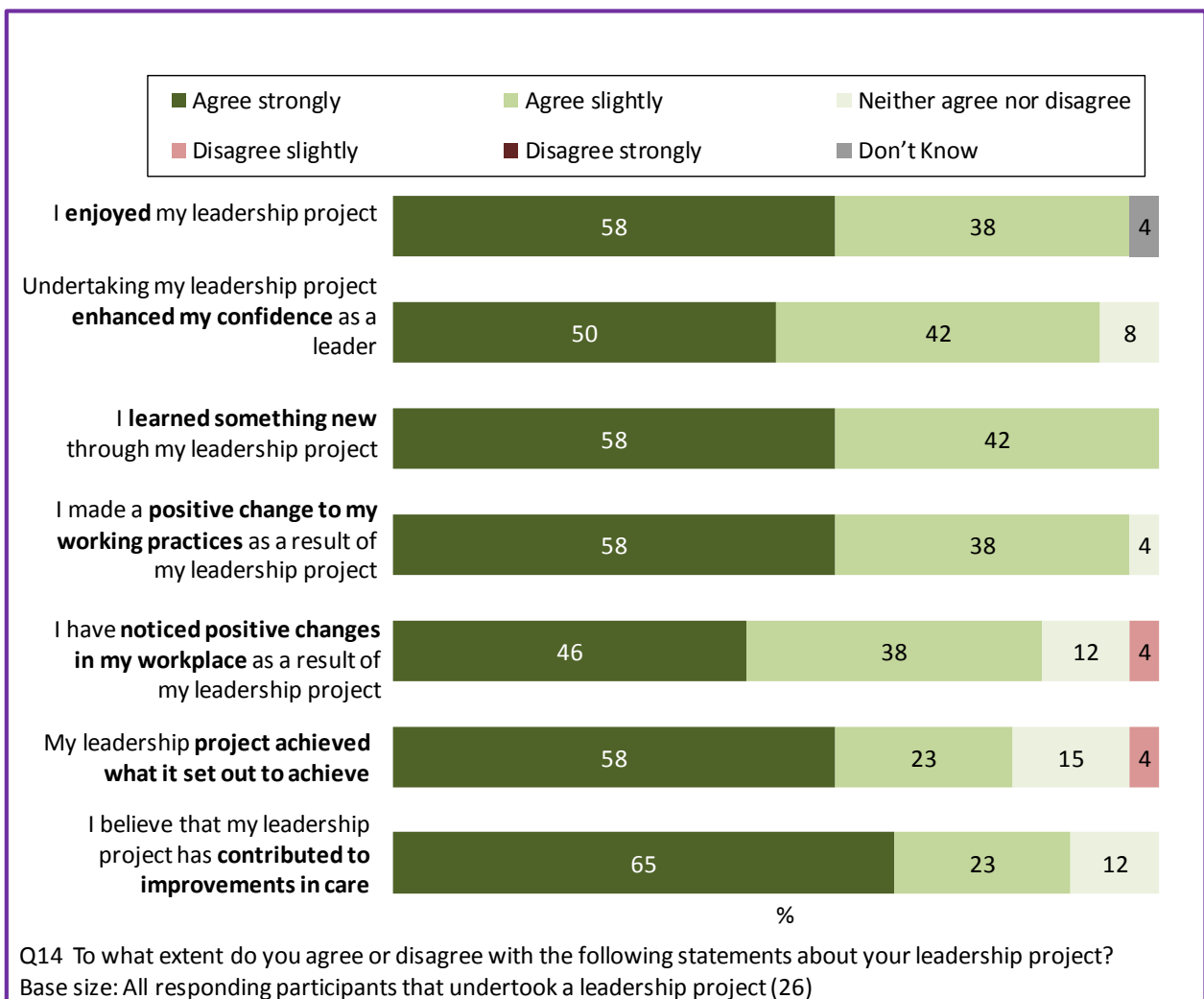
Some participants also experienced challenges with getting project outputs signed off.

“The leaflet has still not been put out because there is a Leaflet Committee and it has been with them since December. Nothing works quickly! It is very frustrating.” (Participant 7)

“All the legal hoops you’ve got to jump through to get things OK and published.” (Participant 8)

“I was totally naïve about what happens when you develop a guideline and the glacial speed that things are done.” (Participant, final event)

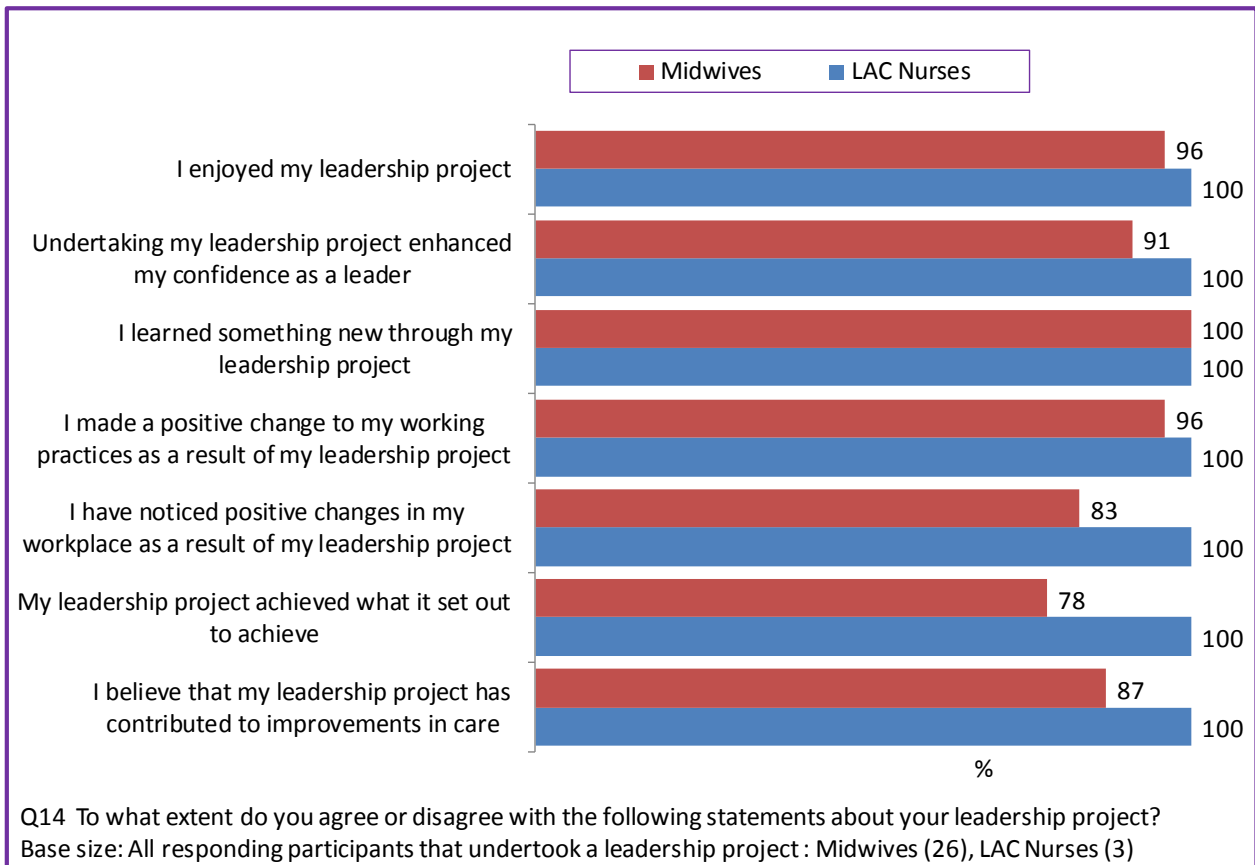
The following chart provides an overview of the response to the leadership projects, based on the end of project survey for participants.



The leadership projects were well received by the participants, with at least eight in ten agreeing with each statement about their impact. Of particular note, 96% agreed that they enjoyed their leadership project, 96% agreed that they made a positive change to their working practices, and 100% agreed that they learned something new as a result of their leadership project.

In 2015/16 only 4% of participants disagreed that their project achieved what it set out to achieve – an improvement on 10% and 12% disagreeing in the previous two years.

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 across the four years of the Programme.

	2012/13 % Agree (39)	2013/14 % Agree (33)	2014/15 % Agree (30)	2015/16 % Agree (26)
I enjoyed my leadership project	100	94	97	96
Undertaking my leadership project enhanced my confidence as a (midwifery) leader	87	91	90	92
I learned something new through my leadership project	90	94	93	100
I made a positive change to my working practices as a result of my leadership project	88	97	93	96
I have noticed positive changes in my workplace as a result of my leadership project	84	88	79	85
My leadership project achieved what it set out to achieve	n/a	79	83	81
I believe that my leadership project has contributed to improvements in (patient) care	n/a	88	79	88

2015/16 was a positive year for the Leadership projects, with response and impacts generally maintaining or exceeding the high scores recorded in previous years. In particular, 100% of participants agreed that they learned something new through their project this year, which is the best response recorded to date.

At the close of the Programme, many participants had plans to continue with their projects.

“Our pilot is going to be implemented across NHS Lanarkshire now.” (Participant 2)

“Changes that we’ve made are being replicated across the labour ward, and leaflets are being distributed.” (Participant 3)

“We’ve been asked to carry on for the next six months, and gather more solid numbers. We are also getting another local unit on board.” (Participant 5)

“We’re still working on it. One of the other teams is developing a website, so we’re going to hopefully get a page on the website.” (Participant 8)

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



## Final national event

A final national event was held in Glasgow on 7<sup>th</sup> March 2016, 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.

“The final event was really good. A positive atmosphere and really good work reported back on.” (Participant 2)

“It was fabulous, very inspiring seeing all the different work going on. You can look at the projects other teams are doing and incorporate them in your own Trust.” (Participant 4)

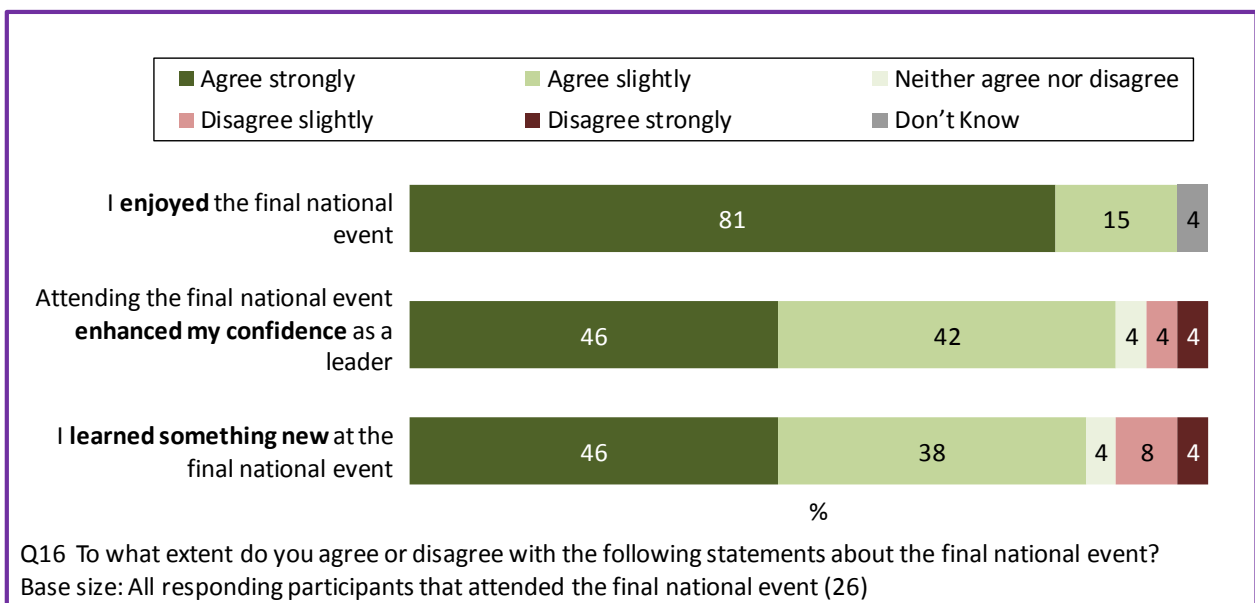
“I really enjoyed it, it was nice to hear about different projects and how well people had done.” (Participant 7)

“It was really good hearing about everybody else’s projects and what they’ve done.” (Participant 8)

Due to the celebratory and collaborative nature of the event, one participant had a concern that the prize giving was not in keeping with the ethos of the day.

