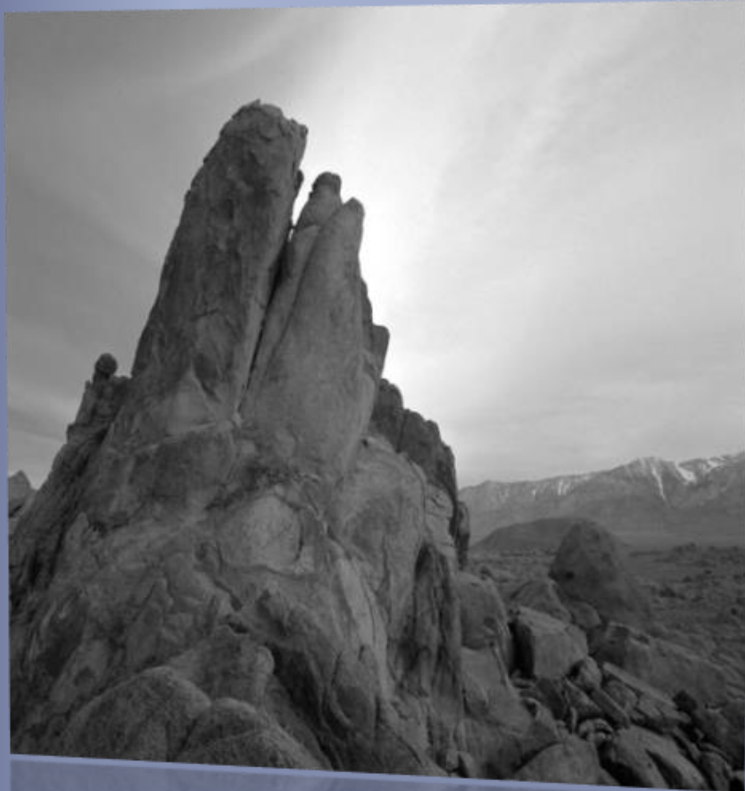

Catalyst Summit Report

June 2014

A report of the outputs from the October Catalyst Summit and resources to enable local discussion

INTRODUCTION

Dear Colleague

Thank you for your interest in the work we have been undertaking exploring issues of race, workforce and leadership in Midwifery services and the impact this has on the services we provide for women and their families in London. With over 135,000 births in London each year, midwifery services are affecting the lives of thousands of Londoners and providing them with a key insight into NHS services at a vital time of their lives. As we drive for improvement across all our services, we already understand the importance of engaging staff and creating the right climate for them to thrive.

This report provides a summary of the work we have undertaken so far, our plans to continue to explore the challenges and improve the working environment for women and some resources to enable discussions and improvement to happen within organisations.

Our partners in this work have been the Royal College of Midwives and we thank them for highlighting these issues initially in their 2012 report and for their continued challenge to NHS organisations to improve the working environment for midwives. We see the clear connection between an empowering and engaging work climate and the impact this has on quality of services and will continue to drive for improvements in both.

As a professional nurse leader in London, I see my role to continually challenge and empower my colleagues to deliver better quality for our service users and I am eager to continue the work we have started in 2013 - ensuring it is a catalyst for further change in 2014.

Caroline Alexander

Chief Nurse – London

With thanks to the Midwifery Leadership and Workforce Working Group for their drive and leadership in 2013:

Pat Gould Regional Lead RCM, Rudi Page Independent Consultant, Jessica Read LSA Midwifery Officer London, Kay Riley Director of Nursing Barts health, Gloria Rowland Head of Midwifery North West London Hospitals Trust, Denise Henry Specialist midwife St Georges, Maureen Holas HR Lead UCLH, Professor Jacqueline Dunkley Bent Director of Midwifery of Head of Nursing Imperial.

THE STORY SO FAR

Our starting point for this work was a report the RCM commissioned in 2012

Following research and anecdotal reports of the disproportionate number of black and minority ethnic (BME) midwives involved in disciplinary proceedings in September 2011 the Royal College of Midwives (RCM) sent a Freedom of Information Request to the 24 Trusts in the London Strategic Health Authority that provide maternity services to gather information about the number of midwives subject to disciplinary proceedings broken down by ethnic group.

