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BIRMINGHAM**

# **Evaluation of NHS England's Perinatal Culture and Leadership Programme**

**Executive Summary – August 2025**

Commissioned by NHS England

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## **Background**

The Ockenden and Kirkup reviews into maternity care failings at two NHS Trusts in England identified several common challenges, including flaws in leadership, culture, and teamworking between maternity and neonatal services. The Perinatal Culture and Leadership Programme (PCLP), launched in 2022, was part of the NHS three-year delivery plan for maternity and neonatal services, sought to address these challenges through the innovative approach of bringing together senior leaders in maternity and neonatal services as a perinatal quadrumvirate (quad).

The broad aims and objectives of the PCLP were compiled in a Theory of Change (ToC) document in January 2024. The ToC, along with the content of the PCLP, set out the programme's objectives to improve relationships within the quad and equip them to be a locus of culture change, through leadership training, insight into the culture within their services, and facilitated support to develop a culture improvement plan. It assumed that the impact on quads would 'ripple up/across and down services', resulting in wider culture change in the longer term. Key assumptions included that Phase 1 would lead to quads being 'in a better place' for the latter phases, that quads would remain stable throughout, that they would have the capacity to engage throughout the programme, and that focusing on leadership development would lead to more positive cultures and, ultimately, better experiences for staff and those using services.

The PCLP was rolled out in stages, with five intakes covering all 120 NHS Trusts providing maternity and neonatal services (across 156 sites) in England. Each intake had between 19-30 Trusts. The first intake started the programme in November 2022 and the final intake commenced in November 2023; it took each intake approximately 15 months to complete. Programme development and delivery took an iterative, appreciative inquiry approach, adapting where necessary to meet the jointly-identified needs of each quad. This phased approach was also determined by NHS England funding processes, which saw phases of programme activity funded in separate stages, rather than comprehensively at the start. This contributed to the programme ending later than initially anticipated, in March 2025.

The PCLP was composed of three phases:

1. A leadership development programme for all quads to support understanding of their role in creating a positive safety culture through inclusive and compassionate leadership. This comprised: multi-day workshops for all quads in the intake; a series of 'action learning sets' in which participants from different quads explored PCLP learning together; and a voluntary, self-directed 360 exercise.

2. A culture survey, supporting the quad to identify key strengths and opportunities in the local culture through the use of SCORE, an externally commissioned survey tool to which all staff were encouraged to respond.
3. Culture coaching to support quads in developing shared values, vision, and purpose, along with a communication plan and a culture improvement plan, informed by the culture survey and ‘cultural conversations’ facilitated with wider staff teams. Quads were encouraged to identify a local ‘change team’ of staff to cascade the culture work.

The PCLP was implemented during – and in response to – a period of considerable scrutiny and demand on maternity services in England. As well as the published independent Ockenden and Kirkup investigations into three maternity services of concern, with another investigation of services in Nottingham underway, the Care Quality Commission (CQC) conducted an inspection of every service between 2022 and 2024, as part of a national review of maternity services. The years between 2010 and 2023 saw dozens of improvement initiatives directed towards maternity services, including NHS Resolution’s Maternity Incentive Scheme, which financially rewards NHS Trusts which successfully implement ten safety actions, as well as targets to implement continuity of carer across all Trusts. The COVID-19 pandemic had caused immense strain on healthcare services, including a psychological burden on staff, and were followed by successive years of industrial action, most notably prolonged strikes by junior doctors which occurred during the PCLP timeframe. These pressures, together with financial constraints within the NHS and longstanding staffing and retention challenges within maternity services, meant that senior leaders were under considerable pressure.

## **Methods**

This independent evaluation of the implementation and impact of PCLP was undertaken between October 2023 and June 2025 by a team from the University of Birmingham. As the PCLP was rolled out across England, we aimed to examine services across a broadly representative sample of Trusts.

