



Labour Ward Leaders Working together for safe care

**PILOT PROGRAMMES: EVALUATION REPORT
APRIL 2017**



Executive Summary

This Evaluation Report provides both a quantitative and qualitative summary of the Labour Ward Leadership pilot programme that was delivered between October and December 2016.

This labour Ward Leadership programme was developed following work initiated by the asphyxia working group of *atain* (avoiding term admission into neonatal units) programme and was designed collaboratively with *atain*, the Royal College of Midwives, The Royal College of Obstetricians and Gynaecologists and the patient safety team at NHS Improvement.

A one-day interactive workshop was designed to help labour ward multidisciplinary (MDT) teams reflect upon the culture in which service provision occurs and explore the diverse contributions that each member can make to the success of the team. The workshops were made available to 'intact' multidisciplinary labour ward teams.

Four one-day workshops were offered to 32 Trusts, totalling 245 professionals within England. There remained unfulfilled demand for the programmes from 35 Trusts representing 230 participants.

Prior to attendance at the workshop, teams were required to formulate a plan to improve an aspect of MDT working. Following attendance, they were challenged to work on their team project at a local level, engaging the wider team in addressing the problem/opportunity defined in the project.

The workshops achieved a 'recommendation rating' at the 84th percentile and a 'satisfaction rating' at the 88th percentile. Attendees valued the space provided and the framework used to identify, discuss and start to address key issues of safety within the labour ward. There is clearly both a need for and significant demand for this type of multidisciplinary event.

There is a need to develop models of delivery that are accessible, affordable and sustainable – delivered in both a public (multi-Trust) and private (in-Trust) format with a core framework supported by flexible content to address the differing needs of diverse teams.

1. Background

This Labour Ward Leadership (LWL) programme was developed following work initiated by the asphyxia working group of *atain* (avoiding term admission into neonatal units) programme and was designed collaboratively with *atain*, the Royal College of Midwives, The Royal College of Obstetricians and Gynaecologists and the patient safety team at NHS Improvement.

Funding secured by *atain* enabled two surveys to be undertaken. The first survey asked midwives with a labour ward coordinator role to answer questions around specific training for their role, supernumerary status, the availability of essential equipment and safety in the labour ward. A separate, but similar, survey was sent to obstetric labour ward leads. The findings of the two surveys were remarkably similar and included issues around lack of training for the role, no interdisciplinary leadership training, a lack of peer and professional support and frustrations around broken or missing essential equipment which compromised safety.

Following the surveys, it was agreed to seek additional funding to design and deliver multidisciplinary workshops for labour ward leaders as part of a pilot programme.

The ultimate aim of the LWL programme was to develop multidisciplinary leadership capability within the labour ward leadership team with a specific focus on improving safety in the labour wards of participating units.

Leadership in maternity services is a political priority and under constant scrutiny. The workshop content and LWL programme aims were agreed using evidence from the Kirkup report, Better Births, the Secretary of State's National Ambition for Safety as well as qualitative evidence from responses to the labour ward coordinators (LWC) and labour ward obstetric leads (LWOL) surveys.

A core ambition of the programme development was to bring together, as an MDT, those undertaking key leadership roles within the labour ward. The aim was to provide a space where professionals could work together away from the clinical setting not only to address identified safety needs but to build relationships between individuals within each team using information based on self-assessment of local safety culture as a key informant. This was particularly important in the eyes of the development team to counter the criticisms contained in the Kirkup Report that the development of professional groups learning in 'tribes' was an underlying cause of some of the issues identified in his investigation.

Regrettably, funding limitations meant that the LWL programme was unable to include all units in England and therefore was run as a pilot programme. A number of requirements for selection into the pilot programme were made, including the need for a locally identified safety improvement project to be undertaken. Pre and post event discussion within the wider MDT was required as part of the post pilot feedback process and through the inclusion of the whole MDT in the project work.

A copy of the Application Process Form is contained in **Appendix 1**

2. The Purpose of this Report

This evaluation report provides both a quantitative and qualitative summary of the Labour Ward Leadership pilot programme that was delivered between October and December 2016

The report draws on the observations of a diverse group of facilitators, data analysis of team performance data submitted by participants and post programme 'immediate feedback' evaluation questionnaires.

The report aims to inform future decision-making concerning the need for and possible next steps for this programme against clear evidence of significant demand for this type of multidisciplinary team intervention, focusing specifically on leadership.

3. Initial Research

In preparation for the workshops, culture surveys were sent to the individual midwifery labour ward coordinators (LWC) and labour ward obstetric leads (LWOL) in February and April respectively to explore experiences of those offering clinical leadership within the labour ward.

4. Project Objectives

A one-day interactive workshop designed to help labour ward multidisciplinary teams reflect upon the culture in which service provision occurs and explore the diverse contributions that each member can make to the success of the team.

In devising the Project Objectives, due consideration was given to:

1. High-profile reports, such as the inquiry into Morecambe Bay (Kirkup 2015¹) and the Better Births Report (National Maternity Review 2016²), which both record the challenges faced by practitioners in practice and the need for improved leadership and team working within maternity services.
2. The dynamic, and often fast-moving, nature of the birthing environment, which can make the workplace unpredictable and potentially lead professionals to lose sight of the shared vision of the multidisciplinary team.
3. The frequency in which the lack of real understanding and appreciation of the role of others within the multidisciplinary team and the need to strengthen labour ward leadership is cited in investigation reports as a barrier to the provision of safe and effective care for women and families.
4. Feedback from the initial research surveys which highlighted that in environments where staffing challenges exist, good communication and team-work is often the last safety barrier to harm.

5. Programme Objectives

The programme developed ten core objectives against which the pilot would be tested.

