Coaching Together

A Coaching System For Our Work Together
(V1.3)

Supported by EASIER INC

Introduction

The Purpose of this Document

This document outlines how, together, we will create amazing ways of working.

To achieve this we will have to learn new skills and new ways of behaving towards each other. We may even have to learn new ways of thinking about the issues we face and the nature of the solutions that are possible.

No doubt this document will be incomplete - maybe even wrong in places - but by making our intent and our approach explicit, we hope to learn, adapt and improve together.

At the cornerstone of these efforts we are putting coaching practices. We believe that, if we can learn how to become successful coaches to each other then we will become better colleagues too.

As coaches, we will discover how to support each other's contribution and how to engage each other with deep care and respect.

Framing and supporting our development we are introducing some specific coaching practices and a coaching system, intended to help us know what to expect of each other and of ourselves.

Why Coaching?

- To help each other:
  - act our way into habits
  - of purposeful, responsible practice
  - where we systematically ensure that
  - what really matters is what really matters here.

Why A Coaching System?

- To make the aims, methods and rationale for coaching transparent in order to:
  - Maximise our engagement.
  - Minimise our uncertainty and anxiety.
  - Enable good coaching practices to scale and spread (by making them systematic and repeatable).
  - Enable continuous learning and improvement to our coaching practices (because without explicit theory we can't learn and improve).

How Will We Know It's Working?

Everyone will know it's working when…

- We are routinely thinking and behaving:
  - as if the women and families we support are stood next to us.
  - as if each of our colleagues, our regulator, our commissioners and other stakeholders were stood there too.

(i.e. everyone's needs and strengths are being given equal regard in our actions and decisions)

- We are habitually:
  - confirming our work and our ways of working.
  - supporting each other in accurate reflection.

- We are systematically:
  - surfacing points of friction.
  - taking timely and effective action in response.

Our Pledge

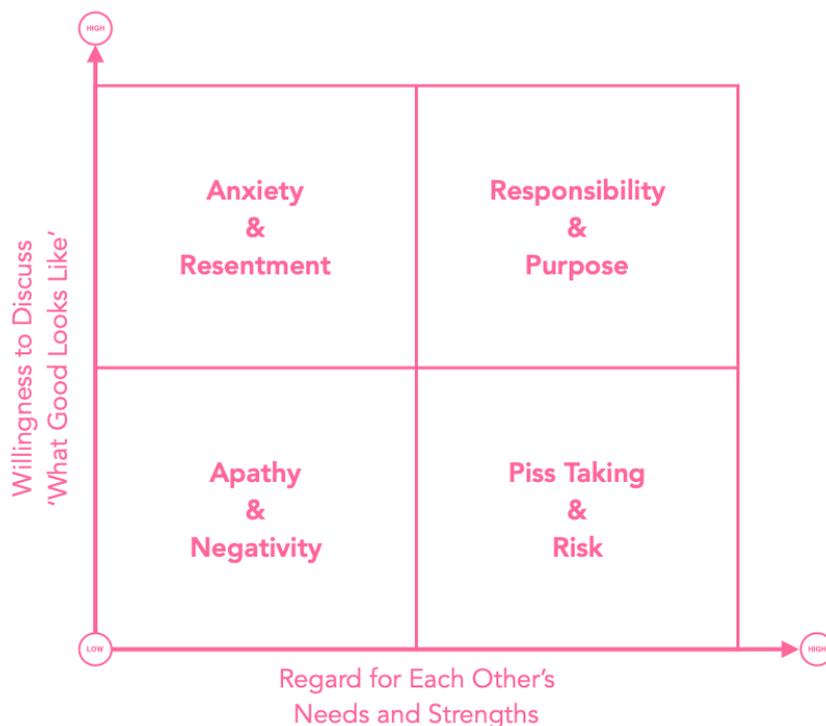As coaches and colleagues, our job is to help each other connect:

• to the purpose and intrinsic value of our work.

• to each other's needs and strengths.

• to the opportunity to always be better, even when we are already great.

To do this we need to be able to have open and honest conversations about what we need, what contribution we each feel we can make and what we think good looks like in our work.

We know that if we do this, we will create ways of working that see us thrive.

We also know that if we don't do these things then we can expect some dysfunctional consequences, such as:

• **Anxiety and Resentment** - if our decisions about 'what good looks like' don't take account of what matters to each other, what we need and what we are good at.

• **Apathy and Negativity** - if we stop aiming high and give up on each other.

• **Piss Taking and Risk** - if we put the quality and purpose of our work second to our own convenience.

To keep us centred in our job as coaches and colleagues we will therefore make a pledge to each other…

We will be responsible for…

1

Discovering 'what good looks like' in all that we do and supporting our colleagues to do the same.

2

Defining 'what good looks like' with equal regard for our own needs and strengths, those of our colleagues, those of our business and those of the women and families that we support.

3

Identifying where there is friction between these things and working with each other to resolve it.

Supported by **EASIER** INC

Our Coaching Practices

In order to make our pledge real and in order to get the benefits, we will anchor ourselves in a few key coaching practices:

- Confirmation Practices
- Reflective Feedback
- Compassionate Communication
- The Skilled Helper Model
- Non-negotiables

Confirmation Practices

Understanding 'what good looks like' in our work together will require us to establish an effective approach to reflective practice.

Confirmation Practices enable this by:

- Helping us to stay focused on what really matters.

- Helping us to surface worries and points of friction early, before they become a big deal.

- Helping us to prevent issues from becoming "undiscussables".

Step 1: Identifying What *Really* Matters

For any role, meeting or process we ask, "What *really* matters?". The 'really' is important:

- It helps us to describe outcomes - the difference we want to see - keeping us open for innovation.

- It helps us to zero in on the few things that *really* matter so that it's easier to see through the fog and stay focused.

Step 2: Framing Statements

We capture what we have decided really matters into a few statements, providing the basis for future reflective practice.

Step 3: Reflecting

Using these statements, we rapidly reflect on how true each is of the way we are working, scoring them on a 5 points scale (where 1 = completely false and 5 = completely true) or identifying that we don't know enough to determine a score.

