Welsh Clinical Leadership Training Fellowships (WCLTFs)

Project outlines 2018/19
Welsh Clinical Leadership Training Fellowships (WCLTFs)

The Wales Deanery is offering an exciting opportunity for up to 10 trainees to undertake a Clinical Leadership Training Fellowship in Wales, working closely with Medical Directors, or equivalent. These Fellowships are designed to develop high quality clinical leaders for the future NHS. Graduates from the Welsh Clinical Leadership Training (WCLT) scheme will be ideally placed to build and lead developments and improvements in the delivery of health care.

The Scheme will provide training and experience in clinical leadership and management and will equip trainees with the range of knowledge and skills they require to compete as medical and dental leaders in the modern NHS. Additionally, there will be a structured educational programme provided by Academi Wales.

The posts will represent a cohort of ‘WCLTF’ who will be able to preference leadership projects from a selection of proposals submitted by a variety of Health Care Organisations including Health Boards and the Welsh Government. Following discussions with the WCLTF Director successful applicants will be offered an appropriate project. Fellows will also be able to continue clinical duties up to a maximum of 20% of their time. Prior to applying for the Fellowship, applicants are required to obtain the support of their Programme Director in writing.

Applicants for the WCLT Fellowship programme should be medical or dental trainees considering involvement in clinical leadership and health service management as a part of their role on completion of training. Trainees who have completed foundation training and are currently undertaking core or higher training, and are able to take one year Out Of Programme, are encouraged to apply. Candidates wishing to train flexibly are welcomed and should indicate this on their application.
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Project Title: Predicting the length of stay of patients admitted to Critical Care Unit
Medical Director: Dr Paul Buss
Organisation: Aneurin Bevan University Health Board

Project Description:

Healthcare associated harm is now viewed as avoidable, with many healthcare systems working to reduce its incidence. Many of the tools and techniques to identify those at risk are not administered immediately on admission, and may be delayed for various reasons. This often results in healthcare organisations being reactive in its attempt to mitigate risk, or deal harm as it arises.

There is evidence within the literature to suggest that prolonged length of stay in a Critical Care Unit is associated with significant mortality and resource utilization (https://doi.org/10.1093/bja/aeq025).

The use of mathematical modelling in healthcare is an emerging field. Furthermore, its use in understanding and predicting length of stay is underdeveloped. This proposal provides a clinical leadership fellow to support the expand use of modelling, statistics and operations research techniques, whilst also demonstrating its impact on patient outcome.

This project seeks to help organisations identify patient’s length of stay when they are admitted to Critical Care Unit, enabling the organisation to plan where to put patients on the unit. The project could help clinicians and families make decisions and be more responsive to high risk patients earlier.

Using patient physiological factors a mathematical model will be developed and tested in order to predict length of stay. The model will be validated using Health Board data (ICNARC data) and, if successful, tested within Royal Gwent Hospital.

Working closely with the clinical teams an improvement program will be developed to rapidly and effectively intervene in those predicted to have long length of stay.

The project will be led by the leadership fellow, closely supervised by a mathematician and the Executive director of ABCi. The fellow will:

- Analyse data to assess the correlation between physiological factors such as ICNARC physiology score, APACHE II score etc.
- Analyse data to assess the correlation between number of physiological factors and patients’ length of stay
- Identify physiological factors which would allow to predict length of stay most accurately
- Develop a prediction model to identify patients length of stay
- Validate the model
- Test the model in practice
- Develop and implement an improvement programme to intervene more effectively in those at identified as most at risk of long length of stay.

The fellow will be required to:

- Work closely with colleagues to effectively analyse data and construct the model
- Use effective communication skills to demonstrate the effectiveness of the model
- Build an improvement programme to support the implementation of the prediction tool
- Analyse data for improvement

Immediate supervisor’s for the project:

Dr Izabela Spernaes, Lead for Mathematical Modelling Unit, ABCi
Izabela.spernaes@wales.nhs.uk

Dr John Boulton, Executive director of ABCi
John.boulton@wales.nhs.uk
**Project Title:** Welsh Paediatric Simulation  
**Medical Director:** Dr Paul Buss  
**Organisation:** Aneurin Bevan University Health Board

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**Project Description:**

There are many challenges to modern medical training, including the changes in healthcare delivery models, reduction in training hours and the consequent reduction in clinical exposure and the increased risk of medical errors. The apprenticeship model has been shown to be less effective, and thus simulation based training is rapidly developing. Medical simulation provides a controlled, safe, reproducible environment where health care professionals can practise clinical skills and interventions and therefore improve their performance in actual clinical situations. It is a well-accepted method of education, recognised by the RCPCH, CMO and WAG, and founded on adult learning principles of practical problem centred learning, on the edge of the learning curve and involving regular reflection on practice, which is facilitated well with effective debriefing techniques. The benefits include accelerating the expertise curve, improving team working and ultimately patient safety. It can provide comprehensive curriculum coverage, in particular in high risk low volume areas, focussing on particular critical incidents or mission rehearsals for planned procedures or test current/new policies.

Although there is good quality simulation happening in many of units in Wales, this is not reflected in all the units (as demonstrated from End of Placement Evaluation forms.) We would like to ensure that through sharing best practice and resources this could be more universal.

The Wales wide simulation courses currently held generally achieve excellent feedback but these are not always well attended, this would be much improved by an integrated programme. There are also a number of gaps in what is currently offered and therefore we would want new courses to be developed.

Finally we believe that it would be essential to better quantify the impact on patient safety and training in order to be a responsive service and improve what we offer in response to this.