As a result of completing preparatory work, attending the one-day workshop and engaging in a six-month workplace projects, participants would:

- ✓ Appreciate the role that the unit culture and leadership has on the provision of safe care
- ✓ Have a greater understanding of different personality types and how these might be advantageous to the wider team
- ✓ Have a greater understanding of their own personality type and how they might need to adapt their style according to circumstances
- ✓ Have a greater understanding of the current safety culture of their local unit
- ✓ Have considered what the key areas are for improving the safety culture within their own unit
- ✓ Appreciate the common challenges in safe labour ward care and ensure that collaborative learning and practice can improve the environment for women, families and staff
- ✓ Develop a greater understanding of communication styles and become more effective communicators
- ✓ Appreciate the similarities and differences in roles of the multidisciplinary team on labour ward
- ✓ Develop an action and implementation plan to bring about a collaborative change to the labour ward management
- ✓ Be able to draw on tools and resources to support the implementation of the agreed action plan

¹ The Report of the Morecambe Bay Investigation; Bill Kirkup 2015

² Better Births; Improving outcomes of Maternity Services in England; National Maternity Review 2016

6. Entry Criteria

This event was made available to 'intact' multidisciplinary labour ward teams. Each team had to have representation from the full range of labour ward 'players including:

- Labour ward midwives - typically band 7
- Obstetric leads (not the Clinical Director)
- Obstetric trainees (6-7StR)
- Head of Midwifery
- Senior midwife leads with responsibility for the labour ward
- Clinical Directors /Board level safety champion

The team were required to identify a critical safety-related change that needed to be made as part of their labour ward practice and commit to working on this as a project over a six-month period following the workshop.

It was anticipated that it would be a challenge to ensure that a truly multidisciplinary team attended and that their individual and collective roles were clear to all parties. To ensure an appropriate mix of MDT team members attended, each unit was asked to submit the names and roles of their proposed team and guidance was provided where the team did not meet the set criteria.

7. Programme Design

The programme was designed by a consortium of interested professionals drawn from the Royal College of Midwives, the Royal College of Obstetricians & Gynaecologists, **atain** and NHS Improvement. Additional insights were provided by external experts in safety drawn from a military air accident investigations environment and a specialist in team and leadership development.

The design of the programme comprised three elements:

i. Pre-Module Work

All participants and teams completed a package of mandatory pre-module work before attending the team workshop. This involved:

✓ Selection of a team project

It was an expectation of the programme that multidisciplinary teams identified and worked on a local project that focused on identifying an improvement that the team wished to make to enhance the way it delivers high-quality, safe care to the women and babies who access the services provided by the labour ward team.

Typical projects involved improving handover of care or the use of safety huddles to address challenges in the clinical area; implementing processes to increase the level of feedback given to members of the MDT; critically appraising resource allocation within the unit or enhancing the way in which concerns are raised and addressed within the team.

Work on this project commenced before the workshop and continued for approximately four months after the workshop. The project included a requirement of involving the whole MDT even though only a representative number of the team attended the workshop.

✓ **Directed reading**

Participants were asked to read two publications to prepare them to debate critical aspects of labour ward safety:

- *Spotlight on Maternity (March 2016)*³
- *What Makes Maternity Teams Effective and Safe?*⁴

✓ **High Performance Team effectiveness questionnaire**

In order to examine, as a team, how units perform, participants were individually asked to measure the performance of their team against a model of High Performance Team Effectiveness. Input was collected online and the summary results were shared with the teams at the workshop.

This data was used to provide a diagrammatic representation and overview of how each respondent perceived a number of safety/culture related aspects within their own units. Teams were challenged in the workshop to use the team effectiveness data to identify areas where safety could be improved.

ii. **Workshop Module**

All participants attended a one-day workshop which addressed six main themes::

- I. The aspirations of the team in respect of safe, high quality care
- II. The seven measurable elements of high performing teams
- III. Assessing the current high-performance level of the multi disciplinary team
- IV. Creating a safe team culture
- V. Assessing the current capability of the multidisciplinary team
- VI. Creating team metrics focused on the delivery of safe, high quality care

iii. **Ongoing Project Work**

Following attendance at the workshop, teams were required to continue work on their team project at a local level, engaging the wider team in addressing the problem/opportunity defined in the project.

Teams have until June 2017 to complete their project and report back – during the period, tele-coaching support is being provided by members of the wider facilitation team.

³ **Spotlight on Maternity** - Contributing to the Government's national ambition to halve the rates of stillbirths, neonatal and maternal deaths and intrapartum brain injuries by 2030 – Sign up yo Safety March 2016

⁴ **What makes maternity teams effective and safe?** Lessons from a series of research on teamwork, leadership and team training - Dimitrios Siassakos Robert Fox, Katherine Bristowe, Jo Angouri, Helen Hambly, Lauren Robso & Timothy J. Draycott – AOGS Commentary - 2013 - Nordic Federation of Societies of Obstetrics and Gynecology, Acta Obstetrica et Gynecologica Scandinavica

8. Logistics

Four one-day workshops were offered to Trusts within England. All venues were over-subscribed and places were allocated based on the suitability of their project, intelligence gained from CQC reports, (to enable Trusts with identified problems as a priority) and an appropriate MDT identified. Some teams were offered guidance and support in their application prior to acceptance.

Attendance breaks down as follows:

Venue	Date	Trusts Attending	People Attending
Bristol	11 th October 2016	8	55
Milton Keynes	1 st November 2016	8	64
York	4 th November 2016	8	60
London	7 th December 2016	8	66
Total Overall		32	245

Despite running these four workshops at full capacity, there remained unfulfilled demand for the programmes from 35 Trusts representing 230 participants.

8. Delivery Team

All four pilot programmes were delivered by a fixed core facilitation team comprising:

- Gail Johnson – RCM
- Phillip Dale – PHI Learning Ltd
- Paul Davis MBE – Air accident investigator

Brief profiles of the Facilitation team are contained in **Appendix 2**.

Each workshop was further supported by a rotating team of co-facilitators drawn from the Project Design Team including:

- Michele Upton – NHS Improvement
- Janine Lucking – NHS Improvement
- Sheila MacPhail – RCOG
- Anita Dougall – RCOG
- Carmel Lloyd – RCM

9. Participant Feedback

Reactive feedback was collected from participants in both quantitative and qualitative format.

