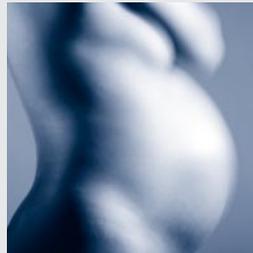

Midwifery Leadership Programme

Development Workbook

Version 2. Revised April 2006



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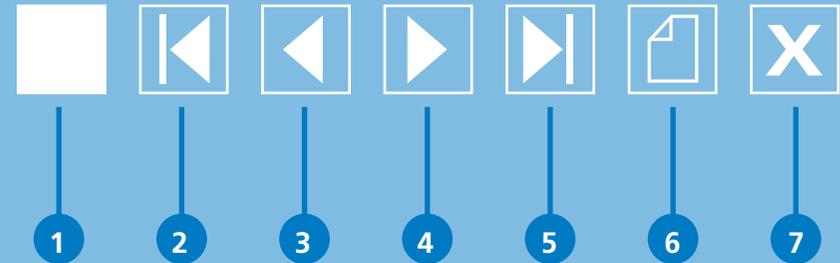
The National Midwifery Leadership Programme Steering Group would like to express their thanks to Phil Dale for developing the Workbook and Trish Morris-Thompson for developing the ideal answer to the Case Study.

Jenny Leggott CBE – Chair of the Steering Group

The roles and competencies in the revised version of this document were updated to reflect the recommendations of key stakeholders who reviewed the original framework as part of the sixth and final phase of the Head of Midwifery Leadership Project.



How to navigate this document



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Midwifery Leadership Programme

Development Workbook



Section 1

Introduction



Purpose of the Workbook

Welcome to the Midwifery Leadership Development Workbook

This workbook has been developed as a result of the lessons learned from the Head of Midwifery Development Centres that were conducted in Autumn, 2002. It aims to provide you with learning support to enable you to develop the critical Midwifery Leadership competencies of:

- Develops a Vision
- Thinks Strategically and Systematically
- Drives Change
- Influences Others
- Communicate Effectively

Although focusing on these particular competencies, the Workbook will also require you to consider how the remaining leadership competencies need to be applied to deliver exceptional performance.

The whole workbook is based around a realistic but fictitious case study set in South Shires University Hospital NHS Trust. The case study places you as the newly appointed Head of Midwifery and asks you to critically analyse the situation existing within the Trust and to make plans for your first hundred days in office.

You will need to develop a rolling action plan of issues that you need to address, using a series of templates or 'Lenses' to examine the information that is available to you. The Lens Templates will enable you to create an over-arching action plan to maximise your impact on the Trust in the important early days in post.

Model answers are provided to help to assess the extent to which you have addressed all the issues and a blank set of 'lenses' are provided to enable you to undertake the same exercise within your own setting.

How to use the Workbook

1. Firstly, reacquaint yourself with the Midwifery Leadership Competency Model which is outlined in Section 2;
2. Familiarise yourself with the South Shires case study and capture your initial impressions on the sheet provided at the end of Section 3;
3. Progressively work through each of the Lens Templates in Section 4, ensuring that you complete all aspects of each Lens before moving on to the next. You can check your answers against the Model Answer in Section 6;
4. Pull together all of your individual action items onto the Blueprinting Sheet in Section 7;
5. Work through the Change Management Planning process in Section 5
6. Using the Templates in Section 8 – undertake the same activity for your own setting.



Midwifery Leadership Programme

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Section 2

The Midwifery Leadership Competency Model



The Midwifery Leadership Competency Model

The Midwifery Leadership Project is part of the National Nursing, Midwifery and Health Visiting Leadership work being undertaken for the Leadership Centre.

To ensure the greatest impact on the midwifery profession it was agreed to target leadership development on certain post holders who have the opportunity for the greatest influence within and out of the Midwifery profession. The two roles identified that fulfilled the above were the LSA Officers and the Heads of Midwifery.

It was agreed to develop a competency model for the Head of Midwifery, which would identify the leadership development needs of the Heads of Midwifery and address the issues facing the profession.

The issues that were identified for action were:

- Define the role of Head of Midwifery, as these vary from region to region and trust to trust,
- Define the competencies required to ensure superior performance within the role of Head of Midwifery,
- Develop a model that would also support succession planning for the Head of Midwifery role,
- Develop leadership development programmes to enhance the skills and knowledge required to widen a Head of Midwifery's circle of control and influence.
- The Model identified three broad roles for the Head of Midwifery:

1. Leader of Midwives

The Head of Midwifery focuses her/his attention on the needs and professional concerns of midwives, and in meeting the needs of women and families. The Head of Midwifery creates and promotes a positive vision of the future of maternity services for midwives, other health care professionals and the general public. This includes adapting national initiatives to local situations and circumstances. She/he embodies key elements of that vision in her/his own activities and behaviours. She/he creates a positive environment which facilitates development and actively promotes dignity and diversity. She/he articulates the value of midwifery to the NHS and represents the personal and professional concerns of midwives to all levels of management. The Head of Midwifery ensures that midwives are empowered to deliver current best practices in their work and, that they receive high quality, timely training including educational and development opportunities.

2. Manager in the NHS

The Head of Midwifery focuses attention on aligning midwifery and related clinical specialities. It also focuses on developing capability in



general management, with NHS priorities at national, regional, local and Trust levels. The Head of Midwifery effectively manages and drives change for the benefit of women and their families and the staff who provide this care. The Head of Midwifery ensures that the issues, views, needs and concerns of the midwives are effectively represented throughout the organisation and beyond. She/he also liaises with the policy makers in the wider NHS statutory agencies and partnership organisations. She/he effectively plans, negotiates and manages resources to enable the needs of the local population to be met. She/he also demonstrates political astuteness and organisational understanding in working within the NHS.

3. Advocate of Women and Families

The Head of Midwifery promotes improvements in the overall health of women and their families, by facilitating the knowledge and skills of midwives to provide services. The Head of Midwifery enables midwives and other clinicians to act as professional advocate for the rights of women in making their own decisions throughout their pregnancies, labour and post-partum period. The Head of Midwifery creates an environment that enables women and their families, to be actively involved in the planning delivery and evaluation of maternity services. The Head of Midwifery promotes learning and communicates the options open to women, their families, and to interested parties; ensuring equality of access. She/he is supported by all levels of management.

The model also identified 14 competencies that underpinned these core roles.

I. Promotes Learning

DEFINITION:

Develops a culture of lifelong learning for all contributors to maternity care. Creates and maintains systems to identify learning needs through supervision of midwifery practice, appraisal, research, evidence-based practice and collaboration with educational providers and other professionals to promote the body of learning regarding midwifery issues. Contributes to the knowledge and understanding of wider communities regarding the role of the midwife.

BEHAVIOUR INDICATORS:

- Creates opportunities for self and others to acquire additional skills and knowledge through a variety of methods.
- Encourages high quality research and evidence-based/best practice.
- Networks effectively with academic and other professional bodies, for joint learning opportunities.
- Adopts a systematic approach to individual appraisal, identification of learning needs, and access to development opportunities.
- Facilitates continual professional development.
- Develops a culture that supports organisational learning.



2. Controls Resources

DEFINITION:

Identifies and effectively utilises resources to meet current demand. Ensures that there is sufficient flexibility and capacity in managing human physical and financial resources.

BEHAVIOUR INDICATORS:

- Balances what needs to be done with what others want to deliver services within current resources. Anticipates the future and builds resource plans based on those assumptions.
- Develops contingency plans for potential problems or breakdowns.
- Considers the attributes of individuals with regard to allocation of human resources.
- Puts forward a compelling case for increasing resources where appropriate.

3. Champions Women and Families

DEFINITION:

Directs own efforts as well as those of others within the health and social care setting ensuring that the system is responsive to the needs of women and their families. Advocates and supports the rights of individual women to make informed choices. Promotes childbirth as a normal physiological process. Contributes to longer-term health gains whilst ensuring the interest and health and well being of all women are considered.

BEHAVIOUR INDICATORS:

- Acts to the fullest extent of own powers to ensure that the system is responsive to the needs of women and their families.
- Advocates assertively for the right of women to make their own informed choices and decisions regarding their pregnancy.
- Enhances the understanding of other health care professionals of maternity care as an holistic health care issue.
- Focuses own efforts and those of others in the system on ensuring the physical health and emotional well being of women.
- Evaluates the alternatives in terms of their potential impact on women first and the system second.
- Enables midwives to be effective advocates for the rights and needs of individual women.



4. Promotes the Profession

DEFINITION:

Acts as an effective role model for the profession and creates a positive professional image to encourage recruitment to midwifery.

Creates a positive impression of midwifery. Promotes the unique role of midwives caring for women and their families. Is an advocate for the integrity of the profession of midwifery, establishing stronger alliances with partnerships organisations in the Trust, and PCT / SHA within the wider NHS and statutory agencies.

BEHAVIOUR INDICATORS:

- Values and demonstrates high professional standards
- Articulates midwifery issues to a broad range of agencies within and outside the NHS.
- Informs the public of the role of midwifery by citing successes and plays a key role in public protection and patient safety through supervision and evidence based practice.
- Seeks opportunities to use own position to improve the welfare of women, families and children by valuing the unique contribution of the midwife within public health.

5. Values Diversity

DEFINITION:

Adapts own personal style and provides midwives with opportunities to develop, work effectively and flexibly within a diverse population. Seeks and advocates to recruit a team that reflects the variety of cultures of the local population. Ensures input from all midwives and stakeholders when making decisions, which allows greater understanding, appreciation and support of all diverse backgrounds and ethnic groups.

BEHAVIOUR INDICATORS:

- Is an advocate for the value of diversity within a health and Social Care setting.
- Aims to create a diverse team by developing and recruiting people from different backgrounds, styles and cultures, reflecting the local population.
- Involves local population in planning and developing services.
- Works effectively with a wide range of people by adapting own style.
- Provides midwives with opportunities to develop their awareness of the differing cultures with whom they work.
- Seeks out opportunities to broaden own levels of cross-cultural experience.
- Demonstrates personal valuing of diversity through a non-judgemental approach to cultural differences.



6. Demonstrates Courage

DEFINITION:

Is prepared to take management risks in demonstrating commitment to issues and values he/she truly believes in. Shows willingness to engage on behalf of the midwife when the rights and needs of women and families are endangered even though that stand may be unpopular with superiors in the NHS or the Trust. Embraces challenges, seeing them as opportunities to improve own performance and that of the team. Acts independently of senior management when the situation requires prompt action. Deals with interpersonal issues openly and directly – does not avoid conflict. Demonstrates high levels of personal and professional judgement in determining the acceptable level of risk.

BEHAVIOUR INDICATORS:

- Resolute and firm regarding critical issues even in the face of opposition and personal risk.
- Supports midwives in the provision of care to women and families even if that support is politically unpopular.
- Acts independently of management support when necessary to achieve critical results.
- Confronts issues across agencies within the organisation.
- Works through interpersonal issues with peers, management and the team openly and directly.
- Demonstrates personal and professional judgement in analysing risk.

