Welsh Clinical Leadership Training Fellowships (WCLTFs)

Project Outlines 2020/21
Welsh Clinical Leadership Training Fellowships (WCLTFs)

Health Education and Improvement Wales in association with Welsh Government and the wider NHS in Wales, is offering an exciting opportunity 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 Welsh Clinical Leadership Training Fellowship (WCLTF) scheme is a one year out of programme for doctors, dentists, pharmacists and optometrists, that is designed to provide training and experience in Clinical Leadership and Management that will equip health professionals with a range of knowledge and skills required to undertake clinical leadership roles in the modern NHS.

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. 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 Training Programme Director (or employing organisation if pharmacy and optometry) in writing.

Candidates wishing to train flexibly are welcomed and should indicate this on their application.
## Contents

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of HEIW Pharmacy workforce strategy and 3-year implementation plan</td>
<td>4</td>
</tr>
<tr>
<td>Implementation of Quality Management System within NHS</td>
<td>6</td>
</tr>
<tr>
<td>Sustainable Healthcare</td>
<td>7</td>
</tr>
<tr>
<td>Pre-Operative Assessment and Perioperative Medicine – “from Prehab to Rehab”</td>
<td>8</td>
</tr>
<tr>
<td>Enabling sharing of information on patients’ prescribed medicines from different systems in Wales</td>
<td>10</td>
</tr>
<tr>
<td>Developing Welsh care standards as part of the Emergency Department Quality Delivery Framework</td>
<td>11</td>
</tr>
<tr>
<td>Maximising Ambulatory Emergency Care: Improving the Unscheduled Care Pathway</td>
<td>12</td>
</tr>
<tr>
<td>Leading on Re-Design of Primary Eye Care Services Across Wales</td>
<td>14</td>
</tr>
<tr>
<td>Creation and development of an optometric workforce strategy including an implementation plan for Health Boards</td>
<td>15</td>
</tr>
<tr>
<td>Developing a National Maternity and Neonatal Quality Improvement Collaborative for Wales</td>
<td>17</td>
</tr>
<tr>
<td>Modernising post graduate training in General Paediatrics at Noah’s Ark Children’s Hospital towards integrated MDT working between Primary and Secondary Care</td>
<td>19</td>
</tr>
<tr>
<td>Changing the System – A Rapid Diagnostic Centre approach to support early diagnosis of cancer (for people presenting with ‘vague’ non-specific symptoms)</td>
<td>20</td>
</tr>
<tr>
<td>Improving the well-being of junior doctors</td>
<td>21</td>
</tr>
<tr>
<td>Development of a Recruitment and Retention Policy for Young dentists in Wales</td>
<td>23</td>
</tr>
<tr>
<td>Development of Perioperative Anaemia Management and Optimisation Pathway across all Surgical Specialities</td>
<td>25</td>
</tr>
</tbody>
</table>
**Project Title:** Development of HEIW Pharmacy workforce strategy and 3-year implementation plan

**Medical Director:** Dr Pushpinder Mangat

**Organisation:** Health Education and Improvement Wales

### Project Description:

Based within HEIW, this project will contribute to the strategic work of the Pharmacy Deanery and align to the Pharmacy vision to deliver a Healthier Wales.

It will support the following HEIW strategic objectives:

1. As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand.
2. Building a sustainable and flexible health and care workforce for the future.
3. With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.
4. Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
5. Improving opportunities for use of technology and digitalisation in the delivery of education and care.
6. Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales.
7. Demonstrating value from investment in the workforce and the organisation.

The project will contribute significantly to shaping the pharmacy workforce of the future and be the cornerstone to setting the three implementation plans for the pharmacy vision.

The fellow will have opportunities to contribute to strategic, policy and relationship management and practical delivery elements of work as a full member of the pharmacy team.

The proposal is to immerse the Clinical Fellow in our multi-professional education and improvement organisation, enabling them to understand our approach to leadership and quality improvement across Wales and UK.

Delivering a Healthier Wales has been accepted by the Cabinet Secretary for Health and Social Care, and describes an ambitious agenda for pharmacy contribution to the goals of the Welsh Government paper “Healthier Wales”. The paper describes a 10-year vision with a three year implementation goals.

Within the vision, workforce development provides a golden thread throughout with a specific theme for developing the pharmacy workforce. This document will underpin the development of the HEIW Pharmacy workforce strategy and three year implementation plan. This project is a high profile piece of work and on completion will provide the cornerstone to future workforce development plans within HEIW.

The fellow will work closely with the Pharmacy Dean to scope a plan to develop the pharmacy strategic workforce plan. We will encourage the fellow to take ownership of the project ensuring all
key stakeholders are consulted and engaged across Wales. In addition we will provide opportunities to attend relevant UK and Wales meetings which inform the project.

**Immediate supervisor(s) for the project:**

| Professor Margaret Allan, Pharmacy Dean, HEIW | margaret.allan2@wales.nhs.uk |
Project Title: Implementation of Quality Management System within NHS
Medical Director: Dr Frank Atherton, Chief Medical Officer
Organisation: Welsh Government

Project Description:

The Population Healthcare division within Welsh Government supports the Minister for Health and Social Services by undertaking two outward facing functions: the development of national health policy for a wide range of important clinical pathway areas and support and challenge to health boards for their implementation of such policy and their commitment to continuous improvement in quality and safety.