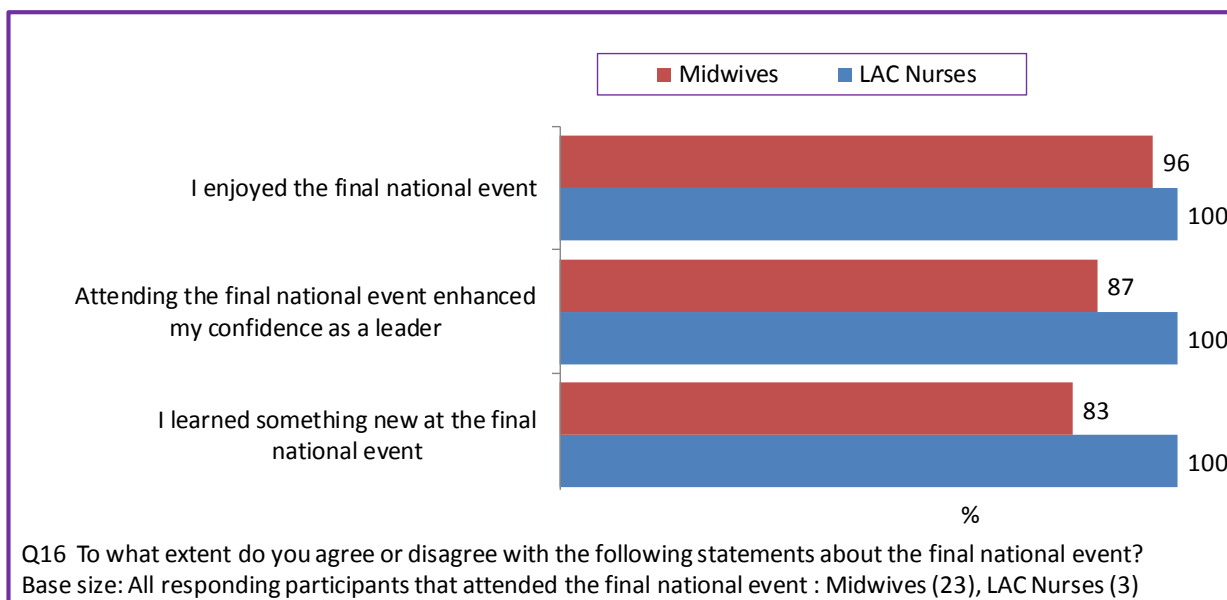
“It felt odd that there was an element of competitiveness at the end. It would have been good to know what they were basing the prizes on, or maybe individual feedback for everyone.” (Participant 5)

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 96% of participants agreed that they enjoyed it. In addition, 88% agreed that the event enhanced their confidence as a leader, and 84% agreed that they learned something new at the event.

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 across the four years of the Programme.

	2012/13 % Agree (36)	2013/14 % Agree (36)	2014/15 % Agree (30)	2015/16 % Agree (26)
I enjoyed the final national event	97	94	97	96
Attending the final national event enhanced my confidence as a (midwifery) leader	89	81	79	88
I learned something new at the final national event	86	94	86	85

Again, 2015/16 was a positive year for the final national event, with response and impacts generally maintaining or exceeding the high scores recorded in previous years. Of note, 88% of participants agreed that attending the event enhanced their confidence as a leader – an improvement on the last two years.

## Response to the Programme

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

At the close of the Programme, several of the participants highlighted how proud they felt of their achievements.

“I feel really proud of my achievements and what I’ve managed to do.” (Participant, final event)

“It was a proud moment to see it all come together.” (Participant, final event)

“It is something to shout about, we won!” (Participant 3)

The participants commented that the support that they had received from NHS Education for Scotland had been good.

“The support was great.” (Participant 5)

“It was very well organised with the support from NES. We were very well looked after. I was impressed by the whole set up.” (Participant 1)

“It was very very clear, the emails were good and you knew what to expect. You got lots of support.” (Participant 4)

In particular, two participants spontaneously praised the input of Programme Lead Mary Ross-Davie.

“Mary was fundamental in her support and her style. She was very dedicated, superb. She was an inspiration.” (Participant 1)

“Mary Ross-Davie is awesome, it is a great programme but it is even better with someone like her behind it. She is amazing and she made me want to change the world.” (Participant 3)

Some participants also found their senior colleagues to have been very supportive of their participation in the Programme.

“The Managers were extremely supportive.” (Participant 4)

“Some people were very supportive of the project and the programme, and they helped us.” (Participant 2)

“I won the award for best project, I’m still overwhelmed by it. I’ve had emails from all the General Managers with phenomenal support.” (Participant 1)

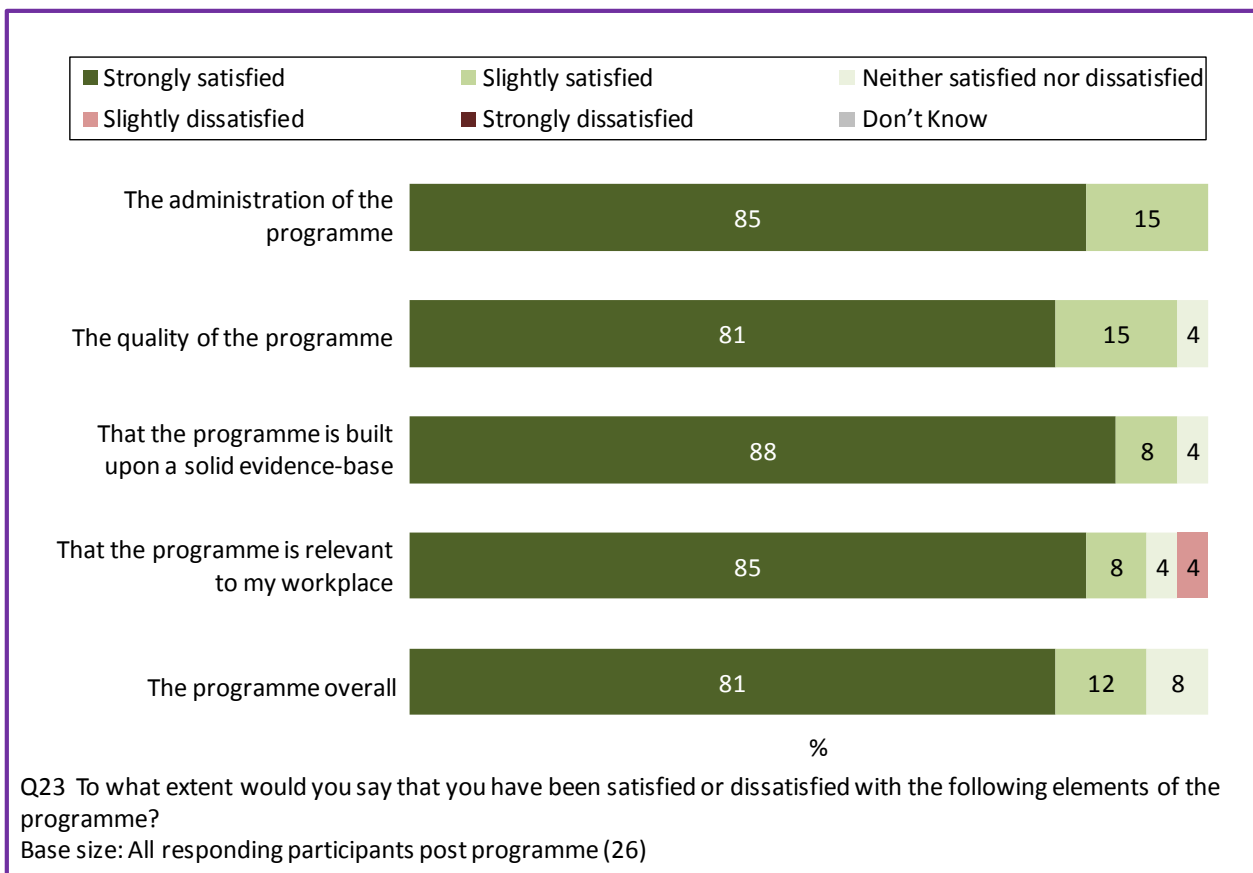
Several participants commented that they were disappointed that the Programme would not be running again, as they felt it could benefit more people in the future.

“There’s loads of people at work that I told should do it and would benefit from it, I’m gutted they can’t do it.” (Participant 3)

“It is a shame that they are not running any more.” (Participant 6)

“They’re not doing it again are they? That’s a shame, a lot of people got a lot of out of it and moved forward.” (Participant 7)

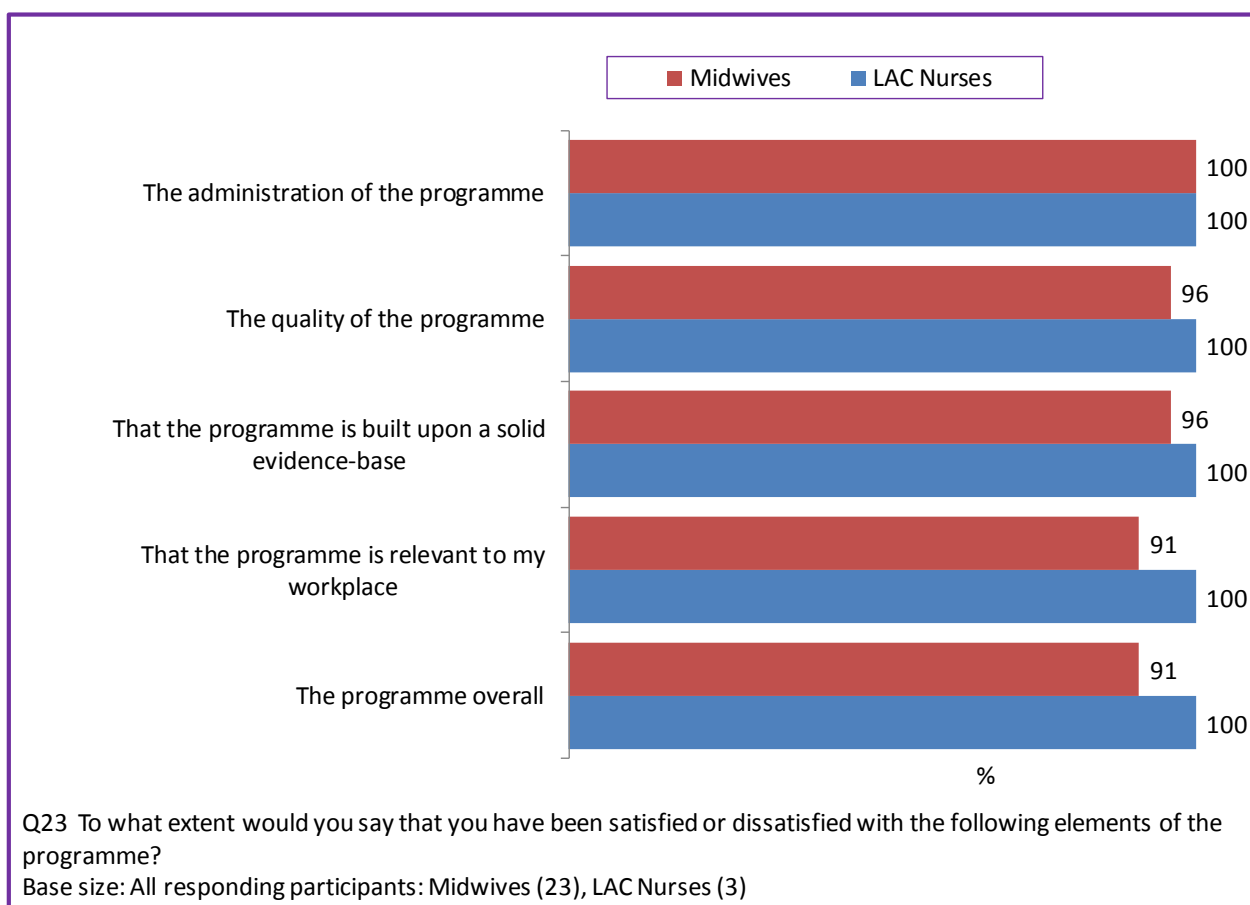
In 2015/16 as in 2014/15, very high levels of satisfaction with the programme were recorded, as detailed by the participants in the end of project survey.



In 2015/16 as in 2014/15, 100% of responding participants said that they were satisfied with the administration of the programme.

In total 93% of responding participants were satisfied with the programme overall, down slightly from 100% in 2014/15. The remainder of responses were neutral: no responding participants were dissatisfied.

The following chart compares satisfaction by participant type.