7. Develops the Vision

DEFINITION:

Embraces and articulates a compelling shared vision of the future of midwifery and the maternity services. The vision is placed within current and future context and ethos of midwifery, maternity services and the wider NHS. Acknowledges the past accomplishments and traditions of midwifery whilst expressing a positive vision of how those traditions, where they need to be, are adjusted to change in the future.

BEHAVIOUR INDICATORS:

- Effectively communicates shared, personal vision of the future of midwifery.
- Links current trends and/or activities with the positive aspects of the vision.
- Discusses the future vision of midwifery in terms of changes taking place in society and the health care environment.
- Enhances commitment and creates enthusiasm by expressing a compelling vision of the profession.
- Provides individual midwives with a sense of professional continuity and career development alternatives.
- Creates commitment to the vision from the individual midwives by providing them with the opportunity to share in its creation.



8. Thinks Strategically and Systematically

DEFINITION:

Leads the policy decision-making process, which includes collecting and analysing information in order to make effective decisions in complex situations. A strategic approach will be incorporated, which anticipates the future needs of service users and staff. Assesses risk, reviews options and plans contingencies whilst recognising national policies, key trends and political issues in the environment. Encourages and promotes multidisciplinary working.

BEHAVIOUR INDICATORS:

- Makes timely and effective decisions without undue hesitation even when faced with levels of ambiguity.
- Accurately assesses impact of own decisions on the ability to meet the needs of women and their families.
- Seeks confirming data from alternative sources when faced with conflicting information from usual sources.
- Centres the strategy of midwifery on accurate information, broad range of inputs and anticipation of the future needs of women and their families.
- Builds and develops effective networks across the NHS, Social Care, the Trust and wider community.
- Effectively communicates the strategy to midwives and relevant stakeholders.

9. Maintains Focus

DEFINITION:

Identifies most critical elements of the work and keeps self and others focused. Successfully manages multiple projects/activities simultaneously by maintaining own focus on results and outcomes. Channels own efforts and those of the team towards meeting the needs of women and families in developing services.

BEHAVIOUR INDICATORS:

- Consistently focuses on the critical elements of the work.
- Successfully manages multiple projects simultaneously.
- Overcomes distractions to ensure results and outcomes are provided as scheduled.
- Focuses own activities on minimising the impact of administrative activity on the effectiveness of the team.
- Channels own efforts and those of the entire team on meeting the needs of women and families.
- Focuses the team, setting goals and auditing outcomes against those goals.
- Ability to prioritise and re-prioritise.



IO. Drives Change

DEFINITION:

Creates a culture that acknowledges professional trends and responds to the needs of service users and professionals in driving change; creating a more flexible and outward looking organisation. Evaluates and reviews processes in the light of research, conditions or situations to ensure the service is dynamic and meets the needs of women and midwives.

BEHAVIOUR INDICATORS:

- Anticipates and plans changes and effectively communicates to the team.
- Demonstrates a positive approach to the team through a quick and positive response in the face of the need for change.
- Is an advocate for positive changes in the profession of midwifery.
- Encourages the team to view change as an essential element of personal and professional growth.
- Creates an environment of continuous learning to develop new capabilities.
- Maintains a stability in the team whilst driving change.
- Manages the team within a dynamic and changing service.

II. Influences Others

DEFINITION:

Develops own credibility and those of the wider team through the demonstration of high professional standards and personal integrity. Enhances own effectiveness and that of others by presenting personal positions and/or arguments in the context of the needs and values of others. Demonstrates high levels of political and organisational awareness and the ability to reach a common understanding without compromising the needs of women and families.

BEHAVIOUR INDICATORS:

- Develops credibility by acting consistently in line with shared stated values.
- Demonstrates the highest standards of the profession of midwifery in own work and behaviour.
- Works effectively with a broad range of stakeholders.
- Presents own arguments or positions in the context of the needs and values of others.
- Develops influence and credibility as a leader in nurturing and supporting the development of high standards of practice in others.



12. Communicates Effectively

DEFINITION:

Uses a range of media both formal and informal through a variety of settings effectively varying communication styles. Articulates clinical and professional issues in order to meet the needs of a diverse audience and to deliver health care services. Enhances own effectiveness and that of midwives by creating appropriate communication strategies. Facilitates and manages meetings effectively demonstrating appropriate skills such as listening and hearing.

BEHAVIOUR INDICATORS:

- Demonstrates the ability to engage and test the understanding of key stakeholders using a variety of processes
- Uses a broad range of styles to represent and articulate view points effectively
- Demonstrates the highest standards of midwifery effectively across ethnic, cultural and educational boundaries
- Presents own arguments or positions in the context of needs and values of others
- Effectively communicates clinical issues to both professional and non-professional audiences

13. Drives Results

DEFINITION:

Demonstrates high levels of commitment to meeting, if not exceeding, all expectations. Perseveres and has tenacity to fulfil the needs of midwives, women and their families and other stakeholders. Demonstrates commitment to the concept of leader as an enabler. Consistently strives to maximise the returns on the resources. Seeks to exceed established standards of care. Within ethical, legal and moral boundaries seeks to overcome obstacles to meet the needs of women and their families. Promotes realistic optimism in the face of setbacks by not giving up on the achievement of the goals.

BEHAVIOUR INDICATORS:

- Demonstrates commitment to achieving results.
- Willingly compromises own interests to ensure the needs of key stakeholders.
- Seeks to maximise the value of all resources.
- Does what it takes to overcome obstacles in meeting the needs of women and families.
- Demonstrates realistic optimism in the face of setbacks.
- Perseveres to reach goals even in the face of setbacks or barriers to success.



14. Acts as a Coach/Mentor

DEFINITION:

Enhances the performance and capability of others through formal and informal interactions. Motivates them to higher levels of performance by increasing their commitment to the goal, clarification of the vision and development of the team. Provides constructive feedback, support and resources to enable the team to develop increased skills and abilities. Takes advantage of both formal and informal settings to provide people with coaching and encouragement. Prioritises own time to ensure availability to coach and mentor others.

BEHAVIOUR INDICATORS:

- Uses formal sessions such as performance management, statutory supervision and career counselling as opportunities to coach and motivate others.
- Takes advantage of “every opportunity” to provide motivation and feedback.
- Ensures that each person on the team has goals and priorities that are clearly aligned with those of the organisation, while setting goals in partnership with the employee.
- Provides constructive feedback when performance improvement is required.
- Provides meaningful feedback in response to successful performance.
- Ensures that she/he has the time and is available to coach and mentor others.
- Demonstrates an open and approachable manner.



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Section 3

South Shires University Hospital NHS Trust
Case Study



Case Study

SOUTH SHIRES UNIVERSITY HOSPITAL NHS TRUST

You are the newly appointed Head of Midwifery & Gynaecology Services within the Women’s Directorate, at the South Shires University Hospital NHS Trust.

The Trust is a large teaching hospital with a budget of 180 million, 50,000 in-patient and 110,000 out-patient episodes. The Trust has a deficit against budget of 3.3million. The Chief Executive indicated that the Trust intends to become a three star Trust by the year-end enabling them to apply to become a foundation hospital. The Women’s directorate needs to improve its performance if this is to happen.

Hospital Mission Statement

- Be the provider of choice for the local community
- Be the employer of choice for NHS staff
- Ensure the highest quality of care is guaranteed to patients at all times

Corporate Objectives

- Provide and deliver a cost recovery plan to ensure an end of year breakeven position
- Ensure all patients are treated within the performance targets defined by the Department of Health/Healthcare Commission
- Ensure robust clinical and financial governance mechanisms are effective within the Trust
- Engage patients and users in service design and review
- Ensure staff are supported and directed to provide high quality care
- Ensure Trust achieves Practice Plus Status – Improving Working Lives
- Improve the research performance of the Trust
- Ensure the clinical environment and equipment are of the highest quality
- Achieve satisfactory results on the annual patient and staff surveys
- Ensure processes are in place to implement agenda for change



Women’s Directorate Data File

Budget for the Directorate	£10 million Pay – £9.373 million Non-pay – £627,000
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1. Maternity Services

Within Maternity services the following are provided:

- Fetal Medicine
- Obstetric care

Midwifery Care, hospital and community based

- x 3 inpatient AN/PN wards
- x 1 ANC
- x 1 Ultrasound/Radiology Dept
- x 1 Antenatal Assessment Area
- x 1 Delivery Suite, 10 delivery rooms
- Birthing Centre, 4 ensuite delivery rooms. This is a recently opened birthing centre, which is predicted to accommodate 420 deliveries per year.

Activity

Deliveries

5,500 per year

Home confinements

150 births per year

Birthing Centre

No full year activity figures available – 97 births in the past 3 months

Staffing

Obstetricians

10 wte

Midwives

101.5 wte

2. Gynaecology Services

Within gynaecology services the following are provided:

- General Gynaecology Inpatients, Day Case, Out Patients
- Emergency Surgery
- Emergency Pregnancy Unit
- Gynaecology Oncology
- Menopause Clinic
- Urodynamics
- Colposcopy
- Infertility

- x 2 inpatient wards
- x 1 EPAU
- x 1 Colocscopy Suite
- x 1 Urogynae Suite
- x 1 Day Care Ward
- x 1 OPD
- x 1 Hystoscopy Suite
- x 1 Physiotherapy Suite

Activity

Inpatients

Elective 2,900
Emergency 2,700
(Includes gynae oncology)

Outpatients

New 6,500
Follow up 7,900

Staffing

Nursing staff

123.5 wte
Skill mix Registered to Unregistered 60/40



3. Organisation of Midwifery and Gynaecology Staff

Community **midwives** are organised in teams and provide caseload management supporting the birthing unit. The birthing unit is located near to the delivery suite and is staffed separately to the delivery suite with one core midwife and one midwifery assistant per shift. When a woman is in labour she is seen in the unit by a member of the community team who provides the care with the support of the core midwife.

Core midwives staff the delivery suite with shift co-ordinators taking day-to-day responsibilities for the running of the unit.

There is a rotational scheme in operation giving all newly qualified midwives the opportunity to develop skills in all areas.

The **gynaecology wards** have a ward sister supported by a 60/40 skill mix, of registered to unregistered nursing staff. As a minimum there are two registered nurses on a shift. The ward has patients going to theatres on Mondays a.m. and p.m., Wednesdays a.m. and Thursdays a.m. and p.m. The ward takes emergencies and on average can expect six cases per day

There are three newly appointed **matrons** in Maternity Services reporting to the Head of Midwifery for:

- Delivery Suite and Birthing Unit
- Community and Antenatal Care
- Inpatient Services

There are three newly appointed matrons in Gynaecology Services reporting to the Head of Midwifery for:

- Emergency Services
- Elective services
- Oncology Services

4. Directorate Management Team

There is a newly appointed general manager with responsibility for performance and service improvement, who with the Head of Midwifery is responsible to the Clinical Director (an obstetrician). There is dedicated support for the team from Human Resources, Finance and Information Technology Departments.

