



Royal College
of Midwives

The solution
series: 2

Making maternity services safer: the role of

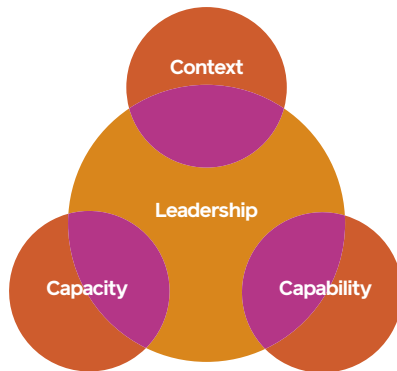
leadership

The role of leadership

Reviews of maternity services or where problems within service have been identified, poor leadership has been a key factor.

Leadership is a shared venture and does not happen in a vacuum. In order for leadership to flourish, there needs to be three core elements present: context, capacity and capability.

The RCM has developed a model to describe this triumvirate where the correct balance of all three elements must be present.



The RCM 3Cs triangle of successful maternity leadership

Context – The Head of Midwifery/Director of Midwifery needs to report directly to the Executive Director of Nursing or Nurses, Midwives and Allied Health Professionals Network (NMAHPs) and have direct access to the Board for maternity issues.

Capacity – Is the Head of Midwifery/Director of Midwifery able to focus their role entirely on maternity services, or does their remit cover other services? If the role is broader than maternity, there should be robust senior management and professional leadership roles beneath the HoM to lead maternity services.

Capability – Does the Head of Midwifery/ Director of Midwifery and their senior leadership team have the skills, knowledge, experience and abilities to succeed? Is there appropriate training, development and support for those in these roles, including mentorship and/or coaching?



Self checklist: Leadership in your maternity service, unit or team



The Three Cs of successful maternity leadership:
Does our maternity service have the correct context, capacity and capability for our HoM/DoM to flourish?

Yes/No

What action can we take to address any shortfalls/issues?

Context – Our HoM/DoM reports directly to the Exec DoN/ NMAHP and can access the Trust/Health Board directly on maternity issues.

Yes

No

Capacity – Our HoM/DoM is able to focus their role entirely on maternity services.

Yes

No

If the role is broader than maternity, there are robust senior management and professional leadership roles beneath the HoM to lead maternity services.

Yes

No

Capability – Our HoM/DoM and their senior leadership team have the skills, knowledge, experience and abilities to succeed?

Yes

No

There is appropriate training, development and support for those in these roles, including mentorship and/or coaching?

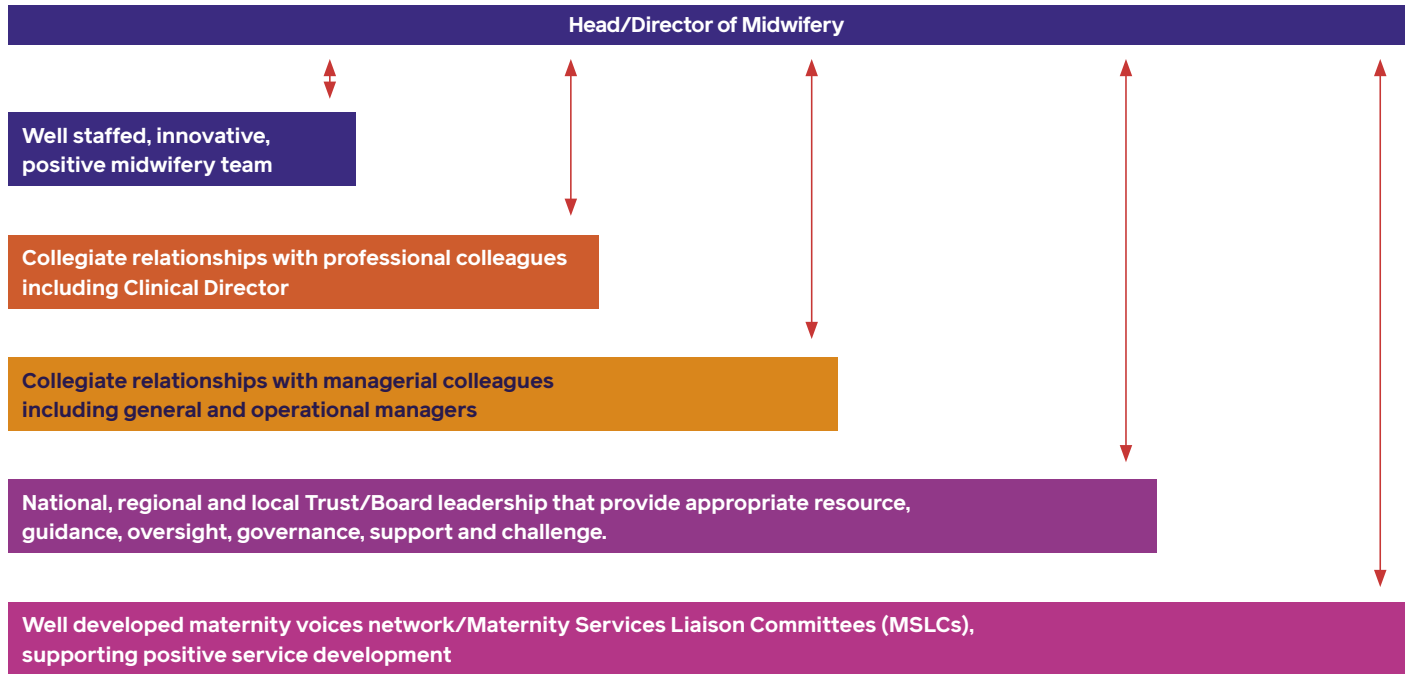
Yes

No



As well as a combination of the right context, capacity and capability, midwifery leaders need to be supported by an effective team. Failed leadership is often a failure of teamwork.

