

Independent evaluation of the Maternity and Neonatal (MatNeo) Coaching Programme

A series of multi-disciplinary coaching
sessions to support delivery of the
Maternity and Neonatal Safety
Improvement Programme (SIP) preterm
optimisation quality improvement activity

Final report

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Disclaimer

The final report presents findings from an independent evaluation conducted by Health Innovation Wessex (previously known as Wessex Academic Health Science Network). The findings of this evaluation are those of the authors and do not necessarily represent the views of South East Leadership Academy (SELA), Health Education England (HEE) or the SHIP Local Maternity and Neonatal System (LMNS).

Acknowledgements

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Data retention statement

Our policy is to retain anonymised and pseudo-anonymised data for six years after the actual publication of the final report. We retain identifiable data in accordance with the Data Protection Act and General Data Protection Regulation and for a period of 12 months after the actual publication of the final report. Following these retention periods, the client will be given notice of imminent destruction and the opportunity to discuss any issues arising with the Project Manager concerned. Once a date has been confirmed the data will be destroyed and you will receive a certificate of destruction.





Background

- Health Innovation Wessex was commissioned to support the Maternity and Neonatal (MatNeo) Safety Improvement Programme (SIP) preterm optimisation quality improvement activity, in conjunction with the South East Leadership Academy (SELA), Health Education England (HEE) and the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Local Maternity and Neonatal System (LMNS).
- The project provides four trusts with external coaching for eight to ten clinicians working in multidisciplinary maternity and neonatal teams (at various banding levels). The coaching is provided by Rebekah Giffney Consulting Ltd for a period of six months, to support the delivery of the MatNeo Safety Improvement Programme objectives focusing on optimisation of the preterm infant.
- As described by the trainer, the coaching intervention is based on culture, behaviours and outcomes, ensuring that learning is grounded in reality and implementation-focused. A bespoke needs-driven approach is used that ensures a very personal and complete learning journey for people and teams. The coaching is designed to identify individual and collective needs, to facilitate personal growth, and tailored flexibly to provide the level of support to each person and the team. The objective of the coaching is to support the teams to become highly functioning; improving communication, psychological safety and the effectiveness of the quality improvement work and outcomes.
- This report describes the experience and impact of the coaching on four maternity and neonatal units in the south of England that completed the coaching between December 2022 and November 2023.
- The evaluation of the coaching intervention focuses on the acceptability and impact of the coaching intervention across four different units (combined value). Importantly, a detailed investigation of the context, culture and internal processes of individual maternity and neonatal units was beyond the remit of this evaluation.
- To address the scope and evaluation questions, a mixed methods evaluation was best suited to develop robust conclusions.





Evaluation questions

The evaluation questions were developed with the HIW Patient Safety team and Rebekah Giffney Consulting Ltd prior to starting the study.

1. How acceptable was the team coaching programme?
2. Was the flexible / tailored training experience useful?
3. Do participants feel their own behaviour has changed because of the coaching?
4. Do participants feel their team has changed because of the coaching?
5. Are there any wider impacts from participation in the coaching programme?
6. Have any changes in team working been sustained?





Evaluation methodology

Four maternity and neonatal units completed the coaching programme.

The evaluation took a multi-perspective approach and used a mixed methods design to answer the evaluation questions. Three data collection tools were used:

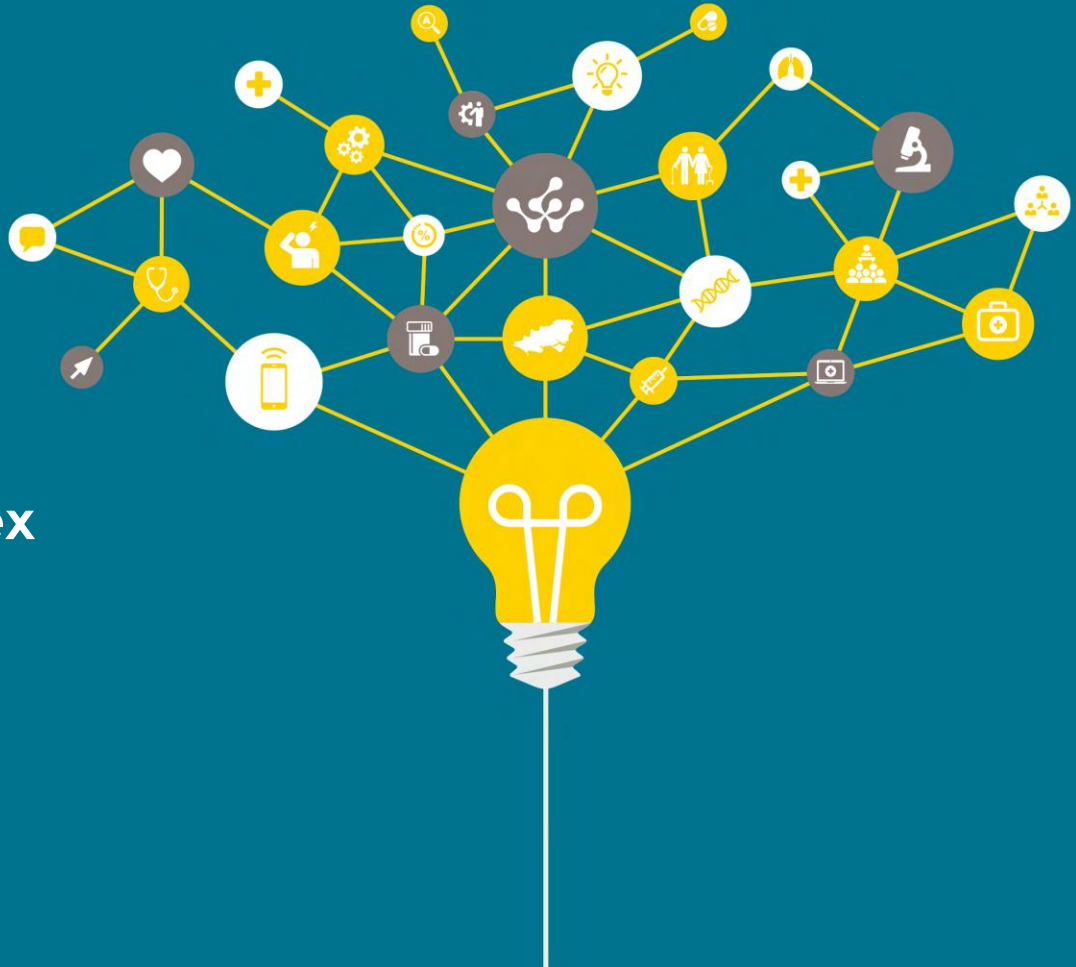
1. Survey 1: Psychological Safety Index (before and after). Source: <https://fearlessorganization.com/about-the-fearless-organization-scan>
2. Survey 2: G3 Team Working Assessment (before and after). Source: NHS England Culture and Leadership programme <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2021%2F08%2FTool-G3-Team-working-assessment.docx&wdOrigin=BROWSELINK>
3. Interviews with staff who completed the coaching sessions.