The division covers delivery plans for major health conditions, national clinical audit, older people’s health, women and child health, blood safety, medical devices, healthcare associated infections (HAIs), sepsis and antimicrobial resistance. It also is responsible for the ongoing surveillance of the quality and safety of Welsh health services, the introduction of medical examiners and some legislation e.g. the recently proposed quality and engagement bill.

Carrying on work undertaken by a previous leadership fellow, the project would involve leading on and supporting the national implementation of the next national quality and safety plan, soon to be announced by Welsh Government.

The aim of the plan, which is currently in draft form, is to help the NHS become a quality-led system whereby the quality of healthcare provided is considered by all involved the utmost priority, above those of finance and performance. The importance of healthcare quality and safety and the risk of them coming second to finance and performance has been highlighted by some recent local events so this is a hugely important piece of work within Wales.

At present, the main aspects of work that will need to be taken forward include the development and implementation of a self-assessment for each health board and planning process to help organisations on an improvement journey. Following each self-assessment, there will be a peer-led review process to support the development of a plan within each health board and NHS trust to ensure it improves on healthcare quality.

The NHS in Wales is a planned healthcare system. Health boards need to have effective processes and robust data to understand the needs of the population they serve and plan services accordingly. Services and care always need to be improved so staff need to have skills and capability to improve and deliver those services. Quality assurance and control need to highlight where further planning and improvement work is needed.

The leadership fellow will work with a range of people and organisations who will need to inform and develop this work including health boards, the NHS Delivery Unit, the Bevan Commission, Improvement Cymru and key officials within Welsh Government to help NHS Wales implement the proposed quality management approach. The successful implementation of these processes at national level will ensure that each board is driven to put in place a quality management system, a continuous cycle driving its planning, improvement and measurement of quality.

Immediate supervisor’s for the project:

Professor Chris Jones, Deputy CMO
Chris.jones@gov.wales
**Project Title:** Sustainable Healthcare

**Medical Director:** Dr Stuart Walker

**Organisation:** Cardiff and Vale University Health Board

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**Project Description:**

Wales has committed to a carbon neutral public sector by 2030. Much work is focused on energy, materials in buildings and travel but less on the carbon footprint of the clinical sector.

We as a healthcare community need to start placing planetary health and its citizens at the heart of every discussion. To have an impact the changes we make need to be significant, wide ranging and across all aspects of healthcare delivery.

In partnership with the Centre for Sustainable Healthcare, Oxford, the fellow will work with key stakeholders in the NHS, Welsh Government and Industry to embed a culture of sustainable healthcare.

This project aligns both the Welsh Government and NHS Wales’ policy of prudent healthcare and complying with the Wellbeing of Future Generations (Wales) Act 2015, Environment (Wales) Act 2016 and the Climate Change Act 2008.

This project will deliver this by engaging with the Welsh medical schools and assisting with the implementation of the GMCs outcomes for graduates 2018 which states that “newly qualified doctors must be able to apply the principles, methods and knowledge of population health and the improvement of health and sustainable healthcare to medical practice”.

The project will focus on:

1. **Education:** working closely with the Centre for Sustainable Healthcare, the fellow will develop opportunities to engage, educate and enthuse medical students and medical school staff about Sustainable Healthcare and Sustainability in Quality Improvement
2. **Already identified QIPs:** two highlighted areas of carbon intensity in the clinical setting featured in the NHS long term plan which need addressing
   a) Encourage the use of ‘greener inhalers’
   b) ‘greener anaesthetic practices’

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

Dr Fiona Brennan, Consultant Anaesthetist
Fiona.Brennan@Wales.nhs.uk
**Project Title:** Pre-Operative Assessment and Perioperative Medicine: “from Prehab to Rehab”  
**Medical Director:** Dr Stuart Walker  
**Organisation:** Cardiff and Vale University Health Board

<table>
<thead>
<tr>
<th>Project Description:</th>
</tr>
</thead>
</table>
| Perioperative Medicine is at the heart of the current vision from the Royal College of Anaesthetists to improve the quality and delivery of care to surgical patients. Cardiff and Vale University Health Board (CVUHB) are currently supporting work to expand and improve the services involved. The “Prehab to Rehab” project is a new initiative overseen by the Surgical Board and has been approved by the Chief Executive for a funding stream to commence this autumn (2019). The Pre-Operative Assessment Clinic (POAC) requires a large expansion in resources and the Business Case for that work is in its final stages prior to submission to the Board at this current time. This work has been identified as part of the IMTP for the Surgical Board for this coming year.  

A comprehensive, gold standard POAC is fundamental to the safe preparation of patients undergoing surgery. This is outlined in the Royal College of Anaesthetists’ Good Practice documents (GPAS 2018). POAC is a gatekeeper in the elective surgical pathway with the opportunity to identify patients that are at higher risk and require further optimisation prior to surgery. Currently in the UHB not all of our surgical specialties refer their patients to POAC leading to a wide variation in standards of care. This was identified as an area for improvement following our on-site review by the Royal College of Anaesthetists ACSA team (Anaesthesia Clinical Services Accreditation) in October 2015. We are therefore working towards expansion of the clinic to enable all elective surgical patients to be seen, with increased staffing levels (both medical, nursing and administrative) and a greater variety of services available. This is one of the last remaining ACSA standards to be met for our department before we gain accreditation.  

Healthcare Inspectorate for Wales (HIW) now recognises ACSA standards and takes account of the accreditation status as part of its inspection methodology introduced in 2017.  