1. Recommendation of the Event

Participants were asked to respond to the question - ***How likely are you to recommend this event to other colleagues?***

The questionnaire used a rating scale from 1 (Totally Dissatisfied) to 10 (Totally Satisfied).

The spread of responses is provided in the graph below – the overall weighted average calculates at 8.42 (see box) which indicates a very high level of recommendation for the programme. This weighted average was consistent across all four events:

Trust	Weighted Average
Bristol	8.34
Milton Keynes	8.69
York	8.64
London	8.24
Overall Average	8.42

The facilitation team noted that the slightly lower scores at the Bristol and London workshops reflect an individual Trust team at each event which showed a lower level of commitment to the programme and commented that they disliked the methodology used within the workshop.

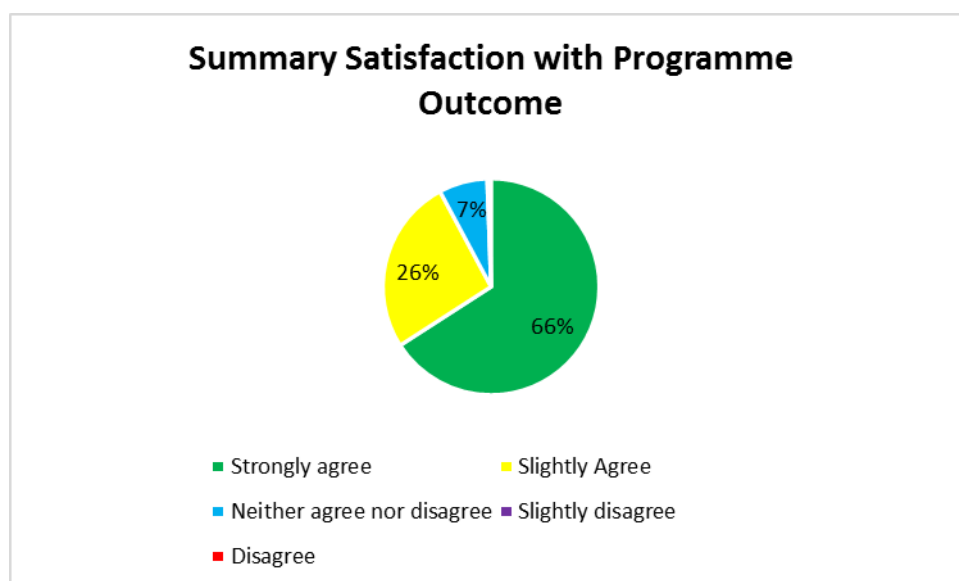
2. Satisfaction with the Programme Outcome

Participants were asked to respond to seven questions seeking levels of satisfaction with the programme outcomes. The questionnaire used a rating scale from 10 (Strongly Agree) to 0 (Disagree).

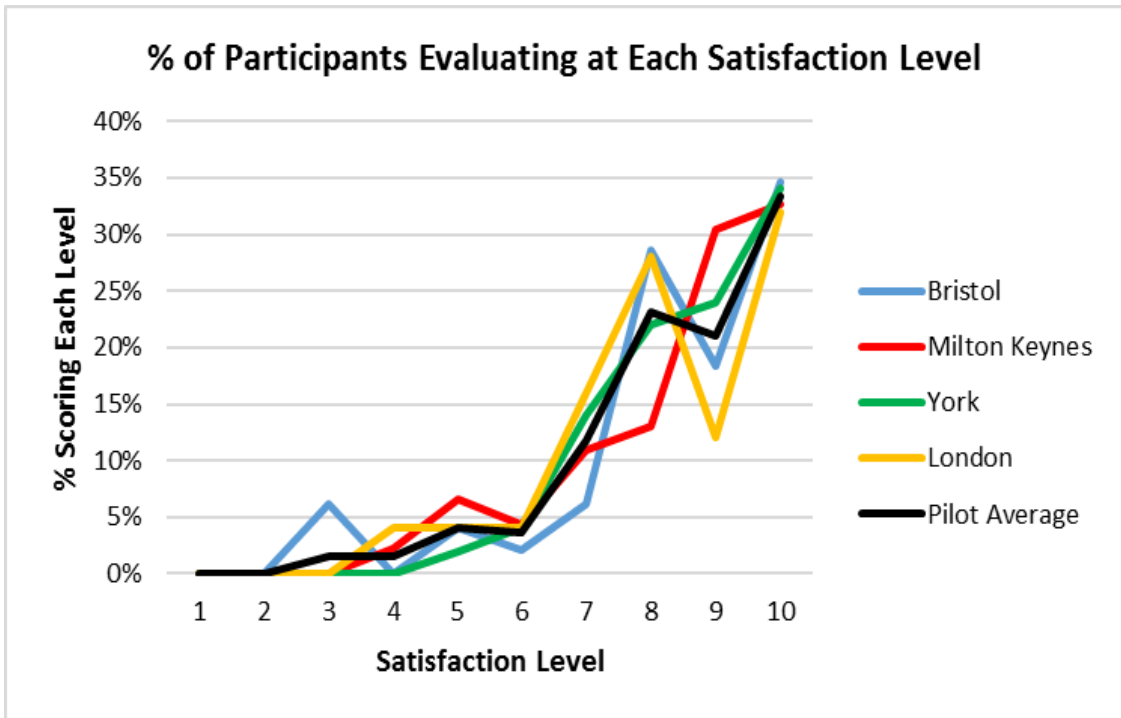
The spread of responses is provided in the graph below and the overall weighted average calculates at 8.82 which indicates a very high level of satisfaction for the programme. This weighted average was consistently above 8.5 across all four events:

Trust	Weighted Average
Bristol	8.52
Milton Keynes	8.78
York	8.75
London	9.04
Overall	8.82

