



Welsh Clinical
Leadership Training
Fellowships



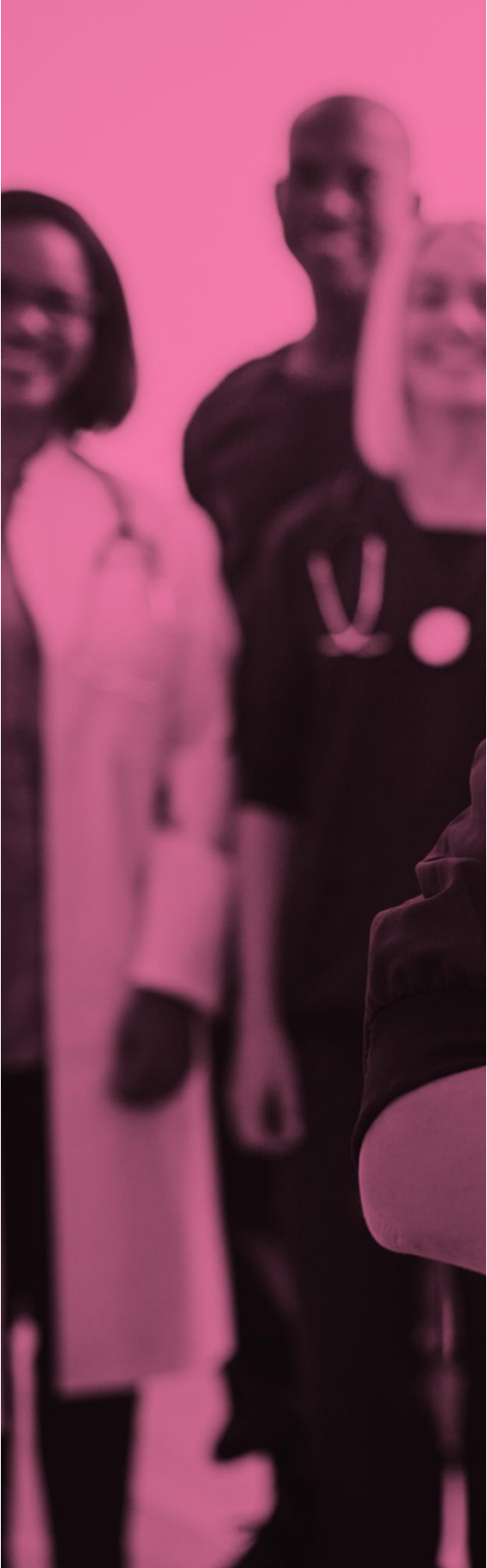
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Health Education and
Improvement Wales (HEIW)



Welsh Clinical Leadership Training Fellowships (WCLTFs)

Project Outlines 2022/23



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.

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31. Development of an advanced practice framework including implementation of a quality improvement programme for optometry.

Project Title: Application of the Obstetric Bleeding Strategy (OBS) Cymru in women with low BMI

Medical Director: Dr Dom Hurford (interim)

Organisation: Bridgend Integrated Locality Group of Cwm Taf Morgannwg UH

PROJECT DESCRIPTION:

Sadly, women still die from obstetric haemorrhage. From a recent MBRRACE report 12 women died between 2016-2018. OBSCymru is an excellent initiative that has revolutionised the way we manage and treat both antepartum (APH) and postpartum haemorrhage (PPH), to target blood product use in these patients. It uses a 4-stage approach to guide the management, escalation and documentation of a post-partum haemorrhage. It also reduces the use of unnecessary blood products by using targeted point of care blood testing to guide their use. However, the limits used for triggering the different stages of the checklist are arbitrary and make no account of the body mass index or overall weight of the women. We know from the MBRRACE report, NICE guidance and PROMPT training that the percentage of blood loss varies hugely by weight.

For example, a 2-litre blood loss will be around 40% blood volume for a patient of 50kg compared to below 30% of a patient who is 70kg. Therefore, there is a question around whether the stages should be escalated through more quickly in women with a lower BMI.

This project would involve looking at our local data to ascertain the percentage blood loss for women who have undergone a PPH. We would need to look at the drop in blood parameters and those women who required blood products. If there was a statistical significance in these numbers in the women with a lower BMI we would analyse this data further to see the percentage of blood loss as related to morbidity. We would then run a pilot scheme where for women with a lower BMI the triggers were calculated in percentage blood loss rather than an arbitrary amount of blood loss to see if this improved their outcomes.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Dr F Hodge Consultant in O&G (Nicola.Horsfield2@wales.nhs.uk)

Project Title: Looking to the future: leading innovation of learning resources to support simulation faculty development and embedding of immersive technologies.

Medical Director: Professor Pushpinder Mangat

Organisation: HEIW

PROJECT DESCRIPTION:

This project will support the Faculty Development programme through the coordination and quality assurance of blended learning resources which will be co-produced with the Digital Team at HEIW.

It aims to embed standards for simulation-based education and training and improve accessibility to digital resources for simulation faculty development. The project will also aim to identify current trends in the use of immersive simulation modalities nationally and internationally which will inform future directions on how HEIW supports the Welsh simulation community in this area. It is widely acknowledged that simulation-based education and training can be expensive and needs to be used cost effectively

Individuals and teams benefit from simulation as a means to allow the acquisition of clinical skills through deliberate practice and experiential learning without jeopardizing patient safety. Simulation faculty development will ensure that its delivery is interprofessional, quality assured and advances the understanding of human factors. The vision of HEIW is “Transforming the workforce for a healthier Wales” which was developed through engagement with staff, stakeholders, and partners.