Their remit would be:

1. **All Wales Simulation Training Programme**  
   a. To co-ordinate the various training days that are currently run both centrally and in a number of the health boards to a more coherent programme.  
   b. To develop additional training days and courses as identified by the needs assessment that has been completed. You would work closely with a very motivated group of Paediatric consultants and trainees in the WPSG.  
   c. To liaise with other specialties and professional groups in Wales who are actively involved with simulation in Wales to encourage multi-disciplinary courses.  
   d. To help organise a separate Paediatric Simulation stream at future Welsh Simulation Symposia.  
   e. To help the WPSG raise its profile:  
      i. Health Board Management as well as Deanery  
      ii. Social Media – Twitter, website, WhatsApp, blog etc  
      iii. Media involvement (We would arrange media training for them)

2. **In-situ Simulation**  
   To embed in-situ simulation training across all the Health Boards in Wales. There are consultant and nurse representatives within each of the Health Boards who are part of the WPSG who already run various in-situ simulations with varying success. The aim would not be to try to make them all the same as the needs are very different across sites but to share good practice and work on a bank of shared resources.

   Part of this would be to work on a data sharing forum to share:  
   a. simulations, preferably with comments and review section  
   b. "lessons/sims of the week"
3. Conducting a QI project
   As part of the Enhanced Learning and Management course provided by ABCi. A suggested project could be to understand the lack of uptake in simulation in training and to develop a change package that more effectively encourages trainees to use it. The fellow will have access to ABCi, its QI team, analysts and mathematical modellers to help support the fellow and project.

4. Quantify the impact of simulation
   To work on a project to try to quantify the impact of simulation (both the in-situ as well as the courses) in order to measure what value this adds to patient safety and quality of training.

Immediate supervisor’s for the project:

Dr Rachel Bebb: rachel.bebb@wales.nhs.uk  Tel: 01633 238811
Dr Yvette Cloete: Yvette.cloete@wales.nhs.uk  Tel: 01873 732479
Project Title: OBS Cymru (Obstetric Bleeding Strategy for Wales)
Medical Director: Dr Emma Hosking
Organisation: Betsi Cadwaladr University Health Board

Project Description:

The OBS Cymru collaboration is a Welsh Government (WG) funded project that aims to improve the quality of care and outcomes for women experiencing post-partum haemorrhage (PPH) throughout Wales. One of the aims is to reduce blood product usage in Obstetrics, aligning with the WG and NHS Wales’ policy of Prudent Healthcare.

The project is designed around:

1. Risk assessment
2. Early identification of PPH by measuring blood-loss
3. Multidisciplinary team work
4. Integration of POC coagulation testing (FIBTEM) to better manage blood product use

Integration of point of care testing (POCT) of coagulation using a test called FIBTEM (ROTEM®; TEM International GmbH, Munich, Germany) into an algorithm developed at The University Hospital of Wales during two research projects has developed a more prescriptive and early care pathway in the management of PPH. This has led to a reduction in the use of blood products and major maternal morbidity including hysterectomy and level 3 intensive care admissions.

The OBS Cymru funding has supported the installation of ROTEM machines into suitable locations in all Welsh hospitals with a consultant led maternity unit and enabled machines to be integrated into hospital IT systems. The fund supports training (including the enhanced care pathway, use of the ROTEM machine and understanding the FIBTEM algorithm), implementation and data collection during the project in all sites.

This project commenced in August 2016. The Project Management team are currently supported by two WCLTF. They are using Change Management methodology supported through 1000 Lives to continue the process of facilitating change. To date, the WCLTF’s have:

1. Facilitated the appointment of the local multidisciplinary champion teams (consisting of a champion in Obstetrics, Anaesthetics, Haematologists and Midwifery) who will ensure the sustainability of the project.

2. Created a national data collection tool to ensure process, outcome and balancing measures are reported. Worked in collaboration with 1000Lives data analyst to interpret and feedback both national and local teams.

3. Undertaken baseline PPH preparedness surveys and process mapping of each consultant led delivery suite in conjunction with the local champion teams. This was repeated in September 2017.

4. Developed an educational blood loss measurement learning package, which has been rolled out to all consultant led delivery services in Wales, with a substantial improvement in practice and reduction in variation now observed.

5. Developed a 4 stage approach to PPH management which acts as a checklist and prompt to facilitate early multidisciplinary team working, appropriate use of drug and surgical interventions, early blood tests and patient focused management of blood products.

6. Consulted with multiple agencies and information sources including the IHI, 1000 Lives, Health Improvement Scotland, the Maternity Network Wales and the Bevan Commission.

7. Liaised with ROTEM and point of care teams across Wales to develop a phased plan of technology introduction with appropriate education and governance support.
8. Commenced a financial and economic evaluation of the interventions in collaboration with the Bevan Commission and CEDAR.

The project will run until April 2019 with data collection and quality improvement occurring throughout. The WCLTF appointed to this project August 2018-19 would continue to develop the initiatives commenced by their predecessors.

The WCLF specifically in the last year of the project would:

1. Work with the undergraduate midwifery institutions, post-graduate Obstetric and Gynaecology and Anaesthesia seminars to ensure long-term uptake of the project methodology

2. Assist in the learning and understanding of our collaboration data by analysing information from the Obs Cymru database

3. Particularly work to ensure the sustainability of the project by disseminating lessons learned

Support health boards make a business case to retain ROTEM based testing on delivery suites across Wales after the end of the project using cost-effectiveness data, which has become available during the project.

