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# MIDIRS Search Pack

## M77

## Leadership

Includes leadership and midwifery management. Excludes managing change (M32) and supervision of midwives (M21).

Prepared for: RCM Conference

Date created: 01/05/2024

### 991008-010

**Higher level practice: we need clinical leadership.** Lee G (1999), Practising Midwife vol 2, no 9, October 1999, p 36

One midwife's view of higher level practice and consultant midwives - two new suggestions for future practice to come out of the UKCC. (6 references) (VDD)

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### 981214-010\*

**The Board's response to 'Midwifery: delivering our future' the report of the Standing Nursing and Midwifery Advisory Committee (SNMAC) February 1998.** Thomas M (1998), London: English National Board for Nursing, Midwifery and Health Visiting May 1998. 4p

Response by the English National Board of Nursing, Midwifery and Health Visiting to the recent report of the Standing Nursing and Midwifery Advisory Committee 'Midwifery: delivering our future'. The Board discusses its role in the provision of effective maternity care and the development of midwifery roles, education and leadership in order to facilitate the delivery of woman focused care. (KL)

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### 981210-007

**A new style of leadership.** Knowles D (1998), In: Klein R, ed. Implementing the white paper: pitfalls and opportunities. London: King's Fund Publishing 1998, pp 74-84

One of a series of papers discussing the implications of the recent government white paper (1) on the future of primary health care in the United Kingdom. This paper describes the roles of managers and doctors in the new leadership models for the National Health Service. 1. Department of Health. The new NHS: modern, dependable. London: The Stationery Office, December 1997. (KL)

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### 981103-007

**Learning leadership: students' experiences of a midwifery mentoring practicum.** Dirks CA, Gouverneur M, McCullum L, and others (1998), Journal of Nurse-Midwifery vol 43, no 5, September/October 1998, pp 375-380

A leadership mentoring practicum is described wherein nurse-midwifery students are placed with leader/mentors at the state, regional, and national levels of organizations. Logs are kept by the students and discussions at student-faculty seminars focus on linking leadership theory to observations of leadership qualities and behaviors in the mentors. A profile of a 'composite leader' derived from the students' experiences is presented. (Author)

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### 980804-043

**Management and leadership in midwifery: part 2.** Pashley G (1998), British Journal of Midwifery vol 6, no 8, August 1998, pp 536-538

Part 1 of this article in the previous issue addressed some of the theoretical perspectives regarding management and leadership and related relevant points to the context of midwifery. Part 2 focuses upon the development of management and leadership qualities and skills appropriate for senior practitioners and managers currently working in the challenging and constantly changing context of health care. (Author)

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### 980705-036

**Management and leadership in midwifery: part 1.** Pashley G (1998), British Journal of Midwifery vol 6, no 7, July 1998, pp 460-464

In a changing and increasingly complex health service, midwifery leadership and management are essential elements for effective professional practice. This paper critically explores the meaning of leadership and management and the implications for the development of the midwife. The paper is presented in two parts: Part 1 adopts a theoretical perspective and examines some of the theories underpinning management and leadership; Part 2 looks in more detail at the implications for the development of management and leadership skills. (25 references) (Author)

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**980107-018\***

**Report of midwifery practice audit 1996-1997.** English National Board for Nursing, Midwifery and Health Visiting (1997), London: English National Board for Nursing, Midwifery and Health Visiting September 1997. 24p

The Midwifery Practice Audit has been developed as part of the Board's statutory remit of monitoring midwifery practice in accordance with rule 43 of the midwives rules, and to inform the approval process for midwifery education programmes. This report provides an outline of the initial findings derived from the Board's audit process which was introduced in September 1996. Information has been collected from 54 maternity services throughout England, representing 24% of the total number. The report focuses on three key themes derived from the audit data, namely midwifery leadership, clinical practice, and Changing Childbirth issues, including 10 indicators of success. Specific areas of clinical practice examined include: midwives' deliveries; home births; waterbirths; and episiotomy. (Author, edited)

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**970908-034**

**'Where have all the leaders gone?'**. Steele R (1997), Midwives vol 110, no 1316, September 1997, p 214

The author considers the factors that have led to a weakening of the leadership in midwifery and argues that all midwives have the potential to lead aspects of the midwifery services. (SJH)

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**960722-027**

**Midwifery leadership in the land 'down under'.** Mcarthur N (1996), In: The art and science of midwifery gives birth to a better future. Proceedings of the International Confederation of Midwives 24th Triennial Congress, 26-31 May 1996, Oslo. London: International Confederation of Midwives 1996, pp 526-532

Paper presented at the International Confederation of Midwives (ICM) conference, Oslo, 1996. (KL)

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**960722-026**

**Midwifery education research and leadership 'continuing education in midwifery practice'.** Prah CJ (1996), In: The art and science of midwifery gives birth to a better future. Proceedings of the International Confederation of Midwives 24th Triennial Congress, 26-31 May 1996, Oslo. London: International Confederation of Midwives 1996, pp 524-526

Effects of social challenges of the midwife in a developing Country. Expanded role of the midwife. The expanded knowledge of the midwife - How does this place her on a higher social stratum? The views of other members of the health team:- Acceptance? Conflicts? Suspicion? The Midwife/Traditional birth attendant relationship - Is she allowed to function in a supervisory role? The Economic Recession of Developing Countries - Does this affect her number of clients? How does she meet social demands? legislation governing her new expanded role. Challenges for the future. (Author)

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**960613-075**

**Leadership in midwifery care.** Warwick C (1996), British Journal of Midwifery vol 4, no 5, May 1996, p 229

Two conferences will be organised by the Department of Health to discuss issues relating to leadership in midwifery and its importance in achieving the aims of the Changing Childbirth report. The author discusses the need for strong leaders in midwifery practice, and the necessity to recognise that to develop responsible, autonomous leaders the status of midwives must be improved. (KL)

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**960611-039\***

**The challenges for nursing and midwifery in the 21st century. Report of the consultation exercise on the 'Heathrow debate'.**

Department of Health (1996), London: Department of Health January 1996. 6p

Report of the outcomes of consultations following the 'Heathrow debate' held by the Chief Nursing Officers of England, Wales, Scotland and Northern Ireland in 1994 to discuss how best to deliver health and social care into the next century. The five areas for further debate are identified as: models and settings, task and knowledge base, resources, education, and leadership. (KL)

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**960415-074**

**Leadership in question.** Magill-Cuerden J (1996), Modern Midwife vol 6, no 4, April 1996, p 4

Questioning of the status of midwifery within the revised structure of the United Kingdom Central Council for Nursing, Midwifery and Health Visiting. (KL)

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**960401-004\***

**Midwives and management: a handbook.** Cross RE (1996), Hale: Books for Midwives Press 1996. 209p

There is no single blueprint for successful management, a fact borne out by the many books and courses on the subject. A book which combines management issues with midwifery is a particularly welcome and potentially valuable addition to this area. A former midwifery manager and current lecturer in health service management, the author is armed with excellent credentials. Aiming the book at fellow midwives interested in management, from managers to students, she states that the book is an attempt to consolidate both academic and practical issues of management pertaining to midwifery. The book comprises nine discrete chapters, allowing for easy reading or reference. The first chapter is an excellent potted history of the NHS up to the present day. Thereafter the chosen topics are wide ranging and applicable (although by no means comprehensive), and include management and leadership theory; problem solving and decision making; change and resource management. The book is packed with useful tips and ideas. However the theory underlying the practice is patchy, at times being surprisingly poorly referenced. Such omissions thereby make the book barely useful as an academic text. As a handbook it inevitably lacks discussion on complex issues and avoids debating the pros and cons of various suggested ideas. Whereas some issues, such as staff selection and recruitment, are comprehensively covered, the really gritty issues for midwifery managers, such as developing teams from existing staff, are nominally mentioned and insufficiently dealt with. Overall, this is a helpful book that succeeds as a practical guide imparting ideas gained through the author's own experience. As such it is a worthwhile addition to the libraries of those with an interest or starting out in management and to midwives wishing to explore alternative ways of doing things. (Reviewed for MIDIRS by Debbie Johnson, midwife)

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**951205-033**

**The lead professional - exploring the issues.** (1995), Changing Childbirth Update no 4, December 1995, p 2

Explanation of the concept of the 'lead professional' in the provision of maternity services. (KL)

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**951009-021**

**Leading questions.** Garbett R (1995), Nursing Times vol 91, no 39, 27 September 1995, pp 26-29

Nurses, midwives and health visitors' increasing autonomy means that supporting and leading change is now a part of their working lives. In the first article, Robert Garbett examines how leadership qualities are defined. We also look at ways of giving more women the chance to exercise their leadership skills, list some of the current leadership development programmes and hear one recently qualified nurse's view of the qualities she wants from future leaders of the profession. (Author)

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**950725-102**

**Towards a model of midwifery management.** Brears D (1995), In: Association of Radical Midwives. Super-vision: consensus conference proceedings. Hale, Cheshire: Books for Midwives Press 1995, pp 45-50

One of a collection of essays written by speakers at the consensus conference set up by the Association of Radical Midwives to investigate the quality and role of supervision received by midwives. This paper discusses how to develop effective organizations through total quality management and effective leadership and supervision. (KL)

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**940825-013\***

**Holding your own: examples of effective midwifery management.** Royal College of Midwives (1994), London: Royal College of Midwives June 1994. 8p

Description of four examples of good practice and the role of midwifery managers in their instigation. (KL)

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**930715-009\***

**A vision for the future: the nursing, midwifery and health visiting contribution to health and health care.** Department of Health, NHS Management Executive (1993), London: Department of Health April 1993. 18p

A vision for the future sets out a new and ambitious strategy for nursing, midwifery and health visiting. Improving health and making care services better is heavily dependent upon nurses, midwives and health visitors. The strategy envisages a renaissance in nursing, midwifery and health visiting practice which will be brought about through the achievement of targets in five key areas: Quality - improved care on an individual basis, with outcomes charted and delivery submitted to audit; Accountability - better care and services by expanding the scope of professional practice; Clinical leadership - promoting health and new approaches to care through strong leadership, research and supervision; Purchasing - enhancing the efficiency and effectiveness of health care by influencing the commissioning and contracting process; Education - preparing nurses, midwives and health visitors for the new challenge. There are twelve targets for achievement over the next year. (Author)

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**930316-059**

**Lost leaders.** Kargar I (1993), Nursing Times vol 89, no 9, 3 March 1993, p 26

Midwives need supportive and imaginative managers but sadly this is not always forthcoming, says Ishbel Kargar. (Author)

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**2024-04454**

**Labour ward leaders: working together for safe care. Pilot programmes: evaluation report.** Royal College of Midwives, ATAIN (Avoiding Term Admissions Into Neonatal units), Royal College of Obstetricians and Gynaecologists (2017), April 2017. 24 pages

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. (Author)

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**2024-03321**

**Twins and triplets: The growth of the Buddy Program.** Hall H, Kep J (2023), Australian Midwifery News vol 35, Summer 2023, pp 30-33

Gives an overview of the Papua New Guinea Midwifery Leadership Program (Buddy Program): a year-long peer support partnership between the Australian College of Midwives and the Papua New Guinea Midwifery Association, initiated by the Rotary Club of Moriatta Adelaide in 2018. During a 4-day workshop which focuses on leadership and advocacy, midwives participating in the scheme will be allocated a 'buddy' who they will work with for the coming 12 months. Owing to disruption caused by the COVID-19 pandemic the third cohort was delayed so evaluation of the first two groups took place during this time. Feedback was generally positive and suggestions were made which led to the decision to offer the program using 'triplets': one Australian midwife working two midwives from Papua New Guinea. Includes summaries from the participants which provide insight into their experiences on the Buddy Program. (JSM)

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**2024-03315**

**Leadership series for midwives.** Anson L (2023), Australian Midwifery News vol 35, Summer 2023, pp 20-21

Gives an overview of the Australian College of Midwives' Leadership Series for Midwives, facilitated by Tracy Maxted, consisting of six four-hour Zoom sessions over a 12-month period. The author describes the benefits of participating in the course, and how her view of leadership and leadership qualities and skills, has developed. (JSM)

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## 2024-02201

**North Bristol NHS Trust Southmead Hospital Inspection report.** Care Quality Commission (2024), London: Care Quality Commission  
16 February 2024. 27 pages

Pages 1 to 3 of this report relate to the hospital and the ratings of that location, from page 4 the ratings and information relate to maternity services based at Southmead Hospital.

We inspected the maternity service at Southmead Hospital as part of our national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level.

Southmead Hospital provides maternity services to the population of Bristol, North Somerset and South Gloucester. Maternity services include an early pregnancy unit, maternal and fetal medicine, antenatal clinic including sonography, day assessment unit and triage, antenatal ward (Quantock), central delivery suite including high dependency rooms, midwifery led birthing centre (Mendip Birth Centre), 3 maternity theatres, postnatal ward (Percy Phillips), transitional care ward (Mendip), an ultrasound department and community midwifery services. Between April 2022 and March 2023, 5,485 babies were born at Southmead Hospital.

We will publish a report of our overall findings when we have completed the national inspection programme.

We carried out a short notice announced focused inspection of the maternity service, looking only at the safe and well-led key questions.

Our rating of this hospital stayed the same. We rated it as good because:

- Our rating of good for maternity services did not change ratings for the hospital overall. We rated maternity services as good in safe and well-led.

How we carried out the inspection

We provided the service with 2 working days' notice of our inspection.

We visited all areas of maternity services including antenatal and sonography department, day assessment unit and triage, antenatal ward (Quantock), central delivery suite, midwifery led birthing centre (Mendip Birth Centre), maternity theatres, postnatal ward (Percy Phillips Ward), obstetric high dependency area and the transitional postnatal care ward (Mendip Ward).

We spoke with 29 midwives, 3 support workers, 6 doctors, senior leaders, the maternity and neonatal voices partnership and 10 women and birthing people. We received 533 responses to our give feedback on care posters which were in place during the inspection.

We reviewed 9 patient care records, 6 observation and escalation charts and 4 medicines records. (Author)

Full URL: <https://api.cqc.org.uk/public/v1/reports/314c62a5-40ad-4bca-a31c-280e03ebd81a?20240216010512>

## 2024-00708

**Bringing careers to life.** Anon (2024), Midwives vol 27, January 2024, pp 21-23

The Royal College of Midwives (RCM) career framework is being updated in order to provide 360° view of what's possible and what your next steps could be. (Author, edited)

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## 2024-00704

**Leading the way.** Various (2024), *Midwives* vol 27, January 2024, pp 16-20

When you hear the term 'leadership' you'd be forgiven for thinking it only applies to those in strategic and managerial roles in higher grades, but that's simply not so. Everyone can and should be a leader. (Author)

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## 2024-00603

**Building strong foundations in leadership and management for midwifery students.** Abdul-Rahim HZ, Sharbini SH, Ali M, et al (2024), *British Journal of Midwifery* vol 32, no 1, January 2024, pp 38–44

This article explores the importance of leadership and management for midwifery students in their preparation to become midwives. The article combines a review of the existing literature, reflection on the authors' experiences and feedback from midwifery students on leadership and management modules at a university in Brunei Darussalam. Leadership and management skills are essential, and a requisite for every midwife to ensure coordination of structured, safe and high-quality midwifery care. Some important leadership and management competencies include decision making, managing resources, teamwork, collaborating effectively with other healthcare professionals, delegating tasks appropriately and efficient time management. Stakeholders in midwifery education, including educational institutions, public and private healthcare systems and women using midwifery services, expect newly graduated midwives to possess these foundational leadership and management proficiencies so that they can immediately perform their duties when they begin their new role as qualified midwives. (Author)

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## 2024-00565

**The International Year of the Nurse and the Midwife: taking stock of outcomes and commitments.** World Health Organization (2023), World Health Organization 11 December 2023

The 72nd World Health Assembly designated 2020 The International Year of the Nurse and the Midwife. This provided a special opportunity to celebrate the two professions and drive investments in the education, employment, leadership and working conditions of the largest component of the health workforce.

A rapid review was conducted of online information in English of reported activities and outcomes of the International Year of the Nurse and the Midwife from mid-2019 (when it was announced) through mid-2021 (to capture activities postponed due to the COVID-19 pandemic). The findings, which cannot be considered representative or comprehensive, were described at the global and WHO Regional levels and, at the country-level, they were grouped into special events, high-level recognition and awards, advancements in leadership, and commitments and actual investments in education, employment and working conditions.

The YONM was a powerful catalyst for global advocacy, evidence, and policy action. The Nursing Now campaign generated more than 700 grassroots nursing groups in 126 countries. The State of the world's nursing 2020 and the State of the world's midwifery 2021 reports provided persuasive data on these two workforces. Shortly thereafter, Member States requested that WHO develop the next Global Strategic Directions for Nursing and Midwifery (SDNM), which were adopted with a Resolution on nursing and midwifery – the first in ten years.

The next steps are to consolidate both the gains and the lessons learned during the YONM, and to each take our respective actions to ensure that announcements are turned into policy decisions, and advocacy appropriately links with political decisions. There is a clear mandate through the SDNM to monitor and hold countries accountable for strengthening their nursing and midwifery workforces via investments in education, jobs, leadership and service delivery. If countries can realize the gains through policies that help countries optimize the contributions of nurses and midwives towards achieving UHC and the SDGs, it will be the longest-lasting legacy of the YONM. (Author)

**Full URL:** <https://www.who.int/publications/i/item/9789240081925>

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**2024-00530**

**NMC launches campaign to promote good nurse leadership.** Devereux E (2023), Nursing Times 6 December 2023, online  
The Nursing and Midwifery Council (NMC) has launched a new campaign to support nurse leaders, and their teams, to deliver care in line with the regulator's professional standards. (Author)

**Full URL:** <https://www.nursingtimes.net/news/leadership-news/nmc-launches-campaign-to-promote-good-nurse-leadership-06-12-2023/>

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**2024-00213**

**Increasing nursing and midwifery research leadership: impact evaluation of the National Institute for Health and Care Research Senior Nurse and Midwife Research Leader Programme at 1 year.** Menzies JC, Brand S, Bench S, et al (2023), Journal of Research in Nursing vol 28, nos 6-7, November 2023, pp 516-528

Background: Although nurses and midwives make up the largest sector of the National Health Service (NHS) workforce, studies have identified a lack of knowledge, skills and confidence to engage and lead research. In 2018, the National Institute for Health and Care Research (NIHR) invested in the development of a 3-year Senior Nurse Midwife Research Leader (SNMRL) Programme aimed at developing nursing and midwifery research capacity and capability. This review was conducted at the end of year one as part of an ongoing impact evaluation of the programme.

Aim: To evaluate the impact of activities undertaken by NIHR SNMRL at the end of year one of the programme.

Method: The content of anonymised end-of-year one activity, self-reported by SNMRL, was coded independently and deductively analysed by a project team using the modified Visible ImpACT Of Research framework (VICTOR). Exemplar case studies were selected by the team to illustrate activity within domains. Working group members coded two reports independently then compared them in pairs to increase inter-rater reliability and the quality and consistency of coding.

Results: Reports from 63 of 66 SNMRL were submitted and included for analysis. Reporting reflected progress towards NIHR programme objectives. These included acting as a programme ambassador, creating a vibrant research culture, supporting staff recruitment and retention, enhancing organisational reputation and clinical academic outputs. Networking and collaboration locally, regionally and nationally were widely reported.

Conclusions: The SNMRL cohort reported initiating multiple initiatives aimed at influencing organisational research culture, service provision and supporting nursing/midwifery engagement with research. Evaluation indicated progress to address barriers to research engagement within NHS Trusts.

Keywords: academic training; clinical academic; clinical nursing research; clinical research nursing; collaboration; midwifery; research activities; research profile.

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**2023-12887**

**University Hospitals of Derby and Burton NHS Foundation Trust. Royal Derby Hospital Inspection report.** Care Quality Commission (2023), 29 November 2023. 20 pages

Presents the findings of the inspection of the Royal Derby Hospital by the Care Quality Commission (CQC), which took place on the 15, 16, 22 and 23 August 2023. The report looks at the hospital and rating of that location, in addition to the maternity services, including antenatal, intrapartum (care during labour and delivery) and postnatal maternity care, based at the hospital. The maternity services rating dropped from good to inadequate overall and for being safe and well-led, while the hospital's rating dropped from good to requires improvement. (JSM)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/9c757801-d671-49d0-a4c7-a7b53650c95c?20231129010611>

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**2023-11860**

**Maternity care: Dorset County Hospital is downgraded by regulator over poor leadership.** Wise J (2023), British Medical Journal 2 November 2023, online

Maternity services at Dorset County Hospital need improvements, the health and care regulator has said, after an inspection found poor leadership, under-developed governance processes, and safety issues. (Author, edited)

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**2023-11704**

**Mid and South Essex NHS Foundation Trust Inspection report.** Care Quality Commission (2022), London: Care Quality Commission 23 December 2022. 84 pages

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection. This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Mid and South Essex NHS Foundation Trust was formed on 1 April 2020 following the acquisition of Mid Essex Hospitals Services NHS Trust and Basildon and Thurrock University Hospital Trust by Southend University Hospital NHS Foundation Trust. It is one of the largest hospital trusts in England, serving a population of over 1.2 million people in Central and South Essex. The combined organisation provides acute and some community services across three main hospitals:

- Southend University Hospital
- Basildon University Hospital
- Broomfield Hospital

The trust also runs some community services and a number of smaller satellite units, enabling people to be treated as close to home as possible. The trust has around 1,800 in-patient beds over the 3 main sites and other community sites. The trust employs over 15,000 members of staff.

At the time of our inspection, and since the acquisition, the trust had not yet been fully inspected. This means that Basildon University Hospital and Broomfield Hospital remain unrated. Southend University Hospital retains its rating of requires improvement.

We carried an unannounced focussed inspection of the following acute services provided by the trust:

- Diagnostic Imaging at Southend university Hospital because we received information giving us concerns about the safety and quality of the service.

Our findings

2 Mid and South Essex NHS Foundation Trust Inspection report

- Maternity services at Basildon University Hospital, Broomfield Hospital and Southend University Hospital because we received information giving us concerns about the safety and quality of the service.

We also inspected the well-led key question for the trust overall. We did not inspect several services previously rated requires improvement because this inspection was focused only on services where we had concerns. We did not inspect any of the other services at the trust as we did not have any information of concern. Our current methodology requires us to apply a risk-based approach to some services. We did not inspect all the services at the Basildon or Broomfield locations even though they have not previously been rated because we did not have any information of concern. We are monitoring the progress of improvements to services and will re-inspect them as appropriate.

At our previous inspection, we issued an urgent notice of decision, under Section 31 of the Health and Social Care Act 2008, to impose conditions on the trust's registration as a service provider in respect of the regulated activity: maternity and midwifery services. The conditions set out specific actions to enable the improvement of safety within the service. Following this inspection, the Conditions remain in place. Our rating of this trust remained the same. We rated them as requires improvement. (Author)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/7636368a-7ff8-4944-bf4f-087babcd4553?20221223080944>

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## 2023-11703

**Royal United Hospitals Bath NHS Foundation Trust Inspection report.** Care Quality Commission (2018), London: Care Quality Commission 26 September 2018. 53 pages

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix. We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement. (Author, edited)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/e6f40c0b-cebc-4ec2-8ade-61d83d3ec609?20210115060533>

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## 2023-11702

**East Suffolk and North Essex NHS Foundation Trust: Clacton Maternity Unit Inspection report.** Care Quality Commission (2023), 18 October 2023. 21 pages

Pages 1 and 2 of this report relate to the hospital and the ratings of that location, from page 3 the ratings and information relate to maternity services based at Clacton Maternity Unit.

We inspected the maternity service at Clacton Maternity Unit as part of our national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level.

Clacton Maternity Unit serves the population of Clacton-On-Sea which is a coastal town and part of the East Suffolk and North Essex NHS Foundation Trust. The Clacton Maternity Unit has been serving the local community for 40 years. Clacton Maternity Unit is situated 18 miles from Colchester Hospital maternity services which include acute maternity services. The Clacton Maternity Unit provides care for women and pregnant people who live with complex social needs in an area of social deprivation and is a valuable access point for those women, people and families who may struggle to access care at the main hospital site. The maternity unit serves areas of the Tendering district, which includes some of the most deprived neighbourhoods of Essex. These include a neighbourhood east of Jaywick, a small seaside town which has been ranked as the most deprived neighbourhood nationally in the three most recent indexes of Multiple Deprivation (2010, 2015 and 2019). The index of Multiple Deprivation is a measure of relative deprivation for small areas published by the government.

Maternity services include a standalone birth centre. The birth centre is open 'on demand' for local low risk women and birthing people. Other services provided at the location are antenatal appointments, twice weekly consultant led antenatal clinics for high-risk women who live in the area, ultrasound scanning, antenatal education classes, postnatal clinics, vaccinations, and newborn hearing screens. From April 2022 to March 2023 there were 17 babies born at the unit. We will publish a report of our overall findings when we have completed the national inspection programme. We carried out an announced focused inspection of the maternity service, looking only at the safe and well-led key questions.

We have not rated this location before. This service was registered with CQC on 17 December 2018, and this is their first inspection. East Suffolk and North Essex NHS Foundation Trust was formed 1 July 2018 following the merger of Colchester Hospital University Foundation Trust and Ipswich Hospital NHS Trust. There are maternity services located at both hospital sites and the trust also covers the 'standalone' Clacton Maternity Unit.

Our rating of this hospital is rated as Good. Because we have now rated maternity services.

East Suffolk and North Essex NHS Foundation Trust have maternity services at two other locations. (Author, edited)

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## 2023-11701

**Bolton NHS Foundation Trust Royal Bolton Hospital Inspection report.** Care Quality Commission (2023), 3 March 2023. 20 pages

Pages 1 and 2 of this report relate to the hospital and the ratings of that location, from page 3 the ratings and information relate to maternity services based at the Royal Bolton Hospital. We inspected the maternity service at Royal Bolton Hospital as part of our national maternity inspection programme. We carried out a short notice announced focused inspection of the maternity service, looking only at the safe and well-led key questions. The service provides care to the populations of Bolton, Wigan, Bury and Salford. Royal Bolton Hospital has approximately 5,500 deliveries each year. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level. Our rating of this service went down. We rated it as requires improvement. We will publish a report of our overall findings when we have completed the national inspection programme. (Author, edited)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/1537c0d8-894d-41bb-9a61-72ec44a3afb1?20230303080101>

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## 2023-11698

**Dorset County Hospital NHS Foundation Trust Dorset County Hospital Inspection report.** Care Quality Commission (2023), 2 November 2023. 24 pages

We inspected the maternity service at Dorset County Hospital as part of our national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level.

Dorset County Hospital provides maternity services to the population of west and north Dorset, including Dorchester, Weymouth and Portland, and Purbeck. Maternity services include an assessment area, antenatal and postnatal ward, a co-located midwife-led birth centre, delivery suite, and 1 maternity theatre. Between June 2022 and May 2023, 1519 babies were born at the trust. The home birth rate was 5%. We will publish a report of our overall findings when we have completed the national maternity services inspection programme.

We carried out a 48-hour announced, focused inspection of the maternity service, looking only at the safe and well-led key questions.

The overall location rating for Dorset County Hospital went down as a result of the maternity services ratings. We rated Dorset County Hospital as requires improvement.

We provided the service with 2 working days' notice of our inspection. We visited maternity assessment unit which includes a triage service, delivery suite, the antenatal and postnatal ward, maternity theatre, and general theatres to see where maternity patients would be taken in an emergency if the maternity theatre was in use. We spoke with 13 midwives, 2 support workers, 6 women and birthing people. We received 27 responses to our give feedback on care posters which were in place during the inspection. We reviewed 10 patient care records, 10 Observation and escalation charts and 4 medicines charts. Following our onsite inspection, we spoke with senior leaders within the service; we also looked at a wide range of documents including standard operating procedures, guidelines, meeting minutes, risk assessments, recent reported incidents as well as audits and action plans. We then used this information to form our judgements. (Author)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/85bd9ce4-d3b8-4aab-bedd-adc28a250e37?20231102080046>

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**2023-11697**

**Buckinghamshire Healthcare NHS Trust Stoke Mandeville Hospital Inspection report.** Care Quality Commission (2023), 25 October 2023. 26 pages

Pages 1 and 2 of this report relate to the hospital and the ratings of that location, from page 3 the ratings and information relate to maternity services based at Stoke Mandeville Hospital.

We inspected the maternity service at Stoke Mandeville Hospital as part of our national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level. We will publish a report of our overall findings when we have completed the national inspection programme.

We carried out a short notice focused inspection of the maternity service, looking only at the safe and well-led key questions. We previously inspected maternity jointly with the gynaecology service, so we cannot compare our new ratings directly with previous ratings from the last inspection in 2014. As such the historical Maternity and Gynaecology rating is not comparable to the current maternity inspection and is therefore retired. This means that the resulting rating for Safe and Well-led from this inspection will be the first rating of maternity services for the location.

We rated safe as requires improvement and well-led as good; this is a rating of requires improvement and the hospital remains as good. This does not affect the overall Trust level rating.

We provided the service with 2 working days' notice of our inspection. During our inspection of maternity services at Stoke Mandeville Hospital we spoke with staff including leaders, obstetricians, anaesthetists, midwives, theatre staff, maternity support workers, the Maternity Voice Partnership team, and women and birthing people. We visited all areas of the unit including maternity triage, the birth centre, labour ward, day assessment and mixed (antenatal and postnatal) ward. We reviewed the environment, maternity policies, 5 maternity records and 6 prescription charts. We also looked at a wide range of documents including standard operating procedures, guidelines, meeting minutes, risk assessments, recent reported incidents as well as audits and action plans. Following the inspection, we reviewed data we requested from the service to inform our judgements.

The trust provided maternity services at hospital and local community services and 4577 babies were born at the trust between April 2021 to March 2022. (Author)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/61c87d2d-579d-46e3-bd8d-00e2ec0cbcae?20231025080039>

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**2023-11428**

**State of Care 2022/23.** Care Quality Commission (2023), London: CQC 19 October 2023. 153 pages

The State of Care annual assessment of health care and social care in England is an annual report looking at the trends, sharing examples of good and outstanding care and highlighting where care needs to improve. The NHS Long Term Workforce plan has been a positive step in addressing workforce pressures. Implementation will be challenging – particularly without a social care workforce strategy to sit alongside it. We continue to call for a national workforce strategy that raises the status of the adult social care workforce and ensures that career progression, pay and rewards attract and retain the right professional staff in the right numbers.

Our inspection activity, has continued to take a risk-based approach this year, focusing on those core services that, nationally, are operating with an increased level of risk, and on individual providers where our monitoring identifies safety concerns. Ratings data shows a mixed picture of quality, with a notable decline in mental health and ambulance services.

We have also continued our focused programme of maternity inspections. The overarching picture emerging is of a service and staff under huge pressure. Ten per cent of maternity services are rated as inadequate overall, while 39% are rated as requires improvement. Safety and leadership remain particular areas of concern, with 15% of services rated as inadequate for their safety and 12% rated as inadequate for being well-led.

While it has been encouraging that all maternity units inspected so far have adjusted the level of consultant cover to meet recommendations made in the Ockenden report, the cover model is often fragile, with rotas relying on every consultant being available. We have seen examples of services taking action to manage staff shortages safely – but we have also seen issues with governance and lack of oversight from trust boards, delays to care and lack of one-to-one care during labour, as well as poor communication with women and difficult working relationships between staff groups.