The NHS staff are pivotal in building a sustainable health and care system that can meet future needs. Simulation-based education and training is an important aspect of engaging and developing staff as described in the PEOPLE principle (Planning, Educating, Offering opportunities, Partnership working, Leading, Enabling and empowering). It is therefore important that simulation-based education and training is underpinned by standards and provided by trained faculty who are able to promote safe learning environments. As immersive technologies evolve to support learning, horizon scanning is crucial to inform an appropriate and future proof response+

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Dr Cristina Diaz-Navarro (cristina.diaz-navarro2@wales.nhs.uk) and

Dr Clare Hawker (clare.hawker@wales.nhs.uk)

Project Title: Job Role Design and Workforce Retention of Pharmacists

Medical Director: Margaret Allan, HEIW Pharmacy Dean

Organisation: Health Education and Improvement Wales

PROJECT DESCRIPTION:

There is clear evidence that better staff experience contributes to a culture of compassionate care, and results in better outcomes for the people we serve. As the pharmacy profession evolves traditional roles need to change, taking into consideration the goals and aspirations of the current and future workforce, in order to retain staff in roles that are personally and professionally satisfying.

A number of factors have aligned, making this the right time to review pharmacist job roles

- a pharmacist staffing crisis in all sectors - a new community pharmacy contract
- new ways of working needed to deliver new models of care closer to home, as set out in 'A Healthier Wales' and the 'Wales Strategic Programme for Primary Care'
- implementation of the new Initial Education and Training Standards for pharmacists (GPhC 2021), producing registrants capable of a greater role providing clinical care to the population from their first day on the register, including through prescribing medicines –
- a national multi-sector trainee pharmacist programme in Wales
- introduction of a national post-registration foundation programme in Wales
- 'levelling-up' of the advanced practice development opportunities to pharmacists in all sectors

The Clinical Fellow will work with the RPS to capture pharmacist views, at grassroots level, about the job roles they are looking for. Learning will be shared with all employers to use in a local context to create rewarding jobs that pharmacists want. The Clinical Fellow will take ownership of the project, supported by the HEIW pharmacy team and the RPS Wales office ensuring all stakeholders (including: Welsh Government pharmacy policy and healthcare workforce, student pharmacists, pharmacist employers and employees from all sectors and geographies) are engaged across Wales. In addition, HEIW will provide opportunities to attend relevant UK wide and Wales meetings which will inform the project.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Michele Sehwat, Head of Pharmacy Workforce Planning and Consultant Practice, HEIW.

(michele.sehwat@wales.nhs.uk)

Project Title: Improving the effectiveness of clinical handover and use of LocSSIPS and NatSSIPS in the theatre environment

Medical Director: Dr Nick Lyons

Organisation: Betsi Cadwaladr University Local Health Board

PROJECT DESCRIPTION:

There have been a number of never events in the organisation and investigation of these has highlighted a problem with the efficacy of WHO checklist procedures and other aspects of handover of patient care in safety-critical environments. In addition, the use of LocSSIPS and NatSSIPS has not been 100% robust.

The COVID pandemic, a nationwide shortage of theatre staff and the pressure to recover the backlog of elective surgery has led to reduced capacity to carry out practice development work.

For some practitioners the checklist is seen as a 'box-ticking' exercise rather than as an essential element of the WHO Five steps to safer surgery. Five steps to safer surgery.

This rationale of this project is to raise awareness of the evidence behind these various checklist-based practices, and to re-skill and up-skill practitioners to conduct the exercises in an effective way.

It will use learning from human factors research, simulation, and team resource management to educate established and emerging teams about effective styles of communication, improve the qualitative aspects of handover (not just the quantitative) and the highlight the value of civility within teams.

Digitally-enabled patient driven safety measures are an area of growth. Colleagues in England have developed an app for patients to use as part of the safer surgery checklist. If this is deemed effective in RCT (work to be published in 2022) this can be included as part of the improvement plan.

There will be qualitative and quantitative data collection before the work starts, and at intervals. The data collection will include the use of cultural and safety surveys.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Dr Kevin Kelly (Kevin.kelly@wales.nhs.uk) and Dr Emma Hosking

(Emmajane.hosking@wales.nhs.uk)

Project Title: Climate smart health care

Medical Director: Dr Karen Mottart

Organisation: Betsi Cadwaladr University Local Health Board

PROJECT DESCRIPTION:

If the global health care sector were a country it would be the fifth biggest climate polluter. The carbon footprint of NHS Wales is greater than one million tonnes of CO₂. NHS Wales has a decarbonisation strategic delivery plan, and Welsh Government approach includes health care.

This must be central as drugs and pharmaceuticals make up 23% of the total carbon footprint and medical equipment and supplies 11%. Decarbonising health care is often seen as an estate and facilities issue but it is fundamentally an approach to health care delivery. The fellow can work with the established Green Group in Ysbyty Gwynedd, sustainability co-ordinator role(s) and work to help achieve the BCUHB 5 year plan for decarbonising health care by focusing on a specific project(s).

They achieve this by delivering wider climate smart health education to staff and patients in addition to the specific actions within their chosen project. The other pillars of climate smart health care include resilience and leadership.

BCUHB has demonstrated leadership in terms of adopting a new value “protect our children’s future” but a relatively unexplored area is developing climate resilience e.g. ensuring staff are aware of climate risks, flood risk assessments and heat plans. Plans to decarbonise must integrate with how we respond to the climate risks of the climate emergency.

There are several possible outcomes listed below, all of which relate to sustainability. The fellow can select several of these to pursue:

Project 1 – Choice of inhaler

Outcome 1 - Establish dry powder inhaler (DPI's) as the first line choice over pressurised metered dose inhalers (pMDIs) where clinically appropriate

Outcome 2 - Improve understanding of clinicians on the environmental impact of different inhalers through education and availability of effective guidance

Outcome 3 - Optimise inhaler use and disposal (a patient-centric approach focusing on a reduction in the overreliance of reliever inhalers where possible and emphasise the importance of inhaler-specific disposal and recycling.)

Project 2 – Reduce Waste

Hospitals generate large amounts of both clinical and non-clinical waste. Currently excessive amounts of non-clinical waste, which should be recycled is treated as clinical waste and inappropriately disposed of through incineration. This is both costly in terms of finances and carbon emissions. We propose a project to demonstrate lasting cultural change within the hospital by promoting appropriate separation of waste and recycling. Operating theatres represent a major hotspot concerning waste generation from both surgery and anaesthesia. We propose a deliverable project to reduce waste generation and appropriate waste management in the theatre complex. This could be up-scaled to the whole hospital if successful progress made.