5. Directorate Priorities

- Achieve financial balance at end of year
- Increase the commissioning of student midwife places at the local universities to meet future manpower plans
- Implement clinical governance framework within the directorate to inform and influence the quality agenda
- Introduce staff appraisals and personal development plans
- Undertake a skill mix review across the directorate
- Provide development programmes for newly appointed clinical leaders, team leaders, sisters and matrons
- Implement National Guidelines NICE, NSF's etc
- Upgrade inpatient wards in response to PEAT visit and recommendations
- Improve translating, transcribing and interpreting services within the Directorate
- Meet NHS performance targets
- Achieve EWTD reduction in hours for medical staff
- Implement Agenda for Change



Issues for the Head of Midwifery & Gynaecology Services

- There is a 20% vacancy factor with qualified midwives. In the first quarter there is a £80k overspending on bank/agency/overtime for nursing/midwifery staff. The Director of Finance has requested a spending review of the pay budget and in particular the use of bank/agency/overtime. The Directorate is expected to put in place a 2.5% cash releasing cost improvement programme to ensure a break-even position by the year-end.
- The Director of Operations has requested a recovery plan from you to meet the 10% shortfall against the monthly activity target in gynaecology. The directorate has no headroom and must ensure that patients do not breach the waiting time targets. The Directorate is expected to exceed the national target and have no patient waiting longer than 3 months by year end. The General Manager has indicated that the inability to deliver the activity is due to staffing on the ward.
- Recently there have been a number of clinical incidents within the maternity service directorate, which require investigation. The directorate clinical governance meetings have been cancelled on a number of occasions due to the lack of availability of the clinical director. The directorate is expecting a CNST return visit to review their audit programme. The directorate is expected to achieve level 3.
- The matron for inpatient maternity services has brought to your attention that a newly appointed midwife (although experienced) has been counselled a number of times over her attitude, poor communication and clinical practice, and now that midwife is signed off on sick leave. Prior to doing so, she has raised a grievance against

her colleagues and her line manager citing bullying, poor induction and lack of support. She is stressed and feels the directorate has nothing in place to support midwives. She attributes this to her poor performance.

- The local PCT have requested a meeting to review community midwifery in response to the Health Improvement Targets and their wish to manage the community midwives. They also want to review the provision of ambulatory care within the gynaecology services.
- Following several complaints to the Patient Advice and Liaison Service they have requested a meeting to discuss the number of times the birthing centre has had to close due to shortages of staff.
- The local University has reported that student midwives are informing them that the quality of placements is poor. They are expressing an intention to apply to other Trusts for positions following completion of their training. The Head of School has requested a meeting with you to discuss these issues. The Director of Nursing is very concerned – considering the 20% vacancy factor.
- The Director of Nursing has requested a strategy for midwifery to be completed. Your predecessor has not put anything together and you have to complete this so that it can be included in the Trust Nursing and Midwifery Strategy.
- The RCM have requested a meeting to discuss stressful working conditions and allegations of bullying from colleagues.

Given the above the Chief Executive and Director of Nursing have requested that you as the professional head of the directorate review the directorate performance against the corporate objectives and directorate priorities. They want a written report and action plan to address the key issues. They have indicated this to be a top priority as



the Trust intends to apply to be a foundation hospital and your directorate needs to improve its performance to enable this to happen.

As Head of Midwifery & Gynaecology Services your job is to review the information provided and develop your Blueprint Plan for your first 100 days in office. Written report to CEO, plus Action Plan.

In doing this, you might want to consider the following questions:

1. What would you recommend as a cash releasing cost improvement programme and why?
2. What plan would you put in place to meet your activity targets? Justify your reasons for putting this plan forward.
3. What are the clinical governance issues facing your directorate and how would you address them?
4. Within your recruitment and retention strategy what would be the key features of your workforce plan? Provide reasons for your answers.
5. What response will you give to the PCT's regarding their request to manage midwifery services? Provide reasons for your answer.
6. Within your directorate identify the key members of staff that you would use to help deliver your action plan, identified training and development needs, and provide a development plan with methods of achievement.

Before working through the Examination Lenses in Section 4, what are your initial thoughts about the situation you have inherited?

Capture these as bullet-points below:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

As you work through the Examination Lenses, check back to your initial observations to assess the extent to which your initial thoughts prove to be correct.



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Section 4

Case Study Examination Lenses



Examination Lenses

It is often helpful to examine a situation from a number of angles in order to get a holistic view of the position, its prior history and its driving forces.

There are five examination Lenses through which to examine the South Shires Case:

- Lens 1 The Stakeholder Lens** – Allows you to review the position through the eyes of the parties involved in it and examine issues raised from an “external” perspective.
- Lens 2 The Strategic Intent Lens** – Allows you to explore the alignment of your work with Directorate and Trust Strategy.
- Lens 3 The Government Initiative Lens** – Allows you to assess the extent to which your Unit is complying with current Government Initiatives
- Lens 4 The Resourcing Lens** – Enables you to examine the resourcing issues you face from the perspective of People, Finance and Physical resources.
- Lens 5 The People Capability Lens** – helps you to draw up a development strategy to raise the capability of your people



Lens 1 – The Stakeholder Lens

When confronted by a complex and ambiguous situation, such as that outlined in the case study, successful and effective leaders often begin to try and make sense of the position by identifying the stakeholders involved in their environment.

Anyone whose work will be impacted by the decisions of the leader and successful implementation of necessary changes should be considered a stakeholder. As a Head of Midwifery, you must then act to develop true commitment to and ownership of your plan within the stakeholder groups in order for your actions to be successful.

Successful leaders seek the involvement of stakeholders in the creation of the vision of the Unit. They understand that ownership comes from participation and that the more the stakeholders contribute to the vision for change, the higher will be their ownership of that change.

The Stakeholder Lens enables you to identify your stakeholders, enlist their support and finally develop a common vision for your future actions.

Application to the Case Study

When you have read the notes explaining the Stakeholder Lens – complete the worksheet on Page 29 using both the information contained in the case study and your knowledge as a Head of Midwifery of Stakeholders who are not mentioned in the case study brief.

Try to identify as many stakeholders as you can both within the profession, within user groups, within the community and in the organisations you support. By identifying the broad range of interested parties, you can begin to establish your strategy for engaging each of them in your 100 day plan

Link to the Midwifery Leadership Model

The Stakeholder Lens specifically utilises the Competencies of

- Promotes the Profession
- Champions Women & Families
- Influences Others
- Drives Results
- Drives Change

Tool – The Stakeholder Lens

What It Is

A planning form for identifying the stakeholders you need to engage in the development of your future plan and looks at the work required to build the necessary support for your change initiative.

What It Can Do

- This Lens can help you
- Determine the critical mass necessary to implement your plan
- Identify the specific individuals and groups who are stakeholders within your setting.
- Develop a plan to build the required commitment of those most affected by a change.

How It Works

Step 1 Use the worksheet that follows.

Step 2 In the first column, list all the individuals and groups who are stakeholders in the Case Study Setting – such as



- Key clients or anyone who relies on the outputs of the process, structure, competencies, culture, etc. that you need to change
- Key suppliers
- Those who own or are responsible for the process, group, etc. involved in the setting
- Anyone you feel could subvert implementation (by withholding support or sabotaging the initiative)
- Anyone else you feel could contribute to your success

Step 3 One by one, working across, place an “X” in the column (2-6) that denotes this person or group’s current level of commitment.

- **Make** means this person/group has line or team responsibility for making the plan happen.
- **Help** means this person/group can provide critical resources, information, or expertise.
- **Permit** means this person/group will stay out of the way.
- **Questions** means this person/group has questions, reservations, or concerns or is actively resisting the change.
- **Nothing** means this person/group is not aware or part of the change effort.

Step 4 Working across, place a black dot (●) under the column (2–6) that captures the level of commitment needed for successful implementation.

Step 5 If you find it useful, draw an arrow from the “X” to the dot for each person or group. These arrows represent the gaps you must close to have a critical mass of commitment for the plan.

Step 6 In the final column, write down any strategies or action items you plan to take to build each person or group’s commitment. Communication, involvement, and education are important strategies.

Some Things to Consider

- Critical mass is the minimum commitment required from stakeholders. Do not set a goal of achieving total commitment from everyone. Waiting for everyone to get on board is both unnecessary and unrealistic. If you hold out for total commitment, your change may never happen.
- This is a tool for assessment and planning only. To be successful, you need to effectively implement your proposed actions and strategies in order to avoid problems at the implementation stage.
- Avoid (a) identifying only those in formal positions of power as stakeholders, (b) making generous assumptions about people’s actual level of current support, and (c) neglecting to ask stakeholders their opinions about the effort.



Action Planning

Feedback from the Midwifery Development Centres has demonstrated that the most effective Heads of Midwifery invariably have developed a wide personal network that enables them to engage with stakeholders or engage with people who have influence over their stakeholders.

Use the grid below to identify ways in which you can engage with your stakeholder group either directly or through a third party.

Stakeholder	How Can You Engage With Them Directly?	How Can You Help Engage With Them?	What Do You Need To Do?

Now revisit your initial reflections on the case study – to what extent has this Lens identified more issues for you?

You will return to this Lens as part of the Action Planning Process in Section 7



Lens 2 – The Strategic Intent Lens

The role of a leader is to define a future for their Unit that both meets the needs of the organisation and delivers appropriate and effective results. This involves working with all the Stakeholders identified using Lens 1 to develop solutions that meet the multiple agendas that exist.

To do this, the NHS leader needs to understand the expectations of the Government, the NHS, the Trust, the Division and the needs of the service users.

The Strategic Intent Lens will help you to align these agendas and develop plans that can be shown to feedback to the needs of individual stakeholders.

Application to the Case Study

Complete the worksheet on page xxx using the information provided in the case study brief.

Whilst doing this consider the extent to which you believe the Mission Statement, Corporate Objectives and the Directorate Priorities are aligned with each other.

Link to the Midwifery Leadership Model

The Strategic Intent Lens specifically utilises the Competencies of

- Champions Women and Families
- Promotes the Profession
- Values Diversity
- Thinks Strategically and Systematically
- Drives Results

Tool – The Strategic Intent Lens

What It Is

A tool for identifying the strategic agendas that must to be met in order for the leader to be successful and a way of looking at the potential alignment between these agendas.

What It Can Do

This Lens can help you

- Determine the higher level agendas impacting upon your local requirements
- Identify ways in which these agendas can be used as leverage for your change initiative.
- Develop a plan to build your actions around the required element of these agendas.

How It Works

Step 1 Use the worksheet that follows – note the Hospital’s mission in the box provided on the worksheet – from your reading of the case Study think about the extent to which you believe this is a “living mission” or merely well intentioned words.

Step 2 Review the Hospital’s Corporate Objectives and assess:

- How they support the mission?
- What impact they have on your unit?
- What do they require you to do?

Step 3 Move down to the Directorate priorities and review the relationship between these, the Corporate Objectives and Mission. What do the Directorate Priorities demand of you?

Step 4 Score each element on the scales provided and define 3 Actions required by each.



Worksheet: The Strategic Intent Lens

Step 1 What is the Hospital's Mission Statement? This defines the aspirations the Hospital has in terms of its cultural approach to delivering its medical services.

Mission Statement

Step 2 How has the Hospital translated its Mission into Corporate Objectives? As a leader in the NHS you need to have a clear understanding of the corporate objectives and how they impact upon you.

Corporate Objective	Link to Mission	Impact on the Unit	Actions Required



Step 3 What are the specific priorities set at a Directorate Level? You need to establish any immediate and local issues and expectation and examine the way in which these link to the corporate objectives and the Hospital's Mission.