A Clinical Manager, Dr Ingrid Volikas will lead the programme in North Wales, supported by educational supervisor, Dr James Dougherty and clinical director, Dr Dilesh Thaker. The general project requirements are as follows:

1. To work with a project committee to continue to develop the Project Strategy.
2. To provide Clinical Leadership for implementation of the project strategy and chair project group meetings in association with either the Clinical or General Manager leading on the project.
3. To jointly project manage the work stream, monitoring timescales and mitigating as necessary.
4. To manage three consultant led delivery suite champion teams.
5. To provide reporting documents as necessary for the ETTF, WG and Welsh Maternity Network.
6. To undertake continual programme evaluation. It is difficult given the timescales of writing this application and the appointment of the WCLTF to be clear as to what stage the project will have reached given that a number of elements of the project may have been commenced prior to July 2018. It is therefore anticipated that in July 2018 there will be a project review to clarify the remaining project objectives more clearly and delineate the on-going project requirements for the WCLTF.

**Immediate supervisor’s for the project:**

Ingrid Volikas, Consultant Obstetric Anaesthetist.

James Dougherty, Consultant Obstetric Anaesthetist.

Dr Emma Hosking, Hospital Medical Director and Consultant Anaesthetist.
Project Title: OBS Cymru (Obstetric Bleeding Strategy for Wales)
Medical Director: Dr Graham Shortland
Organisation: Cardiff and Vale University Health Board

Project Description:

The OBS Cymru collaboration is a Welsh Government (WG) funded project that aims to improve the quality of care and outcomes for women experiencing post-partum haemorrhage (PPH) throughout Wales. One of the aims is to reduce blood product usage in Obstetrics, aligning with the WG and NHS Wales’ policy of Prudent Healthcare.

The project is designed around:

5. Risk assessment
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The OBS Cymru funding has supported the installation of ROTEM machines into suitable locations in all Welsh hospitals with a consultant led maternity unit and enabled machines to be integrated into hospital IT systems. The fund supports training (including the enhanced care pathway, use of the ROTEM machine and understanding the FIBTEM algorithm), implementation and data collection during the project in all sites.

This project commenced in August 2016. The Project Management team are currently supported by two WCLTF. They are using Change Management methodology supported through 1000 Lives to continue the process of facilitating change. To date, the WCLTF’s have:

9. Facilitated the appointment of the local multidisciplinary champion teams (consisting of a champion in Obstetrics, Anaesthetics, Haematologists and Midwifery) who will ensure the sustainability of the project.
10. Created a national data collection tool to ensure process, outcome and balancing measures are reported. Worked in collaboration with 1000Lives data analyst to interpret and feedback both national and local teams.
11. Undertaken baseline PPH preparedness surveys and process mapping of each consultant Led delivery suite in conjunction with the local champion teams. This was repeated in September 2017.
12. Developed an educational blood loss measurement learning package, which has been rolled out to all consultant led delivery services in Wales, with a substantial improvement in practice and reduction in variation now observed.
13. Developed a 4 stage approach to PPH management which acts as a checklist and prompt to facilitate early multidisciplinary team working, appropriate use of drug and surgical interventions, early blood tests and patient focused management of blood products.
14. Consulted with multiple agencies and information sources including the IHI, 1000 Lives, Health Improvement Scotland, the Maternity Network Wales and the Bevan Commission.
15. Liaised with ROTEM and point of care teams across Wales to develop a phased plan of technology introduction with appropriate education and governance support.
16. Commenced a financial and economic evaluation of the interventions in collaboration with the Bevan Commission and CEDAR.

The project will run until April 2019 with data collection and quality improvement occurring throughout. The WCLTF appointed to this project August 2018-19 would continue to develop the initiatives commenced by their predecessors.

The WCLF specifically in the last year of the project would:

4. Work with the undergraduate midwifery institutions, post-graduate Obstetric and Gynaecology and Anaesthesia seminars to ensure long-term uptake of the project methodology

5. Assist in the learning and understanding of our collaboration data by analysing information from the Obs Cymru database

6. Particularly work to ensure the sustainability of the project by disseminating lessons learned

Support health boards make a business case to retain ROTEM based testing on delivery suites across Wales after the end of the project using cost-effectiveness data, which has become available during the project.

The programme will be led by two Clinical Managers, Dr Rachel Collis and Dr Sarah Bell. The Clinical Managers will take on the joint role of educational supervisor and line manager for the post. The general project requirements are as follows:

1. To work with a project committee to continue to develop the Project Strategy.
2. To provide Clinical Leadership for implementation of the project strategy and chair project group meetings in association with either the Clinical or General Manager leading on the project
3. To jointly project manage the work stream, monitoring timescales and mitigating as necessary
4. To manage three consultant led delivery suite champion teams
5. To provide reporting documents as necessary for the ETTF, WG and Welsh Maternity Network.
6. To undertake continual programme evaluation. It is difficult given the timescales of writing this application and the appointment of the WCLTF to be clear as to what stage the project will have reached given that a number of elements of the project may have been commenced prior to July 2018. It is therefore anticipated that in July 2018 there will be a project review to clarify the remaining project objectives more clearly and delineate the on-going project requirements for the WCLTF.

**Immediate supervisor's for the project:**

Dr Rachel Collis, Consultant Obstetric Anaesthetist.