- Outcome 1 - Reducing waste generation in operating theatres
- Outcome 2 - Improve understanding and promote the usage of reusable drapes and gowns in surgical procedures
- Outcome 3 - Reduce dependence on single use plastics in the whole operating theatre complex; from anaesthetic processes, to the surgical procedure, and recovery. Many single use plastic devices are used as they are cheap, easily accessible and are promoted and heavily marketed and discounted by medical device companies

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Dr Carsten Eickmann Consultant Anaesthetist (Carsten.Eickmann@wales.nhs.uk)

Project Title: Behaviour change for doctors when prescribing antibiotics

Medical Director: Dr Karen Mottart

Organisation: Betsi Cadwaladr University Health Board

PROJECT DESCRIPTION:

AMS and AMR are board priorities in BCUHB. We report on several high-level initiatives, programmes and audits across the health board. We wish to enhance our clinical engagement with doctors to ensure they are all empowered to be able to support the AMS/AMR work in BCUHB. The worldwide challenge of rising AMR must be tackled at a local level and all of our clinicians should understand their role in reducing AMR.

The link to the table below gives an clear example of the current AMR situation across BCUHB and why there is a need for this clinical fellow and project.

[Summary of % resistance rates for E.coli in acute hospitals across BCUHB from blood culture samples](#)

BCUHB has participated in secondary care AMS studies including the ARK study in the past. This proved to be a great success and BCUHB led Wales in rolling out the ARK programme to all secondary care sites and now is trialling the roll out to community hospitals. We are innovative in our approach to AMS in BCU, but need the influence and practice of a clinical fellow to embed AMS into every day prescribing practice. We will draw on in behaviour change to further enhance our current work and again be innovative in new approaches to AMS.

We will build on the lessons learnt from ongoing work with Bangor University, currently applying behaviour change techniques to strengthen antimicrobial stewardship interventions within primary care. We will co-create a tool and use this tool alongside the ongoing ARK interventions within the secondary care settings for our doctors. We plan to use a PDSA cycle to develop the best tool and prove its value. Furthermore, we aim to use up-to-date and context relevant data on antimicrobial resistance for the three DGHs across BCUHB

The area of behaviour change in secondary care prescribing is an under researched area with very few tools designed for AMS activity. Several AMS tools have informed behaviour change intervention in primary care. The development of behavioural change tools and their implementation is needed to support doctors in the secondary care setting. The role of the clinical fellow in this will be critical for future ongoing work. It is critical for BCUHB that we embed AMS and AMR activities as day-to-day practice with our prescribers, to ensure the safeguarding of antibiotics for medicine.

We anticipate the project results will demonstrate an improvement in prescribing through the existing audits and surveys, and most crucially be reflected in decreasing AMR in key antibiotic and bacteria combinations. BCUHB has national targets set by WG, and has an existing audit programme that can be used to monitor progress.

There is also a network of antimicrobial pharmacists who can support this work, along with established ward rounds and meetings to back up the work.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Dr Karen Mottart Site Medical Director (Karen.mottart@wales.nhs.uk)

Project Title: Clinical support and leadership for the Lung Health Check operational pilot

Medical Director: Dr Sinan Eccles and Professor Tom Crosby

Organisation: Wales Cancer Network

PROJECT DESCRIPTION:

Lung cancer is the leading cause of cancer death in Wales. Large-scale randomised controlled trials have demonstrated a 15-20% reduction in lung cancer mortality with targeted low-dose CT (LDCT) screening based on age and smoking history.

LHCs have developed as a delivery model for targeted LDCT screening, inviting current and ex-smokers for an assessment of future risk of lung cancer +/- LDCT screening, smoking cessation interventions for current smokers, and other components such as case-finding of COPD.

The UK National Screening Committee (NSC) are currently reviewing the evidence on LDCT screening and LHCs with a view to making recommendations on whether a national programme should be developed. In England, large-scale LHC programmes are already underway in several areas following promising pilots.

These are delivered as “targeted health interventions” by NHS England rather than as a formal screening programme overseen by Public Health. The argument for lung cancer screening has been intensified by the COVID-19 pandemic.

Lung cancer diagnoses reduced markedly during the pandemic for a variety of reasons, with an expectation that more patients will present with advanced, incurable disease in the coming years. The CIG (Cancer Implementation Group) has approved the progression of a business case for a Lung Health check pilot to be conducted within a single health board.

An operational pilot (OP) can provide important experience and learning that can help lay the foundations for subsequent larger-scale programmes. Limited LHC activity in selected areas is also likely to do more good than harm at an acceptable level of cost as shown in the pilot projects in England. These points formed the rationale for the development of the current NHS England LHC programme in selected areas prior to any recommendation from the NSC.

<https://www.england.nhs.uk/publication/targeted-screening-for-lung-cancer/>

The primary aim of an OP would be to test delivery of LHCs within the Welsh healthcare system and to create a template for a future wider roll-out, either as a targeted programme in areas with high smoking prevalence and lung cancer mortality, or as a national programme following a recommendation by the UK NSC.

Scale

A desirable scale for the OP would be to undertake 500-1000 initial LDCTs. This could be achieved by recruiting from approximately 5-8 GP practices with a 30-50% uptake from eligible participants (which has been typical for NHS England sites).

[See diagram here](#)

Of those with lung cancer, it could be expected that approximately 75% would be diagnosed with stage 1 or 2 disease and undergo radical treatment. Nodules would undergo surveillance for up to 12 months within the programme (requiring return of the mobile CT scanner for a short period 3 months and 12 months after the initial period of CT scanning), rather than being referred to local teams.

Cwm Taf Morgannwg (CTM) University Health Board has been approved by CIG (Cancer Implementation Group) to progress a business case as the agreed location, due to CTM being likely to deliver the greatest ratio of benefit to harm for the target population. (This proposal will then need to be approved by the NHS Wales Chief Executives). The population of CTM has the highest lung cancer incidence, highest lung cancer mortality and highest smoking prevalence of the health boards in Wales.