Our goals for delivering high quality perioperative care are aligned with the Prudent Healthcare Principles set out by the Bevan Commission. The patient is placed at the heart of decisions about their care which should be of consistently high quality, avoiding unnecessary and wasteful treatments and supported by new research and innovation. Where patients are well prepared for surgery we know we can avoid last minute cancellations, and the under-utilisation of theatre lists and waste that this causes.  

The areas of work encompassed by this project overlap with the initiatives set out in the HealthWise Wales Program launched by the Welsh Government in recent times. POAC is uniquely placed to work alongside the Prehab to Rehab team, to engage with patients to achieve healthier lifestyle changes before surgery (prehabilitation) and to support recovery afterwards (rehabilitation). This “prehab to rehab” model is at the heart of perioperative care.  

Reducing variation in peri-operative preparation for our patients is a huge challenge for us, within our own Health Board but also across Wales. Standardising our POAC service, improving data handling and developing a transparent service is important. By using evidence based practices consistently, we can work together across Wales towards innovative and newer ways of working.  

The PQIP (Perioperative Quality Improvement Programme) is funded by the RCoA, Health Foundation and delivered by the National Institute for Academic Anaesthesia Health Service Research Centre. We have engaged with this project in Cardiff and in 2019 have become congratulated as being one of the top recruiting centres in the UK. This project collects information regarding pre-op preparation and outcome data for patients undergoing major surgical interventions including complications and patient satisfaction.  

POAC is fundamental to this and is central to improving areas such as anaemia management, diabetes optimisation, and risk stratification prior to surgery. The Cardiopulmonary Exercise Testing service will also be undergoing an expansion for all major surgery, to assist with shared decision making. |
making, planning, and optimisation via exercise programmes for those patients that require it. We are closely aligned with the principles of Enhanced Recovery Programmes (ERAS), which are to be relaunched in Cardiff this year for major general surgical specialities.

In order to deliver a gold standard Perioperative Medicine service encompassing a robust POAC at its centre in Cardiff there are many overlapping workstreams. The Fellow will work in partnership with the project teams, and consultant leads. Continual project evaluation and ongoing data collection building on the work we have already started will be key to identifying interventions, and keeping the various workstreams together. There will be some flexibility in identifying those areas most suitable for the trainee to focus on, to match their strengths and interests with the needs of the workstreams. Communication with the team, and other stakeholders will enable the trainee to develop a strategy of interventions.

There will be opportunity to collaborate with other health teams, for example with smoking cessation, anaemia pathways, weight loss, nutritional optimisation and other important public health interventions. We now have close links with our colleagues in General Practice, Public Health and Oncology who are involved in the Prehab to Rehab workstreams.

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

Dr Tessa Bailey, Consultant Anaesthetist

[mailto:Tessa.Bailey@wales.nhs.uk](mailto:Tessa.Bailey@wales.nhs.uk)
Project Title: Enabling sharing of information on patients’ prescribed medicines from different systems in Wales

Medical Director: Dr Rhidian Hurle

Organisation: NHS Wales Informatics Service

Project Description:

In line with A Healthier Wales: Our Plan for Health and Social Care (2018), the role of NHS Wales Informatics Service (NWIS) is to ensure the right digital health and clinical informatics technology/information is available to health and care professionals as well as the citizens of Wales. A Healthier Wales states that digital is a key enabler of transformational change and that making better use of digital, data and communications technology will help us to raise the quality and value of health and social care services. One of the actions is to develop an “open platform” approach to digital innovation, through publishing national standards for how software and technologies work together, and how external partners can work with the national digital platform and national data resource.

Also aligned to A Healthier Wales, is the Welsh Pharmaceutical Committee’s report Pharmacy: Delivering a Healthier Wales (2019), produced with input from across the profession, in response to an invitation from the Minister for Health and Social Services. This contains a number of goals for delivery by 2022, amongst which is having e-medicines management systems integrated across all sectors.

Ensuring that the relevant information is accurate, complete, up to date and shared between everyone responsible for the individual’s care and treatment will make services safer and more effective. This is particularly important when prescribing medicines due to the risks of interactions and therapeutic duplication if a prescriber is unaware of all the medicines a patient is taking. Currently this information is held in different systems, or even in paper form, so it is not accessible to prescribers within the system they use to prescribe. NWIS has worked with GPC Wales to make the Welsh GP Record available to view and import within the Welsh Clinical Portal Medicines Transcribing and e-Discharge module and the Choose Pharmacy application, for community pharmacists providing emergency medicines supplies. However, there is much work still to be done to ensure all patients’ medication information is available to prescribers for reconciliation and to provide safe treatment.

This project proposal would support these strategic aims by utilising technology to begin to provide comprehensive medicines information for safer patient treatment as well as contributing to the national data resource. It represents the opportunity to standardise the medicine record, which could in turn save lives. This is a significant step along that journey. We want the Clinical Leadership Fellow to become the clinical lead on a new initiative in Wales to establish this vendor neutral medicines record in the Welsh Clinical Data Repository.

The Clinical Leadership Fellow would lead the project that would look at the standards required to share medicines information from different systems and work with clinical and technical colleagues on a proof of concept for sharing and reconciling information from two of the existing systems. This would involve engagement with users of the information, primarily prescribers and pharmacists, to ensure it meets their needs. The next stage would be, by working with design, development and testing teams, to develop the proof of concept model that would be a template for integration of medicines information from other systems in future.

