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# **Evidence into Practice**

Introducing Multi-Disciplinary Teamworking to Maternity Services

WORKPLACE INNOVATION LIMITED

#### About this case study

The evidence has been around for a long time. Multi-Disciplinary Teamworking in healthcare leads to better clinical outcomes and experience for patients, and better quality of working life for staff.

Yet it is far from universal. Multi-Disciplinary Teamworking challenges traditional professional roles and demarcations, and can be hard to achieve. While the general principles that characterise good clinical teams are well understood, their translation into specific clinical settings involves open dialogue, experimentation, learning from failure, and persistence. All of this must take place without any relaxation of day-to-day clinical pressures.

This case study offers practitioners fresh insights into how Multi-Disciplinary Teamwork principles can be translated into practice. It is based on an eighteen month change programme led by Workplace Innovation Limited in partnership with Southern Health and Social Care Trust.

The programme was led by Workplace Innovation's **Rosemary Exton**, a highly experienced change facilitator with an extensive background in the NHS and knowledge of hospital practice in several parts of Europe.

The Workplace Innovation team was supported by the Workage project, an initiative funded under the EU's PROGRESS programme. Views expressed in this report are not necessarily shared by Southern Health and Social Care Trust, the European Commission or other Workage partners.

You can see our short film about the introduction of Multi-Disciplinary Teamworking in Southern Health and Social Care Trust at <u>www.workplaceinnovation.eu/MDT</u>.

#### **About Workplace Innovation Limited**

Our team has been at the heart of the workplace innovation movement in Europe since the early 1990s. As a not-for-profit organisation created specifically to promote and develop workplace innovation, we have helped shape and deliver policies and programmes for the European Commission, governments, business support agencies and employers' organisations in many countries. We have also built a unique body of practical experience and resources through our work with large and small enterprises, public sector employers and trade unions across Europe and beyond.

In 2016 we launched Fresh Thinking Labs, a unique Online and In Person platform for knowledge sharing and collaboration between companies. Members enjoy bespoke introductions to others with similar interests and challenges, an online search and connect facility, open and closed online communities, and several opportunities to meet their peers through company visits and workshops.

Workplace Innovation: <u>www.workplaceinnovation.eu</u> Fresh Thinking Labs: <u>www.freshthinkinglabs.com</u> Get in touch: <u>contact@workplaceinnovation.eu</u>



# Identifying the need for Multi-Disciplinary Teamworking in Southern Trust

*Southern Health and Social Care Trust* provides Health and Social Care Services to the Council Areas of Armagh, Banbridge, Craigavon, Dungannon and South Tyrone, and Newry and Mourne in Northern Ireland.

Its Maternity Service comprises units in two hospitals some 25 miles apart: Craigavon Area Hospital and Daisy Hill Hospital near Newry, together with a team of Community Midwives operating across a wide geographical area.



Maternity staff were overwhelmingly driven by the desire to deliver high quality care to the 'mummies', their babies and families. At the same time there were widespread concerns that a topdown culture, inter-professional demarcations and bureaucracy were undermining the ability of staff, especially midwives and midwifery support workers (MSWs) to do a good job, and in some cases this was resulting in high levels of stress and personal dissatisfaction.

Supported by Jeni Beckett, the in-house Change Facilitator, and Dr Patricia Gillen, the Trust's Head of Midwifery Research and Development, Workplace Innovation's **Rosemary Exton**, **Harry Gilfillan** and **Peter Totterdill** spent some 18 months helping the Maternity Department achieve one of its most important transformational goals: the introduction of effective Multi-Disciplinary Teamworking (MDT) across the entire service.



The Workplace Innovation team used *The Fifth Element* as its starting point, both as a framework for analysing current working practices, for stimulating critical reflection and to resource creative thinking about the direction and implementation of changed. Designed by Workplace Innovation's Peter Totterdill and Rosemary Exton, *The Fifth Element* is based on an analysis of more than one hundred articles and a similar number of case studies from which four main, cross-cutting themes could be detected. Within each of these emergent themes, the literature describes bundles (or 'Elements') of workplace practices associated with improved performance and/or quality of working life.



The Fifth Element has now adopted by the European Commission and subsequently by public organisations in the Basque Country, France and Scotland as a framework for raising awareness of workplace innovation and supporting its implementation.

