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Leaders wanted!

What does effective leadership
and team working look like?

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Leading the way to better health care

What does effective leadership and team working look like post-Francis and Kirkup? *O&G* speaks to two healthcare leaders who have taken very different approaches to transforming services for the benefit of patients and staff.

Today's healthcare services face an array of unprecedented demands. Resource constraints and technological advances pose new challenges and, at the same time, higher expectations are redefining patient care. What's needed from healthcare leaders and clinicians has rapidly evolved.

This was brought into sharp focus in February 2013, when Robert Francis QC published his findings on the failures at Mid Staffordshire NHS Foundation Trust. Effective leadership lay at the heart of his recommendations:

"The NHS and all who work for it must adopt and demonstrate a shared culture in which the patient is the priority in everything done. This requires leadership at all levels, from ward to the top of the

Department of Health, committed to and capable of involving all staff with those values and standards.”

Two years later, Dr Bill Kirkup's report of the Morecambe Bay investigation reiterated Francis' conclusion. Kirkup stated that a lack of strong clinical leadership at the University Hospitals of Morecambe Bay NHS Foundation Trust led to the preventable deaths of mothers and babies.

One year later, the King's Fund argued for the "need to move on from a concept of heroic leaders who turn around organisational performance, to seeing leadership as shared and distributed throughout the NHS."

Healthcare professionals were left in no doubt as to what needed to happen next – a radical move towards collective leadership.

The question for many now is, 'how?'

This was the question Florence Wilcock, Divisional Director and Consultant Obstetrician at Kingston Hospital NHS Foundation Trust, asked when her Trust received very good results in the Care Quality Commission's Maternity Services Survey 2013.

Florence explains, “I became chair of the London Maternity Strategic Clinical Network’s (LSCN) maternity user experience sub-group in 2014. When deciding what to work on, we saw that many Trusts in London had poor patient survey results.

“Kingston was known as a friendly hospital and we knew we had good team working between disciplines, but we wanted to find out what it was we were doing right and how others could replicate that.”

Partially inspired by interactions between healthcare professionals and women on social media sites such as Twitter, Florence wanted to “wake up the conversation”. “We felt that we needed to get everyone



focused on understanding that the women in front of them were human. So we wanted something that was going to get people really thinking."

Whose Shoes?® initiative

Florence had seen some work on dementia care that had been facilitated by a tool designed by Gill Phillips called Whose Shoes?®. Florence felt it was a great starting point and talked it through with Gill, who then put her in touch with Kath Evans, National Lead for Patient Experience for Maternity, Children and Young People at NHS England.

"I had an amazingly enabling conversation with Kath," says Florence. "She told me to just do it and see what happened, adding 'you're overthinking it'. I went back to the group, who weren't sure, until I told them I'd spoken to Kath and that she wanted to part-fund it!" This was a major turning point, says Florence. "The fact I had someone national supporting the idea totally swung it."

The Whose Shoes?® board game uses tailored scenarios to spark discussions between participants. The group includes healthcare professionals and service users. Anyone can take part, and it's useful for breaking down disciplinary barriers and flattening hierarchies. The tool helps professionals at all levels to see new perspectives, those of service users – in this case women – and other staff members.

Open dialogue

Florence's first workshop was a resounding success: "I told the group about my own birth experiences. One was very bad and one was very good. I didn't tell them they were about me, until the very end." Florence says this was a very powerful message: "I

was saying to them, 'Yes, I might be a senior obstetrician, but I'm also a person'."

While the conversations take place, participants write ideas on sticky notes, which are then illustrated by a graphic artist. Both common and specific themes are pulled out and participants are asked to think about the changes they can make. They're then asked to pledge a commitment and come up with an action plan. A key contact is then assigned to follow up on progress.

Florence continues, "Often when we do things in a hospital it doesn't necessarily filter down to everyone. But Whose Shoes?® instilled a sense of personal ownership. It has empowered people to bring forward ideas, and it really can be anybody and everybody."

New relationships between staff and women were built and existing relationships strengthened. Florence continues, "Even though some improvements didn't happen easily or overnight, and staff could have given up, they kept at it. Something about the workshops and seeing success elsewhere makes people stick with it."

Collective thinking

Florence says Whose Shoes?® demonstrated to everyone that all ideas and views are valued. Through the initial five pilot workshops, Florence spent time energising others who then went on to play leading roles in growing the initiative. Social media played an important part too. The #MatExp hashtag on Twitter took off and suddenly the work snowballed.

"People who came along [to the workshops] got enthused and went on to do many other things. That rippled out to those who hadn't come. The #MatExp hashtag reinforces itself; everyone wants to



*Images and use courtesy of
Jude Jones (@beetrooter),
Helen Calvert (@HeartMummy),
Nicolette Peel (@nicolettepeell),
Gill Phillips (@WhoseShoes) and
Manchester Homebirth (@MancHomebirth).*

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It has helped everybody to see women as a whole person, not just the diagnosis or condition.

demonstrate what they're doing because it's exciting and innovative. It has even got competitive at times."

The Whose Shoes?® work has not only brought together teams of people and established connections between Trusts and disciplines, it has also had a profound effect on Florence's own practice. "I thought I was quite a people-centred person before I did this, but now, when I'm with a woman, I am constantly asking myself 'how can I make this experience better for her?'"



Staff at the Northumbria Specialist Emergency Care Hospital in Cramlington

"This is all about bringing back to staff the understanding that, for you, this is just another day at work, but for that woman, this experience is going to stay with her for life. The work has helped us make many improvements, but most importantly it has helped everybody to see women as a whole person, not just the diagnosis or condition."

Investing in leadership

Recognising and replicating leadership success is one thing, but creating it from scratch is another. This was the challenge facing the newly formed Northumbria Healthcare NHS Foundation Trust in 1998.