Step 4: Understanding

The scores themselves are not important; they simply provide a way to surface different perspectives and highlight points of friction so that they can be understood. Where we don't know enough to score, they act as a prompt to go and find out more.

Step 5: Deciding Action

Once points of friction have been identified, we agree action that we think will make achieving what really matters easier in the future.

NB Once a Confirmation Practice has been set up there is no need to keep doing Steps 1 and 2.

Supported by EASIER INC

An Example

A project team at Dorset NHS were focusing on service improvement and decided to use a Confirmation Practice at their weekly meetings.

They determined that what really mattered was that they:

- Felt confident in their work together; believing it was going to achieve something of real value.

- Felt influence and ownership over their work together; believing that their voice was being heard and valued.

- Felt enthusiastic about their work together; being prepared to put their time and energy into it, not just to give it their blessing.

- Felt they were working on the right things; their biggest or most important opportunities or where they had most energy to act.

- Were good at challenging their perspectives; not living in an echo chamber without testing their views with others.

From these descriptions of what really matters, they created statements and, at the end of their weekly meeting would individually score them then put their scores on a flip chart together.

Immediately, issues surfaced that had previously remained hidden. Some members of the group felt that they had been rail-roaded into agreeing past decisions but had kept quiet, not knowing how to raise the issue or whether doing so would be welcome. Using the Confirmation Practice made it easy for them to speak up and to do so constructively.

Where can we use Confirmation Practices in our work and how can we make doing so a simple habit?

Reflective Feedback

Reflective Feedback is a simple approach to providing feedback, which helps people to connect actions with consequences, while building awareness and empathy.

If the structure of most feedback is:

• a fact (e.g. "When you did X")
• plus a value judgement (e.g. "I thought it was great")

Reflective Feedback differs by providing:

• a fact (e.g. "When you did X")
• plus a prompt to notice (e.g. "Did you notice how the mood changed?")
• and a prompt to reflect (e.g. "Why do you think that was?")

This subtle shift means that the person receiving the feedback is engaged in thinking about what good looks like, which:

• ensures that they form an internal commitment to any changes they feel are necessary.
• makes it more likely that changes will be sustained.
• makes it more likely that they will notice other, similar things in the future.

Here's another, slightly different example of providing reflective feedback…

• "I've noticed that you often arrive late to our meetings" (i.e. a fact)
• "Have you considered what impact that has on others and on the meetings?" (i.e. a prompt to notice *and* reflect)

Reflective Feedback isn't about being soft or avoiding straight-talking. It's about helping each other to:

• notice our (often unconscious) patterns of behaviour.
• notice their impact.
• develop greater empathy.
• take ownership of our opportunities to improve.

How can we acquire the habit of using reflective feedback with each other in our work?

Compassionate Communication

Sometimes it is going to be important for us to make requests of each other quite directly, for example, when our needs and strengths are not being given the priority that we feel they deserve. Compassionate Communication provides a way for us to do this, equipping us to be direct with each other without being directive.

Step 1: Facts

You point out relevant facts. These should be objective, uncontested and without any value judgement attached. For example, "I've noticed that you are doing less overtime than anyone else in our team".

Step 2: Feelings

You describe how you - and only you - feel about the facts. Although this is your subjective feeling it is incontestable. You feel as you feel and that's a fact! For example, "It feels unfair that you are doing less overtime than anyone else".

Step 3: Needs

You describe what you need to be true for you to feel differently and better. For example, "I need to feel that overtime is being shared more fairly in the future".

Step 4: A Refusable Request

You ask for what you need. For example, "Could you take on more overtime to better balance the load?"

The value of this structure is not that it ensures others will agree to your requests but that it makes facts, feelings and needs transparent in a way that tends to build mutual understanding and empathy. With time, this can enhance trust and respect and, even in the short term, it can help to peel back the layers of friction (where it is present) so that we can get to the heart of issues and opportunities.

How could we practice our way into a habit of making requests of each other in this way?

The Skilled Helper Model

Underpinning each of the previous practices is the need to be able to really listen to each other, to empathise and to support each other in deciding what action to take.

The Skilled Helper Model provides a framework that will support us in doing this, helping us to become skilled at:

• listening to each other.

• understanding when and how to introduce challenge and when to back off.

• knowing when and how to suggest the move to action.

Stage 1: Listening

First you need to discover what is happening, from the perspective of the colleague(s) you are helping. Let them tell their story in their own words then reflect it back to them, without judgement.

Useful things to do during Stage 1 include:

• Demonstrating attention: positive body language (leaning forward, nodding, eye contact, etc).

• Active listening: focusing on what is being said not what you plan to say in response, asking questions to help you clarify your understanding.

• Paraphrasing and summarising: checking your understanding by playing it back.

• Acceptance and empathy: recognising the circumstances shaping someone's view without judging or endorsing it. Keeping your own view to yourself.

• Focusing: which of the issues discussed seem most important to the person/people you are helping? Why? Go deeper.

• Reflecting feelings: noticing the emotions that the person/people you are helping may not dwell on in your conversation. Taking them back to those emotions to help them uncover blind spots or gaps in their perceptions and assessment of the situation.

• Questioning: useful questions are - How did you feel about that? What were you thinking? What was that like? What else is there about that?

Stage 2: Reframing

This stage involves helping your colleague(s) to challenge their existing view, one issue at a time. It encourages thinking about whether there is another way of looking at the issue.

Useful questions during Stage 2 include:

• What might this situation look like from another person's point of view?

Supported by EASIER INC

- What in particular about this is a problem for you?

- If you were describing someone else in this situation, how would you describe them? What does she/he think and feel?

- What would success look like to you and where is your energy to act? - this is where you seek to move the person/people you are helping forward by identifying area(s) in which progress can be made.

NB Often, there is no need to progress to Stage 2, people having found their way to greater clarity and a focus for action during Stage 1.

Stage 3: Deciding Action

You now need to transition from exploring the problem to exploring commitment to a solution - or at least, to taking action towards a solution.