All four units received six coaching sessions each and most sessions were face-to-face.

Overall, 35 staff from four maternity and neonatal units in the south of England took part in the coaching sessions (seven staff from unit 1, eight staff from unit 2, ten staff from unit 3 and ten staff from unit 4).

A wide range of professional roles participated in the coaching and completed the various surveys, including consultant obstetricians, consultant neonatologists, registrars, midwives, neonatal nurses and infant feeding nurses.





Survey findings



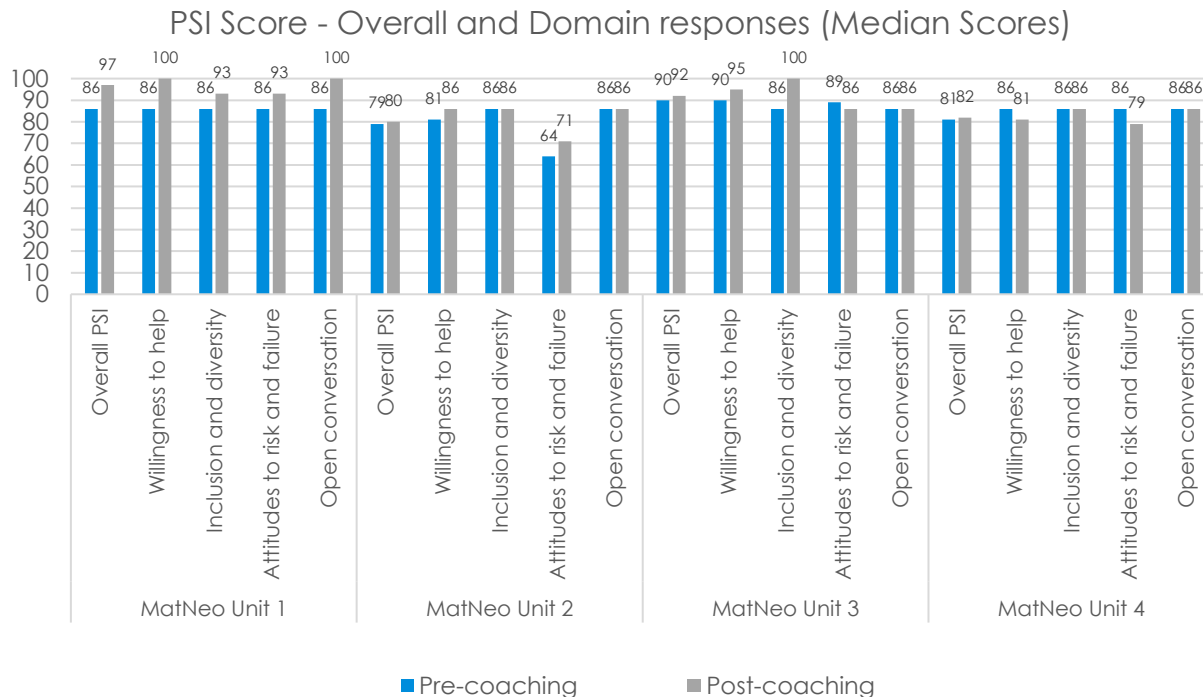
Psychological Safety Index (PSI)

Thirty-three staff completed the pre-coaching PSI and 27 staff completed the post-coaching PSI.

All units reported a reasonably high level of overall psychological safety. Differences were apparent on domain areas, e.g. attitudes to risk and failure was moderate at unit 2 (compared to other units) but did show improvement after the coaching.

All units saw a positive change in overall PSI score (maximum 100) which indicates the coaching is valuable regardless of the starting position of the maternity and neonatal unit. Unit 1 reported a more significant improvement compared to other units.