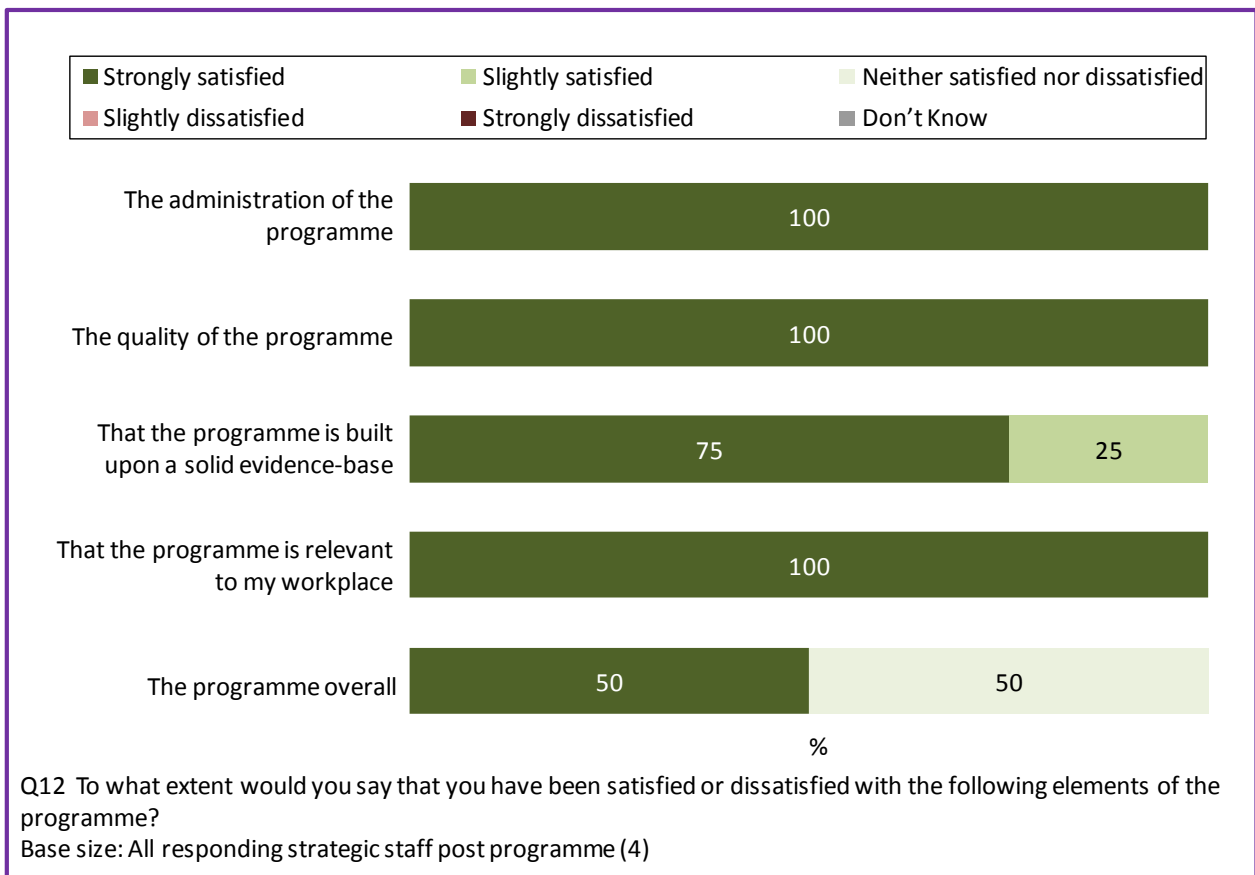
Satisfaction was highest amongst the LAC Nurses who were all satisfied with each element of the programme.

The following table compares satisfaction across the four years of the Programme.

	2012/13 % Agree (39)	2013/14 % Agree (42)	2014/15 % Agree (30)	2015/16 % Agree (26)
The administration of the programme	85	88	100	100
The quality of the programme	85	86	100	96
That the programme is built upon a solid evidence-base	80	86	97	96
That the programme is relevant to my workplace	82	86	97	92
The programme overall	82	83	100	92

Satisfaction with the programme has always been high, and although satisfaction this year was marginally lower than in 2014/15 it still substantially exceeded satisfaction in the first two years of the Programme.

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.



In total, 100% of the strategic leads were very satisfied with the administration of the Programme, the quality of the Programme and that the programme is relevant in their workplace.

Whilst only 50% of the strategic leads said that they were satisfied with the Programme overall, the remainder gave neutral responses.

## 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 7<sup>th</sup> March 2016.

Health Board	Strategic impacts
NHS Borders (2)	The SBAR debriefing for home births will support quality improvement and safety through identifying any problems, concerns, issues with equipment.
NHS Dumfries & Galloway (2)	Improved communications between LAC health team, local authority and private provider staff.
NHS Fife (2)	Improving awareness and access to Healthy Start Vitamins.
NHS Greater Glasgow & Clyde	Aims to reduce caesarean rate through VBAC in line with WHO guidelines.
NHS Highlands (1)	Developed an efficient, failsafe 2222 system.
NHS Highlands (2)	Increased breastfeeding rates in the first ten days.
NHS Lanarkshire (1)	Improved continuity of carer during pregnancy as highlighted in Vision 20203 and within GIRFEC.
NHS Tayside	Now have adequate information on the LAC Notification form to initiate a comprehensive health assessment without delay within 4 weeks of receiving the form as set out in CEL16.
NHS Western Isles	New form devised, combining antenatal and postnatal in a new format, including flowchart from guideline 37a.

At the programme close, all (100%) strategic leads (the same as last year, and 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 %	2015/16 %
	(14)	(10)	(10)	(4)
Base: All strategic leads				
Strongly agree	36	40	70	50
Slightly agree	36	30	30	50
Neither agree nor disagree	21	10	0	0
Slightly disagree	7	0	0	0
Strongly disagree	0	0	0	0
Don't know	0	20	0	0

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 %	2015/16 %
	(14)	(10)	(10)	(4)
Base: All strategic leads				
Strongly agree	29	40	40	25
Slightly agree	50	40	30	75
Neither agree nor disagree	21	0	10	0
Slightly disagree	0	0	0	0
Strongly disagree	0	0	0	0
Don't know	0	20	20	0

At the close of the programme, 100% of strategic leads (the highest level recorded) 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 7<sup>th</sup> March 2016.

Health Board	Workplace impacts
NHS Borders (1)	Addressed the training needs of colleagues and provided an information sheet for midwives relating to the latent phase of labour.
NHS Borders (2)	The new SBAR debriefing will be part of the home birth paperwork – it will be completed for all home births. This will allow Midwives to reflect on their own practise which could be used as part of their own Revalidation.
NHS Dumfries & Galloway (1)	A guideline was developed to assist both midwives and medical staff in their skills to recognise and manage the prolonged latent phase, alongside this a flow chart was also developed as an easy guide to support the guideline.
NHS Dumfries & Galloway (2)	Documentation and processes in place to support timely and appropriate notification and movement of LACYP within Dumfries and Galloway.
NHS Fife (3)	By raising awareness of 'Promoting Normality' in the Consultant Led Unit it has led to an increase in the number of midwives adopting a positive attitude towards how they can maximise their skills whilst caring for high risk women.
NHS Grampian (2)	Provided a universal structured learning tool that benefits student and mentors to deepen a learning experience. To enhance a student's understanding linking theory to clinical practice.
NHS Lanarkshire (2)	Captured health, wellbeing and lifestyle data regarding Looked After Children and Young People (LACYP) following initial CEL 16 Health Needs Assessment and reviews for preliminary baseline data and eventual longitudinal comparison data
NHS Lothian	An A5 booklet has been produce and has been given to midwives prior to rotation to the labour ward environment. Initial feedback has been positive, from all midwives involved.
NHS Tayside	LAC notification form well received by LAC Nurse Team in Dundee, Dumfries and Galloway and Lanarkshire and in a small test of change (ToC) in Dundee area by Social Work.
NHS Western Isles	New form devised, combining antenatal and postnatal in a new format, including flowchart from guideline 37a, to assist staff.

At the close of the Best Start Leadership Programme, 100% of strategic leads (the highest level recorded) felt that the programme had contributed to positive changes in the workplace.

Q9b I believe that the programme has contributed to positive changes in my workplace	2013/14 %	2013/14 %	2014/15 %	2015/16 %
	(14)	(10)	(10)	(4)
Base: All strategic leads				
Strongly agree	29	60	40	75
Slightly agree	50	10	40	25
Neither agree nor disagree	21	10	0	0
Slightly disagree	0	10	0	0
Strongly disagree	0	0	0	0
Don't know	0	10	20	0

Based on evaluations of particular elements of the Best Start Leadership Programme, these changes in the workplace most often resulted from the leadership projects (85%) with changes resulting from the initial two day workshop and the one-to-one leadership coaching from Firefly a little lower than last year.

I have noticed positive changes in my workplace as a result of ... [Activity]	2012/13 %	2013/14 %	2014/15 %	2015/16 %
	Agree	Agree	Agree	Agree
Base: All responding participants that experienced each				
Initial one/two day workshop	33	65	90	81
One-to-one leadership coaching from Firefly	75	78	87	81
Leadership project	84	88	79	85
Final national event	69	75	66	n/a

## 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 7<sup>th</sup> March 2016.

Health Board	Patient care impacts
NHS Ayrshire & Arran	Of the 60% of women that presented in established labour, all had utilised and found the contents of their 'Bump Bag' beneficial, enabling them to remain at "home longer", coming in to hospital in advanced labour and having a "positive birthing experience".
NHS Borders (1)	Received excellent feedback from clients and their families regarding patient leaflet given in triage about the latent phase of labour.
NHS Dumfries & Galloway (1)	The use of aromatherapy oils was reintroduced as a non-pharmacological option for pain relief alongside a teaching package.
NHS Fife (1)	Developed a new service of Maternal Wellbeing midwives with supporting guidance and leaflets.
NHS Fife (2)	Developed a leaflet to be used when giving pregnant woman her packet of Vitamins at her booking appointment, and vitamins being put in discharge packs.
NHS Fife (3)	85% of midwives that participated reported that high risk women felt more supported in their choices, during labour and birth.
NHS Forth Valley	A poster was developed to give women information on active birth, along with a change of room plan to encourage this.
NHS Grampian (1)	Enhanced awareness of the maternity care team during postnatal stay for women with substance misuse problems, and promoted parental skills with this group.
NHS Greater Glasgow & Clyde	Information leaflet created for women post Caesarean Section covering reason for Caesarean Section and suitability for VBAC.
NHS Highlands (2)	Women with risk factors were invited to attend a session at a new Infant Feeding Clinic to go over the targeted advice. They received a pack for their hospital bag with information and equipment for hand expressing.
NHS Lanarkshire (1)	95% of women now see no more than three midwives for their scheduled antenatal care.
NHS Lanarkshire (2)	Developed an informative and innovative website to enable Looked After Children and Young People (LACY) to easily access safe relevant key health and lifestyle information.
NHS Orkney	10 women recruited who are keen to become involved in the Breast buddies scheme.
NHS Shetland (1)	100% breastfeeding mothers met with peer supporter. 100% are now aware of the peer support role & how to contact a peer supporter if required

NHS Shetland (2)	Leaflet compiled to give to young people and their carers to inform them about their health assessment. Incentive received for local businesses/services in the form of cinema tickets/vouchers for young person once a health assessment has been completed.
NHS Western Isles	Audit findings show a steady improvement in completion of VTE risk assessment for all women, particularly vaginal deliveries, in the postnatal period whose score may require them to receive clexane.
NHS Lothian	Antenatal home visits at 36 weeks led to increased satisfaction on behalf of the women in terms of improving their knowledge and preparation for labour.

The Programme had an impact on patient care in two specific ways.

Firstly, the participants recognised that their leadership projects would have ongoing positive consequences for patients.

“This was something close to my heart, to meet the needs of the children. It makes healthcare more available to this marginalised group.” (Participant 1)

“The project will reflect an improvement in the needs of the child and things will be done promptly and without delay.” (Participant 6)

“Doing the project we’ve made midwives more aware of questions to ask women and what advice to give them. Hopefully it will make a difference to the amount of admissions we have.” (Participant 7)

“Our project has improved a service for women, there is more equipment there and more options for them. It has improved patient satisfaction.” (Participant 8)

Secondly, some of the participants believed that they would be able to deliver better care to patients because they were feeling more positive.

“I’m less worried about what I’m writing and more focused on my patients, because I trust my own skills more and feel more confident in my own practice. It frees up a lot of space in my mind to be with my patients, and they get better care as a result.” (Participant 3)

“It has impacted on how I’m feeling and so how much more effort I can put into my work.” (Participant 5)

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, 93% of participants (the highest level recorded) felt that the programme had contributed to improvements in care.

Q21f To what extent do you agree or disagree... I believe that the programme has contributed to improvements in (patient) care	2012/13 %	2013/14 %	2014/15 %	2015/16 %
	(39)	(42)	(30)	(26)
Base: All participants				
Strongly agree	62	55	60	58
Slightly agree	21	21	27	35
Neither agree nor disagree	10	17	10	8
Slightly disagree	0	5	0	0
Strongly disagree	0	0	3	0
Don't know	8	2	0	0

Similarly, 100% of strategic leads (again the highest level recorded) 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	2013/14 %	2013/14 %	2014/15 %	2015/16 %
	(14)	(10)	(10)	(4)
Base: All strategic leads				
Strongly agree	29	40	60	75
Slightly agree	50	20	30	25
Neither agree nor disagree	21	20	10	0
Slightly disagree	0	0	0	0
Strongly disagree	0	0	0	0
Don't know	0	20	0	0

Almost nine in ten (88%) participants felt that their leadership project specifically contributed to improvements in patient care – slightly higher than last year and the same as the year before.