[See breakdown of data here](#)

The LHC pilot will be delivered as self-contained programme rather than primarily by primary or secondary care. Whilst strong links to primary and secondary care are needed to optimise cohort identification and recruitment and to ensure reporting and downstream referrals are safely undertaken, it would be difficult for primary or secondary care teams to deliver the pilot alongside their existing workloads

Delivery

[See components of the project here](#)

The Clinical Fellow will work as part of a team providing clinical leadership to support the design, programme management, implementation, and evaluation of the Lung Health Check pilot. They will support the approach to national readiness, leading to better outcomes and patient experience for Lung cancer patients in Wales.

The Clinical Fellow will provide clinical advice and expertise to the health board cancer services team and Lung Health Check team to understand the impact of Lung Health Checks on their system capacity. (Radiology, Pathology, surgical and Primary Care). There will be dedicated oversight and support from the Wales Cancer Network who will be developing a programme team and have dedicated Consultant Clinical Leadership sessions for this work.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Dr Sinan Eccles Respiratory physician/ Lung Health Check Clinical Lead Cwm Taf Health board/
Wales Cancer Network (sinan.eccles@wales.nhs.uk)

Project Title: Implementation of an All Wales Pre-Operative Anaemia Management Protocol

Medical Director: Dr Edwin Massey and Dr Janet Birchall

Organisation: Welsh Blood Service

PROJECT DESCRIPTION:

Management of pre-operative anaemia is an integral component of Patient Blood Management (PBM). PBM is a globally recognised concept which was endorsed by the World Health Organisation in 2010.

It is defined as a 'multidisciplinary, evidence-based approach to optimising the care of patients who might need a blood transfusion'.

Anaemia management defines the first pillar of PBM and remains at the forefront of blood conservation strategies. It has also been recognised by NICE and incorporated into NICE standards NG24.

Although management is well established across the globe it has been more difficult to roll out within the constraints of the NHS. Patients presenting with anaemia for major surgical interventions often have increased transfusion rates and worse outcomes from all causes compared to non-anaemic patients. Some causes of anaemia are treatable in the preoperative period but this requires a robust and timely treatment pathway to be in place.

Transfusion is associated with increased risk of morbidity, mortality, longer hospital stay and subsequent cost, evidenced by extensive literature including the national Association for Cardiothoracic Anaesthesia and Critical Care (ACTACC) audit of over 19,000 patients with anaemia and iron deficiency prior to cardiac surgery.

A meta-analysis of over 900,000 patients who underwent major surgical procedures confirmed that pre-operative anaemia, even if mild, was an independent risk factor for poorer post-operative outcomes. A further study looking at anaemia in surgical patients found that around 40% of patients presenting for major surgery were anaemic. This group had significantly higher rates of morbidity, mortality and were more likely to be transfused with red cells. The most common cause of pre-operative anaemia was iron deficiency.

Currently management of pre-operative anaemia in patients requiring major surgery is variable across Wales due to lack of standardisation of pathways and preoperative testing; this has the potential to lead to avoidable transfusion, which intrinsically carries a risk of harm. There is good evidence that within Wales iron deficiency is also under recognised and inappropriately treated with blood transfusion.

A recent study in Wales in patients presenting for cardiac surgery approximately 1/3 were anaemic. Of these, treatment with IV iron allowed 1/3 of patients to achieve a normal haemoglobin with one iron infusion. The potential to save up to 120 red cell units and even more importantly avoid any transfusion in 43 patients.

A recent study in Australia looked at whether pre-operative screening and treatment for anaemia in a PBM clinic was cost effective. This was able to evidence a significant saving compared to non-screened patients (£183 per screened patient cf. to £2080 unscreened patient)

Screened patients were transfused 52% less red cell units than those who were not¹². In conjunction with this, there continues to be a risk of shortages in the blood supply chain currently exacerbated by the COVID pandemic, of immunological reactions to blood, haemolytic, allergic or respiratory and also the potential for new and emerging infective agents. No transfusion can therefore be considered as risk-free.

An effective anaemia strategy for patients undergoing surgery will reduce the dependence on allogeneic red cells, which will help alleviate pressure on the fragile blood supply chain. There is well-established UK guidance on anaemia management^{14, 15, 16} however across Wales, this has been implemented with varying success at local HB level.

The Welsh Perioperative Medicine Society (WPOMs) reported local barriers such as: hospital space to support IV iron treatment, difficulties with sample testing to support early identification of patients who would benefit from iron treatment. The role of this project is to coordinate the implementation of the All Wales Pre-Operative Anaemia management protocol across all HBs linking in with key anaemia leads to develop individualised but standard protocols based on the approved All Wales Anaemia Management Pathway.

This will involve liaising with multidisciplinary teams to develop structures e.g. testing and facilities to embed the pathway within practice and the collation and management of key data to demonstrate improved patient outcomes and reduction in the use of allogeneic red cell transfusions

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Edwin Massey, Consultant Haematologist, Velindre University Trust (Welsh Blood Service) and Cwm Taf Morgannwg University Health Board (edwin.massey@wales.nhs.uk)

Project Title: Development of a support programme for optometrists with newly acquired additional clinical roles

Medical Director: Nick Sheen

Organisation: HEIW

PROJECT DESCRIPTION:

When undertaking new clinical roles, clinicians are challenged in ways that will be new and/ or uncomfortable for them. Practitioners working in contract services such as optometry, may choose not to continue with their new role or not utilise the new skills and knowledge to the full. An example of this would be where a new independent prescribing qualified optometrist does not prescribe the full range of medications they could do.

This has been evidenced both anecdotally and in service evaluations e.g. in Scotland where the majority of practitioners are independent prescribers, only 33% prescribe items that previously they could not have accessed. The way services are set up in primary care, optometrists currently have an opt out option of further onward referral if they do not feel competent.