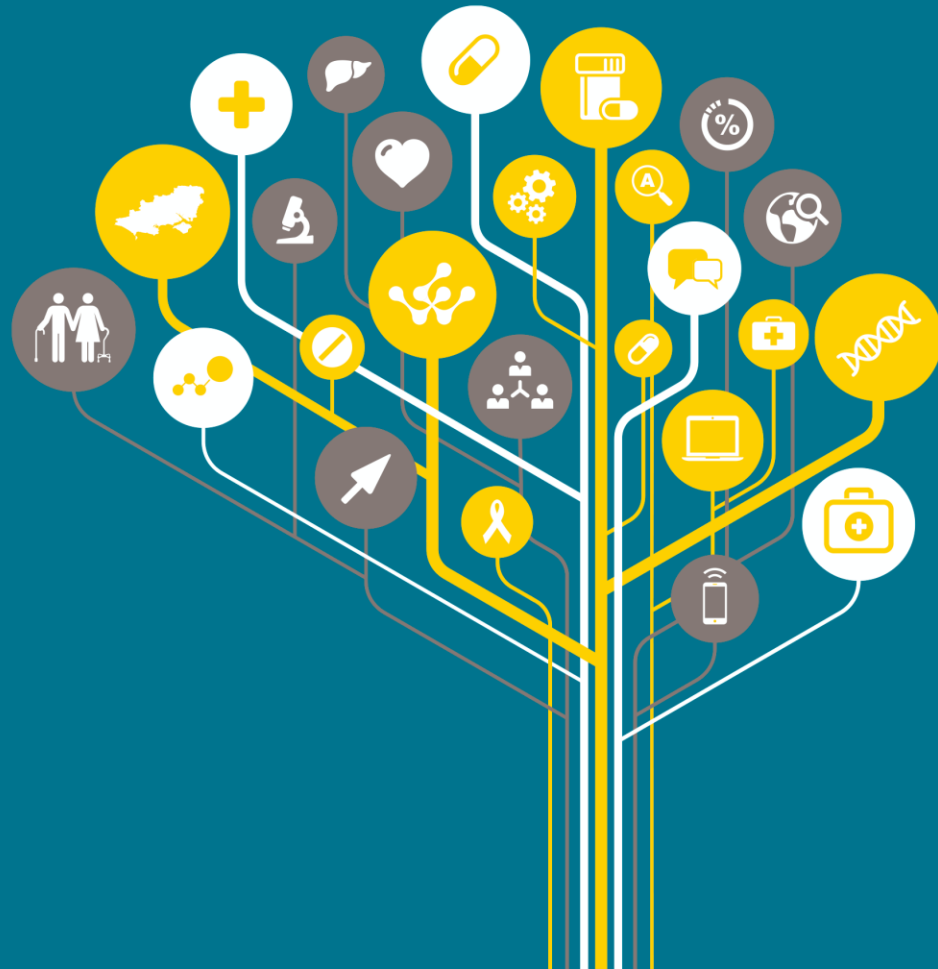
The training appeared to have less impact on unit 4. Contextual reasons of the broad geographical location of staff and staff turnover during the coaching intervention, help to explain this.





G3 Team Working Assessment

Survey findings - All
responses





G3 Team Working Assessment

Survey response rates:

Site	G3 surveys completed – pre-coaching	G3 surveys completed – post-coaching
Unit 1	5 (of 7) [71% response rate]	5 (of 7) [71% response rate]
Unit 2	4 (of 8) [50% response rate]	7 (of 8) [88% response rate]
Unit 3	3 (of 10) [30% response rate]	6 (of 10) [60% response rate]
Unit 4	11 (of 11) [100% response rate]	5 (of 11) [46% response rate]
Total	23 (of 36) [64% response rate]	23 (of 36) [64% response rate]

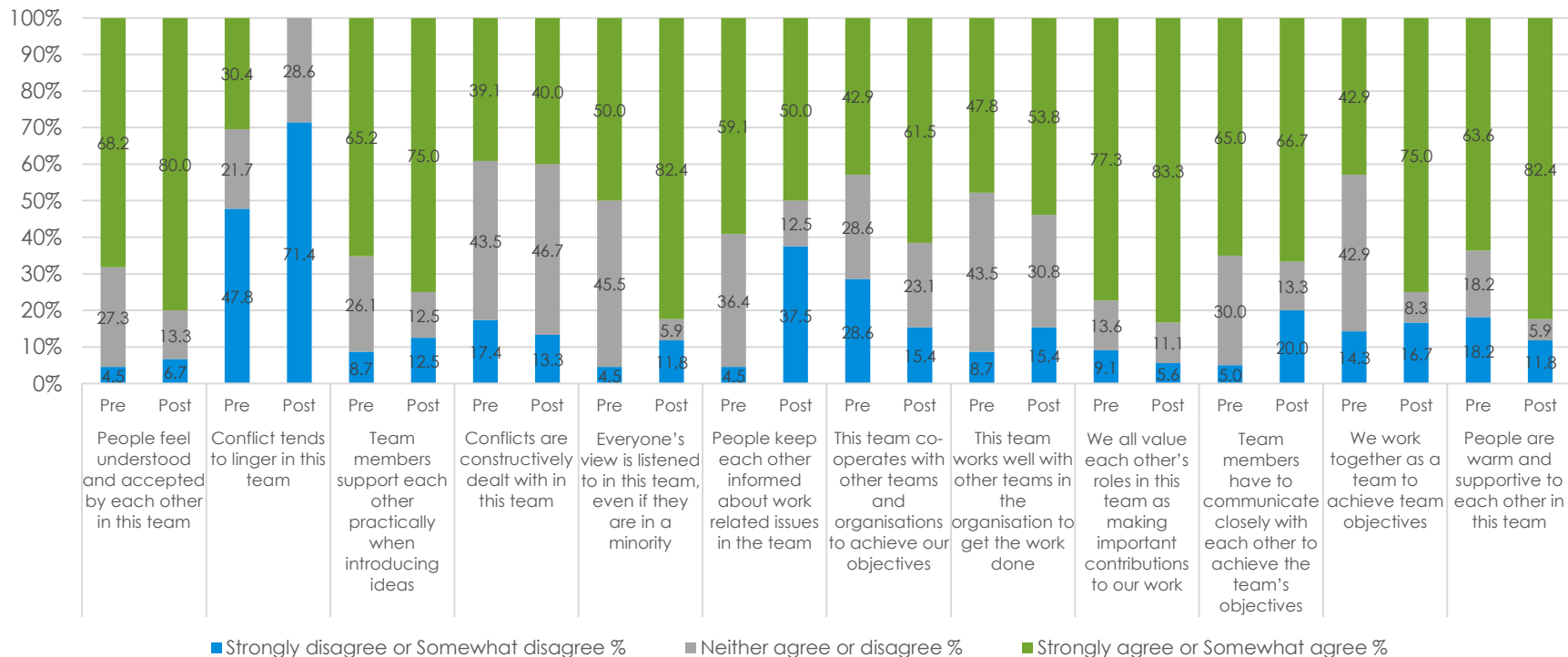
- As an overall dataset, the survey response rates were good (64%)
- The G3 team working survey comprises 28 questions in total. These are organised into three sections on **role clarity** (7 questions), **positive and supportive relationships** (12 questions), and **the time teams take to review and improve their work** (9 questions).
- The responses from the G3 survey were analysed as a whole dataset to understand the broad impact across all four units.