Priority	Link to Objectives	Link to Mission	Impact on the Unit	Actions Required



Step 4 Having used this Lens, identify graphically below the extent to which you believe the Unit is currently meeting the needs of its Directorate and its Trust strategic plan. Identify at least three areas in each dimension where significant action is needed.

<p>Alignment to Mission</p>  <p>Low High</p> <p>Actions Required 1 2 3</p>
<p>Alignment to Corporate Objectives</p>  <p>Low High</p> <p>Actions Required 1 2 3</p>
<p>Alignment to Directorate Priorities</p>  <p>Low High</p> <p>Actions Required 1 2 3</p>

Some Things to Consider

- It is easy to allow short-term operational issues to cloud longer-term Strategic Planning. Try to remain focused on the Vision, Mission and Strategic Objectives whilst completing this Lens.
- To complete this section in your own setting you may need to involve others (DNS, Clinical Director, CEO) in your thinking.

Action Planning

Return to your Stakeholder Lens – does the Strategic Intent Lens identify any additional Stakeholders you had not already identified?

Are there any local priorities arising from user groups or Regional activities that should also be included in this Lens.

Now revisit your initial reflections on the case study – to what extent has this Lens identified more issues for you?

You will return to this Lens as part of the Action Planning Process in Section 7



Lens 3 – The Government Initiative Lens

The prominent position of the NHS in both societal and political arenas places great responsibility on the shoulders of NHS leaders to comply with the requirements of Government – most typically through the achievement of performance targets, the implementation of National and Regional Initiatives and the delivery of a cost-effective service.

As a Leader, you need to have an intimate appreciation of the strategic intent behind these initiatives and the capability to deliver against these in the context of your own setting.

The Government Initiative Lens will help you to revise the full extent of these initiatives, the extent to which the setting is currently compliant with them and then actions required to meet those you have required to deliver.

Application to the Case Study

Complete the planning sheet on page (insert number) using the information provided in the case study brief together with your own understanding of National Initiatives.

As you do this, consider the various Stakeholders you identified in Lens 1 – how important are the Government Initiatives to them?

Link the Midwifery Leadership Model

- The Government Initiatives Lens utilises the Competencies of:
 - Champions Women & Families
 - Promoting the Profession
 - Values Diversity
 - Thinks Strategically & Systematically
 - Maintains Focus
 - Driver Change

Tool – The Government Initiative Lens

What It Is

An audit tool that enables you to assess the extent to which the setting is Compliant with National Initiative requirements.

What It Can Do

This Lens can help you

- Audit your current level of Compliances
- Risks assess the impact of any gaps in Compliance.
- Develop a plan to close these gaps

How It Works

- Step 1** Look at the Initiatives already provided on the worksheet – in your opinion is this a definitive list or are there other National and/or Regional Initiatives that need to be added? Use the blank lines to insert any you identify.
- Step 2** What do each of these Initiatives require? Summarise them in Column 2 of the worksheet.
- Step 3** Using a traffic light assessment System rate the current level of Compliance as follows
- Red – Not Compliant and at risk
 - Amber – Generally Compliant but with some identified gaps
 - Green – Fully Compliant in all ways
- Step 4** For those initiatives you have rated Amber or Red – what is the risk of non-compliance? Define this in Column 4
- Step 5** What action do you need to take? Summarise this in Column 5 and prioritise this High, Medium or Low in Column 6.



Some Things to Consider

- As the new Head of Midwifery you need to set your own expectations with regard to Government Initiatives. It is, however, important to explore this historical background to the current situation – if only to avoid any pitfalls faced by your predecessor(s).
- Ensure you keep your Stakeholders in mind when working through this Lens.
- Remember to consider the context in which you are working, e.g. Meeting Government expectations is essential if the Trust is to achieve 3 Star Status.



Worksheet: The Government Initiative

Initiative	Intention	Status	Risk of non-compliance	Actions Required	Priority (H, M, L)
		<input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green			
		<input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green			
		<input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green			
		<input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green			
		<input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green			
		<input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green			
		<input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green			
		<input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green			
		<input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green			



Lens 4 – The Resourcing Lens

A Key Capability of a Leader in the NHS is the ability to deliver results by maximising the use of the available resources.

At any one time, a Head of Midwifery is trying to balance the demands placed on them with the people, equipment and financial resources made available to them. This can involve having to make difficult choices.

Successful leaders know how to deliver required results by using influence, persuasion and negotiation skills – they also know the point at which resource levels are inadequate to provide a safe service and take courageous action to raise such issues at a senior level.

Application to the Case Study

Complete the worksheet on page (insert number) in respect of the resourcing issues raised in the South Shires Case.

Try to work out from the centre of the worksheet, thinking systematically through the issues, the implications and the actions required in respect of:

- The People resources
- The Financial resources
- The Physical (building / equipment etc.) resources

Link to the Midwifery Leadership Model

The Resourcing Lens specifically utilises the Competencies of:

- Controls Resources
- Promotes the Profession
- Thinks strategically and Systematically
- Demonstrates Courage
- Maintains Focus
- Influences Others
- Drives Results

Tool – The Resourcing Lens

What It Is

A tool to help you identify the resourcing issues involved in a setting and the relationships between People, Finance and Physical resourcing requirements.

What It can Do

This Lens can help you

- Plot graphically the resourcing issues you face
- Separate “symptoms” from the “illness” in order that you can address the true cause of the issue.
- Develop plans to address identified resource issues.

How It Works

Stage 1 Using the worksheet, identify the People resourcing issues facing South Shires and write these in the Inner segment of the circumplex on the right hand side.

Repeat this exercise for both the Physical and Financial sections of the worksheet.

Stage 2 Identify whether these issues are a “symptom” or an “illness” – annotate the issues with an “S” or an “I”. If they are symptoms of a wider issue you need to consider whether the wider issue needs to be included in your list.

Stage 3 Assess the implication of the issues you have raised – use your risk-management skills to quantify the impact of failing to address these issues. Capture this on the next later our on the worksheet.

Stage 4 Define the actions you need to take in the outer layer of the circumplex.



Stage 5 Where issues (People/Finance/Physical) are inter-related you may wish to connect thee with a red line.

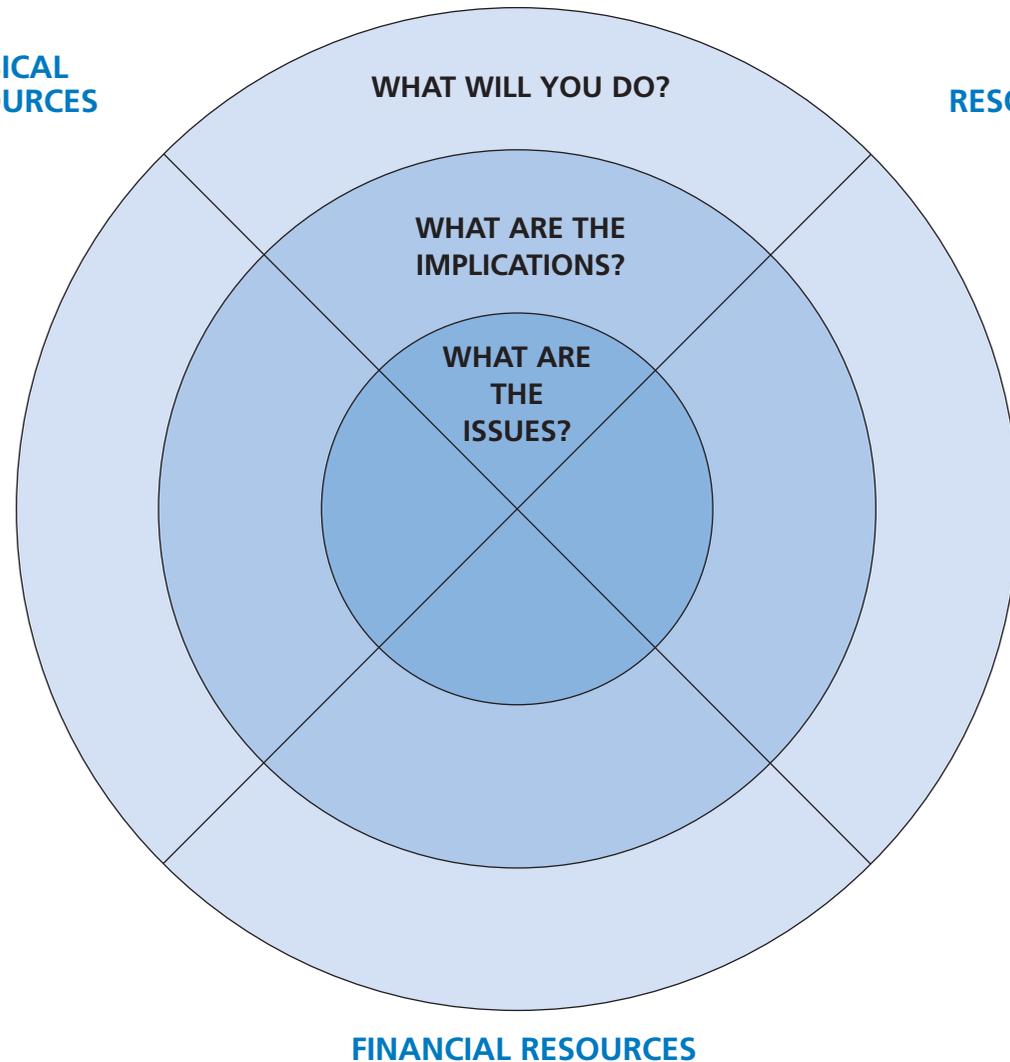
Some Things to Consider

- It is easy to concede defeat on resourcing issues without first establishing the root of the cause of issues. Try to suspend your desire to “problem solve” until you have diagnosed the cause of the issue.
- Try to separate the “can’t do” from the “won’t do” issues – the former inevitably require the correction of a problem (i.e. inadequate training/incorrect siting of facilities) whilst the latter require you to address behavioural issues.

Worksheet: The Resourcing Lens

PHYSICAL RESOURCES

PEOPLE RESOURCES



Action Planning

Review your answers to the first three Lenses. The Resourcing Lens will give you an opportunity to review the demands of your Stakeholders, your Strategy and the Government Initiatives in the context of your available resources.

Looking at your Action Items on the worksheet – are there some “quick wins” you could achieve in order to demonstrate your commitment to resolving these issues. This does not mean that you can ignore the more fundamental issues but it has the effect of mobilising energy and enthusiasm behind your 100 day plan.

Potential Quick wins

- 1.
- 2.
- 3.
- 4.

Now revisit your initial reflections on the case study – to what extent has this Lens identified more issues for you?

You will return to this Lens as part of the Action Planning Process in Section 7

Lens 5 – The People Capability Lens

With over 90% of the South Shires Hospital budget being committed to People Costs, it is essential that the maximum possible return is derived from this investment.

As the Head of Midwifery, you play a key role in the selection, development and deployment of a broad range of people working in a variety of settings. It is your responsibility to create a culture that encourages continual professional development that gives beyond that merely requires to stay compliant.

As a Coach/Mentor you are able to enhance the performance of others through the provision of feedback, support and problem-solving experience. This enables you to focus the capabilities and talents of your team on areas where you need it most.