Dr Sarah Bell, Consultant Obstetric Anaesthetist.
Project Title: Engagement of trainee doctors in quality improvement and leadership

Medical Director: Dr Graham Shortland

Organisation: Cardiff and Vale University Health Board

Project Description:

The WCLTF will work with the assistant medical director for clinical engagement and quality improvement. He/She will have access to the entire medical director’s office of assistant medical directors, in particular those for post graduate medical education and information technology. The purpose of the project is to assess and improve training grade doctors’ engagement in the organisation. The output will be an assessment of and improvement in a scale of clinical engagement by trainee doctors, delivery of a sustained quality improvement programme by trainees which aligns to the UHB’s Shaping our Future Wellbeing Strategy and the development of a clinical leadership programme for trainees.

Trainee doctors are vital to the delivery of our current and future services. They are a hugely underutilised resource when it comes to effecting change across the organisation but are not supported during their training to develop and utilise their leadership skills. Conversations with core medical trainees suggest that they feel overwhelmed by clinical/administrative work and do not feel they have the capacity to undertake quality improvement work. This needs to be examined more closely and processes put in place to ensure that trainees feel passionate about the quality of the services they deliver and have a sense of ownership in them.

Trainee doctors seldom recognise themselves as leaders yet, from the moment they start working as consultants they are expected to lead, in multiple different settings. As an organisation we need to better understand the reasons why this highly motivated group do not feel empowered to lead change and to develop a culture where leadership is taught and promoted at each grade, alongside the core clinical competencies. The WCLF will explore models around the world where leadership is part of training. The military has the motto “serve to lead”. Soldiers are taught leadership at each stage in their career development; this is the sort of model to which we should aspire. The WCLTF will work with the LED, medical education department and the Deanery to develop a programme for trainees, suitable for each stage of their development and explore where and how this might best be delivered. It is possible that, due to the overlap with the needs of consultants, and the need to maximise resource utilisation, that this programme might merge at several points with that due to be launched for consultants.

Clearly, it will important that the WCLTF works closely with the Deanery on this project, to ensure that both organisations have the same strategy and that there is no duplication of work. Work is just beginning, on an informal basis, to develop a forum for quality improvement for trainees, facilitated by previous WCLTFs, the QI department of the Deanery and the UHB Continuous service improvement department. The WCLTF will work to develop this group and explore how to make it sustainable and worthwhile. The Deanery is already working in partnership with the medical school C21 programme to embed quality improvement at all stages and the UHB would wish to enter into this partnership to ensure that it supports the work and facilitates delivery and reporting of quality improvement work across the organisation. The Deanery has developed Linc Cymru, to share quality improvement work for trainees across Wales. The WCLTF will develop the existing QI web page for the UHB, working with the CSI department and link this to the Deanery site, hopefully highlighting the ongoing work at the UHB.

Immediate supervisor’s for the project:

Rachel Rayment, AMD for Clinical Engagement and Quality Improvement
Rachel.Rayment@Wales.nhs.uk
**Project Title:** Widening access and increasing engagement with the Education Contract and associated monitoring processes across Wales

**Medical Director:** Professor Peter Donnelly

**Organisation:** Wales Deanery

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**Project Description:**

The Education Contract is an agreement between the Trainee, the Local Education Provider (Health Board or Trust) and the Wales Deanery. The criteria and metrics for the Education Contract have been mapped against GMC approved specialty curricula and standards for medical education and training. The Education Contract details a commitment from the Local Education Provider to ensure trainees have access to the required number of outpatient clinics, theatre sessions, teaching sessions, ward rounds and other educational opportunities to meet training needs. In order to support the monitoring of these contracts the Education Contract Attendance System (ECAS) was introduced. Trainee engagement in populating the ECAS system is key to the successful implementation and monitoring of the contracts and to ensure that the Health Boards and Deanery have access to real time information to inform future developments to support the delivery of high quality training across Wales.

This project aims to directly support implementation of the Education Contract by increasing trainee engagement. The Wales Deanery is looking for a trainee champion of the Education Contract who will:

- Liaise with trainees to promote the benefits of the Education Contract and engaging in the monitoring of this contract for current and future training placements across Wales.
- Liaise with Health Boards to ascertain how they are using the data available to monitor and address training concerns and ensure these are fed these back to trainees.
- Identify areas of best practice and share these across the various networks in place.
- Explore potential areas for extension of the Education Contract concept and monitoring options to include undergraduate trainees in both medical schools.
- Undertake a scoping exercise to explore options for other professions to introduce a similar Education Contract and real-time monitoring system.

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**Immediate supervisor’s for the project:**

Dr Helen Baker, Associate Director Secondary Care
bakerhl@cardiff.ac.uk
Project Title: Medical Professionalism Matters  
Medical Director: Katie Laugharne, Head of Wales Office  
Organisation: General Medical Council (GMC)

Project Description:

The GMC has long been committed to promoting medical professionalism, and to helping doctors understand what our standards mean and how they apply in practice. We are keen to refocus our effort from dealing with complaints and concerns raised when our standards are not followed, to helping doctors meet and exceed those standards throughout their careers.

We have been undertaking work over recent years to embed the concept of professionalism more explicitly within medical education and practice, from medical school through training and ongoing development and revalidation. The recent launch of our Generic Professional Capabilities framework reflects these aspirations.

Interactive sessions to support doctors are delivered by our Liaison teams across the UK. In Wales we are keen to review our programmes in light of good practice across the UK and within Wales, ensuring that they are strategically planned both in terms of content and delivery to ensure maximum impact and best use of our resources. We also want to improve how the programmes are informed by, and inform, the work of our standards, ethics and education teams.