NHS England categorised Trusts as Red, Amber or Green (RAG) based on an assessment of the quad’s stability and levels of engagement with the PCLP. We took this into account for our sampling, along with the leadership component of the maternity service’s most recent CQC report, the geographical location of sites, the number of births, and whether they were a single- or multi-site Trust, in order to ensure diverse representation across these categories. The timeline of the evaluation overlapped the PCLP timeline; at the point of data collection, some quads had completed the programme up to six months previously, while others were still engaged in Phase 3.

The evaluation used an iterative, mixed methods approach developed in consultation with NHS England, involving:

- 53 semi-structured interviews undertaken between June and October 2024 with a diverse sample of quad members from across 18 Trusts;
- 289 responses to the quad survey between October and December 2024, from a diverse sample of quad members across 124 sites (53% of all quad members, 88% of Trusts)
- 220 hours of rapid focused ethnography, conducted between November 2024 and January 2025 across six diverse Trusts and including conversations with 170 staff members and observations of 93 meetings or other work.
- 4011 responses to the staff survey between September 2024 and March 2025, from mainly midwifery staff across 96 sites (7% of all staff, 76% of Trusts)

Focus groups were also conducted with NHS England and PCLP providers to gather contextual information on the development and delivery of the programme.

Each phase of the evaluation was informed by preliminary findings from the previous phases, with the variety of methods enabling exploration of both PCLP participants' and other staff members' perspectives on leadership and culture within their services. The ToC was used as a reference point to inform the evaluation.

Data from the interviews underwent thematic and framework analysis. The ethnographic data underwent a rapid framework analysis. The survey data were analysed quantitatively and qualitatively. Data from all methods were triangulated to develop the findings.

## **Results**

We categorised our findings into three sections: establishing and developing the quad as leaders of perinatal services; empowering the quad to change culture; and structural factors affecting PCLP impact.

We did not identify any differences in the impact of the PCLP based on RAG rating, the length of time since quads had completed the programme (intake), or the professional role or seniority of quad members.

We heard mixed views on the PCLP's design and delivery, with many quad members stating that they had little initial understanding of its aims, content or duration, in part due to the programme not being funded in full at the start. Even if this later became clearer to them, many also lacked an understanding of the programme's expectations in terms of time commitment.

### ***Establishing and developing the quad as leaders of perinatal services.***

The PCLP was effective at improving teamworking and shared purpose among perinatal service leaders, which was one of the main aims of the programme. This was partly due to the establishment of the quad as the key audience for the programme, and the innovative approach of including representation from all four core professional groups within service leadership, with special attention to integrating neonatology. This was facilitated through the time they had together away from day-to-day pressures, which helped them develop social capital.

Maintenance of these relationships after Phase 1 was challenging due to internal and external work pressures, turnover within the quad and attendance from quad members of different levels of responsibility. These challenges impeded the potential longevity of the improved relationships developed by the PCLP and were not sufficiently mitigated. In addition, structural barriers also affected sustainability (see later section).

Evidence of changes in leadership behaviour stemming from the PCLP was more limited. Changes anticipated by the programme included: increased visibility and accessibility; compassionate approaches to colleagues and junior staff; listening and openness to others' views and concerns; more inclusive and distributed leadership approaches; challenging incivility and unprofessional behaviour; and active engagement with colleagues and peers both locally and nationally. We found that some quad members self-reported that they were exhibiting better leadership behaviours and there was some evidence of the distribution of responsibilities and increased autonomy to mid-level staff. However, this was not consistent across Trusts and there was limited evidence of staff observing changes in behaviour. There was also limited evidence that frontline staff knew of the existence of the quad or of the senior leaders outside their professional group, indicating a lack of collective leadership and a persistence in siloed working.

On top of workload and time pressures, this was due to the assumption that 'one approach fits all' would be suitable for the leadership development modules, which did not account for the fact that some quad members – particularly those in non-medical roles – already had extensive leadership training experience, meaning Phase 1 of the PCLP offered them less learning.