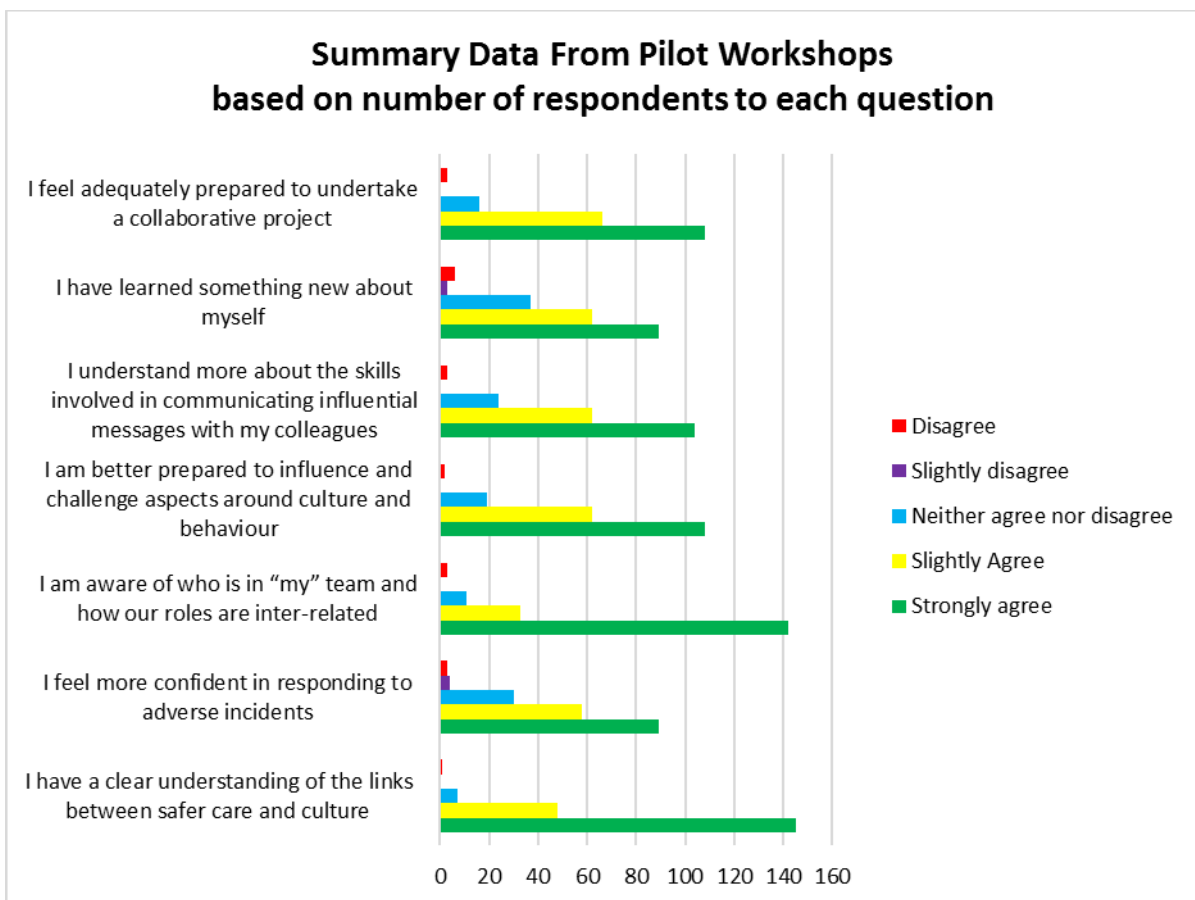
The level of satisfaction is summarised below:



The distribution of satisfaction scores by each of the pilot workshops is shown overleaf:



An analysis of the seven evaluation criteria is illustrated below:



3. Verbatim Comments

Participants were also invited to comment on two elements. The feedback is summarised under each heading – the complete verbatim feedback is contained in **Appendix 3**:

1. The Reasons Behind Their Satisfaction with the programme

Highlights of participant satisfaction include:

- ✓ Time out for reflection
- ✓ Opportunity to discuss issues with fellow professionals
- ✓ Useful tools
- ✓ Collaboration between Midwives, Obstetricians and Anaesthetists
- ✓ Time spent with the MDT
- ✓ Analysis of team effectiveness data

Whilst the majority of participants were satisfied there was a criticism from a minority of participants who wanted to spend more time on the team project than could be allocated in the time available.

2. The Actions They Intended to Take Following the Workshop

Highlights of the participant planned actions include:

- ✓ Sharing learning with the wider team
- ✓ Application of tools
- ✓ Completion of the team project
- ✓ Increased proactivity concerning safety
- ✓ Improve communication

10. Trust Team Projects

A total of 32 projects were initiated as a result of the pilot workshops. These projects will be led by the core labour ward team and will involve wider members of the multidisciplinary team.

The projects focused on a diverse range of safety-related issues and can be summarised in 12 themes:

Theme	Trusts focussing on this theme
Improving communication processes within the multidisciplinary team	10
Enhancing the quality of handovers	5
Developing better collaborative working processes within the multidisciplinary team	4
Reducing levels of caesarean section and inductions	2
Learning better lessons from incident reviews	2
Improving track and trigger systems to enhance safety	2
Improving safety briefings, huddles and electronic contact (between remote units)	2
Better management of complex pregnancies	1
Changing the culture within the labour ward multidisciplinary team	1
Structural review of labour ward management to focus on safety	1
Improved skills and drills relating the safety	1
Enhancing safe-choice options for women	1

It is anticipated that there will be a review event in June 2017 at which the outcomes of these projects will be show-cased.

11. Observations from the Pilot Workshops

Value of the Programme

The evaluation data confirms that there is an unfulfilled need for this type of multidisciplinary intervention. Creating the time and the space for all members of the maternity multidisciplinary teams clearly adds value and allows the whole team to focus on the essential actions that need to be taken to ensure that the labour ward remains a safe and productive environment.