Immediate supervisor’s for the project:

Cheryl Way, National Pharmacy and Medicines Management Lead
Cheryl.way@wales.nhs.uk tel. 029 20 502172
Project Title: Developing Welsh care standards as part of the Emergency Department Quality Delivery Framework

Medical Director: Dr Jo Mower

Organisation: National Collaborative Commissioning Unit

Project Description:

The Welsh Clinical Leadership Training Fellow would be supporting the Clinical Director for Unscheduled Care, Dr Jo Mower in delivering twenty care standards within the Emergency Department Quality & Delivery Framework (EDQDF). The development of the EDQDF has been supported the Health Minister and is answerable to the National Programme for Unscheduled Care Program Board.

The development of the EDQDF is following a transformation programme that was used to understand activity, resources and performance indicators with the Welsh Ambulance Service. The first objective was to develop care standards and once this is completed then we can understand the activity within each care standard. However there is project overlap with NHS Wales Informatics teams in developing the platforms to enable us to measure activity within each of the 13 Type One Emergency Departments in Wales.

The twenty care standards have been the result of numerous clinical engagements events that occurred in 2018 and reflect the standards patients and carers would expect should they ever attend the Emergency Department in Wales. The standards align to the quadruple aims of the Parliamentary Review.

Although there is the 4 hour and 12 hour targets for all 13 Type One Emergency Departments in Wales these targets don't tell us anything about the patients or staffs experience with the Emergency Department. We have developed twenty care standards supporting five steps within the patients’ journey through the Emergency Department. Each of the twenty care standards will be developed aligned to a specification as outlines in what the EDQDF refers to as Pathway Improvement Projects (PIPS). Currently there is ongoing work exploring standards for ambulance handover and triage. The next care standards will examine specialty review and escalation within and emergency departments for example.

Each standard will have its own PIP and within each PIP there is a standard template to follow which includes:

- 1 Definition of the care standards
- 2 Background assessment - what documents and standards are available currently
- 3 Who needs to be involved in the development of the care standard - nursing, WAST, specialties etc.
- 4 What is the gap analysis
- 5 Timeline for implementation of the standards

Immediate supervisor’s for the project:

Dr Jo Mower, Clinical Director National Programme Unscheduled Care
Jo.Mower2@wales.nhs.uk Tel: 01443 443443 ext 24928
**Project Title:** Maximising Ambulatory Emergency Care: Improving the Unscheduled Care Pathway

**Medical Director:** Dr Dougie Russell/Dr Richard Evans

**Organisation:** Swansea Bay University Health Board

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**Project Description:**

Ambulatory care is clinical care not provided in a traditional bed base that would otherwise have required a hospital admission. Ambulatory Emergency Care (AEC) applies this principle to acute care for patients with acute illness at risk of hospital admission who can be safely be managed via an outpatient management plan.

All GP referred medical emergencies for Swansea and Neath Port Talbot are admitted to Singleton Hospital. Unique in Wales, Singleton has the Acute GP Unit (AGPU) as a central element of the unscheduled care (USC) pathway. This unit already manages 30% of patients without the need for an admission. In addition to this a significant number of patients assessed by medicine are also discharged home the same day. However the overlap of these same day (ambulatory) patients and those more seriously ill patients with physiological instability means that both groups can experience problems and leads to overcrowding of the Singleton Assessment Unit (SAU, the medical admission unit).

Analysis of current admissions case mix suggest a considerable opportunity for significantly increasing the number of patients on an ambulatory pathway, thereby improving the service for all patients. This are will be the main focus of this project.

SBUHB has a developing clinical strategy, the Clinical Services Plan (CSP) which has design principles based upon the quadruple aims of Welsh Government's A Healthier Wales:

- Improve population health and wellbeing through a focus on prevention;
- Improve the experience and quality of care for individuals and families;
- Enrich the wellbeing, capability and engagement of the health and social care workforce;
- Increase the value from funding of health & care through improvement, innovation,
- Best practice, and eliminating waste.

SBUHB design principles are:

- One system of care
- My home first
- Right person, right place right time
- Better together

Enhanced ambulatory pathways across SBUHB are aligned with these aims and principles to achieve better outcomes for patients.

The Fellow will lead the establishment of effective ambulatory care.

- Characterising current provision
- Confirming the degree of unmet need in patients not currently receiving this pattern of care
- Defining the vision for the service to ensure an effective quality service. Review this in relation to
  - Space requirements
  - Workforce e.g. medical, nursing including advanced nurse practitioners, physician associates etc.
  - Quality and performance indicators
- Describe a system, supported by digital solutions, that will lead to AEC being the default pathway
- Establish metrics to describe outcome
- Build this into a business case as a central component of departmental, unit and health board planning
Immediate supervisor’s for the project:

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<tr>
<th>Dr Chris Hudson, Consultant Physician and Clinical Director of Medicine</th>
<th><a href="mailto:Chris.hudson@wales.nhs.uk">Chris.hudson@wales.nhs.uk</a></th>
<th>Tel: 01792 205666</th>
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Project Title: Leading on Re-Design of Primary Eye Care Services Across Wales

Medical Director: David O’Sullivan, Chief Optometric Advisor

Organisation: Welsh Government

Project Description:

Based within HEIW, this project will contribute to the strategic work of the Welsh Government Sensory Policy Team who are currently undertaking a review of primary eye care services, including a review of all other National and Global systems of ophthalmic care.

The strategic programme for primary care (2018) describes ‘Community optometric contractual reform rebalancing the need for cross subsidy of clinical services’ as a priority.