G3 Team Working Assessment – All responses

G3 Team Working Assessment - Positive and supportive relationships



■ Strongly disagree or Somewhat disagree %

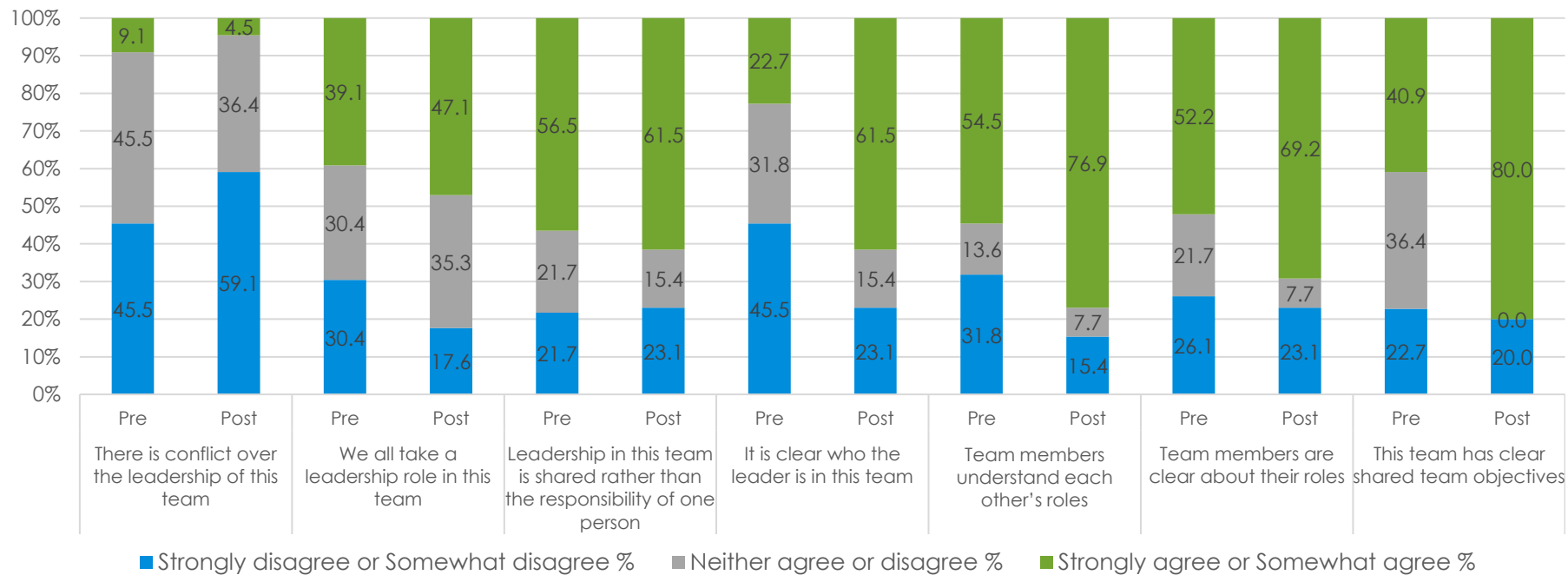
■ Neither agree or disagree %

■ Strongly agree or Somewhat agree %



G3 Team Working Assessment – All responses

G3 Team Working Assessment - Role clarity



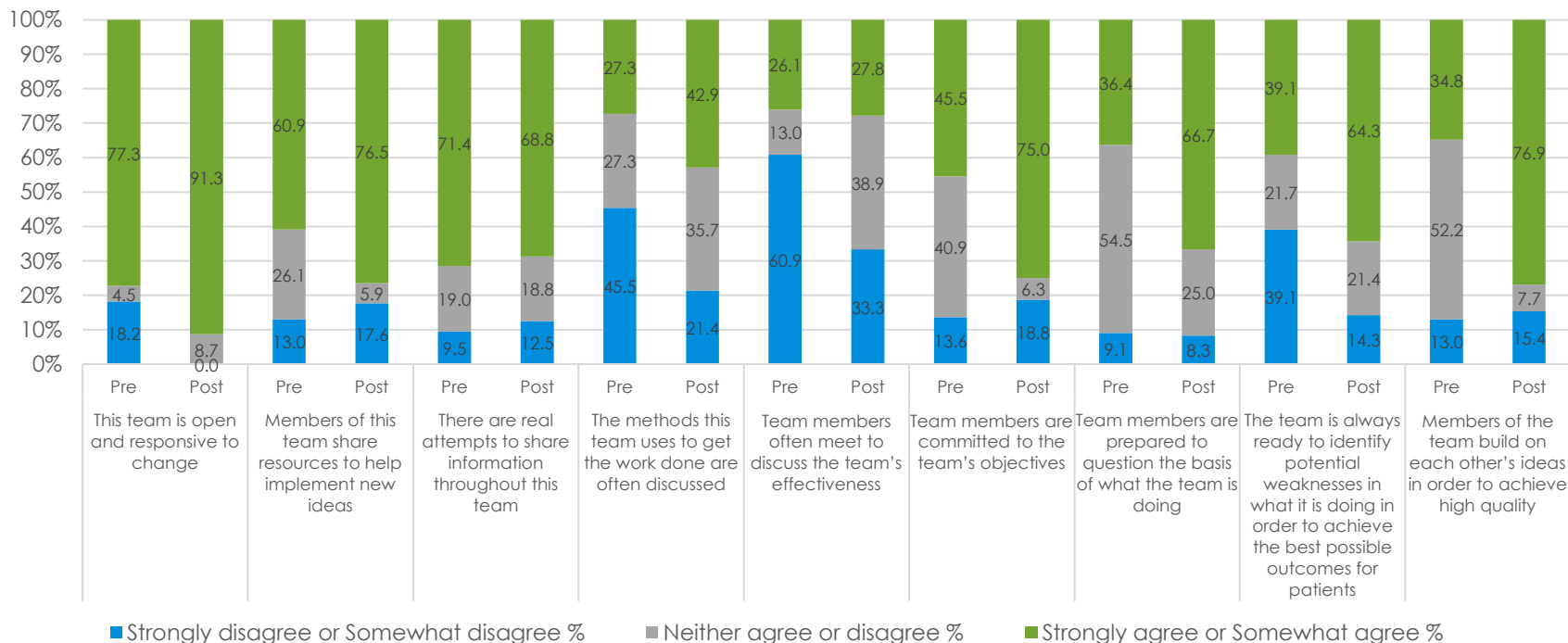
■ Strongly disagree or Somewhat disagree % ■ Neither agree or disagree % ■ Strongly agree or Somewhat agree %