Alongside our programme of maternity inspections, we have commissioned a series of interviews with midwives from ethnic minority groups to explore their experiences of working in maternity services and their insights into safety issues. A common theme from these interviews was that care for people using maternity services is affected by racial stereotypes and a lack of cultural awareness among staff. One midwife told us; “The NHS is amazing, but it was built by white people for white people. We need to adapt, because now we have a diverse population and workforce”.

Many of the challenges described in this year’s State of Care are to some degree caused by a lack of joined-up planning, investment, and delivery of care. Integrated care systems present the opportunity of bringing together local health and care leaders with the populations they support to understand, plan, and deliver care at a local level. This would, in time, move some of the focus of care away from big institutions and towards local and self-care provision, with autonomy to act on the needs of a local population and an increased focus on preventing poor health – not just treating it.

However, in our first look across local care systems, we found that while all systems have some equality and health inequalities objectives, not all these plans have timeframes and measures. All systems need clear and realistic goals, and support to achieve these, that reflect how they will address unwarranted variations in population health and disparities in access, outcomes, and experience of health and social care.

This opportunity must be grasped to ensure fairer care for everyone – so people get the care they need, not just the care they can afford. (Author)

**Full URL:** <https://www.cqc.org.uk/publications/major-report/state-care/2022-2023>

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## 2023-11181

**Manor Hospital.** Care Quality Commission (2020), London: Care Quality Commission 17 November 2020. 45 pages

We carried out a short notice announced focused inspection of the emergency department and maternity service at Manor Hospital on the 8 and 9 September 2020, in response to concerns around safety and governance. At the time of our inspection the department was operating under COVID-19 infection, prevention and control measures.

During this inspection we inspected using our focused inspection methodology. We did not cover all key lines of enquiry. For the emergency department we looked at the safe and well domains and aspects of the responsive domain. For maternity services we looked at the safe and well led domains and aspects of the effective domain. Focused inspections can result in an updated rating for any key questions that are inspected if we have inspected the key question in full across the service and/or we have identified a breach of a regulation and issued a requirement notice or acted under our enforcement powers. In these cases, the ratings will be limited to requires improvement or inadequate.

Previous ratings were not all updated during this inspection. However, the ratings for well led (in urgent and emergency care and maternity services), and therefore the overall ratings went down. We rated these areas as requires improvement. (Author)

This inspection report includes information about a range of services as information about maternity services was not produced as a separate report at this time. The main content relating to maternity services begins on page 25. (EA)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/2695231e-527c-4f5e-802c-0ddc5f87fa5?20210112182439>

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## 2023-11177

**The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Inspection report.** Care Quality Commission (2018), London: Care Quality Commission 18 June 2018. 35 pages

The Royal Bournemouth Hospital is the larger of two hospitals provided by The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. The trust provides services to a population of approximately 550,000 in the Dorset, New Forest and South Wiltshire areas, which rises in the summer months due to an influx of visitors to the area.

There is a maternity and gynaecology service, including a three bedded birthing unit and community midwife service. In maternity, service leaders were working in a highly collaborative way with system partners to best support the needs of local women and babies.

We were impressed with the leadership across all of the services we inspected. Maternity and urgent and emergency care were rated as outstanding. (Author, edited)

This inspection report includes information about a range of services as information about maternity services was not produced as a separate report at this time (EA)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/dbbd0dd3-d2b3-4b86-b1c1-c59e8e8bff42?20230629070517>

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**2023-11043**

**County Durham and Darlington NHS Foundation Trust Darlington Memorial Hospital Inspection report.** Care Quality Commission (2023), 15 September 2023. 26 pages

Pages 1 to 3 of this report relate to the hospital and the ratings of that location, from page 4 the ratings and information relate to maternity services based at Darlington Memorial Hospital (DMH).

We inspected the maternity services at County Durham and Darlington NHS Foundation Trust as part of our national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level. We will publish a report of our overall findings when we have completed the national inspection programme. Darlington Memorial Hospital is one of four sites for maternity services for the trust. Acute maternity services are also provided at University Hospital of North Durham. Outpatient maternity care is also provided at Bishop Auckland and Shotley Bridge Hospitals.

We carried out a short notice unannounced focused inspection of the maternity services at University Hospital of North Durham and Darlington Memorial Hospital, looking only at the safe and well-led key questions. The inspection was carried out using a data submission and an on-site inspection where we observed the environment, observed care, conducted interviews with patients and staff, reviewed policies, care records, medicines charts and documentation. Following the site visits, we conducted interviews with specialist staff and senior leaders and reviewed feedback from women and families about the trust. We ran a poster campaign during our inspection to encourage pregnant women and mothers who had used the service to give us feedback regarding care. We analysed the results to identify themes and trends. Feedback included 2 positive and 6 negative experiences. There were some negative comments about clinical decision making and delayed induction of labour. The service at Darlington Memorial Hospital comprises of a labour ward with a maternity theatre, induction of labour beds and a recovery room. There are antenatal and postnatal wards. There is a separate pregnancy assessment unit. The service also has maternity services at University Hospital of North Durham and pregnancy assessment units at Bishop Auckland Hospital and Shotley Bridge Hospital which provide services to women and birthing people from across the County Durham area. Antenatal and postnatal clinics are also provided at this location. The trust carried out 4500 deliveries between April 2021 to March 2022, of which about 3000 were carried out at University Hospital of North Durham and 1500 at Darlington Memorial Hospital. A higher proportion of mothers were in the second (20%), third (16%) and fourth (17%) most deprived deciles at booking compared to the national averages (12% in the second most deprived, 11% in the third and 11% in the fourth). A lower proportion of mothers were Asian or Asian British (3%) or Black or Black British (1%) compared to the national averages (14% and (6%) respectively. More women were White, 86% at the trust compared to 67% nationally.

Our rating of the maternity service impacted on the rating for the hospital location overall. As a result, ratings for safe and well-led went down to requires improvement and services at Darlington Memorial Hospital are rated as requires improvement overall. We also inspected the maternity service at University Hospital of North Durham run by County Durham and Darlington NHS Trust. Following the Care Quality Commission (CQC) inspection of both County Durham Hospital and Darlington Memorial Hospital the CQC issued the Trust with a warning notice on 28/04/2023. This notice is served to the trust under Section 29A of the Health and Social Care Act 2008. Where it identified that the trust is required to make significant improvements. (Author)

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**2023-11042**

**County Durham and Darlington NHS Foundation Trust University Hospital North Durham Inspection report.** Care Quality Commission (2023), 15 September 2023. 28 pages

Pages 1 to 3 of this report relate to the hospital and the ratings of that location, from page 4 the ratings and information relate to maternity services based at University Hospital of North Durham (UHND). We inspected the maternity services at County Durham and Darlington NHS Foundation Trust as part of our national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level. We will publish a report of our overall findings when we have completed the national inspection programme.

University Hospital of North Durham is one of four sites for maternity services for the trust. Acute maternity services are also provided at Darlington Memorial Hospital. Outpatient maternity care is also provided at Bishop Auckland and Shotley Bridge Hospitals, although we did not inspect these services.

We carried out a short notice unannounced focused inspection of the maternity services at University Hospital of North Durham and Darlington Memorial Hospital, looking only at the safe and well-led key questions. The inspection was carried out using a data submission and an on-site inspection where we observed the environment, observed care, spoke with women and birthing people and their partners who used the services, and staff, reviewed policies, care records, medicines charts and documentation. Following the site visits, we conducted interviews with specialist staff and senior leaders and reviewed feedback from women and families about the trust. We ran a poster campaign during our inspection to encourage pregnant women and mothers who had used the service to give us feedback regarding care. We analysed the results to identify themes and trends. Feedback included 8 positive and 12 negative experiences. There were some negative comments about staff attitude and long waiting in the pregnancy assessment unit (PAU). The service at University Hospital of North Durham comprises of a labour ward with 16 labour, delivery, recovery and postnatal (LDRP) rooms, a maternity theatre, induction of labour beds and some enhanced recovery rooms. There is a 23-bed postnatal ward and an antenatal ward (ward 61) incorporating an early pregnancy assessment unit with some triage facilities. The service also has maternity services at Darlington Memorial Hospital and pregnancy assessment units at Bishop Auckland Hospital and Shotley Bridge Hospital which provide services to women and birthing people from across the County Durham area. Antenatal and postnatal clinics are also provided at this location. The trust carried out 4500 deliveries between April 2021 to March 2022, of which about 3000 were carried out at University Hospital of North Durham and 1500 at Darlington Memorial Hospital. A lower proportion of mothers were Asian or Asian British (3%) or Black or Black British (1%) compared to the national averages (14%) and (6%) respectively. More women and birthing people who used the service were White (86%) compared to 67% nationally. Our rating of this hospital went down because: The service was last inspected in 2019 (as maternity as a standalone service) and rated as good in all five domains. Our rating of the maternity service impacted on the rating for the hospital location overall. As a result ratings for safe and well-led went down to requires improvement and services at University Hospital North Durham are rated as requires improvement overall. We also inspected the maternity service at Darlington Memorial Hospital run by County Durham and Darlington NHS Trust. Following the Care Quality Commission (CQC) inspection of both County Durham Hospital and Darlington Memorial Hospital the CQC issued the Trust with a warning notice on 28/04/2023. This notice is served to the trust under Section 29A of the Health and Social Care Act 2008. Where it identified that the trust is required to make significant improvements. (Author)

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## 2023-11041

**Frimley Health NHS Foundation Trust Wexham Park Hospital Inspection report.** Care Quality Commission (2023), 13 September 2023. 25 pages

Pages 1 and 2 of this report relate to the hospital and the ratings of that location, from page 3 the ratings and information relate to maternity services based at Wexham Park Hospital. We inspected the maternity service at Wexham Park Hospital as part of our national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level. We will publish a report of our overall findings when we have completed the national inspection programme. We carried out a short-notice unannounced focused inspection of the maternity service, looking only at the safe and well-led key questions. We last carried out a comprehensive inspection of the maternity service in 2019. The service was judged to be Good overall. We did not rate this location at this inspection. The previous rating of good remains. (Author)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/ef0b3efd-c370-4a9b-b83a-05d03380999e?20230913070049>

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## 2023-11039

**Frimley Health NHS Foundation Trust Frimley Park Hospital Inspection report.** Care Quality Commission (2023), 13 September 2023. 22 pages

Pages 1 and 2 of this report relate to the hospital and the ratings of that location, from page 3 the ratings and information relate to maternity services based at Frimley Park Hospital. We inspected the maternity service at Frimley Park Hospital as part of our national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level. We will publish a report of our overall findings when we have completed the national inspection programme. We carried out a short-notice announced, focused inspection of the maternity service, looking only at the safe and well led key questions. We last carried out a comprehensive inspection of the maternity service in 2019. The service was judged to be Good overall. We did not rate this location at this inspection. The ratings for this inspection did not affect the overall location rating. This location was rated Outstanding overall. (Author)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/befd7de2-1738-4f17-8fcb-89b116cb668f?20230913070049>

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## 2023-11037

**Wye Valley NHS Trust The County Hospital Inspection report.** Care Quality Commission (2023), London: Care Quality Commission 4 October 2023. 23 pages

Pages 1 and 2 of this report relate to the hospital and the ratings of that location, from page 3 the ratings and information relate to maternity services based at The County Hospital, Hereford.

We inspected the maternity service at The County Hospital as part of our national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level.

The County Hospital is a district general hospital located near Hereford town centre. It provides a full range of maternity services including a mixed antenatal and postnatal ward with 17 beds including three single rooms. There are 5 ensuite rooms on the delivery suite and an obstetric operating theatre located within the footprint of the maternity services. The hospital has a special baby care unit with 12 cots, but we did not inspect this as part of this inspection. There are approximately 1600 deliveries each year. We will publish a report of our overall findings when we have completed the national inspection programme. We carried out an announced focused inspection of the maternity service, looking only at the safe and well-led key questions.

The rating of this hospital stayed the same. The County Hospital ratings remains as requires improvement. (Author)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/5a4c6aab-2c81-473d-ab7b-08142fe43ecc?20231004070046>

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## 2023-11032

**Nottingham University Hospitals NHS Trust.** Care Quality Commission (2023), 13 September 2023. 99 pages

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection. This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

### Overall summary

#### What we found

#### Overall trust

Nottingham University Hospitals NHS Trust was established in 2006 following the merger of Nottingham City Hospital and Queen's Medical Centre. The trust has a budget of £1.589 billion, 90 wards and 1,700 beds across 3 main sites: Queen's Medical Centre, Nottingham City Hospital and Ropewalk House. The trust delivers district general services to 2.5 million residents of Nottingham, Nottinghamshire, and its surrounding communities. Specialist services are delivered to 4 to 5 million people from across the East Midlands and nationally for a handful of services. With 18,600 staff, the trust is one of the biggest employers in the city with a central role in supporting the health and wellbeing of the local population. Queen's Medical Centre is where the Emergency Department, Major Trauma Centre and the Nottingham Children's Hospital are based. It is also home to the University of Nottingham's School of Nursing and Medical School. Nottingham City Hospital is the planned care site, where the cancer centre, heart centre and stroke services are based, and where some of the trust's emergency admissions units are located. Ropewalk House is where the trust provides a range of outpatient services, including hearing services.

Between 25 and 26 April 2023, we inspected maternity services provided by the trust across 2 locations. We carried out an unannounced inspection of maternity services at Nottingham City Hospital and the Queen's Medical Centre. We carried out this unannounced inspection of maternity services provided by this trust because at our last inspection we rated the service overall as inadequate. Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. Our findings are in the section headed 'is this organisation well-led'. We inspected the well-led key question between 6 and 7 June 2023. A financial governance review was also carried out at the same time as the well-led inspection, this was undertaken by NHS England and Improvement (NHSE). There was not a separate 'Use of Resources' assessment in advance of this inspection. (Author)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/320a8f6b-9245-40f2-9f93-dc645c6ac5e1?20231121142743>

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## 2023-11031

**Homerton Healthcare NHS Foundation Trust Homerton University Hospital Inspection report.** Care Quality Commission (2023), London: Care Quality Commission 14 September 2023. 30 pages

Pages 1 and 2 of this report relate to the hospital and the ratings of that location, from page 3 the ratings and information relate to maternity services based at Homerton University Hospital.

We inspected the maternity service at Homerton University Hospital as part of our national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level. We will publish a report of our overall findings when we have completed the national inspection programme.

We carried out an announced focused inspection of the maternity service, looking only at the safe and well-led key questions. Homerton University Hospital is part of Homerton University Hospital NHS Foundation Trust; the trust serves a diverse and complex local population from Hackney, the City of London, and surrounding boroughs in East London. The hospital provides maternity care for approximately 6000 women and their babies each year during pregnancy, labour, birth and up until one month after birth. A higher proportion of mothers were in the 2nd and 3rd most deprived deciles at booking compared to the national averages. The proportion of women and birthing people who were Asian or Asian British was 13% which was lower than compared to the national average and also lower for women and birthing people who were White at 50% compared to 66% nationally. Women and birthing people who were Black or Black British was higher at 13% compared to 7% nationally. We did not review the rating for Homerton University Hospital. However, we did update the ratings for maternity services. (Author)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/0fcacc3d-4c1c-43d4-8dad-39c12894260e?20230914070048>

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## 2023-11026

**University Hospitals Dorset NHS Foundation Trust Poole Hospital Inspection report.** Care Quality Commission (2023), London: Care Quality Commission 10 March 2023. 18 pages

We inspected the Maternity service at Poole Hospital as part of our national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level. We will publish a report of our overall findings when we have completed the national inspection programme. We carried out a short notice announced focused inspection of the Maternity service, looking only at the safe and well led key questions. Maternity services at Poole Hospital are provided by University Hospitals Dorset NHS Foundation trust. This was the first

time we rated maternity services at Poole Hospital since Poole Hospital NHS Foundation Trust and The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust merged on 1 October 2020. The maternity ratings inherited from the previous provider at the last inspection in January 2020 was good overall. (Author)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/14489630-c15f-4ef5-ae59-f844287a2701?20230310080246>

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## 2023-10663

**PNG midwifery leadership buddy program.** Hall H, Crawford K (2022), Australian Midwifery News vol 28, no 1, Autumn 2022, pp 40-42

Papua New Guinea (PNG) is the largest country of the Pacific region with most of its 8.7 million population living in rural areas where access to healthcare services is limited. There are an estimated 250,000 births in PNG each year. Only 55% of PNG women give birth in a health facility and just 56.5% of women have a skilled provider at the birth. Although maternal and infant outcomes are improving, PNG still has one of the highest maternal mortality ratios (MMR) and infant mortality rates (IMR) in the Asia-Pacific region. (Author)

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### 2023-10477

**Guidance and recommendations for running an effective, high-quality obstetric ultrasound service and supporting obstetric sonographer career development.** The Society and College of Radiographers (2023), June 2023. 127 pages

Guidelines and recommendations from the Society and College of Radiographers\* aimed at policy makers, antenatal leads, sonography managers, obstetric sonographers and the wider antenatal care team to aid improvements in antenatal ultrasound services, focusing on various aspects of service provision and the wellbeing of staff. (JSM)

\*The Society of Radiographers (SoR) and the College of Radiographers (CoR) are separate companies (CoR is also a registered charity) but work together as "The Society and College of Radiographers" and as part of their roles prepare and publish guidance.

**Full URL:** <https://www.sor.org/getmedia/3e37d15a-8c4b-46d2-9da9-8213df86fa1d/Obstetric-ultrasound-service-and-supporting-obstetric-sonographer-career-development>

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### 2023-10470

**Effective Midwifery Leadership: Knowing Your Roots and Finding Your Passion.** Homer C (2023), The Practising Midwife Australia vol 1, no 6, July 2023, pp 8-12

In this feature article, a third article in our leadership collective, Professor of Midwifery Caroline Homer was invited to write about effective leadership, collaboration and midwifery. This informative and personal article explores Caroline's own leadership journey and she gives important tips for future midwives along their own leadership journeys. (Author)

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### 2023-10319

**Flowers in our Profession.** Tuson A (2022), The Practising Midwife Australia vol 1, no 2, November 2022, pp 32-35

The protection and growth of the passion of woman-centred care is fundamental to gold-standard care. My personal clinical practice journey has identified a direct link between the cascade of mentorship and leadership in midwifery practice. My reflective voice aims to share with you my reflection of a journey of flowers of symbols of our profession. I asked colleagues to paint or draw a flower for me and then I explored the symbol or meaning of that flower to inform my reflection. The intention of this piece is to provide you with the gift of using flowers for your personal reflection. (Author)

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### 2023-10315

**Leadership Collective 2. Equipping Midwifery Leaders.** Adcock J (2022), The Practising Midwife Australia vol 1, no 2, November 2022, pp 20-25

This article explores how midwives in leadership positions can be equipped to contribute to maternity care reform through improving the access that women and birthing families in Australia have to Midwifery Continuity of Care (MCoC). Drawing from findings of a recent Australian qualitative study into the topic, principles for increasing midwifery leadership skills, exploring personal commitment to improving maternity care and establishing relationships with key stakeholders are discussed. Current midwifery leaders as well as the leaders of the future have an important role to play in the expansion of MCoC and strengthening of the midwifery profession. (Author)

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## 2023-10176

**North Cumbria Integrated Care NHS Foundation Trust West Cumberland Hospital Inspection report.** Care Quality Commission (2023), London: Care Quality Commission 22 September 2023. 30 pages

This report contains information relating to maternity services based at West Cumberland Hospital. It relates to the rating of the hospital only as a rating of the location was not performed. An announced focused inspection of the maternity service, looking only at the safe and well-led key questions, was carried out. The maternity service at West Cumberland Hospital was inspected as part of the Care Quality Commissions (CQC) national maternity inspection programme.

The inspection programme aims to give an up-to-date view of hospital maternity care across the country and to help develop further understanding of what is working well to support learning and improvement at a local and national level. West Cumberland Hospital is rated requires improvement.

A report of overall findings by the CQC will be published when the national inspection programme is complete. (EA)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/275d0669-c436-4334-b853-1267a1ff631b?20230922070048>

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## 2023-10175

**North Cumbria Integrated Care NHS Foundation Trust Cumberland Infirmary Inspection report.** Care Quality Commission (2023), London: Care Quality Commission 22 September 2023. 31 pages

This report contains information relating to maternity services based at Cumberland Infirmary. It relates to the rating of the hospital only as a rating of the location was not performed. An announced focused inspection of the maternity service, looking only at the safe and well-led key questions, was carried out. The maternity service at Cumberland Infirmary was inspected as part of the Care Quality Commissions (CQC) national maternity inspection programme.

The inspection programme aims to give an up-to-date view of hospital maternity care across the country and to help develop further understanding of what is working well to support learning and improvement at a local and national level. Cumberland Infirmary is rated requires improvement.

A report of overall findings by the CQC will be published when the national inspection programme is complete. (EA)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/19fa2395-e92f-4228-92b1-b99993dec8ae?20230922070048>

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## 2023-10174

**North Cumbria Integrated Care NHS Foundation Trust Penrith Community Hospital Inspection report.** Care Quality Commission (2023), London: Care Quality Commission 22 September 2023. 24 pages

This report contains information relating to maternity services based at Penrith Community Hospital. It relates to the rating of the hospital only as a rating of the location was not performed. An announced focused inspection of the maternity service, looking only at the safe and well-led key questions, was carried out. The maternity service at Penrith Community Hospital was inspected as part of the Care Quality Commissions (CQC) national maternity inspection programme.

The inspection programme aims to give an up-to-date view of hospital maternity care across the country and to help develop further understanding of what is working well to support learning and improvement at a local and national level. The rating for maternity services at Penrith Community Hospital is rated as good.

A report of overall findings by the CQC will be published when the national inspection programme is complete. (EA)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/e4662d08-1ff3-418b-8a4c-c3a675527686?20230922070439>

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## 2023-10162

**University Hospitals of Leicester NHS Trust Leicester General Hospital Inspection report.** Care Quality Commission (2023), London: Care Quality Commission 20 September 2023. 28 pages

This report relates to the hospital and the ratings of the location and contains information relating to maternity services based at Leicester General Hospital. The maternity service at Leicester General Hospital was inspected as part of the Care Quality Commissions (CQC) national maternity inspection programme.

The inspection programme aims to give an up-to-date view of hospital maternity care across the country and to help develop further understanding of what is working well to support learning and improvement at a local and national level.

A report of overall findings by the CQC will be published when the national inspection programme is complete. (EA)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/6160f075-b448-4f43-982f-5d4882a5a2a3?20230920070046>

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## 2023-10150

**University Hospitals of Leicester NHS Trust St Mary's Birth Centre Inspection report.** Care Quality Commission (2023), London: Care Quality Commission 20 September 2023. 17 pages

This report relates to the hospital and the ratings of the location and contains information relating to maternity services based at Saint Mary's Birth Centre (St Mary's Birth Centre). 48 hours' notice was provided before a focused inspection, looking at the safe and well-led key questions, of the maternity service was carried out. The maternity service at Saint Mary's Birth Centre was inspected as part of the Care Quality Commissions (CQC) national maternity inspection programme.

The inspection programme aims to give an up-to-date view of hospital maternity care across the country and to help develop further understanding of what is working well to support learning and improvement at a local and national level. The rating for safe remains as good and the rating for well-led has moved down from good to requires improvement which means the overall rating for maternity services at St Mary's Birth Centre remains as good.

A report of overall findings by the CQC will be published when the national inspection programme is complete. (EA)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/25fac6f5-351f-454f-8108-6ce864882a26?20230920070046>

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## 2023-10149

**University Hospitals of Leicester NHS Trust Leicester Royal Infirmary Inspection report.** Care Quality Commission (2023), London: Care Quality Commission 20 September 2023. 28 pages

This report relates to the hospital and the ratings of the location and contains information relating to maternity services based at Leicester Royal Infirmary. An announced focused inspection of the maternity service, looking only at the safe and well-led key questions, was carried out. The maternity service at Leicester Royal Infirmary was inspected as part of the Care Quality Commissions (CQC) national maternity inspection programme.

The inspection programme aims to give an up-to-date view of hospital maternity care across the country and to help develop further understanding of what is working well to support learning and improvement at a local and national level. The rating for maternity services at Leicester Royal Infirmary has moved down from good to requires improvement. Safe moved down from requires improvement to inadequate, and well-led moved down from good to requires improvement.

A report of overall findings by the CQC will be published when the national inspection programme is complete. (EA)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/2eabd2d2-3f93-4e28-8caf-1ae577959e95?20230920070046>

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## 2023-09092

**Midwifery role must be recognised in law.** Moore A (2023), World of Irish Nursing & Midwifery vol 31, no 5, Summer 2023, p 31  
MATERNITY services should reflect the needs of women and this must include midwife-led and community based services. The Midwives Section put forward a motion that called for the INMO to lobby government to amend the Maternity and Infant Care Scheme to reflect the pivotal role of midwives as lead care providers in the supported care pathway, and as part of the multidisciplinary team, to women with no known complications. (Author, edited)

**Full URL:** <https://publications.inmo.ie/view/757579364/30/>

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## 2023-08514

**Lead midwives for education - working together.** Anon (2023), Midwives vol 26, July 2023, pp 31-34

LMEs work in collaboration across Wales, England, Scotland and Northern Ireland. Here the country representatives discuss their roles, challenges and hopes for midwifery education. (Author)

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## 2023-08291

**Chesterfield Royal Hospital Inspection Report.** Care Quality Commission (2023), 26 July 2023. 21 pages

Presents the findings of the Care Quality Commission's (CQC) inspection of the Maternity Services at Chesterfield Royal Hospital, part of the Chesterfield Royal Hospital NHS Foundation Trust, which took place on 10 May 2023. Maternity services at the hospital were rated as follows: Safe services: Good; Well-led: Good. The inspection concluded several areas of practice to be outstanding (page 19), and some which required improvement (page 20). The overall rating was: requires improvement. (JSM)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/6ad0a723-95d6-4673-97c6-1cce1499590a?20230726070047>

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## 2023-08091

**South Warwickshire University NHS Foundation Trust: Warwick Hospital.** Care Quality Commission (2023), 19 July 2023. 23 pages

Presents the findings of an inspection of maternity services at Warwick Hospital, carried out by the Care Quality Commission (CQC) on 18 April 2023. The CQC concluded that improvements had been made in the care provided by the hospital, part of South Warwickshire University NHS Foundation Trust, and the service was rated 'Good' in the areas of safe services, effective services, caring services, services responsive to people's needs, and 'Outstanding' in well-led services (p.12). The overall rating is 'Good'. (JSM)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/9a4730ad-0a20-48ec-9de4-0bb0c435c31c?20231010142210>

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## 2023-08007

**Improving Together for Wales. Maternity Neonatal Safety Support Programme Cymru. Discovery Phase Report.** Robb A, Doherty C, Morris S, et al (2023), July 2023. 104 pages

This report explores the landscape of maternity and neonatal services in Wales and was broad in its remit, including detailed views of work culture, leadership and learning alongside workforce and clinical outcome measures for mothers and babies across the nation. The findings of this Discovery Phase of work, conducted from Dec 2022 – Feb 2023, and the recommendations reflect that broad scope. Moving forward, we must work as one perinatal team, to improve care for women and families. (Author)

**Full URL:** <https://phw.nhs.wales/services-and-teams/improvement-cymru/our-work/matneosp/report/>

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## 2023-07396

**Russells Hall Hospital Inspection Report.** Care Quality Commission (2023), 29 June 2023. 18 pages

Presents the Care Quality Commission's (CQC) findings of their inspection of Russells Hall Hospital (The Dudley Group NHS Foundation Trust), which took place on 27 April 2023. The overall rating for the Hospital was 'Requires improvement' but the rating for Maternity Services was 'Good'. (JSM)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/dbbd0dd3-d2b3-4b86-b1c1-c59e8e8bff42?20230629070517>

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## 2023-06361

**Trailblazers.** Anon (2023), Midwives vol 26, April 2023, pp 58-61

Empowering leaders and tackling health inequalities: the Mary Seacole leadership development programme. (Author)

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**2023-06288**

"The reward of being a midwife is immeasurable!". Anon (2023), NMC Newsletter for Midwives May 2023

Rukeya Miah was crowned Midwife of the Year at the National BAME Health & Care Awards 2022. Working in collaboration with DiversityQ, we asked Rukeya to share her thoughts on inclusive leadership, who inspires her and how she looks after her wellbeing. (Author)

**Full URL:** [https://r1.dotdigital-pages.com/p/129A-1681?utm\\_source=Nursing%20and%20Midwifery%20Council&utm\\_medium=email&utm\\_campaign=13941614\\_Midwifery%20newsletter%20June%202023&utm\\_content=Rukeya%20guest%20article&dm\\_i=129A,8ATF2,GFQI7,Y5050,1](https://r1.dotdigital-pages.com/p/129A-1681?utm_source=Nursing%20and%20Midwifery%20Council&utm_medium=email&utm_campaign=13941614_Midwifery%20newsletter%20June%202023&utm_content=Rukeya%20guest%20article&dm_i=129A,8ATF2,GFQI7,Y5050,1)

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**2022-10702**

**Advanced Clinical Practice (ACP) in Midwifery.** University of East Anglia, Health Education England (2022), November 2022. 57 pages

This report, commissioned by the Health Education Authority (HEE) and conducted by the University of East Anglia (UEA), is a deep-dive analysis into the use and development of Advanced Clinical Practice (ACP) in maternity services. It highlights the need for more midwives, and recognises the need for specialist and consultant midwives to lead and support implementation and delivery of new models of working. (JSM)

**Full URL:** <https://www.hee.nhs.uk/sites/default/files/document/Advanced%20clinical%20practice%20%28ACP%29%20in%20midwifery%20Report%20v12.pdf>

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**2022-10701**

**Advanced Clinical Practice in Midwifery: Capability Framework.** The Centre for Advancing Practice (2022), November 2022. 28 pages

Health Education England led and developed this Advanced Clinical Practice in Midwifery: Capability Framework with a wide range of partners and stakeholders. The framework draws from and builds on excellent examples of good practice from across the field of midwifery. (Author, edited)

**Full URL:** <https://advanced-practice.hee.nhs.uk/launched-today-advanced-clinical-practice-in-midwifery-capabilities-framework/>

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## 2022-09359

**Building leadership and managerial capacity for maternal and newborn health services.** Tomblin Murphy G, Mtey G, Nyamtema A, et al (2022), BMC Health Services Research vol 22, no 1129, 7 September 2022

### Background

Strengthening leadership and management is important for building an effective and efficient health system. This paper presents the findings from a L&M capacity building initiative which was implemented as part of a larger study aimed at improving maternal and newborn outcomes within primary health facilities in the Morogoro, Tanzania.

### Methods

The initiative, involving 30 stakeholders from 20 primary health facilities, 4 council health management teams and the regional health management team in the Morogoro region, provided leadership and managerial training through two 5-day in-person workshops, onsite mentoring, and e-learning modules. The initiative was evaluated using a pre-post design. Quantitative instruments included the 'Big Results Now' star-rating assessments and a team-developed survey for health providers/managers. The 'Big Results Now' star-rating assessments, conducted in 2018 (19 facilities) and 2021 (20 facilities), measured overall facility leadership and management capability, with comparisons of star-ratings from the two time-points providing indication of improvement. The survey was used to measure 3 key leadership indicators - team climate, role clarity/conflict and job satisfaction. The survey was completed by 97 respondents at baseline and 100 at follow up. Paired t-tests were used to examine mean score differences for each indicator. Triangulated findings from focus groups with 99 health providers and health management team members provided support and context for quantitative findings.