The degree to which teams were prepared to engage in challenging conversations varied across the Trusts represented. In general, however, a mutual respect and willingness to explore alternative views was seen within the pilot programmes.

CONCLUSION: Given the positive reaction to the programme, the project stakeholders need to look for ways in which this type of intervention can be provided beyond the pilot phase. Using an opportunity presented through the delivery of the HEE led Maternity Safety Training Fund, the programme was included within the catalogue of training offered to trusts. By 31st March 2017, 54 units had applied to attend the course. One unit had asked for the programme to be extended to antenatal and postnatal areas.

Team Selection

This pilot programme was unique, being the first programme to bring teams of midwives, obstetricians and anaesthetists together to work collaboratively on developing leadership capability for the multidisciplinary team in order to address safety related issues within the labour ward.

The development of the programme demonstrated the benefits to be derived from combining the experiences of atain, the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, NHS Improvement and external experts in the fields of team development and accident investigation.

The selection criteria for the pilot programme emphasised the need for a broad range of membership to be represented within the selected teams and the achievement of this diversity was variable across the Trusts represented.

It was unclear whether Trusts really understood the true nature of multidisciplinary teams and the culture(s) that had developed within these. In many cases, it was unclear whether there was agreement about the composition of the labour ward team and the roles and responsibilities of core members.

CONCLUSION: In any further roll-out of this intervention, greater emphasis should be made on the need to select and release all key leaders of the multidisciplinary team to gain maximum impact from the programme.

Challenges facing the multidisciplinary team

Many Trusts struggled to identify and then release the key members of the multidisciplinary team to attend the pilot programme. Frequent reconfiguration of nominated team members added a significant burden to the administration of the programme.

This tended to reflect the reality of labour ward life with staffing often being driven by the availability of resources rather than the selection of preferred resources. This makes it difficult for the 'ever-changing' team to agree norms of behaviour and ways of working.

Securing the attention of team members to complete necessary pre-workshop activities proved difficult, which tended to reflect the resourcing challenges faced by the teams who appear to have little, if any, discretionary time beyond the provision of a front-line service.

CONCLUSION: In any further roll-out of this intervention, greater emphasis needs to be made on committing in terms of preparation time and attendance time and a commitment gained from the Head of Service to protect this time.

Level of demand

It is clear from the level of interest in the pilot programmes that there is a significant unfulfilled demand for this type of development across England. Trusts that attended a pilot workshop valued the experience and in many cases were keen to nominate other teams to attend later events.

Whilst the pilot programmes were centrally funded, it is unclear whether Trusts with outstanding demand are prepared to fund this type of development at a local level when central funding is exhausted.

CONCLUSION: Any roll-out of this solution beyond the pilot programme needs to be resourced at a sufficient level to address the significant unmet demand arising from the pilot. Challenges exist in terms of Trusts prioritising spend on this type of activity and these challenges need to be further explored to inform any future delivery model that may emerge following the pilot.

The newly launched Maternity and Neonatal Health Safety Collaborative will offer teams similar support but this is in waves over three years so there may be a role to play for the LWL programme for those in waves 2 and 3.

Opportunities to enhance safety

The choice of post-workshop projects by each of the teams indicates the recognised need to address key issues of safety within the labour ward. Whilst it is too early to assess the impact of these projects the consistency of project themes selected confirm many of the concerns that existed when this pilot was commissioned.

CONCLUSION: The heavy focus on improved communications and relationship development within the team, whilst not a surprise, indicates that in any subsequent roll-out of the programme this area needs to have an even more prominent focus. When evaluative feedback is received from the projects undertaken by the team, this needs to be used to inform the way in which projects are positioned in any subsequent roll-out of the programme.

Commitment of teams

The majority of teams committed fully to the development process provided by the pilot programme and reported high levels of satisfaction from the events. It was disappointing that a very small minority of teams did not show this commitment with 'no-shows' of team members, poor application within the workshop or failure to stay until the end of the one-day event. This was disappointing when the programme was funded by public money and where such behaviour deprived Trusts who wished to commit fully to a pilot place from attending.

CONCLUSION: In any roll-out of the programme which is funded by public money, a system for two-way feedback should be developed so that facilitators can provide feedback to units who do not make the most of the opportunities presented by the programme.

APPENDIX 1 – The Application Process

Applications for expressions of interest

Labour ward Leaders workshop – working together for safe care

Full Name and address of Trust

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This event is for labour ward coordinator teams

Aims

The workshop will;

- Support the labour ward leaders to work collaboratively together to develop safe and cohesive teams delivering effective and safe care

Outcomes

After the workshop the team will

- Appreciate the role that the unit leadership and culture has on the provision of safe care
- Appreciate the common challenges in leading and promoting safe labour ward care
- Understand that collaborative learning, working and practice can improve the environment for women, families and staff
- Develop a greater understanding of communication styles and become more effective communicators within and across professional groups
- Appreciate the similarities and differences in roles of the multidisciplinary team on labour ward
- Develop an action and implementation plan to bring about a collaborative change to the labour ward management

Event information – Why attend?

This workshop is one of four pilot event funded by HEE to address some of the current challenges in maternity services around leadership on delivery suite. The workshop will help to develop more effective teams to provide the best care to women in labour. Surveys of labour ward midwives and obstetricians have identified a lack of shared leadership development for labour ward lead roles and a frustration at not being able to have their concerns heard at strategic level.

This one day interactive workshop brings together a “labour ward leadership team” consisting of two labour ward midwives band 7; one obstetric lead; one obstetric trainee (ST6-7); head of midwifery (HoM) or a senior midwife lead with responsibility for LW (consultant midwife or matron) and the nominated board level safety lead.

The Trust expressing an interest in being part of this pilot are required to identify a “labour ward leadership team” and to register these six delegates according to the skill mix described below. Teams will be no more or less than 6 in number.

