MCoC **What if...? Series**

– Staff Engagement –

THE ROYAL COLLEGE OF **MIDWIVES**

What if –
We need to change the way midwives work?
(Thinking about engagement & co-production)

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Introduction

Engaging with staff has been shown in recent years to be one of the most important influences on how well an organisation performs, across every aspect of patient care.

Healthcare organisations with better staff engagement have:

- lower infection rates and patient mortality
- higher levels of patient satisfaction
- better staff wellbeing
- improved financial performance[1,2]

What this means is that if services aspire to provide high quality, safe care they must actively engage with their staff. This is particularly vital when making large changes to service provision and is considered so important that it is a commitment of the NHS Constitution:

'All staff should have rewarding and worthwhile jobs, with the freedom and confidence to act in the interest of patients. To do this, they need to be trusted, actively listened to and provided with meaningful feedback. They must be treated with respect at work, have the tools, training and support to deliver compassionate care, and opportunities to develop and progress.'[3]
The NHS constitution for England 2015.

To support this working well it is also critical that there is engagement with **local union** and other staff representatives and bodies right at the start of any change process[4] to ensure the duty of meaningful consultation is met.

What is good staff engagement?

Staff engagement is sometimes considered as an afterthought or a 'nice extra'. However, it should be a **core part** of how business is done in every healthcare organisation at every level. The research into **top performing organisations** shows the issues that contribute to their success are that they:

- provide a good working environment
- ensure every role counts
- support growth and personal development
- involve staff in decision making
- have good supportive management and leadership[5]

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Some of the core principles that underpin that approach are:[6]

1. Relationships will be conducted with equality and respect
2. Listen and truly hear what is being said
3. Use the strengths and talents that people bring to the table
4. Respect and encourage different beliefs and opinions
5. Recognise, record and reward people's contributions
6. Use plain language, and openly share information
7. Understand what has and hasn't worked in the past and use knowledge that has previously been shared and consider how to apply it to the present and future
8. Have a shared goal and take joint responsibility
9. Take time to plan well
10. Start involving people as early as possible
11. Give feedback on people's participation
12. Provide, support, training and the right kind of leadership so that people work, learn and improve together

Working to these principles means that no one person must have all the answers or take sole responsibility for everything that happens. Organisations that succeed recognise this and build staff engagement into any activity early in the planning stages.

They also recognise that **time** and **care** and **resources** need to be taken in good engagement to make sure is done well and will support success. The RCM's 'Caring for You' campaign is an important way to approach and monitor this.

Practical application

Questions you might want to ask of any project

1. Am I working to the core principles?
2. Who needs to be part of the conversation?
3. How much time do we need to plan to work together?
4. How will we talk together?
5. How will we collect the information we learn?
6. What tools do we need?
7. Do we need help with this?
8. What will we do with the information we find out?

Working with midwives & maternity support workers (MSWs)

Autonomy

A key concept that characterises successful continuity models is staff having autonomy. In practical terms this means that staff have the freedom to make decisions about:

- when they work
- how they organise their workload and rotas
- how they manage their team
- how they can solve problems

Such autonomy represents good staff engagement, which will lead to good outcomes for service users, staff and the organisation. In contrast, staff with low levels of autonomy have been identified as being at risk of burn-out; becoming detached, unhappy and disengaged with their place of work.[7]

Promoting autonomy starts with listening to what staff think in an open-minded way, understanding that no one response is right or wrong, but simply reflects the concerns of that individual. That means giving staff the time to talk, listening carefully to what they have to say and working together to come up with ways of addressing identified concerns.

The recent and ongoing experience of implementing midwifery continuity of carer models of care in the UK has shown that midwives' feelings about this model of care are varied, some positive some less sure.

Identifying those who are keen to get going and working with them is a good place to start and is recommended in quality improvement methodologies[8]. However, it is also critical to listen carefully to those who have questions and those who are finding the prospect of change hard and work with them. Those with questions and concerns are often helpful in identifying potential pitfalls and unintended consequences of a proposal and can positively help to shape a change.