G3 Team Working Assessment – All responses

G3 Team Working Assessment - Reviewing and improving



■ Strongly disagree or Somewhat disagree %

■ Neither agree or disagree %

■ Strongly agree or Somewhat agree %



G3 Team Working Assessment – Summary of all responses

- **On positive and supportive relationships:** The responses showed a general pattern of increased agreement amongst staff after the coaching. For example, the change in people feeling understood and accepted by their team was reported: 68.2% agreed before and 80% agreed after the coaching. Perspectives on whether everyone's views are listened to within the team changed from 50% to 82.4% after the coaching. The change in views on whether staff worked together to achieve team objectives increased from 42.9% to 75% after the coaching.
- **On positive and supportive relationships:** A question, which is reverse scored, showed a positive effect of the coaching: before the coaching 47.8% of staff disagreed that conflict tends to linger in the team and after the coaching the disagreement rose to 71.4%.
- **On role clarity:** A question, which is reverse scored, showed a positive effect of the coaching. After the coaching, more staff disagreed about whether there was conflict of the leadership of the team (45.5% before and 59.1% after).
- **On role clarity:** The coaching had a strong effect on clarifying the leader of the team. This changed from 22.7% being clear before the coaching to 61.5% after the coaching.
- **On role clarity:** The coaching had a strong effect on clarifying team members' understanding of each other's roles. This changed from 52.2% being clear before and 69.2% being clear after the coaching.
- **On reviewing and improving:** The responses showed a general pattern of increased agreement across staff after the coaching, indicating a positive effect of the coaching intervention on improvement activities.
- **On reviewing and improving:** a highly positive change was reported on whether team members would build on each other's ideas to achieve high quality services, with 34.8% in agreement before and 76.9% in agreement after the coaching.





Maternity and neonatal unit staff: interview findings



Interview participants

Twenty-two interviews (of a possible 36 that completed the coaching) were conducted with staff across four different maternity and neonatal units.

Site	Interviews completed
Unit 1	6 (of 7) [86% response rate]
Unit 2	3 (of 8) [38% response rate]
Unit 3	6 (of 10) [60% response rate]
Unit 4	7 (of 11) [64% response rate]
Total	22 (of 36) [61% response rate]

Professional role (all four sites combined) [for anonymisation]	Interviews completed
Midwife	10 [45% of total]
Consultant obstetrician	3 [14% of total]
Consultant neonatologist	2 [9% of total]
Registrar	2 [9% of total]
Neonatal infant feeding nurse	2 [9% of total]
Obstetric anaesthetist	1 [5% of total]
Director of midwifery	1 [5% of total]
Matron	1 [5% of total]
Total	22





Summary of themes

Theme 1: Acceptability of the coaching programme

Sub-theme: A highly valued educational coaching programme

Sub-theme: The flexible and adaptive approach was highly valued

Theme 2: Multiple impacts of the coaching programme

Sub-theme: Positive impact on preterm optimisation

Sub-theme: Enjoyed learning new approaches on team engagement

Sub-theme: Encouraged introspection

Sub-theme: Protected time to build relationships with colleagues

Sub-theme: Impact on service users

Theme 3: Multiple challenges of the coaching programme

Sub-theme: The capacity and attendance challenge

Sub-theme: The recruitment and information sharing challenges

Theme 4: Sustaining the coaching programme

Sub-theme: Building on the benefits

Sub-theme: Building sustainable practices





1. Acceptability of coaching programme: **A highly respected educational programme**

All participants interviewed about the coaching programme described it as a positive experience that they highly valued. They thought it was interesting, educational, worthwhile and practical. Individuals at all units enjoyed the programme content and found it to be engaging and relevant.

Highly positive comments were reported about the trainer/facilitator who engaged with individuals and personalised the programme for each site accordingly.

"I thought it was absolutely brilliant. I think it gave us the opportunity to work together to break down barriers that perhaps historically had built up. It was an amazing chance to meet with colleagues that I had never really spoken to and worked together across services, it gave me an insight that I hadn't had before." Unit 3_001

"...and it has been very positive. I would go so far to say that all the team that took part in the coaching programme found it really useful; it was a very positive experience for all of them." Unit1_004

"One of the most useful things that I've done, sort of academically or in terms of quality improvement and courses, educational things, it was absolutely brilliant." Unit1_002

"She was always listening and positive about anything you said, even if it was something really stupid." Unit2_001





1. Acceptability of coaching programme: **The flexible and adaptive approach was highly valued**

The programme was tailored to each unit's needs and focus, offering flexible face-to-face and virtual meetings dependent on what suited the group more. As noted in the methods slide, all teams completed more face-to-face sessions, they felt more engaged and focused doing the sessions in person.

The trainer/facilitator was praised for being attentive to team needs, being forthcoming, personalised, and well-delivered. Their experience in using various techniques and tools at the right time helped individuals think and reflect on specific scenarios, resulting in successful and engaging sessions.

