

HEE-SW Leadership Fellows 2018-2019

Fellows

Ben Ballisat - ST7 Anaesthetics. Bristol

Sophie McGlade - ST 4 Radiology. Plymouth

Sam Hayward - Public Health trainee, Somerset

Mark Eveleigh - ST5 Anaesthetics. Gloucester.

Carla Fleming. Dental trainee. Bristol

Freya Smith-Jack. Dental radiology trainee. Bristol.

Samantha Cockburn. Emergency medicine / Acute Medicine Non-trainee.

Summary report

Projects, experiences and evaluations

Projects undertaken during fellowship

Sophie McGlade.

- Evaluation of Professional and Generic Skills Course (commissioned with Plymouth University) – its impact on junior doctors. Incorporated into her MSc Healthcare Management, Leadership and Innovation dissertation. Awaiting ethics approval
- Other potential projects -
- Peninsula Regional radiology On-Call; to model Plymouth registrars joining this system. Evaluating service now that Plymouth had joined.
- Ultrasound service at weekends. Scoping out with other Registrars. What is feasibility possible
- RCR Peninsula trainee representative. Participation in curriculum.
- Shadow Medical Director – Annie Jones. Extended opportunities with MD to attend meetings and conferences in Plymouth and London.

Ben Ballisat.

- Emergency Theatre List Provision
- Project looking at Winter bed pressures and emergency surgical patients. Aim: Reduced length of stay for emergency surgical patient to increase bed capacity to alleviate winter bed pressure. Question; How to expedite emergency surgery.
- Lots of data to interpret looking at surgical patient pathway and theatre utilisation. Emergency surgical delay to theatre increased length of stay. Next phase – aim to reduce delay to theatre by increasing capacity of emergency theatre space. Barriers to project – working with data, working relationship with theatre manager.
- Post-partum haemorrhage. High PPH rate. External review by Trust obstetric department rejected. Suggested internal adaptation of PPH protocol. Recognised Cymw management tool for PPH presented and accepted. Now being introduced into labour teaching and training. Barriers; working with multi professional workforce– Anaes/Obs/Midwives. Protocol – education.

Sam Hayward

- South West System of Health Systems CPD Network – Public Health
- Systems thinking developmental network. Embrace complexity of the system and its inter-relations with other PH systems and structure. Opportunities developed within PH structure; used to advantage to implement CPD network.

Mark Eveleigh.

- Theatres Anaesthetic Room Transformation Project. Sequential quality improvement project aiming to improve the working environment, efficiency, and cost-effectiveness of an anaesthetic room. Registered as Silver QI project. Measures of success include; time taken to perform standardised task (simulate critical incident), qualitative questionnaire to assess ease of use, cost of disposable equipment, cost of medications. Results awaited.
- Involvement of Strategic Re-organisation of Services. GHNHSFT is one Trust with Severn. Hospitals include Gloucester and Cheltenham. £40m of capital infrastructure funding to improve 'front end' services. Significant disparity in services offered between sites. Opportunities to 'move' services to improve services across the Trust and patient experience. Barriers; less easy to measure than a traditional smaller project, it's a big challenge and project! Exposure to Board, CCG and community groups so good experience. High stakes but high dividends. Progress and report awaited.

Carla Fleming.

- Undergraduate oral surgery teaching at South Bristol Community Hospital. Conversation with stakeholders to start in the academic year 2019-20. Work has been focussed on an ongoing BDS curriculum review. Leading the OS teaching team through this process, crossing boundaries between NHS and university and between different dental specialties.
- Lead for the PG Certificate in Clinical Oral Surgery requiring engagement in course design and recruitment, leading the clinical teaching team and supporting the students and the patients they treat
- Patient safety issues. Reporting on never events and subsequent action plans to a General Dental Council inspection of the dental school
- Involvement in a national review of dental training – Advancing Dental Care Review – commissioned by HEE. Training in conducting focus groups. Engagement with dental fellows around the country working on the Advancing Dental Care Review. Involvement in a General Dental Council Inspection of Bristol Dental School. Contribution to a culture review at Bristol Dental Hospital

Freya Smith-Jack.