Two labour ward co-ordinator midwives band 7 One consultant obstetric lead for labour ward (not clinical director) One obstetric trainee (StR 6-7) One HoM OR a senior midwife lead with LW responsibility One senior board member with responsibility for safety in maternity ⁵

⁵ If the person who is responsible for reporting at Board level is the HoM – a third labour ward co-ordinator could attend

The labour ward leadership team will meet with the wider labour ward team prior to the workshop to identify a 'change' in practice, behaviour or policy that they would like to make to enhance maternity safety. This change should be modest and involve the wider maternity or perinatal team. Further information will be sent in advance of the event.

Team delegates will be required to undertake some pre-event activities which will include questionnaires and some reading. This will not be too onerous, no more than 4 hours' work.

Terms of acceptance

This event is open to labour ward teams only and must have representatives from the list identified in the box above.

The team must agree to undertake a wider team meeting prior to attending the workshop to identify a safety-related change to be made in practice.

The team must agree to complete any pre-course work.

The team must agree to participate in evaluating the event on the day.

This is a free to attend workshop, however, if the team does not attend the Trust will be charged £1,000 plus VAT. 14 days' notice would be required for cancellation to avoid being charged.

I have read and agree the terms.

Name and designation of person agreeing:

Venue	Date	Ranked preference (I being first choice)
York	7 th September 2016	
Bristol	11 th October 2016	
Milton Keynes	1 st November 2016	
London	7 th December 2016	

Role	Name of delegate	email	contact phone no.	Signature
Labour ward midwife Band 7				
Obstetric Consultants				
Head of Midwifery				
Obstetric trainee				
Senior labour ward manager				
Clinical director/person with responsibility to Trust board				
Other - optional				

Supporting statement for involvement in this pilot project (300-500 words)

Please return the completed expression of interest form to emma.barr@rcm.org.uk

APPENDIX 2 – The Core Facilitation Team

Core Team

Gail Johnson

Gail is a Professional Advisor for Education at the RCM and leads on leadership development for midwives. Gail has been a midwife for over 30 years and in education for 19 years.

Gail led on pulling together the development team and oversaw the design of the workshops with colleagues from maternity, obstetrics, education and safety.

This project provided an excellent opportunity for multi-professional collaboration and to demonstrate leadership expertise. Opportunities to collaborate on the design and delivery of events are infrequent and it is hoped that this recent work will encourage further collaboration.

Phil Dale

Phil is an independent development consultant who focuses on enabling managers and leaders within organisations to fulfil their full potential.

He works as a consultant and executive coach on global projects where his work is targeted towards the development of leaders at all levels in organisations in the critical areas of personal and leadership effectiveness, change management and organisational development.

His expertise on developing strong, sustainable and enabling organisational cultures was key to the design of the pilot programme. He has extensive expertise in the field of midwifery, having acted as the RCMs preferred partner for leadership and capability development for over 15 years.

Paul Davis MBE

Paul has a background as a helicopter pilot and an air accident investigator.

He sat on the asphyxia working group as a voluntary adviser and offered an alternative perspective on safety culture and risk mitigation.

Having spent 5 months as the air safety officer in Camp Bastion, Afghanistan, Paul is familiar with having to deliver a safe service when operational output has to be sustained despite limited resource and unpredictable surges in demand.

He is a keen advocate for human factors and provided strong experience of helping promote the importance of training for labour ward coordinators and improving communication within the multidisciplinary team through structured briefing and debriefing.

APPENDIX 3 – Evaluation Verbatim Comments

**Evaluation Question - *How likely are you to recommend this event to other colleagues?*
*Please explain your reasons for giving this score***

Positive Feedback

- Good time out to discuss and enable us to review services
- Very informative event. Great to be able to discuss things away from the workplace in a way we have not done before
- Inspiring I enjoyed the day. Some lightbulb moments that will help improve work
- Opens your eyes to current situations and explore options of how to change practices
- Some tangible tools to use for improvements. Secondary benefits of networking
- Openness and critical analyses of performance as personal/trust
- Encourages self-reflection as well as analysis of team behaviour/performance
- Good opportunity to talk openly and concentrate on a specific topic
- Understanding of the system and cultural issues challenging perceptions
- Really insightful and promotes actions and outcomes
- Opportunity to talk in a stress-free environment
- Really reflective day - provides as facilitated session to reflect and plan
- Great to have the time to discuss with colleagues the improvements that we can make.
- Critical measures will be actioned and monitored
- Very valuable to take time out away from the ward
- Well organised and structured event allowing different members of the team to come together to improve the services that we provide.
- I think all staff would benefit from the workshop. Learning from the experiences of other units would be useful for building strengths of the team
- Interesting day – time went really well
- Very informative – encouraged to explore team working vs culture
- Some good points explained about behaviour in the workplace.
- Good day inspires change. Plenty of time for discussion and well facilitated
- Great use of tools to improve safety and leadership specific to role
- Good for midwives and obstetricians to come together to share opinions and views
- Good food for thought, brainstorming and networking with other units.
- Great to spend time as a team
- Each exercise encouraged debate and was thought provoking. As a result, some quick fixes to our local problems were thought of, along with more long-term plans.
- Empowering team members to be motivated to change and develop LW
- As a new member of the team this day has given me a deeper understanding of the team and how it operates
- Help us look at tools to drive our project. It addressed many issues with regards to leadership and team structure and attitudes and various perspectives
- Very informative day learnt a lot from other units
- Good workshop which helps focus our group into how to implement much needed changes in our Trust
- To wait as a team and see how culture can be changed to work more conductively
- Stimulated our reflections regarding how easy it is to get into a historical culture and how important it is to review them
- Motivational day - excellent opportunity to have quality time with the team and some head space to think about how to make service improvements
- Pre-assessment work – good data to work with
- Really good opportunity to network with other Trusts and talk with own team without distractions
- Very structured course great team building exercise
- Needs to be relevant to those leading teams and wanting to embrace change
- Thought provoking. Would be advantageous to other specialities and departments