Q12 I believe that my leadership project has contributed to improvements in (patient) care	% 2013/14	% 2014/15	% 2015/16
	(33)	(29)	(26)
Base: All participants who undertook a project			
Strongly agree	61	62	65
Slightly agree	27	17	23
Neither agree nor disagree	12	14	12
Slightly disagree	0	0	0
Strongly disagree	0	7	0
Don't know	0	0	0

## 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]	2012/13	2013/14	2014/15	2015/16
Base: All responding participants that experienced each	% Agree	% Agree	% Agree	% Agree
Initial one/two day workshop	82	95	97	96
One-to-one leadership coaching from Firefly	83	88	97	96
Leadership project	100	94	97	96
Final national event	97	94	97	96

Based on evaluations of particular elements of the leadership programme, all were enjoyed equally in 2015/16 by almost all (96%) participants – a very similar level of enjoyment as recorded in 2014/15 (97%).

### Increases in confidence

The vast majority of participants describes increases in confidence as a result of participation in the Best Start Leadership Programme.

“I’m more confident than I was.” (Participant 6)

“I feel more confident than I did.” (Participant 8)

“Personally, my confidence and self belief is the overarching thing.” (Participant 1)

“My confidence is the main thing that has changed, which has changed my mannerisms in the workplace.” (Participant 4)

“I’m feeling more confident and that definitely shows.” (Participant 5)

At the close of the programme, 96% of participants (the highest score yet) agreed that they now had more confidence as a leader.

Q21a To what extent do you agree or disagree... more confidence a leader	2012/13 %	2013/14 %	2014/15 %	2015/16 %
Base: All participants	(39)	(42)	(30)	(26)
Strongly agree	64	57	67	50
Slightly agree	10	24	27	46
Neither agree nor disagree	13	14	3	0
Slightly disagree	5	2	0	0
Strongly disagree	0	0	0	4
Don't know	8	2	3	0

The elements of the programme to which the increases in confidence can be attributed can be compared across the four years of the Best Start Leadership Programme.

[Activity] enhanced my confidence as a leader	2012/13 %	2013/14 %	2014/15 %	2015/16 %
Base: All responding participants that experienced each	Agree	Agree	Agree	Agree
Initial one/two day workshop	49	57	93	85
One-to-one leadership coaching from Firefly	81	80	93	92
Leadership project	87	91	90	92
Final national event	89	81	79	88

Based on evaluations of particular elements of the Best Start Leadership Programme, this increase in confidence most often resulted from the one-to-one leadership coaching from Firefly and the leadership projects (both 92%).

### Enhanced networks

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

Q21d 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 %	2015/16 %
Base: All participants	(39)	(42)	(30)	(26)
Strongly agree	23	24	17	19
Slightly agree	38	40	33	27
Neither agree nor disagree	28	26	30	38
Slightly disagree	0	7	13	4
Strongly disagree	3	0	3	8
Don't know	8	2	0	0

At the end of the programme, almost half (46%) of the participants felt that they had set up local support for themselves as a leader – similar to last year (50%) but slightly lower than figures recorded in 2013/14 (64%) and 2012/13 (61%).

In the last three surveys the participants were also asked whether they had built up a network with other leaders during the programme.

Q21c To what extent do you agree or disagree... I have built up a network with other leaders	% 2012/13 (39)	% 2013/14 (42)	% 2014/15 (30)	% 2015/16 (26)
Base: All participants				
Strongly agree	-	57	27	54
Slightly agree	-	21	47	23
Neither agree nor disagree	-	17	17	19
Slightly disagree	-	0	10	0
Strongly disagree	-	0	0	4
Don't know	-	5	0	0

At the end of the programme, 77% of the participants felt that they had built up a network with other leaders during the programme. This was a similar level of agreement to the previous two years.

In addition, 70% of Midwives and 100% of LAC Nurses agreed that they had found it useful to connect with both Midwives and LAC nurses.

### Progress towards personal goals

In the last three 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.

Q21b To what extent do you agree or disagree... I have made progress working towards the goals I set for myself	% 2013/14 (42)	% 2014/15 (30)	% 2015/16 (26)
Base: All participants			
Strongly agree	62	50	62
Slightly agree	24	50	31
Neither agree nor disagree	10	0	4
Slightly disagree	2	0	4
Strongly disagree	0	0	0
Don't know	2	0	0

In 2015/16, almost all (93%) of the participants agreed that they had made progress towards goals that they had set for themselves across the course of the programme – a slight decrease from 100% in 2014/15.



## Access to ongoing opportunities

The participants were asked the extent to which they believe that the programme will help them as they progress in their career.

Q21d 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	% 2015/16
Base: All participants	(39)	(42)	(30)	(26)
Strongly agree	59	52	60	54
Slightly agree	21	24	37	35
Neither agree nor disagree	10	14	3	8
Slightly disagree	3	7	0	0
Strongly disagree	0	0	0	4
Don't know	8	2	0	0

Around nine in ten participants (89%) agreed that they believe that the programme will help them as they progress in their career – a decrease from 97% last year but an increase from 76% in 2013/14 and 80% in 2012/13.

In the last three 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	% 2015/16
Base: All participants	(42)	(30)	(26)
Further study	33	23	19
Increased responsibility	31	27	42
New job or role	17	7	15
Promotion	12	7	8
Other	36	20	4
None	5	40	46

Just over half (54%) of the participants said that they had experienced career changes during their time on the programme, similar to last year but a significant reduction from 95% in 2013/14.

Where career changes had been experienced, these were most often increased responsibility (42%, much higher than 27% in 2014/15 and 31% in 2013/14)

During the depth interviews, almost all of the participants spoke about taking a renewed interest in their work and taking on new challenges in the workplace.

“I’m more involved in things at work, I’m not just turning up.” (Participant 3)

“Prior to the course I just did my job and went home. Now I’ve an interest in quality improvement and how policies come about. I have an interest in things coming from the Scottish Government and how they filter down to the Trust. It puts me in a better place to help myself and my colleagues.” (Participant 4)

Some of the participants had applied for new jobs.

“I went for a Child Protection Advisor post, something I would have never felt able to do before.” (Participant 1)

“I’d applied for a Team Leader post but I didn’t have the confidence and I didn’t do well at the interview. Then I took this course! Now I’m going to be a Band 7 Team Leader and I’m excited about it. The coaching helped me get the job. I didn’t believe I was good enough, but her strategies made me believe I was good enough.” (Participant 4)

One of the participants had made plans to undertake further training.

“I’ve had an offer of funding to do my Lactation Consultant qualification, which is quite a big exam and an expensive thing to do.” (Participant 5)

Several participants had taken on responsibility for colleagues.

“I was acting up for my line manager, I went for it.” (Participant 2)

“I’ve been given more responsibility in my role, I’m coordinating all the student midwives and setting up things for them.” (Participant 3)

Most participants had taken on varied new opportunities in the workplace.

“I attended a private providers meeting and reinforced our protocol and why it was important. I could offer information leaflets. It was a strategic meeting.” (Participant 1)

“I’m encouraging them to present it at a conference, we’ll put an abstract in.” (Participant 2)

“I’ve ended up doing a whole load of other things at work that I wouldn’t have done if it wasn’t for the course. I’m part of a Patient Centred Care group. I’ve been to conferences in Manchester. I’ve been to other units to see what they do differently and feed back to what we could change. I’m helping to chair meetings I’d never heard of before! I’m giving presentations about our project.” (Participant 3)

### **Positive changes in the personal life**

Several participants noted that taking part in the Best Start Leadership Programme had led to positive impacts on their personal lives.

“I can use the tools in my personal life as well as my professional life. I try not to get bogged down in the nitty gritty and to enjoy the roller coaster. To enjoy my life a bit more.” (Participant 2)

“My friend said the other day it was like someone had let me out of my box! I’m loud and confident! I would like to stay out of the box, I like being out of the box.” (Participant 3)

“In my personal life I’m more assertive. My son has an issue with the doctor and needs a referral. I had an assertive discussion with the GP and the referral has been taken up.” (Participant 4)

“I can better deal with situations with my son, situations that are challenging. Getting his thoughts and being more solution based in my focus.” (Participant 6)

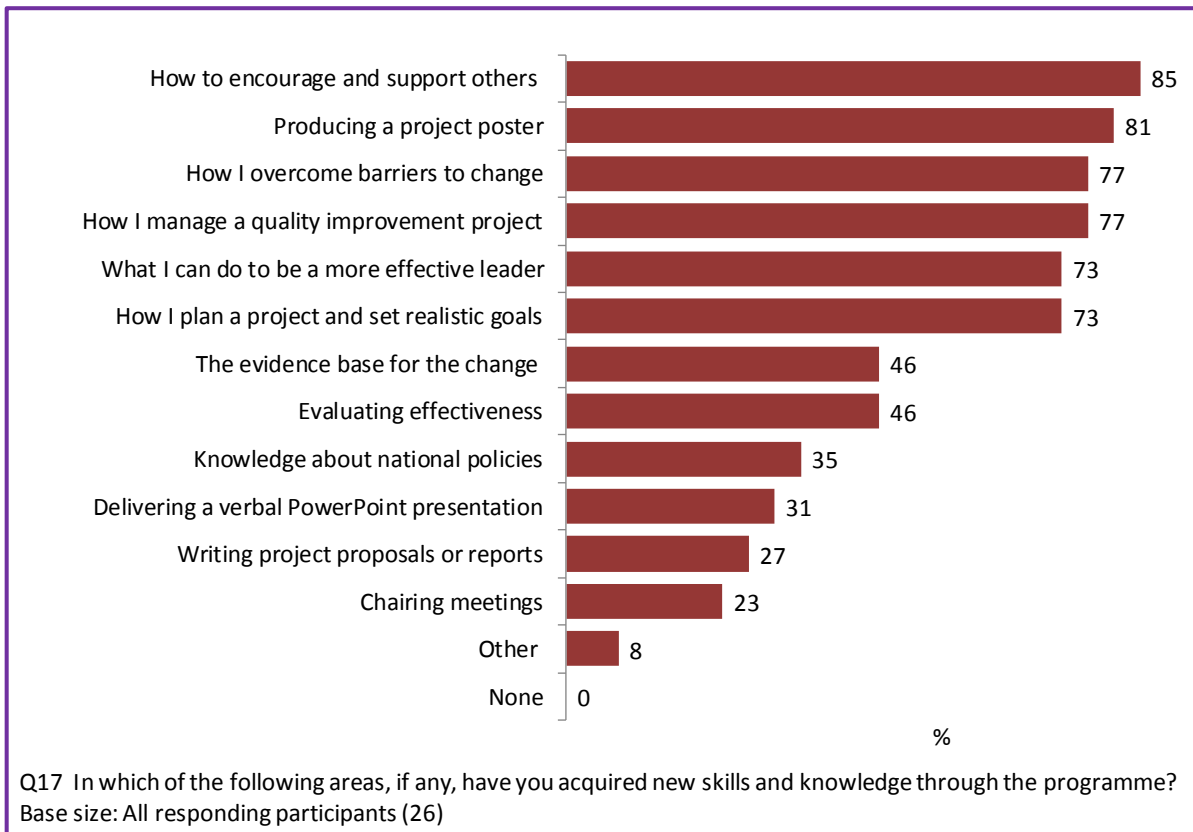
“I’ve lost two and a half stone and it has been great in terms of my relationship.” (Participant 5)

## Developing and demonstrating authentic leadership

In 2015/16, a key focus of the Best Start Leadership Programme was demonstrating authentic leadership. The following section describes the ways in which participants developed and demonstrated authentic leadership throughout the Programme.

### Acquiring new skills and knowledge relating to leadership

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



The skills and knowledge most often acquired by participants were how to encourage and support others (85%), producing a project poster (81%), how I overcome barriers to change (77%) and how I manage a quality improvement project (77%).

Last year, the highest recorded new skill was being a more effective leader (83%, down to 73% and fifth place this year). Whilst the participants are clearly demonstrating the skills of a leader they have been less likely to attribute them to 'leadership' this year.

Some of the participants commented that they now felt that they had a variety of leadership tools at their disposal to use when needed.