Whilst this may be a reflection of the initial education, it more likely reflects that practitioners working alone may be reticent to prescribe medication they have never done on their own before. They, therefore, revert to what they feel most comfortable with. This is very different from the typical work in a secondary care setting where there are colleagues available to discuss, exchange ideas and plan patient management.

Recent research has shown that an intervention can be developed using the system mapping approach of the Behaviour Change Wheel, with a view to increase the number of prescriptions and new clinical interventions issued by optometrists new to the situation.

There are increasing numbers of optometrists and dispensing opticians who have new extended roles and qualifications. The new contract for optometry is also designed to increase the numbers of clinicians with extended clinical roles.

Using these research findings this project aims to develop a structured intervention, based on the intervention components identified, including support to help facilitate new roles in clinical care. The potential social and economic ramifications of interventions such as increased support to change behaviour include improved patient experience and cost savings.

Reference

Spillane D, Courtenay M, Chater A, Family H, Whitaker A, & Acton JH. Factors influencing the prescribing behaviour of independent prescriber optometrists: a qualitative study using the Theoretical Domains Framework. *Ophthalmic Physiol Opt* 2021; 41: 301–315\
<https://doi.org/10.1111/opo.12782>

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Nik Sheen, Eye Care transformation Lead. Ext: 4172 Tel: 01443 824172

Project Title: A Digital Capability Framework for Clinical Leadership

Medical Director: Sian Richards

Organisation: HEIW

PROJECT DESCRIPTION:

This project aims to equip health professionals with the digital skills and capabilities required to undertake clinical leadership roles. It is imperative that leaders can make informed decisions around digital, shaping strategies and plans, and building digital capacity and capability. In general, over the past 5-6 years, there's been convergence on the idea that a framework approach makes developing digital capability accessible and actionable for individuals, mapping to a range of professions, resources, and tools. The frameworks generally have a set of domains and sub-domains describing, or grouping together specific capabilities, made up of skills, behaviour, and attitudes.

[Diagram showing framework domains and sub-domains](#)

Underneath the domains and sub-domains are usually descriptive statements and/or capability statements. An example of a descriptive statement in the sub-domain of 'Professionalism' might be 'Understanding of the benefits and risks of different ways of presenting oneself online both professionally and personally', and a capability statement might be 'I am learning about the different ways of presenting myself online and about the inherent risks.' Different professional groups, or levels of practice, may have different capability statements, as the framework is designed to be contextualised. There's also an opportunity to map existing training and development, to the framework, which, again, may be specific to different professions or roles.

The Leadership Fellow will lead on an implementation of the framework in their area. They will take ownership of the project ensuring all key stakeholders are engaged. They will oversee the drafting of capability statements, and arrive at a consensus. They will collate and map specific training and development to the framework, where required. They will liaise with other workstreams / projects within this programme of work, and will ensure stakeholders across Wales are involved.

The area may be their profession, or leadership role profile, depending on best fit. Jisc have developed capability statements for leadership roles in education, which can be viewed here, for reference: <https://repository.jisc.ac.uk/7351/1/BDCP-DL-Profile-230419.pdf> HEE adapted the Jisc framework and have generic capability statements for health and care here, for reference:

<https://www.hee.nhs.uk/sites/default/files/documents/Digital%20Literacy%20Capability%20Framework%202018.pdf>

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Sian Richards (sian.richards5@wales.nhs.uk)

Project Title: Growing the Pool of ‘Consultant-Ready’ Pharmacists in the Workforce

Medical Director: Margaret Allan

Organisation: HEIW

PROJECT DESCRIPTION:

Consultant Ready Workforce

The advanced practice pharmacist community require support to explore what the new consultant pharmacist credentialling process, introduced in 2020, means for their future practice.

A critical number must be engaged in building portfolios to succeed existing consultant pharmacists and meet our aspirations of filling more of these transformative roles as they come on-line. The building of portfolios, to be assessed by a competency committee to secure a credential, is a new concept for the pharmacist profession with no one in Wales yet having submitted a portfolio for assessment.

Credentialing benefits need to be explained such as encouraging person-centred care, professional leadership, education and research thus providing a workforce more capable of transformation of services. A growth mindset in the workforce makes for an attractive place to work, aiding recruitment and retention in organisations.

Professional engagement with credentialling

There will need to be multiple tiers of engagement for growing the number of consultant- ready pharmacists in the workforce

Level 1 – basic awareness raising

Level 2 – creating work opportunities to generate portfolio evidence – roles for individuals and employers

Level 3 – Communities of Practice (CoP) – support for peer groups actively building portfolios and submitting for assessment

Through a partnership approach (WG, employers, Royal Pharmaceutical Society and HEIW) Wales’ first CoP for consultant pharmacist credentialling will begin in January 2022. This HEIW-facilitated peer group are expected to complete credentialling in 9-12 months.

Learning from the peer group will be captured through evaluation by the Clinical Fellow project and inform how the workstream addresses each of the three levels described.

This project explores how best to engage the initial CoP participants in mentoring and coaching others through the process.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Michele Sehwat Head of Pharmacy Workforce Planning and Consultant Practice

(Michele.sehwat@wales.nhs.uk)

Project Title: Embedding Coproduction and Stakeholder Engagement across the NHS Collaborative

Medical Director: Mark Dickinson

Organisation: NHS Wales Health Collaborative

PROJECT DESCRIPTION:

NHS Wales Collaborative has identified a need for an All-Wales, cross discipline project to produce a public and professional engagement best practice model or framework.

There is no current nationally co-ordinated focus on this important area and there are a substantial number of national groups, networks and programmes who all need to strengthen this aspect of their work. Recovery presents an opportunity to be more proactive about shaping services so that their long-term design and delivery is sustainable, equitable and deliver the best possible outcomes.

Public engagement needs to be truly representative if we are to successfully reduce and remove health inequalities.

The postholder will lead this work, using their experience, knowledge and skills to engage across the national networks and programmes.