- Good opportunity to network with colleagues from other units, to learn how they have successfully met and overcome shared challenges
- Provided a new level of understanding
- Good to reflect, teambuilding, to make changes and change culture.
- It has been a fantastic opportunity to sit around a table with the team with time to think/talk and be facilitated sometimes in a different direction
- Very informative day- facilitating our team to have some difficult conversations and open debate
- Has been a very interesting day. Opened eyes wide to cultural implications within units
- Makes me able to challenge/evaluate the team and how we can make improvements in the team
- Very good for self-reflection and team reflection. Encourages us all to try harder
- Has allowed a forum for discussing behaviours in the team and ways of modifying/managing and improving culture. Also, highlighting my own behaviours.
- Thoroughly enjoyed the day and found the dedicated time with the team great
- I have really enjoyed the day and have learnt a lot of key points that I will take back to my unit.
- Interesting, involving and inspiring
- Very useful workshop. Needed more time to prepare
- An extremely valuable day giving an opportunity away from our unit to gain perspective and talk openly about changes we need to make
- Good to reflect as a team and hear from other Trusts - useful to hear from other units too
- Enlightening, interactive day, good networking opportunities
- A very informative but productive day identifying problems/obstacles within the Trust
- This is a great opportunity to meet with like-minded healthcare professionals and how units with similar problems are working
- The content of the sessions was excellent – provided some very interesting and useful discussions and I feel enthused about tackling our issues
- A very interactive, visual and useful day - taking away ideas for improvements
- Useful helpful tools to enable real change within the culture of our team
- This was a great day – really beneficial and would recommend to others – great networking and well run
- Informative, thought provoking and networking
- I believe that this day can change team behaviour, lead to more cohesive working and hence clinically effective and safe teams
- Good opportunity to network and share ideas. Space for thought - promoting thinking outside the box
- An excellent workshop, gives teams members a different perspective and insight
- Good time out as an MDT with external facilitator
- The event has given me ideas on how to implement MDT handover
- Thoughtful study day which covers many areas to think about, especially about team behaviours
- Examining your own team so closely can be insightful – it can make you feel quite vulnerable but it enables you to consider how you can implement change
- Good at review and consolidate of leadership and teamwork concepts
- There are not many courses for labour ward leaders to go on and leadership skills to be developed
- Interesting, invigorating and good team involvement
- Good opportunity to work together
- Encourages open and honest discussion - gives you the nuts and bolts to take the project forward
- A good day to get all members of the team to work through problems and consider solutions

Negative Feedback

- I don't feel I learned anything new. The conversation could have been discussed by the individual teams and not just because of this day
- Feels like the course is better suited to new teams or teams with poor performance. I don't feel I have learned much other than to appreciate the team I have a maintain a positive attitude.
- Only 5 minutes mention of the project did not deliver what I felt I needed

- I have enjoyed the day but I am not sure it has changed me particularly or boosted me or my leadership skills
- Expected some practical solutions to improve some issues
- I still find it hard to have definitive ideas about how to implement change in my unit.
- Useful however did not feel achieved aim of the day
- Found it difficult at times to relate to projects. Not sure at times whether team on a Trust or department level.
- I wasn't quite sure what to expect. I don't think it was made clear. There was little or no time spent on the project we came with. I appreciate this was a response to Kirkup/MBH need to identify difficulties and change them.
- An interesting day but I wanted to do more work on the project and wonder what the point of the pre-course work was
- Some confusion about whether we were discussing the project team or the delivery suite team
- Too much emphasis put on surveys – too many questions

Evaluation Question - *What actions will you take from what you learned and discussed today?*

- Will share learning with team
- Develop relationships within the team
- Positive messages of the week/feedback
- Try to promote above the waterline behaviour
- Plenty of test changes will start tomorrow
- Improve and target effective communication to wider audience. Defining the role and responsibilities of Co-ordinator
- Improve my own performance in team working and contribute to the team plan made today
- Consider communications will colleagues
- Apply techniques to current SIP in unit
- Reflect and adapt current project in light of learning
- Feedback to management - implement specific measures as a team
- Look for innovation opportunities personally
- Take away 7 critical measures and work on them
- Change case review format
- Get more staff feedback
- I will be more positive and thank staff. I don't think we appreciate the good things enough
- Extended importance of MDT seeking and supporting people new within department – hoping to engage a wider circle
- Very thought provoking day really enjoyed it
- Given the space to think about the team and reinvigorate the team.
- That what I was feeling in my gut locally is a national problem and must no longer go unaddressed for the sake of the future of the NHS and patient safety
- Look at team behaviours and challenge inappropriate ones
- Improve handovers
- Be more positive and end shift on a positive attitude
- Include wider team members
- Develop a maternity forum
- Facilitate debrief meeting
- Positive feedback – implement
- Try and engage whole team to complete project, promote the benefits and why it will help with safety
- Improve communication
- Challenge the negativity as a team
- I will be taking some aspects back to our unit especially a quicker debrief as required and giving an increased amount of positive feedback to increase team morale
- Apply culture changes in department and will encourage more team working
- Quick fixes until completion of project