"I now have a bag of tools that I can use to cope with challenging leadership situations that I face." (Participant 2)

"I use a lot of the tools now in my own work." (Participant, final event)

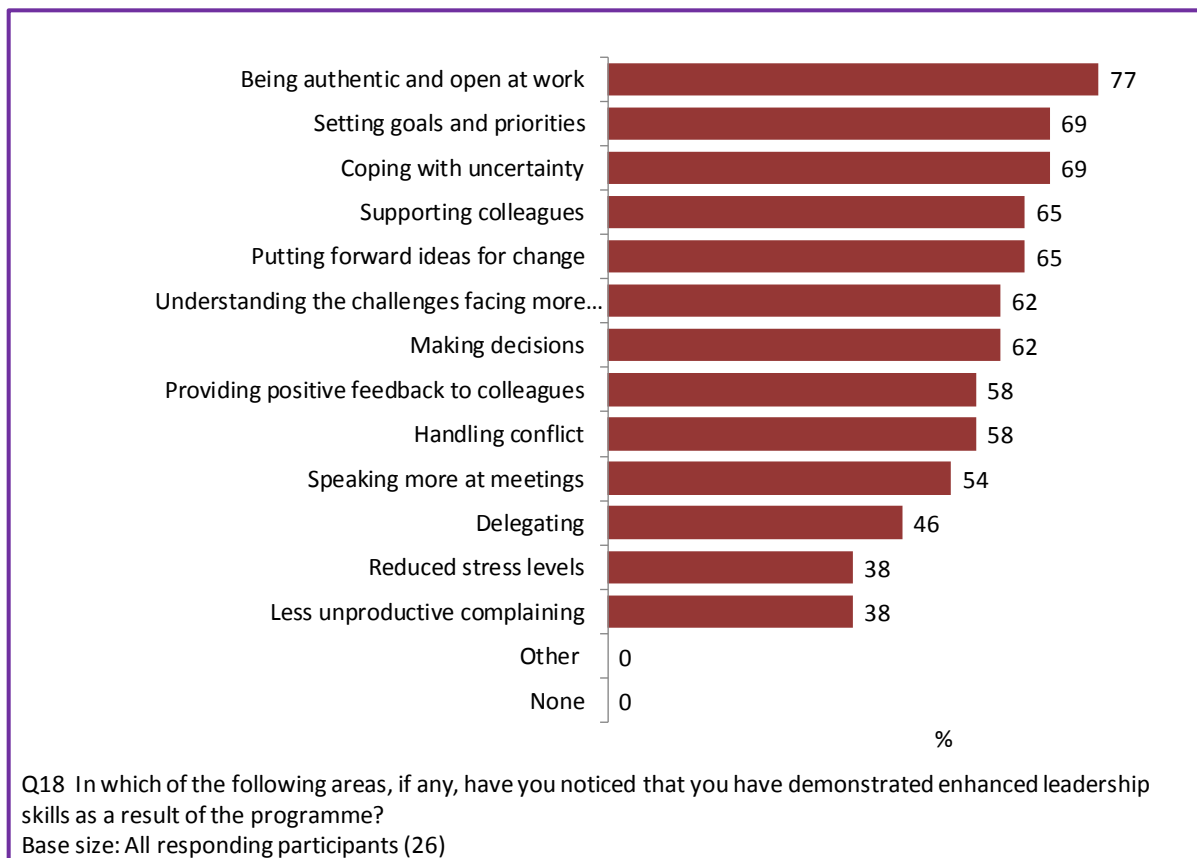
The elements of the programme to which the acquisition of learning can be attributed can be compared across the four years of the Best Start Leadership Programme.

I learned something new as a result of ... [Activity]	2012/13 %	2013/14 %	2014/15 %	2015/16 %
Base: All responding participants that experienced each	Agree	Agree	Agree	Agree
Initial two day workshop	74	76	97	88
One-to-one leadership coaching from Firefly	81	88	100	92
Leadership project	90	94	93	100
Final national event	86	94	86	85

Acquisition of learning has come from all component part of the Best Start Leadership programme. In 2015/16, all participants (100%) said that they learned something new as a result of their leadership project – the highest score recorded for the leadership project and returning it to the most effective component of the programme in terms of learning. Whilst learning acquisition from the one-to-one leadership coaching from Firefly was a little lower this year (92% as compared to 100% last year) it was still extremely effective in terms of learning.

### Demonstrating enhanced leadership skills

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 being authentic and open at work (77%), setting goals and priorities (69%), and coping with uncertainty (69%).

Last year the enhanced leadership skill most often demonstrated was supporting colleagues, and although this has fallen to fourth place it was still demonstrated by more participants this year (65%, up from 60%).

The elements of the programme to which the positive changes to working practices can be attributed can be compared across the four years of the Best Start Leadership Programme.

I made positive changes to my working practices as a result of ... [Activity]	2012/13 %	2013/14 %	2014/15 %	2015/16 %
Base: All responding participants that experienced each	Agree	Agree	Agree	Agree
Initial one/two day workshop	46	70	90	81
One-to-one leadership coaching from Firefly	83	85	93	88
Leadership project	88	97	93	96
Final national event	72	81	79	n/a

As in all previous years this change in working practices most often resulted from the leadership projects (96%).

### A catalyst for change

As mentioned earlier in this section, the enhanced leadership skill most often demonstrated by participants was being authentic and open at work (77%), indicating that the new focus of the Programme impacted on the participants.

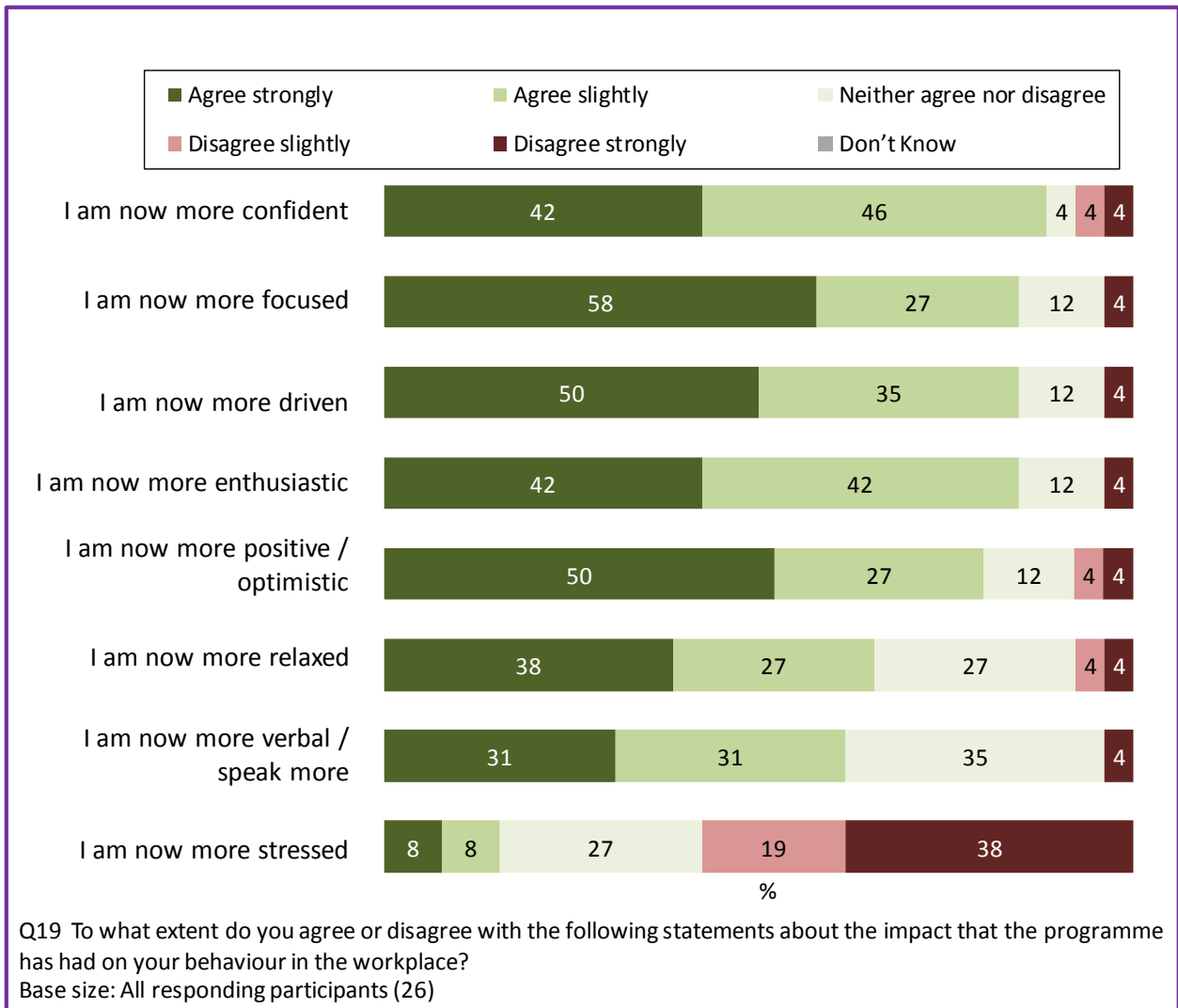
“It is lovely, I’m feeling I am being myself at work.” (Participant 5)

Linked to this, many participants were able to express that the Best Start Leadership Programme had encouraged them to make and value real change in the workplace.

“It gives you the confidence that you can do things, change things, even if it is a small change.” (Participant 6)

“Things that in your day-to-day work seem insignificant, and yet you wouldn’t have done them before.” (Participant 8)

A new question was introduced into the end of Programme survey to evaluate the changes in various aspects of authentic leadership.



The majority of participants agreed that they had developed each of the authentic leadership practices across the course of the project, most often being more confident (88%), focused (85%), driven (85%) and enthusiastic (84%).

Examples of the impacts of these changes are described in the remainder of this section.

### Speaking up

Many of the participants said that they now felt more confident to speak up in the workplace.

“I have changed. I’ve had years of growing up being suppressed and be quiet and do as you’re told. Now I’m showing the ‘tiger’ in me more.” (Participant 2)

“Previously I would go to meetings and have a valid point but I would keep quiet. Now I go to a meeting with the agenda that I would like to contribute.” (Participant 4)

“I am being more quietly assertive about things, and being less cautious about what I am saying.” (Participant 5)

“I find it easier to speak up and put my opinion across. I used to have a tendency to agree with whatever the boss said but now I find I will go back and ask or suggest we do it another way.” (Participant 8)

### **Understanding colleagues**

Many of the participants described ways in which they had demonstrated a better understanding of the needs of their colleagues.

“When I get irritated with people I try to suck it up and think about what might be happening with them.” (Participant, final event)

“I’ve been trying to get the Health Visitors on board and the direction has been helpful, being aware of how colleagues tick and what works for them. I have been more aware and more mindful.” (Participant 1)

“I think about my colleagues and how they might feel about having yet another thing to do. Finding a way of showing that something is effective, and revealing my personal connection with a project and inviting their experiences. Then providing a solution that is common to both. So we talked about our shared issue and caring about the women we look after, and our shared frustrations – then I said there was a practical thing I’d like to do to empower women. It brought people on board.” (Participant 5)

“Sometimes if a colleague is upset I’ve spent time talking to them and going over stuff. Saying we all know what it is like. Trying to help them move on and feel better. It makes people feel you are more approachable.” (Participant 8)

### **Approaching challenging conversations**

Being able to speak up and being able to better understand colleagues has also allowed many of the participants to better approach challenging conversations.

“I had a difficult relationship with my line manager. Now it is more positive. I’ve been more direct asking about concerns, rather than trying to work out what she meant from her negative comments. Clarifying the situation. Which is scary but cleared the air quicker.” (Participant 5)

“There was negativity, the way someone talked. I told them how it made me feel, and how new members of staff might feel. Initially it was hard but in time I see a definite change in how she presents herself in the workplace and it is going well.” (Participant 6)

“Some of the team members went into two camps. We all needed to talk and I made that happen it was brought into the open. It helped the atmosphere and the working relationships were much improved.” (Participant 2)



## **Being open and honest**

Several participants also gave examples of times in which they had been more open and honest in the workplace.

“Now I’m much more open about things. Other people share with me now, perhaps because I am being honest. Saying what is happening at home. It is improving the atmosphere at work being open and honest, and I started that. It is much more harmonious.” (Participant 2)

“Being willing to admit you’re not perfect and being open about your mistakes. Seeing them as opportunities for learning. I made an error with some paperwork with quite big implications. I spoke to some of the newer qualified midwives about it and they were able to open up to me about things they were struggling with at work because I’d said we all make mistakes. I helped them work through their situations as well.” (Participant 3)

“During our project it became evident that the majority of midwives were not following the pathway correctly due to a misprint in their paperwork. I was doing it wrong as well! That’s how we approached it, saying nobody is perfect and let’s see how we can fix it. It made them less defensive not feeling they were getting into trouble.” (Participant 4)

“It shows humility, that you’re not above everyone else.” (Participant 8)

## **Managing change**

All of these changes in workplace behaviour have led to an enhanced ability to manage change for the participants themselves and others.

“We’ve had staggered recruitment of all new staff so the last year has been challenging with different skills and egos and personalities. So I try to find common ground and meet in the middle, being aware of different styles and what works.” (Participant 1)

“We’re in a period of change at the moment, with uncertainty about jobs. I’m using the skills to try to keep the level of positivity up.” (Participant 6)

“I do try and reassure people that have not been in the job long and feel lost.” (Participant 8)

## **Developing others**

Several participants also mentioned that they could use their new authentic leadership skills to develop the skills of others.