"So yeah, you know it was very flexible into how we wanted to work rather than just being information disseminated at us." Unit2_002

"...after we did the first face to face session, we all agreed that actually that was more worthwhile for us to all be together in the same room rather than online...But the rest of them were face to face and I think that is really valuable to have that time." Unit2_001

"You know the tools in her toolbox that she sprinkled in during the sessions that just the right time just to get us thinking about a problem a bit more creatively was really, really helpful. And so yeah, I really liked her as her approach. She was great, very engaging." Unit1_003



2. Impact of coaching programme: **Positive impact on preterm optimisation**

The coaching programme had a variety of effects on all units, one of which was noted to be on the preterm optimisation objectives. By engaging the team in preterm initiatives and improvements, staff were able to accelerate the progress of preterm optimisation performance and outcomes. It prompted all units to focus on their objectives within their teams and improve. In addition, strategies from the programme are now being used to support other work.

"Well, I think it certainly accelerated our progress in achieving some of the preterm optimisation outcomes, because actually the performance you can see on our network graphs has shot up on the areas that we focused on, which is absolutely lovely to see and we couldn't have done that I don't think without having that protected coaching time to meet, to discuss, to sort it out and to make these changes." Unit1_002

"My colleagues and I are looking at a new quality improvement project and without the coaching we wouldn't have considered it. We have different ways of collecting data, especially in the Neonatal Intensive Care Unit, Neonatal National Audit programme, and UNICEF Baby Friendly initiative. The coaching helped us to think of a whole journey rather than an aspect of care." Unit 3_001

"...the coaching gave me direction to think about the other sort of things, what I should be doing with my team..." Unit1_001

"We've had some disagreement amongst staff about our deferred cord clamping policy...we are finally getting some relaxation on the push back and uniting the voices and the coaching has helped with that." Unit 3_004





2. Impact of coaching programme: **Enjoyed learning new approaches on team engagement**

All units enjoyed learning new techniques and developing approaches on resilience, coping and people management. Some of the tools highlighted areas of improvement, it encouraged constructive criticism and individuals to speak up more often.

The approach of storytelling was one engagement technique that was mentioned by multiple individuals who found it to be very useful.

"We've got a better appreciation of all our roles and it was really nice to feel appreciated. In terms of speaking out and speaking up, certainly there's more of that happening." Unit 3_001

"So one of the things that she really introduced really early on was the kind of story idea in the appealing to hearts rather than minds in order to effect change. So we actually adapted our entire improvement approach around that. So instead of our teaching sessions, we've given subsequently, like trying to encourage deferred core clamping before it would be like scientific, this is why we should do deferred cord clamping and giving a lecture, whereas now instead we switched to all round. We've got a whole presentation based around a baby going, "If you do this for me, you increase my chance of survival by 30%" and lots of emotional pictures and things like that. So in order to persuade people and make it memorable we switched to a storytelling approach and had some really good feedback from that." Unit1_002

"I wasn't very confident before I went into this coaching, I came out with a lot more confidence which was really powerful for me and helped me interact with the colleagues. I now know I do a valuable job and know how this fits in." Unit 3_006





2. Impact of coaching programme: **Encouraged introspection**

The coaching programme enhanced personal reflection and encouraged some people to be more receptive and open to others. Some people were able to better understand themselves while also learning to understand different perspectives. One individual enjoyed learning the “**psychological element**” of the programme and the psychology behind techniques.

“It helped me understand probably myself better and how I lead, just how I probably phrase things maybe, yeah, just so maybe slightly more reflective.” Unit2_003

“I think some of the stuff that we talked about and how teams work and team dynamics has influenced how I am and I think it's made me more open and receptive too... I really felt I got something out of it.” Unit1_006

“And you know, it just helped me put things into a different perspective, I suppose. Rather than, you know, thinking that I was the problem.” Unit2_003





2. Impact of coaching programme: **Protected time to build relationships with colleagues**

The programme gave individuals the opportunity to better understand and learn from one another. It allowed time to build relationships and understand the unit's dynamics. Individuals mentioned the programme gave time to strengthen relationships and realise they are all working toward a common goal. Some individuals came to appreciate each other, their responsibilities, and their roles more as a result.

"The process brought us together and built strong relationships, I think because you put yourself in perhaps more vulnerable situations than you would normally do...I think that gives you the opportunity to see people differently and you're all on the same level. So I think that was a really good aspect of it. I think it's just we've never worked this way. I think traditionally NICU and maternity have been very, very separate, and it doesn't make sense now really how it has traditionally been. I think giving us the chance to actually explore where we all come from to get to the same outcome is really, really important to evolve and move forward, and I think building that trust together supported this process." Unit 3_001

"I think it really got us to come together as a team, really understand how we each worked individually and understand our aim, personal drivers, but then also understand that in the context of the team and what we bring to this project." Unit1_005

"I feel that I have a better relationship because there's one of the members who was on the team who I didn't really feel I had a particularly good relationship with and it's now much improved, which is really nice and you know for both of us, I think it's just because we know each other, just understand a bit more about where we're coming from..." Unit2_001

"Now I feel confident I can, if I have a query regarding the management of a prem baby or if there is something which I think needs can improve, I can walk up to the NICU team and speak to the breastfeeding nurse, or walk up to our senior midwifery manager, or to our lead midwife. That openness is now in the culture, it's broken barriers." Unit 3_002





2. Impact of coaching programme: **Impact on service users**

Maternity and neonatal staff reported the coaching programme demonstrated several benefits for service users, including going above and beyond when needed, following best practice, and collectively writing guidelines to improve safety.