Application to the Case Study

South Shires clearly has some performance issues which may be caused by a lack of capability among key staff.

The People Capability Lens enables you to explore these issues systematically.

Link to the Midwifery Leadership Model

The People Capability Lens specifically utilises the Competencies of

- Acts as Coach / Mentor
- Promotes the Profession
- Promotes learning
- Develops the Vision
- Communicates Effectively



Tool – The People Capability Lens

What It Is

A review process to check the alignment between the needs of your Clients and Stakeholders and the Capability of your people to meet these expectations.

What It can Do

This Lens can help you to

- Define the needs of your Stakeholders in the context of the Capabilities demanded of your people.
- Audit your current response to these needs
- Create a Development Strategy to improve the bench-strength of your people.

How It Works

- Step 1** Using the worksheet, identify the expectations placed on your people by your clients, the profession, your local setting and the resourcing issues you face. Use the HOM Leadership Competencies to help you.
- Step 2** Identify the specific Stakeholders in Lens 1 who have a key influence on your success in developing your people and establish their current position in respect of development and the options you have to engage them.
- Step 3** Examine these capabilities from the perspective of what you require from a new employee through to an experienced assistant. Complete this for both midwifery and Gynaecology – looking for areas of overlap and potential for flexible working.

- Step 4** Highlight in green those capabilities where South Shires meets expectations. Highlight in red areas where work is required. Capture action points in the grid provided.

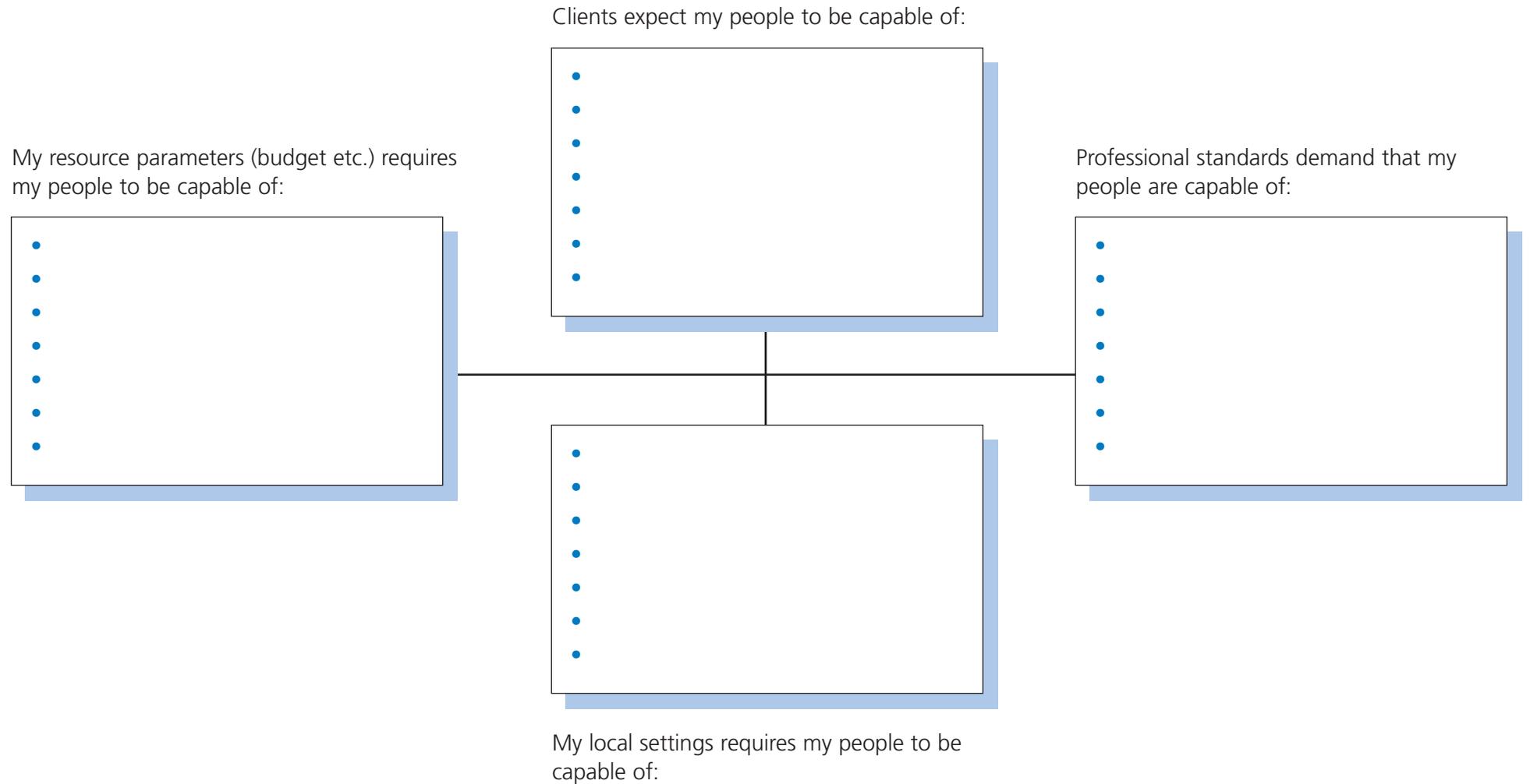
Some Things to Consider

- Creating a development culture requires energy, commitment and the role modelling of the required behaviour. Ensure that you reserve sufficient time in your schedule to enable their culture change.
- People naturally resist change – it is important that you can make a strong case for the development requirements you identify as a result of your Capability Audit in order to take people with you.



Worksheet: The People Capability Lens

Step 1



Step 2

Stakeholder	Present Position	Options to address

Step 3

	Capabilities for Midwifery	Common	Capabilities for Gynaecology
Experienced Assistant			
New entrant			

Capabilities →



Action Planning

Return to the previous Lenses – your People Capability issues will have been generated by your Stakeholders, the Hospital's Strategy, the Government's agenda for Women's Healthcare and the resourcing issues you face.

Now revisit your initial reflections on the case study – to what extent has this Lens identified more issues for you?

You will return to this Lens as part of the Action Planning Process in Section 7



Midwifery Leadership Programme

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Section 5

Creating a Change Management Plan



Creating A Change Management Plan

Once you have completed the analysis of the situation you face, the success of your planning will be dependent upon your ability to adopt a systematic and strategic approach to the implementation of your plan. This inevitably involves the need to make changes to the current systems, structures, processes or people.

Major change efforts are, in truth, messy affairs. Seldom does a change initiative proceed along a straight and narrow path. More often, the path is crooked and muddy, making for a bumpy ride. As organisational change efforts proceed, strategies and priorities may shift, resources may come and go, budgets may be cut, organisational support may wax and wane, new Government initiatives may overtake or overlap with current efforts, new pockets of resistance may develop, and other external factors may shift.

Such uncertainty need not lead to despair. Change leadership requires recognition of these risks and dangers, and equal parts of patience, persistence, and resilience in the face of fresh challenges. In addition, change leadership requires a strong process orientation. Approaching change as a process and knowing what actions to take at each critical stage of that process help minimise risks and maximise your chances for success.

Change efforts proceed with fewer problems when you and those who will help you lead the effort hold a shared model for change. This allows you to locate where you are in any change effort, identify critical action steps, and coordinate your work. In addition, research on organisational change reveals that failed efforts suffer from many of the same missteps. A well-constructed change model, like the six-stage

model presented in this unit, ensures that you have considered those missteps, planned actions to address them, and, if not eliminate them in all cases, reduced their negative impact.



Model

The Six-Stage Process for Leading Change



The Six Stages of Successful Change

Changing the status quo within any organisation is not a process that should be entered into lightly. Although stability in NHS is no longer the norm, leaders often underestimate the challenge of implementing and sustaining a change effort. Having quality managers and dedicated employees does not guarantee successful transformation. Most people resist change. Therefore, it is the responsibility of strong leaders to convey the vision, sustain the motivation and commitment, and drive the change process.

Stage One: Make the Case for Change

Leaders must communicate to managers and employees the reasons and forces driving a change initiative. Discussing the current state of the Division is essential for combating complacency, resistance, and fear of the unknown. When undertaking major changes, leaders must identify the crisis—present or imminent—that precipitates the need for change. They must explain to members of the organisation, in explicit terms, how the change issue will affect the organisation. Throughout the change process, leaders must maintain and reiterate the stance that change is necessary for the survival and growth of the organisation. Both executives and employees must understand the threats and opportunities driving the change initiative.

Stage Two: Enlist Stakeholders to Develop a Vision

At the start of a change initiative, a leader must put together a team of stakeholders that has enough power to initiate and drive the change. One leader, however strong or charismatic, needs cooperation and active support for the change initiative to succeed. For a guiding coalition of stakeholders to be effective, individuals must be chosen from various levels within the organisation. They must be chosen for

their strong leadership capabilities, their expertise, and their capacity for relationship building. As a coalition, these individuals must work as a team to develop a clear vision of what will “solve” the problem or the best way to seize the emergent opportunity. As their vision becomes clear, they can help bring all levels of the organisation on board for the transformation effort. Their strong leadership must target and overcome the resistance of those seemingly allergic to change.

A vision that guides a change initiative must be clear and definitive. It must describe the organisation’s desired future state and identify the leadership agenda that will move the Unit toward this goal. This sustained focus on the future should affect decision-making at every level of the organisation. Each initiative, project, and decision must be seen as a step toward actualising this goal.

Along with vision, a strategy for achieving that end result must be developed. This strategy consists of clearly defined action steps that move the organisation from its present state to its future reality. It is also important to identify the real or potential barriers that may prevent successful implementation of the change initiative. Vision and strategy must go hand in hand. Vision without strategy quickly degenerates into a daydream of the future. Strategy without vision lacks the focus needed to sustain motivation.

Stage Three: Communicate the Vision

Many individuals resist change simply because they don’t understand the need for it. As leaders prepare to implement the change initiative, they must communicate the change vision to all those affected by, and involved in, the change. Leaders must provide consistent reminders of both the vision and the rationale for change. Use publications, meeting agendas, and speeches to remind others of the importance of change.



Define the actions that others must undertake to facilitate the transition process. Behave in a way that is consistent with your message. Individuals will be more likely to lend their support for a change vision when they see their leaders as the strongest proponents and the most diligent facilitators of the transformation effort.

Stage Four: Remove Barriers

One person cannot generate enough momentum for a change initiative to take hold within an organisation. As a change leader, you must remove barriers that interfere with people's ability to take actions that will advance the change initiative. Tailor your demands so that they are consistent with the change vision. Encourage individuals to overcome their resistance to change. Support their efforts to confront and surmount the obstacles, and recognise or reward those who willingly confront the challenges inherent in the transformation process.

Stage Five: Set Milestones and Acknowledge Progress

Momentum for the long-term vision can be gained (and sustained) by setting milestones goals and publicly acknowledging the progress achieved. Most change initiatives happen over extended periods of time. Control the process by dividing the change process into a series of stages. Create benchmarks to gauge and celebrate the forward movement of the organisation. Think of your "grand vision" for change as a series of performance improvements. These targeted wins must be attainable and visible, for they provide evidence that the organisation is moving in the right direction. Recognise and reward those people who make the wins possible. Short-term wins are clear signs of progress. They spur the organisation's movement toward the next small victory, and they lend credence to the change vision.