This work will support HEIW strategic objectives and will sit alongside the Health and Social Care Workforce Strategy currently under consultation. The emerging themes in the consultation, namely, Digital, Leadership, Education and Learning, Attraction and Recruitment, Valuing and Retaining the Workforce and Seamless Working are areas that have not been explored in detail within the profession. They need to be as a priority as challenges facing the eye care sector such as online sales of spectacles, auto refraction are threatening to change the delivery of optometric care. Whilst there are many opportunities to ensure the workforce are operating at the top end of their licence we need to re-visit the current way of working – working to a narrow and prescriptive 1948 Terms of Service and to look at what is possible when the optometric profession operates at the top end of their license.

This project would contribute significantly to shaping the way services are delivered, looking at existing models of practice and other primary care contractors and identifying ways in which we can offer parity across these service areas.

The Fellow will have opportunities to contribute to strategic, policy and relationship management and practical delivery elements of work as a full member of the sensory team based in HEIW and Welsh Government.

Together for Health; an eye care plan for Wales has been accepted by the Minister for Health and Social Care as the plan through which eye care will be delivered with a focus on services being delivered in the community. Within this agenda and as a result of a progressive Welsh Government the optometric workforce delivers local services outside of General Ophthalmic Services, but this has led to a postcode lottery of services across Wales. Government wish to bring these services together. The Clinical Fellow would work closely with the already identified project group in Government for this piece of work and would be able to work with stakeholders to look at new ways of re-designing this service.

The fellow will work closely with the Chief Optometric Advisor (David O’Sullivan) to scope a plan to develop the outcomes identified by the afore mentioned project group. We will encourage the fellow to take ownership of the project ensuring all key stakeholders are consulted and engaged across Wales. In addition, we will provide opportunities to attend relevant UK and Wales meetings which inform the project such as engagement with Public Health Wales, the Welsh Ophthalmic Planned Care Board, Optometry Wales and Welsh Optometric Committee.

Immediate supervisor’s for the project:

David O’Sullivan, Chief Optometric Advisor, Welsh Government
Project Title: Creation and Development of an optometric workforce strategy including an implementation plan for Health Boards

Medical Director: Dr Push Mangat
Organisation: Health Education and Improvement Wales

Project Description:

Based within HEIW, this project will contribute to the strategic work of Welsh Government and HEIW and align to the vision outlined in the Together for Health; an eye care plan for Wales policy document. It will support HEIW strategic objectives and will sit alongside the Health and Social Care Workforce Strategy currently under consultation. The emerging themes in the consultation, namely, Digital, Leadership, Education and Learning, Attraction and Recruitment, Valuing and Retaining the Workforce and Seamless Working are areas that have not been explored in detail within the profession.

The Together for Health-Eye Care Delivery Plan, Ophthalmic Planned Care Plan, Primary Care Workforce Plan and A Healthier Wales outline clear action to reconfigure services to change the way we use some personnel, space, equipment and patient flow, within the hospital and the community, to deliver sustainable services that balance demand and capacity.

The strategic programme for primary care (2018) clearly outlines the need to continue to enhance the skill mix required to manage and treat a wider number of eye conditions in the community setting to facilitate a greater shift of services from secondary to primary care in line with current policy and prudent healthcare. Key priorities have been identified as qualifications in medical retina, glaucoma, independent prescribing and leadership. Furthermore, there is a need to develop an ophthalmic workforce strategy in secondary care so that nurses, orthoptists and HCSW can ensure that secondary care services run as efficiently as possible with HC professionals working in an extended role capacity where appropriate.

This needs to be a priority because patients in the hospital eye service already coming to harm due to a capacity and demand mismatch and the challenges facing the eye care sector such as online sales of spectacles, auto refraction are threatening to change the delivery of optometric care. Whilst there are many opportunities to ensure the workforce are operating at the top end of their licence we need to map the workforce in Wales to determine what roles optometrists and other members of the primary eye care team could be delivering in the future NHS in Wales.

This project would contribute significantly to shaping the optometric and ophthalmic workforce of the future and be a trailblazer for our devolved cousins in Scotland and Northern Ireland and in England who have not done this kind of work.

It is timely as the General Optical Council are undertaking an Educational Strategic Review and hence there are opportunities to influence the direction of that but also ensure Wales is aligned with the new outcomes.

The Fellow will have opportunities to contribute to strategic, policy and relationship management and practical delivery elements of work as a full member of the optometric team based in HEIW. The fellow will work closely with the Optometric Lead (Dr Nik Sheen) to:

1) Map the current optometric and ophthalmic workforce and skills in Wales, including community, secondary and domiciliary care
2) Understand the population need for services based on eye health data
3) Work with stakeholders (Welsh Government, Health Boards, Optometry Wales, Wales Optical Committee, Ophthalmology, Social Care and the Voluntary Sector in Wales and others at a UK level including the General Optical Council and NHS Education Scotland) to develop an optometric strategic workforce plan which will include data capture and future planning
4) Develop a detailed implementation plan for HEIW and health boards for their optometric and ophthalmic workforce
5) Disseminate the outcomes

We will encourage the fellow to take ownership of the project ensuring all key stakeholders are consulted and engaged across Wales. In addition, we will provide opportunities to attend relevant UK and Wales meetings which inform the project such as engagement with Public Health Wales, the Welsh ophthalmic Planned Care Board, Optometry Wales and Welsh Optometric Committee.