The Freedom of Information Request showed a disproportionate number of black/black British midwives were subjected to disciplinary hearings and a disproportionate number of black/black British midwives were subjected to a more punitive outcome from the disciplinary proceedings.

The key findings were:

- 60.2% of the midwives who were subject to disciplinary proceedings were black/black British however only 32.0% of midwives in London were black/black British.

- There were ten midwives who were dismissed during the time period; every midwife who was dismissed was black/black British; 15.4% of the black/black British midwives who were subject to disciplinary during the time period were dismissed.

Recognising that the causes behind these numbers were complex and varied, the RCM approached a number of partners including NHS England (London) and the Local Supervising Authority of London to investigate the issues further and find solutions at a national, regional and local level. NHS England (London)sponsored a working group to drive this work.

OUR VISION

The working group met initially to explore the issues further and soon discovered that they weredriven by a moral responsibility and an opportunity to make a change now, the end point was to improve services for women and their families in London.

The group explored their own vision for the future for midwifery services in the capital. This included:

- A safe environment
- Organisations understanding their own culture
- More BME leadership
- Willingness to engage – ownership
- Open & transparent conversations
- Support for individuals making decisions
- Dealing with discrimination in a confident way
- More training & development
- Much better understanding about the issues
- Understanding why we have these difficulties
- More sharing of best practice

They agreed a number of issues that could be improved in 12 months – by March 2014……

The Working Group agreed to stage a summit on these issues, inviting midwives, organisational leaders, education providers, services users and others to explore the issues raised by the RCM report, share and build knowledge and agree some actions. This summit was delivered in October 2013.

In order to inform the summit, the Working Group commissioned and led further research with midwives and service users.

Focus Groups undertaken into BME Midwives Cultural and development Needs

Three focus groups were undertaken with groups of midwives in two different Trusts in London. Each Trust had one focus group that comprised of midwives from BME backgrounds and one of the Trusts had a further focus group with midwives from non-BME backgrounds.

Analysis of the data was undertaken by identifyingcore themes by listening to the recorded focus group discussions and comparing this with and adding to the notes taken at the time. These notes were then taken and read and reread for a full range of themes to emerge. There was testing of the themes by validation by all of the focus group facilitators, and agreement was reached.

Findings

Overall the core finding was that BME staff feel themselves to be at a disadvantage in the workplace, and are also often perceived as such by non BME midwives. There were many ways in which this disadvantage was experienced and the consequences that arose.

1. **Differing Rules apply**: this was strongly expressed in a number of differing ways by all the midwives:

Consequences

- BME midwives said that they under reported incidents of all types including clinical, verbal abuse etc. as they felt that they would not be addressed.
- BME midwives felt that they were vulnerable and disempowered when things went wrong and they more likely to get into trouble than other staff
- Management was widely regarded as biased and unfair by all groups of midwives who all could offer examples of this.

2. **Promotion is harder for BME Midwives:** There is tokenism in place around promotions. BME staff was there to 'make up the numbers' at interviews and stood little chance of being promoted.

Consequences

- BME staff have to work harder to get promotion
- Staff are very unwilling to put themselves forward and were easily dissuaded from trying – this was expressed by all midwives, including a poignant example given by a non BME midwife about her BME colleague, who is widely regarded as an excellent midwife and leader and who could not be persuaded to apply for a band 7 role, which she was more than qualified for.

3. **Cultural Understanding:** One example given was a non BME midwife might be considered assertive but the same behaviour in a BME midwife would be labelled loud, intimidating and rude

Consequences

- Midwives described feeling unhappy and unclear about how they can effect any change in the workplace
- Midwives described bewilderment and isolation with respect to colleagues from different backgrounds
- Favouritism by managers was seen as endemic and could affect anyone. If you are not liked you are not going to do well. Affinity was seen as a very powerful influence.
- Bad behaviour is seen as damaging and ultimately unmanageable due to cultural sensitivities

4. BME staff were not always supportive of one another

Consequences

- The workplace is generally found to be a stressful environment
- Staff discuss their experiences in the wider community and so Trust reputations are well known among the local population especially the BME population

5. There are equal opportunities:

This discourse links with the ‘Promotion is harder’ and ‘BME staff are not always supportive of one another’ themes, as it reinforces the idea that staff are offered opportunities but the reasons for them not being explored are many and varied and so simple offers are likely on their own to be effective.