The communications and planning teams at NHS Wales Health Collaborative will support this work, ultimately ensuring that it is embedded as 'business as usual' across the organisation.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Mark Dickinson Director NHS Wales Collaborative

Project Title: Scoping any differential attainment issues within pharmacy education and training and providing recommendations for improvements

Medical Director: Margaret Allan

Organisation: HEIW

PROJECT DESCRIPTION:

Based within the HEIW pharmacy deanery and directly accountable to HEIW Pharmacy Dean, this project will contribute to the work within HEIW to understand and address the emerging evidence that performance in healthcare examinations suggested that examination success could be influenced by the students' ethnicity and place of undergraduate qualification.

This phenomenon is known as differential attainment (DA); this is the notion that healthcare students who are from Black, Asian or Minority Ethnicity (BAME) backgrounds perform less well in professional assessments than their White UK trained counterparts. This project will contribute significantly to scoping the problem within pharmacy education and training and provide recommendations to adapt educational programmes to reduce the attainment gap.

The project will build and learn from the work completed by the Clinical medical fellow in 2019/20.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Debra Roberts, Associate Dean, Head of Development and Advanced practice

Debra.roberts4@wales.nhs.uk

Project Title: Implementation of Regional Ambulatory Acute Oncology in SE Wales

Medical Director: Dr J Abraham and Dr H Williams

Organisation: Velindre University Hospital NHS Trust

PROJECT DESCRIPTION:

The leadership fellow would work within the framework of the SE Wales regional acute oncology development. Fundamental to this work is to build robust equitable alternatives to admission for patients acutely unwell due to their cancer or their treatment. The project, focused on acute oncology provides a wide variety of opportunities and of key importance funding, regional support and clinical collaboration are already firmly established.

Therefore the leadership fellow will be able to focus on delivering clinical change and be supported by an experienced and well established clinical and management team. The regional business case has been developed in conjunction with acute oncology nurses, acute medical teams, surgical teams, palliative care and medical and clinical oncology. It would therefore provide leadership and experience in delivering change for trainees from a wide range of specialities. Sharing of expertise and collaboration is key to providing good acute oncology care.

The project fits well with both Welsh Government goals for urgent and emergency care and we will be focusing on greater understanding of the unmet needs of this population via a value based health care approach. In terms of providing same day emergency care the outcomes will be focused on delivering:

- Reduce bed days per year in LHBS
- Coordination, planning and support for people at greater risk of needing urgent or emergency care
- Rapid response in physical crisis
- SDEC – face to face assessment, diagnostics and/or treatment
- Access to clinically safe alternatives to hospital admission & expert advice (electronic safety nets to allow discharge 24/7)
- Home-first approach and reduce risk of readmission

Putting patients & families at the heart of decision making is fundamental to good acute oncology care. For many patients an admission makes a significant change in their cancer trajectory and sadly over 70% of patients are deceased in the year following an AOS admission. Value for patients and their families, must be linked to honest conversations, realistic goals and planning in the weeks and months ahead to avoid recurrent admissions and inappropriate diagnostic interventions. Developing outcome measures & dash boards aligned with value-based health care will be integral to the development. In collaboration with Cardiff and Vale, Cwm Taf, ABUHB health boards we have agreed a series of phased work streams.

Work streams include:

- **Metastasis of unknown origin (MUO) and Cancer of Unknown Primary (CUP)**
Development of an MUO/CUP service in SE Wales, providing ownership of these patients, treatment pathways and addressing patient needs. Opportunity to work more closely with rapid diagnostic clinics, primary care and learn from established services in West and North Wales.

- **Immuno–Oncology (IO)**
Implementation of an IO patient pathway and service will help future proof the AOS and the increasing numbers of patients presenting with severe toxicities. Immunotherapy is changing outcomes in cancer, the indications are growing rapidly however the novel and at times challenging toxicity can be challenging to manage for non-experts. We have received funding to develop an ambulatory service to focus on early recognition of toxicity and managing patients outside acute setting and regional MDT working
- **Regional virtual oncology support via VCC acute oncology MDT**
VCC run a daily (5 days a week) MDT to support complex acute oncology cases. This works very well for unwell patients known to VCC or onsite and for regional patients with metastatic spinal cord compression. However, by developing capacity, regional engagement, and improved transfer of information between organisations there is an opportunity to provide a robust regional forum for rapid access to MDT oncology expertise for a wide range of acute cancer presentations,
- **Digital**
Digital enablement is a key element of this project, to support virtual clinician/patient and clinician/clinician engagement, improve data capture and communication with primary care. Outcome measures are being developed and will align with a value based approach.

The fellow would have an opportunity to develop & deliver a component of one of more of the above work streams, pending their interests and experience. They would be supported to ensure

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Dr Hilary Williams (Hilary.williams4@wales.nhs.uk) and

Dr Ricky Frazer Velindre Cancer Centre (Ricky.Frazer@wales.nhs.uk)

Project Title: Effective Implementation of Electronic Medicines Systems – Hearts, Minds and Risk

Medical Director: Rhidian Hurlle

Organisation: Digital Health and Care Wales

PROJECT DESCRIPTION:

Electronic prescribing has been recognised as a digital improvement for many years along with the need for sharing of medicines information in standard format to improve efficiency and ensure patient safety.

In summer this year the NHS Leadership board agreed that a framework procurement approach would be taken to enable Health Boards to undertake independent due diligence and procure EPMA systems from the framework. In addition to this, discussions have taken place within the WHPPMA Programme board concerning the need to pool experience and resources during implementation.

This recognises that we have limitations on the physical number of staff available in the Welsh pool, for each Health Board and that we could easily be in a situation where we “rob Peter to pay Paul”. Considering this, it will be important to approach implementation in a dynamic and “out-side of the box” manner that allows experience and lessons to be shared and re-used. This would include lessons along the lines of the most effective ways to engage with staff to allow smoother and efficient implementations.

Work with DHCW colleagues on how to achieve this in Wales, using existing and planned developments, has commenced. The Clinical Leadership Fellow would play a key role in leading this vision. The project would look at the best and most effective mechanisms, teams and resources associated with implementing EPMA in hospitals.