The first step was for Workplace Innovation to arrange a two-day time out involving Jeni, Patricia, and facilitators from a parallel project. This highly interactive session included immersion in the principles of workplace innovation and the facilitators' role as 'animateurs' and enablers, with a strong emphasis on the importance of entrepreneurial behaviours and working practices. Feedback showed that the opportunity to explore new and participative approaches to change was particularly appreciated.



Southern Trust Facilitator Jeni Beckett at the time out session

A detailed questionnaire survey on working practices, engagement and well-being was circulated to all staff. It was followed by 'Group Recall' sessions involving more than a hundred consultants, junior doctors, midwives, MSWs, managers, domestic staff and other professional groups. In these sessions, peer groups of up to eight people shared stories and incidents that elaborated and deepened understanding of headline findings from the survey. 'Group Recall' has been developed and used by members of the Workplace Innovation team since the early 1990s.

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Several important challenges emerged from the process including the need to streamline administrative practices that took staff away from time with mothers and babies, to improve leadership skills for senior midwives as well as learning opportunities for other staff, and to create a more supportive team culture in the Labour Ward.

The overarching priority was, however, to build stronger, less hierarchical and more open relationships between professional groups, especially medical staff, midwives and managers. This meant challenging traditional roles and divisions, and building a new climate of openness to challenge and shared learning.

As soon as staff validated our conclusions from these discussions, 'diagonal slice' action groups moved seamlessly into designing and overseeing the change process. MDT Task Groups in both hospitals worked hard, often under pressure from staff shortages as well as scepticism from their peers and line managers, to design and implement approaches to Multi-Disciplinary Teamworking that reflected the needs and circumstances of each location. The role of the Workplace Innovation team was never to provide a blueprint. Rather it was to stimulate critical perspectives, challenge assumptions, provide evidence and experience from elsewhere, stimulate fresh thinking and, where necessary, help clear roadblocks to change.

We know from a growing body of research, and from the Workplace Innovation team's previous experience, that the development of strong Multi-Disciplinary Teams significantly enhances clinical outcomes as well as quality of working life for staff. Advocacy of multidisciplinary teamworking has been part of NHS strategy for many years.

We also know that it is hard to achieve in practice. According to the literature perceived status differentials between professional groups, strong professional identities and multiple lines of management create role boundaries, communication shortfalls and dysfunctional behaviours within healthcare settings.

Both MDT Task Groups became key drivers for change, providing a unique forum for staff from different professions to start discussions that would not otherwise have happened. Many participants acted as quiet ambassadors, sharing ideas and questions with peers and helping create wider engagement with change. Where resistance was encountered, it was gradually neutered by the experience of better ways of working, and in some cases by direct senior management intervention.

## **Multi-Disciplinary Teamwork Principles in Practice**

Despite undoubted setbacks, the MDT groups in Craigavon and Daisy Hill worked steadily to develop coherent approaches to multi-disciplinary teamworking in the two hospitals. Case studies and techniques introduced by Workplace Innovation, as well as Group members' previous experiences of working in other hospitals, were used as generative resources in imagining new ways of working. Generic teamwork principles were tested against specific local characteristics and contextualised through dialogue, experimentation and refinement.

The overall approach which emerged, with slight variations between the two hospitals, is based on four interdependent dimensions: staff voice at strategic level; shared learning, reflection and improvement; multi-disciplinary meetings; coaching culture and co-operative working at the front line. This is represented in the figure below:



Multi-Disciplinary Team Working Principles in Practice in the Maternity Service at Southern Health and Social Care Trust

Divisional meetings of senior management, consultants and department leads

Regular risk management, strategy & governance meetings of doctors, managers and senior midwives

Formal and informal multi-disciplinary learning and continuous improvement

Monthly multi-disciplinary team meetings each area

Weekly MDT white board 'Team Talk' meetings

Huddle: doctors and senior midwives & Shift Huddle all staff

Small group team working at front line

WOMAN

Staff Voice Risk Reporting at strategic decision-making level Feedback

Shared Learning, Reflection and Improvement Quality improvement Cost effectiveness Staff engagement

Multi-Disciplinary Meetings Quality Managing risk Problem solving

Coaching Culture and Co-operative Working Quality Safety Working life – skill mix, physical needs and taking breaks

The Multi-Disciplinary Team includes Midwives, Doctors, Managers, MSWs, HCAs, Admin and Clerical, and Domestic staff

## Small group teamworking at the frontline

Small group teamworking involves between two and five midwives allocated to work together in mutual support including knowledge sharing, debriefing and practical help such as the provision of cover for breaks. Groups reflect an appropriate mix of skills, experience and physical (or age-related) ability.