### Results

Star-ratings increased in 15 (79%) of 19 facilities, with the number of facilities achieving the target of 3 plus stars increasing from 2 (10%) in 2018 to 10 (50%) in 2021, indicating improved organizational performance. From the survey, team climate, job satisfaction and role clarity improved across the facilities over the 3 project years. Focus group discussions related this improvement to the leadership and managerial capacity-building.

### Conclusion

Improved leadership and managerial capacity in the participating health facilities and enhanced communication between the health facility, council and regional health management teams created a more supportive workplace environment, leading to enhanced teamwork, job satisfaction, productivity, and improved services for mothers and newborns. Leadership and managerial training at all levels is important for ensuring efficient and effective health service provision. (Author)

**Full URL:** <https://doi.org/10.1186/s12913-022-08448-7>

## 2022-07685

**First cohort from course to create future nurse and midwife leaders.** Sadler C (2022), Nursing Times 9 August 2022

Eight midwifery and nursing students are set to graduate from two "unique and trailblazing" courses designed to fast-track them for senior posts like director of nursing or consultant midwife. (Author)

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**2022-06984**

**The Application of Health Leadership Competencies Around the World to the Canadian Midwifery Profession: A Scoping Review.** Corbin A, Darling E, Pearce-Kelly T, et al (2021), Canadian Journal of Midwifery Research and Practice vol 20, no 1, Spring 2021, pp 18-30

Objectives: To review and map the key leadership competencies and frameworks created by health care professionals and health leaders across the globe. To use the themes that emerge to create a new leadership framework for Canadian midwifery.

Background: Effective leadership has a significant impact on health care outcomes. In an effort to describe effective leadership, many health professions and organizations are creating lists of competencies within leadership frameworks. Midwifery is a relatively young profession in Canada. To date there has been no published Canadian work on leadership or leadership frameworks. Midwifery has a vital role to play within health care but needs to grow in leadership knowledge and capacity.

Methods: A scoping review was conducted using both a published literature search and a grey literature search. The published literature search was conducted using CINAHL and OVID, while the grey literature search included an online review of the websites of major health professions in Canada, the UK, the US, Ireland, Australia, and New Zealand.

Results: Twenty-three articles met the inclusion criteria. Within the articles were 582 key competencies, organized into 133 separate themes. Thematic analysis of the competencies results in competencies falling into five major themes of leadership: self, patient/client care, team, organization, and health systems.

Conclusion: A new framework was created using the emerging themes found in the scoping review: Leading Self, Leading the Team, Leading Client Care, Leading the Organization, and Leading Health Systems. This new framework was applied to the Canadian midwifery profession, using core midwifery documents. This scoping review can be used by Canadian midwifery organizations looking to create a leadership framework and by university midwifery programs as they look to incorporate leadership competencies into their curriculum. (Author)

**Full URL:** <https://www.cjmrp.com/downloads/the-application-of-health-leadership-competencies-around-the-world-to-the-canadian-midwifery-profession-a-scoping-review.pdf>

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**2022-06052**

**Spotlight on leadership: Inclusive leadership.** Anon (2022), World of Irish Nursing & Midwifery vol 30, no 5, June 2022, p 52  
Ensuring an inclusive society that respects and embraces people regardless of their race, background, sexual orientation, disability, age or gender is essential to a thriving society that allows opportunities for all. The pandemic has exposed and significantly impacted progress in this area of equity, diversity and inclusion (EDI) across all sections of society and the workplace is no different. (Author)

**Full URL:** <https://online.flippingbook.com/view/731062050/52/>

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**2022-05928**

**Countess of Chester Hospital NHS Foundation Trust.** Care Quality Commission (2022), 15 June 2022. 112 pages  
Report detailing an inspection of medicine, surgery, urgent and emergency care and maternity services at Countess of Chester Hospital NHS Foundation Trust between 15 February and 17 March 2022. The Care Quality Commission (CQC) reports that services require improvement due to lack of safety, poor levels of training completion, incomplete risk assessments, staff shortages and inadequate leadership and culture. (LDO)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/9e30bdaf-a449-4f47-b40c-042d55ac152b?20220615103240>

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## 2022-05926

**Trust branded 'inadequate' for leadership and maternity.** Dunhill L (2022), Health Service Journal 15 June 2022

One of the trusts worst affected by coronavirus has been issued with two warning notices and rated 'inadequate' for leadership, following a Care Quality Commission inspection. (Author)

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## 2022-05899

**Quality & Safety: Reflections on leading quality safety care.** Flynn M (2022), World of Irish Nursing & Midwifery vol 30, no 3, April 2022, p 41

This month we focus on the essence of clinical leadership. In the early stages of the pandemic it was evident that nurses and midwives of all grades were demonstrating significant clinical leadership in very challenging times. Here we provide information on a series of conversations with nurses and midwives that reveal the unique role played by our professions in delivering quality safe care in extraordinary circumstances. (Author)

Full URL: <https://online.flippingbook.com/view/327687779/40/>

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## 2022-05885

**Spotlight on leadership: Authentic leadership in a healthcare setting.** Anon (2022), World of Irish Nursing & Midwifery vol 30, no 3, April 2022, p 38

In the latest in a series of articles exploring the topic of leadership, this month's column focuses on authentic leadership. What follows is an overview of authentic leadership, definitions, key concepts and how they apply in a healthcare setting. (Author)

Full URL: <https://online.flippingbook.com/view/327687779/38/>

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## 2022-05654

**NHS Staff Survey 2021: Learning from the findings.** Boddy B (2022), Journal of Health Visiting vol 10, no 5, May 2022, pp 216-218

The latest NHS Staff survey identified concerning results in relation to staff wellbeing. What can individuals, leaders and organisations do to mitigate the significant risk of staff burnout? (Author)

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## 2022-04367

**A new opportunity for midwives.** Paxman S, Koutrouza S, Temke A (2022), British Journal of Midwifery vol 30, no 5, May 2022, pp 297-298

Sarah Paxman, Sascha Koutrouza and Anna Temke share their experiences as members of the first cohort of NHS regional clinical fellow midwives. (Author)

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## 2022-03284

**Spotlight on Leadership: Shared and distributed leadership.** Anon (2022), World of Irish Nursing & Midwifery vol 30, no 2, March 2022, p 42

This month, our sixth in a series of articles exploring the topic of leadership focuses on shared and distributed leadership. What follows is an overview of shared leadership, key concepts as well as further investigation into distributed leadership and its relation to the healthcare setting. (Author)

Full URL: <https://online.flippingbook.com/view/990787938/42/>

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## 2022-03232

**Spotlight on Leadership: Benefits of strategic leadership in nursing and midwifery.** Anon (2022), World of Irish Nursing & Midwifery vol 30, no 1, February 2022, p 42

The fifth in our series of articles exploring the topic of leadership focuses on strategic leadership. What follows is an overview of the importance of strategic leadership, the skills required to become a strategic leader, and the importance of the instrumental approach in driving the implementation of organisational strategy. (Author)

Full URL: <https://online.flippingbook.com/view/1052154641/42/>

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## 2022-03216

**Spotlight on Leadership: The importance of advocacy in nursing and midwifery leadership.** Anon (2022), World of Irish Nursing & Midwifery vol 29, no 10, December/January 2022, p 49

Advocacy is an essential element for nurse and midwife leaders. It promotes equitable access to healthcare, ensures patient safety, and influences public health policy. It is also central to creating system change, which is relevant to the health service. (Author)

Full URL: <https://online.flippingbook.com/view/708537636/48/>

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## 2022-03210

**Quality & Safety: The Clinical Leadership Competency Framework.** Flynn M (2022), World of Irish Nursing & Midwifery vol 29, no 10, December/January 2022, p 44

In this month's column we are sharing information on a new resource to help you with your clinical leadership development. The Clinical Leadership Competency Framework (CLCF) is an e-learning resource, designed to provide healthcare professionals with the necessary knowledge and tools to support their clinical leadership competency development. (Author)

Full URL: <https://online.flippingbook.com/view/708537636/44/>

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## 2022-03201

**ICARE framework for courageous leadership.** Flynn M (2021), World of Irish Nursing & Midwifery vol 29, no 9, November 2021, p 30

This column introduces the new ICARE framework and programme for courageous leadership. (Author, edited)

Full URL: <https://online.flippingbook.com/view/910379754/30/>

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## 2022-03200

**Spotlight on: Leadership.** Anon (2021), World of Irish Nursing & Midwifery vol 29, no 9, November 2021, p 28

In the third in this series of articles exploring the topic of leadership, this month we dive into transformational leadership (TFL). The article that follows is an overview of the key elements of TFL, its relevance to nursing and midwifery, its impact in practice and the benefits and challenges associated with it. (Author)

Full URL: <https://online.flippingbook.com/view/910379754/28/>

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## 2022-03131

**Spotlight on: Leadership.** Anon (2021), World of Irish Nursing & Midwifery vol 29, no 8, October 2021, p 39

Midwifery leadership in focus - the need for a chief midwifery officer. (Author)

Full URL: <https://online.flippingbook.com/view/609707712/38/>

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## 2022-03105

**Spotlight on: Leadership.** Anon (2021), World of Irish Nursing & Midwifery vol 29, no 7, September 2021, p 25

The first article in a new series on nursing and midwifery leadership. (Author)

Full URL: <https://online.flippingbook.com/view/119708040/24/>

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## 2022-02863

**Leadership in action: sparking change.** Nicell O (2022), The Student Midwife vol 5, no 2, April 2022, p 22

Olivia Nicell reflects on her learning journey towards becoming an inclusive and sensitive team leader. (Author)

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**2022-02692**

**Maternity Services: Safety [written answer].** House of Lords (2022), Hansard Written question HL7638, 4 April 2022

Lord Kamall responds to a written question from Lord Hunt of Kings Heath to Her Majesty's Government regarding what assessment they have made of the endorsement by the Ockenden Review, published on 30 March, of the recommendations of the House of Commons Health and Social Care Committee's report The safety of maternity services in England (Session 2021–22, HC19). (JSM)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2022-04-04/hl7638>

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**2022-02201**

**Ockenden report exposes failures in leadership, teamwork, and listening to patients.** Vize R (2022), BMJ vol 377, no 8333, 31 March 2022, o860

Deep soul searching is required by clinical and managerial leaders throughout the health service to understand why the same problems keep reoccurring. (Author)

**Full URL:** <https://doi.org/10.1136/bmj.o860>

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**2022-01984**

**Leadership in nursing and midwifery: Activities and associated competencies of advanced practice nurses and midwives.** Van Hecke A, Goemaes R, Verhaeghe S, et al (2019), Journal of Nursing Management vol 27, no 6, September 2019, pp 1261-1274

**Aim**

To explore the practice profile and competencies of advanced practice nurses (APNs) and midwives (AMPs), and factors associated with task non-execution.

**Background**

Advanced practitioner roles are increasingly implemented internationally. Unofficial role introduction led to confusion regarding task performance. Studies examining associations between APNs'/AMPs' task performance and competency levels, and factors associated with task non-execution are lacking.

**Method**

A cross-sectional study among APNs/AMPs in Flanders (Belgium) explored tasks and competencies in seven domains: clinical/professional leadership, change management/innovation, research, clinical expertise/guidance/coaching, consultation/consultancy, multidisciplinary cooperation/care coordination and ethical decision-making. Task performance and competency level frequencies were calculated. Regression analysis identified factors associated with task non-execution on domain/item level.

**Results**

Participants (n = 63) executed tasks in all domains. Task non-execution related to research and clinical expertise was associated with work setting; task non-execution regarding care coordination and ethical decision-making was associated with competency perception. Several tasks were performed by few APNs/AMPs despite many feeling competent. Five of ten tasks performed by fewest participants belonged to the leadership domain.

**Conclusion and implications for nursing and midwifery management**

Supervisors could play an important part in APNs'/AMPs' role development, especially regarding leadership and tasks executed by few participants. Future studies should provide in-depth knowledge on task non-execution. (Author)

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## 2022-00738

**ICM Professional Framework for Midwifery 2021 [Last updated May 2022].** International Confederation of Midwives (2021), 2021. 8 pages

Presents the International Confederation of Midwives (ICM) updated professional framework for midwifery. The framework consists of ten key elements: midwifery philosophy; essential competencies for midwifery; education; regulation; association; research; midwife-led continuity of care model of practice; leadership; enabling environment; and commitment to gender equality and justice, equity, diversity and inclusion. (LDO)

**Full URL:** <https://www.internationalmidwives.org/assets/files/general-files/2022/05/professional-framework-2022.pdf>

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## 2022-00015

**Promoting diversity in midwifery leadership.** O'Sullivan S (2004), RCM Midwives Journal vol 7, no 2, February 2004, p 81

This article looks at increasing management development opportunities for black and minority ethnic midwives. (Author)

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## 2021-14205

**Hampshire Hospitals NHS Foundation Trust: Basingstoke and North Hampshire Hospital.** Care Quality Commission (2022), London: CQC 28 January 2022. 21 pages

Report detailing an inspection of maternity services at Basingstoke and North Hampshire Hospital at Hampshire Hospitals NHS Foundation Trust on 16 November 2021. The Care Quality Commission (CQC) reports that services require improvement due to staff shortages, inadequate staff training, poor leadership and lack of equipment checks. However, staff noted there was no blame culture, the service was inclusive, medicines were managed well and infection control procedures were adhered to. The report outlines thirteen areas for improvement in order for the trust to comply with its legal obligations. (LDO)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/9faba7f1-39bc-454b-88c1-a9a03873f069?20220128080046>

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## 2021-14204

**Hampshire Hospitals NHS Foundation Trust: Royal Hampshire County Hospital.** Care Quality Commission (2022), London: CQC 28 January 2022. 19 pages

Report detailing an inspection of maternity services at Royal Hampshire County Hospital at Hampshire Hospitals NHS Foundation Trust on 16 November 2021. The Care Quality Commission (CQC) reports that services require improvement due to staff shortages, inadequate staff training, poor leadership and lack of equipment checks. The report outlines nine areas for improvement in order for the trust to comply with its legal obligations. (LDO)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/f0d58d16-d052-41be-a4fe-d8a07c3692b8?20220128080046>

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## 2021-13711

**Pilot leadership programme for student nurses and midwives.** Baines E (2022), Nursing Times 26 January 2022

A pilot student leadership programme has been launched this week by a nursing charity in collaboration with a north London hospital trust, with the aim of amplifying the voice of student nurses and midwives. (Author)

**Full URL:** <https://www.nursingtimes.net/news/education/pilot-leadership-programme-for-student-nurses-and-midwives-26-01-2022/>

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## 2021-13437

**Midlands trials 'bespoke' leadership course for minority ethnic nurses and midwives.** Howarth G (2022), Nursing Times 13 January 2022

A bespoke programme has been created to enhance the leadership skills of nurses and midwives from minority ethnic backgrounds who are looking to take the next steps in their careers. Nursing Times spoke to the nurse leader behind the initiative and some of those taking part. (Author)

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## 2021-12882

**Building better together: Roadmap to guide implementation of the Global Strategic Directions for Nursing and Midwifery in the WHO European Region.** World Health Organization Regional Office for Europe (2021), Copenhagen, Denmark: World Health Organization Regional Office for Europe December 2021. 36 pages

Nurses and midwives comprise half of the professional health workforce globally, interact with people from birth to death across all types of settings and account for about 90% of contacts between patients and health professionals. They can deliver safe, high-quality, effective and efficient health services, particularly for vulnerable, disadvantaged and hard-to-reach groups. Enabling and supporting nurses and midwives to work to their full potential is essential to achieving the Sustainable Development Goals and supporting universal health coverage, and to meeting current and future population health needs. This Roadmap reflects the priorities of the WHO European Programme of Work to set out activities organized according to the four areas of focus of the WHO Global strategic directions for nursing and midwifery 2021–2025 report (education, jobs, leadership and service delivery) across 12 policy priorities. It proposes activities for Member States of the WHO European Region and outlines specific areas of technical support the WHO Regional Office for Europe can provide. (Author)

**Full URL:** <https://apps.who.int/iris/bitstream/handle/10665/350207/WHO-EURO-2021-4464-44227-62471-eng.pdf>

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## 2021-12723

**Salisbury NHS Foundation Trust: Salisbury District Hospital.** Care Quality Commission (2021), London: CQC 8 December 2021. 10 pages

Report detailing an inspection of maternity services at Salisbury District Hospital at Salisbury NHS Foundation Trust on 7 October 2021. The Care Quality Commission (CQC) finds significant improvements since the previous inspection carried out in March 2021. Improvements were found in divisional maternity leadership structures, staff culture, governance processes and risk management processes. The report outlines seven remaining areas for improvement in order for the trust to comply with its legal obligations. (LDO)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/48ed11e4-652a-4cbb-bd48-72f8e44db820?20211208080041>

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## 2021-10345

**Leadership in action: finding your voice.** Nowobilska-Dean K, Rajan-Brown N (2021), The Student Midwife vol 4, no 4, October 2021, p 21

Leadership in midwifery must be demonstrated by all registrants. However, developing leadership skills can be daunting. This series explores how student midwives can work to embed these core skills into their practice. In this first instalment, Nicole Rajan-Brown and Krystyna Nowobilska-Dean discuss how students can find the courage to speak out to promote change within perinatal care. (Author)

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## 2021-10169

**East Kent Hospitals University NHS Foundation Trust: William Harvey Hospital.** Care Quality Commission (2021), London: CQC 15 October 2021. 30 pages

Report detailing an inspection of maternity services at William Harvey Hospital at East Kent Hospitals University NHS Foundation Trust between 21-22 July 2021. The Care Quality Commission (CQC) reports that services require improvement due to failings in staffing levels, staff training, leadership, governance processes, information systems, triage assessments and home visits for women having their first baby. The report outlines twelve areas for improvement in order for the trust to comply with its legal obligations. (LDO)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/2b9c1fa3-2fde-4b04-bae4-25a559667917?20211015000510>

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## 2021-10166

**East Kent Hospitals University NHS Foundation Trust: Queen Elizabeth The Queen Mother Hospital.** Care Quality Commission (2021), London: CQC 15 October 2021. 27 pages

Report detailing an inspection of maternity services at Queen Elizabeth The Queen Mother Hospital at East Kent Hospitals University NHS Foundation Trust between 21-22 July 2021. The Care Quality Commission (CQC) reports that services require improvement due to poor staffing levels, inadequate staff training, poor infection control, lack of privacy and dignity for women, ineffective governance processes and a negative working culture where staff were unable to raise concerns without fear. The report outlines ten areas for improvement in order for the trust to comply with its legal obligations. (LDO)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/08301e3e-2917-481e-8c74-8d21f4837211?20211015000510>

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## 2021-10078

**Living into Our Values and Vision: Courageous, Compassionate, Principled Leadership within Ontario Midwifery.** Armstrong K (2020), Victoria, BC: Royal Roads University October 2020. 24 pages

Ontario Midwives recently celebrated 25 years of funding and regulation as part of the Ontario healthcare system. Head Midwives are peer leaders, providing the connecting link between frontline midwives and the leadership of the hospital organizations. This project adhered to Royal Roads University's Research ethics policy. Through the Association of Ontario Midwives, this action research engagement study employed a survey and a learning circle to engage Head Midwives across Ontario in answering the question: "How might Head Midwives be influencers of a profession-wide culture change towards courageous, compassionate, principled leadership?" Key finding included wide variance in the Head Midwife role, a commitment to a distributed leadership model, and desire for system equity and fairness. Recommendations focused on (a) naming equity and fairness as core values, (b) developing personal leadership and followership capabilities throughout the profession, and (c) focus on Head Midwives' leadership capabilities as peer leaders and frontline care providers. (Author)

**Full URL:** <https://www.proquest.com/openview/b47b657dbdb8ecd0ddb5482b4bcce850/1?pq-origsite=gscholar&cbl=18750&diss=y>

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**2021-10076**

**Enactment of compassionate leadership by nursing and midwifery managers: results from an international online survey.**

Papadopoulos I, Wright S, Lazzarino R, et al (2021), BMJ Leader 27 September 2021, online

**Aim:** To explore the views of an international sample of nursing and midwifery managers concerning attributes that they associate with compassionate management.

**Method:** A cross-sectional online survey. Using a snowballing sampling method, 1217 responses were collected from nursing and midwifery managers in 17 countries. A total of complete 933 responses to a question related to which actions and behaviours indicated that a manager was exercising compassionate leadership were analysed for this paper. First, content analysis of the responses was conducted, and second, a relative distribution of the identified themes for the overall sample and for each participating country was calculated.

**Results:** Six main themes were identified describing the attributes of a compassionate leader: (1) Virtuous support, (2) Communication, (3) Personal virtues of the manager, (4) Participatory communication, (5) Growth/flourishing/ nurturing and (6) Team cohesion. The first three themes mentioned above collectively accounted for 63% of the responses, and can therefore be considered to be the most important characteristics of compassionate management behaviour.

**Conclusion:** The key indicators of compassionate management in nursing and midwifery which were identified emphasise approachability, active and sensitive listening, sympathetic responses to staff members' difficulties (especially concerning child and other caring responsibilities), active support of and advocacy for the staff team and active problem solving and conflict resolution. While there were differences between the countries' views on compassionate healthcare management, some themes were widely represented among different countries' responses, which suggest key indicators of compassionate management that apply across cultures. (Author)

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**2021-10075**

**The Importance of Being a Compassionate Leader: The Views of Nursing and Midwifery Managers From Around the World.**

Papadopoulos I, Lazzarino R, Koulouglioti C, et al (2021), Journal of Transcultural Nursing vol 32, no 6, November 2021, pp 765-777

**Introduction:**

Despite the importance of compassionate leadership in health care, many of the existing publications do not account for the effect of culture. The aim of this study is to explore the views of nursing and midwifery managers from different countries in relation to the definition, advantages, and importance of compassion.

**Methodology:**

A cross-sectional, descriptive, exploratory online survey was conducted across 17 countries, containing both closed and open-ended questions. Data from N = 1,217 respondents were analyzed using a directed hybrid approach focusing only on qualitative questions related to compassion-giving.

**Results:**

Four overarching themes capture the study's results: (1) definition of compassion, (2) advantages and importance of compassion for managers, (3) advantages and importance of compassion for staff and the workplace, and (4) culturally competent and compassionate leadership.

**Discussion:**

Innovative research agendas should pursue further local qualitative empirical research to inform models of culturally competent and compassionate leadership helping managers navigate multiple pressures and be able to transculturally resonate with their staff and patients. (Author)

**Full URL:** <https://doi.org/10.1177/10436596211008214>

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## 2021-09639

**Valuing nurse and midwifery unit managers' voices: a qualitative approach.** Nagle C, Omonaiye O, Bennett PN (2021), BMC Nursing vol 20, no 160, 6 September 2021

### Background

Nurse and Midwifery Unit Managers (NMUMs) play pivotal roles in quality patient care, nurse and midwife satisfaction and retention. NMUMs are expected to be both leaders and managers simultaneously, which may create role tension. This study aimed to explore the understanding and experience of NMUMs regarding their role; to explore what barriers and facilitators NMUMs identified to achieving the goals of their clinical area; and to explore NMUMs' career plans.

### Methods

Set in Victoria, Australia, this study was guided by naturalistic inquiry using a qualitative descriptive approach. Thematic analysis was used to inductively develop core themes, which facilitated the motivations, experience and meanings underlying the data to be elaborated.

### Results

In all, 39 interviews were conducted with NMUMs across four hospitals. Two overarching themes were identified from the data; system challenges and influences on people and each theme had three sub-themes. In relation to system challenges, participants spoke about the structural challenges that they encountered such as financial stressors and physical infrastructure that made their work difficult. Participants felt they were unprepared for the NMUM role and had limited support in the preparation for the role. Participants also related their frustration of not being included in important decision-making processes within the hospital. Regarding their career plans, most did not envisage a career beyond that of a NMUM.

### Conclusions

This study of contemporary NMUMs uncovered a continued lack of investment in the orientation, professional development and support of this critical leadership and management role. There is an urgent need for targeted interventions to support and develop capabilities of NMUMs to meet the current and evolving demands of their role. (Author)

Full URL: <https://doi.org/10.1186/s12912-021-00680-6>

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## 2021-09611

**Inconsistent leadership undermining safety of maternity services, says CQC.** Discombe M (2021), Health Service Journal 21 September 2021

Inconsistent leadership and poor teamworking, lack of risk oversight and a failure to engage with women's needs are among the issues continuing to affect the safety of some hospital maternity services, the Care Quality Commission has found. (Author)

Full URL: <https://www.hsj.co.uk/>

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## 2021-09099

**Inspectors warn of 'significant downturn' in services at Morecambe Bay trust.** Ford M (2021), Nursing Times 20 August 2021

Fresh concerns have been raised about a trust once at the centre of a major maternity care scandal, after inspectors witnessed a "significant downturn" in the quality of services it provides and called for substantial improvements. (Author)

Full URL: <https://www.nursingtimes.net/news/hospital/inspectors-warn-of-significant-downturn-in-services-at-morecambe-bay-trust-20-08-2021/>

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## 2021-08262

**Oxford University Hospitals NHS Foundation Trust: John Radcliffe Hospital.** Care Quality Commission (2021), London: CQC 2 September 2021. 22 pages

Report detailing an inspection of maternity services at John Radcliffe Hospital at Oxford University Hospitals NHS Foundation Trust on 27 May 2021. The Care Quality Commission (CQC) reports that services require improvement due to staff not respecting women's privacy, unclean environments, inadequate risk assessments, poor staff culture and ineffective governance processes. The report outlines nine areas for improvement in order for the trust to comply with its legal obligations. (LDO)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/2837130d-5dc4-4ac4-9cfa-d82f12c59506?20210902080037>

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## 2021-06771

**London North West University Healthcare NHS Trust: Northwick Park Hospital.** Care Quality Commission (2021), London: CQC 25 June 2021. 54 pages

Report detailing an inspection of maternity services at Northwick Park Hospital at London North West University Healthcare NHS Trust between 19-20 April 2021. The Care Quality Commission (CQC) reports that services require improvement due to low levels of mandatory training, lack of skills and experience among midwifery staff, poorly managed patient safety incidents, poor interdisciplinary team working, inadequate leadership and allegations of bullying. The report outlines 19 areas for improvement in order for the trust to comply with legal regulations. (LDO)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/6362d294-c59c-4467-a496-cd9d7b139341?20210625080036>

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## 2021-06663

**Inspection uncovers bullying culture in trust's maternity department.** Parry G (2021), Nursing Times 25 June 2021

A "poor culture" in a London maternity department, with multiple instances of bullying and staff shouting at both each other and their patients, has sparked serious concerns from regulators. (Author)

**Full URL:** <https://www.nursingtimes.net/news/hospital/inspection-uncovers-bullying-culture-in-trusts-maternity-department-25-06-2021/>

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## 2021-06606

**Sandwell and West Birmingham Hospitals NHS Trust: City Hospital.** Care Quality Commission (2021), London: CQC 15 July 2021. 37 pages

Report detailing an inspection of maternity services at City Hospital in Sandwell and West Birmingham Hospitals NHS Trust on 5 May 2021. The Care Quality Commission (CQC) has rated maternity services as good due to staff having adequate training in key skills, managers effectively monitoring services and midwives and consultants working well together. The CQC found an example of outstanding practice in staff allowing a woman to meet her choices during labour. The report outlines four areas for improvement where the trust should ensure staffing needs are met, low morale is addressed, mandatory training is completed, and women are always provided with one-to-one care in labour. (LDO)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/d695c5d6-e59d-4f71-85b1-8d9161e63b6e?20210720135540>

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## 2021-06449

**The Solution Series. 2: Making maternity services safer: the role of leadership.** Royal College of Midwives (2021), London: RCM 11 June 2021. 12 pages

This second publication in RCM's Solution Series, in response to the Ockenden Report (1), focuses on the role of leadership in improving the safety of maternity services. 1. Ockenden D. Ockenden report: emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust. London: House of Commons, 10 December 2020. (JSM)

**Full URL:** <https://www.rcm.org.uk/media/5064/the-solution-series-2-making-maternity-services-safer-the-role-of-leadership.pdf>

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## 2021-06252

**Obstacles to compassion-giving among nursing and midwifery managers: an international study.** Papadopoulos I, Lazzarino R, Koulouglioti C, et al (2020), International Nursing Review vol 67, no 4, December 2020, pp 453-465

### Aim

To explore nursing and midwifery managers' views regarding obstacles to compassion-giving across country cultures.

### Background

The benefit of compassionate leadership is being advocated, but despite the fact that health care is invariably conducted within culturally diverse workplaces, the interconnection of culture, compassion and leadership is rarely addressed. Furthermore, evidence on how cultural factors hinder the expression of compassion among nursing and midwifery managers is lacking.

### Methods

Cross-sectional, exploratory, international online survey involving 1 217 participants from 17 countries. Managers' responses on open-ended questions related to barriers for providing compassion were entered and thematically analysed through NVivo.

### Results

Three key themes related to compassion-giving obstacles emerged across countries: 1. related to the managers' personal characteristics and experiences; 2. system-related; and 3. staff-related.

### Conclusions

Obstacles to compassion-giving among managers vary across countries. An understanding of the variations across countries and cultures of what impedes compassion to flourish in health care is important.

### Implications for nursing practice and policy

Nursing managers should wisely use their power by adopting leadership styles that promote culturally competent and compassionate workplaces with respect for human rights. Policymakers should identify training and mentoring needs to enable the development of managers' practical wisdom. Appropriate national and international policies should facilitate the establishment of standards and guidelines for compassionate leadership, in the face of distorted organizational cultures and system-related obstacles to compassion-giving. (Author)

**Full URL:** <https://doi.org/10.1111/inr.12611>

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## 2021-05163

**New NHS maternity leadership training to address Ockenden Review recommendations.** Department of Health and Social Care (2021), London: DHSC 12 January 2021

Hundreds of NHS maternity and neonatal leaders in England will benefit from a new £500,000 maternity leadership programme. (Author)

**Full URL:** <https://www.gov.uk/government/news/new-nhs-maternity-leadership-training-to-address-ockenden-review-recommendations>

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## 2021-05038

**Maternity services at trust plunge from 'outstanding' to 'inadequate'.** Ford S (2021), Nursing Times 9 June 2021

Sheffield Teaching Hospitals NHS Foundation Trust has seen its maternity services downgraded from "outstanding" to "inadequate" by regulators, with questions raised over safety and leadership. (Author)

**Full URL:** <https://www.nursingtimes.net/news/hospital/maternity-services-at-trust-plunge-from-outstanding-to-inadequate-09-06-2021/>

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### 2021-04483

**Sheffield Teaching Hospitals NHS Foundation Trust: Jessop Wing.** Care Quality Commission (2021), London: CQC 9 June 2021. 23 pages

Report detailing an inspection of maternity services at the Jessop Wing of Sheffield Teaching Hospitals NHS Foundation Trust between 9-10 March 2021. The Care Quality Commission (CQC) has rated maternity services as inadequate due to the lack of knowledge and competence among midwifery staff, failure to complete and update risk assessments, delays in investigations of patient safety incidents, ineffective governance processes, and the failure to properly collect and analyse reliable data. The report outlines ten areas for improvement where the trust must take action in order to meet regulation standards. (LDO)

**Full URL:** <https://api.cqc.org.uk/public/v1/reports/2712d9f7-1741-4fe5-9489-26f7c35c809f?20210609070048>

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### 2021-03957

**The NIHR 70@70 wins: providing research opportunities to midwives.** Clark K (2021), MIDIRS Midwifery Digest vol 31, no 2, suppl, June 2021, pp 147-151

Midwives can make an unparalleled contribution to research, directly improving the care and outcomes for birthing families. The NIHR 70@70 Nurse and Midwife Research Leadership Programme aims to strengthen the research voice and culture within midwifery and nursing. An increase in midwifery research capacity and capability was demonstrated after NIHR 70@70 leaders were appointed at a tertiary London teaching hospital which had an established research culture within maternity, but minimal midwifery research opportunities.