What methods might be helpful in ensuring that everyone's voices are heard?

It is important to provide a variety of different forums and approaches to ensure that everyone affected by a proposed change feels confident to share their feelings and views. It might be worth thinking about several different approaches:

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Listening and engaging with staff

- focus groups
- online surveys
- study days
- scenario planning sessions
- reviewing women's pathways of care
- planning rotas
- having a 'Dragon's Den' sessions for idea generation
- options appraisal workshops
- one to one meetings
- engaging an external facilitator to help support positive discussions
- holding joint sessions with other key stakeholders including women and families

As information emerges it is important to keep feeding back the key messages and emerging ideas To all your stakeholders to help shape implementation plans.

Staff who are well engaged should then be able to undertake, with appropriate support, much of the implementation planning, and it may be useful to link then with local quality improvement leads who can offer help with implementation and project planning methodologies. It will then also be important to ensure they have dedicated time to work together independently and start building relationships and a sense of teamwork.

This may be a significant change to existing management approaches and so may feel difficult to do for many reasons. Managers may feel very responsible for what is happening and therefore think that they should be 'in charge' of all the decision making and their team's development. However, successful managers are increasingly stepping back from that approach and putting their teams in charge of what happens next, whilst being ready to offer guidance and facilitation. What is then helpful is to complement this approach with reviews of agreed key data to evaluate the team's success.

Wider stakeholder engagement & communication

It is vital to remember that there are many other key groups that need to be engaged in successful implementation of midwifery continuity of carer, not just midwives, MSWs, women, paediatricians and obstetricians. One way to make a stakeholder list is to consider every aspect of the woman's pathway from the moment she discovers she is pregnant to the moment she is discharged, as well as thinking about who your Trust/Health board works with on a regular basis.

It is also generally not helpful to simply produce one set of communications to use with everyone as it may not give you the right levels of support. Tailoring communications around a simple question like 'What matters to them?' can help. For example, service users will want to understand what impact this will have on women's experiences of care, whereas GPs may want to understand about changes to referral and communication pathways.

Questions to ask about your stakeholders

1. What is the key message I would like them to take away about this project?
2. How are they going to be affected by the project?
3. What MUST they know to continue to work well with us?
4. What would they like to know that would be interesting and helpful (but not critical)?
5. When do they first need to know?
6. How often should they be updated about the project?

Trust or Health boards are a very important stakeholder in any proposed change, and it is helpful to think about using their range of knowledge and expertise to see who could champion continuity of carer. If the Head or Director of Midwifery doesn't sit on the board, think about approaching the Chief Nurse or one of the Non-executive Directors.

As implementation rolls out, use the experiences of those who have been working in a continuity model to continue to shape and inform the change. Provide opportunities for midwives and MSWs to share their stories with each other of how it has felt to work in a continuity model.

Finally, always remember that **midwives** are the experts in continuity of carer in maternity services and have a very important story to tell about the difference this can make to women and families when implemented well.

References

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3. The NHS Constitution for England Department of Health and Social Care https://www.gov.uk/ government/publications/the-nhs-constitution-for-england

4. Social Partnership Forum https://www.socialpartnershipforum.org/priority-areas/supporting-system-change/

5. Staff engagement: good for everyone. NHS Networks smart guides to engagement 2013 https://www.networks.nhs.uk/nhs-networks/smart-guides

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8. Cramer E & Hunter B (2018) Relationships between working conditions and emotional wellbeing in midwives. Women & birth https://doi.org/10.1016/j.wombi.2018.11.010

Further resources

https://www.rcm.org.uk/supporting/getting-help/caring-for-you/

https://www.health-ni.gov.uk/publications/co-production-guide-northern-ireland-connecting-and-realising-value-through-people

http://www.coproductionscotland.org.uk/

https://info.copronet.wales/

https://info.copronet.wales/wp-content/uploads/2019/06/Audit-Tool-Issue-1-JUN19-ENG-For-Online.pdf

http://nationalmaternityvoices.org.uk/

https://www.england.nhs.uk/participation/resources/co-production-resources/