

Improving team engagement at Birmingham Women's Hospital: a stand-up solution



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A trust-building loop is a concept of incrementally developing trust within a team by accumulating 'small wins', ultimately leading to more robust collaboration within the team.^{1,2} One of the ways in which the Neonatal Directorate leadership team at Birmingham Women's Hospital helped to create a trust-building loop was to introduce the 'stand-up solutions' initiative.

The problem

The idea was born from an away-day session where staff pointed out that they often did not know what was happening in the directorate and had no means to contribute their improvement ideas. Despite information being conveyed in many different ways, it was not consistently received and this was attributed to the clinical workload of the teams resulting in a relative lack of engagement with directorate matters. There was the perception that sometimes a number of important decisions were being made unilaterally by the small management group.

The challenge among busy neonatal clinical teams was to develop a direct person-management team communication platform, to help all members of the neonatal intensive care unit understand and contribute to the directorate's strategic and operational direction. To improve two-way communication, verbal dialogue was favoured over email and written information.

The solution

The leadership team, including the head of nursing, clinical director, business manager and matron, developed the stand-up solutions initiative, which has occurred on a weekly basis for the past three years. This face-to-face session involves all (or most) of the leadership team being present in the neonatal unit for a stand-up discussion with the team (**FIGURE 1**).

The aim is not to get the whole clinical team together – this is not practically possible – rather, as many who are available in the clinical areas that day. The stand-up solutions discussions include nurses, doctors, healthcare workers, administrative staff and ancillary staff, such as physiotherapists.

The agreed time for this meeting is in the afternoon when the late shift nursing team has arrived and the day team is still on service. This time has been set to ensure that it does not interfere with morning ward rounds, which need to be done in a timely fashion to address clinical issues. The stand-up discussion is usually conducted in the centre of the neonatal unit so that there can be representation from all sides of the unit – intensive care, high dependency and special care. At busy times the leaders still

endeavour to reach out by going to individual rooms to talk to staff. The discussions are documented by a scribe who is usually one of the administrative team members.

It is envisaged that individual team members can help identify and address internal and external factors influencing the effective running of the directorate to meet the multipurpose objectives of stand-up solutions, which can be seen in **TABLE 1**.

Along with the stand-up solutions initiative, the directorate leadership team has made use of other mechanisms for team communication, including:

- a daily morning huddle³
- weekly 'neo-comms' via a group email
- bi-monthly newsletters
- information on notice boards.



FIGURE 1 A face-to-face session involving members of the leadership and clinical teams on the neonatal unit.

The governance teams have used 'lessons of the week' to share learning from incidents, which are reiterated daily at the morning huddle.

The outcomes

The stand-up solutions initiative has led to greater brainstorming within the wider team and resulted in more cohesive decisions for the directorate. This process has been complemented by bi-annual staff away-days, enabling sharing of different viewpoints. The underlying principle is not to highlight problems but find solutions together. The outcomes of the various discussions are shared in subsequent stand-up solution meetings or via neo-comms with the message: you said/we did.

There is also opportunity to discuss that which has not been achieved from previous discussions and the hindrances that have led to the outcome. In this way there is a shared understanding of the challenges faced by the leadership team. As stand-up solutions occur on a weekly basis it is possible to capture the attention of a lot of the staff. It appears that staff who have attended the floor meeting readily share information with other team members who were not able to attend.

Through stand-up solutions it has been possible to improve multidisciplinary staff engagement in a busy neonatal unit. It has created an environment where professionals within the team feel empowered to speak up and contribute to the systems and strategies. The small wins gained through this process have helped build a more collaborative relationship between the staff and management team, and improved work culture.

- Allow the 'team voice' to be heard
- Provide information on upcoming educational events within the directorate, network and nationally
- Share themes of clinical incidents and learning to reduce risk
- Inform about infection control issues and identify ways to improve compliance with infection control procedures
- Learn from excellence by sharing examples of how teams have worked well in clinical situations to improve patient care
- Understand financial constraints and cost-improving initiatives within the directorate
- Highlight staffing issues and explore possible solutions
- Share the trust strategy and values
- Use parent feedback to do things differently in the future
- Share the social event calendar and forthcoming dates

TABLE 1 The multi-purpose aims of stand-up solutions.

References

1. Huxham C., Vangen S. (eds). *Managing to Collaborate: the Theory and Practice of Collaborative Advantage*. Routledge: UK, 2005.
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