Useful questions during Stage 3 include:

- What are the possible ways forward in this situation?

- Which of these feel best for you?

- What will you achieve if you do this?

- What will you do first and by when?

Better Coaching and Better Coaches; The Hidden Power of The Skilled Helper Model

The *Skilled Helper* model is more than just a set of prompts for conversation. The transitions through each stage contain feedback loops, which will help to keep us honest to the principles of the model.

For example:

- In Stage 2, if you hear something like, "I get what you're saying but what you don't understand is…" then it's time to get back to Stage 1. What have you not understood about your colleague's world from their point of view?

- In Stage 3 if someone is stuck and can't see their way into productive action then get back to Stage 2. What blind spots have been missed and how can you help to surface and explore them?

- If, after Stage 3, no action is taken then get back into Stage 3. What has been misunderstood

---

about where your colleague's energy to act is?

How will we make listening to and supporting each other in this way business as usual?

Supported by EASIER INC

Non-Negotiables

As we work together to discover what good looks like we will find that some things become clear and fixed, with no need to constantly re-evaluate them. Amongst these, we will find that some things are fundamental - essential to being able to work safely and in line with our purpose and our pledge. These things will become our non-negotiables.

Some key points about non-negotiables:

• we will arrive at what they are together.

• we will keep a shared record of them, visible to all so there is no doubt about what we have agreed.

• we will work together to ensure that we each know *what* they are and *why* they are (i.e. we will make sure that we each understand and accept why it is important that these things are non-negotiable).

• we will agree how any breach of a non-negotiable will be handled and who will be responsible for that.

• we will treat non-negotiables as non-negotiable; no "3 strikes" or kid gloves.

The approach to dealing with the breach of a non-negotiable is different from our other coaching practices because we are not trying to establish what good looks like. The steps are:

Step 1: Announce

The fact that a non-negotiable has been breached is stated clearly to whoever has breached it. The person (or group) should be clear which non-negotiable they have broken and in what way. The example of their breach should be specific enough to remove room for interpretation or uncertainty. If this breach is part of a pattern of breaches by the same individual or group, this should be stated and supported with similarly clear examples.

Step 2: Accept

The person (or group) who have breached the non-negotiable acknowledge that it has been breached and accept their responsibility for now taking action to prevent a recurrence.

Step 3: Agree

Action to prevent a recurrence is agreed including:

• clear agreement about when this action will happen and who will be responsible.

• what will happen in the event of a recurrence.

Our Coaching System

Putting our coaching practices into practice (!) will require self-discipline and the development of new habits. We can make this easier by creating spaces and structures (i.e. a *Coaching System*) that support us to connect with each other, to discover 'what good looks like' and to practice our coaching practices.

Spaces

121 Check Ins

As necessary, Learning Partners will help each other to reflect on how things are going for them as individuals, with specific regard for their individual needs, strengths and roles.

Team Meetings

Each week, midwifery teams will come together to reflect, to plan, to prioritise and to support each other as a team.

Working Together for Change

Quarterly, we will have dedicated time to explore priority areas in detail and to agree action for improvement.

Quality & Delivery Forum

As a sub-group of the Central Support Team (CST), fortnightly meetings will provide operational oversight and maintain progress on improvement priorities that affect midwifery practice.

Business Development Forum

A second sub-group of CST, fortnightly meetings will maintain oversight of the commercial and administrative aspects of our work.

CST Meetings

Meeting monthly, CST will continue to provide a forum for ensuring that our good intentions are translating into effective ways of working, providing oversight of whether what really matters is, in practice, what really matters here.

Structures

Learning Partners

Each of us is a coach. None of us has a line manager. We will pair up to support each other as individuals so that each of us always has a specific someone to turn to.

Roles

Using the concept of Ikigai (*see appendices*) we will help each other to identify what we are passionate about and good at and how we can combine to deliver what the organisation and the women and families we support need.

Confirmation Practices & Data

We will work together to develop simple Confirmation Practices for each of our roles, meetings and processes. We will understand what data are important to being able to use these effectively and we will work together to make this data available.

Decision Making

By default, anyone can make any decision about things that affect our work using the Advice Process. Where decisions are reserved to specific roles or fora, we will make this clear to each other.

Transparency

Issues, decisions, priorities and actions arising at each meeting will be posted to Trello (1 Trello board for each forum). Everyone will have access to every Trello board. As we learn about and agree 'what good looks like' we will record this into our templates (see appendices).

Direct Observation

No matter how effective we become at communicating with each other, sometimes:

- we will need to directly experience what's happening in each other's work in order to really understand it.

- fresh eyes spot things that others are too familiar to see.

- conversations and thought processes get into set patterns that needs to be shaken loose.

- group-think sets in and nobody notices.

For all these reasons, underpinning our new Coaching System, we will take time to observe each other in our roles, at our work and at meetings.

This will be something we plan into our diaries and rotas; not something we leave to chance.

In line with our coaching practices, the purpose of observation is not to inspect each other but to notice what's happening (or what isn't happening that we think ought to be) then to help others notice too.

Observers are:

- Anyone at Neighbourhood Midwives - they don't occupy specific roles or carry special authority. For example, it should be as normal for a midwife to observe a member of CST in their work or to observe a CST Meeting as it is for a member of CST to observe a midwife or Team Meeting.

Observers are not:

- The arbiters of 'what really matters' or 'what good looks like' - their job is to observe, to point out then to help those they have observed to reflect.

Next Steps

Becoming the coaches and colleagues we want to be won't happen overnight and we will need to work together to set priorities, to manage the pace and to support each other in learning new skills and establishing new habits. **Doing so is the next crucial step.**

We will pick some of the Structures and Spaces (detailed in *Our Coaching System*) to focus on and progress together. To support this, we will use the templates in the appendices of this document to capture what we are learning and agreeing. This will help us to make our work together systematic and transparent. **However, our focus is not to populate the templates but to act our way into becoming skilled in our coaching practices and into forming the habits that will sustain this.**

While we do this work, we should also remember that we have already started by:

- Clarifying the Purpose of Neighbourhood Midwives and what we think *really* matters about how we deliver that.

