Catalyst 2 Report on the second Midwifery Leadership and workforce summit.

Forward

I am delighted to be able to present the Catalyst 2 report which is the second report to explore issues of race, workforce and leadership in Midwifery Services in London. Thank you for your interest in the work we have been undertaking, we are aware of 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, and some insights to enable discussions and improvement within organisations. It is timely that the 'Workforce Race and Equality Standards (WRES) Update March 2015' has recently been published[1].

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 promote the need for a supportive culture in NHS organisations which will enable all staff to thrive. I hope you find the learning from our journey of discovery useful in the work you will be doing in your own organisation. Please join us in this important journey.

Caroline Alexander

Chief Nurse – London

[1] http://www.england.nhs.uk/ourwork/gov/equality-hub/equality-standard/

With thanks to the Midwifery Leadership and Workforce Working Group for their drive and leadership of this important piece of work:

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And thanks to St George's University Hospitals NHS Foundation Trust for hosting Catalyst 2

1) Background

In 2012 a working group was established in London with key stakeholders as a result of a Royal College of Midwives (RCM) commissioned piece of work which showed that a disproportionate number of black and minority ethnic (BME) midwives were 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 working group included the RCM, NHSE (London) Chief Nurse, LSA Midwifery Officer, Director of Nursing, Educationalist, Head of Midwifery, Specialist Midwife, HR lead for Maternity and a Service user. The aim was to address the findings of the RCM report by arranging a Summit where open discussion could be facilitated with key stakeholders present which would result in a set of *high level principles* being agreed and implemented.

2) The First Catalyst Summit-October 2013

The Catalyst Summit was held in October 2013 with around 100 midwives, organisational leaders, education providers and commissioners together at Mile End Hospital. Following the Summit the Working group used the information which was fed back during the day to develop a set of high level principles.

3) The High Level Principles

3.1) 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'**

3.2) 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

3.3) 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

3.4) 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

3.5) 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

3.6) 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 undertakes diversity and equality training no less than every 3 years.

At the end of the Catalyst Summit a number of pledges were made by key stakeholders and the working group continued to meet to ensure that the momentum was maintained and pledges were met. The decision was made to facilitate a further catalyst summit 'Catalyst 2' to report on progress made since October 2013 and to engage key stakeholders once more to ensure that this important issue continues to be a high priority.

4. Catalyst 2

Catalyst 2 was held on the 6th March 2015 at St Georges Hospital, Tooting. Each maternity service in London was represented and over 100 senior midwives, union representatives, HR representatives and Directors of nursing attended. The key aims of the summit were as follows:

- To share and further knowledge of the cultural context of midwifery services
- To build on a shared understanding of the current challenges and explore potential solutions
- To achieve London wide ownership of potential solutions and support partnerships to drive and deliver change
- To implement the agreed set of high level principles that translate the 6 C's into practice and supports the NHS Constitution.

Catalyst 2 provided a platform from which Caroline Alexander (Chief Nurse) could reinforce her commitment to ensure that London's diverse NHS workforce is not discriminated against in any way and that there is equity in relation to access to promotional roles.

The RCM presented their preliminary findings from further research across London into the numbers of BME midwives being taken through disciplinary proceedings, which demonstrated little change since the 2012 report.

London LSA presented the findings of an audit undertaken into the 143 supervisory investigations undertaken in London during 2013-14. The audit found that the number of BME midwives experiencing a SoM investigation mirrored the finding in the RCM report. It was also reported that the outcome of 'No further action' was most likely to be applied to a white British midwife. Additionally agency midwives were found to be disproportionately represented through the supervisory investigation process.

During the morning an interactive presentation was delivered encouraging delegates to consider the difference between accountability and blame. Decisions on criteria regarding whether to take staff through disciplinary processes were also discussed with the aim of developing a more consistent approach. This session explored what we can learn from safety cultures and demonstrated how unconscious bias impacts on decision making.

Three case studies were presented as follows:

- 'Support for Tamil women having babies at St Georges Hospital'
- 'Mums for Mums volunteer programme' at North Middlesex Hospital
- 'Taking staff on an improvement journey' at UCLH

These case studies demonstrated the importance of integration at all levels and equity of access to opportunities for all staff and service users. Two of the three case studies highlighted the lack of financial and system support at local level for BME-led problem-solving solutions designed to meet the ongoing needs of BME staff and patients.

4.1 Afternoon workshops

Designing and commissioning services for BME Communities

The workshop provided opportunities for delegates to discuss the key elements in designing and commissioning services for BME communities. The key messages agreed were as follows:

4.1.1 Define and engage

- Define: Use an in-house data base to describe the demographics of the community. Maintain a focus on these womens' needs, whilst collating information from research evidence on Social; Psychological & Health outcome e.g. MBRACE
- Engage with the community in a range of settings such as local pharmacies; community centres; Health centered cafes; Breast feeding cafes, local advocates. Involve local and if necessary, national voluntary organisations.