6. What do you want to change?

- Support
- Mentoring
- Feelings and Perceptions of self and others
- More putting forward of staff for support, development and promotion
- Greater professionalism
- Better self awareness
- Better cultural awareness and acceptance and respect of different cultures

The non BME midwives concerns were more focussed on a more social and understanding workplace in general

- Team exercises
- Better working relationships
- Away day or team day
- Nice to work together if you can help each other
- I love how diverse it is here our workforce reflects our work

LEARNING FROM OTHERS

In 2013, the impact of the Francis report was enormous and so the Working Group considered midwifery services in the light of the findings of the Francis enquiry. Key lessons from Francis that were relevant to this work included:

- The importance of culture – a shift from negative culture that is defensive, secret, not putting the patient first, low morale & accepting poor standards
- The need to challenge the culture of "resigned resilience"
- A need for leadership at all levels to take ownership
- Responsibility of all players across the system

The catalyst Summit was a response to those key messages.

The group also focussed on some key learning from St Georges hospital NHS Trust and their 'Midwifery Futures' project. Initially driven by poor services, this programme has done much to improve maternity services by focussing on improving work climate – the culture of the organisation. Key messages from St Georges were:

- Agree a focus on moving forward rather than exploring blame
- Identify a catalyst – an individual or group of individuals - to support and challenge
- Apply and continuously use a universal definition to BME
- Things can be achieved quickly, but it may feel messy
- Ensure ownership at the start
- Align individual and organisational values – what is important?

The Catalyst Summit

The Catalyst Summit was held in October 2013 with around 100 midwives, organisational leaders, education providers and commissioners together at Mile End Hospital with the aims of:

a) Sharing and building knowledge
b) Creating a shared understanding of the current picture and a dissatisfaction with the present
c) Ensuring London-wide engagement and ownership of the issues – identify potential partnerships to identify and implement solutions

Key sessions at the summit included:

- How do we develop leaders who will drive improvements?
- How do we improve people management – supporting line managers & improving HR processes
- How do we engage midwives more effectively?
- How do we create a culture of openness and transparency where service users feel their needs are met?
- How do we best invest education & training resources?

The participants in the Summit each brought a different perspective on the issues we discussed and have the ability to impact directly the environment in which we deliver maternity services. Participants were asked to actively contribute with a focus on actions we can take – individually, organisationally or across systems.

Discussions in the morning identified some key shared challenges:

- There is a need for **honesty and bravery** to respond to these issues – we may find ourselves in uncomfortable places and personally challenged about values, views and language. However, it is important to move past this otherwise change will not happen.
- We need to build our knowledge and understanding of each other – not only across different BME groups, understanding culture, language and style, but extending that to understanding our colleagues and service users as individuals
- We do not have enough positive role models in leadership positions – we must develop more BME leaders

It was also identified that these discussions are required locally within organisations – the resources section at the back of this report includes teaching slides and copies of the RCM report and NHSE sponsored research utilised at the summit that can be used with midwives and service users to support those discussions.

Participants and presenters were honest and open in their sharing of experiences as midwives and their own vision summed up by one presenter

“It’s not about my colour, it’s about the passion I have inside”

The afternoon discussions focussed on specific issues the Working Group had identified as potential enablers (catalysts) for change. Participants spent time exploring those issues and identifying potential actions.