- Identifying the things we need to be great at to do our work well (i.e. our Core and Support Capabilities).

- Developing Version 1.0 of 'what good looks like' for our Core Capabilities.

- Developing new outline role descriptions for CST members.

- Identifying new fora that will help us to make our meetings more focused and effective.

Although these things are in their infancy, they provide a strong platform for us to build on for the future.

Appendix 1: Non-Negotiables

Overarching everything we do is our purpose and what really matters to us about how we deliver it. These form the principles upon which our non-negotiables are based and should act as our conscience in all that we do.

Since these principles are very broad in nature, we will work together to identify specific non-negotiables that translate our high-level 'purpose' and 'what matters' statements into something more concrete and operational.

In this section you will find:

• Our Purpose Statement (what is it we are here to do?)

• What Matters (what do we think matters most about how we deliver our purpose?)

• Non-negotiables (practical things that we have agreed are fundamental to working well)

For each non-negotiable the template details:

• Title (what is it called?)

• What (what is the non-negotiable in brief?)

• Why (why does it matter?)

• Breach (what does a breach look like?)

• Sanction (what - if any - sanction have we agreed in the event of a breach?)

• Data (what data helps us spot breaches or the likelihood of breaches early?)

Purpose & What Matters

PURPOSE

AS A MIDWIFERY PROVIDER, WE DO EVERYTHING IN OUR POWER TO ENABLE WOMEN TO HAVE THE BEST POSSIBLE BIRTH EXPERIENCE AND TO MAKE A SUCCESSFUL TRANSITION TO PARENTHOOD.

WHAT MATTERS

- We work to the highest clinical standards
- We provide truly personalised care
- We form kind, lasting and deep relationships with women, their families and each other
- We create a transparent, inclusive culture where we take shared responsibility for our work and each other
- We become financially secure by creating a sustainable model for our midwives

Non-Negotiables

A non-negotiable activity or task is one which, if not completed, impacts negatively on the whole organisation and is a requirement either by our Regulator or as part of a signed agreement/contract with NM (eg employment contract) or another organisation.

1. Training:
   - Meeting mandatory training requirements: New starters: evidence of previous training reviewed with Governance & Quality Lead at induction, gaps identified and plan to meet mandatory training requirements made including dates for completion.
   - Time to be allocated during orientation period to complete training (assuming TNA and evidence of training supplied at induction (?before would be better).
   - Reviewed at 3 month development review, if training not completed by this time the midwife will not be signed off from her three month introductory period.
   - Annual and on-going mandatory training requirements: (See Mandatory Training and Development Policy 2018 in T drive)

If the midwife does not complete any mandatory training in the agreed time frame the following process will be followed:

The training spreadsheet is in the T drive so that all midwives can, and should, check it regularly to identify any training becoming due soon. **This is the responsibility of the individual midwife**

A routine reminder will be issued one month in advance of the due date (by Governance Lead) outlining the topic, when it is due and the final date for submission. This will also point to the process in the Coaching Document/T drive where the sanctions can be found.

*All teams to commit to look at the training record regularly (monthly) in order to identify training due. **The team should support midwife to complete this training.***

If this proves problematic the team should raise it at the regular slot at a team circle for support from the wider team.

If the training is not completed by the final deadline the midwife cannot work so must sit and complete it while her colleagues cover her workload.

If it involves a face to face course this must be booked and the midwife must attend, ie she cannot be on call and her colleagues will cover her absence.
Once completed the midwife will inform the Governance Lead and send documentary evidence.

The above process, including sanctions for any breach was discussed and agreed by the whole organisation prior to this process being activated 1st January 2019.

Non-Negotiables

TITLE	Training			
WHAT	Completing Training by the due date			
WHY	To ensure that we are safe practitioners and comply with external requirements			
BREACH	Not getting training completed by the identified due date			
SANCTION	After the deadline the midwife must take the next day off work to complete the training. Her colleagues must cover her. If a f2f course, this must be booked and attendance is mandatory, ie not on call so covered by colleagues.			
DATA	Training spreadsheet			