- Service evaluation of external dental radiology referral requests. How to reduce the number of referrals through increasing GDP confidence in diagnosing normal anatomy. High external referrals for abnormal anatomy. Lengthy wait for referral process. Limited consultant availability for referral. Aim – explore more training at workshops and an on-line portal learning. Improved education of normal dental anatomy and accepted anomalies should reduce referral rates.
- Advancing dental care workstream (ADC) - National review of dental education in training. Specifically Academic training. Survey from dental schools. Aim: How to develop academic dental trainees. PG dentists and DCPs – do they know the academic opportunities? Focus groups developed along with survey. Now need help with analysis review.

Samantha Cockburn.

- Developing the Acute Medicine service/MAU
 - o Outpatient PE pathway. Review CT slot availability. Investigate current diagnostic tests
 - o USS in Assessment unit. For vascular access. Investigate acquiring a handheld loan machine or invest in bigger machine with multiple use. Need balanced review of both opportunities.

End of fellowship report / opportunities gained and evaluations

Sophie McGlade

Completion of MSc in Healthcare Management, Leadership and Innovation with University of Plymouth. Dissertation year project was; "An evaluation of the impact of participation in the Professional and Generic Skills programme on developing leadership and management skills in junior doctors" using a mixed method approach. This project has been able to make recommendations for improvement in the PGS programme and provided evidence of the impact that the programme is having on individual trainees, their teams and organisations, and patients.

- Royal College of Radiologists Junior Radiologists Forum (RCR JRF) Peninsula trainee Representative
- Attended 3 day Leaders in Healthcare Conference (Birmingham, 14-16/11/2018)
- Attended NHS Leadership Academy South West 'Impact' Conference (Taunton, 06/02/2019)
- Meetings with hospital chief executive and attendance at several board meetings
- Co-organiser of the South West Clinical Leadership Conference
- Submitted abstract for Leaders in Healthcare Conference 2019 for poster presentation on behalf of the organising committee on lessons learned from organising a leadership conference. There will be a BMJ leader abstract publication and poster presentation at Leaders in Healthcare Conference (Birmingham, 4-6/11/2019)
- Observed a Core Trainee 'Next Steps' pilot leadership training day and attended HEE-SW leadership faculty meeting to discuss and feedback about the sessions. (Taunton, June 2019)
- South West Postgraduate Medical Education Conference- co-presenter for workshop on postgraduate leadership education opportunities (Taunton, 28/09/2018)
- Project including survey of all regional paediatric radiology consultants' experiences of non-accidental injury work in order to address trainee concerns for subspecialty career choice. Subsequent presentation of results at UKIO (UK Imaging and Oncology Congress, June 2019), SWPRG (South West Paediatric Radiology Group, September 2019) and BSPR (British Society of Paediatric Radiology, November 2019)
- Large regional audit of suspected non-accidental injury cases in the South West. On-going, with presentation of results at BSPR (British Society of Paediatric Radiology, November 2019)
- Radiology QIP helped supervise 2 core trainees with a re-audit and subsequent poster presentation at Society of Radiologists in Training May 2019.
- Evaluation of the clinical leadership mentor scheme as a co-researcher for a project being undertaken by a researcher at Birmingham University (Ongoing)

- Volunteer role interviewing prospective medical students for University of Plymouth (during own time on days off around on-call commitments, Jan/Feb 2019)

I have thoroughly enjoyed my time during my fellowship year- thank you so much. The fellowship has allowed me to continue to develop my leadership skills and interest, and it has motivated me to continue to pursue leadership roles. I am now considering applying for a full-time National Medical Director's Clinical Fellowship for next year and one day would ideally like to combine clinical work with a formal leadership role. I would, of course, very much like to continue being involved with HEE-SW through the leadership faculty!

Ben Ballisat

A year ago, in my application to become a leadership fellow, I wrote about the need to empower those that deliver healthcare to develop and continuously improve the service that they provide and that a fundamental element to achieving this is offering training in leadership. During my year as a leadership fellow I have gained valuable insights into both myself and the system I work in. I now have a better understanding of sort of leader I am, what I value, as well as identifying areas for personal development. Combining theoretical learning with practical experience has taught me how to recognise challenges that exist in the NHS and equipped me with strategies for beginning to tackle these in a manner that is sustainable for both individuals and organisations.