This QIPP project forms part of a wider portfolio of work across the organisation so there are opportunities to shape the scope and focus of the work depending on the interests and expertise of the Fellow, and the status of key areas of work at the time of appointment. We anticipate they will contribute to some or all of the following areas of work:

- Working with our Liaison Adviser, supporting review, development and delivery of targeted professionalism programmes / curricula including those building on pilot workshops around behaviour change; promoting management and leadership for all doctors; targeting specific groups eg primary care, doctors in training; and developing new and innovative delivery methods
- Seeking views from the other Wales Clinical Leadership Training Fellows and the Deanery’s Trainee Think Tank relating to Medical Professionalism Matters and other aspects of the GMC’s work – informing the GMC’s wider work, roundtables and other activities with doctors in training
- Contributing to our thinking, offerings and partnership working relating to medical management and leadership for doctors
- Developing links between professionalism programmes, NHS Wales Values and Prudent Healthcare, working with BMA Cymru Wales and the Welsh NHS Confederation as appropriate
- Establishing links with 1000 Lives and others, considering the factors which enable professionals to engage positively, contribute to quality improvement and innovation within the NHS and exploring how this can be facilitated via our professionalism programmes and other mechanisms
- Working with our UK Change team, monitoring development of our Welcome to UK Practice session and exploring ways in which this might be integrated into education and workforce plans and processes in Wales
- Contributing to our UK-wide work to support doctor wellbeing, resilience and mental health, with a focus on existing activity in Wales and exploring how we can best contribute to / support that
- Contributing to our wider engagement programme, including our developing work with patients and the public
- Exploring how we can make best use of the insights arising from our work and use this to inform ongoing policy and product development
- Working with colleagues in Standards to contribute to ongoing and planned work including for example relating to End of Life Care, and our review of our Consent guidance (http://www.gmc-uk.org/guidance/news_consultation/30001.asp)

As an illustration, our current Fellow in our Scotland office is contributing to our ongoing Corporate Strategy development; co-ordinating activity relating to our forthcoming health and wellbeing symposium; and working with Scottish Government to formalise delivery of Welcome to UK Practice as part of induction. Previous post-holders have worked on a wide range of projects, including producing a report on patient safety in...
undergraduate medical education (http://www.gmc-uk.org/First_do_no_harm_patient_safety_in_undergrad_education_FINAL.pdf_62483215.pdf), developing interactive sessions for the GMC's annual conference, supporting the development and implementation of guidance on the professional duty of candour, developing training films, writing blogs, and advising on key corporate projects such as the GMC’s data strategy and research programme.

**Immediate supervisor’s for the project:**

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<tr>
<th>Name</th>
<th>Position</th>
<th>Contact Information</th>
<th>Telephone</th>
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<tbody>
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<td>Suzanne Gannon-Lewis</td>
<td>Engagement and Liaison Adviser</td>
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<td>02920494948</td>
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Project Title: Controlling the Confusion: creating & sustaining composite teams in health care

Medical Director: Professor Hamish Laing

Organisation: Abertawe Bro Morgannwg University Health Board

Project Description:

Creating and sustaining composite teams in health care settings is an important activity.

Educationalist and consummate communicator Ken Robinson describes creativity as: ‘the process of having original ideas that have value - more often than not comes about through the interaction of different disciplinary ways of seeing things (TED Talk 2006)’.

Composite can be defined as: made up of distinct parts or elements (Collins Dictionary).

Within the Bridgend mental health service for older adults is a care home in reach team which is composed of Foundation Programme medical staff, social work and occupational therapy as well as the more traditional psychology, nursing and psychiatric staff.

In addition several of these staff are part of another composite team on the shared care ward 18 on the Princess of Wales hospital site in Bridgend – RGN and RMN qualified nursing staff working together within a defined area alongside general medical and psychiatric medical staff.

The essence of this project is to explore these two closely related existing teams within the mental health service in Bridgend and to tease out the elements that are both innovative and valuable; which in turn will directly influence service change in mental health across the Health Board.

Health care teams exist in a dynamic workplace where change is the norm. The typical hospital in patient profile in the United Kingdom is now an older adult with multiple complex physical and mental health morbidity – sometimes described as the new normal.

The local service models have been published in Advances in Psychiatric Treatment (Colgate and Jones 2007 and Colgate et al 2012) establishing a firm foundation for this project.

Immediate supervisor’s for the project:

Dr Robert Colgate, Consultant Psychiatrist and Clinical Teacher, Princess of Wales Hospital
Robert.Colgate@wales.nhs.uk  Tel: 01656 752752 x2252

Dr Natalie Hess, Consultant Liaison Psychiatrist, Morriston Hospital
Natalie.Hess@wales.nhs.uk  Tel: 01792 703312
**Project Title:** Streamlining home therapies for CKD patients requiring dialysis – A model of supported self-care

**Medical Director:** Professor Hamish Laing

**Organisation:** Abertawe Bro Morgannwg University Health Board

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**Project Description:**

The case for change is clear; we need to adapt our dialysis services to make them fit for the modern era. The South West Wales (SWW) home nocturnal dialysis programme is an example of how this can be done using the principles of prudent healthcare. Here the emphasis has shifted from activity measures to patient outcomes and experiences. It is one of many examples of how the SWW renal service can, and is, achieving more for less – more for patients in terms of their wellbeing, longevity and quality-of-life with more efficient use of NHS resources.