Non-Negotiables

TITLE

WHAT

WHY

BREACH

SANCTION

DATA

Non-Negotiables

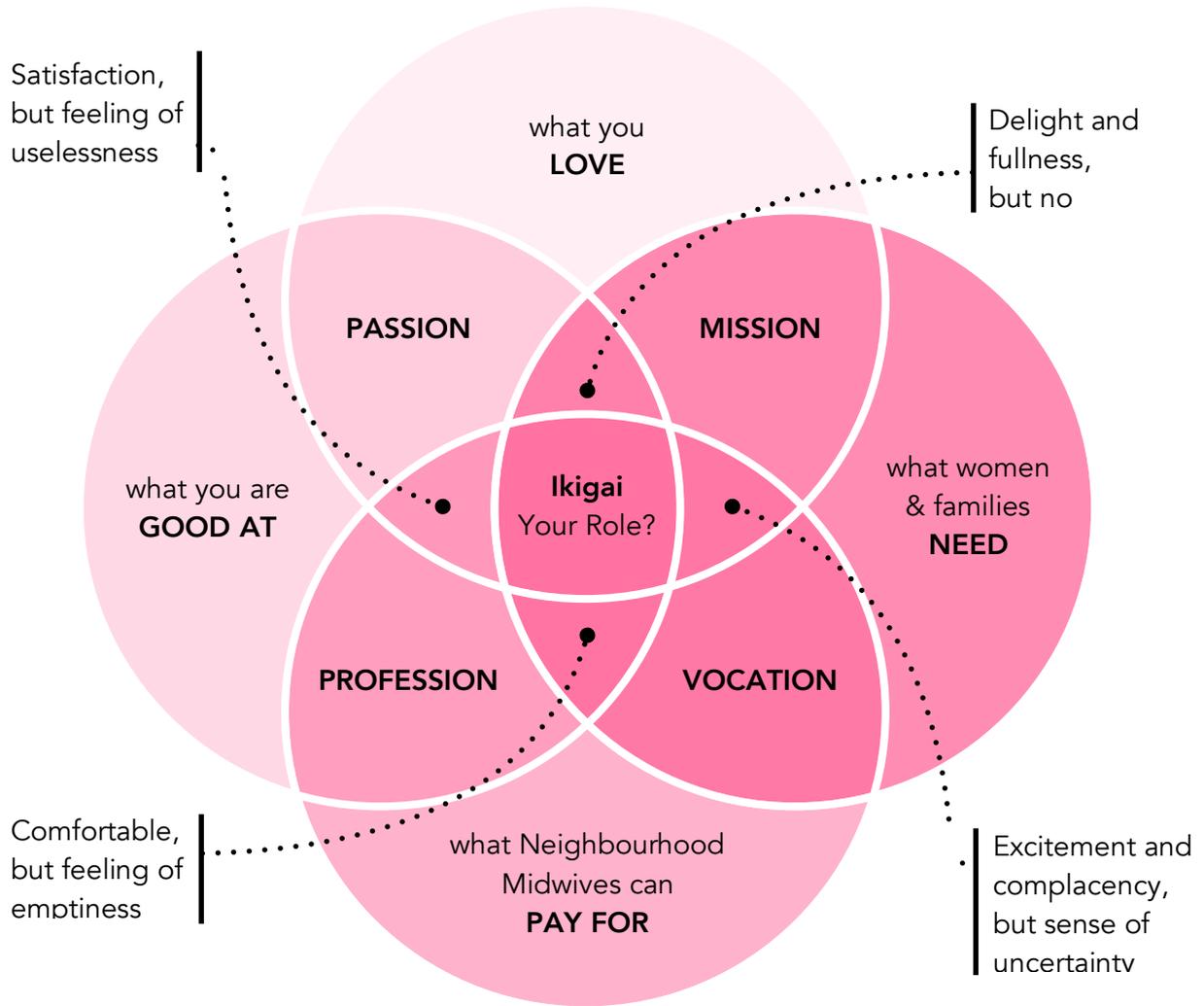| TITLE				
WHAT				
WHY				
BREACH				
SANCTION				
DATA				

Appendix 2: Roles

In this section you will find an outline description of each of the roles at Neighbourhood Midwives. These descriptions cover:

- Title (what is it called?)

- Purpose (why does the role exist?)

- Responsibilities (what is the role holder responsible for?)

- Decisions (what decisions is the role responsible for?)

- Confirmation Statements (what matters most in this role?)

- Data (what data helps us understand how well we are doing what matters most?)

Also included is the Ikigai diagram, which provides the principles for how we will shape our roles from:

- What we are passionate about.

- What we are good at.

- What the women and families we support need (articulated in our Core Capabilities).

- What we can be paid for (articulated in our Core and Support Capabilities).

Ikaigi

"a reason for being"

Satisfaction,
but feeling of
uselessness

Delight and
fullness,
but no

what you
LOVE

PASSION

MISSION

what you are
GOOD AT

Ikigai
Your Role?

what women
& families
NEED

PROFESSION

VOCATION

Comfortable,
but feeling of
emptiness

what Neighbourhood
Midwives can
PAY FOR

Excitement and
complacency,
but sense of
uncertainty

Shared Roles

TITLE	**Learning Partner**
PURPOSE	
RESPONSIBLE FOR	
DECISIONS	
WHAT MATTERS	
DATA	

Shared Roles

TITLE	Coach / Observer
PURPOSE	
RESPONSIBLE FOR	
DECISIONS	
WHAT MATTERS	
DATA	

Shared Roles

TITLE	**Meeting Chairperson**
PURPOSE	
RESPONSIBLE FOR	
DECISIONS	
WHAT MATTERS	
DATA	

Shared Roles

TITLE	**Meeting Note Taker**
PURPOSE	
RESPONSIBLE FOR	
DECISIONS	
WHAT MATTERS	
DATA	

Core Roles

TITLE	**Midwife**
PURPOSE	
RESPONSIBLE FOR	
DECISIONS	
WHAT MATTERS	
DATA	

Core Roles

TITLE	**Practice Support**
PURPOSE	
RESPONSIBLE FOR	
DECISIONS	
WHAT MATTERS	
DATA	

CST Roles

TITLE	**Chief Executive**
PURPOSE	
RESPONSIBLE FOR	
DECISIONS	
WHAT MATTERS	
DATA	

CST Roles

TITLE	**Deputy to Chief Executive and Social Media Lead**
PURPOSE	
RESPONSIBLE FOR	
DECISIONS	
WHAT MATTERS	
DATA	

CST Roles

TITLE	**Coaching Lead**
PURPOSE	
RESPONSIBLE FOR	
DECISIONS	
WHAT MATTERS	
DATA	

CST Roles

TITLE	**Commercial Operations Lead**
PURPOSE	
RESPONSIBLE FOR	
DECISIONS	
WHAT MATTERS	
DATA	

CST Roles

TITLE	**Finance Lead**
PURPOSE	
RESPONSIBLE FOR	
DECISIONS	
WHAT MATTERS	
DATA	

CST Roles

TITLE	**Business Support**
PURPOSE	
RESPONSIBLE FOR	
DECISIONS	
WHAT MATTERS	
DATA	

CST Roles

TITLE	**Operations Lead**
PURPOSE	
RESPONSIBLE FOR	
DECISIONS	
WHAT MATTERS	
DATA	

CST Roles

TITLE	**Quality & Governance Lead**
PURPOSE	
RESPONSIBLE FOR	
DECISIONS	
WHAT MATTERS	
DATA	

Appendix 3: Meetings

In this section you will find an outline description of each of our regular meetings, covering:

- Title (what is it called?)
- Purpose (what is it for?)
- Frequency (how often do we meet?)
- Membership (who attends?)
- Decisions (what decisions is the meeting responsible for?)
- Data (what data helps us understand and make good decisions?)
- Agenda (what is the standard agenda?)
- Check In Statements (what statements do we use to confirm we are ready to start?)
- Check Out Statements (what statements do we use to confirm we are ready to finish?)
- Trello (where do we record issues, decisions, priorities and actions from this meeting?)