GROUP HEADLINES:

Engaging Midwives:

- Must have a collective approach & common cause
- See action on the knowledge gleaned
- Realistic, relevant & achievable
- Ownership of the decisions – vested interest
- Emotional & transactional engagement
- Must be active agents not sleeping partners
- Organisational culture must be set by organisation – must have fit
- TRUST - either way

Culture of Openness

- How do we use technology to engage?
- Midwives need to support for engagement – where is that resource?
- Understanding the service user needs – eg walking the patch, mystery shopper
- Back to basics – kindness and dignity
- Sharing stories as a learning tool
- How do we get early feedback? – at every opportunity
- Training midwives to deal with difficult situations

People Management

- Open and strong thoughts – plenty of change to make
- Policy & processes were key and need improvement
- Voted on actions:
    - Cultural awareness training among staff at all levels
    - Unconscious bias training for all staff
    - Enable people to leave quickly
    - What to do before implementing a procedure – how we use the informal stages, don’t be scared!
    - How HR supports that

Education and Training

- Is there an inequality of accessibility?
- Service provider responsibility
- Ensure structured process to access training
- Business plan that looked at competency and needs of workforce
- Personal responsibility
- Fostering a positive education culture – everyone knows what is available and how to access eg community and night staff
- Each person is responsible for their own development & education and need to take action on that

Leadership

- Developing leaders – BME background
- Draw attention to the workforce profile and ask why
- Deliver presentations from today back in organisation
- Commit to nominating BME staff onto programmes – identify talent
- Standards on Trust dashboards
- Tracking staff experience
- Developing leaders from non BME background/developing the organisation
- Education – bottom to top
- Locally agreed code of conduct
- BME inclusion in all planning groups
- BME advisory group in every organisations
- Mentorship programmes
- Set targets on posts to be filled

An evaluation of the catalyst Summit was undertaken with participants (report attached in resource section), who were asked about follow up actions. Key messages included:

Engaging leaders

"*We need the CEO and DoNs Board of Hospitals to be aware of the shocking data and find out what they can do to change things as they have power, authority and influence to bring about organisation cultural changesenior management to take on board what needs to happenspecifically around BME staff" "Engagement of executives at board level within organisations."*
"Need to be seen as a priority issue within trusts so monitored e.g via trust dashboards and should be reported into the DH through chief nurse."
"Share, agree a process get actions adopted at the highest level into DH guidance for all Trusts"
"Develop an action plan with buy in from all the key stakeholders present to action to outputs on a local level – i.e. in each trust, with some sort of 6 monthly feedback to an over view board? "
"There needs to be more exposure on the issues and the actions agreed"
"There needs to be continued momentum from senior positions for this to be taken seriously and actions to happen."
"The presentation should be made mandatory and available for the Trust board and Key stakeholders"

Networking & local discussion

"*Maintain the networking and disseminating all the ideas and suggestion"*
"Further discussion in the workplace"
"Delegates to feedback to colleagues and increase awareness of the issues discussed."
"regular correspondence between the delegates and an update of what has been actioned."
"engage the middle management as well and continue to empower staff on the shop floor"
"This summit needs to be 'rolled out' to all midwives, health practitioners, up and down the country."
"More discussions like this, but have them regularly; get engagement from BME and non-BME staff, and in all forums. Staff need to feel comfortable to talk/ say things, and the others need to listen and facilitate the dialogue. The "walking on egg-shells" is counter-productive -Buy in at a very senior level; get Keith Vaz to pop round so he can tell us what they are doing at government level –have passionate leaders to take this forward at all levels - senior, on the shop-floor"

Further research
"Deeper research into the possible causes of any bias? An agreed action plan that is bought into by NHS England and fully funded."
"Review of future trends of disciplinary action taken against BME midwives to appreciate a decline in the trend and workforce monitoring to enable a demonstration of greater uptake of senior positions in the NHS being taken up by BME groups."

Enabling BME staff

"A push for BME staff to be supported, to gain access to the knowledge and understanding they need to improve their working environment and career prospects. Packs, workshops, online tutorials......the more ownership BME staff take in this drive the stronger the momentum will be for long term effectiveness."

"We really do need to examine how BME groups sit within organisations and challenge whether we are making enough progress"
"
Further enquiry into why ethnic groups do not have the belief that they can develop further in their careers. Getting staff to take care of each other and have honest communications."

“Encourage HoMs, managers to be aware if the issues and encourage staff who have felt frustrated at not being able to achieve promotion to help themselves by looking at different ways of engaging and training”

Further events

“In relation to the stakeholders promise of commitment, a follow up event ensuring transparency as well as their commitments have translated into action. I believe delegates of the 03/10 summit should have the opportunity to attend.”