Stage Six: Reinforce the Change

Change is a continual process. While reaching a milestone is crucial, it guarantees neither ultimate success nor total validation for the change initiative. To ensure success, you must continue to measure your progress, assess your goals, and reevaluate the organisation's direction throughout the transformation. You must maintain the urgency with which you began the process. You must encourage the strong, sustained leadership of the guiding coalition, and you must use them to personify the new approaches, behaviours, or attitudes. As a leader, use the time within the change process to reinforce commitment to the change vision and to study how change affects both the organisation and its individuals.



Midwifery Leadership Programme

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Section 6

Case Study – Model Answers



South Shires University Hospital NHS Trust

Introduction

This report represents South Shires University Hospital NHS Trust women's health directorate performance against:

1. Trust corporate objectives
2. The national direction of travel for Maternity services outlined in:
 - a. The NHS plan
 - b. National Institute for Clinical Excellence (NICE) guidelines
 - c. The proposed children's NSF
 - d. The local Maternity Service Liaison Committee (MSLC) aspirations
 - e. Department of Health 6 point action plan (2004) to increase recruitment for midwifery staff

The directorate performance against corporate objectives and directorate priorities has to date identified some outstanding challenges for the directorate management team to address prior to the completion of this financial year.

Current Performance against Trust and Directorate Priorities

Achieve Financial Balance

The directorate is currently £80,000 overspent on bank and agency staff. This combined with a 20% vacancy factor requires the directorate to action a 2.5% cash-releasing Cost Improvement Programme (CIP). This will enable the directorate to achieve financial balance by the end

of the financial year. The proposed strategy for dealing with this is as follows:

- Review areas of high utilisation of bank and agency staff
- Identify income generating opportunities
- Increase number of private patients
- Review opportunities to provide spare capacity to local patient choice initiatives for Gynaecology
- Review bed occupancy for Maternity and Gynaecology
- Review non pay budget

This will be led by the General Manager supported by the Head of Midwifery and the Matron for inpatient elective gynaecology service.

Student Midwives

There is a requirement to increase student midwife commissions at local universities. This is required to ensure the future workforce targets are achieved. Current indications from existing students indicate increasing dissatisfaction with the quality of clinical placements and supervision.

One matron to be identified to work with the Head of Midwifery to achieve the following:

- Scope the extent of the problems with existing students and identify an action plan
- Scope extent of Mentors & Assessors within directorate and identify a strategy for improving numbers and quality of support
- Identify partnership arrangements with higher education to increase resources on 'shop floor' to support students



- Agree a strategy with the workforce development confederation to agree resources – i.e. incremental increase of commissions for student midwives, return to practice and adaptation programmes. Agree strategy and resources required – i.e. Practice Development posts to support this increase. To include remodelling the link tutor role and increase available courses for Mentors and Assessors

Improve Clinical Governance Framework

The performance of the directorate against this is poor and needs to improve. Current issues are:

- Cancellation of directorate clinical governance meetings due to the availability of key staff
- Planning for return visit from the Clinical Negligence Scheme for Trusts (CNST) Review Team
- Clinical incidents relating to a key member of staff (currently on sick leave) who has raised a grievance against colleagues and her line manager.
- The Royal College of Midwives concerns regarding working conditions of midwives

Senior members of the directorate management team will each take the lead in identifying actions against the above challenges. Actions will include:

- Analysis of the clinical incidents to identify trends, appropriate actions and continuation of monitoring. This will influence the training priorities for the directorate.
- Agree chairing and timing of the directorate clinical governance meeting and audit attendance and actions.
- Human Resources will lead on the management of the grievance

- raised ensuring that all staff are appropriately advised and supported.
- A separate investigation will be undertaken by the Matron for Delivery Suite, supported by Human Resources, into the clinical incidents identified with the member of staff.
- A retention focus group involving the Royal College of Midwives to address the concerns of staffing within the directorate. This work will be led by the Head of Midwifery.

Contribute to Local Health Improvement Targets

The PCT has requested a meeting to discuss the current programme. The Matron for Community & Antenatal Care and the General Manager will meet with PCT representatives to agree on action plan and resource plan to ensure an increase in performance. Within this exercise the proposed model of management of midwives will be discussed and reviewed.

Introduce Staff Appraisals and PDP's

The introduction of appraisals and Personal Development Plans has been introduced however recent trends from the analysis of appraisals support the views of the RCM regarding working conditions. All managers are required to ensure support for personal development plans is achieved. The above will influence the directorate's training strategy. This will include development programmes for clinical leaders.

Undertake a Skill Mix Review

This result can be achieved by each Matron undertaking a skill mix review. The Modern Matron for Maternity could use Birth Rate Plus and the Modern Matron for Gynaecology could use a nursing dependency tool such as GRASP. This work could be led by a midwife and nurse



seconded with funding provided by either the sector Workforce Confederation or Corporate audit team.

Ward Environment

Each matron, supported by sisters, to take responsibility for the improvement within the clinical environment. This is to be supported by the Capital & Estates department. The ward sisters' annual environment allocation (NHS Plan) to be prioritised to support this. In addition trust funds to be applied for to support investment in furniture etc.

Patient Information

The General Manager, and the Trust Patient Advocacy and Liaison service to scope the costs and schedule of improvement in patient information. The PCT to be involved in the prioritisation, commissioning and incremental investment. Patient Forum and Maternity Services Liaison Committee to quality assure content and quality of documentation.

NHS Performance Targets

The directorate performance against NHS targets demonstrates steady progress however there is a 10% shortfall against monthly activity targets with gynaecology patients with three patients at risk of failing the waiting time target for inpatient elective services.

The General Manager in partnership with the clinical head of service and Matron for Elective Gynaecology will identify an action plan to adhere to the above. The action plan will include:

- scoping existing bottlenecks – i.e. theatre utilisation, length of stay, management of staff, and annual leave for key staff

- identify an action plan to address the above
- engaging the directorate management team and members of the executive team where necessary to support key actions – i.e. review of annual study leave policy and performance with clinical staff

Nursing and Midwifery Strategy

The Director of Nursing has requested a strategy for Midwifery and Nursing to be completed for inclusion within the Trust Nursing & Midwifery Strategy. The Head of Midwifery to meet the representative of the corporate Nursing team leading on this to scope the involvement and level of detail required. The Head of Midwifery and the Corporate Nursing team to agree a suitable work plan and resource to support in order for the target to be achieved. This action to accommodate the need to prioritise actions required to enable the directorate to achieve the above performance targets.

Communication

The directorate management team will identify a communication strategy to ensure all stakeholders are informed of proposed actions, support and are engaged in the workstreams to secure improvement. The stakeholders are identified as follows:

- Executive team and Corporate department personnel – i.e. PALS and Communication
- Local PCT's – Commissioners and Clinicians
- Patient Forums and Maternity Services Liaison Committee
- Staff focus groups supported by regular feedback to all staff via open meetings, existing team meetings etc
- Medical staff forums



- Directorate management team
- Higher Education and student midwives
- Royal College of Midwives
- Local Supervising Authority Midwifery Officer
- Spiritual representatives and community groups

It is anticipated the above will require intensive involvement of key service staff within the directorate. Routine scrutiny of progress will be reviewed weekly by the directorate management team and monthly by performance management meetings with the executive team.

An enclosed action plan summarises the focused activity required to ensure improvements and will enable scrutiny of progress.

In parallel to the above the matron for delivery suite and lead obstetrician for delivery suite will review clinical practice against NICE guidelines for Maternity. The Head of Service for Gynaecology and Matron for Elective Service will review clinical practice within

gynaecology against NICE guidelines. The Head of Midwifery in conjunction with Strategic Health Authority Heads of Midwifery will scope the impact of Children's NSF and the consultation paper "Every Child Matters – The Next Step" on the organisation and practice of midwives. The Trust lead Nurse for Child Protection will support this.

The Director of Nursing and Head of Midwifery will agree to appropriate actions necessary to implement the recommendations of the Department of Health 6 point action plan. On implementation this strategy will ensure that the Trust becomes the employer of choice for clinical staff and the provider of choice for Maternity and Gynaecology services for the local population.

The general manager will lead the directorate's response to the Modernisation Pay Agenda, "Agenda for Change". The directorate Process of Implementation will mirror the Corporate Implementation Plan.



Priority	Target	Action	Lead	Stakeholders
Financial Balance	Achieve balance by year-end. Identify a cost improvement programme 2.5%.	Review options for increasing income and reducing cost. Review agency and bank costs. Review skill mix. Look at opportunities to develop a midwifery assistance role. Use of voluntary sector to support midwives i.e. NCT. Use of NHS professionals. Review non pay budget, theatre utilization, review & increase private patient income.	General Manager Head of Midwifery	Heads of Midwifery Matrons Heads of Service Finance Workforce and Corporate Team
Increase Commissioning of student midwives places Establish Student Focus Group	Retain existing students. Targeted recruitment campaign to include Return to Practice. Negotiate with WDC regarding salary costs and funding for clinical placement facilitator. Respond to issues raised.	Appoint a Clinical Placement Coordinator. Develop a programme to help midwives support more than one student. Identify issues affecting student placements and develop appropriate action plan.	Head of Midwifery Matron Inpatient Maternity Services	Higher Education Institutes (HEI) Students WDC HR Matrons
Improve clinical governance framework within directorate	Respond to grievance raised by member of staff. Respond to concerns raised on Midwives Practice.	Re-establish Clinical Governance meeting: produce a report of all clinical incidents. Undertake root cause analysis and agree action plan. Report as appropriate to: – Trust Clinical Governance group – LSA Officer – SHA Monitor attendance at Meeting – take appropriate action HR to appoint key staff member to undertake investigation on member of staff identified Separate HR manager to deal with grievance procedure	Head of Midwifery & Clinical Director to Joint Chair HR Advisor Matron of Delivery Suite	Matrons Clinical Governance team Heads of Service – Members of staff of other groups –HR RCM etc.