Meetings

TITLE

121 Check Ins

PURPOSE

FREQUENCY

- As requested by any colleague of any other colleague

MEMBERS

- Learning Partners (occasionally with an Observer present)

DECISIONS

DATA

AGENDA

CHECK IN

CHECK OUT

TRELLO

Meetings

TITLE	**Team Meetings**
PURPOSE	
FREQUENCY	
MEMBERS	
DECISIONS	
DATA	
AGENDA	
CHECK IN	
CHECK OUT	
TRELLO	

Meetings

TITLE	Team Meetings
PURPOSE	
FREQUENCY	
MEMBERS	
DECISIONS	
DATA	
AGENDA	
CHECK IN	
CHECK OUT	
TRELLO	

Meetings

TITLE	Working Together For Change
PURPOSE	
FREQUENCY	
MEMBERS	
DECISIONS	
DATA	
AGENDA	
CHECK IN	
CHECK OUT	
TRELLO	

Meetings

TITLE	**Quality & Delivery Forum**
PURPOSE	
FREQUENCY	
MEMBERS	
DECISIONS	
DATA	
AGENDA	
CHECK IN	
CHECK OUT	
TRELLO	

Meetings

TITLE	Business Development Forum
PURPOSE	
FREQUENCY	
MEMBERS	
DECISIONS	
DATA	
AGENDA	
CHECK IN	
CHECK OUT	
TRELLO	

Meetings

TITLE	**CST Meetings**
PURPOSE	
FREQUENCY	
MEMBERS	
DECISIONS	
DATA	
AGENDA	
CHECK IN	
CHECK OUT	
TRELLO	

Appendix 4: Capabilities

We have identified that, in order to do our work well, we need to deliver a number of core and support capabilities. In this section you will find an outline description of each capability covering:

- Title (what is it called?)

- Purpose (what is it for?)

- Confirmation Statements (how do we make sense of how well we are delivering the capability?)

- Data (what data helps provides insight to our confirmation statements?

Core Capabilities

	CONNECTING	BOOKING VISIT	RESULTS & SCREENING	24/7 SUPPORT
TITLE				
PURPOSE	*"You connect me to midwife support that is right for me"*	*"We know what to expect on my journey to motherhood"*	*"You identify and respond to abnormal results promptly (fail-safe)"*	*"I can get your help whenever I need it throughout my journey to motherhood"*
IN	• The right people seek our support.	• We arrive at the agreed time, as expected and with everything we need to do a good job.	• All women are offered current screening options within the correct timeframe. • All women are given screening information to enable them to make an informed decision about screening. • All screening samples are taken and sent to the lab within the correct timeframe. • We identify and offer appropriate tests during pregnancy as required	• The women we support use the most appropriate channel to seek our help.

THROUGH	• We respond promptly and clearly to their enquiries.
	• They make a well informed decision about whether we are right for them (e.g. they understand the scope of our offer).
	• We gather the info we need to triage, to allocate and to have a successful booking visit:
	  - Name
	  - Address
	  - DOB
	  - Height
	  - Weight
	  - NHS Number
		• We help the woman start to make informed choices about her support.
		• We help her to identify relevant risk factors, needs and preferences and agree how these will be approached.
		• We provide relevant signposting.
		• We collect samples for screening.
		• We gather and record the info we need.
		• We pay attention to the little things that make a big difference.
			• We ensure women have accurate, evidence based information provided at the right time, so they can make informed choices about tests and screening.
			• We ensure that all samples and ultrasound scans are completed within an appropriate time frame.
			• We follow up on all results within an appropriate timeframe not greater than 7 working days of taking the sample.
			• We always notify the screening/clinical co-ordinator if we have an abnormal or unusual result including our intended course of action. We seek advice as appropriate.
			• If any tests need to be repeated, we organise a repeat sample asap and notify the screening /clincal co-ordinator of the date that the sample has been taken/sent.
				• We are able to resolve predictable queries at the point of contact or, where that is not appropriate, rapidly.
				• We are able to contact a women's primary midwife (or another midwife they know and trust) as necessary to providing high quality care.
				• We follow our triage decision tree.

OUT	• We provide those who choose our service with simple information that helps them get the best from our support and to know what to expect.
	• We connect them promptly to a midwife who has an appropriate caseload size and mix to become their primary.
		• The woman knows:
		  - what to expect;
		  - how to get the most from our support;
		  - the scope of our support;
		  - how to make appropriate use of our 24/7 service.
		• She has made any informed choices / decisions that are time critical.
		• We have made the necessary referrals, including for any safeguarding issues.
		• We have submitted valid samples for screening.
		• We have complete and accurate booking paperwork.
		• We have started to build solid foundations for a deep and lasting relationship together.
			• Women receive all their test and and scan results quickly.
			• Appropriate action has been taken for any abnormal results, including any **REFERRALS** necessary.
			• We ensure that as midwives, we have documented these results and discussed them with the woman.
				• We have confirmed with the women that we have met her clinical and emotional needs.
				• We have contacted or notified the primary midwife as appropriate, including updating our records.