“Have a Pan-London summit that looks at the same issue but with a multidisciplinary approach. RCM could also take part in other summits/conferences as a way of spreading the message. Lastly, the publication or at least a summary of findings needs to be published widely”

Where do we go from here?

Personal and organisational pledges were made at the Catalyst event and the Working Group continues under revised membership and the title of: 'Midwifery Leadership Development group: workforce and culture'. The group was formed to build on the work and outputs of the original working group and the Objectives include the following:

- Facilitate a supportive model of leadership and influence: CEOs, Chief Nurses (NHSE) HR directors to further promote and support the future work
- Produce 6 high level principals to inform Trusts of sound workforce and culture principles that came out of the work of the Midwifery leadership and culture working group and the Catalyst summit.
- Develop a dataset relating to the BME workforce in collaboration with Organisations and collect and review this data annually
- Work towards Catalyst 2; a conference in 2014
- Raise awareness of the work and outputs of the group through conference presentations and publications.

HIGH LEVEL PRINCIPLES

One of the key outputs from the Catalyst Summit was the development of a range of high level principles to support how organisations approach working with staff. These are given below and it is suggested that they are used as the basis for a review to allow development of best practice. The belief is that by working in this way organisations should see a reduction in not just disciplinary matters but also importantly an improvement in the quality of services provided and more positive experiences for their users.

(1)Overarching Principal

Healthcare organisations which focus on the wellbeing of their workforce will develop motivated staff resulting in the delivery of an effective high quality service with positive outcomes which can be demonstrated by the following:

- Systems and processes being adhered to with equity and fairness
- Measurable increase in the numbers of BME staff gaining employment and promotion
- A reduction in complaints from employees, colleagues and service users
- A reduction in the number of cases going through a disciplinary route
- An open and transparent culture which facilitates a positive communication strategy in which….**'all voices are heard'**

(2) Leadership

Leadership is considered the business of every member of staff, but its presence is nurtured in all groups not assumed. This leadership starts with active, open and transparent discussion at board level and is supported throughout the organisation

This will be shown by:

- A BME advisory group in every organisation to support service leaders
- A programme of identification and mentoring of future talent focussed on midwives from BME backgrounds
- Asking questions about service structure and staff development and experience and acting on the findings
- Putting disciplinary issues on Trust dashboards to keep them alive with proactive responses to managing the findings

(3)Culture of Openness

Regularly undertake an honest dialogue amongst management and staff to improve cultural understanding and relations among all staff by:

- Reducing incidents of stereotyping and hurtful remarks about colleagues, public and service users from different cultures and backgrounds, by a robust zero tolerance approach.
- Challenging all staff to uphold the values that they impose on each other.
- Fostering an environment that encourages collaboration, trust and co-operation.
- Creating at all levels of the organisation opportunities for reflecting on managing processes
- Supporting staff to learn effective ways to challenge and manage poor behaviour

(4)Engaging Midwives

The organisational culture is developed and owned by staff that feel empowered, share a collective approach and common cause, in a trusting environment.

The measures could be:

- The development of a staff engagement or cultural change group and monitoring of activity.
- Audit of staff engagement in groups on an annual basis. (Including Trust Board)
- A specific question in the staff survey related to culture and engagement

(5)Education and Training

There is planned approach to training by providers that is rooted in the assessment of competencies required for the workforce and that is made available in a clear and equitable way

- There is a comprehensive Training Needs Analysis undertaken by the provider
- All levels of training including access to higher level courses such as Masters should be included
- The criteria for accessing all course should be clear equitable and unambiguous
- There should be regular assessment of who is accessing training and development to ensure that equity is actually evident.
- These principles should apply equally to all staff in training

(6) People Management

Managing people fairly, openly and with respect is associated with high performance. Adherence to organisational management principles and guidance is associated with a reduction in stereotypical notions that may influence management decisions and actions.

- Organisations should be able to demonstrate how they maximise the performance of all staff
- Organisations should strive to create the right climate where employees know that decisions about recruitment, rewards and redundancy are based on merit and competence and not affected by the employees ethnicity
- To reduce intentional and unintentional differences in treatment between employees, organisations should ensure that staff in management roles undertake diversity and equality training no less than every 3 years.

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