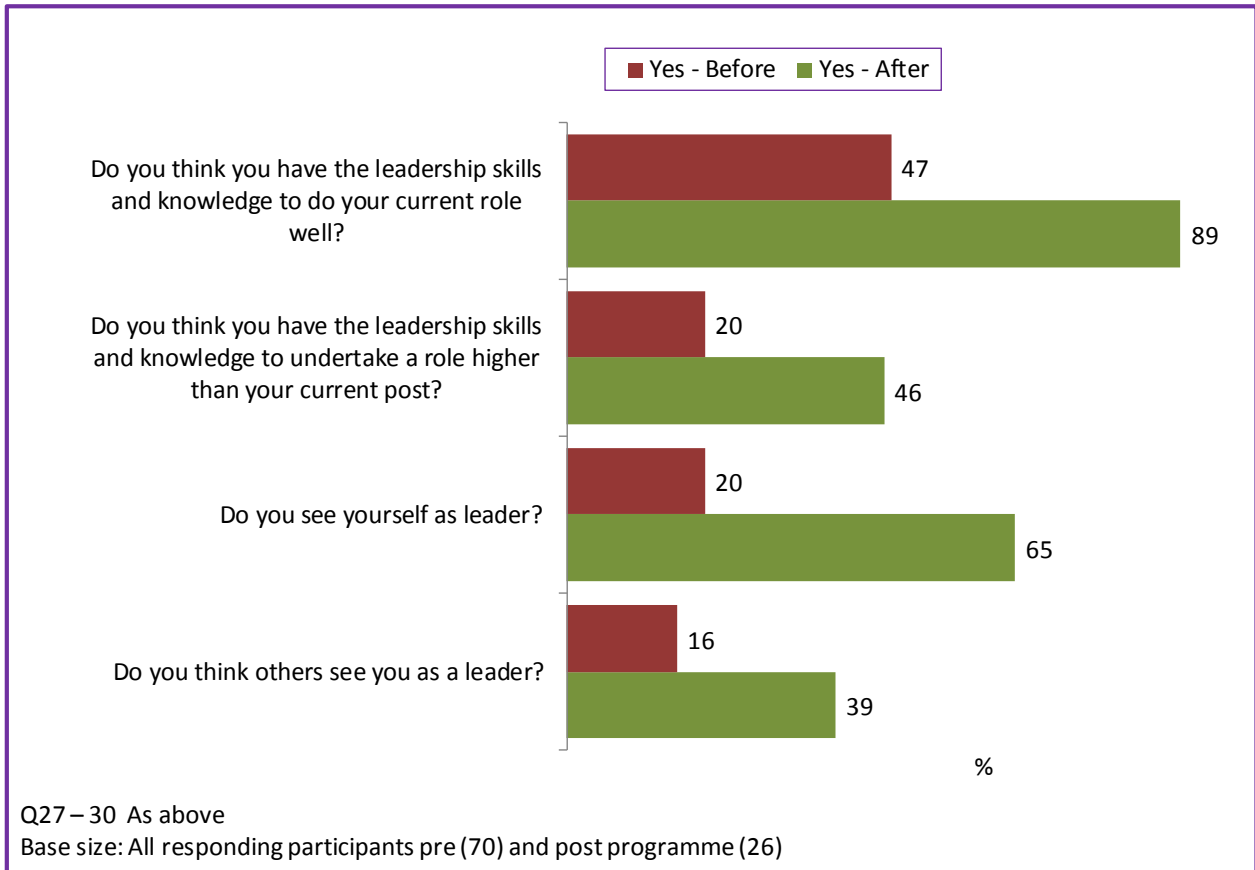
“Building them up, using people’s strengths to make a better team. I can share my skills, and teach people. I do loads of IT stuff. Before I would do stuff for other midwives but now I sit down and do it with them in a way that they can learn something from it.” (Participant 3)

“Trying to get their opinions and views and using that to develop their leadership skills.”  
(Participant 6)

### The authentic leader as a work in progress

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 three years, the participants showed an increased appreciation of their own leadership potential across the course of the programme.



At the close of the programme, 89% of participants felt that they had the leadership skills and knowledge to do their current job well (a little lower than the 97% recorded last year), and 46% felt that they had the leadership skills and knowledge to undertake a role higher than their current post (similar to the 43% recorded last year).

In addition, 65% of participants (down from 77% last year) now considered themselves to be a leader and 39% (down from 67% last year) felt that others now see them as a leader, each an increase of around ten percentage points on the previous two years.

Although these scores are lower than last year, they still show a clear improvement between the start and end of the programme.

Linked to this though, it is notable that at the close of the Best Start Leadership Programme a number of participants commented that they still had work to do before they felt they could emerge as leaders.

“It is work in progress.” (Participant 2)

“I’m feeling quietly confident that I have a good foundation to build on. This will set me up well for things in the future.” (Participant 3)

“I don’t think I’m well suited to being head of a ward and dealing with politics.” (Participant 5)

“I still need to work on certain areas.” (Participant 6)

“I don’t think the time is right for me yet. I’m not quite there yet.” (Participant 8)

It was shown earlier that although many participants now recognised their own leadership potential, progress in this area was not as strong as in previous years.

It may be that a focus on authentic leadership and being yourself provokes individuals to assert themselves both as what they are not as well as what they are, or that presenting the Programme and authentic leadership as a journey creates an attitude of progression rather than ‘finished product’.

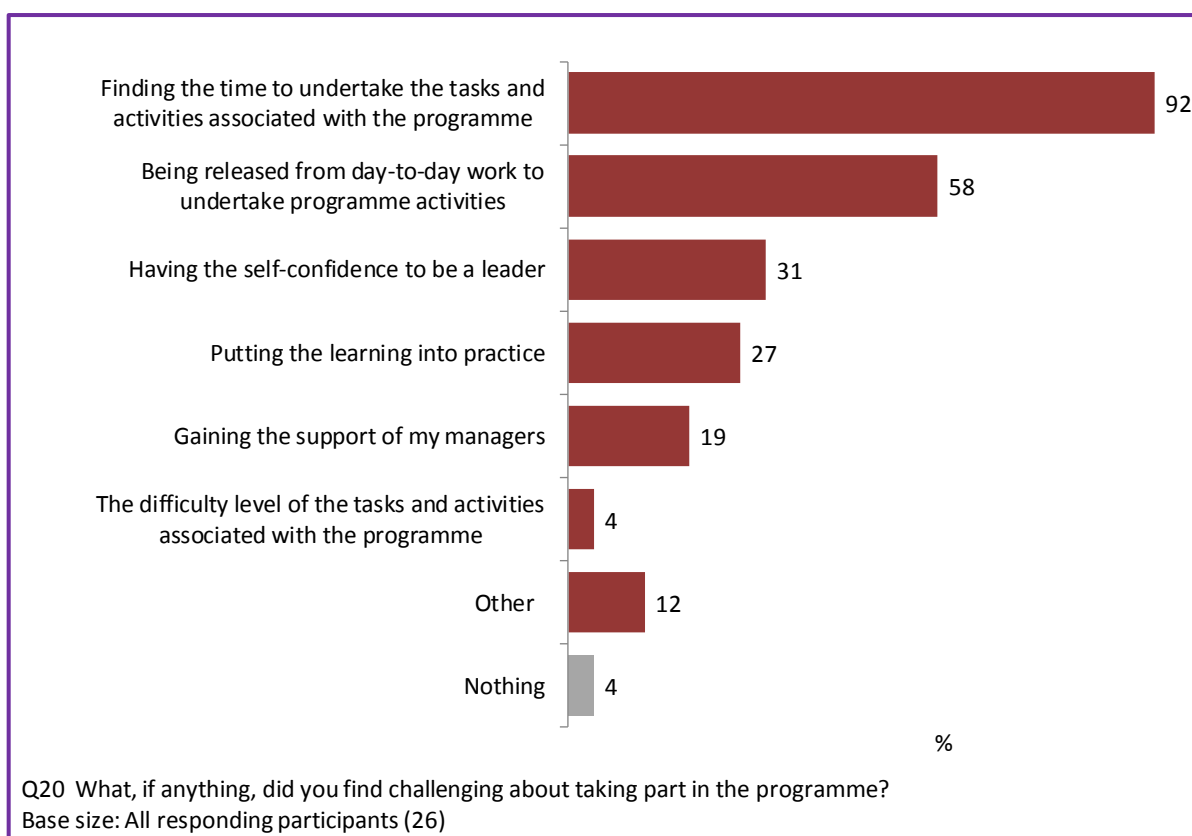


## Challenges associated with the Programme

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, 96% of the participants found the programme challenging in 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 (92%, up from 80% last year and 74% the year before), and being released from day-to-day work to undertake programme activities (58%, similar to 50% last year and 57% the year before).

### Finding the time to undertake the Programme

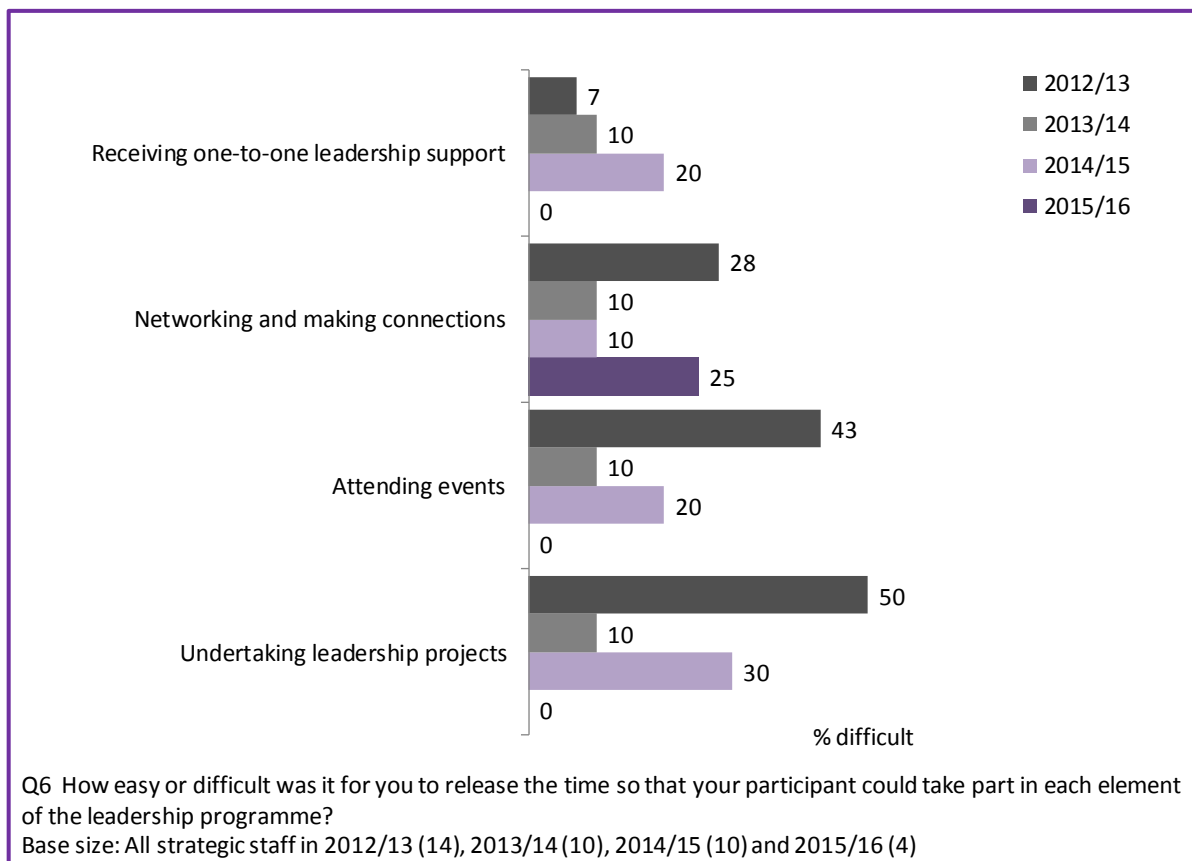
In the past three years finding the time to undertake project activity was considered to be a major challenge in completing the programme. This continued to a certain extent in 2015/16, although participants tended to present it as a challenge to overcome rather than a problem.

“Time was difficult for all of us, time constraints. We could overcome it by sharing the workload. We equally took responsibility.” (Participant 2)

“It was challenging to balance a full-time caseload with your project.” (Participant 4)

“All of our project work had to be done in our own time which due to shifts was difficult to plan as a team.” (Participant, survey)

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%).



However this year, none of the strategic leads said that they found it difficult to release time for leadership support, attending events, or undertaking projects.

### **Making realistic project plans**

Again, as in previous years, some of the participants reported finding it challenging to make realistic project plans which could be completed successfully within the programme timeframe.

“It became apparent it was far too broad and I wouldn’t be able to focus on outcomes.” (Participant 5)

“I was going for 100% notification, but no that’s not achievable.” (Participant, final event)

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	% 2015/16
Base: All participants who undertook a project	(33)	(30)	(26)
Strongly agree	64	59	58
Slightly agree	15	24	23
Neither agree nor disagree	9	7	15
Slightly disagree	9	7	4
Strongly disagree	3	3	0
Don't know	0	0	0

At the close of the programme 81% of participants (similar to previous years) agreed that their leadership project achieved what it set out to achieve. However – an improvement on previously – only 4% of participants disagreed that their project achieved what it set out to achieve.

### Engaging with Firefly

In all three previous 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. This was the case again in 2015/16, as outlined earlier in this report. For most participants, this issue resolved during the course of the Programme.

### 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 four years, despite substantial effort having been put into making improvements in these areas.