Core Capabilities

NEIGHBOURHOOD
MIDWIVES YOU KNOW & TRUST

Supported by EASIER
INC

Core Capabilities

	REFERRALS	EMERGENCY REFERRALS	ANTENATAL PATHWAY	ANTENATAL CLASSES
TITLE				
PURPOSE	*"You make it easy for me to access all of the help I need for my safe and effective care, even when you can't provide that yourself"*	*"You ensure my access to urgent help if I need it"*	*"You visit me regularly throughout my antenatal care so that I have the best chance at the best possible birth"*	*"You offer me and my partner access to interactive learning with other women and their partners"*
IN	• We accurately identify where referrals are necessary. • The woman makes an informed choice about whether and what referrals are appropriate. • We signpost women to support they need where it is not necessary or appropriate for us to refer on their behalf.	• Women and those supporting them know when to access emergency care directly. Or if we are already present then… • We recognise emergency situations and respond in line with the laminate guidance provided by NM.	• We arrive at the agreed time, as expected and with everything we need to do a good job.	• All women who would like to attend antenatal classes have been given the opportunity to do so. • All the women who attend antenatal classes do so at the point in their care that is best for them.
THROUGH	• We complete referrals in a timely manner. • We pass full and accurate information on first time.	• We contact the correct emergency service first time. • We explain the need accurately in order to most rapidly access the correct support. • We pass all the relevant information to emergency services at the point of referral. • We notify the clinical coordinator/NM others as necessary. • Emergency services advise us of information we need to maintain good care, during and after the emergency episode. • The point of destination (e.g. A&E) know who/what/when to expect attendance in line with SBAR approach. • We complete the SBAR form. • The women (and family members or relevant others) understand what is happening and feel like they are in safe hands.	• We cover the essential clinical tasks with the women's informed consent. • We look after the women's emotional wellbeing. • We cover everything else appropriate to the women's needs in the Information & Care Schedule (in the Maternity Record).	• People who attend receive the best information possible about their care choices and feel enabled to act on them. • Classes are tailored to the specific needs and circumstances of those who attend. • We facilitate interaction and networking to create valued connection between those who attend.
OUT	• The woman knows what to expect and what she needs to do. • The receiving service know what to expect and what they need to do. • Where we need it, we receive information back about the outcome or progress of the referral. • We have updated our records.	• The woman knows what is happening, what to expect and what she needs to do. • The receiving service know what to expect and what they need to do. • Where we need it, we receive information back about the outcome or progress of the referral. • We have updated our records.	• We have recorded all actions and decisions accurately into the Information & Care Schedule (in the Maternity Record). • The woman understands and has made informed choices about her care. • The woman knows what to expect between now and the next visit. • The woman knows when to expect the next visit and who will be doing it. • The woman has surfaced any issues and concerns (including Safeguarding) and has an approach to dealing with them that meets her physical and emotional needs.	• People leave feeling more confident and having made valued connections with others. • They understand the information they have received and how to enact their care choices. • They have had their physical and emotional needs met.

Core Capabilities

Core Capabilities

	36 WEEK BIRTH TALK	LABOUR & BIRTH 1	LABOUR & BIRTH 2	LABOUR & BIRTH 3
TITLE	36 WEEK BIRTH TALK	LABOUR & BIRTH 1	LABOUR & BIRTH 2	LABOUR & BIRTH 3
PURPOSE	*"You ensure I'm ready and confident for the imminent birth and care of my baby"*	*You empower me to have the best birth experience with a midwife I know'.*		
IN	• We arrive at the agreed time, as expected and with everything we need to do a good job. • All of the necessary people are present. • Everyone present understands why this meeting is important and what its purpose is.	**For all births…** • The woman recognises the signs of labour and alerts her midwife at an appropriate time through the most appropriate channel. • We triage using our decision tree and establish when it is time to attend. • we give women the information they need to make the best decisions with support from us.	**Additionally for home births…** • We attend with the correct equipment (birth box, medications, entonox, etc). • The second midwife attends when needed and only for as long as necessary.	**Or for planned hospital births…** • We ensure that the transfer to hospital happens at the best time.
THROUGH	In addition to "WHAT MATTERS" for an antenatal visit… • Everyone present receives information in line with the content covered in the Birth Talk Checklist. • We help them to understand what to expect, what their role is and what to do when labour starts. • We ensure they understand when and how to contact us.	• On attendance we do a full clinical observation and assessment.	• We provide ongoing clinical care and assessment for mother and baby. • Our support is individualised, we hold the space so that the women (and their family/support) feel in control of their experience. • We maintain informed consent throughout the labour and birth. • We provide immediate post-natal care, including: • offering skin to skin • checking the perineum and taking action as necessary • examining the baby • We ensure that the first feed is initiated at the best time.	• We offer and provide birth support to meet the woman's needs. • We pass on all the information that others (e.g. hospital staff) require for them to assume the clinical care. • We spend as long as necessary at the hospital but no longer. • We are available to the woman when she needs us, within the reasonable expectations of our support.
OUT	• Everyone present understands the content covered in the Birth Talk Checklist. • When we leave everyone understands what to expect, what their role is and what to do when labour starts. • Everyone knows when and how to contact us. • They have had their physical and emotional needs met. • We have updated our records.	• We have recorded all the information needed, accurately and in the appropriate places, including the Birth Register. • We have sent the Birth Notification. • We have notified the NIPE practitioner.	• We ensure that the woman: - knows what to look out for - knows what to do - is confident to do it - knows how to contact us if needed.	• We ensure that the woman understands and is comfortable with the plan for her care and discharge from hospital. • We ensure that others (e.g. hospital staff) have all they require from us for them to assume the clinical care.
DATA				