The Welsh Clinical Leadership Training (WCLT) Fellow will support the (SWW) home nocturnal dialysis programme and Ashraf Mikhail, Consultant Nephrologist will take on the role of their educational supervisor and line manager for the 1 year fellowship. The projects particular focus will be on:

- Developing an innovative digital / educational platform to deliver healthy literacy
- Demonstrating the impact of improved healthy literacy
- Empowering patients to embrace and sustain supportive self-care for better dialysis.
- Enabling flexibility – removing to barriers for better dialysis and a quality of life

The Fellow will lead initiatives to understand our patient needs, meet their expectations and alleviate anxiety about adopting healthcare technologies their own environment. This is likely to be achieved by:

1. Leading patient/ peer communication groups.
2. Developing educational materials: info-graphics, podcasts, videos, apps, interactive surveys.
3. Developing and managing CKD social media group.
4. Developing similar educational material for healthcare professional providing care for patients in the community.
5. Disseminating the local experience for the benefit of the renal community nationally and world-wide.
6. Establishing more flexible portable dialysis options

**Background**

Our unconventional haemodialysis paradigm is challenging the status-quo; our treatment innovation is recognised beyond the Welsh boarders. The benefits to patients, their quality of life and their wellbeing is proven; our patients have helped us create this evidence base.

Nocturnal dialysis, a gentle and regular form of dialysis, is performed by the patient in their own home as they sleep. To appreciate the many lifestyle and health benefits that nocturnal dialysis provides one needs only to consider the restrictions that conventional haemodialysis imposes on the majority of our patients. For our nocturnal dialysis patients, strict fluid and dietary restrictions no longer apply, the need for medication is substantially reduced, and patients no longer need to sacrifice several hours of their day, three times a week attending the hospital dialysis unit. This enables them to integrate fully within the society; returning to full employment or education.

Nocturnal dialysis allows for far more efficient dialysis, and as such, patients feel better and their blood results improve. Many would consider kidney transplantation as the gold-standard treatment for our end-stage kidney failure patients. Around 45% of patients on dialysis are not suitable for a transplant and many of those waiting for a transplant will never receive one. Nocturnal dialysis is a valuable alternative for those facing a lifetime of dialysis and offers hope for a better wellbeing and a better quality of life.

Nocturnal or extended (intensive) dialysis challenges current thinking. Even for the older, co morbid patient who may receive an extended criteria kidney transplant, there are much welcomed survival
benefits for the alternative form of renal replacement therapy (extended hours (intensive) dialysis). This makes us optimistic that the health and wellbeing of more of our patients can continue to improve by developing this programme.

Our challenge now is to make this treatment available to all who could benefit from it – and there are many. The benefits of extended dialysis are clear. In keeping with the principles of prudent health care we need to ensure all patients are able opt for extended dialysis - which is only possible through supportive self-care.

**Rationale**

We need an innovative approach to market the program and to sell the benefits of extended dialysis to those who are yet to appreciate them. Professionally branding our program will tackle our biggest obstacle to making this therapy the patient’s (and staff’s) treatment of choice – health literacy.

Health literacy is an important public health topic which has grown to considerable status across the globe in recent years. For patient with established renal failure health literacy is vital; since for those who engage in self-management there is much optimism for a good quality of life and wellbeing ahead.

Health literacy is the motivation and ability of an individual to access, understand, communicate and evaluate narrative and numeric information. The individuals' understanding is a prerequisite to promote and empower self-management and improve health status throughout their life.

There is a need to develop robust methods to make it easier to understand the impact of kidney failure on the lives of our patients, and the potential benefits of extended dialysis. Investing to promote health literacy will enable more patients to adopt home therapies (home nocturnal haemodialysis in particular).

Health literacy is more than just the ability to read and understand health related information; it also includes the confidence to make informed decisions manage and improve health. Although health literacy is reliant on basic literacy skills, people with advanced literacy skills in normal life circumstances (home/work environment for example) may still have insufficient health literacy to effectively navigate the healthcare system. They may be unable to evaluate competently the vast and sometimes conflicting information required to manage their health status – for the dialysis depended patient this information is vast

Health literacy affects all segments of society, but is more common amongst the most disadvantaged and hard to reach. Research has identified the following high risk groups: the elderly, those with limited education, ethnic minority groups, those whose first language is not that of the resident country, and people with a lower socio-economic status are also at risk of limited health literacy skills. Many of CKD patients approaching the need for renal replacement therapies fit this profile. The time spent by healthcare professionals providing essential information is significant; health illiteracy for many of our patients means this education is undertaken more than once; often over several visits.

The treatment decisions for renal replacement therapies are life changing – making the correct choice is so important for what the future has to offer our patients and their loved ones.

Currently we lack adequate health educations. Often patients embarking on a specific form of renal replacement therapy only to realise it is not right for them, or indeed that alternative options are available. This is missed opportunity and often a source of regret.

Without appropriate educational tools staff time and resource are often wasted. This Fellowship programme is a chance to remedy this, by creating a first class, comprehensive and innovative user friendly education programme for all patients and their loved ones; regardless of their baseline healthy literacy.

Also if we are to grow and sustain the home dialysis programme we also need to improve the support for those who have embraced supportive self-care. Continuing support will enable them to thrive on this therapy.

More flexible portable dialysis options need to be established. This will give patients facing a lifetime of dialysis the option to gone on holiday and continue with un-interrupted self-care; as opposed to returning to intermittent unit-based dialysis for limited vacation options.

With flexible dialysis options more patients could benefit from home therapies. Patient who have historically not been able to access home-based therapies because of logistical barriers in the home environment would be offered new options. Flexible portable dialysis option would also be a cost-effect as stop gap dialysis for living donation.
transplant recipients in active work-up for transplantation. The logistical step-up cost of current models mean this group of patient are unable to access home based extended hours dialysis; and so sub-optimally dialyse during work-up to transplantation. A new approach with flexible portable dialysis options could remedy this.