Specific research leadership within midwifery enabled research opportunities for midwives and increased research capacity. Great success can be realised quickly with targeted research leadership. (Author)

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### 2021-03274

**Emotional rollercoaster.** Anon (2021), Midwives vol 24, May 2021, pp 29-31

An NHS-wide approach to wellbeing has been accelerated by the pandemic. The good news is that there's greater awareness of mental health and no longer a stigma attached to seeking help. In fact, it's encouraged. (Author)

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### 2021-03251

**Time for female leadership.** McGowan K, Pitman S (2021), World of Irish Nursing & Midwifery vol 29, no 2, March 2021, pp 44-45

As we look back on a year of fighting Covid, Karen McGowan and Steve Pitman write that it is vital that women hold leadership roles in health. (Author)

**Full URL:** <https://online.flippingbook.com/view/764180634/44/>

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### 2021-03232

**Compassionate leadership.** Pitman S (2020), World of Irish Nursing & Midwifery vol 28, no 10, December 2020/January 2021, pp 46-47

While the model is still emerging, compassionate leadership is a natural fit for nurses and midwives, writes Steve Pitman. (Author)

**Full URL:** <https://online.flippingbook.com/view/669323/46/>

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### 2021-03231

**Leadership in action.** Hughes F (2020), World of Irish Nursing & Midwifery vol 28, no 10, December 2020/January 2021, pp 42-45

Directors of nursing and midwifery across Ireland spoke to Freda Hughes about how they have been leading their teams during the pandemic. (Author)

**Full URL:** <https://online.flippingbook.com/view/669323/42/>

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### 2021-03213

**Multiple Births Midwife Standard.** Royal College of Nursing (2021), London: RCN 30 March 2021. 25 pages

Midwives have an essential role to play in delivering and co-ordinating care for women, partners and families who are experiencing a multiple pregnancy. This standard is intended to provide clear direction for commissioners and managers when creating roles to support best practice and policies in local service provision for women and their families. The skills and knowledge to provide this service are also outlined. (Author)

**Full URL:** <https://www.rcn.org.uk/professional-development/publications/rcn-multiple-births-midwife-standard-uk-pub-009564>

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### 2021-03061

**The State of the World's Midwifery 2021.** United Nations Population Fund, International Confederation of Midwives, World Health Organization (2021), New York: UNFPA May 2021. 80 pages

The State of the World's Midwifery (SoWMy) 2021 builds on previous reports in the SoWMy series and represents an unprecedented effort to document the whole world's Sexual, Reproductive, Maternal, Newborn and Adolescent Health (SRMNAH) workforce, with a particular focus on midwives. It calls for urgent investment in midwives to enable them to fulfil their potential to contribute towards universal health coverage (UHC) and the Sustainable Development Goals (SDG) agenda. (Author, edited)

**Full URL:** <https://www.unfpa.org/publications/sowmy-2021>

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### 2021-03055

**What do midwifery leaders need in order to be effective in contributing to the reform of maternity services?.** Adcock JE, Sidebotham M, Gamble J, et al (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 2, March 2022, pp e142-e152

#### Problem

Little is known about what midwifery leaders need to effectively contribute to maternity services reform.

#### Background

Despite evidence establishing midwifery continuity of care as the gold standard of maternity care, implementation of these models has been slow. Midwives in health service leadership roles are in an ideal position to re-orientate maternity services to midwifery continuity of care.

#### Question

What do midwives in leadership positions need in order to be effective in contributing to the reform of maternity services in Australia?

#### Methods

This qualitative descriptive study used purposive sampling to recruit 13 midwifery leaders from across Australia. Individual telephone interviews were conducted and analysed through line-by-line coding and identification of themes.

#### Findings

Five main themes emerged from the data: 'core leadership skills and education are essential'; 'motivation and commitment to implementing evidence-based maternity care'; 'ability to create and sustain strategic relationships'; 'bringing the vision to life' which contained two sub-themes of 'changing the culture' and 'reaching midwifery's full potential'; and, 'organisational support and commitment are key to maternity reform'.

#### Discussion

This study echoes findings from previous research emphasising the importance of leadership attributes and development opportunities for midwifery leaders. Additional needs of midwifery leaders were also revealed, which have not yet been extensively explored in the literature, including a strong commitment to continuity of care, effective relationships with key stakeholders and support from healthcare executives.

#### Conclusion

Midwifery leaders need to be equipped to contribute to maternity care reform through leadership development opportunities, effective relationships and support from healthcare executives. (Author)

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## 2021-01476

### **Leadership and management in midwifery-led continuity of care models: A thematic and lexical analysis of a scoping review.**

Hewitt L, Dahlen HG, Hartz DL, et al (2021), Midwifery vol 98, July 2021, 102986

#### Objective

Although midwifery-led continuity of care is associated with superior outcomes for mothers and babies, it is not available to all women. Issues with implementation and sustainability might be addressed by improving how it is led and managed – yet little is known about what constitutes the optimal leadership and management of midwifery-led continuity models.

#### Design

Following a systematic search of academic databases for relevant publications, 25 publications were identified. These were analysed, thematically to clarify (dis)similar themes, and lexically, to clarify how words within the publications travelled together.

#### Findings

The publications were replete with three key themes. First, leadership – important yet challenged. Second, management of organisational change; barriers and enhancers. Third, promoters of sustainable models of care. Complementarily, the lexical analysis suggests that references to midwives and leadership among the publications did not typically travel together, as reported in the publications and were distant to one another, although management was inter-connected to both and to change. Leadership and management were not closely coupled with midwives or relationships with women.

#### Key conclusions

Midwifery leadership matters and can be enacted irrespective of position or seniority. Midwifery-led continuity of care models can be better managed via a multipronged approach. Improved leadership and management can help sustain such care. Although there was a perceived need for midwifery leadership, there did not seem to be an association between leadership and midwives in the lexical analysis. Many publications focused on the style theory of leadership and the transformational style theory.

#### Implications for practice

Instead of focusing on leaders and the presumption of a leadership scarcity, it might be more beneficial to start focusing within, looking with a new lens on leadership within midwifery at all levels. It might also be constructive for the profession to investigate a more progressive form of leadership, one that is relational and focuses on leadership rather than on the leader. (Author)

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## 2021-00905

### **Professional autonomy for midwives in the contemporary UK maternity system: part 2.** Sonmezer E (2021), British Journal of Midwifery vol 29, no 1, January 2021, pp 19-25

In this article, professionalisation, the midwifery profession and professional autonomy are explored from a sociological perspective to answer whether it is possible for a midwife to achieve professional autonomy within the contemporary UK system. Within part 1, obstetric influences and frictions, government policy and guidelines, risk, litigation and increasing managerialisation were considered, highlighting the complexities of professional midwifery and the challenges it faces. In part 2, choice, service pressures, evidence-based care, consumerism, leadership and reflexive practice are considered in the context of professional autonomy and the intention of retaining women's choice as the core belief of the profession. A conceptual framework has been devised to enable this, utilising the concept 'New Professional Midwifery'. (Author)

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### 2021-00503

**Worcester Acute Hospitals NHS Trust: Worcester Royal Hospital Inspection Report.** Care Quality Commission (2021), London: Care Quality Commission 19 February 2021, 30 pages

Presents the findings of the Care Quality Commission inspection visit on 9 December 2020, to assess the quality and safety of maternal health services provided by Worcester Royal Hospital. (JSM)

Full URL: <https://api.cqc.org.uk/public/v1/reports/754e8125-e3bc-44e4-9c7a-30d87f1caeb4?20210219080041>

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### 20201202-9\*

**Nottingham hospitals maternity services 'inadequate'.** Anon (2020), BBC News 2 December 2020

The maternity units at Nottingham's two main hospitals have been rated inadequate by inspectors. (Author)

Full URL: <https://www.bbc.co.uk/news/uk-england-nottinghamshire-55147561>

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### 20201202-10\*

**Queen's Medical Centre.** Care Quality Commission (2020), London: CQC 2 December 2020, 28 pages

Report following an inspection of maternity services at Queen's Medical Centre in Nottingham on 14-15 October 2020. The report rates maternity services as inadequate due to staff shortages, lack of staff training in key skills, lack of leadership, incomplete patient records, insufficient supply of suitable equipment and dysfunctional multi-disciplinary team working. Five areas for improvement are recommended for the trust to comply with its legal obligations. (LDO)

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### 20201120-3\*

**National Review: Maternity Services: Phase One. National review of the quality and safety of maternity services.** Healthcare Inspectorate Wales (2020), Merthyr Tydfil: HIW 19 November 2020. 77 pages

This report presents the findings of the first phase of the national review into maternity services in Wales. The findings indicate that maternity services offered good quality and well informed care, but there are several areas for concern including the availability of translation services, communication around birth choices, continuity of care during pregnancy, levels of breastfeeding support, adequacy of perinatal mental health support and bereavement training for staff. (LDO)

Full URL: [https://hiw.org.uk/sites/default/files/2020-11/20201118HIWNationalReviewofMaternityServicesEN\\_0.pdf](https://hiw.org.uk/sites/default/files/2020-11/20201118HIWNationalReviewofMaternityServicesEN_0.pdf)

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### 20201119-8\*

**Basildon University Hospital.** Care Quality Commission (2020), London: CQC 19 November 2020, 24 pages

Report detailing an inspection of maternity services at Basildon University Hospital on 18 September 2020. This follows on from a previous inspection in June 2020 where the trust was issued with a Section 29A warning notice. The report rates maternity services as inadequate and sets out eight areas for improvement in order for the trust to comply with its legal obligations. (LDO)

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### 20201116-23

**A problem shared.** Pauley T, Kendall M (2020), Midwives vol 23, November 2020, pp 45-48

Tara Pauley and Matt Kendall consider how one hospital embedded a transformational leadership approach to implement positive change following the WHELM study findings. (Author)

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### 20201116-20

**The Disney way.** Labriola G (2020), Midwives vol 23, November 2020, pp 33-35

Guiseppa Labriola, associate director of nursing and midwifery at Barts Health NHS Trust and RCM board chair, discusses what makes a magical service. (Author)

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#### 20201015-30\*

**The Professional Midwifery Advocate in non-NHS organisations.** Ecclestone L (2020), British Journal of Midwifery vol 28, no 10, October 2020, pp 736-738

A professional midwifery advocate supports midwives, allowing for clinical supervision, education and development. The impact of this role in non-NHS organisations has not been well-researched. (Author)

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#### 20201014-12\*

**Genomic Medicine Service Alliances and role of nurses and midwives within the new structure. Update for Chief Nurses and Heads of Midwifery. July 2020.** NHS England (2020), London: NHS July 2020. 9 pages

A briefing note from NHS England on Genomic Medicine Service Alliances and the role of nurses and midwives within the new structure. (JSM)

**Full URL:** <https://www.england.nhs.uk/wp-content/uploads/2020/10/B0164-update-on-genomic-medicine-service-for-nurses-and-midwives.pdf>

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#### 20200923-4\*

**The courage of compassion: Supporting nurses and midwives to deliver high-quality care.** West M, Bailey S, Williams E (2020), London: The King's Fund September 2020. 156 pages

The coronavirus pandemic has placed unprecedented pressure on an already over-burdened nursing and midwifery workforce. The health and wellbeing of nurses and midwives are essential to the quality of care they can provide for people and communities, affecting their compassion, professionalism and effectiveness. This review investigated how to transform nurses' and midwives' workplaces so that they can thrive and flourish and are better able to provide the compassionate, high-quality care that they wish to offer. (Author, edited)

**Full URL:** [https://www.kingsfund.org.uk/sites/default/files/2020-09/The%20courage%20of%20compassion%20full%20report\\_0.pdf](https://www.kingsfund.org.uk/sites/default/files/2020-09/The%20courage%20of%20compassion%20full%20report_0.pdf)

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20200922-68

**Development and Initial Psychometric Testing of the Midwifery Practice Climate Scale - Part 2.** Thumm EB, Shaffer J, Meek P (2020), Journal of Midwifery & Women's Health vol 65, no 5, September/October 2020, pp 651-659

#### Introduction

A supportive practice climate is demonstrated to improve patient outcomes, health care provider well-being, and workforce stability. Midwives are an integral component to improving maternal health care; however, there has been limited research into the qualities and measurement of a supportive practice climate for midwives.

#### Methods

The Midwifery Practice Climate Scale is a self-report instrument designed to measure midwives' perceptions of their work environments. We tested the scale's validity and reliability in multiphase, national cross-sectional survey of the full roster of certified nurse-midwives and certified midwives practicing in the United States. To test structural validity and reliability testing, 2 subsamples of 330 participants were randomly extracted from the sample of 2887 for exploratory and confirmatory factor analyses and internal consistency determination. Convergent validity was tested in the remaining sample of 1673 respondents.

#### Results

Exploratory factor analysis revealed 2 5-subscale structures consistent with the loading values and theoretical structure. Confirmatory factor analysis revealed a mediocre fit of the models identified in the exploratory analysis. Consequently, items were systematically reviewed for redundancy, skew, and generalizability and 24 items were removed from the scale. The resulting structure is a 10-item scale comprising 2 subscales: Practice Leadership and Participation and Support for the Midwifery Model of Care. The revised Midwifery Practice Climate Scale was a good fit with the data demonstrating adequate construct validity ( $\chi^2 = 60.397$ ,  $df = 34$ ,  $P < 0.001$ ; comparative fit index, 0.987; root mean square of approximation, 0.049) and internal consistency ( $\alpha = 0.89-0.84$ ).

#### Discussion

These findings indicate that the Midwifery Practice Climate Scale accurately and reliably measures the midwives' perceptions of their practice environment. The next steps include determining the scale's sensitivity to change and assessing the relationship with maternal health outcomes. (Author)

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20200922-67

**Development and Initial Psychometric Testing of the Midwifery Practice Climate Scale.** Thumm EB, Meek P (2020), Journal of Midwifery & Women's Health vol 65, no 5, September/October 2020, pp 643-650

#### Introduction

Perinatal care in the United States is plagued with a high maternal mortality rate and shortages of perinatal care providers. A supportive practice climate is a theoretically based and empirically demonstrated means of improving the quality of care and stabilizing the workforce; however, there has been limited research into the qualities and measurement of a supportive practice climate for midwives.

#### Methods

We developed a self-report instrument, the Midwifery Practice Climate Scale, to measure midwives' perceptions of the supportiveness of their work environments. We tested content and face validity with 2 samples of content experts ( $n = 6$  and  $n = 14$ , respectively).

#### Results

Thirty-four items were created or adapted from nursing instruments. Two items that included language about physicians were removed based upon relevance and redundancy as a result of content and face validity testing.

#### Discussion

The findings indicate that the Midwifery Practice Climate Scale is relevant to midwifery and addresses the intended concept of a supportive practice climate for midwives. Challenges of creating the scale identified were language regarding leadership and the varying relationships with physicians across diverse settings. The next stages in testing the Midwifery Practice Climate Scale will address these challenges, as well as test the reliability and construct validity. (Author)

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### 20200903-1

**Can health care managers learn to lead?.** Elliott-Mainwaring H (2020), MIDIRS Midwifery Digest vol 30, no 3, September 2020, pp 319-323

Discusses health care risk management and leadership in the United Kingdom. Explores the impact of capitalism and market driven forces on patient and staff quality and safety, and suggests that managers can become good leaders by navigating the ethical minefield of health care markets and transactional costs. Draws upon various theoretical frameworks to discuss ethics, toxic leadership and misguided notions of professionalism. (LDO)

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### 20200819-13\*

**Basildon University Hospital.** Care Quality Commission (2020), London: CQC 19 August 2020, 29 pages

Report following an inspection of maternity services at Basildon University Hospital on 12 June 2020. The report rates maternity services as inadequate due to a number of factors including staff shortages, lack of leadership, dysfunctional multidisciplinary team working, high-risk women delivering in low-risk areas, inconsistent responses to emergency incidents, and concerns over fetal heart monitoring. Eight areas for improvement are recommended for the trust to comply with its legal obligations. (LDO)

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### 20200730-15\*

**We are the NHS: People Plan 2020/21 - action for us all [Last updated 6 August 2020].** NHS England (2020), London: NHS England 30 July 2020, 51 pages

This plan sets out what our NHS people can expect from their leaders and from each other. It builds on the creativity and drive shown by our NHS people in their response, to date, to the COVID-19 pandemic and the interim NHS People Plan. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people, and work together differently to deliver patient care. (Publisher, edited)

**Full URL:** <https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/>

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### 20200722-2\*

**National Health Service Pay Review Body 33rd Report: 2020.** Office of Manpower Economics (2020), London: Office of Manpower Economics 21 July 2020, 156 pages

This report sets out the National Health Service Pay Review Body's (NHSPRB) analysis of evidence provided by relevant organisations and makes observations on the pay of National Health Service (NHS) staff paid under Agenda for Change for 2020 to 2021. (Publisher, edited)

**Full URL:** <https://www.gov.uk/government/publications/national-health-service-pay-review-body-33rd-report-2020>

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## 20200615-21\*

**Following-up midwives after adverse incidents: How front-line management practices help second victims.** Christoffersen L, Teigen J, Rønningstad C (2020), *Midwifery* vol 85, June 2020, 102669

### Objective

To describe how front-line managers of maternity wards provide support to midwives as second victims in the aftermath of an adverse incident.

### Design

A qualitative study using critical incident technique and a content analytic approach of semi-structured in-depth interviews.

### Setting

Maternity wards in 10 Norwegian hospitals with more than 200 registered births annually were included in the study.

### Participants

A purposeful sample of 33 midwives with more than two years' working experience described 57 adverse incidents.

### Findings

Maternity ward managers utilised four types of practices to support midwives after critical incidents: management, transformational leadership, distributed leadership and laissez-faire leadership.

### Key conclusions and implications for practice

The study shows that proactive managers who planned for how to handle critical incidents provided midwives with needed individual support and learning. Proactive transformational leadership and delegating roles for individual support should be promoted when assisting second victims after critical incidents. Managers can limit the potential harm to second victims by preparing for the eventuality of a crisis and institute follow-up practices. (Author)

Full URL: <https://doi.org/10.1016/j.midw.2020.102669>

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## 20200304-79\*

**Developing leadership skills as a student midwife.** Whitaker P, Kirk L (2018), *The Student Midwife* vol 1, no 1, October 2018, pp 8-11

As a student midwife, Philippa is passionate about supporting evidence-based changes within practice to benefit women and families. This article reflects upon her experience on the student leadership programme run by the Council of Deans. The leadership qualities Philippa started to learn and develop as a result of this course were very valuable: skills such as emotional intelligence, resilience as a leader and how to implement change. She was able to begin to gain knowledge and understanding of what contributes towards a good leader, therefore this article reflects upon her experience, along with providing tips for others to develop their leadership skills.

As her academic advisor, Leah supported Philippa in applying for this programme, and in writing this article for other student midwives, to aid their learning and advance their leadership skills. (Author)

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## 20200213-56

**Passing on the baton.** McKeown B (2019), *Midwives* vol 22, November 2019, pp 26-27

Brigid McKeown, lead midwife for community midwifery and public health services at the Northern Health and Social Care Trust, discusses leadership, retirement and succession planning. (Author)

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## 20200213-18

**Think like a leader.** Various (2020), *Midwives* vol 23, January 2020, pp 26-30

The RCM's leadership manifesto encourages everyone to consider how 'leadership traits and skills' can be brought to bear in everyday practice. But why is this important? (Author)

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### 20191219-25\*

**Midwifery.** National Assembly for Wales [written answer] (2019), Hansard Written question WAQ79182 (e), 3 December 2019

The Minister for Health and Social Services responds to a written question asked by Angela Burns to the Welsh Government, regarding what assessment it has made of the Royal College of Midwives publication 'Strengthening midwifery leadership: a manifesto for better maternity care'? (JSM)

Full URL: <https://record.assembly.wales/OrderPaper/WrittenQuestions/10-12-2019/>

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### 20191219-22\*

**Midwifery: education and research.** National Assembly for Wales [written answer] (2019), Hansard Written question WAQ79181 (e), 3 December 2019

The Minister for Health and Social Services responds to a written question asked by Angela Burns to the Welsh Government, regarding what steps have been taken to strengthen midwifery leadership in education and research. (JSM)

Full URL: <https://record.assembly.wales/OrderPaper/WrittenQuestions/10-12-2019/>

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### 20191219-12\*

**Midwifery [written answer].** National Assembly for Wales (2019), Hansard Written question WAQ79179 (e), 3 December 2019

The Minister for Health and Social Services responds to a written question asked by Angela Burns to the Welsh Government, regarding what steps have been taken to promote midwifery leadership at all levels within the National Health Service? (JSM)

Full URL: <https://record.assembly.wales/OrderPaper/WrittenQuestions/10-12-2019/>

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### 20191029-28

**How to implement strengths based leadership to spark motivation.** Simounds T (2019), Australian Midwifery News vol 19, no 3, Spring 2019, p 27

Leaders want to be leading teams that are motivated, capable and committed. But instead, many are finding their days spent convincing staff to take responsibility for KPIs, and putting out spot fires. And it can feel a little like pulling teeth. Sound familiar? (Author)

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### 20191016-24

**Profiles: Nurse leaders from BME backgrounds.** Stephenson J (2019), Nursing Times vol 115, no 10, October 2019, pp 10-11

A group of nursing and midwifery directors and divisional heads from black and minority ethnic backgrounds talk about their career journeys. (MB)

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### 20191014-35

**To act or not to act - that is the question.** Horne H (2019), British Journal of Midwifery vol 27, no 10, October 2019, p 670

Gaining confidence as a midwife can be found in many ways. Hannah Horne talks about her experience. (Author)

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### 20190925-63\*

**Prioritisation on labour ward.** Walker KF, Thornton JG (2019), Obstetrics, Gynaecology and Reproductive Medicine vol 29, no10, October 2019, pp 292-297

Labour ward is a demanding and rewarding area of specialised work. It requires a specific skillset, of which one of the most important is knowing how to prioritise. The workload may include multiple simultaneous emergencies and women and their babies with complex needs. To prioritise safely, an obstetrician needs to act as a leader, communicate and delegate appropriately, work within the multi-disciplinary team, and all whilst maintaining situational awareness. (Author)

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**20190918-10\***

**Comparing Traditional Versus Retrospective Pre-/Post-assessment in an Interdisciplinary Leadership Training Program.**

Thomas EV, Wells R, Baumann SD, et al (2019), Maternal and Child Health Journal vol 23, no 2, February 2019, pp 191-200

Objectives As the U.S. healthcare system shifts toward collaboration, demand for leaders with interdisciplinary skills increases. Leadership competencies guide interdisciplinary training programs; however, identifying cost-effective methods for evaluating leadership competencies is challenging, particularly when interdisciplinary trainees have different areas of expertise and professional goals. Traditional pre-/post-testing, a common method for evaluating leadership competencies, is subject to response-shift bias, which can occur when participants' understanding of a construct changes between pre- and post-test. As a result, participants may rate their knowledge of the construct lower at post-test. Retrospective pre-tests are one method thought to reduce response-shift bias in pre-/post-tests. The current study explores the use of a retrospective pre-test to control for response-shift bias in an interdisciplinary training program. Methods Over three cohort years, thirty-four trainees from an interdisciplinary leadership program completed a self-assessment aligned with MCH leadership competencies. The traditional pre-test self-assessment was completed at the beginning of the training program. The retrospective pre-/post-test self-assessment was completed at the end of the training program. Results Retrospective pre/post-test scores indicate significant self-reported increases in all 24 leadership areas ( $p \leq .001$ ). Furthermore, participants' self-ratings were significantly higher on the traditional pre-test for all 24 areas than on the retrospective pre-test ( $p \leq .001$ ). Conclusions for Practice Retrospective pre-tests appeared to control for response-shift bias and may be a cost-effective way to evaluate trainee change within an interdisciplinary leadership program. These findings suggest the methodology's usefulness in interdisciplinary training and its potential use in the broader world of community-based MCH training initiatives. (Author)

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**20190829-23\***

**RCM calls for investment in 'strong high quality leadership' for midwives.** Ford M (2019), Nursing Times 28 August 2019

Midwifery leaders have called for specialist midwives to be introduced at every trust and health board, and for a lead midwife role at a senior level across the NHS, as part of a new leadership manifesto for the profession. (Author)

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**20190829-20\***

**Strengthening midwifery leadership: a manifesto for better maternity care.** Royal College of Midwives (2019), London: Royal College of Midwives 7 pages. August 2019, online

The Royal College of Midwives presents its manifesto for supporting leadership in midwifery, discussing the role of maternal health services in the greater NHS context and how a strong midwifery leadership structure in trusts and health boards should be formed and how it would help improve care. (KRB)

Full URL: [https://www.rcm.org.uk/media/3527/strengthening-midwifery-leadership-a4-12pp\\_7-online-3.pdf](https://www.rcm.org.uk/media/3527/strengthening-midwifery-leadership-a4-12pp_7-online-3.pdf)

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**20190724-4**

**Looking for a leader? It's you.** Smikle M (2019), Journal of Health Visiting vol 7, no 7, July 2019, pp 332-334

Marcia Smikle looks at the skills and qualities health visitors have or require, with some useful tips from health visitors at varying stages of their leadership journey. (Author)

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**20190703-27**

**2019: the year of the leader.** Anon (2019), Midwives vol 22, March 2019, pp 24-25

This year sees the start of the RCM's leadership campaign aimed at inspiring maternity workers to fulfil their management potential. (Author)

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#### 20190213-44

**The profile of professional midwifery leadership in England.** Read J (2019), British Journal of Midwifery vol 27, no 2, February 2019, pp 120-127

##### Background

The past decade has seen significant, system-wide changes to the midwifery profession as a result of major reports. A recurring theme throughout is the importance of professional midwifery leadership at a local, regional and national level.

##### Aims

To explore the profile of professional midwifery leadership in England following significant and system-wide changes to the midwifery profession over the past 10 years.

##### Methods

Access to an online survey was forwarded to Directors of Midwifery and Heads of Midwifery in England to gain understanding of the profile of midwifery leadership at a local, provider level. One-to-one meetings were conducted with senior, executive NHS professionals and chief executives from the Royal College of Nursing and Royal College of Midwives, politicians and members of the House of Lords.

##### Findings

Further recognition of midwifery as a separate profession is needed with due regard and formal authority afforded the profession at local, regional and national levels. Maternity services will benefit from employing a Director of Midwifery with direct access to the Trust Board.

##### Conclusion

There is a need for the national, regional and local senior midwifery structures to be reviewed with consideration given to a Chief Midwife nationally; Directors of Midwifery regionally and in every provider Trust in England. (Author)

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#### 20181207-8

**Leadership at every level.** Anon (2018), Midwives vol 21, Winter 2018, pp 54-55

Midwives takes a dive into the insights of three inspirational leaders who delivered the presentation 'The top, the middle, and the bottom: leadership at every level' at the RCM Annual Conference 2018. (Author)

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#### 20180925-21

**Reassuring Well-being in the Workplace: A Safety Imperative.** Howard ED (2018), The Journal of Perinatal and Neonatal Nursing vol 32, no 3, July/September 2018, pp 201-203

Commentary suggesting that achieving the goals of the Triple Aim (improving the patient experience, the health of populations and reducing the costs of healthcare) requires the addition of a fourth aim, recommended by the Institute for Health Improvement, 'improving the experience of providing care'. The article covers elements that need to be addressed by the fourth aim, including burnout, the workplace environment, staffing levels and compassion fatigue. It concludes that patient experience and workplace engagement are intrinsically linked and need to be addressed together. (CAP) (22 references)

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#### 20180801-15

**Development of the bridging programme for the role of the professional midwifery advocate to support quality improvement.** Wain A, Britt S, Divall B (2018), MIDIRS Midwifery Digest vol 28, no 3, September 2018, pp 285-289

The authors discuss the development of the new role of the professional midwifery advocate in England following the removal of the statutory function of supervision of midwives from legislation in March 2017. The introduction of the University of Nottingham's PMA bridging programme and the functions and future challenges of the A-Equip model are debated. (19 references) (ABS)

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## 20180117-70

**From team member to team leader - how to navigate the rocky road to sustainable leadership.** Simound T (2017), Australian Midwifery News vol 17, no 4, Summer 2017, pp 22-23

Taking the leap from team member to team leader can be as demanding and depleting as it is rewarding and exciting. In fact, I've met many people with great leadership potential who simply decide not to step up from fear of being left out, letting the team down, or having to have those tricky conversations with close colleagues and friends. (Author)

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## 20180110-107\*

**Developing Collaborative Maternal and Child Health Leaders: A Descriptive Study of the National Maternal and Child Health Workforce Development Center.** Clarke AN, Cilenti D (2018), Maternal and Child Health Journal vol 22, no 1, January 2018, pp 17-23

**Purpose** An assessment of the National Maternal and Child Health Workforce Development Center (the Center) was conducted to describe (1) effects of the Center's training on the use of collaborative leadership practices by MCH leaders, and (2) perceived barriers to collaboration for MCH leaders. The Center provides services to strengthen MCH professionals' skills in three core areas: Change Management/Adaptive Leadership, Evidence-Based Decision Making, and Systems Integration. **Description** This descriptive qualitative study compares eight interview responses from a sample of the Center's participants and findings from a document review of the training curriculum against an existing framework of collaborative leadership themes. **Assessment** Systems thinking tools and related training were highly referenced, and the interviewees often related process-based leadership practices with their applied learning health transformation projects. **Perceived barriers to sustaining collaborative work included:** (1) a tendency for state agencies to have siloed priorities, (2) difficulty achieving a consensus to move a project forward without individual partners disengaging, (3) strained organizational partnerships when the individual representative leaves that partnering organization, and (4) difficulty in sustaining project-based partnerships past the short term. **Conclusion** The findings in this study suggest that investments in leadership development training for MCH professionals, such as the Center, can provide opportunities for participants to utilize collaborative leadership practices. (Author)

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## 20171205-6

**Your thoughts: Staying strong.** Richards J (2017), Midwives vol 20, Winter 2017, p 25

The new chair of the board at the Royal College of Midwives discusses her knowledge and experiences, and how the board will play an active role in ensuring the RCM meets the needs of all members and develops strong leaders to represent midwives at all levels. She identifies the priorities of the board over the next twelve months and the board's role in recruiting and selecting the RCM's new chief executive. (KRB)

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## 20171205-18

**Consultant crisis.** Wilson C, Hall L, Chilvers R (2017), Midwives vol 20, Winter 2017, pp 62-63

In the UK, consultant midwives are growing in numbers, but a crisis is looming. Caitlin Wilson, Lyndall Hall and Rupa Chilvers explain the findings from the Consultant Midwife Mapping Project. (Author)

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## 20171101-117

**Leadership, autonomy and the newly qualified midwife.** Nolan Y (2017), MIDIRS Midwifery Digest vol 27, no 4, December 2017, pp 441-443

The transition from student midwife to autonomous practitioner within an institution such as the National Health Service (NHS) can be a turbulent period, which requires the collaboration and commitment of the universities and NHS Trusts to adequately support and nurture this essential professional phase (Kitson-Reynolds et al 2015). Lecturers frequently remind student midwives of their impending autonomous status, yet failures exist to adequately and accurately reflect the 'concept and realities' of autonomy in professional practice (Baird 2007). The universities and hospitals alike appear to regard autonomy as a panacea for the next generation of midwives. The attributes of independence, self-governance and self-determination (Pairman et al 2015), are no doubt attractive definitions to add to any 'person specification' when seeking to employ staff who appear to have the skill set to address the failings that perpetually persist within the maternity setting. The NHS remains a hierarchal, antiquated institution and is arguably completely incompatible with the rhetoric of autonomy. The NHS was prophetically described in 1997 by Nigel Lawson, a Tory Chancellor of the Exchequer, as 'the closest thing to a religion in England' (The Economist 2000). Similar to religion it is frequently inflexible and interpreted to suit the needs of misguided individuals, often holding positions of power they are no longer suitable to hold in the 21st century. (26 references) (Author)

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## 20171011-39

**A review of midwifery leadership.** Bannon EM, Alderdice F, McNeills J (2017), British Journal of Midwifery vol 25, no 10, October 2017, pp 655-661

The ineffectiveness of leadership across maternity services in England has been a recurrent theme over a number of years, with reports continuing to identify the same issues. These reports reflect the concerns previously identified by the Healthcare Commission in its review of maternity services in England, which drew attention to the links between poor morale and ineffective or authoritarian leadership, as well as highlighting the overemphasis on financial pressures, all of which were concluded to be detrimental to the care provided for women. This article will explore the history of midwifery leadership, examining the reasons why midwives in particular have been perceived as failing to have developed the necessary skills to lead and manage maternity services. (45 references) (Author)

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### 20170922-18\*

**Building nursing and midwifery leadership capacity in the Pacific.** Rumsey M, Catling C, Thiessen J, et al (2017), International Nursing Review vol 64, no 1, March 2017, pp 50-58

#### Aim

The Australian Award Fellowship Program aimed to strengthen nursing and midwifery leadership and capacity in developing countries in the Pacific.