Immediate supervisor’s for the project:

Dr Nik Sheen, Health Education and Improvement Wales
nik.sheen2@wales.nhs.uk
**Project Title:** Developing a National Maternity and Neonatal Quality Improvement Collaborative for Wales

**Medical Director:** Dr John Boulton

**Organisation:** Improvement Cymru

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**Project Description:**

This programme aims to create an All Wales Maternity and Neonatal Collaborative, by delivering quality improvement training and education to local multi-professional teams to enable them to develop the capability and capacity for quality improvement. The emphasis of this work is very much on improvements developed through multi-professional working. This role has the opportunity to lead on specific pieces of work linked to engaging obstetric and neonatal clinicians. This work will encompass the NHS values and design principles as outlined in ‘A Healthier Wales’.

This will support the aim of improving quality, and achieving a positive experience and optimal outcomes for women and their families, and aligns with the following:

  “The working culture in the maternity services is not as it needs to be, to allow for good engagement and communication between health care professionals and their potential impact on improvement activities, women’s safety and outcomes….Staff of all grades and professional backgrounds described that they were so busy keeping the service running from day to day there was no time to pause and look ahead.”.

- Welsh Government Strategic Vision for Maternity Services, July 2019
  “We will achieve excellence in maternity care and reduce unwarranted variation across Wales by reviewing and acting upon quantitative and qualitative data incorporated into a national quality improvement strategy”.

- Welsh Government A Healthier Wales: Our Plan for Health and Social Care, 2018
  “The challenges facing health and social care are well understood. Services are under great pressure largely because of increased and more complex demand, driven by changing demography and lifestyle factors, and by advances in medicine and medical technologies. Health and social care services have struggled to adapt, for example due to outdated approaches which prove hard to change, and as a result of workforce challenges which hold back capacity and capability”.

Given the relative simplicity of the electronic frailty index it is an attractive prognostic tool. If we could risk stratify patients this way we could then identify those who would most benefit from the resource intense comprehensive geriatric assessment and from pre-treatment optimisation. This is most likely to be those in the moderate frailty group. It would also guide clinicians and patients in having up front discussions about the risks and benefits of palliative treatment options. Alongside driving forward the Onco-Geriatric service the fellow will seek to validate its use in Oncology patients (through collaborative working with SAIL) as this could potentially be included in the referral criteria.

Wales are currently the only UK nation that do not have a National Maternity and Neonatal Improvement Collaborative. Scotland, England and Northern Ireland have all invested in the development of local improvement teams, which join together to form national QI collaboratives.

The Clinical Fellow would be integral in establishing the collaborative, and will
- Work with the Maternity and Neonatal Network
- Work with clinical teams to plan, develop and implement their improvement projects, and to support local teams in refining their current improvement work.
- Promote and communicate innovative practices in clinical and managerial arenas
- To work in collaboration with each maternity service to develop a unified approach
- To contribute to national workshops and events
- To build relationships with Local Clinical leads and management
- To report back to Welsh Government and Improvement Cymru on progress and outcomes
- To represent Improvement Cymru at national and international forums
- Opportunities to work with wider organisations such as the Health Foundation

This is an exciting time to be a part of Improvement Cymru, as it is in the process of an evolution of the brand and service to be who social care and NHS staff and organisations across Wales want and need it to be - to inspire and support them to continually improve what they do and how they do it. This programme will be delivered using Improvement Cymru’s new Framework for scale & spread - which has the support of NHS executives, Welsh Government & partner organisations & will be key in sustainability of the project. It’s an exciting opportunity to be involved in one of the first programmes to use this new approach from design to implementation

Immediate supervisor’s for the project:

Dr John Boulton, Director of Improvement Cymru
john.boulton2@wales.nhs.uk
Project Title: Modernising post graduate training in General Paediatrics at Noah’s Ark Children’s Hospital towards integrated MDT working between Primary and Secondary Care

Medical Director: Dr Stuart Walker

Organisation: Cardiff and Vale University Health Board

Project Description:

This project seeks to modernise the delivery of post graduate training in the Department of General Paediatrics, to align training with ongoing transformation of clinical services in Child Health, as well as the new progress curriculum.

With our new integrated paediatric service model taking shape locally, and with Noah’s Ark Children’s Hospital for Wales as a major Paediatric Training Centre in South Wales, we are ready and well placed to pioneer a new training module and develop a training prototype that other Child Health Departments or indeed other specialties could adopt.

We believe that this particular project is best led by a WCLTF trainee for several reasons. The trainee perspective will be key to their successful future engagement with the learning. Indeed, ownership over training is an important principle of medical education. With ever advancing knowledge and insight, training must produce doctors with excellent life-long learning attitudes and skills.

The following new curricular learning goals will need to be incorporated:

1. Clinical learning about common childhood conditions which are increasingly managed outside the hospital setting but need ongoing paediatric leadership.
2. A deeper understanding of child mental health issues as well as tools to provide health promotion and prevention.
3. Acquisition of attitudes and competencies to provide holistic integrated multidisciplinary working with primary care (use of new communication tools & health pathways and leading MDT clinics), and closer collaboration with Education and Social Care.
4. Developing understanding of the strategic context and guiding principles, as well as learning to lead ongoing quality improvement in this area.