(b) Return of CNST review team	Achieve CNST Level 2	– Prepare for return of CNST review team – Review practice and policies against NICE guidelines	Matron Delivery Suite Head of Service	All clinical staff Supervisors of Midwives
Contribute to local HIMP targets	Breastfeeding Smoking Cessation Teenage Pregnancy Domestic Violence Immunisation Screening of Newborns Sure Start	Analysis of existing performance targets Action plan to improve performance Negotiate additional resources	– Matron Antenatal And Community – General Manager	Matrons Head of Midwifery Clinical Director PCT National Childbirth Trust (NCT) MSLC General Manager
Meet with PCT to discuss Management of Maternity Services	Develop closer working relationship with PCTs	Provide alternative models which incorporates improved communication with primary care teams	General Manager Matron Antenatal/Community	HoM LSA General Manager
Staff Appraisals	Achieve 100% of staff having appraisals	Audit number of staff having an appraisal Include trends in PDPs on annual basis Use outcomes to enhance training strategy	Head of Midwifery General Manager Clinical Director HR Matrons	All Staff
PEAT visit Review development of Housekeepers roles	Ensure compliance	Continue to progress plan Cascade roll out of housekeepers	Matrons Support Staff General Manager	Support Staff
Patient Information – Translation – Transcription – Interpreters	Information available for patients in appropriate language and medium	Work with corporate PALS and Information Services to incrementally improve this (within existing financial balance) Seek sponsorship from local communities to support this	General Manager PALS Matron Inpatient Maternity and Elective Gynaecology Services	– Matrons – Heads of service – Trust PALS – Clinical Staff



Increase patient throughput and ensure compliance with NHS activity targets	Meet activity targets	Review audit of utilisation of theatres and bed occupancy Review weekend working costs versus benefits Review annual leave and study leave. Negotiate with PCTs if extra costs necessary. Put in place robust w/list monitoring systems to alert potential breaches early	Matron Elective Gynaecology Services Head of Service gynaecology General Manager	Head of Service Matron Clinical Staff Finance Director/Exec team
Communication Strategy	Communication plan which secures support of all stakeholders	Open meetings – staff/students Briefing meeting – clinical teams Update meetings – RCM, MSLC, PCT, HEI Prepare timely reports of progress Website	Head of Midwifery General Manager Clinical Director	All Stakeholders
Nursing, Midwifery, Strategy	Midwifery section included in trusts Nursing and Midwifery Strategy	Scope level of involvement required. Identify a suitable time plan to produce essential information. Agree level of involvement of clinical staff	Head of Midwifery Director of Nursing Corporate Nursing Team	Nursing Midwifery Staff
Improve Clinical Services	Meet targets outlined on DoH 6 point action plan on midwifery workforce Childrens NSF “Every Child Matters”	Head of Midwifery to work with other SHA sector HOMS Heads of Midwifery to agree strategy Agree funding investment Meeting to discuss implications agree change plans	Head of Midwifery Director of Nursing Lead Nurse/Midwife Child Protection	All clinical staff User groups PCT SHA



In the next two weeks the above action plan will identify the necessary actions required to improve the directorate’s performance against targets. The directorate management team will provide weekly progress reports which will be monitored by the following:

- Directorate management meetings (weekly)
- Clinical Governance meetings (fortnightly – moving to monthly once satisfactory progress on key clinical issues and CNST review meetings occur)
- Trust Executive meetings through the Clinical Director for Maternity and Gynaecology Services.
- Maternity Services liaison committee (6 weekly)
- Patient forum (as requested)
- Regular meetings with the Royal College of Midwives and HEI
- Staff meetings, Professional, Managerial, Clinical and Medical Staff committee

Additional Actions

- **Review closure of Birthing Centre**

Review manpower across hospital and community	Matron
Identify models which would provide cover for retention of opening of Birthing Centre	D/S
Meet with Patient Forums/PCTs/RCM to discuss option and seek support	Head of Midwifery Matron Community and Antenatal Services

- **Strategy for Midwifery**

Complete and align to Trust Nursing and Midwifery strategy	Head of Midwifery Matrons Midwives
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Within strategy identify the following:	Head of Midwifery
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- | | |
|--|---|
| 1) Recruitment campaign | |
| a. Return to Practice | |
| b. Adaptation | |
| c. Undergraduates | |
| Recruitment stand/material | |
| Identify efficient interview and application process | |
| 2) Retention campaign | |
| a. Staff focus groups | Head of Midwifery/HR |
| b. Mentorship/Preceptorship | |
| c. Clinical support – practice development | Head of Midwifery |
| d. Self rostering/flexible workforce | Midwifery Staff & Students
RCM
HR |

- **Modernisation Pay Agenda**

Identify directorate process	General Manager
Identify actions and resources required	Head of Midwifery



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Section 7

Personal Action Planning

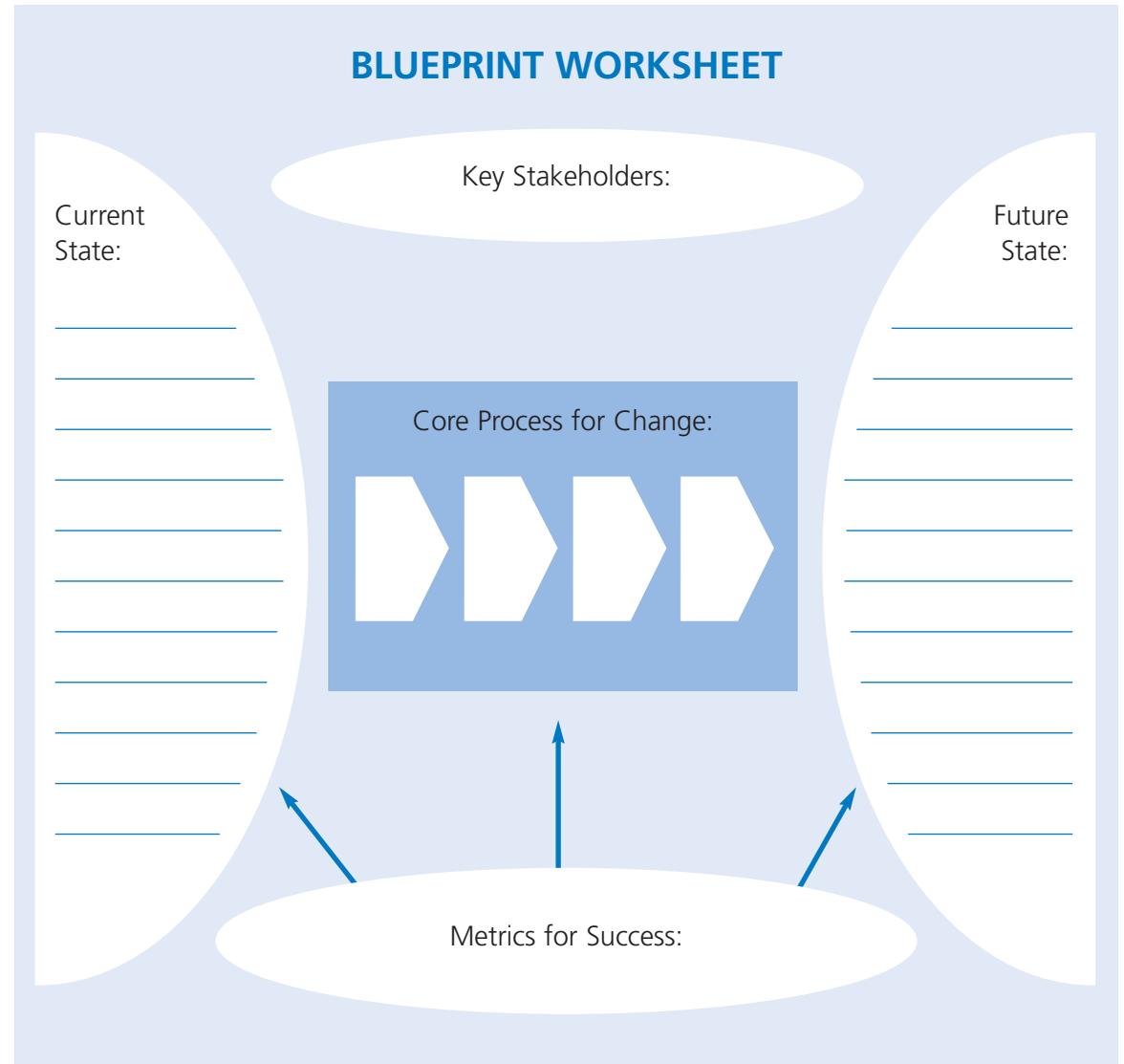


Personal Action Planning

In order to pull together the information you have gathered using the Examination Lenses, it is often helpful to try and present the data pictorially. By doing this, it is possible to see connections, overlaps and interdependencies between different tracks of activity.

The Blueprinting Process is an ideal way of summarising the information available from the Lenses. It provides a clear, easy to understand visual of the changes you are committed to bringing about, the reasons for those changes, the stakeholders for those changes and the means of measuring the extent to which the changes have achieved the intended results.

Whilst the Blueprint is shown as a paper-based template, you can construct your own blueprint on a whiteboard where it is easy to edit, using Post It notes on a wall or by creating individual pages for each of the core sections outlined below.



To maximise the effectiveness of the Blueprinting Process, work through the following sequential steps:

Step 1: Future State. Looking ahead, build a statement, like a headline might read, on where you need to be at the end of your first 100 days.

Step 2: Current State: Create similar statement relative to where you are now.

Step 3: Bridge the Gap. Complete the middle columns on your action plan to better visualise what steps to take to attain your desired Future State. In bridging the gap, think about:

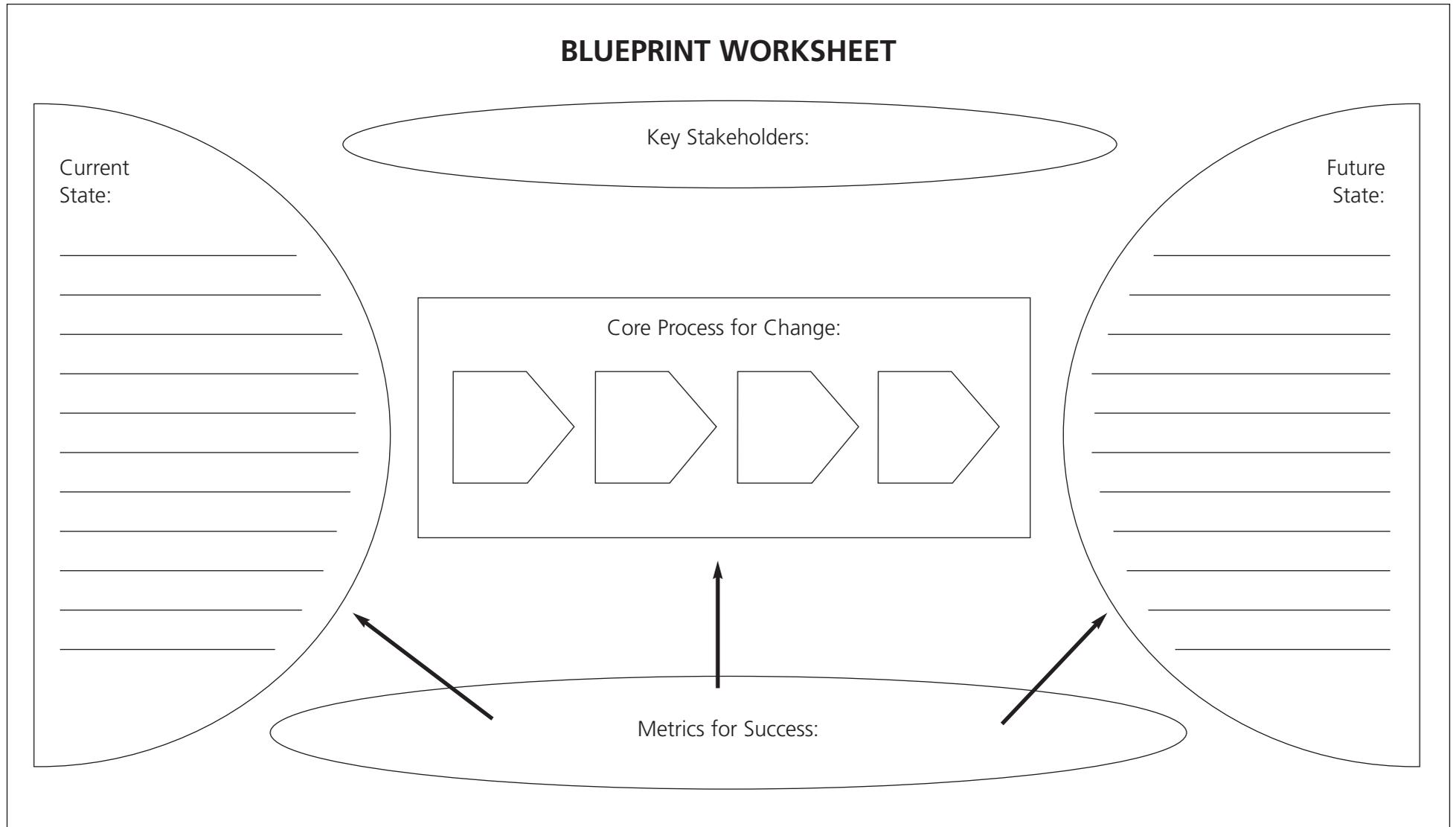
- How you will work with your stakeholders,
- How you will measure success
- The sequential steps you need to take to effect your 100 day plan.