#### Background

It is necessary to build an optimal global health workforce, and leadership and mentorship are central to this need. This is especially important in small island states such as the Pacific who have limited capacity and resources.

#### Introduction

This health system strengthening program addressed quality improvement in education, through the mentorship of potential nursing and midwifery leaders in the South Pacific Region.

#### Methods

Program participants between 2013 and 2015 were interviewed. Data were audio-taped, transcribed and analysed thematically using an inductive process.

#### Results

Thirty-four nurses and midwives from 12 countries participated. There were four main themes arising from the data which were: having a country-wide objective, learning how to be a leader, negotiating barriers and having effective mentorship.

#### Discussion

Our study showed that participants deemed their mentorship from country leaders highly valuable in relation to completing their projects, networking and role modelling. Similar projects are described.

#### Limitations

The limitation of this study was its small size. There is a need to continue to build the momentum of the program and Fellows in each country in order to build regional networks.

#### Conclusions and implications for nursing and midwifery

The Program has provided beneficial leadership education and mentorship for nurses and midwives from Pacific countries. It has provided a platform to develop quality improvement projects in line with national priorities.

#### Implications for health policy

Global aid programs and the recipients of the program would benefit from comparable health strengthening approaches to nursing and midwifery in similar developing countries. (16 references) (Author)

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### 20170914-2

**One-to-one with Gill Walton.** Astrup J (2017), Midwives vol 20, Autumn 2017, pp 21-23

After an extensive career in midwifery, including involvement with national policy and strategic development, Gill Walton has taken up the reins as RCM chief executive. She tells us about her plans to face growing challenges, to future-proof the RCM and to put members at the heart of decision-making. (Author)

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### 20170804-15\*

**Getting ready to take the lead in neonatal care.** Pearce L (2017), Nursing Standard vol 31, no 42, 14 June 2017, p 17

Inspiring others is important to Nicky McCarthy, who works in a trail-blazing role as an advanced neonatal nurse practitioner. (Author)

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### 20170510-25\*

**From the front, side or back?.** Byrom A (2017), The Practising Midwife vol 20, no 5, May 2017, p 6

Editorial commenting on leadership methods, including the position of the leader and the influence that this has on performance and working relationships. (1 reference) (MB)

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**20170406-5**

**Mentoring practice and mentoring benefit 6: Equipping for leadership and leadership readiness - an overview and application to practice using mentoring activities.** Eliades AB, Jakubik LD, Weese MM, et al (2017), *Pediatric Nursing* vol 43, no 1, January/February 2017, pp 40-42

Part of a series on mentoring, this article explores leadership development and activities that can be used to equip mentees for leadership. (8 references) (MB)

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**20170210-53**

**The impact of leadership styles on values and performance.** Fernandez S (2017), *Journal of Health Visiting* vol 5, no 1, January 2017, pp 34-37

With more emphasis being placed on the importance of effective leadership in the NHS, Sharon Fernandez discusses the importance of leadership as a way of conveying and embedding organisational values and behaviours. (15 references) (Author)

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**20170123-21\***

**Clinical leadership and pre-registration nursing programmes: A model for clinical leadership and a prospective curriculum implementation and evaluation research strategy.** Brown A, Dewing J, Crookes P (2016), *Nurse Education Today* vol 42, July 2016, pp 30-34

To present for wider debate a conceptual model for clinical leadership development in pre-registration nursing programmes and a proposed implementation plan.

**Background**

Globally, leadership in nursing has become a significant issue. Whilst there is continued support for leadership preparation in pre-registration nursing programmes, there have been very few published accounts of curriculum content and/or pedagogical approaches that foster clinical leadership development in pre-registration nursing. A doctoral research study has resulted in the creation of an overarching model for clinical leadership.

**Design**

A multi-method research study using theoretical and empirical literature 1974-2015, a focus group, expert opinion and a national on-line survey.

**Discussion**

A conceptual model of clinical leadership development in pre-registration nursing programme is presented, including the infinity loop of clinical leadership, an integral curriculum thread and a conceptual model: a curriculum-pedagogy nexus for clinical leadership. In order to test out usability and evaluate effectiveness, a multi method programme of research in one school of nursing in Australia is outlined.

**Conclusion**

Implementation of the proposed conceptual model for clinical leadership development in pre-registration nursing programmes and a programme of (post-doctoral) research will contribute to what is known about curriculum content and pedagogy for nurse academics. Importantly, for nursing students and the profession as a whole, there is a clearer expectation of what clinical leadership might look like in the novice registered nurse. For nurse academics a model is offered for consideration in curriculum design and implementation with an evaluation strategy that could be replicated. (Author)

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## 20170109-36\*

**Leadership and emotional intelligence in nursing and midwifery education and practice: a discussion paper.** Carragher J, Gormley K (2017), Journal of Advanced Nursing vol 73, no 1, January 2017, pp 85-96

### AIM:

A discussion of the concepts of leadership and emotional intelligence in nursing and midwifery education and practice.

### BACKGROUND:

The need for emotionally intelligent leadership in the health professions is acknowledged internationally throughout the nursing and midwifery literature. The concepts of emotional intelligence and emotional-social intelligence have emerged as important factors for effective leadership in the healthcare professions and require further exploration and discussion. This paper will explore these concepts and discuss their importance in the healthcare setting with reference to current practices in the UK, Ireland and internationally.

### DESIGN:

Discussion paper.

### DATA SOURCES:

A search of published evidence from 1990-2015 using key words (as outlined below) was undertaken from which relevant sources were selected to build an informed discussion.

### IMPLICATIONS FOR NURSING/MIDWIFERY:

Fostering emotionally intelligent leadership in nursing and midwifery supports the provision of high quality and compassionate care. Globally, leadership has important implications for all stakeholders in the healthcare professions with responsibility for maintaining high standards of care. This includes all grades of nurses and midwives, students entering the professions, managerial staff, academics and policy makers.

### CONCLUSION:

This paper discusses the conceptual models of leadership and emotional intelligence and demonstrates an important link between the two. Further robust studies are required for ongoing evaluation of the different models of emotional intelligence and their link with effective leadership behaviour in the healthcare field internationally. This is of particular significance for professional undergraduate education to promote ongoing compassionate, safe and high quality standards of care.

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## 20170106-31\*

**Advancing MCH interdisciplinary/interprofessional leadership training and practice through a learning collaborative.** McHugh MC, Margolis LH, Rosenberg A, et al (2016), Maternal and Child Health Journal vol 20, no 11, November 2016, pp 2247-2253

**Purpose** The Interdisciplinary Leadership Learning Collaborative (ILLC), under the sponsorship of AUCD and the Maternal and Child Health Bureau, brought together six teams, composed of 14 MCHB and UCEDD training programs to enhance their leadership training. **Description** Using adult learning principles, interactive training methods, and skill-focused learning, the ILLC built upon the evidence-based Interdisciplinary Leadership Development Program of the University of North Carolina at Chapel Hill. The program began with a 4-day on-site intensive and then continued through monthly conference calls, a mid-term on-site workshop, and a summary virtual workshop to present programmatic accomplishments and share plans for sustainability. **Coaching/consultation** for the teams around particular challenges was also part of the program. **Assessment** All teams reported enhancements in intentional leadership training, threading of leadership concepts across clinical, didactic, and workshop settings, and new collaborative partnerships for leadership training. Teams also identified a number of strategies to increase sustainability of their intentional leadership training efforts. **Conclusion for Practice** The learning collaborative is a productive model to address the growing need for interdisciplinary MCH leaders. (Author)

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**20170106-30\***

**Importance of performance measurement and MCH epidemiology leadership to quality improvement initiatives at the national, state and local levels.** Rankin KM, Gavin L, Moran JW Jr, et al (2016), Maternal and Child Health Journal vol 20, no 11, November 2016, pp 2239-2246

**Purpose** In recognition of the importance of performance measurement and MCH epidemiology leadership to quality improvement (QI) efforts, a plenary session dedicated to this topic was presented at the 2014 CityMatCH Leadership and MCH Epidemiology Conference. This paper summarizes the session and provides two applications of performance measurement to QI in MCH. **Description** Performance measures addressing processes of care are ubiquitous in the current health system landscape and the MCH community is increasingly applying QI processes, such as Plan-Do-Study-Act (PDSA) cycles, to improve the effectiveness and efficiency of systems impacting MCH populations. QI is maximally effective when well-defined performance measures are used to monitor change. **Assessment** MCH epidemiologists provide leadership to QI initiatives by identifying population-based outcomes that would benefit from QI, defining and implementing performance measures, assessing and improving data quality and timeliness, reporting variability in measures throughout PDSA cycles, evaluating QI initiative impact, and translating findings to stakeholders. MCH epidemiologists can also ensure that QI initiatives are aligned with MCH priorities at the local, state and federal levels. Two examples of this work, one highlighting use of a contraceptive service performance measure and another describing QI for peripartum hemorrhage prevention, demonstrate MCH epidemiologists' contributions throughout. **Challenges** remain in applying QI to complex community and systems-level interventions, including those aimed at improving access to quality care. **Conclusion** MCH epidemiologists provide leadership to QI initiatives by ensuring they are data-informed and supportive of a common MCH agenda, thereby optimizing the potential to improve MCH outcomes. (Author)

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**20161111-3**

**Nurturing tomorrow's leaders.** Dunkley-Bent J (2016), British Journal of Midwifery vol 24, no 11, November 2016, p 758

Two perspectives on midwifery leadership from Jacqueline Dunkley-Bent, Head of Maternity, Children and Young People, NHS England and Louise Perkins, a trainee consultant midwife. (2 references) (MB)

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**20161108-58\***

**The development and pilot of an instrument for measuring nurse managers' leadership and management competencies.**

Kantanen K, Kaunonen M, Helminen M, et al (2015), Journal of Research in Nursing vol 20, no 8, December 2015, pp 667-677

This paper describes the development and piloting of an instrument for measuring nurse managers' leadership and management competencies. No previous instruments exist that comprehensively measure these dimensions. The instrument was developed in three phases. Following a literature review, the items of the instrument were created. Second, the face and content validity of the instrument were evaluated by an expert panel. Finally, the developed instrument was pilot-tested with a test survey of 22 nurse managers in two organisations. The validity and reliability of the scale was analysed using statistical methods. The resulting Nurse Managers Leadership and Management Competencies scale is a web-based self-assessment test consisting of 194 five-point Likert scale items. Competence is divided into general competence and special competence. The instrument makes it possible to evaluate nurse managers' leadership and management competencies in public healthcare, and to obtain information for the further development of these attributes and factors. (Author)

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### 20161108-56\*

**The influence of resonant leadership on the structural empowerment and job satisfaction of registered nurses.** Bawafaa E, Wong CA (2015), Journal of Research in Nursing vol 20, no 7, November 2015, pp 610-622

The demanding nature of nursing work environments signals longstanding and growing concerns about nurses' health and job satisfaction and the provision of quality care. Specifically in healthcare settings, nurse leaders play an essential role in creating supportive work environments to avert these negative trends and increase nurse job satisfaction. The purpose of this study was to examine the influence of managers' resonant leadership on nurses' structural empowerment and job satisfaction. A secondary analysis of data collected from a cross-sectional survey design of 1216 registered nurses from nine Canadian provinces was conducted. Structural empowerment partially mediated the relationship between resonant leadership and job satisfaction. Resonant leadership and structural empowerment explained a total of 36% of the variance in job satisfaction while controlling for age, education and work setting ( $F(5, 1169) = 131.78, p < 0.001$ ). Findings suggested that resonant leaders are instrumental in creating empowering environments that contribute to higher job satisfaction in nursing. Therefore, a focus on developing resonant leadership skills among nurse leaders in healthcare organisations will advance the creation of healthy work environments that promote job satisfaction and the retention of nurses. (Author)

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### 20161103-3

**The development, implementation and evaluation of a leadership programme for midwives.** Ross-Davie M, Stevenson R, Maynor K (2016), Evidence Based Midwifery vol 14, no 3, September 2016, pp 87-93

**Background.** High quality leadership is an essential requirement for the delivery of high-quality maternity care. An innovative midwifery leadership development programme was devised, implemented and evaluated from 2012 to 2016.

**Method.** The programme combined education, one-to-one coaching and experience of undertaking a local quality improvement project. Each year, the following steps were undertaken/ or completed: midwives from junior to senior level were nominated by their HoMs and participants in the programme; online questionnaires were completed by between 70% and 80% of the participants; HoMs and participants were invited to participate in the evaluation; in-depth follow-on telephone interviews were undertaken with 12 volunteers.

**Data analysis.** Quantitative data from the online questionnaire and qualitative data from the interviews were gathered and analysed by the externally commissioned social research organisation.

**Findings.** A total of 166 midwives participated over the four years of the programme. 128 participants responded to the online questionnaires; 23 engaged in in-depth interviews. Online questionnaires were completed by 38 HoMs over the four years and nine were interviewed about the programme. The evaluation found that the programme was successful in meeting its key objectives. The programme was enjoyed by participants, led to increased knowledge and skills and also contributed to improvements in service.

**Implications.** The 'Best Start Leadership Programme' was successful in achieving its aim of developing leadership confidence and skills in a cohort of midwives. The programme design, combining education, coaching and quality improvement practice, may provide a useful template for other health professionals and midwives in other areas. (24 references) (Author)

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**20160930-6\***

**Transformational and abusive leadership practices: impacts on novice nurses, quality of care and intention to leave.**

Lavoie-Tremblay M, Fernet C, Lavigne GL, et al (2016), Journal of Advanced Nursing vol 72, no 3, March 2016, pp 582-592

**Aims**

To investigate the impact of nurse managers exercising transformational vs. abusive leadership practices with novice nurses.

**Background**

In a nursing shortage context, it is important to understand better the factors that potentially influence the retention of nurses in the early stages of their career. A large body of research has found that transformational leadership practices have a positive influence on employee functioning. However, very little research exists about the detrimental impact of abusive leadership practices, much less in a nursing context.

**Design**

A cross-sectional design where 541 nurses from the province of Quebec (Canada) were questioned in the fall of 2013.

**Methods**

A self-administered questionnaire was completed by nurses with less than five years of nursing experience.

**Results**

Results from three linear regression analysis indicated that transformational leadership practices potentially lead to high quality care and weak intention to quit the healthcare facilities. Conversely, abusive leadership practices potentially lead to poorer quality care and to strong intention to quit the healthcare facilities and the nursing profession.

**Conclusion**

Paying close attention to the leadership practices of nurse managers could prove effective in improving patient care and increasing the retention of new nurses, which is helpful in resolving the nursing shortage. Our results specifically suggest not only that we promote supportive leadership practices (transformational leadership) but, most of all, that we spread the word that abusive leadership creates working conditions that could be detrimental to the practice of nursing at career start. (Author)

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**20160803-47**

**Young midwifery leaders programs: capacity building for the future.** Thompson JB, Moyo NT, Fullerton JT (2016), International

Journal of Childbirth vol 6, no 2, 2016, pp 58-67

This article describes the program components, program outcomes and challenges of two iterations of a leadership development program that was intended to contribute not only to individual capacity building but also to succession planning within midwifery professional associations. The young midwifery leaders programs were similarly designed, using self-study modules that focused on essential leadership knowledge and skills, and a mentor-mentee relationship to provide guidance and support to selected midwives early in their professional careers. The International Confederation of Midwives (ICM) implemented a 3-year leadership program conducted from 2004 to 2007 for five mentee participants. A collaborative United Nations Population Fund (UNFPA)/ICM team in Latin America designed and implemented an 18-month program with 12 mentees that began in 2013. Examples of leadership outcomes in policy and education include assumption of elected offices in midwifery associations, integration of evidence-based topical content into an established midwifery education program, and development of a new preservice education program in a rural zone of a large country. The vision for the future is to expand this program globally while simultaneously adapting the program content and strategies to reflect the leadership needs of the regional context in which it is implemented. (21 references) (Author)

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**20160415-35**

**Clinicians in the classroom: the consultant midwife.** Power A, Rooth C (2016), British Journal of Midwifery vol 24, no 4, April 2016, pp 286-287

This is the third in a series of articles exploring expert clinicians' participation in teaching pre-registration midwifery students in the classroom setting. This article considers sessions facilitated by a consultant midwife. The role of consultant midwife was first introduced in the UK in 2000 as a senior position within maternity services to provide professional leadership and a senior level of clinical midwifery expertise. A key element of the role of the consultant midwife is education, training and development (Department of Health, 1999). A consultant midwife from Milton Keynes University Hospital NHS Foundation Trust discusses her experience teaching pre-registration midwifery students. Feedback from students indicates that they value the input of expert clinicians into pre-registration midwifery education. (6 references) (Author)

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**20160330-54\***

**Comparison of women in department leadership in obstetrics and gynecology with those in other specialties.** Hofler LG, Hacker MR, Dodge LE, et al (2016), Obstetrics & Gynecology vol 127, no 3, March 2016, pp 442-447

**OBJECTIVE:** To compare the representation of women in obstetrics and gynecology department-based leadership to other clinical specialties while accounting for proportions of women in historical residency cohorts.

**METHODS:** This was a cross-sectional observational study. The gender of department-based leaders (chair, vice chair, division director) and residency program directors was determined from websites of 950 academic departments of anesthesiology, diagnostic radiology, general surgery, internal medicine, neurology, obstetrics and gynecology, pathology, pediatrics, and psychiatry. Each specialty's representation ratio-proportion of leadership roles held by women in 2013 divided by proportion of residents in 1990 who were women-and 95% confidence interval (CI) were calculated. A ratio of 1 indicates proportionate representation.

**RESULTS:** Women were significantly underrepresented among chairs for all specialties (ratios 0.60 or less,  $P \leq .02$ ) and division directors for all specialties except anesthesiology (ratio 1.13, 95% CI 0.87-1.46) and diagnostic radiology (ratio 0.97, 95% CI 0.81-1.16). The representation ratio for vice chair was below 1.0 for all specialties except anesthesiology; this finding reached statistical significance only for pathology, pediatrics, and psychiatry. Women were significantly overrepresented as residency program directors in general surgery, anesthesiology, obstetrics and gynecology, and pediatrics (ratios greater than 1.19,  $P \leq .046$ ). Obstetrics and gynecology and pediatrics had the highest proportions of residents in 1990 and department leaders in 2013 who were women.

**CONCLUSION:** Despite having the largest proportion of leaders who were women, representation ratios demonstrate obstetrics and gynecology is behind other specialties in progression of women to departmental leadership. Women's overrepresentation as residency program directors raises concern because education-based academic tracks may not lead to major leadership roles. (30 references) (Author)

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**20160222-95\***

**Factors influencing how senior nurses and midwives acquire and integrate coaching skills into routine practice: a grounded theory study.** Rafferty R, Fairbrother G (2015), Journal of Advanced Nursing vol 71, no 6, June 2015, pp 1249-1259

AIM:

To introduce a theory which describes the process of and explicates the factors moderating, the acquisition and integration of leadership coaching skills into the routine practice of senior nurses and midwives.

BACKGROUND:

Organizations invest significant resources in leadership coaching programs to ensure that coaching is embedded as a core function of the manager's role. However, even after training, many managers remain unable to undertake this role successfully. The process by which health professionals translate 'manager as coach' training into successful practice outcomes, has remained largely unexplored.

DESIGN:

A grounded theory study design.

METHODS:

Data, collected between February 2012-May 2013, included in-depth interviews with 20 senior nurses and midwives who had attended a leadership coaching program and analysis of nine reflective practice journals. Multiple researchers coded and analysed the data using constant comparative techniques.

RESULTS:

The outcomes of coaching training ranged from inappropriate use of the coaching skills through to transformed managerial practice. These outcomes were influenced by the dynamic interaction of three central domains of the emergent theoretical model: pre-existing individual perceptions, program elements and contemporaneous experiences. Interactions occurred within the domains and between them, impacting on activators such as courage, motivation, commitment and confidence.

CONCLUSION:

The study offers new insights into how senior nurses and midwives acquire and integrate coaching skills into their routine practice. The process is described as multifactorial and dynamic and has implications for the training design, delivery and organizational support of future leadership coaching programs.

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**20160202-58**

**Enhancing and developing leadership in midwifery.** McCalmont C, Bailey E (2016), The Practising Midwife vol 19, no 2, February 2016, pp 8-10

Leadership is a word often heard in any workplace, and healthcare services are no different. Much has been written about leadership styles and theories, with a search of one online retailer revealing 153,589 books available on the subject. How many midwives have those books on their shelves? In a time when maternity services are rising to meet new pressures and demands, many commentators are calling for leadership to drive the profession on. How do we, as midwives, reflect on our own leadership style and the impact it has on others? Here we discuss the importance of leadership in midwifery as a profession, and to individuals, regardless of grade or position. We use an example of a project within our service to illustrate the opportunities for leadership to flourish throughout a whole team in order to achieve an end goal. (11 references) (Author)

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#### 20151217-4\*

##### **Evaluating maternal and child health and leadership competencies of emerging MCH leaders: The MCHC/RISE-UP experience.**

Belcher HM, Stone JD, McFadden JA, et al (2015), Maternal and Child Health Journal vol 19, no 12, December 2015, pp 2560-2567

##### Purpose:

This study examines maternal and child health core competencies and leadership characteristics of undergraduate students following participation in the Maternal and Child Health Careers/Research Initiatives for Student Enhancement-Undergraduate Program (MCHC/RISE-UP). MCHC/RISE-UP is a 10-week public health leadership program designed to promote diversity in public health workforce through mentored research, community engagement and advocacy, and clinical experiences for undergraduate students.

##### Description:

The MCHC/RISE-UP is a national consortium of University Centers for Excellence in Developmental Disabilities including, (1) Kennedy Krieger Institute (Kennedy Krieger, lead institution) partnering with Morgan State University, a Historically Black University, (2) the University of South Dakota partnering with Tribal Serving Institutions; and (3) the University of Southern California Children's Hospital-Los Angeles and their partner institution, California State University Los Angeles, a Hispanic Serving Institution.

##### Assessment:

Eighty-four junior and senior undergraduates and recent baccalaureate degree students who participated in the MCHC/RISE-UP worked on 48 maternal and child health projects. Following the MCHC/RISE-UP, students demonstrated statistically significant improvements in all maternal and child health core competencies. Transformational leadership characteristics also increased (mean increase 9.4, 95 % CI 7.2-11.8;  $p < 0.001$ ). At closing interview, over twice as many students endorsed a public health career goal compared to program admission (17.9 vs 57.7 %;  $p = 0.022$ ).

##### Conclusion:

Multi-institutional collaborative public health leadership programs may extend the reach and recruitment of diverse students into the maternal and child health field. Experiential, didactic, and mentored learning opportunities may enhance student integration of maternal and child health competencies and transformational leadership characteristics. (19 references) (Author)

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#### 20151216-96

##### **Learning leadership.** Doyle N (2015), Midwives vol 18, Winter 2015, pp 70-71

The author describes her experience of being one of the first students on the Mary Seacole Programme, which has been developed to provide leadership skills and knowledge training to those health professionals moving into their first leadership or team management post. (SB)

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#### 20151023-63

##### **Leadership during times of change.** McInnes E, Rich T (2015), Journal of Health Visiting vol 3, no 7, July 2015, pp 394-395

In the second part of their series on leadership, Elaine McInnes and Terry Rich discuss how different people respond to change, and ways in which leaders can support them. (6 references) (Author)

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#### 20151023-55

##### **Leadership in health visiting: what makes a good leader?.** McInnes E, Rich T (2015), Journal of Health Visiting vol 3, no 6, June 2015, pp 344-345

In the first of a series of articles from the Institute of Health Visiting, Elaine McInnes and Terry Rich consider the attributes required to be a strong leader, and how health visitors can maximise these skills as service commissioning transfers to local authorities. (Author)

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## 20151023-25

**Using your leadership skills to achieve improved outcomes for children and families.** McInnes E, Rich T (2015), Journal of Health Visiting vol 3, no 8, August 2015, pp 442-443

In the final part of their series on leadership, Elaine McInnes and Terry Rich discuss how health visitors' leadership skills can be maximised to improve outcomes. (4 references) (Author)

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## 20151008-17\*

**A nurse leadership project to improve health literacy on a maternal-infant unit.** Stikes R, Arterberry K, Logsdon MC (2015), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 44, no 5, September/October 2015, pp 665-676

### Objective:

To describe how participation in the Sigma Theta Tau International Maternal-Child Health Nurse Leadership Academy positioned the authors to lead an interdisciplinary team through implementation and evaluation of a change project related to patient education based upon national health literacy standards. The project goal was to improve patient satisfaction with nurse communication and preparation for hospital discharge.

### Design:

Quality improvement.

### Setting/Participants:

Mother/-baby unit of an academic medical center serving a high percentage of patients of a minority population and underserved clients.

### Intervention:

The five- step intervention included (a) review of current health literacy standards, (b) formation of an infrastructure for development and evaluation of existing patient education materials, (c) assessment of patient education materials currently in use, (d) assessment of literacy level and learning styles of new mothers, and (e) provision of continuing education to increase knowledge of nurses as patient teachers and of health literacy.

### Measurement:

Mean scores of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) in the domains of patient satisfaction with nurse communication and discharge information were used to measure patient satisfaction with health communication.

### Results:

Patient satisfaction with nurse communication increased from 75.9% to 84.6%. Satisfaction with discharge information increased from 84.6% to 98.6%.

### Conclusion:

The leadership academy successfully positioned the authors to guide an interdisciplinary team through development of a process to meet the education and communication needs of patients and improve their health literacy. As a result, a positive effect was noted on patient satisfaction with health communication. [Full article available online at: <http://onlinelibrary.wiley.com/doi/10.1111/1552-6909.12742/full>] (43 references) (Author)

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## 20151008-16\*

**Implementing the use of chemical-free products in a perinatal unit.** Brower A, Trefz L, Burns C (2015), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 44, no 5, September/October 2015, pp 644-653

### Objective:

To develop a process to identify, adopt, and increase individual awareness of the use of chemical-free products in perinatal hospital units and to develop leadership skills of the fellow/mentor pair through the Sigma Theta Tau International Maternal-Child Health Nurse Leadership Academy (STTI MCHNLA).

### Design:

Pretest/posttest quality improvement project.

### Setting:

Tertiary care 80-bed perinatal unit.

### Patients:

Mothers and newborns on perinatal unit.

### Interventions/Measurements:

The chemical hazard ratings of products currently in use and new products were examined and compared. Chemical-free products were selected and introduced to the hospital system, and education programs were provided for staff and patients. We implemented leadership tools taught at the STTI MCHNLA to facilitate project success. Pre- and postproject evaluations were used to determine interest in the use of chemical-free products and satisfaction with use of the new products. Cost savings were measured.

### Results:

Products currently in use contained potentially harmful chemicals. New, chemical-free products were identified and adopted into practice. Participants were interested in using chemical-free products. Once new products were available, 71% of participants were positive about using them. The fellow and mentor experienced valuable leadership growth throughout the project.

### Conclusions:

The change to chemical-free products has positioned the organization and partner hospitals as community leaders that set a health standard to reduce environmental exposure for patients, families, and staff. The fellow and mentor learned new skills to assist in practice changes in a large organization by using the tools shared in the STTI MCHNLA. [Full article available online at: <http://onlinelibrary.wiley.com/doi/10.1111/1552-6909.12736/full>] (18 references) (Author)

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### 20151008-15\*

**Preparing leaders in maternal-child health nursing.** Morin K, Small L, Spatz DL, et al (2015), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 44, no 5, September/October 2015, pp 633-643

Objective:

To describe leadership and patient outcomes from an international leadership development program undertaken by a nursing organization (Sigma Theta Tau International Honor Society of Nursing) in partnership with Johnson & Johnson Corporate Contributions to strengthen the leadership base of maternal-child bedside nurses.

Design:

Pretest/posttest design with no control group program evaluation.

Setting:

Health care facilities, academic institutions, and public health clinics.

Participants:

Mentor/fellow dyads (N = 100) of the Maternal-Child Health Nurse Leadership Academy (MCHNLA).

Intervention/Measurements:

The MCHNLA engaged participants in an 18-month mentored leadership experience within the context of an interdisciplinary team project. Each mentor/fellow dyad was paired with a faculty member during the program.

Results:

One hundred dyads have participated and conducted projects to improve health care for childbearing women and children up to age 5 years during the past decade. For the two cohorts for which consistent data were obtained, mentors and fellows enhanced leadership knowledge, skills, and behaviors. Review of 2010 to 2011 cohort project reports revealed they had the potential to influence more than 1000 students, 4000 nurses, and 1300 other health care students or professionals during the project period.