# Shift Huddle

Each area and ward in the Maternity Department involves all staff at the start of every shift in 'Shift Huddles' to improve communication and to support allocation to the small group teams. Ideas raised at the Shift Huddle are put on the White Board to be discussed at the Team Talk meeting (see below).

## Unit Huddle

This was suggested by a consultant in the Daisy Hill MDT Group. Doctors and senior midwives from the obstetric, midwifery and neonatal teams meet each day to enhance communication, addressing workload pressures and improving patient flow and quality of care throughout the maternity service. In a 5 or 10-minute meeting, all the clinical areas pool information, complete a (red, amber, green) risk assessment form and share awareness of pressing issues. To encourage their professional development, Band 6 midwives are supported to attend whenever staffing levels allow.

# Weekly White Board Team Talk Meetings

Everyone in the multi-disciplinary team (including domestic and admin/clerical staff) contributes by adding ideas or suggestions to the ward or department White Board, and by participating in the Team Talk meetings. All available staff gather around the White Board each week to discuss its contents. The discussion is recorded and actions (with the names of those responsible) are noted in the Communication Book, accessible to all staff. Agreed actions are followed up at the subsequent weekly Team Talk meeting and taken to the next Monthly Team Meeting (see below) where appropriate.

# Monthly Multi-Disciplinary Team Meetings

Monthly meetings provide an important opportunity for shared learning from incidents, the generation of ideas for improvement, and discussion of forthcoming issues. Midwives are allocated on the duty roster to ensure high levels of participation at the monthly meetings. Ideas and suggestions are sent to the Divisional Meeting (see below) where senior level action is needed; feedback from Divisional Meetings is received by the Monthly Multi-Disciplinary Team Meetings and entered in the Communication Book available to all staff.

## Multi-Disciplinary Learning, Training and Continuous Improvement

The two MDT Groups were initially envisaged as a short-term measure to drive the transition towards multi-disciplinary working. By mid-2016 they had evolved into *Maternity Continuous Improvement Groups*, providing a continuing forum for staff-led initiatives. In addition, a comprehensive programme of multi-disciplinary learning and training sessions was developed and is communicated to all staff to maximise participation.

## Strategy, Clinical Governance and Risk Management

Regular meetings of doctors, managers and senior midwives draw on issues raised in the various multidisciplinary forums described above. *Risky Business* open sessions are also held, facilitated by the Risk Midwife; all staff are invited to discuss risk issues or near-miss events in a 'no blame' environment.

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Rosemary (centre) leads a process mapping exercise at Craigavon with Patricia and Jeni (right)

#### **Divisional Meetings**

Senior managers, consultants and departmental leads meet monthly to address strategy and governance. Previously seen as remote from the clinical frontline, these meetings rarely secured participation from midwives in the past. They are now more inclusive and aim to ensure that strategic decisions involve two-way communication with frontline teams, both directly and through the chain described above.

The first four dimensions in this list, together with the Continuous Improvement Groups, represent innovations within the maternity service in Southern Trust. Other meetings in the list already existed but with limited participation by midwives and MSWs, and with few direct lines of communication to day-to-day working life in the service. As part of a system of mutually reinforcing practices they are becoming more inclusive and more connected.

#### **Embedding Multi-Disciplinary Teamworking**

The MDT structure described above reinvents generic teamwork principles to reflect the specific local and clinical context. It grew from dialogue, inclusion and experimentation, albeit in an environment where certain structural and behavioural factors acted as significant constraints.

The structure has the potential to strengthen inter-professional relationships through enhanced dayto-day decision-making, shared reflection and continuous improvement, multidisciplinary learning and development, and a more inclusive approach to strategy. In turn this should be reflected in a less hierarchical approach to clinical care and greater respect for midwives as 'autonomous practitioners' (a status conferred by their professional charter). MSWs experience more 'complete' tasks, for example the ability to spend greater time with an individual woman rather than being moved between successive short-cycled activities.