Serving half a million people, and covering a 2,500m² area that stretches from North Tyneside to the Scottish Border and from the Pennines to the East Coast, the Trust lacked standardised processes and governance, and its teams were disparate.

David Evans, a Consultant Obstetrician and Gynaecologist and now Medical Director at the Trust, was in the vanguard of Northumbria's training programme when its three district general hospitals and six community hospitals were brought together.

"We started from the unusual position of

adversity, so we knew we had to rise out of the chaos quickly," says David. "The then-CEO knew that it should be a clinically led Trust and that we needed to train a lot of clinicians."

At the same time, David had been part of an exchange programme organised by the Department of Health. After observing the practices of a care consortium in California called Kaiser Permanente, he quickly realised the value in developing clinical leaders.

David explains, "Kaiser acknowledged the phases of a consultant's career, supported them and trained them to take on leadership and management roles, across all clinical groups. It worked very well for them in what is a very hard-nosed healthcare environment."

It was clear that the Trust's future lay in its people and their ability to bring about change as quickly and painlessly as possible.

Keeping it simple

Northumbria's in-house Leadership Development course helps participants to understand personality types, deepens their understanding of the organisation and the

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It's not only the staff at the Trust who benefit from the programme. Northumbria was recently named as one of only three organisations selected by NHS CEO Simon Stevens to develop new ways of working known as 'multi-hospital chains'.

Florence Wilcock FRCOG

Florence has been a Consultant Obstetrician and the Labour Ward Lead at Kingston Hospital since 2007. Florence has a weekly antenatal clinic and labour ward sessions and is happiest hands-on looking after and delivering women and their babies. In addition, Florence has a keen interest in clinical leadership and led the maternity service as Specialty Lead for Obstetrics from 2009 to 2013. Since 2013, Florence has expanded her leadership and management role within the Trust and is now Divisional Director for the Specialist Services Division. Florence is a member of the London Maternity Strategic Clinical Leadership Group and co-chair of the South West London Maternity Network.



NHS and helps them to manage people and change. It also covers writing a business case and working as part of a bigger group. Project work is now also included so that growing leaders can implement improvements early on – an obvious advantage for the Trust.

"I was in the first cohort with about 30 others when we began in 1998. The course is not complicated and has always been multidisciplinary," states David. "As a very spread-out Trust, the course grows peer-group support; it brings people together from all disciplines and areas. We're very collective in our view."

The training doesn't work for everyone, but that's no bad thing, says David: "There are people who've done the course and, although they've found it interesting, decided that a leadership position is not for them. That's fantastic because we don't want to be forcing square pegs into round holes."

"The training of people to lead and manage only works if you've got a system that allows them to do that, and supports them in the decisions they make. People see the value in this because we've put in place a very clear structure. It's not only doctors who lead services; we've had psychologists, therapists and midwives running our services and doing it very well."

All new consultants undertake a shorter version of the course and become part of a mentorship programme. This, says David, is a very effective way of helping new recruits become an integral part of the team. "This is the long game. What we're saying to new consultants is 'you're likely to be with us for at least 20 years, so have you thought what that means?' Really importantly, we're introducing them to their new colleagues, helping them get to know them."

It's not only the staff at the Trust who benefit from the programme. Northumbria was recently named as one of only three organisations selected by NHS CEO Simon Stevens to develop new ways of working known as 'multi-hospital chains'. This means the Trust will be spearheading the sharing of clinical expertise, best practice and new ideas across the NHS.

Of course, it's patients who will feel the benefit of this collective knowledge and expertise. "The experience of our patients would not be anything like it is now if we had not adopted this route," concludes David. "Because the one thing we know is, clinicians are very good at putting the patient at the centre of change."

If you'd like to find out more about these inspiring projects and programmes, contact jcross@rcog.org.uk.

David Evans FRCOG

David qualified from Newcastle University in 1978 and trained in obstetrics and gynaecology in the Northern Region, The Royal Infirmary of Edinburgh and the Simpson Memorial Maternity Pavilion. He has been a Consultant Obstetrician and Gynaecologist at Northumbria NHS Foundation Trust for 26 years and involved in medical management for more than 20 years, having served for eight years as Clinical Director and 12 as Medical Director. David's work has included developing major service change and reconfigurations, clinical leadership, consultant recruitment methods, clinical governance, clinical standards and patient safety. He has been an NCAS assessor for 12 years and a member of the assessor training team for seven years. He is also a member of and trainer for the RCOG Invited Reviews Group and was Revalidation lead for its UK Board.



Courses, projects and groups

- Northumbria Healthcare NHS Foundation Trust training (<https://www.northumbria.nhs.uk/about-us/working-us/training>)
- Whose Shoes? © (<http://nutshellcomms.co.uk/>)
- The Faculty of Medical Leadership and Management (<https://www.fmlm.ac.uk/>)
- The King's Fund Leadership Development Programme (<http://www.kingsfund.org.uk/leadership/all-leadership-programmes>)
- The London Strategic Clinical Networks

(Maternity) <http://bit.ly/1LO2kmq>

- The Maternity Experience (<http://matexp.org.uk>)

College support and guidance

- Undermining toolkit – a resource to address the challenge of undermining, bullying and harassment in maternity and gynaecology services
- eLearning resources including videos on improving communications skills and workplace behaviours as well as a course on the role of human factors in health care
- The RCOG's Becoming Tomorrow's

Specialist report makes recommendations for lifelong learning for specialists in women's health

- The RCOG Faculty Development Framework recognises experience as a trainer in O&G and provides information and guidance on how to progress on this path
- RCOG Invited Reviews – a service provided by the RCOG to review O&G services or individual clinical practice where concerns have been raised.