This would involve engagement with users, primarily prescribers, pharmacists, and nurses to ensure they are engaged, heard and any risks around human factors and barriers to change are understood. As clinical staff are engaged the fellow will also be able to build up an understanding of any clinical risks that may be associated with the human side of implementing electronic systems. The next stage would be, working with the project teams and any other EPMA groups to ensure that clinical users concerns are accounted for and addressed before and during implementation planning and that risks are identified and mitigated.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

James Goddard, Hospital E-Prescribing Lead, DHCW

(James.goddard@wales.nhs.uk)

Project Title: Developing Same Day Emergency Care Service Delivery across Wales under the guidance of the National Programme Urgent & Emergency Care

Medical Director: Jo Mower

Organisation: National Collaborative Commissioning Unit

PROJECT DESCRIPTION:

Prior to Covid-19 the health and social care systems have been under enormous pressure. The aim of the Six Goals policy is to reduce crowding in hospital by providing alternatives to admission and accelerate the discharge of patients who no longer require medical care in a hospital. SDEC will provide an alternative to patients being admitted and there is evidence from the Kings Fund that approximately 30% of urgent care can be delivered using a SDEC service.

Although we have worked collaboratively with NHS Benchmarking collecting data for emergency care and intermediate care this is the first year we are able to collect data for SDEC services in Wales. Data collection will begin in December and Health Board reports will be available in January. The QIPP would focus on using the NHS Benchmarking data for SDEC to identify a series of service improvements starting with identifying the areas with the most unwarranted variation first.

As we do not have the data I would imagine these improvements would include improving staffing models, improving access to diagnostics or equipment. The Leadership Fellow would be expected to help review the evidence with support and identify one or two areas for services improvement.

The Leadership fellow would then work with Health Board representatives (for example clinicians, workforce planners, Chief operating Officers, informatics) to develop an action plan for delivery and implementation. This could use the PDSA cycle.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Dr Jo Mower Clinical Director

National Programme Urgent & Emergency Care

(Jo.Mower2@wales.nhs.uk)

Project Title: Multi-Sector Pharmacy Workforce Planning

Medical Director: Margaret Allan

Organisation: Health Education and Improvement Wales (HEIW)

PROJECT DESCRIPTION:

This clinical fellow will develop an understanding of the available pharmacy workforce information in each workforce tool. Leading from within HEIW, the fellow will develop closer working relationships with partner organisations to draw and align data from each system to be utilised effectively for workforce planning activities.

In light of new role designs and more portfolio careers this work will support planning for the role and skills mix transformations that are required for delivery of A Healthier Wales and for the COVID recovery in NHS Wales.

The fellow will be responsible for working with the HEIW pharmacy and workforce teams to scope opportunities for workforce modelling activities with potential Higher Education Institute partners and for developing a business case/project initiation document for pharmacy workforce modelling activity, focused around new delivery models.

The fellow will begin work on identifying plausible scenarios, assumptions and simplifications to be modelled with stakeholders e.g. portfolio roles, technician led pharmacies, consultant led pharmacy services.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Michele Sehwat Head of Pharmacy Workforce Planning and Consultant Practice HEIW

(Michele.sehwat@wales.nhs.uk)

Project Title: ENT Outpatient re-structuring

Medical Director: Dr Steve Stanaway

Organisation: Betsi Cadwaladr University Health Board

PROJECT DESCRIPTION:

The overarching project is to rebuild high quality safe and sustainable ENT outpatient services. Included in the re design can be features to look at delivering care in other physical sites e.g. community hospitals.

These services were in place pre pandemic but have now fallen out of use.

A management lead to re organise this in needed, which would reduce pressure on the physical environment in the main acute hospital setting.

This will involve various strands of outpatient and emergency type work interacting with other departments in the hospital.

This includes paediatrics (a significant part of ENT work is paediatric), emergency ENT patient assessment, sleep apnoea services (managed under the medical directorate but run as a joint service within the physical ENT OPD department) and nursing services. There are significant advanced nursing roles delivering care in the department and these roles could be enhanced to allow for a robust future service delivery.

The remit of the year's work may not be able to solve all the issues but this could be tackled incrementally looking at each aspect in turn eg, emergency, paediatric, endoscopy, sleep apnoea etc. Quality would be improved with better patient access. Innovative practices in invasive biopsy (developed in COVID crisis) with endoscopy can be extended. Further development of remote telephone/video consultation is feasible.

Productivity of the departmental workforce would be really improved. The services would be robust and protected from future disruption by external factors. More reliance on long term advanced nursing models will give more stability to the future service.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Rachel Whitehal

Project Title: Reducing Stillbirth in the Bridgend Locality within CTM

Medical Director: Dr Dom Hurford (interim)

Organisation: Cwm Taf Morgannwg UHB

PROJECT DESCRIPTION:

Saving Babies Lives V2 has been introduced in England but not all elements have been followed in Wales. In order to comply with the NHS Wales long term plan as per the maternity vision document to reduce stillbirths by 50% and also to reduce both maternal and neonatal mortality, including a specific reduction in preterm birth by 2030; more work needs to be done in this area.

In our Locality this project would be multifaceted. All elements of 'saving babies lives' would be reviewed and analysed within our trust.

This could include:

1. Smoking cessation: are our patient population rechecked for CO2 levels at 36 weeks? What percentage are referred to smoking cessation services? Can this be improved – can the service be changed to opt out rather than opt in?
2. Identifying cases at risk of fetal growth restriction: Uterine Artery Doppler (UAD) – can this be offered within our unit? What training would be required and for how many staff? What percentage reduction in later growth scans do we expect as part of this? Is the GAP/Grow package understood and used appropriately? Engagement and promotion around this to staff.
3. Rainbow clinic – this is in the early stages of being set up in our Locality. Can this service be expanded and is it utilised appropriately? Do the women receive the required level of care? Promotion of the clinic, and access to it, to patients and staff.
4. Induction of labour – according to NICE guidance we should be offering this by 40+7 (currently 40+12 in our Health Board). Need to review our current stillbirth rates and gestation. What would the increased impact of this lowered threshold be? Can home IOL be introduced as part of the project to help improve capacity?
5. Raising awareness of altered fetal movements. This would require patient engagement and could be in the form of social media/focus groups/1 to 1 meetings with the service users. Are they aware of this? Promotional material may need to be developed and distributed. Staff assessment and education may also be required in terms of 2 episodes within 21 days being of increased significance.
6. Fetal monitoring during labour – ensuring appropriate tools are used and auditing the use of the fresh eyes/buddy system for this.
7. Reducing preterm births – optimising care; consideration of a preterm birth clinic.