**Immediate supervisor’s for the project:**

| Ashraf Mikhail, Consultant Nephrologist / Clinical Director – Nephrology, Morriston Hospital | ashraf.mikhail@wales.nhs.uk |
| Christopher Brown, Consultant Renal Pharmacist / Lead Pharmacist for WRCN, Morriston Hospital | christopherbrown@wales.nhs.uk |
**Project Title:** Reducing Unnecessary Caesarean Sections  
**Medical Director:** Professor Hamish Laing  
**Organisation:** Abertawe Bro Morgannwg University Health Board

**Project Description:**
Singleton Hospital persistently has a caesarean rate of over 25%. A recent audit has demonstrated that as many as 20% of the emergency caesarean sections may be avoidable. Reducing the Caesarean section rate not only reduces the risks for mums and babies and reduces hospital stay but also offers a cost saving.

The project would need to tackle both the emergency and elective caesarean section rate in addition to the induction of labour. Our current practice would need to be observed/monitored and a strategy developed to reduce the unnecessary caesarean section rate.

**Emergency caesarean sections**
- Work closely alongside the CTG teaching group and aid the implementation of the physiological CTG interpretation.
- Weekly review of non-elective LSCS case notes with presentation and dissemination of cases with learning points to the multi-disciplinary team
- Assess and improve the current debriefing methods being used
- Review current indications for induction of labour particularly for cases of failed induction and whether this process can also be improved
- Consider evidence for changing current induction agents/process to shorten time to delivery

**Elective caesarean sections**
- Review current practice and indications for elective LSCS
- Review vaginal birth after caesarean section clinic process and effectiveness
- Review debriefing clinic and effectiveness
- Determine whether increased demand for the clinics above
- Improve patient information leaflets including one based on LSCS Vs VBAC

**Immediate supervisor’s for the project:**

Dr Myriam Bonduelle, Clinical Director, Department of Obs & Gynae  
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Dr Frances Hodge, Consultant Obstetrician & Gynaecologist  
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Project Title: Improving the public & patient safety of clinical pathways & systems across Wales
Medical Director: Dr Frank Atherton
Organisation: Welsh Government

Project Description:

Patient safety has been traditionally measured at an individual level with attention paid to clinical values and behaviours that affect individual outcomes. In Welsh Government we are increasingly aware though that harm can arise when systems of care are not themselves safe, often because they are not sufficiently sensitive to the level of need or urgency. For example, it might be considered safe for the consultant to see every patient referred to a cardiology service but if this creates a delay then those at the highest risk are likely to suffer. This would be an unsafe scheduled care system in which the harm might be less obvious than when caused directly by care.

 Unscheduled care systems can also be harmful if they do not offer a proportionate response to need or if risk is managed in one area, such as an emergency unit, by increasing it elsewhere, such as by preventing ambulances operating freely in the community.

 Another area of system related risk increasing emerging as a cause of harm across the World is in information technology. Our increasing dependence on IT systems managing huge amounts of personal and clinical information makes us vulnerable to data loss or misinterpretation on a large scale.

 In NHS Wales we have seen increasing examples of circumstances in which harm is caused by a system whether it be planned care, unscheduled care or IT systems. The patient safety branch within the Division of Population Healthcare in Welsh Government oversees all these areas with a responsibility to drive learning and improvement to prevent or mitigate patient safety risk. Most types of harm also demonstrate a socio-economic gradient, greater in more disadvantaged areas and individuals.

 We welcome a Welsh Clinical Leadership Fellow who could join this team to work with us to improve healthcare systems safety across all these areas.

 The agenda is rapidly changing but we envisage in September 2018 we will still be actively working in the following areas:

 - The measurement and monitoring of system safety
 - Learning and improvement in system safety when harm is demonstrated.
 - Evaluating Welsh government policy initiatives to understand their safety
 - How to measure and set targets for healthcare systems that drive improvement in clinical outcomes (current targets do not necessarily achieve this).
 - How to use different data streams to understand impact of systems on safety
 - Education, training and awareness raising among healthcare professionals of how poor systems can cause harm

 The Leadership Fellow will work with clinical and career civil servants to develop policy in its widest sense, including meetings and advice with and to Ministers, drafting policy documents, monitoring and evaluation of policy implementations and leadership and engagement across NHS organisations. The Medical Directors peer group will be a key relationship.

Immediate supervisor’s for the project:

Professor Chris Jones, Deputy Chief Medical Officer (DCMO) for Wales
02920 257143
**Project Title:** Development of Pulmonary Hypertension Services for South Wales

**Medical Director:** Dr Sian Lewis

**Organisation:** Welsh Health Specialist Services Committee (WHSSC)

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**Project Description:**

The aim of the project is to develop a model of care and patient pathways for patients with Pulmonary Hypertension (PH) in South Wales to enable WHSSC to undertake commissioning decisions relating to the proposed PH service. Due to geographical factors and established links it is anticipated that patients in North Wales will continue to be referred to the NSCAG Centre in Sheffield.

Pulmonary hypertension is an uncommon condition that is associated with significant morbidity and premature death. Without treatment patients are unlikely to survive for more than three years. This is comparable to many advanced cancers. Survival is directly related to the severity of the illness at diagnosis, but all too often patients present late with advanced disease and fewer therapeutic options. Mortality in patients with probable symptomatic PH is increased 10% if referral is delayed beyond two weeks.