Changing behaviour is a complex and challenging goal. A more bespoke approach to the training, and the inclusion of behaviour change theory, may have helped to facilitate more widespread behaviour change.

### ***Empowering the quads to change culture***

According to the ToC, phases 2 and 3 of the PCLP sought to empower quads to understand the culture within their services (by undertaking the SCORE survey) and

develop an improvement plan, with support from external facilitators. Although achieving culture change was a longer-term goal, we found limited evidence that the objective of creating the conditions for culture change, as set out in the ToC, was successful, as the quads faced considerable obstacles in many Trusts. We found that the SCORE survey often did not give quads a better sense of their local culture. There appeared to be a lack of sustained support from the culture coaches in many Trusts and insufficient protected time for both quads and staff to focus on culture work. Staff lacked time to engage so those involved in change teams were not always 'the right people'.

These challenges may have been mitigated if there was more proactive support from the wider Trust to sustain the culture work, such as the provision of protected time and resources, along with board-level and HR oversight of the culture improvement plan, with the quad regularly reporting progress and being accountable to Trust board for its delivery. The ToC assumed that the PCLP would 'be a high priority' across all phases, but this was not always the case given the multiple competing pressures and responsibilities placed on staff at all levels in the standard course of their work.

The PCLP also sought to improve the working relationships between maternity and neonatal staff at all levels, fostering a perinatal culture and identity rather than a culture where maternity and neonates operated independently. Overall, our findings suggest that the innovative quad formation, together with protected time away together, was effective at improving collaborative perinatal working among leaders, and a sense of shared vision and responsibility at their level, but that these improvements did not often 'ripple up/across and down' throughout services.

This was due to an entrenched culture of siloed working within different staff groups which the PCLP did not create the conditions to overcome, in large part due to quads and staff not having sufficient time to work on this alongside day-to-day operational pressures and a lack of sustained support for quads – either from the culture coach or wider Trust – to implement their culture improvement plans. These challenges were exacerbated in Trusts where divisional structures did not lend themselves to collective perinatal working.

Overall, the impact of the PCLP was limited by factors that affected how quads were able to engage with the programme, which were not sufficiently mitigated for. We found that the majority of quad members started the PCLP without a clear understanding of its aims or expectations. The PCLP did also not appear to account sufficiently for inevitable quad turnover. The ToC assumed that, in an ideal scenario, 'there would be no "stuff" getting the way' of the PCLP and that 'quads would want to continue this work' when faced with demands on their time, which was mistaken.

### **Structural factors affecting PCLP impact**

We identified a number of structural factors affecting certain types of sites which affected how, and to what extent, the PCLP was able to have a positive impact:

- Multi-site Trusts, which often:
  - saw tension between different site teams – especially following a merger
  - created quads which were either too localised or too senior to engage with staff across all sites
- Trusts with maternity and neonates in separate divisions, which impeded perinatal working
- Trusts with dysfunctional or disengaged relationships between the Board and perinatal quads
- Trusts servicing a high number of births and a population with complex health and social needs

Sites such as these are likely to need the most intensive engagement and work, but they may also have the greatest potential for positive change.

The impact of these structural factors, both those that help and those that hinder the aims and outcomes of the PCLP and related improvement initiatives, cannot be underestimated. Perennial issues like funding, staffing, mergers and multi-site working, and access to resources via the Trust board underpin or undermine efforts to improve culture throughout the workplace. The PCLP did not sufficiently account for or mitigate these barriers.

### **Strengths and limitations**

We used an exploratory, iterative mixed methods approach, which saw each phase of data collection inform the subsequent phases and generated substantial amounts of data. Reflexivity, multiple researchers undertaking in-depth analysis, triangulation of data from multiple sources, and seeking external feedback from experts within the team meant we were able to mitigate potential researcher bias and develop robust findings. Our inclusive sampling strategy ensured we captured perspectives from a diverse range of NHS Trusts, with variation in the number of births, the region, CQC leadership assessment and whether they were single- or multi-site Trusts. We achieved a relatively high response rate to the interviews and survey carried out amongst the quads from a good range of participants, intakes, and RAG ratings.