- Simple steps can bring big changes
- Improvements of communications and handover
- To commit to our project plan
- To look at how the team work together and use skills to change attitudes and culture.
- Alter the way the MDT meetings are held to improve compliance
- Positivity, strong leadership, engagement of the team
- Our team were very together on the headline
- Team action plan, share learning and make small changes before bigger changes.
- Putting our action plan together
- Increase positive drive in how we can systematically and consistently carry out our handover and safety huddles
- Self-evaluation to improve team - sSkills to take actions forward.
-
- Debrief at the end of the day
- Will take back my learning to my Trust and implement them in my personal practice and also MDT
- Learnt a lot about team dynamics, with some of the team not working effectively. Discussed as team how to improve dynamics. Lots of ideas to move project forward.
- Learn a lot about cultures, behaviours and the negative behaviours effect 'the dream'
- Engagement with those who don't want to engage challenging below the line behaviour
- Ways of improving effective communication.
- How to deal with interpersonal relationships
- Positive team working and pro-active change
- Attempt to implement workable project.
- I will learn to be bolder and challenge more
- Clearer project aims
- Be more proactive and challenge past practices consistently.
- Work to improve team work and communication on labour ward
- Set standards and start changing culture in the unit
- Cascade to other members of team. Make some of the things we discussed happen
- We will improve communication and induction
- Inclusive of team in the wider setting in terms of feedback
- Communication, team working and supporting staff through their development.
- Change evening handover. Restructure ward rounds
- Practice what I have learned today in clinical areas
- Personally, I intend to take more responsibility for assisting in the development and behaviour of our unit, by participation in our day to day activities
- Will take away positive aspects, feel energised to change and improve things in my Trust.
- Dissipate the learning from today to staff
- Improve communication within the team – need more debriefing following incidents.
- 'Look in the mirror and ask the questions'
- Look at the culture of the unit that may cause problems with introducing MDT handover
- This opportunity has reminded me of the importance giving positive feedback and staff morale
- To continue develop project –including communication /team behaviours to improve teamwork to ensure patient safety
- We will apply for funding from maternity safety training grant
- To work on a bid for funding for a training programme to develop skills in counselling women regarding place of birth
- Make changes other than those on the original plan
- Get on with project changes to handover on DIS
- Great to have time to discuss in detail with colleagues
- Further meetings to put 'project' into practice
- Change handover and involve debriefing into handover
- Importance of communication and shred goals

- Develop greater positive feedback
- Try to mentor juniors and increase morale
- Survey staff to see their assessment of our skills
- Share learning regarding behaviours that make the team successful
- As a team control behaviours and influence others to generate positive change.
- Inspired to make changes in the day to day routine
- Good opportunity to explore ideas about leadership and management team outside the work setting.
- Good reflective practice
- Encourage staff to be more women focussed
- Self-awareness and empower, encourage others to do more and better
- Helpful to hear everyone's opinions
- Focus on second stage labour, develop Band 7s
- Promote stronger leadership, empower midwives
- Improve working relationship

Evaluation Question - *In one sentence, how would you sum up your experience today?*

Positive Comments

- A very positive and thought provoking investment. The joint professional arena is sparse and this has been hugely beneficial
- Worthwhile workshop - empowering to analyse team performance and behaviours at a deeper level
- A great opportunity to talk openly and honestly. Inspired new ideas!
- Very positive. Thank you for the opportunity to talk and plan as a team
- Team building – giving joint vision for the future
- Very knowledgeable day relating to leading a team on labour ward
- Very informative, well organised and enjoyable
- Really great to realise we are actually doing well
- I am really pleased that I have had a whole day to focus on maternity and build relationships with staff
- Inspiring - excellent speakers and support staff thoroughly enjoyed it
- Good experience - very insightful
- Excellent
- Very useful, interesting and enjoyable
- It was informative, smoothly run and appropriate
- Overall a worthwhile day and thought provoking
- Insight into collaborative working of how it should be
- It's been a great day I am inspired to move my service on with some new ideas
- Very thought provoking – enabled self-motivation to set challenges and raise awareness of potential issues that may get in the way of successful implementation of project
- Positive and thought provoking
- Very positive day
- Reassuring we all have similar issues and challenges as well as a vision
- Valuable information
- Enlightening
- Motivational, want to go back to unit and put into practice
- Very good, excellent opportunity for us as a team to really think of the team mechanism. How are we going to move the project forward?
- Worthwhile use of my time and so pleased I committed to taking part
- Excellent workshop encouraging enthusiasm to work towards 'the dream'
- A brilliant day with lots of useful tips to help with our project, thank you
- I really enjoyed having a team day out. Very beneficial to move project forward
- Gave us a good insight into issues within our unit which can feel quite daunting
- Effective use of team time

- Useful to come together / timeout as senior team to identify issues in our unit. Felt this could have been achieved at any away day
- Interesting, good reflection time
- A great opportunity and experience with the team
- Very interesting day!
- Excellent, great day
- Valuable - really enjoyable and inspiring
- A very good and useful day
- Challenging team spirit and discussions
- Fantastic
- Positive experience networking with others
- Thoroughly enjoyable day
- Fabulous learning experience
- I have found the day inspirational
- Thought provoking, informative and inspiring
- Was a really energising day – wealth of experience in the room was stimulating and really valuable
- Excellent – wish more team members could attend
- Eye opening to sit as trainee in ‘senior’ meeting
- Good for all the MDT to be together and talk in an open environment
- Interesting made me look into areas of practice I have not received for sometime
- Thought provoking it can at times feel like you are hanging out your dirty washing but we have to remember the good things we can do and the positive impact we have on our teams
- Really nice to spend time with team consolidating relationships
- An excellent day
- Thank you for an interesting and thought-provoking day
- Good will give us the enthusiasm to go back and change things
- Good opportunity to work/ discuss MDT
- Enjoyable and productive
- Enlightening, thought provoking and helpful for future NHS staff irrespective of speciality or area
- Very helpful, well facilitated and run in a very professional way
- Empower me to help unit improvement and implement changes
- Highlights improvements in care for women and babies
- Brilliant
- Really constructive and interesting discussions
- Fantastic opportunity to spend quality time with colleagues and implement change

Negative Comments

- Interesting but frustrating as it did not meet my expectations
- Nothing ground breaking for anyone who has attended any leadership training or worked as a leader. Poor use of time
- I have mixed views about today, I can't help but feel it is idealistic rather than realistic. I have a few ideas to take back to the unit
- Still difficult to understand how I can effect change - would have liked to focus more on our project itself.
- I am currently undergoing a course in medical leadership hence have been exposed to a fair few similar experiences. This is probably the main reason I don't feel what I have been exposed to today will change my behaviours.
- I feel your aims could have been clearer and we could have had a genuine attempt at discussing the project, not just team working/building