Core Capabilities

TITLE	NIPE	POSTNATAL PATHWAY	10 DAY POSTNATAL DROP-IN	DISCHARGE
PURPOSE	*"You check that my baby is healthy and physically well"*	*"You help me to make a successful transition to motherhood"*	*"You provide extra opportunities for support and networking"*	*"You leave me confident in my parenting, independent but supported"*
IN	• All women birthing at home are offered a NIPE following the birth. • We ensure women have accurate information and rationale for the NIPE screening. and limitations. Informed consent is obtained. • The NIPE is performed at home by a qualified practitioner within 72 Hours of the birth in line with national screening guidelines A full antenatal history and review of scans is done together with the birth history. Family history is also discussed and any risk factors identified.	• We arrive at the agreed time, as expected and with everything we need to do a good job.	• All the women who would like to attend the drop-in get the opportunity to do so from late pregnancy onwards.	• Prior to our visit, the woman expects to be discharged and feels ready for that to happen.
THROUGH	• The NIPE is performed and documented in the NM notes and all findings discussed with the parents. Once the examination has been done it will be input onto the NIPE smart system by the practitioner or a nominated colleague. A copy of the NIPE will then be printed and put in the child health book and the NM notes. Any referrals generated from the examination will also be sent to the appropriate specialist practitioner. The NIPE practitioner will liaise with the named midwife once the examination has been done.	• We cover the essential clinical tasks for the woman and baby with the woman's informed consent including newborn bloodspot (NBBS) day 5. • We look after the woman's emotional wellbeing, including facilitating an opportunity to reflect on her birth experience. • We cover everything else appropriate to the woman's and her baby's needs in the Information & Care Schedule (in the Maternity Record).	• Women who attend receive the best support and advice possible (including feeding). • We support women to make valuable connections with each other. • Drop-ins are tailored to the specific needs and circumstances of those who attend.	• We capture all of the relevant information, ensuring the records are up to date and we complete the discharge summary. • We identify any emotional wellbeing needs (e.g. post-natal depression). • We make any referrals required to ensure the right care continues. • We ensure that the woman knows what to expect and where to go for future support.
OUT	• Women understand and are comfortable with the findings and information given them • Appropriate action has been taken when there are unusual findings.	• We record all actions and decisions accurately into the Information & Care Schedule (in the Maternity Record). • The woman understands and has made informed choices during this visit. • The woman understands what to be aware of for her and her baby's wellbeing between now and the next visit. • The woman knows when to expect the next visit and who will be doing it. • The woman has surfaced any issues and concerns (including Safeguarding) and has an approach to dealing with them that meets her and her baby's needs.	• Women feel confident to act on the advice and support received. • Women have made valuable connections with other women. • Women have had their physical and emotional needs met.	• The woman has left Neighbourhood Midwives care at the best time for her and her baby. • The woman knows to expect the return of her notes, a link to the evaluation survey and that she will be invited to future events. • We update the Birth Register and any other records and processes.

Support Capabilities

TITLE	PLANNING & SCHEDULING	KNOWLEDGE & SKILLS	INFO & POLICY	EQUIPMENT
PURPOSE	*"Work and time off are well planned and well managed"*	*"I have the knowledge and skills I need to work well"*	*"I have the information I need to work well"*	*"I have the equipment I need to work well"*
IN				
THROUGH				
OUT				

Support Capabilities

DATA

- Responsibility for capturing information on wellbeing of employees
- sick leave? Annual Leave calculation at start of service +ongoing recording of information
- organising support (Pastoral)
- A robust sytem of off-call
- Teams do day to day planning for A/L; Time off call; sharing out the work
-

- Overall training requirement:
- Quality assurance
- sytems required to evidence it
- Initial period of induction/orientation to understand the quality of care given and the way of working in NM eg communication and feedback
- Training needs analysis - administered by practice support in team? - personal responsibility of midwife to undertake training and report it to practice support
- training need arises out of incident / dev'ment review
- NQ MWs: Preceptorship programme

- Information governance inc storage and access
- producing Management information
- producing clinical/professional information
- Systems for consistent information sharing/gathering and reporting of data
- Physical access to information
- Guidelines: user friendly/accessible/updated regularly
- Analysis of data

- Virtual Desktop
- IT systems and maintenance of IT equipment
- Mobile phones/laptops/VPN fobs
- connectivity (N3 etc)
- stationary and consumables - ordering/monitoring
- Clinical equipment for midwives
- a clinical maintenance register

Support Capabilities

	ESTATES	PASTORAL SUPPORT	PROFESSIONAL SUPPORT	CRISIS SUPPORT
TITLE				
PURPOSE	*"We work in venues that are fit for purpose"*	*I have the pastoral support I need to work well"*	*"I have the professional support I need to do the right thing"*	*"When the unexpected happens it's easy to know what to do and who will take responsibility to coordinate"*
IN				
THROUGH				
OUT				
DATA	• Local responsibility for maintaining space /reporting repairs etcm • Health and Safety annual check • Infection prevention	• Equality and diversity • coaching and mentoring Including dev'ment reviews • organic buddy system • Annual survey of employees	• Safeguarding Lead • screening co-ordinator • Bloods and scan results • Immediate help support & advice (clincial co-ordinator • Long term professional support & development (PMA?) • Core capability owners	

Support Capabilities

TITLE	IMPROVING	ASSURANCE	DEMAND GENERATION	HORIZON SCANNING
PURPOSE	*"We routinely surface ways to make our work easier and better"* *"We take systematic action to make our work easier and better"*	*"Everyone is confident that our work is safe, compliant and effective"*	*"More and more people want our support"*	*"We are ahead of opportunities to deliver more purpose and we avoid nasty surprises"*
IN				
THROUGH				
OUT				
DATA	• system for recording and sharing information • QA: coaching/mentoring role • facilitating CST communication	• co-ordination of regulatory activity • Overall governance system • Incident reviews	• Local networking • building links with GPs	

Supported by EASIER INC.

Support Capabilities

	INFLUENCE	EXTERNAL RELATIONSHIPS	CONTRACTS	FINANCIALS
TITLE				
PURPOSE	*"We have a loud and trusted voice in the maternity agenda"*	*"Stakeholders have confidence in us and promote us"*	*"Our contracts reflect the work that we do and need doing for us"* *"We meet our contract promises and so do our partners"*	*"We maintain a healthy financial position"* *"We have accurate accounts, prepared on time"*
IN				
THROUGH				
OUT				
DATA	• building Reputation and influence locally	• MVP meetings attendance and input • building Reputation and influence locally	• Contract management	• Year end audit • management accounts • Book-keeping • Financial modelling • Issue of contracts and invoices • Debtor chasing • Waltham Forest financial reviews

Support Capabilities

	PAYROLL	RECRUITMENT	ON-BOARDING	OFF-BOARDING
TITLE				
PURPOSE	*"People are paid appropriately for their work"*	*"The brilliant people we want to work here, want to work here"*	*"New joiners start when we need them and are set up to succeed from day 1"*	*"People who leave us, leave well"*
IN	•			
THROUGH				
OUT				
DATA	• Collecting monthly expenses/bonus information from employees for spreadsheet • Updating for long service awards • Incorporating reviews & banding uplifts	Working group being set up to create a comprehensive programme of recruitment through to orientation/induction	Working group being set up to create a comprehensive programme of recruitment through to orientation/induction	