4.1.2) Analysis of current services and resources:

- How well do they address current needs of BME communities
- Value for money?
- Birth outcomes?
- Perceived barriers by midwives and women/community advocates?
- Review different models of care in the UK with similar demographics

4.1.3) Review Aims and objectives of maternity commissioning

- Measure the potential impact on the quality of care & birth outcome
- Challenge the perceived barriers by involving advocates / service users from community in the review of commissioning services, with the woman placed in the center of commissioning
- Involve all staff groups and engage with them in creating a supportive care pathway for the BME communities.

How do we create a safe environment where we live our values?

The group discussions focussed around training and development of staff, effective appraisals, respect, engagement, listening, guidelines and behaviours.

The three key messages were:

4.1.4) **Communication** – Understanding what the acceptable words are, importance of active and conscious listening, monitor the implementation of values, knowledgeable workforce, open door policy for managers, cognisant of meta communication, body language

4.1.5) **Safe Staffing** – "Appropriate" skill mix responsive to needs, use of plurality of employee networks/staff forums to give feedback along the journey, appraisals that are not just management process, mentorship/coaching, acknowledging mistakes, but not blaming, accountability not blame, safety culture as part of the partnership agenda as integral to corporate health

4.1.6) **Wellbeing** – staff counselling services, regular staff meetings with 2 way conversations, value creativity, relationship based care, self-support

HR processes and equity: clarity and consistency

This group generated a lot of discussion around having difficult conversations and the importance of setting outcomes for staff.

Three key messages were as follows:

4.1.7) Training to empower
4.1.8) Importance of partnership working
4.1.9) Going back to HR basics

4.2) Messages from the floor

Staff side representative:

- The NMC length of process needs to be addressed and the outcomes as often there is no case to answer
- NMC needs to review and clarify referral guidelines

HoMs:

- Hr should only be there as a guide not to make the decisions for you
- Managers are often learning on the job
- Managers need to take responsibility
- Behavioural issues need to be treated consistently across the organisation

- Everyone with the wrong attitude needs to be addressed
- Need to consider NMC's Fitness to Practise data
- Differentiation of overseas trained staff going through hearings which has increased
- Managers need mentorship
- Need to question motivations
- The swift move to suspension is a concern
- Guidelines are often too narrow

NHSE:

- Targeting blame between HR and Nurse Managers
- Managers need to be capable
- Managers – novice to expert
- Managers need mentors
- How do we answer to the public when things go wrong?
- Look at the research on why people claim – they principally want an apology or an answer
- What do people do at the point of error?
- In good organisations there is no cover up

BME Advisory group to NHSE

- Commend the Catalyst Summit
- Addressing the real issues from the floor
- Human beings make errors
- Not just following policy to the letter – need some flexibility
- Need management training
- Learning culture – learning organisations

RCN:

- This is not unique to just London – reflected everywhere
- RCN is bring DoNs together to discuss and looking to partner up to take forward
- Need to look at the pattern which may suggest system issues
- If not safe for BME nurses and midwives within an organisation may not be safe for anyone else
- Unions must work together

RCM:

- Need to take care of staff
- Employers have a duty of care
- 95% of midwives are RCM members
- May be single parents in socially vulnerable situations
- Are fearful of expressing this at work
- Caring and well-being issue
- Systems failure and culture themes in all reports – Francis, Morecambe Bay, Bristol
- If organisations are not good at investigating effectively then they won't invest in good SoMs

- Difficult to make decisions if you don't know all the facts, need to establish the facts first
- Unconscious bias – need to identify our own bias first
- Organisations need to invest in training at all levels
- RCM believe in partnership working

Society of African and Caribbean Midwives:

- Why do midwives leave?
- What work has been undertaken in understanding systems of power and oppression?

Middlesex University:

- Conceptual care for students
- Is there a pan London package for students to address and look at equity?

Conclusion

The definition of catalyst is '*a person or thing that causes a change'* Catalyst 2 demonstrated that change is required and desired by the Midwifery workforce; however it cannot be achieved by working in isolation.

The High level principles require adoption and implementation, which will take DH recognition and support through a pathway, linked to WRES to ensure integration into Commissioning and Trust structures.

Leaders at all levels (CEOs, HR Directors, DoNs, HoMs) need to engage fully in order to ensure that the voice of BME midwives and staff is heard at all forums relating to midwifery at both NHS England and within the provider Trust.

In the NHS England 'Five Year Forward View' Simon Stephens states the following:

The NHS is committed to making substantial progress in ensuring that the boards and leadership of NHS organisations better reflect the diversity of the local communities they serve, and that the NHS provides supportive and non-discriminatory ladders of opportunity for all its staff, including those from black and minority ethnic backgrounds.[2]

The catalyst summits have fulfilled their purpose and now to move this important work forward requires a system change and transformational leadership with a focus on equity and support in the workplace for **all** staff.

[2] http://www.england.nhs.uk/ourwork/futurenhs/