## Emerging issues and positive practice in 2015/16

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

In addition, the following observations have been made on the emerging issues and positive practice in 2015/16.

### **Similar delivery to last year**

2014/15 was an excellent year for the Best Start Leadership programme, and NHS Education for Scotland largely replicated the successful model used in that year to run the Programme in 2015/16. Whilst response to the programme in 2015/16 was marginally less positive than the previous year, it still showed improvement on the (still relatively successful) first two years.

### **Excellent engagement with projects**

This year, the leadership projects have been particularly successful as a catalyst for immediate changes in the workplace, in workplace relationships, and in providing consequent leadership experience for the participants. Participants have consulted with many stakeholders in order to plan and undertake their projects, and they have taken advantage of the coaching and support from NHS Education for Scotland to learn as they worked. The final showcase event, as always, proved to be an excellent way to reflect on the progress that had been made.

### **Emphasis on authentic leadership**

In 2015/16 a deliberate emphasis on developing authentic leadership practices tied all of the elements of the Programme together successfully, having been fed through the coaching, projects and workshops. No one element of the Programme was separate from another.

Participants were encouraged to 'be themselves' in the leadership role, and to challenge the way that they and others thought and acted. Via experience and reflection, 'bags of tricks' were created for future use leading to demonstrable changes in outcomes and actions. The participants clearly demonstrated incidences of taking more responsibility, dealing with change, and understanding their colleagues – all of which could be shown to have led to improvements in the workplace and in some cases in patient care.

### **An ongoing process**

This year, many of the participants left the Programme viewing themselves and their leadership as a work in progress. Whilst in some ways this could be viewed as a backward step, alternatively it could be interpreted as a more realistic and authentic attitude – if a little cautious.

Saying this, although the participants are not always recognising themselves as leaders the values of leadership have certainly been embraced and appear to have become instinctive and intrinsic for many. The participants are acting as leaders, even if they do not classify themselves that way.

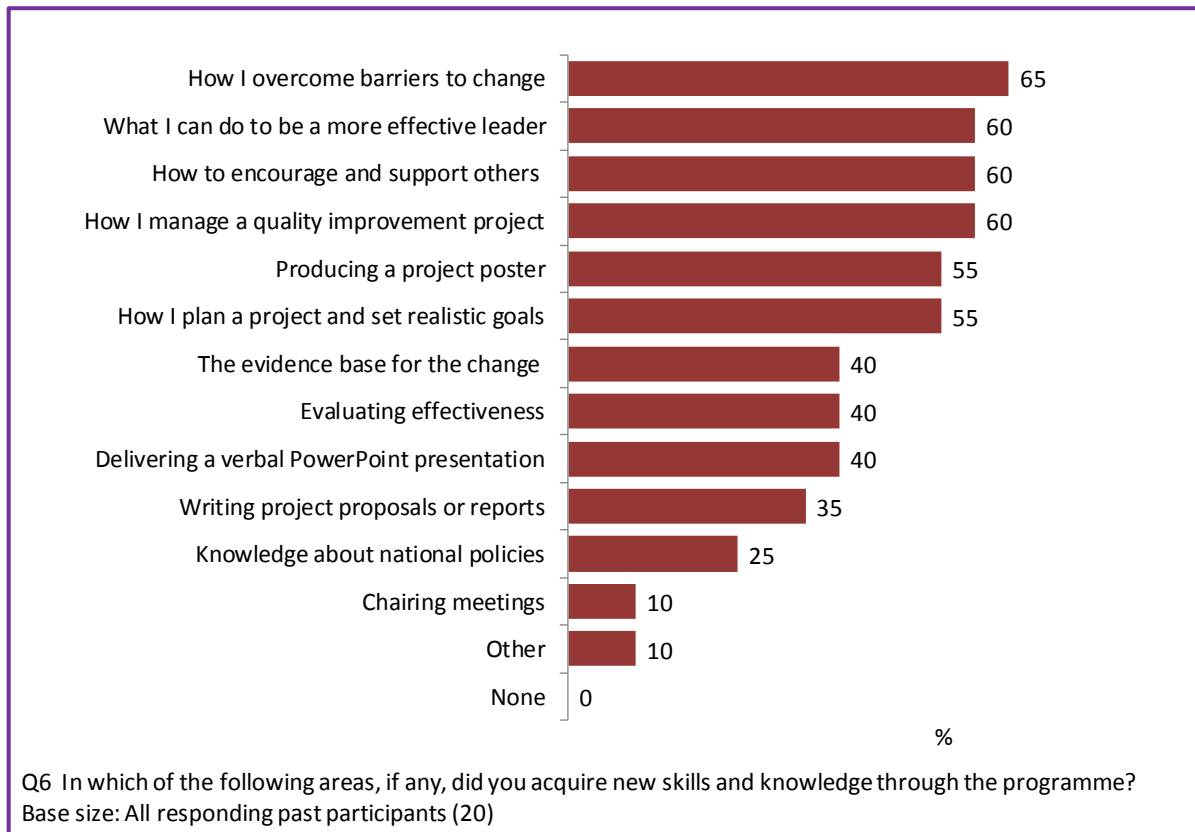


## The longer-term impact on past participants

Those who participated in the programme in 2014/15 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.

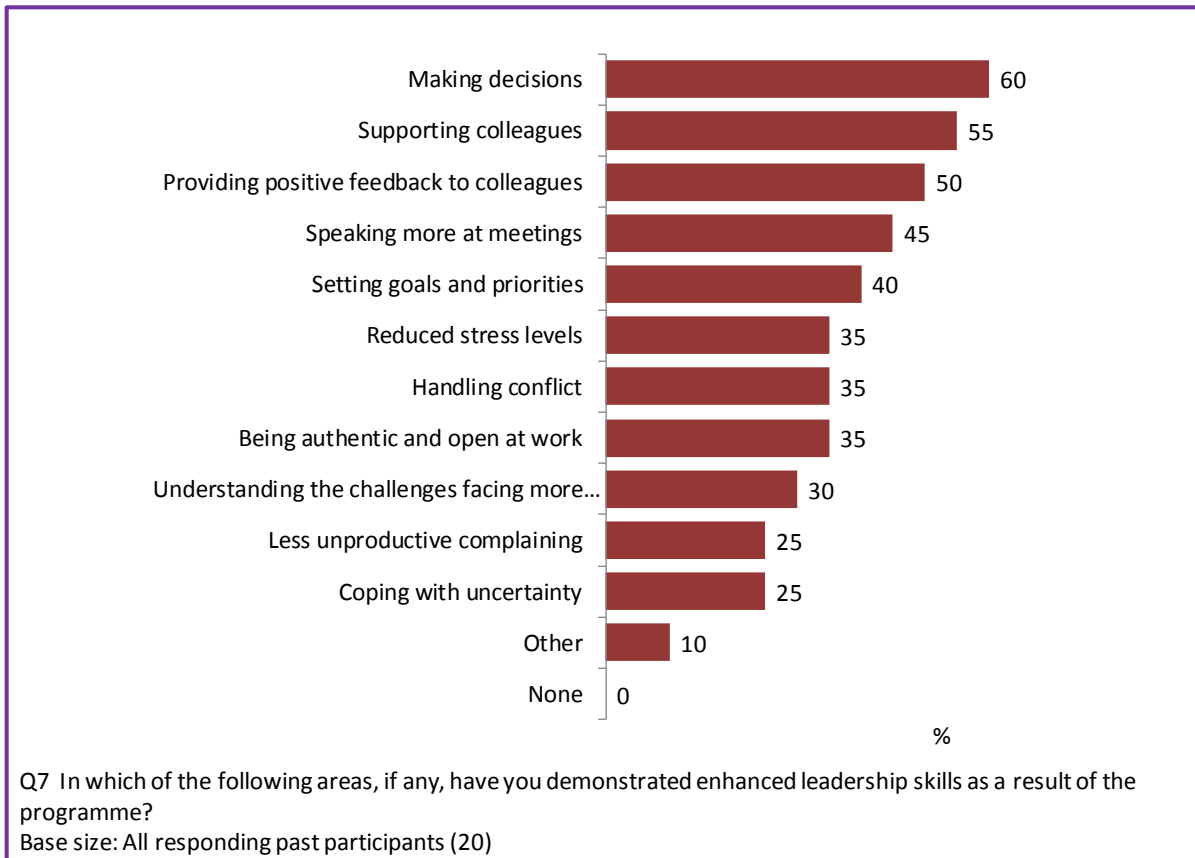


All (100%) of the past participants felt that they had acquired new skills and knowledge through their participation in the programme.

The past participants most often noted that they had acquired new skills and knowledge in overcoming barriers to change (65%), being a more effective leader (60%) how to encourage and support others (60%) and how to manage a quality improvement project.

### Demonstrating enhanced leadership

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



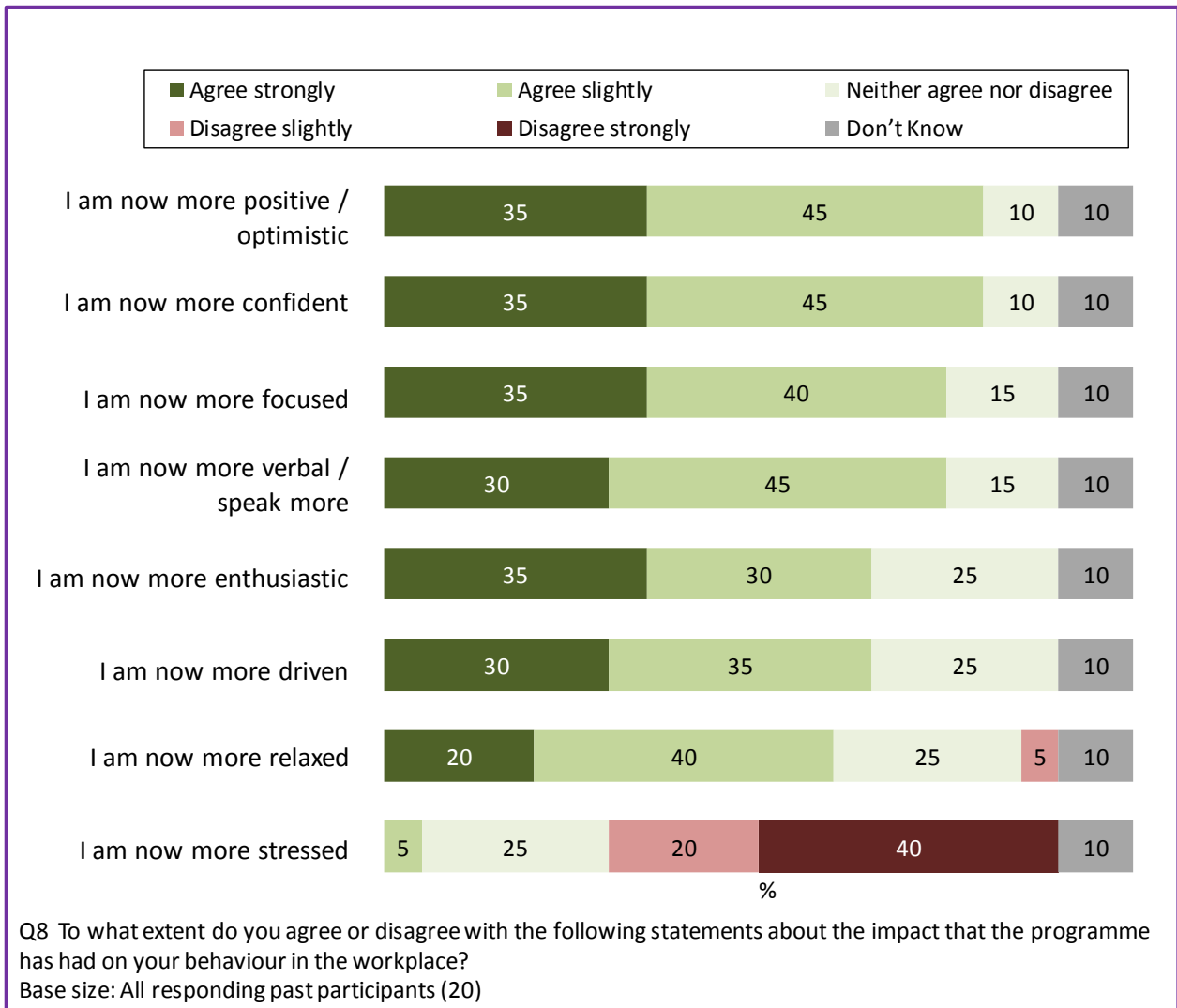
Again, all (100%) of the past participants felt that they had demonstrated enhanced leadership skills as a result of taking part in the programme.

“I am definitely much more of a leader than I had been.” (Past Participant 4)

The past participants most often noted that they had demonstrated enhanced leadership skills in making decisions (60%), supporting colleagues (55%), and providing positive feedback to colleagues (50%).

### A changed approach to leadership

As with the participants, a new question was introduced into the end of Programme survey to evaluate the changes in various aspects of authentic leadership.



The past participants most often felt that they were now more positive / optimistic (80%), confident (80%), focused (75%) and verbal (75%).