As an anaesthetist I work across a range of settings including the emergency theatres and providing obstetric anaesthesia. I embarked on two projects within my trust in these areas, firstly, looking at the impact of hospital winter bed pressures on waiting times for emergency surgery. Analysis of data from the last winter period revealed that there is a 'winter effect' with longer waits for certain types of surgery. This has fed into the planning for next winter season with a view to increasing provision of emergency lists when elective theatre sessions are cancelled. The scope of this project initially included looking at whether patient length of stay was affected by longer waiting times for emergency surgery as suggested by a handful of observational studies. The robustness of the local data was not sufficient to draw meaningful conclusions on potential impact on length of stay at my organisation. I found it fascinating that we collect a huge amount of data in the NHS yet the quality of this is often limited and prevents us from evaluating our current position or model proposed changes.

The second project that I have been involved with is aimed at reducing the rate of maternal haemorrhage during child birth at my trust. Following on from preliminary work I had conducted in this area, in February I was invited to join a small multi-professional team to participate in the third wave of the NHS Improvement Maternal and Neonatal Health Safety Collaborative. This is a year-long quality improvement project with the primary aim of improving clinical outcomes through QI methodology, studying local safety culture, promoting learning from excellence and exploring maternal experience. The project is supported by our local academic health science network and also includes three national learning events which are facilitated by senior leaders from the Institute for Healthcare Improvement.

Over the last 6 months, I have worked on exploring both the clinical and non-clinical factors behind the high haemorrhage rate and have helped develop changes to improve the situation. This project is still in its infancy at this stage, however, we have made meaningful progress towards engaging the wider workforce, working with patients on designing changes and building improvement capability within the department through collaboration with the trust's QI team.

Through this work I have I have learnt a considerable amount about the challenges of leading change in the health service particularly in the complex systems that exist within secondary care. For example, a central focus of this project is about ensuring that change comes from the staff that deliver care as opposed to top-down mandates which may not fit the local context. With this approach, it is possible to create a culture of continuous improvement that leads to sustainable change within the organisation.

The fellowship has given me 'hands-on' experience of leading change initiatives and this has been complemented by theoretical learning provided by the postgraduate certificate in healthcare leadership and management that I have also completed. The programme included modules spanning Quality Improvement, Implementation Science, Healthcare Leadership and Management. One of the main strengths of this course was the high calibre of fellow students with representation from a range of clinical and non-clinical roles. This often allowed for lively discussions on the issues that individuals and organisations face on a regular basis. In addition, I found that I had time to take a step back and consider my approach to leadership and how I approach challenges. Assignment work was typically centred on evaluating theories behind healthcare improvement and leadership and I found I could usually apply what I learnt from these exercises in my day-to-day role as a leadership fellow.

Finally, I have also had the pleasure of working with other leadership fellows whilst organising a regional conference entitled 'Next Generation Leaders'. This one-day event was held in March with trainees attending from across the South West. I took on the role of promotions which included designing the event website, posters and flyers as well as helping with delegate bookings. Despite the relatively short timeframe for organising the conference and geographical spread of the organising committee the conference was a great success with excellent feedback from those who attended.

In summary, I feel that the past year has given me the time and energy to explore the wider context of the health service and begin to appreciate the challenges that are faced on a local and national level. I have experienced first-hand the strength that good leadership can offer in navigating a path ahead and feel better equipped to facilitate change to the benefit of both organisations and individuals.

Sam Hayward

Achievements

- Supporting complexity and systems leadership approaches being embedded into Public health speciality training and into the CPD of activity supervisors

- Reviewing the structure of the Faculty of Public Health (FPH) Speciality Registrar Committee (SRC)
- Arranging speciality Registrar attendance at FPH Board meetings (and other engagement events)
- Leading on development of Reproductive health hubs in Somerset
- Delivering 3x systems leadership tutorials for South West Public health registrars

Project update: Embrace complexity

Aim: Develop a system's thinking professional development network for health professionals across the South West of England.

The purpose of this project was to develop a system's approaches and leadership professional development network for those working within and across health and care sectors in the South West of England. Centred on systems approaches, the primary reasons for setting up a professional network were;

- Delivering and identifying professional development opportunities
- Dissemination of local, national and international best practice examples related to system approaches
- Networking and organisational capacity building
- Linking to national programmes and supporting resource applications
- Responding to emerging systems challenges and opportunities

I'd been developing my Embrace complexity project, delivering a webinar on systems thinking in Public health. 56 people dialled in and over 200 received the slides/content. Following the webinar, I surveyed professionals' views on applied systems thinking and used this to build the case and project brief for developing my professional network. At this point progress on my project stalled due to a number of organisational and role changes. I attempted to secure alternative routes to deliver my project but was unsuccessful. However, through being a Leadership fellow and completing my PGC I was made aware of alternative routes to meeting my aim.