Specific project objectives and time lines

1. To research literature (policy and research), consult relevant local stakeholders and identify appropriate training initiatives that could be introduced locally (Sept-Nov 2020).
2. To negotiate and plan these within current service and training constraints in a cost-neutral self-sustaining manner (Nov 2020-Feb 2021).
3. To implement the revised training program from Feb 2021 onwards (GP rotation change over)
4. To evaluate this with before and after surveys (Jan-June 2021)
5. To report and make recommendations for further improvements (July/August 2021).

Immediate supervisor’s for the project:

Dr Dan Rigler, Consultant in General Paediatrics
**Project Title:** Changing the System – A Rapid Diagnostic Centre approach to support early diagnosis of cancer (for people presenting with ‘vague’ non-specific symptoms)

**Medical Director:** Professor Tom Crosby

**Organisation:** NHS Wales Collaborative (Wales Cancer Network)

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**Project Description:**

The Clinical Fellow will also be integral to the Wales Cancer Network team to further understand the value of this service within the NHS in Wales; support the national roll-out of the service through the development of a best practice clinical model and National Optimal Pathway aligned to the metric of the Single Cancer Pathway.

Developing systems which expedite cancer diagnoses and treatment provide the foundation for strategies aimed to improve cancer outcomes. The Rapid Diagnostic Clinic/Centre (RDC) provides rapid access to a range of diagnostic tests in a one-stop clinical setting for patients with vague non-specific but concerning symptoms that could be indicative of cancer. A pathway for this population is currently lacking in Wales, which results in a longer time to diagnosis. Earlier diagnosis could result in identifying cancer at an earlier stage, leading to earlier treatment and improved patient outcomes.

The RDC is an innovative concept supported by a multi-professional team, integrated across primary and secondary care, and underpinned by learning from international practice modelled on the Danish ‘three-legged’ strategy introduced to support early cancer diagnosis.

Both Swansea Bay and Cwm Taf Morgannwg UHBs successfully secured £200k funding via the Wales Cancer Network (WCN) Cancer Pathway Innovation Funding Programme in 2016 to develop and deliver a 2-year pilot based on the RDC concept for their health population. The WCN Pathway Innovation Funding and match funded by their health boards.

Both pilots have evaluated their service, Swansea Bay undertaking an economic evaluation and Cwm Taf Morgannwg an empirical evaluation based on service data. The next phase of evaluation is to describe a best practice clinical model, and to better understand the utility of this pathway to support national roll-out, developing a National Optimal Pathway aligned to the metric of the Single Cancer Pathway.

Only 35 – 45% of all cancers in Wales are diagnosed via the accelerated USC route. The majority of cancer patients present via other non-accelerated routes with a significant proportion having vague symptoms that do not fit the NICE Suspected Cancer Referral Guidance (NG12) recommended ‘red flag’ symptoms, with other patient groups presenting late as an emergency or are found to have cancer whilst being investigated for other signs/symptoms.

In reality, early stage cancer presents very differently in primary care and there is no clear referral pathway for patients with vague, non-specific but concerning symptoms that do not meet the criteria for referral via a site specific urgent suspected cancer pathway route. The introduction of RDCs provides a low risk, not no risk pathway where primary care has a gut instinct something serious is wrong, possibly cancer but no USC red flags for primary care to refer this cohort of patients.

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

Professor Tom Crosby, National Cancer Clinical Director

Tom.crosby@wales.nhs.uk
Project Title: Improving the well-being of junior doctors
Medical Director: Professor Push Mangat
Organisation: Health Education and Improvement Wales

Project Description:
There is increasing emphasis on promoting wellbeing amongst the workforce, which has been crystallised as part of the quadruple aim in the Healthier Wales Strategy. The wellbeing of doctors in training remains high on the agenda with recent GMC NTS demonstrating significant issues with burnout in trainees. Many studies estimate the prevalence of burnout in the junior doctor population at c30%. Furthermore, increasing numbers of trainees are taking breaks from training related to wellbeing with increasingly significant numbers taking time out following foundation training.

The aim of this leadership project is to scope out and develop appropriate interventions to support the wellbeing of trainees and reduce the prevalence of work related stress and burnout.

The impact of this is likely to be significant in terms of increasing wellbeing but also improving patient outcomes and safety.

This would be with a view to making Wales an even more attractive place to train, work and live and supports the culture of looking after the trainees.

The project aligns well to HEIW strategic objectives, in particular strategic objective two.

1. As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand.
2. Building a sustainable and flexible health and care workforce for the future.
3. With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.
4. Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
5. Improving opportunities for use of technology and digitalisation in the delivery of education and care.
6. Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales.
7. Demonstrating value from investment in the workforce and the organisation.

Numerous strategies and reports have been published looking at this important issue and making recommendations for improvement. These include amongst others:

- BMA Wales Fatigue and Facilities Charter
- Enhancing Junior Doctors Working Lives
- BMA Supporting Health and Wellbeing at Work

Furthermore, the GMC is about to publish its report “Supporting Medical Students and Doctors Wellbeing” chaired by Professor Michael West.
With the numerous strategies that have been published the aim of this project is to sieve through the recommendations and plan an approach, working with the wider NHS in Wales, to implement these recommendations.