Conclusions:

This leadership development model is replicable in other areas of nursing and other professions. [Full article available online at: <http://onlinelibrary.wiley.com/doi/10.1111/1552-6909.12730/full>] (30 references) (Author)

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### 20151006-37

**Don't pretend to be someone else.** Marrett L (2015), Nursing Times vol 111, no 39, 23-29 September 2015, p 33

Provides tips for nurses who are taking on a leadership role. (SB)

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### 20150907-2

**The pursuit of happiness, science, and effective staffing: the leader's challenge.** Kerfoot KM (2015), Pediatric Nursing vol 41, no 2, March-April 2015, pp 93-95

It should be intuitive that happy people produce better results than unhappy people. It should be intuitive that leaders must be singularly focused on how they can create happiness within their companies so that people can grow and thrive and reach sustainable organizational goals. But in spite of such common sense, the data show us people are not too happy at work and it is not getting better. Health care has much to learn about creating happiness that in turn creates a positive return on investment financially, as well as on patient outcomes and the well-being, growth, and productivity of the staff. We need a serious call to action in health care that will implement the research about happy organizations and their success. Our stakes are high; we must do no harm. (12 references) (Author)

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### 20150812-3

**What is a LINMEN and how will midwifery benefit?.** King R (2015), Australian Midwifery News vol 15, no 2, Winter 2015, p 24

Explains what LINMEN stands for (Leaders in Indigenous Nursing and Midwifery Education Network) and discusses some of the potential outcomes of the network. (MB)

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**20150805-7**

**All change.** Kelly B (2015), *Midwives* vol 18, Spring 2015, pp 76-78

Explores ways of implementing the necessary changes to practice in Northern Ireland following the launch of the strategy for maternity care (1). Department of Health, Social Services and Public Safety. A strategy for maternity care in Northern Ireland 2012-2018. Belfast: DHSSPSNI. July 2012. <http://www.dhsspsni.gov.uk/maternitystrategy.pdf> (JSM)

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**20150731-50**

**Negotiating competing discourses: Identity narratives among midwifery leaders in the English NHS.** Divall B (2015), *Midwifery* vol 31, no 11, November 2015, pp 1060-6

Summary

Individuals construct identity narratives within the context of broader societal discourses. However, little is known about the identity narratives of midwifery leaders, or the ways in which these narratives are constructed and enacted in the context of the English NHS.

Objective

To explore midwifery leaders' narratives of identity, within the context of one region of England. Design A qualitative study using narrative identity theory. Data were collected using in-depth, loosely structured narrative interviews.

Setting

The study was undertaken in the Midlands region of England, in the context of a midwifery-specific leadership development programme. Participants were located in local NHS organisations and higher education institutions.

Participants

The interviewees were midwives currently in one of a variety of formal leadership roles, who had recently completed a midwifery leadership development programme. Nine leaders were interviewed for the study.

Findings

Two central themes emerged: 'I am still a midwife' showed interviewees' continued self-identification according to their professional identity, despite the majority no longer holding a clinical role; 'Between a rock and a hard place' showed the challenges of maintaining a professionally-based identity narrative in the face of group and organisational discourses.

Key Conclusions

Among the midwifery leaders interviewed, narratives centred on a continued midwife self identification. However, Participants faced a number of challenges in maintaining this narrative, Within the context of wider professional group and organisational discourses; Implications for Practice Midwifery leaders require the support of their professional group and organisational structures if they are to maintain a positive self- and social-identity. (47 references) (Author)

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## 20150430-9\*

### **Transforming LEND leadership training curriculum through the maternal and child health leadership competencies.**

Humphreys BP, Couse LJ, Sonnemeier RM, et al (2015), Maternal and Child Health Journal vol 19, no 2, February 2015, pp 300-307

The purpose of this article is to describe how the Maternal and Child Health (MCH) Leadership Competencies (v 3.0) were used to examine and improve an MCH Leadership Education in Neurodevelopmental and Related Disabilities (LEND) training curriculum for New Hampshire and Maine. Over 15 % of the nation's children experience neurodevelopmental disabilities or special health care needs and estimates suggest 1 in every 68 children is diagnosed with an autism spectrum disorder. Across the United States critical shortages of qualified MCH professionals exist, particularly in poor and rural areas. A continued investment in training interdisciplinary leaders is critical. The MCH Leadership Competencies provide an effective foundation for leadership training through identification of requisite knowledge, skills, and dispositions required of MCH leaders. This paper describes a three-step process, which began in 2010 and included utilizing the MCH Leadership Competencies as a tool to reflect on, develop, and evaluate the NH LEND leadership curriculum. Curriculum development was further supported through participation in a multi-state learning collaborative. Through a series of intentional decisions, the curriculum design of NH LEND utilized the competencies and evidence-based principles of instruction to engage trainees in the development of specific MCH content knowledge and leadership skills. The LEND network specifically, and MCH leadership programs more broadly, may benefit from the intentional use of the MCH competencies to assist in curriculum development and program evaluation, and as a means to support trainees in identifying specific leadership goals and evaluating their leadership skill development. (35 references) (Author)

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## 20150430-8\*

### **Fostering intentional interdisciplinary leadership in developmental disabilities: the North Carolina LEND experience.**

Rosenberg A, Margolis LH, Umble K, et al (2015), Maternal and Child Health Journal vol 19, no 2, February 2015, pp 290-299

This study describes the effects of interdisciplinary leadership training on a retrospective cohort (2001-2009) of the University of North Carolina MCH Leadership Education in Neurodevelopmental and Related Disabilities (UNC-CH LEND) program, including LEND graduates who were selected to participate in a focused Interdisciplinary Leadership Development Program (ILDLP) in addition to their LEND training. Specifically, the study examined graduates' reports of the relationship between LEND training and their attitudes/beliefs about interdisciplinary practice, as well as their reported use of interdisciplinary skills in their post-fellowship practice settings. Using a post-test design, participants in the LEND and ILDP programs were contacted to complete an on-line survey. Using a Conceptual Model guided by EvaluLEAD, respondents were asked to rate the influence of the UNC-LEND training program on their attitudes/beliefs and skills using a 5-point Likert scale, as well as through open-ended descriptions. The 49 LEND respondents represented a 56 % overall response rate from years 2001-2009. ILDP participants reported greater agreement with interdisciplinary attitudes/beliefs and more frequent use of interdisciplinary skills than did the non-participants. Graduates of LEND as well as ILDP reported the influence of training through a range of qualitative responses. Response examples highlight the influence of LEND training to promote outcomes at the individual, organizational and systems level. Findings from this study illustrate that MCHB funded LEND training has a strong influence on the future employment and interdisciplinary practices of graduates for the MCH workforce as well as services for individuals with developmental disabilities, their families and systems of care. (22 references) (Author)

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## 20150430-7\*

### **Evaluation of the professional process portfolio: an innovative tool to help develop and demonstrate leadership**

**competency.** Hastings ES, Chacko MR, Acosta AB, et al (2015), Maternal and Child Health Journal vol 19, no 2, February 2015, pp 280-289

The professional process portfolio (PPP) was adopted by the Maternal Child and Health Bureau (MCHB) as an 'innovation' in best practice for all Leadership in Education and Adolescent Health (LEAH) Training Programs; however it had not been formally evaluated. Thus the objective was to evaluate the utility of the PPP for graduates of the LEAH training program in terms of (1) how alumni have used, adapted, and applied it since completing fellowship, (2) what fellows learned or gained through completing it, and (3) how it can be improved for continued use in training programs. Graduates from six disciplines were asked via telephone or email to participate in a survey regarding their experience with the PPP. Descriptive statistics were generated for demographic characteristics and closed-choice questions. Responses to open-ended questions were analyzed by a team of faculty using framework analysis. Sixty-one graduates completed surveys. The majority (85 %) found the PPP useful and utilized it post-graduation for multiple purposes in professional development: interviewing, training, and referencing previous work. Graduates recommended that the PPP be improved by making it electronic, discipline-specific, and providing earlier and more frequent instruction from faculty on expectations of creating it. Four themes emerged from the qualitative data analysis: accomplishment, experiential learning, skills and accountability, and a best practice of learning. The PPP was an effective personal learning tool for the majority of graduates and enhanced graduates' experiences. We highlight the ways that the PPP may facilitate the development of learning experiences associated with MCH leadership competence. (14 references) (Author)

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## 20150430-6\*

**Training maternal and child health epidemiologists: leaders for the twenty first century.** Handler A, Klaus J, Rankin K, et al (2015), Maternal and Child Health Journal vol 19, no 2, February 2015, pp 271-279

This paper reports on the structure, implementation and outcomes of the Maternal and Child Health (MCH) Epidemiology (MCHEPI) program at the University of Illinois School of Public Health (UIC-SPH) and discusses the successes and challenges in developing MCH Epidemiology leaders for the local, state, and national public health workforce. The MCHEPI program at UIC-SPH offers both the MPH and PhD degree and is based on six key components: integration across school divisions, competency-based training, tailored curricula, practica/dissertations with public health agencies, personal leadership training and development, and socialization. Based on data from the 1998-2012 cohorts, all former and current MCHEPI MPH students (n = 28) have participated in practica with local or state public health agencies and former and current MCHEPI doctoral students at the dissertation stage (12 out of 15) have partnered with local, state or national public health agencies in conducting their dissertations. The alumni of the MCHEPI MPH program (n = 25) appear to serve in higher level positions in their second compared to their first placements post-graduation. All MCHEPI doctoral alumni (n = 8) serve at the emerging senior level or senior scientist level upon graduation, in local, state and federal agencies, or in academe. Explicit linkage of MCHEPI students to practice through tailored curricula, practica, and dissertations with public health agencies, and the development of an identity as a member of the MCHEPI field appear to be important to the generation of epidemiology leaders for the MCH workforce. Leadership development is a lifelong process and as such, snapshots of current students and alumni at any one point in time do not provide the entire picture of the impact of MCH epidemiology training programs. Examining the trajectories of emerging leaders over time is essential for evaluating the true success of Maternal and Child Health Bureau workforce and training investments. (17 references) (Author)

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## 20150430-16\*

### **Moving the needle: a retrospective pre- and post-analysis of improving perceived abilities across 20 leadership skills.**

Fernandez CSP, Noble CC, Jensen E, et al (2015), Maternal and Child Health Journal vol 19, no 2, February 2015, pp 343-352

To assess the influence of intensive focused leadership training on self-evaluation of leadership skills among Maternal and Child Health (MCH) professionals enrolled in the Maternal and Child Health Public Health Leadership Institute (MCH PHLI).

Senior-level MCH leaders (n = 54) participated in the first two cohorts of the MCH PHLI, a senior-level training program funded through the Maternal and Child Health Bureau. Participants were asked to complete a retrospective pre- and post-test rating inventory at program completion. Participants self-identified their skill level across 20 leadership skills that were the focus of the training program. These skills were derived from the MCH Leadership Competencies, 3.0 and literature reviews, and then divided into two domains: Core leadership skills and Organizational/Institutional leadership skills. Data were analyzed to determine whether participants perceived skill level increased by the end of their training year. A one-sided (upper) paired T Test and a Wilcoxon Signed Rank Sum Test were used to determine statistical significance. Increases in perceived skill levels were found to be statistically significant at the alpha = .01 level for all 20 target skills. The MCH PHLI model of intensive leadership development, incorporating a hybrid approach of onsite and distance-based learning, was broadly effective in building targeted leadership skills as perceived by participants. (40 references) (Author)

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## 20150430-14\*

### **The MCH navigator: tools for MCH workforce development and lifelong learning.**

Grason H, Huebner C, Crawford AK, et al (2015), Maternal and Child Health Journal vol 19, no 2, February 2015, pp 324-334

Maternal and child health (MCH) leadership requires an understanding of MCH populations and systems as well as continuous pursuit of new knowledge and skills. This paper describes the development, structure, and implementation of the MCH Navigator, a web-based portal for ongoing education and training for a diverse MCH workforce. Early development of the portal focused on organizing high quality, free, web-based learning opportunities that support established learning competencies without duplicating existing resources. An academic-practice workgroup developed a conceptual model based on the MCH Leadership Competencies, the Core Competencies for Public Health Professionals, and a structured review of MCH job responsibilities. The workgroup used a multi-step process to cull the hundreds of relevant, but widely scattered, trainings and select those most valuable for the primary target audiences of state and local MCH professionals and programs. The MCH Navigator now features 248 learning opportunities, with additional tools to support their use. Formative assessment findings indicate that the portal is widely used and valued by its primary audiences, and promotes both an individual's professional development and an organizational culture of continuous learning. Professionals in practice and academic settings are using the MCH Navigator for orientation of new staff and advisors, 'just in time' training for specific job functions, creating individualized professional development plans, and supplementing course content. To achieve its intended impact and ensure the timeliness and quality of the Navigator's content and functions, the MCH Navigator will need to be sustained through ongoing partnership with state and local MCH professionals and the MCH academic community. (6 references) (Author)

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#### 20150430-12\*

**Development, validation, and utility of an instrument to assess core competencies in the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program.** Mitra M, Iezzoni LI, Zhang J, et al (2015), Maternal and Child Health Journal vol 19, no 2, February 2015, pp 314-323

To describe the development and psychometric evaluation of the Core Competency Measure (CCM), an instrument designed to assess professional competencies as defined by the Maternal Child Health Bureau (MCHB) and targeted by Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs. The CCM is a 44-item self-report measure comprised of six subscales to assess clinical, interdisciplinary, family-centered/cultural, community, research, and advocacy/policy competencies. The CCM was developed in an iterative fashion through participatory action research, and then nine cohorts of LEND trainees (N = 144) from 14 different disciplines completed the CCM during the first week of the training program. A 6-factor confirmatory factor analysis model was fit to data from the 44 original items. After three items were removed, the model adequately fit the data (comparative fit indices = .93, root mean error of approximation = .06) with all factor loadings exceeding .55. The measure was determined to be quite reliable as adequate internal consistency and test-retest reliability were found for each subscale. The instrument's construct validity was supported by expected differences in self-rated competencies among fellows representing various disciplines, and the convergent validity was supported by the pattern of inter-correlations between subscale scores. The CCM appears to be a reliable and valid measure of MCHB core competencies for our sample of LEND trainees. It provides an assessment of key training areas addressed by the LEND program. Although the measure was developed within only one LEND Program, with additional research it has the potential to serve as a standardized tool to evaluate the strengths and limitations of MCHB training, both within and between programs. (14 references) (Author)

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#### 20150429-47\*

**The MCH Training Program: developing MCH leaders that are equipped for the changing health care landscape.** Kavanagh L, Menser M, Pooler J, et al (2015), Maternal and Child Health Journal vol 19, no 2, February 2015, pp 257-264

This article examines the success of the Maternal and Child Health (MCH) Bureau's MCH Training Program in producing the next generation of MCH leaders, equipped with interdisciplinary, leadership skills necessary for the changing health care landscape. A secondary data analysis of performance measure data (2007-2011) collected through the discretionary grant information system was performed. Grantees were grouped by grant program (n = 10) for this analysis. Outcomes of interest 5 years post-program completion included: (1) the percentage of long-term training program graduates who demonstrate field leadership; (2) the percentage of long-term trainees (LTT) who remain in MCH, work with underserved and/or vulnerable populations, or work in a public health agency/organization; and (3) the percentage of LTT working in an interdisciplinary manner to serve the MCH population. Summary output data on the number of LTT reached was also calculated. The number of LTT participating in the MCH Training Program increased between 2007 and 2011. Over 84 % of LTT demonstrate field leadership 5 years after program completion, while 78.2 % of LTT remain in MCH work and 83 % are working with underserved or vulnerable populations. At 5-years post-program completion, over 75 % of LTT are working in an interdisciplinary manner to serve the MCH population. The MCH Training Program has produced well-positioned leaders. Continued investment in the MCH Training Program is critical to ensure a well-trained pipeline of health professionals equipped to address the special health needs of MCH populations in an evolving health system. (17 references) (Author)

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#### 20150429-46\*

**The evolving role of leadership and change in maternal and child health epidemiology.** Kogan MD, Barfield W, Kroelinger C (2015), Maternal and Child Health Journal vol 19, no 2, February 2015, pp 247-251

Looks at the Maternal and Child Health Epidemiology Program (MCHEP) in the United States, created to provide epidemiologic leadership for State MCH programs, and the success it has achieved. (43 references) JSM

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#### 20150429-45\*

**Family leaders and workforce leadership development.** Reynolds MC, Birzer M, St. John J (2015), Maternal and Child Health Journal vol 19, no 2, February 2015, pp 252-256

Describes how family members can become leaders in maternal and child health services in the United States and looks at the vital role they play. (14 references) (Author)

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#### 20150429-44\*

**Leading maternal and child health (MCH): past, present and future.** Petersen DJ (2015), Maternal and Child Health Journal vol 19, no 2, February 2015, pp 244-246

Discusses leadership in maternal and child health services in the United States of America. (14 references) (JSM)

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#### 20150429-43\*

**Workforce crisis in MCH leadership.** Streeter N (2015), Maternal and Child Health Journal vol 19, no 2, February 2015, pp 240-243

Discusses the role of leadership in maternal and child health services in the United States of America in view of particular challenges such as the aging workforce and the implementation of the Affordable Care Act. (15 references) (Author)

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#### 20150429-41\*

**Challenges and opportunities facing maternal and child health (MCH) professionals.** Kavanagh L (2015), Maternal and Child Health Journal vol 19, no 2, February 2015, pp 236-239

Looks at the challenges faced by maternal and child health (MCH) professionals in the United States of America today and the importance of good leadership in a changing environment. (23 references) (JSM)

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#### 20150429-33\*

**The future of MCH nutrition services: a commentary on the importance of supporting leadership training to strengthen the nutrition workforce.** Baer MT, Harris B, Stanton RW, et al (2015), Maternal and Child Health Journal vol 19, no 2, February 2015, pp 229-235

Looks at the history of maternal and child nutrition (MCH) services in the United States of America and highlights the importance of the investment made by the Maternal and Child Health Bureau in promoting and supporting the development of MCH nutrition services and leadership training for public health nutrition professionals. (34 references) (JSM)

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#### 20140415-77

**Mentoring leaders in perinatal nursing.** Tillett J (2014), The Journal of Perinatal and Neonatal Nursing vol 28, no 1, January/March 2014, pp 3-5

Highlights the importance of mentorship in preparing nurses for leadership. (8 references) (SB)

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#### 20140303-104

**Should midwifery leadership development programmes be based on the premise that leadership can be taught?.** Homeyard C (2014), Essentially MIDIRS vol 5, no 2, March 2014, pp 19-24

The National Health Service (NHS) has witnessed what can be described as a 'rush to leadership' in recent years (Rodgers et al 2003). The Centre for Maternal and Child Enquiries report (Lewis 2011) highlighted inadequate leadership across London's maternity units. Positive benefits of good leadership for organisations, such as increased satisfaction, staff retention and performance, have been suggested (Martin & Learmonth 2012). Effective leadership in maternity has also been credited with improving service quality and safety (King's Fund 2008). In turn this has seen increased financial investment centred on the development of 'leadership capacity' with new institutions such as the NHS Leadership Academy created to underpin leadership development. (42 references) (Author)

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### 20131128-112

**Applying talent management to nursing.** Haines S (2013), Nursing Times vol 109, no 47, 27 November 2013, pp 12-15

To deliver the chief nursing officer for England's vision for compassionate care and embed the 6Cs effectively, the NHS must attract, develop and retain talented nurses with a diverse range of skills. This is particularly important given the predicted shortage of nurses and evidence that NHS providers need to increase skill mix ratios to deliver safe patient care. 'Talent management' is increasingly discussed within the health service; we recently asked nurses and student nurses to identify their priorities for talent development. They highlighted the importance of strong ward leadership, effective personal appraisal, clearer career pathways, increased staff engagement and involvement in decision making, as well as a need for greater emphasis on the recognition and reward of nursing achievements. We concluded that these factors are crucial to attracting, retaining and developing talent in nursing. Nurse leaders can learn approaches to developing talent from business and wider healthcare settings. (31 references) (Author)

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### 20131107-23

**Race concerns hit leadership course.** Calkin S (2013), Nursing Times vol 109, no 43, 30 October 2013, pp 2-3

Comments on news that nurses with a black or Asian background are under-represented on a new national nursing leadership course. (SB)

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### 20131104-39

**Confidence in leadership among the newly qualified.** Bayliss-Pratt L (2013), Nursing Times vol 109, no 42, 23 October 2013, pp 15-16

The Francis report highlighted the importance of strong leadership from health professionals but it is unclear how prepared those who are newly qualified feel to take on a leadership role. We aimed to assess the confidence of newly qualified health professionals working in the West Midlands in the different competencies of the NHS Leadership Framework. Most respondents felt confident in their abilities to demonstrate personal qualities and work with others, but less so at managing or improving services or setting direction. (4 references) (Author)

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### 20130926-63\*

**Elevating nursing leadership at the bedside.** Honour M (2013), Newborn & Infant Nursing Reviews vol 13, no 3, 2013, pp 127-130

If we are to achieve healthy work environments that produce competent nurse leaders at the unit level, care must be taken now to ensure a talent pool of nurse leaders for the future. When nurses at the bedside share in the decision-making authority in their work environments, front-line leadership emerges. Growing talent from within at organizational, microsystem, and corporate strategy levels is important for succession. By investing in our front-line nurses, we can enhance leadership at all levels within the healthcare system and enable nurses to be well-positioned in effecting transformational change. (Author)

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### 20130916-89

**Leadership - have you got what it takes?.** Scott M (2013), Midwifery News (New Zealand College of Midwives) no 69, June 2013, pp 30-33

Discusses the qualities needed for a midwifery leadership role and profiles a number of midwives working in leadership roles in New Zealand. (SB)

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### 20130916-84

**Defining great leadership.** Campbell N (2013), Midwifery News (New Zealand College of Midwives) no 69, June 2013, pp 9-10

Discusses the characteristics that make a great leader. (SB)

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**20130916-83**

**Leadership.... why so hard to find?**. Guilliland K (2013), Midwifery News (New Zealand College of Midwives) no 69, June 2013, pp 6-8

Discusses leadership in midwifery and highlights the need for sound, confident leadership in order to stop the erosion of human rights. (SB)

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**20130730-6\***

**Patient-centred leadership: rediscovering our purpose.** King's Fund (2013), London: King's Fund May 2013. 44 pages

This report summarises the main findings of the Francis Inquiry into the failings of care at Mid Staffordshire in relation to NHS leadership and culture. It sets out what needs to be done to avoid similar failures in future, focusing on the role of three key 'lines of defence' against poor-quality care: frontline clinical teams, the boards leading NHS organisations, and national organisations responsible for overseeing the commissioning, regulation and provision of care.

The report presents findings from The King's Fund's 2013 leadership survey. It also highlights the lessons that can be learnt from the experiences of high-performing health care organisations in other countries that have succeeded in developing effective leadership and a culture that puts patients' needs first. (44 references) (Publisher)

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**Full URL:** [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/patient-centred-leadership-rediscovering-our-purpose-may13.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/patient-centred-leadership-rediscovering-our-purpose-may13.pdf)

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**20130207-33**

**Growing our own: a neonatal nurse fit for the future.** Riley J (2013), Infant vol 9, no 1, 2013, pp 22-25

Recruitment of skilled neonatal nurses is a nationwide challenge. This article describes how a shortfall of skilled practitioners was tackled by developing a programme to train newly-qualified and 'new-to-neonates' nurses to become skilled at intensive care within a constrained timescale. The programme focuses not only on clinical competence but also on leadership from appointment. (7 references) (Author)

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**20130116-58**

**How the 6Cs relate to clinical leaders.** Foster D (2013), Nursing Times vol 109, no 1/2, 15 January 2013, pp 12-13

Compassion in Practice, the new strategy for nurses, midwives and care staff, will build on strengths already established within the NHS, and address its failings. Clinical leaders can help to achieve the vision by embracing its principles and acting as role models to motivate their staff. (Author)

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**20121127-98**

**Leadership.** O'Keeffe DF (2012), Current Opinion in Obstetrics and Gynecology vol 24, no 6, December 2012, pp 436-439

**PURPOSE OF REVIEW:**

To discuss leadership.

**RECENT FINDINGS:**

Leadership in healthcare has many similarities to other industries.

**SUMMARY:**

Given that now is a time of great transition in healthcare, leadership in healthcare is needed now more than ever from physicians. However, physicians have never had much training in leadership. This primer aims to give an overview of some basics of leadership and resources to begin the path to leadership. (7 references) (Author)

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### 20120711-17\*

**Learning to lead.** Montgomery TM (2012), Nursing for Women's Health vol 16, no 2, April/May 2012, pp 109-112

Volunteer leadership is critical to keeping the field of nursing strong and vibrant. This article describes the experience of one nurse who took several steps to increase her leadership knowledge and experience, including participating in the AWHONN Emerging Leaders Program, which provides leadership and business skills through experiential learning and training. (Author)

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### 20120709-61

**Exploring leadership in community nursing teams.** Cameron S, Harbison J, Lambert V, et al (2012), Journal of Advanced Nursing vol 68, no 7, July 2012, pp 1469-1481

**Aims.** This article is a report on a study investigating how leadership is perceived in community nursing teams and how these perceptions are translated into working practices of team leaders. **Background.** The consensus in community nursing literature is that leadership is important, and especially so in a time of change. However, little empirical evidence exists on how leadership works in practice. **Method.** The study adopted an exploratory descriptive design, utilising individual semi-structured interviews and focus groups in four case-studies, with a total of 54 participants. Two case-studies focussed on district nursing teams and two involved public health nursing teams, located in two geographical areas. Participants debated their understanding of the concept of leadership, its associated practices and behaviours in teams, if they saw themselves as leaders, and what preparation was required. The study was undertaken in 2009. Framework analysis techniques were employed to analyse the data. **Findings.** A 'quasi-family' model of leadership emerged, with significant emphasis on the importance of personal relationships and support. Nursing grade had a greater impact on perceptions of leadership than geographical context or professional and clinical focus. **Conclusion.** No clear fit with any existing theoretical framework was identified. However, nurses in the highest grade banding, in particular, demonstrated practices associated with transformational leadership. Nurses expressed the very clear need to be acknowledged, respected and valued, and that those who provided this support were regarded as good leaders. (47 references) (Author)

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### 20120524-53

**Preparing leaders for safeguarding children.** Smith S, Morris-Thompson T, Marks-Maran D (2012), Nursing Times vol 108, no 21, 22 May 2012, pp 20-22

The purpose of child safeguarding is to identify children at risk of abuse or neglect and to reduce this risk. NHS trusts are required to have named and designated safeguarding children clinicians, who need strong leadership skills. This article presents the design and implementation of a leadership training programme developed for these professionals, and an evaluative research study of the programme. (13 references) (Author)

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### 20120522-10

**Leadership - what's that got to do with me?.** Johnson G (2012), Midwives no 3, 2012, pp 52-53

The RCM's Gail Johnson explains what leadership in midwifery really means. (Author)

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### 20111223-4

**Dimensions of nursing process: the leadership cure.** McBride K, Snyder ER (2011), Advances in Neonatal Care vol 11, no 4, August 2011, pp 268-271

The field of nursing is in a state of crisis. This crisis has a number of causes: a shortage of registered nurses to fill job vacancies, lack of professional growth opportunities, inability to participate in decision making, and lack of orientation and training for newly graduated nurses. Democratic leadership can result in respect and greater levels of trust among staff in a neonatal intensive care unit. (36 references) (Author)

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## 2011117-110

**Filling the knowledge gap.** Cross C (2011), *Midwives* no 7, 2011, pp 38-39

The Chelsea and Westminster NHS Foundation Trust has trained its senior midwives to better cope with the rigours of leadership and management, at a time when all trusts are under pressure to cut posts and save money. Carmen Cross, interim head of midwifery at Lewisham Healthcare NHS Trust, details the training programme and its outcomes. (Author)

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## 20111010-59

**Linking transformational leadership to nurses' extra-role performance: the mediating role of self-efficacy and work**

**engagement.** Salanova M, Lorente L, Chambel MJ, et al (2011), *Journal of Advanced Nursing* vol 67, no10, October 2011, pp 2256-2266

**Aims.** This paper is a report of a social cognitive theory-guided study about the link between supervisors' transformational leadership and staff nurses' extra-role performance as mediated by nurse self-efficacy and work engagement. **Background.** Past research has acknowledged the positive influence that transformational leaders have on employee (extra-role) performance. However, less is known about the psychological mechanisms that may explain the links between transformational leaders and extra-role performance, which encompasses behaviours that are not considered formal job requirements, but which facilitate the smooth functioning of the organization as a social system. **Methods.** Seventeen supervisors evaluated nurses' extra-role performance, the data generating a sample consisting of 280 dyads. The nurses worked in different health services in a large Portuguese hospital and the participation rate was 76.9% for nurses and 100% for supervisors. Data were collected during 2009. A theory-driven model of the relationships between transformational leadership, self-efficacy, work engagement and nurses' extra-role performance was tested using Structural Equation Modelling. **Results.** Data analysis revealed a full mediation model in which transformational leadership explained extra-role performance through self-efficacy and work engagement. A direct relationship between transformational leadership and work engagement was also found. **Conclusion.** Nurses' supervisors with a transformational leadership style enhance different 'extra-role' performance in nurses and this increases hospital efficacy. They do so by establishing a sense of self-efficacy but also by amplifying their levels of engagement in the workplace. (60 references) (Author)

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## 20110706-39

**Nurses' and midwives' clinical leadership development needs: A mixed methods study.** Casey M, McNamara M, Fealy G, et al (2011), *Journal of Advanced Nursing* vol 67, no 7, July 2011, pp 1502-1513

**Aim.** This paper is a report of a descriptive study of nurses' and midwives' clinical leadership development needs. **Background.** Nurses and midwives are expected to fulfil a leadership role at all levels, yet efforts to strategically support them are often unfocused. An analysis of clinical leadership development needs can provide the foundation for leadership initiatives to support staff. **Method.** A mixed methods design was used. A questionnaire was sent to 911 nurses and midwives and 22 focus groups comprising 184 participants were conducted. Data were collected between March and June 2009 across all promotional grades of nurses and midwives in Ireland. Repeated measures anova with Greenhouse-Geisser adjustment was used for post hoc pair wise comparisons of the subscale dimensions of clinical leadership. anova with Tukey's post hoc method was used for comparison between grades on each individual subscale. Thematic analysis was undertaken on the focus group data. **Results.** Results reveal that needs related to development of the profession were the highest for all grades. The staff grade expressed a higher need in relation to 'managing clinical area', 'managing the patient care' and 'skills for clinical leadership' than managers. Qualitative analysis yielded five themes; (1) clinical leadership and leaders from a nursing and midwifery perspective; (2) quality service from a nursing and midwifery perspective; (3) clinical leaders' roles and functions; (4) capital and (5) competences for clinical leaders and leadership and the context of clinical leadership. **Conclusion.** Clinical leadership concerns quality, safety and effectiveness. Nurses and midwives are ideally placed to offer the clinical leadership that is required to ensure these patient care outcomes. Development initiatives must address the leader and leadership competencies to support staff. (40 references) (Author)

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## 20110511-2

**Being a delivery suite co-ordinator.** Fergusson L, Smythe L, McAra-Couper J (2011), New Zealand College of Midwives Journal no 42, May 2010, pp 7-11

This phenomenological study was conducted to reveal five midwives' experiences of working as coordinator/charge midwives in three tertiary hospital delivery suite settings. The findings reveal the unspoken, taken-for-granted personal experiences of the coordinators. They describe themselves as the 'hub' or the 'pivot' at their workplace. These midwives 'know' the unpredictability of childbirth and the challenge of managing escalating workloads. Their ability to facilitate teamwork and their resilience in the face of seemingly insurmountable obstacles shine through. However, much managers plan staffing and bed ratios, the nature of childbirth - and therefore the intensity of the workload - is unpredictable. Recommendations from this study include consideration of strategic planning by District Health Board's (DHB's) for when the acute clinical needs of women in a delivery suite outweigh the ratio of midwives available to provide care for women. The coordinator midwife needs to be free to utilise her clinical skills 'on the floor' whilst a designated resource person arranges additional staffing cover for the unit. (28 references) (Author)

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## 20110504-68

**Leading the way.** Johnson G, Dale P (2011), Midwives no 3, 2011, pp 40-41

Gail Johnson and Phil Dale discuss the need for more midwives to realise their long-term career ambitions, and why it's important to ensure they're supported on the journey towards a leadership role. (Author)

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## 20110420-64

**Transformational leadership and midwifery: A nested narrative review.** Byrom S, Byrom A, Downe S (2011), In: Downe S; Byrom S; Simpson L; eds. Essential Midwifery Practice. Leadership, expertise and collaborative working. London: Pinter and Martin 2011, pp 23-43

In this chapter, the authors conduct a systematic literature search in an attempt to identify papers that have explored correlations between the philosophies of woman-centred midwifery care and transformational leadership theory. The search proves fruitless, leading the authors to instead undertake two narrative reviews in the areas of transformational leadership and woman-centred care. (80 references) (PR).