I became involved in a commissioned programme to develop recommendations for embedding systems leadership in Public Health training. This didn't quite fit my original project idea but provided an opportunity to deliver against the aim through a different approach. Using my combined roles as Leadership Fellow, Speciality Registrar Committee member and Speciality Trainee, I participated in various stages of report development. Influencing the recommendations being put forward in the report formally and informally. Once finalised I took the report recommendations to

the SRC and pushed for them to be embedded into the review of the current Public health training curriculum, which is now being taken forward.

Further aligning my contributions to this report with my role on the SRC, I identified the opportunity to build on informal working relationships between senior leaders in Public health and Speciality registrars by setting up a number of informal networking events between SRC and FPH Board members. I'm also facilitating a review of the structure of the Faculty of Public health, and where the SRC sits within the organisation.

I have applied my new-found knowledge, skills and experience from my Fellowship within my day to day training, recently taking on the lead role for transforming reproductive health services in primary care in Somerset, building a multi-agency and multi-disciplinary group to develop reproductive health hubs.

Completion

- I'm looking to complete the SRC/FPH structure review by the end of the year.
- The informal engagement events for SRC/FPH board will continue after I hand over my SRC role in January.
- I'm going to write up the reproductive health hub strategy for the end of October.
- The Curriculum review process will be completed in the Spring of 2020. I will keep pushing for the words "System" and "thinking" to appear in the updated Learning objectives.

Effect on me

Before becoming a Leadership fellow and studying the PGC, I was sometimes reluctant to lead. Through this programme I have been able to identify my preferred leadership style and approach. Through understanding where my preferred style comes from, I now know how to better utilise my abilities. I also know where I need to develop my leadership and management skills.

Effect on my organisation(s)

I think the organisations I'm working with have found it challenging to understand why a Registrar would be participating in leadership skills development at an early stage in their training. I see a need here to break the link between position and leadership and create leadership at all levels.

Evaluation of year and PGCert

Leadership fellowship

Strengths

- As a non-medical trainee based outside of the NHS, but with a keen interest in affecting change in the NHS it was really useful for me to meet and work with a range of clinicians from across the system, and outside of the Public health world.
- The role has provided me with leverage points to engage in work I may not have been able to engage with otherwise.
- Over time I've developed working relationships with my fellow fellows and have benefitted from their knowledge and experience. This has made me reflect on how I can better contribute through my work.

Areas for development

- Main complication was taking on the Leadership fellowship at time when I was moving between training locations. If I was to do it again, I would ensure that there was some continuity when moving between roles and that new faces equally understood and were bought into support the projects I was involved in.
- I would also check that terms and conditions for the secondment were clear for all parties from the outset, this is because my ARCP outcome was affected.

PGCert

Strengths

- The PGC has provided me with invaluable information and knowledge and experience to apply to my practice. Through understanding the plurality of leadership It's given me confidence to approach leadership in my own way.
- It gave me an understanding of where my leadership views and approaches come from and how I can act upon them.
- The PGC made me reflect on areas I need to improve on, understand why I needed to work on them, but also why they were areas to improve in the first place.

Areas for development

- Attending PGC modules and completing assessments alongside qualification exams, in programme work and events at home was quite the balancing act. I did manage to get through everything, but it probably impacted on the quality of some of my outputs.
- I've got to work on synthesizing and summarising my knowledge and communicating it more effectively to others, both in academic writing style and through presentations.

- I'd like to learn more about strategy and tactics.
- I've got to complete one more module for the PGC in May/June 2020!

Mark Eveleigh

- Having completed the fellowship, I think I am a much more well-rounded leader as a result of the year. Whereas previously I may have become frustrated with a blockage, now I problem solve around it using new acquired skills and techniques.

The academic rigor of the PG Cert initially caught me off guard, but after the first week I dived into the reading with both feet and immersed myself in the material.

Helping to organize a conference was a new experience for me, and has made me much more aware of all the work that goes on behind the scenes at events like ours.

If I had my time again I wouldn't change a thing! I thrive on being busy, and being able to get multiple projects over the line has pushed me to my limits.

I also managed to tag along a CQC inspection, mostly through my status as a leadership fellow – a great opportunity.