It is imperative therefore that all patients with PH in the United Kingdom have access to rapid diagnosis and treatment at centres specialising in the management of this condition. The United Kingdom National Specialist Services Commissioning Group (NSCG) reviewed PH services and in September 2001 set up four National Centres for England based in London (Hammersmith, Royal Brompton, Great Ormond Street, Royal Free), Cambridge (Papworth), Sheffield and Newcastle. Additionally one centre each was designated for Scotland (Glasgow) and Ireland (Dublin). No centre was designated for Wales.

Historically very few patients from South Wales were referred to the NSCG PH centres or received therapy for PH due to difficulty in travelling, late presentation and the perception of lack of therapeutic options. This has changed significantly in the last few years. Newly developed oral therapies are more tolerable than continuous intravenous regimes and advanced imaging techniques allow earlier detection and diagnosis. WHSSC currently commissions PH services from designated NSCAG PH Centres at high cost. However, in order to obtain care from an NSCAG centre, many patients from South Wales must travel up to 6 hours each way, and usually require overnight admission. There is growing evidence that patients who live close to an NSCAG centre are more likely to be commenced on advanced therapy. In addition, the management of PH patients in South Wales has been fragmented with patients being managed locally by cardiologists, respiratory physicians and rheumatologists. There is no formal referral pathway; no lead clinician and patients are referred to NSCAG Centres on an ad hoc basis with attendant duplication of assessments and increased costs. At C&V UHB there has been a shared care approach to managing patients with PH from within the C&V UHB catchment population, one of the project supervisors (BHG) led this service for several years and has familiarity with the patient and service requirements.

One of NSCG’s key aims is to ensure that nationally designated services are accessible to all NHS patients. There is emerging evidence across a range of NSCG services that patients remote from the main centres are served less well than patients living nearer to centres. This is particularly the case for South Wales. In order to help address this issue we propose the establishment of a pulmonary hypertension service at Cardiff and Vale UHB for the management of adults with pulmonary hypertension in South Wales and the development of a regular PH MDT. This service could act, in conjunction with a shared care service based at ABM UHB for patients from SW and mid Wales.

The aim would be to improve access for the diagnosis, review and treatment of patients with PH. This fits well with an overall strategy to deliver the bulk of patient care as close to home as possible. Key to the programme of work however will be early realisation of cost savings which are needed for investment in local service delivery. The WCLF will be supported in this work by the WHSS Commissioning Team and therefore will have access to NHS planning and finance expertise at a senior level.
The Fellow will have a unique opportunity to work in partnership with WHSSC and Health Board Commissioners and Clinicians in the field to develop a PH service model. Pulmonary hypertension is already part of the WHSSC portfolio of services and so implementation of the model has very real potential to realise significant improvements in the quality of care and cost-savings.

In addition, the fellow will have access through the AMD for Medical Education to leadership training and experience within the Medical Director’s Office and Department of Medical Education.

**Immediate supervisor’s for the project:**

Dr Sian Lewis, Managing Director WHSSC  
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Dr Ben Hope-Gill, Consultant Respiratory Physician and AMD for Medical Education  
Ben.Hope-Gill@wales.nhs.uk
Project Title: How do we effectively inspect a multi-disciplinary care across integrated care settings for an ageing population?

Medical Director: TBC

Organisation: Health Inspectorate Wales

Project Description:
The interim report of the Parliamentary Review of Health and Social Care in Wales concluded that “...faster change is needed if the health and social care system is to be sustainable into the future. This needs stronger national direction and a better balance across the continuum of national direction and local autonomy in generating change. This must be supported by a more developed performance management approach, which holds people to account effectively but also encourages system-wide learning and is based on outcomes for citizens across the whole health and care system.

An effectively integrated health and social care system, which offers higher quality care for the people of Wales is an explicit aim. This requires the levers and incentives for change to be aligned and therefore to be acting in synergy. This means they must also be deployed across the whole system, not just one part of it.”

During the second part of the Parliamentary Review the panel are looking at the new models of care for older people which shift the emphasis from hospital to care closer to home, and towards the integration of hospital, community and social care.

It is important that approaches to regulation and inspection keep pace with developments in the delivery of the services that they are inspecting.

The aims of the project are:
To understand
- To identify the range of multi-disciplinary and integrated models of care across Wales with a focus on the ageing population;
- To understand the factors that impact upon the ability of the public to access care appropriate to their needs: for example availability of information; geographical location; opening hours; waiting times; availability of skills and technology and the variation in impact in terms of geography and/or population group;
- To identify the impacts of these factors on patient experience, outcomes and on service efficacy
To inspect
- To identify the standards which should underpin delivery in integrated, multi-disciplinary models of care
- To identify an approach through which HIW (alone or with partners) can inspect the effectiveness of local service delivery of a national thematic review
To improve
- To share the learning from the project and inspections with services in a way which supports improvement

The general project requirements are:

1) To manage the project successfully, including
   a) Drafting and agreeing the project initial document, detailing milestones to meet the deliverables above.
   b) Contextualising the project to clearly determine the scope.
   c) To manage the project documentation, using appropriate tools and templates, to include benefits, risks, communications.
   d) To monitor progress, feedback to the project board and mitigate risks as necessary.
2) To develop wide ranging networks to publicise and influence the project.
3) To challenge the findings to ensure robustness, to share and widely circulate areas of best
practice. To highlight areas of concern to enable improvement.

Communications will be a significant workstream; the leadership fellow will be expected to liaise closely with Board members including Medical Directors across Health Boards in Wales, present findings to all the All Wales Medical Directors group and similar, to provide regular feedback to Welsh Government including to CMO, DOMO, CNO and the NHS Wales Chief Executive.

Immediate supervisor’s for the project:

This 12-month project will be led by the Director, Strategy and Engagement