"We had a mum who was supposed to be delivering in [location] and on the day the unit was limited because of staffing issues, so suddenly she's being sent to [location] instead. When they transferred her, they left all the colostrum she had been harvesting here in the freezer. I found the box and saw on the notes that one of the consultants was taking over her care when she got to [location]. I knew the consultant from the coaching training so I texted her and I said I'm more than happy to bring it to you, can we arrange this? I liaised with her and dropped it off at the unit, and it was all because of knowing the consultant from the coaching. Without this, it would have all been up to the parents to have tried to find somebody, a relative, to have come back to get the colostrum." Unit 4_002

"The coaching benefited all my MatNeo colleagues, it highlighted the importance of certain areas that maybe aren't necessarily thought of as important, for example, antibiotics in labour or expressing colostrum within two hours after birth. It just showed why it's important that each bit happens. I can see why we all must work hard to get it completed." Unit 3_006

"We've come together, we've written a preterm guideline which we would never have done before...from identifying someone at risk of a preterm birth to a baby actually being admitted to the neonatal unit...the coaching has enabled those conversations to happen, that was really positive." Unit 3_006





3. Challenges: **Capacity and attendance challenges**

Numerous comments spoke of capacity and attendance challenges. This was categorised in two ways:

Firstly, most individuals discussed the difficulty for a group of colleagues to attend longer courses together. From their perspective, it can be difficult for individuals to be sure that the time they book off for courses will be beneficial or worthwhile due to the nature of their work and larger capacity issues within the health service.

Secondly, there were individuals who attended the course who did not have protected time. Some individuals were still on duty and being called to work during the sessions. Individuals wanted support and allocated time to fully engage in the programme and to progress as a team.

“But there are a few people that really, really struggled to attend...they should have that time protected because some of them ended up being called away to do clinical type stuff.”

Unit1_002

“I mean, obviously it's difficult to try and get everyone there and I think that's the only thing I didn't like.” Unit2_003





3. Challenges:

The recruitment and information challenges

There was confusion with most individuals initially on the content and context of the coaching programme. Individuals stated they received little information prior to the programme on why or how they had been selected and what was expected. A brief or roadmap was suggested for future courses to provide information before a course started.

Unit 2 thought junior colleagues (band 5s) could have also benefited from the course in terms of engagement approaches and speaking up which ultimately could have led to a different group dynamic and outcome.

An individual from unit 2 also thought more engagement, oversight and interest from the senior leadership team could have encouraged and motivated the group more.

"I think it would have been really useful to have an understanding of what I was going into rather than just having it as sort of an email. There was no sort of brief and in the initial I guess session of the programme saying what this was at the context of it." Unit2_001

"I think the only thing that could have been improved wasn't actually a fault of the coaching itself, it was how I was recruited and maybe how we were all recruited...I had no idea what the coaching was about, I just received an email." Unit1_006

"So maybe the dynamic would have been different if you've had some of the band fives from the wards, who perhaps would not have felt able or they would not have been comfortable to speak out." Unit 2_002



4. Sustainability: **Building on the benefits**

Individuals expressed desire for programme continuity and suggested more sessions for skill development for themselves and the team. From unit two, a few individuals mentioned the team took time to form and "gel"; they wanted more time to build on their relationships from the momentum generated from the programme. It was suggested that once a month be set aside for skill development and "moving things forward". Otherwise, there was the worry that other priorities would take precedence, predominantly due to capacity challenges. Other colleagues and healthcare professionals benefited from the programme, improving their insight into how to work as a team and be more resilient.

"It's up to us really to maintain. I don't feel there's any other initiative to maintain our coaching other than ourselves. And we've already had to postpone our meeting because of other commitments, whereas the coaching was protected time. It had to be completed and now it's so much harder to maintain that momentum when we have the normal challenges...If you think about the coaching programme, you kind of need at least another month onwards of the same protected time."
Unit 3_001

"I think there is a risk of it just disappearing with other priorities taking over..." Unit1_003

"I think it would have been nice if it had carried on. I think a lot of us felt like we only just got our teeth into the project...but I think when you're doing a quality improvement project, six months is a really short amount of time, isn't it? Having [trainer] there to lead the session, we were all a bit more accountable to turning up because they were leading it." Unit1_005



4. Sustainability: Building sustainable practices

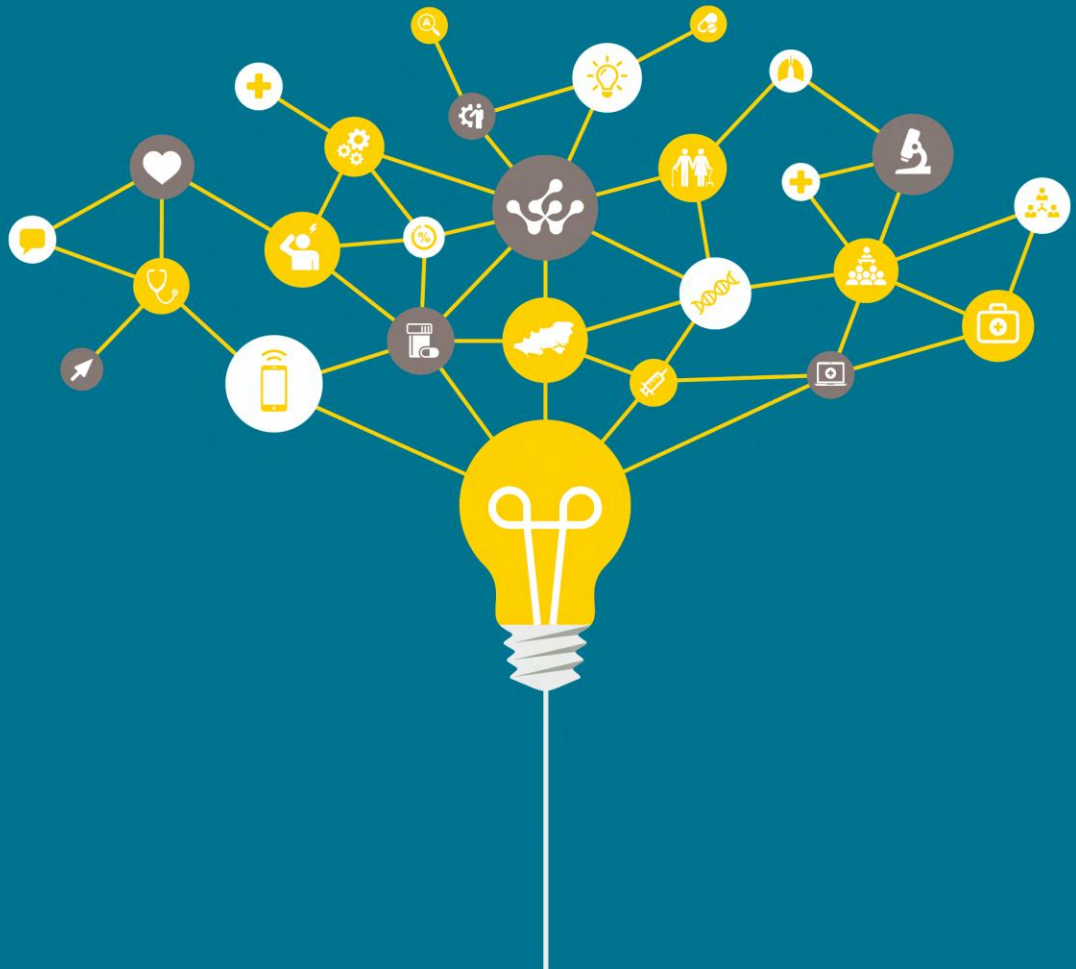
To build a sustainable team and workforce, continuity of developing these techniques and tools is wanted, and capacity and time is required for this. There were comments from all four sites about not meeting up after the coaching programme was completed due to challenges with time and capacity but also not having someone willing to take the lead on organising the meetings.