Being a leadership fellow has opened a lot of doors for me. I don't think the impact that being a fellow has on the ability to get a meeting with a senior executive, the CQC or local CCG should be underestimated.

Thank you!

Carla Fleming

Leadership project

Implementation of an oral surgery teaching programme at South Bristol Community Hospital

Lessons learned

- Engagement with the key stakeholders is essential
- Maintain enthusiasm for the project with other team members
- Align the project with the organisational values
- Be sympathetic as to how change can affect people
- Use appropriate data to support a change
- Be resilient when plans are rerouted
- Keep to timelines

Leadership meetings

Dental Hospital Executive meeting attended

Dental Hospital Clinical governance meeting attended

Lessons learned

- Helpful to discuss issues with key people prior to meetings so that effective decisions can be made in the meeting
- Data interpretation can support change
- Communicating decisions effectively to other colleagues is very important for morale and engagement

Management experience

1 to 1 time with new dental hospital manager

Attendance at daily huddle meetings

Lessons learned

- Understand management challenges better especially financial concerns
- Trust colleagues to report effectively and find solutions to problems

Other projects

Advancing Dental Care – a national HEE funded project to review dental training

Working on the academic workstream and collaborating with other workstream representatives around the country

Lessons learned

- Efforts to collaborate are rewarded
- Keep an open mind, learn from other ways of operating
- Acknowledgment of barriers and boundaries is needed to overcome them
- Technology can really help communicate across geographical areas
- Ensure goals are clear and achievable
- Celebrate achieving goals

Involvement in a complaint

Lesson learned

- Writing formal reports
- Understand and promote an open learning culture as well as quality improvement
- Empathise with complainant and staff involved in incidents

Completion of PG Cert in Healthcare Management and Leadership

Lessons learned

- Leadership has wide contributions from psychology and sociology
- Leadership and followership is fascinating and all contexts are different
- Leadership can be learned and refined, think smarter rather than harder
- Understanding leadership is about understanding myself as a person and a leader – involves (sometimes uncomfortable) self reflection
- Wellbeing of myself and others should be a top priority to achieve goals

Current leadership roles whereby new found skills are being applied:

- Lead for undergraduate Oral Surgery teaching
- Lead for postgraduate certificate in Oral Surgery
- Co - lead for a clinical theme in implementation of a new undergraduate dental curriculum in 2019
- Training to be a Beaver leader for my 6 year old son's local beaver group!

Thank you for a really great career influencing year and I'm so pleased that leadership is getting the recognition it deserves in the NHS.

Freya Jackson-smith

Achievements from leadership and management secondment

Attended clinical governance meetings.

Witnessed lots of different types of leadership – some inspirational and some not so much.

Witnessed and contributed to two independent inquiries into dental hospital culture over the past year. Results were interesting.

Implemented two local QI projects.

Samantha Cockburn

Excellent spreadsheet of shadowing opportunities achieved.

Role	Agree	Arrangements	Achieved
Clinical Lead for Medicine	Y	Emailed 26/4/19 - Suggested Physicians Meeting 13/5/19	Green
AMD	Y	CIP Meeting 25/4/19	Green
Deputy Chief Operating Officer	Y	Patient Flow 22/8/19 Devon A&E Delivery 13/11/19	Orange
Head of Unscheduled Care	Y	Unscheduled Care Performance Meeting 29/8/19 Northern Devon A&E 29/8/19 Northern Planner Care 27/8/19	Orange
Deputy MD	Y	CAGG 10/9/19 CEC 11/9/19	Orange
Matron of Critical Care	Y	Critical Care Meeting 24/4/19	Green
Chief Nurse	Y	Done on 2/4/19	Green
Director of Finance and Performance	Y	Finance Meeting - 24th September	Orange
PALS	Y	Awaiting dates from them for patient resolution meeting and PALS	Red
Chief Executive	Y	Done in April 2019 - ?Ask for another day but at RD&E	Green
Head of Patient Safety and Quality	Y	Tues 20th Aug 14:00-17:00 Trust wide Mortality Meeting Tues 24 th Sept 10:00-13:00 Ward Accreditation pilot on ward	Orange
Deputy Chief Nurse	Y	Monday 16th September	Orange
Interim Director of Strategy	Y	Surgical Meeting	Green
CE of STP	Y	Thursday 19th September	Orange
MD for FMLM	Y	Awaiting Dates	Red