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

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<th>Dr Ian Collings. Associate Postgraduate Dean/Lead for Trainee Development and Wellbeing (Interim)</th>
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**Project Title:** Development of a Recruitment and Retention Policy for Young dentists in Wales  
**Medical Director:** Professor Push Mangat  
**Organisation:** Health Education and Improvement Wales

**Project Description:**

The issue of recruitment and retention of young dentists has been discussed over several years. In 2018 the dental section was tasked with analysing and developing this process further. Two discussion papers were developed as a result of meetings between Welsh Government and Deanery officials. The second document ‘An update on the issues relating to the recruitment and delivery of dental foundation training (DFT) in Wales’ (July 2018) analysed the strengths and weaknesses of the current and possible DFT recruitment processes. However, we concluded this matter is much more complex than we first imagined. Our initial interpretation of the issues is that we identified some financial, legal and logistical constraints that may hamper implementation of any new process. More work is required in order to quantify the level of risk that relates to each of the above components. In July we proposed that we would work on three areas of policy (see below) and believe that this could form the basis of a leadership project.

In addition, we now believe that the National Recruitment process continues to be inflexible for our needs and there is now an urgent need to develop a new process that helps with our recruitment and workforce retention needs.

We would propose that we develop and implement a new Welsh DFT recruitment process that will provide answers to identified constraints that may hamper implementation of any new process. We propose that this multidisciplinary process is facilitated by HEIW and that the new process is ready by May/June 2021 in order to recruit the new 2021/22 cohort of DFTs working in Wales.

The policy area we wish to develop are as follows:

**Working with Cardiff University to develop a strategy to increase the numbers of Welsh domiciled applicants and entrants**

- Collect and analyse further relevant demographic data and link to workforce planning
- Analyse whether the use of cultural and social determinants could be incorporated into CU entry requirements
- Developing a closer working relationship between undergraduate and postgraduate training processes (e.g. flexible use of outreach facilities)

**Improving the recruitment and delivery of DFT programmes**

- Collect and analyse further relevant demographic data and link to workforce planning (working with leadership fellows in HEE)
- Identify and use multi-surgery/trainers’ dental practices in geographical areas where it is hard to recruit, and, award flexible long-term trainer contracts (> Syears)
- Develop better training relationships with corporate providers who hold most NHS contracts in North and West Wales
- Work and publicise improving the undergraduate/postgraduate transition process

**Working with LHBs to provide ongoing work/training experiences in the GDS by modelling the sustainability of:**

- Using/top slicing in year LHB GDS NHS dental contract funds to fund and deliver additional DFT+ places in areas of dental access and disease need, in order to provide patients with some continuity of care and practice
• Working with WG and LHBs to develop an incentives package to encourage working in less popular areas in Wales
• Working with WG to develop cogent GDP career pathways
• Work with Government contract reform programme to develop ongoing work opportunities for dentists/DCPs who have completed foundation training.

Immediate supervisor's for the project:

Professor David Thomas, Dental Dean
david.thomas26@wales.nhs.uk
Tel: 01443 824226

Tel: 01443 824226
**Project Title:** Development of Perioperative Anaemia Management and Optimisation Pathway across all Surgical Specialities

**Medical Director:** Dr Stuart Walker

**Organisation:** Cardiff and Vale University Health Board

### Project Description:

Pre-operative anaemia has a prevalence of 25-40% depending on the surgical speciality. Patients with anaemia have higher mortality, morbidity and hospital length of stay. The commonest cause in the surgical population is Iron deficiency, an easily modifiable risk factor. Treating patients with a packed red cell transfusion is no longer acceptable.

Pre-operative anaemia management sits at the heart of the Perioperative Quality Improvement Project (PQIP) and is mandated by NICE, NHSBT, AAGBI and RCoA as part of their ‘Fitter, Better, Sooner’ and prehabilitation campaigns.

This project supports the PQIP strategic areas in the following way:

**Quality:**
- Development of a single anaemia management pathway across the UHB
- Assessing the need for treatment across all surgical specialities
- Developing a database of patient outcomes to include mortality, morbidity and hospital length of stay and show continuous improvement with change in the way the service is delivered
- Show a significant reduction in patients that require a blood transfusion
- Reduction in use of blood products in line with prudent healthcare

**Innovation:**
- Development of a single point of access and treatment pathway for all patients identified with anaemia rather than the current system of surgical specialties working in silos.
- Development of new drug protocols that support high dose, one time treatment with Intravenous Iron in a daycase setting (supported by previous pilot work done in cardiac surgical patients)
- Development of protocols to optimise preoperative anaemia with oral iron where appropriate.

**Productivity**
- Currently only a small proportion of patients with preoperative anaemia are treated prior to surgery. There are currently no sustainable facilities or organisational models in place to support this new service. Productivity in terms of timely patient treatment would increase by focussing a team to a single area where all patients and clinicians could access this optimisation service. Patients who have their anaemia corrected will have less postoperative morbidity and mortality and shorter lengths of stay in hospital.

Implementing pathways across surgical specialities is difficult due to timelines for surgery, patient access to facilities, education of the multidisciplinary team and delivery of a new service. This project would:

1. Assess need across all surgical specialities
2. Develop Anaemia Management Pathway
3. Develop a Business plan for a sustainable treatment pathway (to include pre-operative anaemia nurse, team to deliver service, location to deliver intravenous iron)
4. Engagement of patient and lay groups on knowledge of the importance of anaemia, blood transfusion and work with them to develop a multi-inventory assessment of fatigue/function based on anaemic status
5. Develop database of outcomes for treated patients
6. Educate and feedback to multidisciplinary teams on patient outcome
7. Feedback to patients and stakeholders in the form of leaflets and media
**Immediate supervisor’s for the project:**

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<tr>
<td>Dr Caroline Evans</td>
<td>Consultant Cardiac Anaesthetist</td>
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