Providing senior ("Band 7") midwives with effective team leadership skills and resources played a major role in the development and sustainability of teamwork culture and practice. Harry and Rosemary from the Workplace Innovation team delivered a bespoke ILM-accredited Leadership and

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Management course to four cohorts, which included all 19 Band 7s. Each cohort included participants from both sites to help ensure common understanding and practice across the Trust's Maternity Service. The course was strongly focused on action and, with the active endorsement of the Director of Nursing, each cohort prepared and implemented a plan directed at a significant opportunity for improvement in working practice.

The transformation of healthcare toward Multi-Disciplinary Teamworking challenges professional selfidentities, power distribution and gender relationships. It involves extended periods of shared learning and the re-evaluation of assumptions held by co-working professionals.

Initial levels of staff participation in huddles and multidisciplinary meetings were low, but were built up through sustained advocacy by members of the MDT Groups and other converts. One Band 7, with support from the Workplace Innovation team, prepared a PowerPoint presentation designed to raise awareness of huddles as a means of improving communication, day-to-day management and quality of care, presented to a Trust-wide quality improvement meeting.

Unit huddles, driven by the Band 7s, became a major success, with many doctors supporting and attending them regularly. New leadership at Assistant Director level removed ambiguity in managerial attitudes to multi-disciplinary working and strengthened line management commitment. The representation of midwives at multi-disciplinary and divisional meetings has also improved steadily.

An indication of culture change is evidenced by the Maternity Continuous Improvement Group's review of the high Caesarian section rate. Previously perceived as a career-limiting topic for discussion, the Group engaged the Clinical Directors in dialogue and instigated a range of specific actions. These include 'Improving Normality' working groups involving a cross-section of midwives and doctors. Recent feedback shows that that many of the gains associated with Multi-Disciplinary Teamworking in the literature are now being realised in Southern Trust's Maternity Service. As a final endorsement, the Directors of Nursing and Medicine have adopted the MDT approach developed by the Workplace Innovation team and staff in the maternity service as a template for improvement and innovation across every clinical service in the Trust.



Rosemary and Peter presenting their experiences at Southern Trust to the 2015 IWOT Conference in Leuven



# **Rosemary Exton**

## **Our project leader in the Multi-Disciplinary Teamwork initiative at Southern Trust**

Rosemary describes herself as passionate, hard-working and caring. Talk to her about workplace innovation and social justice, you'll soon know just how passionate she is. Spend a day with her and you'll appreciate how hard-working she is combining managing the business, simultaneously running several research and organisational change projects, being a leading ideas generator and top class tea maker. She also cares. She cares about making workplaces better for everyone, sharing good practices and encouraging creativity and innovation.



Rosemary is a qualified midwife and has built on more than thirty years' experience as a clinician, manager and trade unionist in the National Health Service, to bring considerable understanding of change in complex organisations. She has been a trade union steward and secretary of the trade union consortium at a large teaching hospital. She has also been an elected Director on the Board of the Royal College of Midwives.

Rosemary has long been involved with national and international projects for Workplace Innovation. Drawing on her expertise in leadership and management, she has played the lead role in workplace change initiatives in several enterprises and was a key member of the research team in the EU-funded Employee Resilience in Times of Change project. Rosemary drove Workplace Innovation's contribution to Innovative Workplaces, a landmark project to disseminate new forms of work organisation in the UK. Most recently she has helped to transform workplace practices in a Northern Irish maternity unit by introducing a multidisciplinary approach both to care and to service improvement. However her experience is not limited to healthcare and she has worked with companies in a diverse range of sectors.

She has published articles on workplace innovation and entrepreneurial behaviour and is a regular speaker at international conferences. Recent presentations include major conferences in Brisbane, New York, Rome and Seoul.

She counts becoming a co-founder and director of Workplace Innovation and launching Fresh Thinking Labs amongst her career highlights. Joining the UK Work Organisation Network (UKWON) in 2004 and establishing its sister company Workplace Innovation Limited in 2009 was a milestone and career changing event for Rosemary, providing focus and aspiration to her thinking. She says, "I knew what had to happen in the workplace I just didn't know how to make it happen" – so, alongside Peter Totterdill, she has built an impressive career making it happen herself.

It's a surprise to many that amid such a busy working life, Rosemary still occasionally practices as a midwife – "I like to keep my hand in!"