Our use of rapid focused ethnography enabled insight into service culture beyond the perspectives of quad members. This approach resulted in detailed and nuanced accounts of interprofessional and interpersonal behaviours, interactions, and dynamics

in context, producing a more holistic account of the local culture than what is simply reported by individuals.

Despite sampling to ensure diverse representation across Trusts by RAG rating, our interview data were based on a higher level of participation from quad members based in Red-rated Trusts (49%). This was due in part to the Red-rated Trusts being more likely to have multiple sites, meaning there were multiple quads to recruit from, but this group were not overrepresented in either the quad or staff surveys.

This low response rate together with the duration of the evaluation and the slow, complex process of cultural change in organisations, meant we were unable to assess the longer-term impact of the programme. The response rate to the staff survey, while we heard from 4011 members of staff across 96 different sites, reflects only 7% of potential responses and demonstrates the issue of 'survey fatigue' reported by the quads and others.

We were not able within the constraints of both funding and timeline to undertake any data collection before the PCLP started to establish a clear baseline or to undertake ethnography in more than six sites. However, the timing of the evaluation meant we were able to capture data from Trusts at various stages of the Phases 2 and 3, with the first intake having completed the programme at least six months ago, while others were still completing Phase Three. All had completed the leadership components.

## **Conclusions**

The PCLP made an innovative attempt to start addressing poor workplace culture – a notoriously difficult phenomenon to change – and the intensive work with the quads reaped clear benefits to the relationship between members. This was one of the main aims of the programme. While the culture improved at quad-level, the programme did not adequately address the inevitability of quad turnover or internal and external work pressures. The relatively short-term support offered by PCLP did not appear to facilitate the creation the conditions for wider culture change: this may have been helped if the quads had been accountable to Trust boards in order to sustain culture improvement work.

Furthermore, by taking a uniform approach across heterogenous Trusts and professionals, the programme did not account for the level of previous training quad members had received (which offered less learning for many) or sufficiently navigate structural barriers, such as where Trusts had maternity and neonatal services organised into separate divisions.

There would have been value in involving specialist academics in the programme and its evaluation. The evidence – both from our evaluation and in other previous studies – suggests that taking a whole-system approach is needed to successfully change culture.

### **Considerations for future work**

We identified 8 considerations to guide future culture and leadership initiatives seeking to build on the PCLP, which could improve their efficacy and impact:

1. Establish clear aims and objectives, programme content, and funding before starting the programme, which is currently challenging due to the continuously changing landscape, reactive nature of national policy work and funding constraints of NHS England.
2. Include academics and evidence in the development of the programme and its evaluation at the outset, alongside drawing on existing NHS resources to develop effective and sustainable leadership and management practices. This is not currently how programmes of this nature are developed and evaluated.
3. Secure increased buy-in at Trust-level at the outset of the programme to ensure that executives and Human Resources are fully, actively supportive and accountable for the PCLP aims and activities, immediately and in the longer term. This should include protected time for quad members.
4. Ensure quad members who attend each have equivalent levels of responsibility within their organisation, which was problematic despite multiple attempts using numerous methods by NHS England.
5. Undertake an individual leadership training needs assessment with quad members and provide appropriate training options to complement participants' experience and needs. This could be done using existing training courses.
6. Increase the face-to-face culture coaching for quad members and train mid-level staff to develop their leadership skills and empower them to play a more active role in the development and implementation of the culture improvement plan, with provision of sufficient protected time by the Trust.
7. Develop a short programme to ensure quads with new members can quickly access the PCLP's benefits to working relationships, until Trusts are able to sustain this themselves.
8. Consider adopting a more focused approach, targeting sites which have greatest need due to structural or other pre-identified problems.
  - a. This may be done by creating a tool to regularly monitor which Trusts would benefit most from support, based on the identified barriers (see previous section) and other metrics such as staff retention and birth outcome data.