"We've been desperately trying to, but as soon as the coaching programme is finished, some members of the team just have so much clinical pull that they cannot get the time to actually do that. So no, we haven't met since; we've had lots of email conversations and things and but finding the time to actually get in the same place at the same time has been impossible." Unit1_002

"When we were asked the question, I wasn't really sure and I was sort of thinking, I don't think anybody's going to want to meet up afterwards. And then the consensus was that they did. Umm, but I think it got left to one person and I was still thinking it's going to fall to me. And anyway it didn't, so I was quite relieved I didn't have to organise anything, but the actual factor is that we haven't met since and maybe I don't know if anything is going to happen." Unit2_001

"I do feel that we need to have these sessions maybe every four months to six months. We need to have these sessions to see how we are doing, how things are changing, and what effects are helping parents and the babies." Unit 4_005





Conclusions



Conclusions

Acceptability (Evaluation Question 1)

- All staff interviewed spoke highly of the coaching programme; it was reported to be educational, useful and they enjoyed developing skills with their colleagues. The trainer/facilitator was praised for their flexible and personalised approach and tailoring to each group's needs. The coaching programme was described to improve individual and group behaviours, and was thought to be an acceptable approach for a team building programme in the maternity and neonatal context.
- A general pattern of improvement in team working was observed on the G3 survey, with staff reporting positive change on most survey topics before and after the coaching. Of note were the positive changes in how staff felt about being understood by their colleagues, about being listened to by their colleagues, about supporting each other to achieve team objectives, and there was a notable increase in disagreement (the desired outcome) on whether conflict tends to linger across the team.
- No meaningful differences between units were identified on the acceptability of the coaching programme. A detailed investigation of individual maternity and neonatal unit context, culture and internal processes was beyond the remit of this evaluation.

Usefulness of the tailored training approach (Evaluation Question 2)

- What really mattered to staff was the flexible and adaptive approach to the coaching. They reported it provided protected time, encouraged introspection, and focused thoughtfully on the needs of each specific unit. The trainer was highly praised for their engagement with unit issues and finding time to discuss what really mattered. A hybrid approach to the programme offered flexibility of delivery: however, all individuals interviewed preferred the sessions in person compared to virtual as they felt more engaged and focused.





Conclusions

Change in coaching participants' behaviour (Evaluation Question 3)

- The psychological safety of individuals was positively affected by the coaching. All units saw a positive change in overall PSI score which indicates the coaching is valuable regardless of the context and culture of the maternity and neonatal unit. However, some differences were noted with Unit 1 reporting a more significant improvement compared to other units.
- Staff interview findings highlight an increase in introspection and relationship building activities by individual staff, which were linked to increased contribution to team activities and cohesion.
- The techniques learnt on coping, resilience and people management were useful for all units; they enjoyed learning these tools and having designated time to do so.

Team changes (Evaluation Question 4)

- A wide range of positive benefits was identified on team working via the G3 survey, on all three domains of positive relationships, role clarity and team improvement activity. Staff responses showed a general pattern of increased agreement amongst staff across most questions after the coaching, indicating a positive effect of the coaching intervention.
- Several notable positive changes were observed: the coaching programme helped staff to understand their colleagues, provided time for relationship building, clarified roles within the team, and clarified leadership responsibilities within the team.





Conclusions

Wider impacts (Evaluation Question 5)

- All units reported the coaching positively impacted on their team and preterm optimisation objectives/processes.
- Indirect impacts were the personal development and growth, and recognition that capacity is needed to support the enabling activity of developing stronger maternity and neonatal teams.
- Several examples of positive patient impact were reported due to better maternity and neonatal team relationships. These included the production of a whole-team preterm guideline and adaptive activities, i.e. getting colostrum to a mother and baby who were diverted to a different hospital, to improve outcomes for mothers and babies.

Sustaining changes in team working (Evaluation Question 6)

- Some staff reported a lack of information at the start of the programme, which led to initial confusion on the content and context of the coaching programme. This issue could be addressed for future coaching of new units and information should be shared with colleagues who were unable to attend.
- The most significant challenge highlighted by all sites was capacity. It was difficult for some colleagues to get time off together due to their workload. Additionally, some individuals were still on call during the sessions which disrupted engagement. Sustaining the benefits of the coaching is at risk if non-attending colleagues are not given the opportunity to engage.
- Most staff shared the view that not all the roles / individuals that could have attended were able to attend. The resultant issue is how to bring other colleagues up to speed on topics discussed and when they might have the chance to benefit from dedicated time for team building.
- Although staff showed a preference for post-coaching activities, none were reported as being planned. This raises the issue of how to maximise the benefits of the coaching, potentially by building time into schedules for team building.





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