In bridging the gap, the outputs of each of the tools will help you as follows:

The Examination Lenses can help you complete the Blueprint as follows:

Lens	Application
The Stakeholder Lens	<ul style="list-style-type: none"> • Provides the content for the Key Stakeholders section. • Provides an insight into the Future State from the stakeholders' perspective
The Strategic Intent Lens	<ul style="list-style-type: none"> • Defines aspects of the Current State and expectations for the Future State • May provide some targets/measures for the Metrics for Success section • Raises actions for the Core Processes for Change section
The Government Intent Lens	<ul style="list-style-type: none"> • Defines aspects of the Current State and expectations for the Future State • May provide some targets/measures for the Metrics for Success section • Raises actions for the Core Processes for Change section
The Resourcing Lens	<ul style="list-style-type: none"> • Defines aspects of the Current State • Raises actions for the Core Processes for Change section • Provides some measures for the Metrics for Success Section
The People Capability Lens	<ul style="list-style-type: none"> • Defines aspects of the Current State • May provide some targets/measures for the Metrics for Success section • Raises actions for the Core Processes for Change section





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Section 8

Templates



Stakeholder	How Can You Engage With Them Directly?	How Can You Help Engage With Them?	What Do You Need To Do?



Template: The Strategic Intent Lens

Step 1 What is the Hospital’s Mission Statement? This defines the aspirations the Hospital has in terms of its cultural approach to delivering its medical services.

Mission Statement

Step 2 How has the Hospital translated its Mission into Corporate Objectives? As a leader in the NHS you need to have a clear understanding of the corporate objectives and how they impact upon you.

Corporate Objective	Link to Mission	Impact on the Unit	Actions Required



Step 4 Having used this Lens, identify graphically below the extent to which you believe the Unit is currently meeting the needs of its Directorate and its Trust strategic plan. Identify at least three areas in each dimension where significant action is needed.

<p>Alignment to Mission</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <p>Low High</p> <p>Actions Required</p> <ol style="list-style-type: none"> 1 2 3
<p>Alignment to Corporate Objectives</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <p>Low High</p> <p>Actions Required</p> <ol style="list-style-type: none"> 1 2 3
<p>Alignment to Directorate Priorities</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <p>Low High</p> <p>Actions Required</p> <ol style="list-style-type: none"> 1 2 3



Template: The Government Initiative

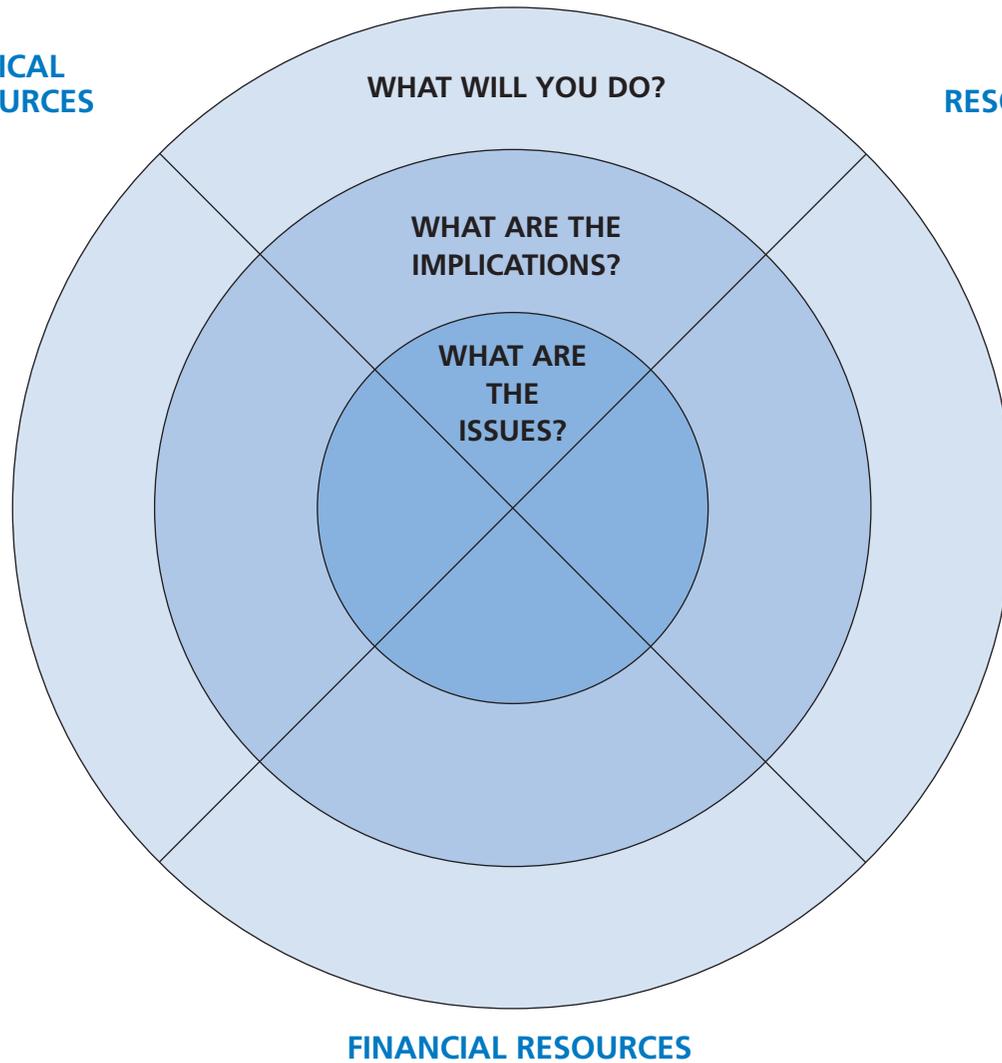
Initiative	Intention	Status	Risk of non-compliance	Actions Required	Priority (H, M, L)
		<input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green			
		<input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green			
		<input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green			
		<input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green			
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		<input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green			



Template: The Resourcing Lens

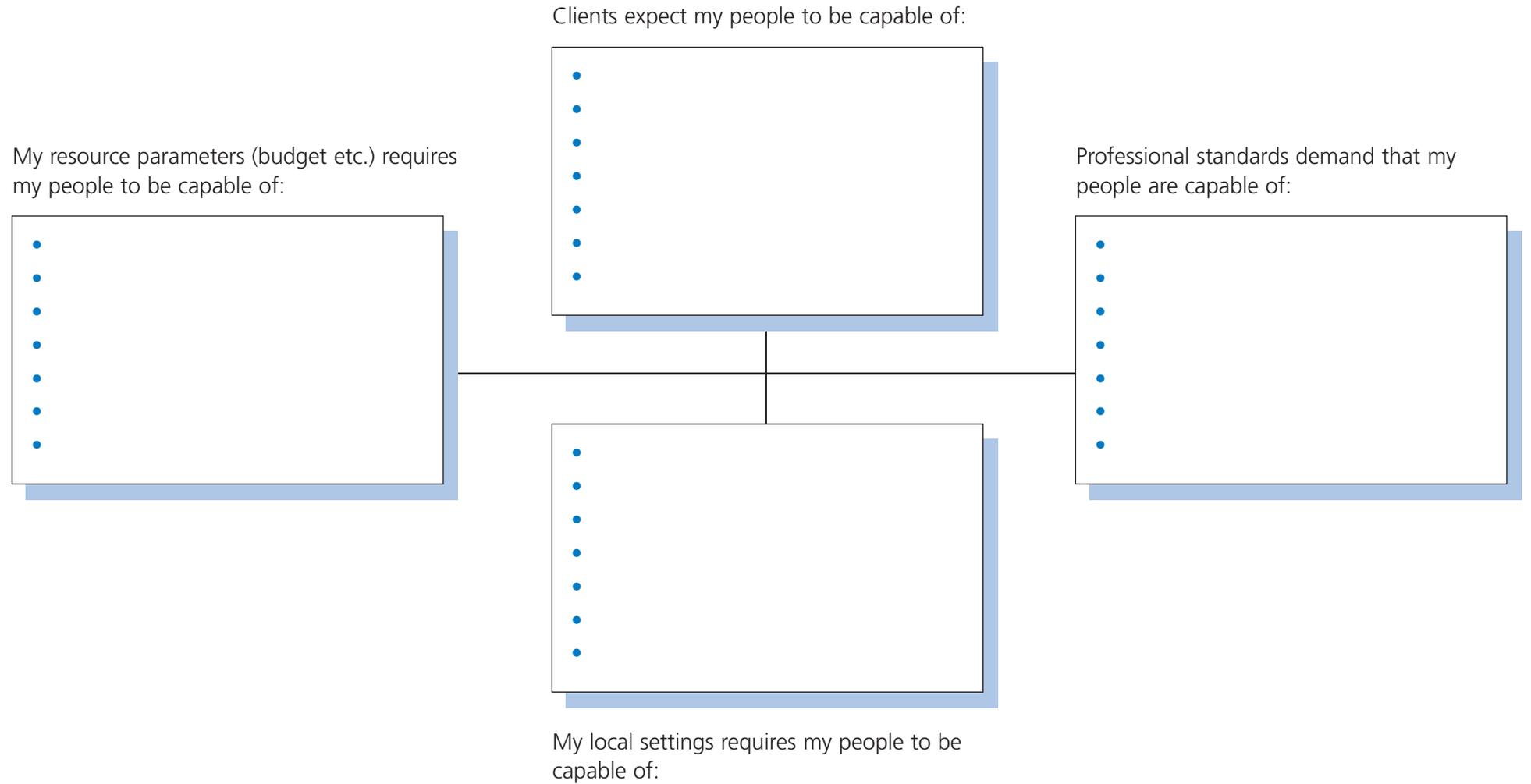
**PHYSICAL
RESOURCES**

**PEOPLE
RESOURCES**



Template: The People Capability Lens

Step 1



Step 2

Stakeholder	Present Position	Options to address

Step 3

	Capabilities for Midwifery	Common	Capabilities for Gynaecology
Experienced Assistant			
New entrant			

Capabilities →



Step 4

Issue	Impact & Risk	Actions Required