The network of positive maternity leadership



Self checklist: Leadership in your maternity service, unit or team



**The network of successful maternity leadership:
Does our maternity service have the appropriate
network of maternity leadership?**

Yes/No

What action can we take to address
any shortfalls/issues?

Do we have national, regional and local Trust/Board leadership that provide appropriate resource, guidance, oversight, governance, support and challenge?

Yes

No

Do we have strong collegiate relationships between professional and operational/general management colleagues?

Yes

No

Do we have visible, collegiate and supportive relationships between maternity leadership? Do all members of the leadership team feel heard, valued and able to contribute to service vision and aims?

Yes

No

Do we have a well staffed, innovative, positive midwifery team that work hard to implement the service vision and aims?

Yes

No

Do we have an active, supported constructive service user voice to support positive service improvement in the organisation?

Yes

No



Effective methods of leadership

The most recent evidence endorses compassionate, inclusive, and collective leadership approaches. The literature broadly rejects command and control approaches.

Compassionate leadership:

There are four elements of compassionate leadership:

Attending	Understanding	Empathising	Helping
Being present with and listening, noticing, and inquiring about suffering or distress, and challenging approaches oriented to blame and punishment.	Appraising difficult situations to reach a measured understanding, ideally through open dialogue. It involves withholding blame by focusing on learning.	Being able to feel the distress or frustration of those we lead without being overwhelmed by this emotion and therefore unable to help. This involves listening without needing to solve or intervene.	Taking thoughtful and intelligent action to help those we lead, focusing on what is most useful for them. Compassionate and inclusive leadership does not involve compromising our commitment to good performance management, having difficult conversations, making radical changes or being able to challenge the status quo! ¹



Inclusive leadership: Ensuring equality and diversity, and that the voices of all are meaningfully heard in the process of delivering and improving care.² Truly inclusive leadership involves positively valuing difference and prevents those who are most powerful having control over team and system working.

Collective leadership: Shifting from traditional command-and-control structures and 'heroic' individual leadership towards a model that shares and distributes leadership to wherever expertise, capability and motivation sit within organisations. It requires everyone listening to and supporting each other and taking responsibility for the success of the organisation as a whole. Midwifery leaders must be willing and able to represent midwifery and women at all levels of an organisation including at board level.³



Self checklist: Leadership in your maternity service, unit or team



Do leaders and managers in our service demonstrate compassionate leadership?

Yes/No

What action can we take to address any shortfalls/issues?

Attending – Being present with and listening, noticing, and inquiring about suffering or distress, and challenging approaches oriented to blame and punishment.

Yes

No

Understanding – It is appraising difficult situations to reach a measured understanding, ideally through open dialogue. This is grounded in the assumption that others are good, capable and worthy of value. It involves withholding blame by focusing on learning.

Yes

No

Empathising – Being able to feel the distress or frustration of those we lead without being overwhelmed by this emotion and therefore unable to help. This involves listening without needing to solve or intervene.

Yes

No

Helping – Taking thoughtful and intelligent action to help those we lead, focusing on what is most useful for them. Compassionate leadership does not involve compromising our commitment to good performance management, having difficult conversations, making radical changes or being able to challenge the status quo.

Yes

No



At a practice team level, nine traits common to effective and supportive midwifery practice leaders, have been identified:

Promotes midwifery

Builds external and internal relationships

Demonstrates transparency and good communication

Provides timely and compassionate feedback

Supports midwives in times of adversity

Determines performance and quality indicators consistent with midwifery model of care

Fosters growth in individual midwives

Technical expertise

Supports work/life balance

(Thumm EB, Flynn L, 2018)⁴



Self checklist: Leadership in your maternity service, unit or team



Do I, as a team, ward or shift leader, demonstrate the nine elements of positive midwifery leadership?	Yes/No	What action can we take to address any shortfalls/issues?
I promote midwifery	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I build internal and external relationships	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I am transparent and communicate openly	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I provide timely and compassionate feedback	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I support midwives in times of adversity	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I determine performance and quality indicators consistent with the midwifery model of care	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I foster growth in individual midwives	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I continually develop my technical expertise	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I support work-life balance	Yes <input type="checkbox"/> No <input type="checkbox"/>	



References

1. West M. *Compassionate leadership. Sustaining wisdom, humanity and presence in health and social care*. London: The Swirling Leaf Press, 2021.
2. Kline R. Leadership in the NHS. *BMJ Leader* 2019;3(4):129-32.
3. West M, Bailey S, Williams E. *The courage of compassion. Supporting nurses and midwives to deliver high-quality care*. London: King's Fund, 2020. https://assets.kingsfund.org.uk/1/256914/x/a8048c1365/courage_of_compassion_2020.pdf [Accessed 11 March 2024].
4. Thumm EB, Flynn L. The five attributes of a supportive midwifery practice climate: A review of the literature. *Journal of Midwifery & Women's Health* 2018;63(1):90-103.

Additional resources

NHS Leadership Academy
leadershipacademy.nhs.uk

Royal College of Midwives (RCM). *Leadership*.
rcm.org.uk

Royal College of Midwives (RCM). *Leadership recordings*.
rcm.org.uk

Royal College of Midwives (RCM). *Strengthening midwifery leadership: a manifesto for better maternity care*. 2019.
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Updated: March 2024
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