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## 20110420-63

**Midwifery leadership: Theory, practice and potential.** Byrom S, Kay L (2011), In: Downe S; Byrom S; Simpson L; eds. Essential Midwifery Practice. Leadership, expertise and collaborative working. London: Pinter and Martin 2011, pp 7-22

In this chapter, the authors provide an overview of the theory behind the concept of leadership, focusing largely on maternity services and midwifery care in the UK. The reader will gain a basic insight into the current position of leadership within maternity services, and the potential for improvement. (51 references) (PR).

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## 20110228-30

**Doing it right. A tale of one day that exemplified best practices in leadership.** Skoczelas L (2010), Nursing for Women's Health vol 14, no 6, 2010, pp 505-511

Describes the author's observation of successful leadership in practice. Discussion includes the hiring of the right people, sharing the vision and engaging the team, setting priorities and leading the way, ensuring a state of constant readiness, accountability, reward and recognise, and being a transformational leader. (10 references) (SB)

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### 20110105-91\*

**Essential midwifery practice: leadership, expertise and collaborative working.** Downe S, Byrom S, Simpson L (2011), Chichester: John Wiley and Sons Ltd 2011. 233 pages

Leadership, expertise, and collaborative working are fundamental aspects of efficient and effective health care. This book offers a comprehensive overview of the general theories, principles and points of good practice in each of these three areas. This general literature is then contextualised by theoretical and practical implications for maternity care, and illustrated with in-depth case studies of successful innovation and change in practice. Essential reading for all midwives, midwifery students, and others working in or studying maternity care this book will help readers understand the theoretical underpinnings of effective leadership, expertise and collaborative ways of working. Special features: Part of the acclaimed Essential Midwifery Practice series. A theoretical and practical exploration of the nature and application of leadership, expertise and collaborative working in midwifery. Provides inspirational case studies of change and innovation. Brings together national and international experts in the field. (Publisher)

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### 20101215-25

**Leading other midwives: experience of midwife team leaders.** Kay L (2010), British Journal of Midwifery vol 18, no 12, December 2010, pp 764-769

The education and support of leaders at the level of ward or team leader is essential to move the government's plan forward for modernizing the NHS. This study considered the experiences of midwifery team leaders in a local community midwifery service in the NHS in England. A critical ethnographical approach was used. In-depth interviews with midwife leaders were the main source of data. Non-participant observation of team meetings and an examination of relevant job descriptions ensured immersion in the culture. Four main interconnected themes emerged: the need to define and understand the leadership role and its remit; the need to develop the person within the role; the concept of having the space and time to meet the requirements of the role; and the need for a career pathway to the role. (34 references) (Author)

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### 20100910-50

**Leadership theories relevant to the role of the supervisor of midwives.** Hinchliffe J (2010), British Journal of Midwifery vol 18, no 9, September 2010, pp 588-593

The beginning of the 21st century has seen the importance of strong clinical leadership, at all levels of the NHS, with the result that the quality of care and the safety of services can be improved (King's Fund, 2007; Department of Health, 2008a). Supervisors of midwives (SOMs) are well placed to provide leadership within the maternity services. The focus of this article is to explore the leadership component of the role of the SOM, and analyse it in relation to leadership strategies and theories, while acknowledging its impact on the quality of care and the reduction of risk that it generates. Various leadership techniques and models will be offered that can be used by the SOM to execute their leadership role more effectively. Transformational, situational and action-centred leadership is discussed alongside emotional intelligence, and the influence that a group of supervisors can have within an organization. (24 references) (Author)

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## 20100820-74

**The UNC-CH MCH Leadership Training Consortium: building the capacity to develop interdisciplinary MCH leaders.** Dodds J, Vann W, Lee J, et al (2010), Maternal and Child Health Journal vol 14, no 4, July 2010, pp 642-648

This article describes the UNC-CH MCH Leadership Consortium, a collaboration among five MCHB-funded training programs, and delineates the evolution of the leadership curriculum developed by the Consortium to cultivate interdisciplinary MCH leaders. In response to a suggestion by the MCHB, five MCHB-funded training programs--nutrition, pediatric dentistry, social work, LEND, and public health--created a consortium with four goals shared by these diverse MCH disciplines: (1) train MCH professionals for field leadership; (2) address the special health and social needs of women, infants, children and adolescents, with emphasis on a public health population-based approach; (3) foster interdisciplinary practice; and (4) assure competencies, such as family-centered and culturally competent practice, needed to serve effectively the MCH population. The consortium meets monthly. Its primary task to date has been to create a leadership curriculum for 20-30 master's, doctoral, and post-doctoral trainees to understand how to leverage personal leadership styles to make groups more effective, develop conflict/facilitation skills, and identify and enhance family-centered and culturally competent organizations. What began as an effort merely to understand shared interests around leadership development has evolved into an elaborate curriculum to address many MCH leadership competencies. The collaboration has also stimulated creative interdisciplinary research and practice opportunities for MCH trainees and faculty. MCHB-funded training programs should make a commitment to collaborate around developing leadership competencies that are shared across disciplines in order to enhance interdisciplinary leadership. (8 references) (Author)

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## 20100407-1

**Leading from the front.** Ly K (2010), Community Practitioner vol 83, no 4, April 2010, pp 10-11

Although public sector managers experience more stress than their private sector counterparts, many appear to be prioritising leadership among staff. (Author)

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## 20100204-57

**'She sort of shines': midwives' accounts of 'good' midwifery and 'good' leadership.** Byrom S, Downe S (2010), Midwifery vol 26, no 1, February 2010, pp 126-137

**OBJECTIVE:** to explore midwives' accounts of the characteristics of 'good' leadership and 'good' midwifery. **DESIGN AND METHODS:** a phenomenological interview survey. Participants were asked about what made both good and poor midwives and leaders. **SETTING:** two maternity departments within National Health Service trusts in the North West of England. **PARTICIPANTS:** qualified midwives, selected by random sampling stratified to encompass senior and junior grades. **ANALYSIS:** thematic analysis, carried out manually. **FINDINGS:** ten midwives were interviewed. Sixteen codes and six sub-themes were generated. Across the responses, two clear dimensions (themes) were identified, relating on the one hand to aspects of knowledge, skill and competence (termed 'skilled competence'), and on the other hand to specific personality characteristics (termed 'emotional intelligence'). This study suggests that the ability to act knowledgeably, safely and competently was seen as a basic requirement for both clinical midwives and midwife leaders. The added element which made both the midwife and the leader 'good' was the extent of their emotional capability. **CONCLUSIONS AND IMPLICATIONS FOR PRACTICE:** this small-scale in-depth study could form the basis for hypothesis generation for larger scale work in this area in future. The findings offer some reinforcement for the potential applicability of theories of transformational leadership to midwifery management and practice. (46 references) (Author)

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**20091209-59**

**Midwifery and nursing leadership in the ever-changing NHS.** Warriner S (2009), British Journal of Midwifery vol 17, no 12, December 2009, pp 764, 766, 768, 770-771

This case study reviews the historical context for reform in nursing and midwifery leadership and reflects on the main drivers and barriers to change. Traditionally, health services have been seen as being primarily bureaucratic with clear characteristics designed to produce standardization above all else. However, over the last few years the NHS has, as an organization, been the subject of a radical and sustained reform agenda aimed at changing its culture. Centrally to this cultural change has been the recognition and acknowledgment that effective leadership is a key ingredient to modernizing today's health service. The concept of leadership within the health service is emphasised throughout the NHS reform agenda, which identified the importance of self-aware leaders, motivated to produce real improvements in clinical practice and to establish direction and purpose, to inspire and motivate their teams. However, a significant barrier to change may be the organization's ability to engage with a different type of leadership based on clinical competence. (40 references) (Author)

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**20091001-48**

**The midwife manager.** Sosa G (2009), In: Mander R and Fleming V editors. Becoming a midwife. London: Routledge 2009, pp 69-80

A midwife manager explores her role, describing why she chose to become a midwife, and considers the particular issues she has encountered as a midwife manager. Suggests that midwife managers need to be proactive, able to manage change, deal with organisational issues such as budgeting, dealing with the media, risk management and crisis situations. Describes the personal aspects of being a midwifery manager. (12 references) (TC)

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**20090722-1**

**A national survey of the midwifery director role in academic midwifery practices involved in medical education in the United States.** Angelini DJ (2009), Journal of Midwifery & Women's Health vol 54, no 4, July/August 2009, pp 275-281

A survey to explore the role characteristics and key responsibilities of midwifery directors in academic practices involved in medical education in the United States was undertaken. Six key content areas were investigated: role responsibilities and characteristics, interaction with other medical divisions and committees, budgetary structure, interaction with learners, clinical schedules, and job satisfaction. A mail-based descriptive survey was distributed to 112 midwifery directors with a 56% response rate (N = 63). The results show a composite profile of academic midwifery practice directors involved in medical education that work primarily for departments of obstetrics and gynecology, are championed by the departmental chairperson, and have budgetary placement under this department. Collaboration with the residency director has not been fully realized, thereby limiting midwifery exposure and input regarding medical education, curricula changes, and access to key education committees. National changes in resident work hours had both a positive and negative impact on the director and overall midwifery practices. Job satisfaction documents both positive and challenging aspects to the director position, and most directors felt successfully integrated with physician colleagues. (26 references) (Author)

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**20090515-29**

**Examining transformational approaches to effective leadership in healthcare settings.** Govier I (2009), Nursing Times vol 105, no 18, 12 May 2009, pp 24-27

This is the first article in a two-part series on leadership. This first part outlines three core 'constants' that can be used to develop effective leadership. It also describes the principles that underpin transformational leadership to enable nurses to adopt this approach in healthcare settings. (20 references) (Author)

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**20090317-35**

**Leading together.** Downey C, Wragg J (2009), Community Practitioner vol 82, no 3, March 2009, pp 38-39

Following a service redesign in one trust, a contextual leadership programme for community practitioners is providing a successful model. (3 references) (Author)

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### 20090113-65

**Succession planning. Why grooming their replacements is critical for nurse leaders.** Stichler JF (2008), *Nursing for Women's Health* vol 12, no 6, December 2008/January 2009, pp 525-528

Considers why nurse leaders need to plan for their succession and help support the next generation of leaders, emphasising that there should be a planned strategy to identify potential leaders. Examines the challenges of promoting within an organisation and finding new nurse leaders from outside the organisation. Describes the key characteristics required of potential leaders and how organisations can help employee's develop such competencies. (12 references) (TC)

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### 20080612-51

**Essential leadership skills, Part II.** Mannel R (2008), *Journal of Human Lactation* vol 24, no 2, May 2008, pp 133-134

In part one of this series, the author explained the importance of a clear and compelling vision. Another essential element of leadership is team building. (4 references) (Author)

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### 20080408-31

**Improving services through leadership development.** Janes G (2008), *Nursing Times* vol 104, no 13, 1 April 2008, pp 58-59

This qualitative study aimed to evaluate the perceived impact of a new leadership development module (Leadership with a Purpose) from student, mentor/manager and service development perspectives. All participants reported a positive impact, with students and mentors identifying similar effects. The study supports limited research showing a positive impact of similar programmes. Its main contribution is in providing evidence on applying learning to practice in terms of service improvement following attendance. This fills a major gap in current knowledge. (5 references) (This is a summary: the full paper can be accessed at nursingtimes.net) (Author)

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### 20080325-5

**Qualities demonstrated by leaders.** Campbell N (2008), *Midwifery News (New Zealand College of Midwives)* no 48, March 2008, p 8

Describes how important it is for experienced midwives in leadership positions to share their knowledge and love for their profession with new midwives, enabling them to professionally develop. (CB)

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### 20080325-3

**Leaders and leadership.** Guilliland K (2008), *Midwifery News (New Zealand College of Midwives)* no 48, March 2008, pp 6-7

Discusses the issue of leadership in maternal health services and different leadership approaches in the midwifery profession. (CB)

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### 20070813-45

**Developing leadership.** Mannel R (2007), *Journal of Human Lactation* vol 23, no 3, August 2007, pp 229-231

Editorial commenting on the characteristics of good leaders. (1 reference) (MB)

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### 20070803-3

**Fostering evidence-based practice: strategies for nurse leaders.** Scott-Findlay S (2007), *Nursing for Women's Health* vol 11, no 3, June/July 2007, pp 250-252

Although evidence-based practice (EBP) has been accepted as the norm for practice, recent surveys suggest that 30-40% of cases are not receiving care based on current research. The influence of leaders is seen as essential to the fostering of EBP by providing adequate access to computers and libraries, creating forums bringing health professionals together, and by being advocates for staff for educational opportunities and resources. (4 references) (VDD)

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**20070725-70\***

**Leadership development: a collaborative approach to curriculum development and delivery.** Munro KM, Russell MC (2007), Nurse Education Today vol 27, no 5, July 2007, pp 436-444

The Leadership Programme in the National Health Service, Lanarkshire, Scotland began in 2002. The programme has been endorsed by the employer, accredited by a higher education institution and approved by the National Health Service Education Board in Scotland as a recognised continuing professional development programme. The success of the programme is due to the combined efforts of the teaching team from the Practice Development Centre, the different stakeholders within the health service in Lanarkshire and Queen Margaret University College, Edinburgh. The focus of this article is the nature of the collaboration between the partners from the initial ideas to the initiation, validation and ongoing delivery of the programme. The article will provide an account of the criteria for partners and key features of the collaboration as well as quality assurance aspects. It will also draw upon the outcomes of the programme in terms of student views and achievement as well as the benefits to the partners. (Author)

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**20070611-123**

**Development: learning to lead.** Porter J (2007), RCM Midwives vol 10, no 6, June 2007, pp 272-273

Head of nursing and midwifery at the University Hospitals of Leicester Jane Porter discusses the RCM leadership programmes and highlights some of the benefits and challenges of the courses in meeting the demands of her role. (1 reference) (Author)

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**20070501-1**

**'It is essential to cultivate good nurse leadership'.** Hartevelde R (2007), Nursing Times vol 103, no 15, 10 April 2007, p 8

Comments on the negative effects that inexperienced leaders have on their team and ultimately patient care. (Author)

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**20070124-15**

**Psychometric properties of the Multifactor Leadership Questionnaire among nurses.** Kanste O, Miettunen J, Kyngas H (2007), Journal of Advanced Nursing vol 57, no 2, January 2007, pp 201-212

**Aim.** This paper reports a study investigating the psychometric properties of the Multifactor Leadership Questionnaire among nurses. **Background.** Although the Multifactor Leadership Questionnaire is one of the most widely used instruments to measure the multifactor leadership theory in organizational sciences, inconsistent research findings have been reported for its psychometric properties. Little is known about these properties. **Method.** Data were gathered by postal questionnaires in 2001-2002 with nurses working in different healthcare organizations in Finland. A follow-up study was performed 1-year later. The sample consisted of 601 nurses and nurse leaders, and the follow-up study had 78 respondents. The internal consistency of the Multifactor Leadership Questionnaire was explored using Cronbach's alpha coefficient and item-analysis, and the test-retest reliability using Pearson product moment correlation coefficient and intra-class correlation coefficient (single measure intra-class correlation coefficient). The factor structure was studied using exploratory and confirmatory factor analyses. **Results.** The internal consistencies of the leadership subscales were satisfactory. The Multifactor Leadership Questionnaire was fairly stable measured at the 1-year interval. Although the data fail to support the full nine-factor model, a reduced set of items from the Multifactor Leadership Questionnaire appears to show evidence of the three- and six-factor structures. Exploratory factor analysis showed evidence for the three-factor structure consisting of three distinctive, yet partly related leadership subscales. Confirmatory factor analysis showed evidence for the six-factor structure. **Conclusion.** The psychometric data suggest that a modified version of the Multifactor Leadership Questionnaire is a highly suitable instrument to measure multidimensional nursing leadership. Validity and reliability were supported. The results can be used in studies applying the Multifactor Leadership Questionnaire. (36 references) (Author)

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### 20061106-3

**Emotional intelligence: a critical leadership quality for the nurse executive.** Stichler JF (2006), AWHONN Lifelines October/November 2006, pp 422-425

Discusses the importance of emotional intelligence for effective nurse leadership. Defines emotional intelligence, provides advice on how to improve it and lists six critical leadership skills needed for success. (14 references) (MB)

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### 20060925-65

**Young midwifery leaders enter the final stage of their groundbreaking programme.** Moyo NT (2006), International Midwifery vol 19, no 3, September 2006, pp 38-39

Describes a workshop held in Ljubljana, Slovenia in March 2006. (SB)

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### 20060907-98

**Move with the times.** Carlisle D (2006), Health Service Journal vol 116, no 6022, suppl, 7 September 2006, pp 4-6

The fundamental qualities of a good leader remain crucial to the future of the NHS and, writes Daloni Carlisle, as reforms kick in a lot more will be needed. (Author)

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### 20060906-72

**Effective ward management.** Thomas J (2006), Nursing Times vol 102, no 36, 5 September 2006, pp 22-23

Managing a ward is challenging at the best of times. Applying a few basic rules can provide a solid foundation. (Author)

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### 20060713-33

**Skills and competencies for today's nurse executive.** Stichler JF (2006), AWHONN Lifelines vol 10, no 3, June/July 2006, pp 255-257

Discusses the personal characteristics and skills that a nurse executive should possess in order to face the challenges of this leadership role. (5 references) (SB)

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### 20060704-55

**'Nice' nurse managers are no good.** Stains R (2006), Nursing Times vol 102, no 27, 4 July 2006, p 9

A new independent report on nurse leadership suggests nurses need to toughen up their management style. (Author)

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### 20060607-63

**Floating into management: how to keep your boat afloat and survive the flood.** Simons SL (2006), Neonatal Network: the Journal of Neonatal Nursing vol 25, no 3, May/June 2006, pp 211-212

Presents eight principles of leadership, aimed at helping novice managers cope with the challenges and demands of their new role. (7 references) (SB)

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### 20060516-6

**In command of care: Toward the theory of congruent leadership.** Stanley D (2006), Journal of Research in Nursing vol 11, no 2, 2006, pp 132-144

This is the second of two papers that discuss clinical leadership in the light of a research study which explored who the clinical nurse leaders are, what the characteristics and qualities of clinical leaders might be, why some nurses are seen as clinical leaders and what their experiences might be (Part 1 (Stanley, 2006)). Outlined are contemporary views about leadership and nursing, with emphasis on transformational leadership. Also explored is the new theory of congruent leadership. It is proposed that congruent leadership is a theory best suited for understanding clinical leadership because it defines leadership in terms of a match (congruence) between the activities, actions and deeds of the leader and the leader's values, principles and beliefs. (47 references) (Author)

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## 20060316-2

**In command of care: clinical nurse leadership explored.** Stanley D (2006), Journal of Research in Nursing vol 11, no 1, 2006, pp 20-39

Who are the clinical nurse leaders? What are the qualities and characteristics of clinical nurse leaders? Why are they seen as clinical leaders and what might their experiences of clinical leadership be? This paper outlines a research project that sought to explore these questions. The research involved surveying registered/qualified nurses from D to H grade (n= 830) who staffed 36 clinical areas in one acute NHS Trust in the English Midlands. Only 188 questionnaires were returned, but the data proved a rich source of information about clinical leadership, the attributes of clinical leaders and who might be recognised as a clinical leader. F-grade sisters were seen as strongly associated with the role. The questionnaire was followed by interviews with 42 qualified nurses from D to H grade on four clinical areas in the same NHS Trust, and these were followed by eight further interviews with nurses identified from the interviews as clinical nurse leaders. The results demonstrate that clinical leaders appeared to be present at all nursing levels and in considerable numbers, but they were often not the most senior nurses and their approach to clinical leadership was based upon a foundation of care that was fundamental to their values and beliefs or view of nursing and care. The study also indicated that the type of clinical area had an influence on who might be seen as a clinical leader. The attributes of clinical leaders appeared to be clinical competence, clinical knowledge, approachability, motivation, empowerment, decision-making, effective communication, being a role model and visibility. (69 references) (Author)

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## 20060207-21

**ICM promotes international leadership development for young midwives.** Moyo N (2004), International Midwifery vol 17, no 4, July/August 2004, pp 44-45

ICM Programme Manager Nester Moyo gives the background and progress on a groundbreaking ICM initiative launched in Port of Spain, Trinidad, April 2004. (Author)

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## 20060112-4

**Has nurse leadership lost its way?.** Paton N (2006), Nursing Times vol 102, no 2, 10 January 2006, pp 18-20

Despite the government's rhetoric on the importance of strong nurse leadership, the future of many training programmes is hanging in the balance. Nic Paton examines what this means for the profession. (Author)

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## 20060106-24\*

**Clinical risk management in midwifery. The right to a perfect baby?.** Wilson J, Symon A (2002), Edinburgh: Books for Midwives Press 2002. 173 pages

Although pregnancy is normally an uncomplicated process, many factors can jeopardize the likelihood of the mother giving birth to a normal healthy baby. Identifying these factors and intervening as appropriate provides the optimum environment for the birth of a healthy baby. There is a public expectation that every pregnancy will be uncomplicated and result in a normal healthy baby, and when things go wrong this may lead to the belief that any problems are the result of clinical negligence. Mothers feel they have the right to a perfect baby and if this doesn't happen, then someone has to be to blame. Controlling risk is a challenge for both medical and midwifery practitioners and Clinical Risk Management in Midwifery has been written to help practitioners achieve best practice in this difficult area. A more proactive approach to care management will result in better quality of care and risk management, which will in turn reduce the likelihood of adverse outcomes. From Clinical Governance to the views of mothers, this new book provides a comprehensive tool for effective maternity care and is an essential purchase for all healthcare professionals involved with pregnancy and childbirth. (Publisher)

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## 20051219-7

**Creating a winning team: lessons from football.** Simmons SL (2005), Neonatal Network: the Journal of Neonatal Nursing vol 24, no 6, November/December 2005, pp 47-48

Shows how ten strategies used in football can be employed by the neonatal intensive care manager to foster effective teamwork. (7 references) (SB)

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## 20051115-22

**Retaining valued midwives.** Price A (2005), RCM Midwives vol 8, no 11, November 2005, pp 452-455

In a Delphi study of 42 experienced midwives at an NHS Trust in south-east England, it was established that leadership issues were at the centre of what encouraged practitioners to continue in post. Central to midwives' interest was the equitable management of off-duty/leave arrangements, opportunities to influence practice and protocol decision-making, feeling stimulated, valued and challenged as a practitioner, receiving professional development support and working with senior midwives who proved effective role models. Beyond reward opportunities associated with Agenda for Change or other initiatives, it is argued that midwifery managers have a key opportunity to influence the employment experience of midwives and enhance retention of staff by actively engaging in the above activities. (10 references) (Author)

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## 20051007-27

**Leadership: the undervalue element?.** Thomas G (2005), RCM Midwives vol 8, no 10, October 2005, pp 424-425

The importance of good leadership is frequently documented as essential to securing the future of midwifery. After two years in post, Grace Thomas reflects on the different definitions of leadership she has encountered and how these can be applied to the profession. (6 references) (Author)

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## 20050913-27

**Leadership programmes improve career prospects.** (2005), Practising Midwife vol 8, no 8, September 2005, p 8

Briefly discusses two new leadership programmes, set up by the North Central London Strategic Health Authority in response to shortages of local midwives applying for senior positions in midwifery. (JSM)

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## 20050822-78

**Leadership, change and the health services: moral and ethical perspectives.** Dufty J (2005), MIDIRS Midwifery Digest vol 15, no 3, September 2005, pp 409-416

The way midwives practise, and indeed the NHS itself, is founded upon sound ethical principles, such as beneficence, non-maleficence, autonomy and justice. However, these principles are sometimes obscured when events such as the Harold Shipman case, Alder Hey and the Bristol baby deaths come to light. Midwives are then faced with the resultant lowered public trust in the NHS as a whole, along with more specific difficulties, such as staff shortages, rapid change and the ever-present lack of resources. It becomes important to re-visit the ethical standards by which midwives practise, and how these fit in with the wider contexts of organisations and society. Midwives may then examine how relevant these standards are to the methods by which maternity services are led and resourced, both now, and into the future. (49 references) (Author)

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## 20050711-8

**Strengthening midwifery leadership.** Coggins J (2005), RCM Midwives vol 8, no 7, July 2005, pp 310-313

Strong leadership within midwifery is vital if challenges facing the profession are to be met. However, as Jo Coggins explains, there are a number of barriers that must be overcome in order to improve this and support the commitment to woman-centred care. (27 reference) (Author)

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## 20050614-37

**Learning how to manage and lead.** Barzey S (2005), Nursing Times vol 101, no 24, 14 June 2005, pp 62-63

You may be a manager and you may also be a leader - but do you know the difference? Knowing this and then combining both skills is crucial to effective performance. (Author)

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#### 20050602-36

**Developing leadership qualities.** Jackson-Baker A (2005), RCM News and Appointments May 2005, p 5

As the RCM works to encourage and develop the next generation of midwifery leaders, Anne Jackson-Baker looks back at how one manager inspired her to challenge herself and consequently advance her career. (Author)

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#### 20050523-22

**Helping the tall poppies to grow: leadership in midwifery.** Duff E (2005), MIDIRS Midwifery Digest vol 15, no 2, June 2005, pp 185-186

In this issue's ICM article, Elizabeth Duff discusses leadership and in particular leadership in midwifery. The ICM is fostering future such leaders by their 'Young Midwifery Leaders' programme launched at the 2004 ICM Americas Regional Conference in Trinidad. (1 reference) (VDD)

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#### 20050518-36

**How effective delegation can build better teams.** Boswell A (2005), Nursing Times vol 101, no 20, 17 May 2005, pp 60-61

Managing team members often requires the need to delegate. But doing this appropriately and safely is a continuous challenge, as Andrew Boswell explains. (Author)

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#### 20050114-26

**Transformational leadership: leading the way for midwives in the 21st century.** Ralston R (2005), RCM Midwives vol 8, no 1, January 2005, pp 34-37

The current healthcare policy sets a clear agenda for midwifery leadership. A leadership style, which has the ability to transform organisations to meet the demands of the 21st century will be required. To achieve this, midwife leaders must become transformational. This paper illustrates the author's belief that transformational leadership is best placed to lead the way for midwives in the 21st century. (39 references) (Author)

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#### 20050111-105

**A route less well travelled.** Littlewood S (2005), Professional Nurse vol 20, no 5, January 2005, pp 54-55

Discusses the concept of Neuro-Linguistic Programming (NLP) and the techniques of modelling, goal setting, timelines and use of resources to help nurse managers integrate their work role with their career and personal needs. (JSM)

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#### 20041210-27

**Leaders and windshields: the art of deflecting essential information.** Kerfoot K (2004), Pediatric Nursing vol 30, no 5, September-October 2004, pp 421-423

Uses the analogy of a car windscreen to comment on the way in which leaders can sometimes block important information. (5 references) (MB)

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#### 20041105-38

**Developing leadership in midwifery services.** Anon (2004), NES Focus no 3, Autumn 2004, p 15

NES has led a project that has produced a National Competency Framework to support midwifery workforce development. (Author)

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#### 20041001-19

**Influencing Foundation Trusts.** (2004), RCM Midwives vol 7, no 10, October 2004, pp 414, 416

The election of practising clinicians to the governing boards of Foundation Trusts is intended to raise the profile of midwifery. It is hoped this will lead to improved services for women and better communication with midwives. (Author)

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#### 20040603-44

'I need to be visible'. Docherty B (2004), *Professional Nurse* vol 19, no 10, June 2004, p 56

Describes the leadership and direction aspect of the author's role and the tension between being available clinically and getting to meetings and activities that shape the service. (SB)

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#### 20040602-46

**Nursing leadership in the boardroom.** Thorman KE (2004), *JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing* vol 33, no 3, May/June 2004, pp 381-387

It is critical that nurse leaders, including chief nurse executives and service line directors, be part of the institutional decision-making process about resource allocation, strategic direction, and planning for the future. Nurse leaders can use numerous strategies to influence decisions made in the boardroom that affect the women's service line, including perinatal and women's health. These strategies include building on the importance of women's services to the organization, working in collaboration with senior leaders and key physician leaders, marketing, and reaching out to governing boards with information. Nurse leaders must continue to prepare for the future to thrive in the increasingly complex health care environment. (22 references) (Author)

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#### 20040602-45

**Leadership in nursing informatics.** McCartney PR (2004), *JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing* vol 33, no 3, May/June 2004, pp 371-380

Nursing informatics is a 21st century science with great potential for improving the quality, safety, and efficiency of health care. Perinatal, neonatal, and women's health nurses have an opportunity to contribute and lead in informatics. Leaders must learn about current informatics issues from essential resources, including the literature, professional organizations, and education programs, to develop successful strategies for innovation, collaboration, and implementation. Most important, nurses must be accountable for humanizing the use of technology using a nursing model. (47 references) (Author)

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#### 20040602-44

**Growing future leaders: developing perinatal managers from within.** Kowalski K (2004), *JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing* vol 33, no 3, May/June 2004, pp 362-370

Internal leadership development is a pressing issue in nursing because of the powerful influence of unit-level leaders/managers on staff nurse retention, the excessive costs of replacing this level of leadership as well as the costs of replacing staff, and the difficulty of finding strong candidates for both staff and leadership positions. This article offers a process of leadership development for frontline managers to be conducted within the facility. Models from the business community are helpful in constructing possibilities for internal development programs in nursing. Three courses, their content, and the experiential learning projects associated with didactic content are described. (20 references) (Author)

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#### 20040602-43

**Role transitions for new clinical leaders in perinatal practice.** Evans RL, Reiser DJ (2004), *JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing* vol 33, no 3, May/June 2004, pp 355-361

New clinical leaders are transitioning to their roles in a demanding and short-staffed profession where change is constant and finances are uncertain. For successful role transition in the specialty of perinatal nursing, both new leaders and their mentors must understand the attributes of potential leaders, the role of mentoring, and the need for clearly articulated expectations. This article discusses these processes in the context of the considerable skill set required for leadership in nursing today. The similarities and differences between the roles of manager and leader are discussed. (34 references) (Author)

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#### 20040527-44

**Identification of nursing management diagnoses.** Morrison RS (1997), Journal of Advanced Nursing vol 25, no 2, February 1997, pp 324-330

Theories from nursing and management provide frameworks for enhancing effectiveness of nursing management practice. The concept nursing management diagnosis has been developed by integrating nursing diagnosis and organizational diagnosis as a basis for nurse manager decision-making. Method triangulation was used to identify problems of managing nursing units, to validate those problems for relevancy to practice, to generate nursing management diagnoses, and to validate the diagnoses. Diagnoses were validated according to a definition of nursing management diagnosis provided. Of the 72 nursing management diagnoses identified, 66 were validated at a 70% level of agreement by nurse managers participating in the study. (35 references) (Author)

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#### 20040507-38

**New assessment tool launched for NHS staff.** (2004), Journal of Neonatal Nursing vol 10, no 3, May 2004, p 99

Brief summary of a new 360 degree assessment tool designed to support leadership development for individuals, teams and organisation in the health service. The tool was launched on 1st April 2004 and builds on and replaces an earlier model. It is the preferred assessment tool for the NHS. (Author, edited)

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#### 20040423-41

**Clinical leaders in paediatric nursing: a pilot study.** Stanley D (2004), Paediatric Nursing vol 16, no 3, April 2004, pp 39-42

This pilot study explored the appropriateness and suitability of a questionnaire for discovering who the clinical nurse leaders are in a paediatric unit of a large NHS trust and what the qualities and characteristics of clinical leaders might be. Thirteen respondents made 24 separate nominations for clinical leaders, 20 of whom were 'F' grade junior sisters who were seen as having the clinical leadership qualities of: coping well with change; integrity; being supportive; considering relationships valuable; being flexible; and clinical competence. These results highlight aspects of clinical leadership in paediatrics and the value of conducting a pilot study. (15 references) (Author)

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#### 20040303-25

**Midwifery management.** Dimond B (2002), In: Dimond B. Legal aspects of midwifery. Oxford: Books for Midwives 2002. 2nd ed. pp 381-396

In this chapter some of the specific laws which related to midwifery management will be considered, including: delegation and supervision; the difference between supervision as a Supervisor of Midwives and line management supervision; standards of care; staffing levels and resource issues; audit and quality assurance; record keeping; employment and health and safety issues; Primary Care Trusts and transfer of employment contracts; midwife-managed units. (20 references) (Author, edited)

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#### 20040220-55

**Learning intuition - less college and more kindergarten: the leader's challenge.** Kerfoot K (2003), Pediatric Nursing vol 29, no 6, November-December 2003, pp 470-472

Argues that clinicians in leadership positions need to remember their clinical roots and reawaken their creativity and intuition. (7 references) (SB)

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**20040209-55**

**Managerial implications of expanding practice.** Andrews S (2004), British Journal of Midwifery vol 12, no 2, February 2004, pp 114-119

A combination of practitioner, consumer and government pressure has resulted in a radical reappraisal of the role of the midwife over the last decade, expanding their sphere of practice into new responsibilities. This article will examine the effect this has had on managing midwifery services. It will start with background material by outlining the core role of the midwife, the position of midwifery management within trusts and the causes and origins of the expansion of midwives' sphere of practice. This will be followed with an assessment of the managerial implications, problems and advantages of the changes in the role of the midwife. (28 references) (Author)

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**20031113-70**

**Leadership qualities framework provides a useful tool for nurses.** Guelbert C (2003), Professional Nurse vol 19, no 3, November 2003, pp 178-179

Good leadership can be difficult to define, but it is vital to inspiring staff to improve services. A framework has been developed to enable NHS leaders at all levels to assess their strengths and identify their development needs. It is applicable to leadership roles at any level, including nurses. (Author)

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**20031002-29**

**How to... enhance your delegation skills.** Hoban V (2003), Nursing Times vol 99, no 13, 1 April 2003, pp 80-81

Victoria Hoban explains how improving your ability to delegate can further your professional development. (Author)

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**20030923-21\***

**Getting on against the odds.** (2003), NHS 2003. 44 pages

This is a practical learning resource for all those involved in tackling racism in health and employment, mainstreaming equalities initiatives and promoting a more diverse and representative nurse leadership in the NHS. (16 references) (Author)

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**20030904-25**

**Clinical leadership: Part 3. How to foster a leading role for everyone.** Sheridan M, Corney B (2003), Professional Nurse vol 19, no 1, September 2003, pp 56-57

The final part of this series identifies that good leaders are not simply expert at organising their staff but also adept at giving their team confidence to identify problems, initiate changes and take part in subsequent decision-making, thus fostering a sense ownership and empowerment. (2 references) (Author)

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## 20030903-35

**From intent to impact: developing clinical leaders for service improvement.** Hardacre JE, Keep J (2003), Learning in Health and Social Care vol 2, no 3, September 2003, pp 169-176

This article describes an approach to evaluating a leadership-development programme which considers the impact of the programme on individuals, their organizations and the services they manage. Participants were clinical leaders from the health system in Eire, aiming to further develop their leadership skills, awareness and potential. The programme was used as a vehicle for linking personal development, as a leader, with leading improvements at work. Based on the principles of action learning, the programme was underpinned by the application of learning to practice, and the evaluation process was integral to the design and delivery of the development activities. Perceptions of the participants and key stakeholders were used as a baseline to identify desired changes in culture, structure, behaviour and processes in the services where participants worked.