### Examples of authentic leadership

The past participants described ways in which they had developed and demonstrated authentic leadership practices since the end of the Programme.

“Before the course I thought there was a work me and an out of work me, but I realised that was nonsense and I have to be the real me. I don’t have to put on a persona, I can be myself and be more authentic. Being myself makes me a much better team leader.” (Past Participant 2)

Now, the past participants were more aware of varied working styles and were able to accommodate and embrace this within their teams.

“It opened my eyes that we don’t all learn and do things the same way, and you can allocate things to their strengths and they perform better.” (Past Participant 1)

“I recognise different skills and strengths in the team, I think the variety should be embraced. People work quickly, or slowly. People are plodders, or innovators. Some people excel at clinical things. It enhances the fabric of the team. You can motivate them according to their strengths.” (Past Participant 2)

However, two past participants also noted that they would not expect colleagues to do something that they would not do themselves.

“I wouldn’t put somebody into a situation to do something if I myself wouldn’t do it.” (Past Participant 1)

“I wouldn’t expect the team to do anything I wouldn’t do myself. There was issues with changing shift work and hours, creating uncertainty and problems with work life balance. So I would do the shifts myself if I was expecting others to do it. It came from a place of authenticity.” (Past Participant 2)

Alongside this, the past participants described encouraging open discussion in the workplace to aide understanding and communication.

“I am approachable, and although I’m not a team leader people approach me for advice and support around how to manage situations. Not in an official capacity. But people naturally gravitate towards me. We’ve had some new starts and helping the newly qualified with feedback and what worries and concerns them. Working with them, looking at decision-making.” (Past Participant 1)

“I have spent a lot of time speaking individually to colleagues and clarifying what the Manager said at the team meeting. Helping them clarify what they want to do.” (Past Participant 4)

“The maternity ward can be stressful and difficult to work in, but my team has the lowest sickness and the most staff engagement according to the staff survey.” (Past Participant 2)

The past participants had also been using these techniques to develop their teams.

“Since I’ve done the course I’ve tuned into developing staff, and it energises me. It never ever drains me, it is never a strain. I can do it naturally. I’ve developed my team so they can stand up for themselves. It makes me very proud of them when I see them being more vocal or challenging ideas. It is me that has helped them become like that.” (Past Participant 2)

“I have encouraged one or two of my colleagues to get things published, they’ve seen me do it. I’m quick to say they should write it up, nothing is too small to be interesting.” (Past Participant 3)

“I encourage other people to develop, for example through the management supervision. I don’t think I know, I ask them to verbalise it and we make a plan and we

have an outcome. I encourage junior staff to be more vocal at team meetings.” (Past Participant 4)

This has also led to improvements in dealing with difficult conversations.

“I was trying to join two teams together and there was conflict and uncertainty. The staff were unsettled and territorial. The coaching helped me with that, how to have difficult conversations. I was given a mnemonic to use and when I use it, it removes the personal and emotional from the discussion and it makes it easier. What I learned has stayed with me and I’ve used it ever since.” (Past Participant 2)

“Loads of changes going on in the NHS, and it helped you to think how you’d deal with them.” (Past Participant 3)

“Our team leader wasn’t very efficient and I was getting really frustrated. With my coaching I was able to say things calmly. At our last team meeting I asked the senior manager about her vision for the team, and to clarify her position and the worst case scenario. She did tell us. It was really good, the tension of the whole team just dropped. Instead of worrying, now they know. I wouldn’t have done that before.” (Past Participant 4)

Overall, the past participants recognised that changes in leadership behaviour led to improvements in patient care.

“I think this indirectly reflects on patient care if they know they are looked after at work. They deliver better care.” (Past Participant 2)

“I am a far more productive member of the team than I ever was before.” (Past Participant 4)

“Even if I can’t make a big impact I try to benefit patients. You’re trying to empower women to make changes in their lives and to manage things like a difficult time in their pregnancy. I often do affirmations with them and talk about what they are good at to help them to change.” (Past Participant 1)

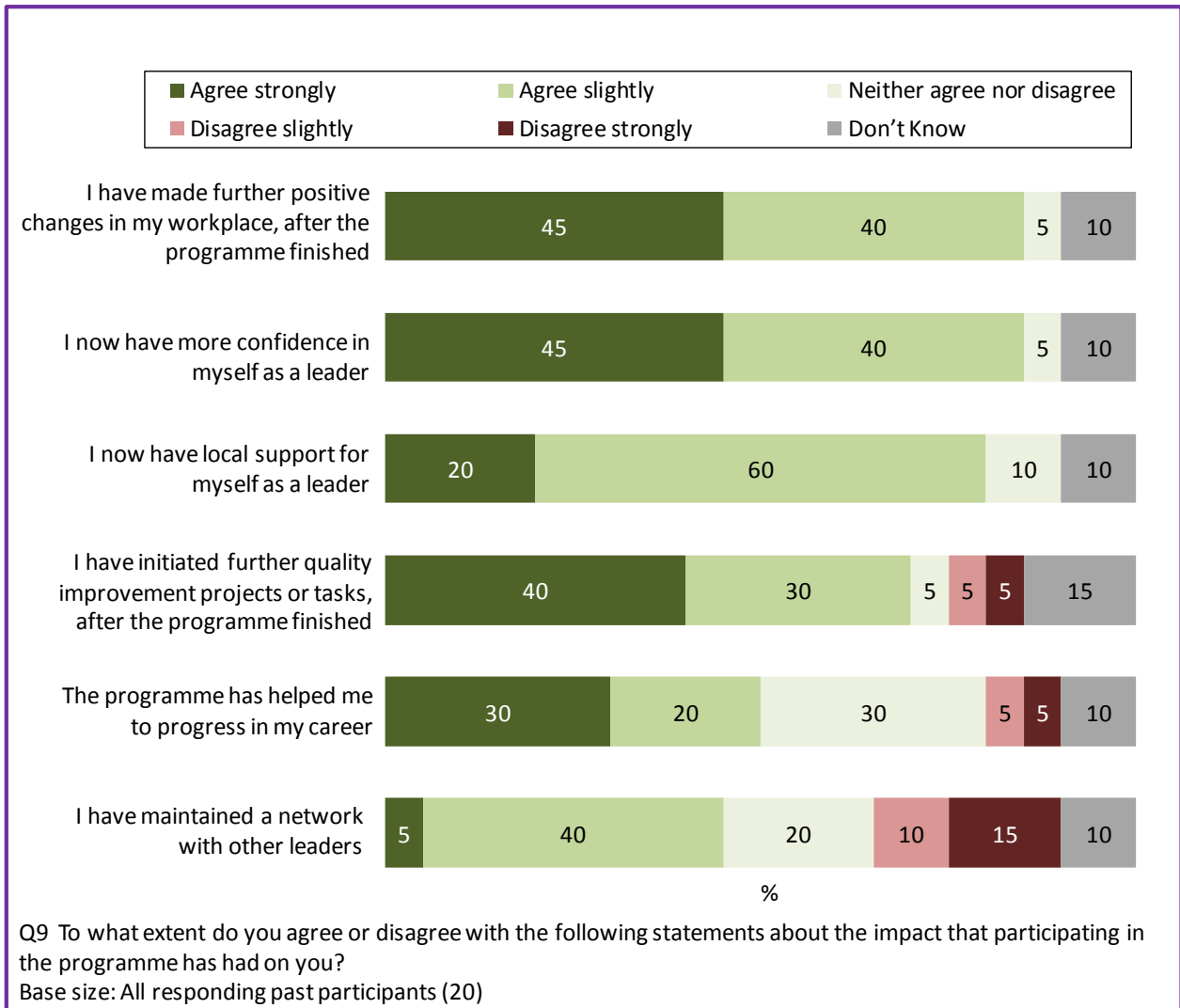
Changes have also led to improvements in the personal lives of past participants.

“One thing that came up was that I don’t always look after myself that well. I look at how things affect other people and not myself. Before the project I was working full time but I’ve gone down to four days, to make my work and family balance better.” (Past Participant 1)

“I’m more content and happy. My husband says it has made a huge difference. I don’t come home so frustrated and angry.” (Past Participant 4)

## 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, 85% of past participants agreed that they made further positive changes in their workplace after the programme had finished, 85% agreed that they now had more confidence in themselves as a leader, and 80% agreed that they now have local support for themselves as a leader.

## 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 (20)		%
Increased responsibility		40
New job or role		30
Further study		25
Promotion		20
Other		25
None		5

Overall, 95% of the past participants said that they had experienced career changes since their time on the programme. These were most often increased responsibility (40%) and a new job or role (30%). Examples include:

“As a direct impact of the course it made me ready to move on, and have somebody in place ready to step into my job. I’m leaving my job to a new role as a Quality Improvement Lead for the whole Health Board.” (Past Participant 2)

“We did an article together, a publication, we got it published so someone didn’t steal it! Before I wouldn’t have had the confidence.” (Past Participant 3)

“I now do management supervision for three junior staff, and clinical supervision for three colleagues. Our team leader post has just become vacant and I have been asked to apply.” (Past Participant 4)

## Challenges faced as leaders

Despite the positive impacts that the Programme had on an ongoing basis, some of the past participants noted challenges faced as leaders.

“I think it is difficult in the job I am in, my hands are tied in being able to do leadership things within the management structure. It is hard to find the time and if you are not in a managerial post it is difficult to influence change or to get people to buy into changes. It feels quite restrictive and quite frustrating sometimes.” (Past Participant 1)

“The NHS is precious about things, saying they can’t do something unless they go through a process. The red tape is ridiculous. It is almost like they don’t want to do anything. It is frustrating. It should be really simple but they make it complicated.” (Past Participant 3)

## Summary and conclusions

At the close of the evaluation and of the four 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 four years;
- Creating an integrated and transformational training programme;
- Evaluating, learning and evolving;
- Emphasising care priorities and leadership at all levels;
- Developing authentic leaders;
- Successful partnership working.

### Key impacts

- Having a positive impact on participants in terms of:
  - Enjoyment;
  - Increases in confidence;
  - Enhanced networks;
  - Access to ongoing opportunities;
  - Positive changes in personal lives.
- Developing and demonstrating authentic leadership:
  - Acquiring new skills and knowledge;
  - Speaking up;
  - Understanding colleagues;
  - Approaching challenging conversations;
  - Being open and honest;
  - Managing change;
  - Developing others.
- 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

- Early engagement in the Programme, for some;
- Communicating effectively with colleagues during the projects;
- 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;
- Recognising self as a leader, despite demonstrating leadership skills.

### Meeting the objectives and outcomes of the programme

At the close of the fourth 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 2015/16, 96% of participants agreed that they now had more confidence as a leader – the highest score yet. In addition, 89% of participants felt that they had the leadership skills and knowledge to do their current job well, 65% of participants now considered themselves to be a leader, and 39% felt that others now see them as a leader.

This year a focus on authentic leadership and ‘being yourself’ may have influenced slightly less decisive scores around defining self as leader, but this appears to be a question of interpretation and viewing leadership as a ‘work in progress’. Many of the participants recognised and demonstrated that they could drive changes which would have a positive impact on their colleagues and on patient care.

**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.**

Since the third year of the Programme, the integrated leadership Programme has encouraged participants to consider how policy informs and supports their practice. Consequently, participants have planned and undertaken quality improvement projects with strong local and national relevance, and this has been appreciated by senior colleagues. This year more than ever, the participants spoke of their projects as being ongoing (rather than linked to the close of the Programme) and most had plans to further develop their projects locally and in many cases beyond.

**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.**

In 2015/16 as in 2014/16, the participants eagerly selected projects that they were passionate about, with a view to making improvements for the women and children that they work with.

As in previous years, many participants noticed a positive change in themselves as a result of the Programme, which has led to a renewed enthusiasm and more effective working practices. Additionally, more harmonious working relationships in the wider team have been demonstrated to be a result of an emphasis on authentic leadership. Consequently, happier workers are likely to be providing better 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 and to learn from one another’s projects and practice.

Additionally, many of the projects involved the development and nurturing of inter and intra disciplinary relationships. It is hoped that these will continue, and that the skills learned in doing this will be the start of a career-long process of contributing to knowledge exchange networks.

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

Throughout the four 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 – or elements of it - to be developed or replicated in the future.

### **Concluding remarks**

The Best Start Leadership Programme (previously the ‘Delivering Quality through Midwifery Leadership’ programme) has evolved and developed as a result of a commitment to learning from the feedback of participants, and as ever has been extremely well received in 2015/16.

In 2014/15 it was noted that NHS Education for Scotland and Firefly had got the balance right – providing a consistent and focused Programme which was “well integrated programme of training where each component complemented and supported the others”. This version of the Programme was wisely replicated in 2015/16, to much the same positive response.

Participants have appreciated being given the support to learn, to grow, and to develop within their roles. Many have been very proud of their achievements: making a difference to their patients, their colleagues, and indeed themselves. They have left the programme feeling confident and invigorated with a will to drive change, and they have felt valued for being given the opportunity.

It is hoped that more professionals will be able to benefit from the learning developed during the four years of this Programme.