Participants used action learning and the content of programme modules to lead changes in their service areas. Perceptions of services at the beginning of the programme were compared with those at the end by using a visual analogue scale, a process that provided an indication of the extent of service improvement and change achieved in organizations by participants. The quantitative data was complemented by qualitative data which reported the personal development of participants' leadership skills and awareness. Lessons for future evaluation of leadership-development programmes are suggested. Sufficient time needs to be built into the design and delivery of programmes to embed ongoing evaluation within the development process. Time spent on this at early stages aids an in-depth understanding and high level of ownership of the evaluative process by participants. To gain optimum benefit from stakeholder rating, the choice of stakeholders involved needs to take account of unavoidable stakeholder attrition. Methods for identifying organizational support for change, the relative involvement of chosen stakeholders in the change process, and external sources of data to triangulate the reported outcomes, would also enhance the overall evaluation approach. (19 references) (Author)

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## 20030828-61

**Clinical leadership: Part 2. Transforming leadership.** Sheridan M (2003), Professional Nurse vol 18, no 12, August 2003, pp 716-717

The second article in a series of three focuses on group-driven approaches to tackling problems and shows how good leadership relies on teamwork and respect for colleagues, helping to enhance problem-solving and enabling you to build on your team's successes. (8 references) (Author)

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## 20030826-13

**Clinical leadership: part 1. Key components of the programme.** Simons F (2003), Professional Nurse vol 18, no 11, July 2003, pp 656-657

This is the first in a series of three articles that provide an overview of the origins of the RCN Clinical Leadership Programme, the key components of the programme, the wide-ranging impact and benefits to date and the process for becoming an RCN-accredited clinical leader. (4 references) (Author)

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## 20030822-20

**Using NLP to build relationships and partnerships with service users.** Webb B, Coyne P, Suggit B (2003), Nurse 2 Nurse vol 03, no 08, August 2003, pp 53-55

This is the fifth and final article in the current series explaining how Neuro Linguistic Programming (NLP) can contribute to both the development of personal leadership and the NHS modernisation agenda. In particular this article examines the shift to patient and public involvement in the NHS and the real opportunities to develop effective partnerships and meaningful engagement with a wide range of service users and communities. (7 references) (Author)

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## 20030731-15

**Learn, grow and lead.** Tucker C (2003), British Journal of Midwifery vol 11, no 6, June 2003, pp 352, 354

Analysis of what makes for effective leadership from midwifery team leaders. (8 references) (RM)

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**20030715-18**

**Clinical leadership development: self investment for the future.** Doherty L (2003), Journal of Neonatal Nursing vol 9, no 4, July 2003, pp 128-130

This article reviews the present approach to support clinical leadership development at all levels within the NHS. Neonatal nursing presently enjoys a high profile as part of the development of children's services. It is important that the opportunity that presently exists to access clinical leadership initiatives is exploited by neonatal nurses to ensure that profile continues. (12 references) (Author)

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**20030220-38\***

**Developing key roles for nurses and midwives: a guide for managers.** (2002), London: Department of Health 2002. 28 pages

Aims to help managers implement key roles for nurses and midwives, share case studies of good practice, provide checklists for developing roles, and support managers and colleagues as they develop key roles. (Author, edited)

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**20030206-2\***

**Communication and the manager's job.** Phillips A (2002), Abingdon: Radcliffe Medical Press 2002. 179 pages

Annie Phillips is an author with 20 years NHS experience in primary and secondary care as a clinician and manager. Her book *Communication and the manager's job* is a concise, yet comprehensive, guide for GPs, practice managers and all members of the primary care team. Although it does state that the professional should have an interest in their own personal and professional development, there was this feeling that it was 'teaching my grandmother to suck eggs'. The author identifies the skills required of a practice manager and the book is a guide for that individual to develop their role in general practice within the environment of a Primary Care Trust (PCT). The book is split into two parts. Part one is a broad look at communication and it describes effective communication skills, including group dynamics, overcoming barriers to good communication, effective listening and counselling skills in primary care and provides a broad look at communication. The author refers to Belbin in the chapter on 'Team Leadership', quoted in most books on management, for his theory of the different types of people required to constitute an effective team. I particularly liked chapter four on 'Teams, Groups and Facilitation' where the author looked at what groups and teams were, why team working is important, how to build a successful team or group, and managing difficulties of behaviour within that context. Motivation theories and organisational behaviour, change management and leadership styles are also covered within the book. The greatest strength of the book is that after each chapter the references are clearly outlined and there is information about further reading and the second half of the book outlines the strategies for dealing with stress, such as problem-solving techniques and improving personal organisation which are often not found in management books. The book is a very practical one, easy to read and it is suggested that the book should be on the shelf in every practice, serving as a handy reference point for managers. However, I do feel that once read it would lie on the shelf forgotten. This would be an ideal reference book for midwives undertaking their First Line Management course as it is easy to read and covers all the topics required for ward management. It would guide a midwife once they start taking responsibility for a ward area, not just about the aspects of delivering care but for the other issues such as finance, the ward area, the staff within that ward area, the effective use of information technology and the liaison and communication required with the other health professionals locally to ensure the efficient running of a maternity service. Reviewed by Celina Eves, Clinical Head of Women's Services/Head of Midwifery, Buckinghamshire Hospitals NHS Trust.

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**20030107-19**

**The achievement of more mature, professional working relationships will benefit nurses' morale and enhance patients' wellbeing.** Barnett JW (2002), NT Research vol 7, no 6, 2002, pp 471-472

Commentary on five articles published in the same issue of the journal (1), which explore issues of leadership in nursing. 1. NT Research, vol 7, no 6, 2002. (3 references) (SB)

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### 20030107-18

**A regional evaluation of the impact of the Leading an Empowered Organisation leadership programme.** Werrett J, Griffiths M, Clifford C (2002), NT Research vol 7, no 6, 2002, pp 459-470

This paper reports on an evaluation of the Leading an Empowered Organisation (LEO) leadership programme. The aims of the study were to evaluate the first phase of the programme in the West Midlands Region and to identify changes in practice as a result. The study focuses on the first cohorts on the programme in 2001 and 2002. The study involved administering a pre-test survey at the outset of the programme and completing a post-test survey of the same group three months after the programme was completed. There were 550 participants in the pre- test and 181 in the post-test. Data were collected via a structured scale designed to measure perceived importance and use in practice (performance) of 33 dimensions of leadership. Open questions enabled participants to comment on their experience when responding to the post-test. Analysis of quantifiable data shows differences in performance measure at the post-test in aspects of practice related to team and management issues, staff support and development, and creative management and assertiveness. Qualitative data supported these findings in that they highlighted areas of development since participants had completed the LEO programme. Further longitudinal evaluation is recommended to monitor the long-term impact of LEO programmes on clinical practice. (14 references) (Author)

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### 20030107-17

**Leading opinion and managing change in complex organisations: findings from the South Thames Evidence-based Practice project.** McLaren S, Ross F, Redfern S, et al (2002), NT Research vol 7, no 6, 2002, pp 444-458

Opinion-leaders have been described in the research literature as credible experts, capable of supporting, facilitating or advocating change and influencing health professionals to adopt innovatory, evidence-based approaches to their practice (Lomas et al., 1991; Thomson et al., 1999). However, information is lacking on the complexity of selection and training, and of the role support that is necessary to enable opinion-leaders to function effectively. This paper focuses on the experience of using opinion-leaders to implement practice change as part of a multi-faceted approach within the South Thames Evidence-based Practice project (STEP), drawing on information integrated from a cross-case analysis and the independent evaluation. Key findings are that the opinion-leader role is complex and challenging, and, requires a broad balance of research, management and leadership competencies to inform selection and training. (30 references) (Author)

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### 20030107-15

**An evaluative study assessing the impact of the Leading an Empowered Organisation programme.** Woolnough H, Faugier J (2002), NT Research vol 7, no 6, 2002, pp 412-427

The development of strong, effective clinical leadership is currently high on the political agenda (DoH, 1999; 2000). It is central to the government's modernisation agenda and the improvement of patient care and is reflected in the plethora of documents, strategies and initiatives currently permeating the NHS. The Leading an Empowered Organisation (LEO) programme is an integral part of the drive to increase and strengthen clinical leadership among the nursing and allied health professions. The NHS National Nursing Leadership Programme is coordinating the launch of the LEO programme to over 32,050 clinical staff. The programme is designed to create a critical mass of clinical leaders with the ability to make a real difference to patient care. The study was undertaken as part of a larger evaluation to assimilate evidence regarding the impact of the LEO programme. The research also addressed contact and communication with senior staff and the impact of these on the leadership agenda. The results indicate that the LEO programme is empowering clinical staff to facilitate new ways of working and providing participants with the practical tools to perform their roles effectively and create an environment in which others can grow and develop. There is still much to be learned from the LEO programme and, as such, the evaluation process continues. (9 references) (Author)

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#### 20030107-14

**The primacy of purpose and the leadership of nursing.** Collinson G (2002), NT Research vol 7, no 6, 2002, pp 403-411

A recent NT Research editorial (Bishop, 2002) posed the following questions: 'Has the nursing profession mapped out a course [for its own development], or are we being manipulated to tread the path of others? And if this is the case, do we mind?' This paper discusses these questions from the perspective of nursing as a form of public service, and explores the challenges, constraints and opportunities that leaders of nursing have in creating a compelling vision for a profession that functions primarily within the public sector. It will also consider various theories of leadership in relation to nursing and offer a concept of leadership that is congruent with the values of public service and which can support the development of the profession in the ever-changing and complex world of healthcare. (32 references) (Author)

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#### 20030107-13

**Creative collaboration must be the model for tomorrow's leaders.** Hakesley-Brown R (2002), NT Research vol 7, no 6, 2002, pp 401-402

Editorial which discusses leadership in nursing. (8 references) (SB)

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#### 20021212-1\*

**Meeting of the minds. Technical consultation of midwifery leaders: workshop report, 4-7 February 2001, The Hague, The Netherlands.** International Confederation of Midwives, Maternal and Neonatal Health Program (2002), The Hague, The Netherlands: International Confederation of Midwives 2002. 20 pages

Proceedings of the Meeting of the minds workshop that took place in The Hague, The Netherlands, 4-7 February 2001. The meeting took place because of an awareness that many women who give birth suffer from an absence of skilled care or from inappropriate or inadequate care due to a lack of midwives and a lack of recognition of midwives skills and achievements. The meeting focused on issues relating to leadership and the strengthening of the midwifery profession, and action plans were developed to address priorities. (SB)

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#### 20021128-6\*

**Assertiveness and the manager's job.** Phillips A (2002), Abingdon: Radcliffe Medical Press 2002. 186 pages

This practical guide provides GPs, practice managers and members of the primary care team with the tools to manage the stresses and conflict in general practice. All the necessary skills are covered including negotiating, dealing with anger, handling criticism and change management. Filled with practical examples and exercises, referenced throughout and with recommended reading lists at the end of each chapter, it encourages the reader to invest in their own personal and professional development. (Publisher)

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#### 20021128-4\*

**An A-Z of management for healthcare professionals.** Lilley R (2002), Abingdon: Radcliffe Medical Press 2002. 198 pages

Introduced as a book for any manager in the health service, whether just starting out or seasoned, this book gives a flavour of management expertise, arranged in an easy to read and instructive style. This is a book to keep on the desk and to pick up for instant inspiration. It is arranged along alphabetical lines, with each letter being illustrated by words of wisdom, backed up by practical exercises and linked with amusing and thought-provoking quotes. Although not unique in content, the format of this book is different from others and may be used by a variety of readers to gain insight and to move their thoughts into a new direction. This is a thought-provoking book, if not a little trite at times. The headings used encapsulate a management style or achievement that has impressed the author, himself a seasoned NHS manager. This is not a book for a cynic, you need to be open-minded enough to appreciate the words of wisdom to be found within it but, once allowed in, I think there is something to inspire every manager within this text, regardless of experience or seniority. Reviewed by Mandy Renton, General Manager, Peterborough Hospitals NHS Trust.

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**20021107-12**

**Leadership development for midwives.** (2002), Practising Midwife vol 5, no 5, May 2002, p 6

Briefly outlines two projects which have been designed to help midwives develop leadership skills. (SB)

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**20020910-68**

**Finding the leader within.** Prosser S (2002), Professional Nurse no 18, no 1, September 2002, pp 10-11

Many myths surround the concept of leadership. This first article in a series on the subject provides a definition of good leadership and discusses steps you can take to develop your own potential. (5 references) (Author)

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**20020816-65**

**The role of the ANNP: styles of leadership.** Lawrance VM (2002), Journal of Neonatal Nursing vol 8, no 4, July 2002, pp 123-126

In discussing the role of the Advanced Neonatal Nurse Practitioner (ANNP) this article will compare and contrast the styles and theories of leadership most suited to the role within the contemporary arena of neonatal health care in the National Health Service. The style of leadership chosen by an ANNP is central to the application and advancement of the role. (28 references) (Author)

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**20020509-59**

**Supporting clinical leaders in achieving organisational change.** Garland G, Smith S, Faugier J (2002), Professional Nurse vol 17, no 8, April 2002, pp 490-492

Clinical leaders in nursing may feel stuck in the middle of conflicting demands from the various members of the organisation and patients' needs. The Leading an Empowered Organisation (LEO) programme aims to help these clinical leaders identify their problems, agree action plans and ask for the support they need in bringing about positive change in their workplace. (4 references) (Author, edited)

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**20020429-30**

**Don't you just love being in control?.** Robertson L (2002), Nursing Times vol 98, no 12, 21 March 2002, pp 28-29

Do you think you could keep your head while those around are losing theirs? Linda Robertson reports on a programme designed to produce nursing leaders. (Author)

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**20020404-78**

**Leadership for dummies.** Maguire D (2001), Neonatal Network: the Journal of Neonatal Nursing vol 20, no 8, December 2001, pp 61-62

Discussion of some of the many skills needed by successful managers. (3 references) (MS)

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**20020129-85**

**Developing the culture.** Skinner G (2001), In: English National Board for Nursing Midwifery and Health Visiting. Midwives in action: a resource. London: ENB July 2001, pp 41-48

In this section we explore how the culture within which midwives work can enhance and facilitate or prevent taking practice forward. An innovative example shows what happened in one trust - you can do it too! (Author)

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**20020129-81**

**Partnership working.** Fletcher S (2001), In: English National Board for Nursing Midwifery and Health Visiting. Midwives in action: a resource. London: ENB July 2001, pp 28-33

In this section we discuss how working in partnership with others can help midwives respond to changes in their ways of working. We show how midwives can build on existing partnerships and develop new ones to enable them to respond positively to the challenges of the new National Health Service. (Author)

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## 20020129-79

**Facilitating new ways of working.** Elliott M (2001), In: English National Board for Nursing Midwifery and Health Visiting. Midwives in action: a resource. London: ENB July 2001, pp 24-27

In this section we examine how to facilitate new ways of working that are opening up for midwives, such as becoming consultant midwives. It shows how midwives can develop their own leadership skills and those of their colleagues to achieve positive outcomes for women and their families. The Casebook in Part 3 has a range of examples of how midwives are developing new ways of working to tackle health inequalities and improve health outcomes. (Author, edited)

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## 20020129-77

**Developing self-awareness.** Carter D (2001), In: English National Board for Nursing Midwifery and Health Visiting. Midwives in action: a resource. London: ENB July 2001, pp 10-18

This resource encourages you to enhance your own skills and talents. In this section we explore some of the ways in which you can develop an awareness of your own ways of working. Examples are given of good team leadership practice. (Author)

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## 20020129-75

**Introduction [leadership skills].** Thomas M (2001), In: English National Board for Nursing Midwifery and Health Visiting. Midwives in action: a resource. London: ENB July 2001, pp 5-7

Introduction to a resource pack intended to support all midwives as they develop leadership skills in relation to their own professional growth and skills enhancement (MS)

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## 20011217-14

**Leadership in midwifery.** Jackson-Baker A (2001), RCM Midwives Journal vol 4, no 11, November 2001, p 348

Editorial that examines leadership in the National Health Service and highlights the work of the National Midwifery Leadership Development Project. (RGW)

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## 20011126-35\*

**Evidence-based management: a practical guide for health professionals.** Stewart R (2002), Abingdon: Radcliffe Medical Press 2002. 165 pages

In times of rapid change, experience is no longer a sufficient guide to practice. Taking the principles of evidence-based medicine, this is the first guide to evidence-based management. It will help managers and clinicians to make a difference to their organisation. Illustrated with case studies designed for 'the reader in a hurry', the clear layout of this practical guide is based on a questioning approach of Why? When? Where? How? and Who? which demonstrates how to apply the best evidence in decision making and in assessing performance. Obstacles to practising evidence-based management in healthcare are described, with explanations of how to overcome them. Health managers and clinicians with managerial responsibilities will find this book an essential guide. Leaders in health service organisations, public health doctors and public sector managers will find it of great benefit in their work. (Publisher)

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## 20011101-23\*

**Terms of reference/Project plan.** Midwifery Leadership Development Project Steering Group (2001), Leeds: Royal College of Midwives UK Board for England 2001. 2 pages

The Midwifery Leadership Development project is part of the NHS National Nursing Leadership project. This brief document was initially circulated at the RCM conference in Torquay, May 2001, and sets out the terms of reference and a programme of work for the project. (RGW)

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#### 20011024-7\*

**Making a difference: the nursing, midwifery and health visiting contribution: midwifery action plan.** Department of Health (2001), London: Department of Health [2001]. 18 pages

This action plan has been produced by midwives to guide the implementation of 'Making a difference' (1). It looks in depth at specific proposals for midwives working in practice areas and within management and education, and encourages midwives to take ownership of the proposals at a local level. The sections include: Working in new ways; Improving working lives; Leadership in midwifery; Modernising professional self-regulation; and Strengthening midwifery education and training. 1. Department of Health. Making a difference: strengthening the nursing, midwifery and health visiting contribution to health and healthcare. London: Department of Health, 1999. (SB)

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#### 20011023-1\*

**Managing multi-disciplinary teams in the NHS.** Gorman P (1998), London: Kogan Page 1998. 176 pages

The delivery of health care in the NHS today relies on two key factors: specialization among clinicians as technology and knowledge of the human body expand, and secondly an increasing understanding that the patient is not simply the sum total of his or her symptoms. The whole person has to be worked with, and different specialists within health care must work together to provide that care. Multi-disciplinary teams are the linchpin of effective modern health care. This timely, practical guide offers an introduction to the successful management of cross-functional health care teams. With advice on teambuilding, leadership, setting goals and making team cultures work for you, Paul Gorman's lively book provides a wealth of tips and techniques to help improve team operation. Illustrated throughout with case studies, the book provides valuable advice specific to the needs of health care professionals. Among the topics covered in detail are: what makes a multi-disciplinary team successful; improving communication in teams; the practicalities of multi-agency working; the role of patients and carers in the team; and dealing with dysfunctional teams. (Publisher)

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#### 20010831-31\*

**Midwives in action: a resource.** English National Board for Nursing, Midwifery and Health Visiting (2001), London: English National Board for Nursing, Midwifery and Health Visiting July 2001. 116 pages

Information for the further development of midwives' roles in public health and primary care. It aims to support midwives in developing their leadership skills and their role in the current changes in the maternity services in the United Kingdom. (KL)

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#### 20010717-52

**Clinical governance in action. Part 12: leadership.** O'Neill S (2001), Professional Nurse vol 16, no 10, July 2001, pp 1396-1397

In this final part of the 'Clinical governance in action' series we look at the crucial role of leadership in making clinical governance happen. (5 references) (Author)

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#### 20010531-38

**A global meeting of the minds: The Hague, The Netherlands.** (2001), Practising Midwife vol 4, no 3, March 2001, p 30

Briefly reports on the International Confederation of Midwives and Maternal and Neonatal Health Program joint 3 day meeting for international midwifery leaders, which was organised in order to identify ways that the leadership role of midwifery can be strengthened. (SB)

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## 20010510-18

**The softer side of leadership.** Wisniewski S, Maguire D (2001), Neonatal Network: the Journal of Neonatal Nursing vol 20, no 2, March 2001, pp 57-58

Discussion of ways in which nursing managers can develop a more collaborative, less controlling leadership style, listening to staff nurses and guiding them towards solutions that are satisfying for everyone. The author argues that an effective nursing leader must communicate with staff, empower the staff and, most of all support the staff. (6 references) (MS)

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## 20010407-14

**Health secretary brings back matron to the health service.** Department of Health (2001), London: Department of Health 4 April 2001. 3 pages

After an absence of 30 years, Matrons will once again play a key role in the Health Service, putting power back into the hands of frontline staff, said Alan Milburn, Health Secretary today. Following strong public support for the idea, first raised in the NHS Plan, around 2000 Matrons will be on wards throughout the NHS by 2004, with 500 in post by next April. Matrons will have influence over cleaning and catering budgets in hospitals worth an average £2m per trust. National guidance to establish these new posts is today being sent to all NHS Chief Executives. Every hospital will have matrons in overall charge of a group of wards. They will be paid up to £31, 000 per year. Key frontline staff will now have the clear authority to prevent and remedy shortcomings or failings in any services that contribute to patient care. Matrons will be strong clinical leaders given the power to make things better for patients and families. Matrons will wear distinctive uniforms to ensure that they are visible to patients and their families. (Author)

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## 20010117-09

**The consultant midwife role: will it make a difference?.** Sidebotham M (2001), RCM Midwives Journal vol 4, no 1, January 2001, pp 20-21

This article examines the impact the emerging posts of consultant midwives will have upon midwifery practice in the UK. (Author)

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## 20010101-28

**Professor Paul Lewis.** Barber T (2000), RCM Midwives Journal vol 3, no 12, December 2000, p 372

In this interview Paul Lewis gives his opinions on leadership in midwifery. (RGW)

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## 20001201-24\*

**Comprehensive leadership programme announced for nurses, midwives and health visitors: number of nurse consultants to double and leadership training for thousands.** Department of Health (2000), London: Department of Health 23 November 2000. 2 pages

Health Minister Lord Philip Hunt today announced the implementation of the most comprehensive leadership strategy ever for the nursing, midwifery and health visiting professions as part of the transformation of the NHS. The strategy allows front-line nurses, midwives and health visitors to build upon their leadership skills and help develop a new NHS for the 21st Century. Lord Hunt said: 'Good clinical leadership is central to the delivery of the NHS Plan. We need leaders who are willing to embrace and drive through the radical transformation in services that the NHS requires. Leaders are people who make things happen ways that command the confidence of local staff. They are people who lead clinical teams, people who lead service networks, people who lead partnerships, and people who lead organisations. Lord Hunt announced: an additional 219 new nurse consultant posts, on top of the 232 already in post or in the process of being appointed. The provision of 32,050 places on the special Leading Empowered Organisations (LEO) training programme over the next two years. 0 the creation of 1,152 places on the Royal College of Nursing's Clinical Leadership training programme. Lord Hunt said: 'The NHS Plan requires a radical transformation in services. We simply cannot deliver this level of change without changes to the way we develop and sustain our leaders in this service. Just as service modernisation requires a complete rethink of management systems and processes in the NHS, so too should we modernise our approach to leadership development.' Leadership development training will be open to staff at all levels and from all backgrounds, Lord Hunt said: 'I know from nurses in the service that these programmes can really draw out leadership potential. This is because they are practically focused, they emphasize teamwork, they pay attention to the organisational context in which people are working and, of greatest importance, they see leadership as part and parcel of improving patient care. Nurses, midwives and health visitors have the potential to make great leaders. I am determined that we make the most of this valuable resource.' Chief Nursing Officer Sarah Mullally said: 'I am delighted to see these initiatives getting off the ground so successfully. Nurse consultants are already proving themselves to be creative and innovative leaders who are shaping change in the NHS. The clinical leadership programme we are announcing today will provide thousands of ward sisters and charge nurses with the tools to make a real difference for patients.' (This item is reprinted in full. There is therefore no need to order it from MIDIRS or from the publisher).

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## 20001106-15

**Leadership and midwifery education.** Steele R (2000), RCM Midwives Journal vol 3, no 10, October 2000, p 296

The importance of good leadership within midwifery is emphasised, particularly in the light of the proposed changes to midwifery regulation where the midwifery leaders should be making their voices heard. (JAL)

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## 20001101-21

**Jean Duerden.** Barber T (2000), RCM Midwives Journal vol 3, no 11, November 2000, p 337

Transcript of an interview with Jean Duerden, the Local Supervising Authority (LSA) Responsible Midwifery Officer for the Yorkshire Consortium of LSAs. She gives her views on leadership within midwifery, including what qualities are essential for good leadership, how midwifery would benefit from more leaders, and the qualities she herself has learned as a leader. (JAL)

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## 20001101-14

**Teams: lessons from the world of sport.** Brearley M (2000), BMJ vol 321, no 7269, 4 November 2000, pp 1141-1143

What can the health services learn about teamwork from cricket? For a start individuality should not be removed, it should be acknowledged, encouraged and used to its best effect to help the teams achieve its goals. This and a variety of other aspects of team management are considered. (JAL)

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**20000817-07**

**Stronger leadership is needed before we can 'own' change.** Gould D (2000), British Journal of Midwifery vol 8, no 8, August 2000, pp 480-481

Vision 2000 (1) is the Royal College of Midwives (RCM) latest strategy document. The report describes the outcomes following the RCM's consultation period with key stakeholders, including users and the college's membership. It portrays the RCM's 'vision for the future development of our maternity services'. 1. Royal College of Midwives. Vision 2000. London: RCM, 2000. (5 references) (Author)

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**20000708-36\$**

**Cathy Warwick.** (2000), RCM Midwives Journal vol 3, no 7, July 2000, pp 218-219

Fourth in a series of interviews of key figures in midwifery. Toni Barber, a midwife and medical journalist, discusses leadership with Cathy Warwick, the General Manager of Women's and Children's Services and Director of Midwifery at King's Healthcare NHS Trust in London. (SB)

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**20000401-20\$**

**Developing leadership skills in staff nurses.** Maguire D, Colangelo AL, Peters J (2000), Neonatal Network: the Journal of Neonatal Nursing vol 19, no 1, February 2000, pp 67-70

Describes an effective approach to developing leadership skills in nursing using a one-day workshop. The workshop provides a supportive, non-threatening environment in which staff can experience good leadership skills demonstrated by their peers. (7 references) (JAL)

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**20000102-40\***

**LEMON [LEarning Materials On Nursing]. Chapter 11: Leading change in nursing.** World Health Organization Regional Office for Europe (1996), Geneva: World Health Organization 1996. 49 pages

LEMON (LEarning Material On Nursing) is a project of the World Health Organization Regional Office for Europe. Nurses, midwives and fieldworkers are the backbone of every health service, providing prevention, health promotion and care in a cost-effective way. They therefore need the best possible basic and continuing education. There is an acute shortage of nursing and midwifery learning materials in the countries of central and eastern Europe and the newly independent states of the former USSR, and in many other countries. LEMON provides a package of learning materials for students, practitioners, and teachers of nursing and midwifery, in the official language of their country. The 13 volumes in this series are available in one loose-leaf folder. This eleventh chapter examines the role of nurses and midwives within the context of their own organisation at a local, regional and national level. It explores the notion of leadership, different types of leader, and the relationship between leader and manager. (32 references) (Author, edited)

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