The above suggestions can be explored and expanded by the clinical fellow as appropriate. A run chart of stillbirth rates would be helpful during the project in addition to monitoring the above projects. Due to the small numbers involved we may not see a rapid reduction in the rates of stillbirth however all of these elements combined would optimise the care our patients receive during their antenatal journey to ensure it is of the highest standard.

This would require good clear communication with multidisciplinary staff groups in addition to engaging patients as mentioned above.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Princess of Wales Hospital ext 55537

Dr F Hodge Consultant in O&G

Project Title: Develop a robust care pathway for safe, sustainable, high quality and cost-effective management of endometriosis.

Medical Director: Dr Dom Hurford (interim)

Organisation: Cwm Taf Morgannwg UHB

PROJECT DESCRIPTION:

Background

There is a demonstrable lack of understanding of endometriosis amongst a considerable number of health professionals, leading to significant delay in diagnosis and suboptimal management of symptoms.

As a result outcomes amongst women with endometriosis have been less than desirable. Current service provision across primary, secondary, and tertiary care has not met clinical needs and reasonable demands resulting in reduced access to appropriate care for women across Wales. This has led to non-prudent use of resources, waste and harm as observed by the Endometriosis Task and Finish Group Report submitted to the Welsh Government 2018 We propose a QIPP to address the diagnostic delay.

Aiming to reduce current delay of 8.5 years (Ballard KD et al, 2006) from presenting to Primary healthcare to 12 months. Women living in Wales have reported more medical visits prior to a diagnosis of endometriosis compared to women living elsewhere in the United Kingdom; 26 visits for women in Wales, compared to 20 visit in the rest of the UK. One fifth of women in Wales diagnosed with endometriosis had more than 40 medical visits before a diagnosis (J. Boivin et al, 2018).

Project Description

This project aims to develop an endometriosis Hub linking primary and secondary care. Utilising community/ social care facilities to deliver service to women with endometriosis. This QUIPP using PDSA cycles (plan-do-study-act) will introduce symptom-based models, suitable for our communities while considering local resources addressing suitability of WHSS model 7 (Women's Health Symptom Survey Questionnaire Model 7 for Enhanced prioritisation of women with chronic pelvic pain and the diagnosis of endometriosis by Laparoscopy) which is validated to predict stage III and IV endometriosis with a good degree of accuracy and suitable for triage in Primary care for the most urgent cases (Nnoaham et al, 2012).

This project will address inherent delays in secondary care by developing robust Clinical governance around care provided to women with endometriosis, formulating good practice points (GPP). Establishing a multi professional dedicated team of specialist, nurses, pain management team, urology, bowel surgeons and risk management teams to ensure safe and timely patient centred care. Developing holistic community care package with chronic pain and mental health teams, while involving social care and return to work scheme where necessary.

This QIPP will troubleshoot implementations; review and analyses after implementation taking small steps at a time while revising and refining as needed. Our goal is to develop a population based endometriosis disease registry with the aim of revolutionising clinical care in endometriosis. Delivering intended outcome of the Endometriosis Task and Finish Group set up by the Welsh Government which include; Evaluation of the follow-up processes after surgery and multidisciplinary

approach to symptoms management and On-going monitoring of patient outcomes over time. E.g. via self-reporting to a web resource introducing e-consults.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Mr Caleb Igbenehi
Consultant Obstetrician and Gynaecologist

(caleb.igbenehi@wales.nhs.uk)

Project Title: Cardiff and Vale Diabetic Surgical Pathway

Medical Director: Dr Stuart Walker

Organisation: Cardiff and Vale UHB

PROJECT DESCRIPTION:

Background

The plan will be led by two clinical managers, Dr Catherine Doyle (Anaesthetic Consultant) and Dr Tessa Bailey (Anaesthetic Consultant).

The general project requirements are as follows:

1. To adapt the CPOC My Diabetic passport for it to be used by Cardiff and Vale UHB elective surgical patients with diabetes. Including a Welsh language version that can be given to Welsh speaking patients.
2. To provide clinical leadership for its introduction into the Pre Op Assessment Clinic at UHW.
3. To educate ward staff on SSU, A2 and A5 about its introduction.
4. To undertake a continual programme evaluation.
5. To jointly project manage the workstream, monitoring timescales and mitigating as necessary.
6. To assess patient satisfaction with My Diabetic passport and how it helped them on their surgical in patient stay. In liaison with the C&V Patient Safety and Quality Improvement team.
7. To record data regarding in patient capillary blood glucose to see if it stays in the accepted 6 to 12 range during the patient perioperative stay using POCT (point of care testing data).

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Drs Doyle and Bailey

Project Title: Expanding the role of community pharmacists in the management of common ailments in Wales

Medical Director: Andrew Evans, Chief Pharmaceutical Officer for Wales

Organisation: Welsh Government

PROJECT DESCRIPTION:

Background

The proposal is to immerse the Clinical Fellow in the Welsh Government DHSS working closely with the Chief Pharmaceutical Officer, Deputy Chief Pharmaceutical Officer and Head of Pharmacy and Prescribing. The Clinical Fellow would be expected and have opportunities to make effective relationships across DHSS and NHS bodies in Wales and UK regulators and professional bodies to deliver the project. The approach will enable them to understand the Government's approach to leadership and quality improvement.

Pharmacy: Delivering a Healthier Wales has been welcomed by the Minister for Health and Social Services, and describes an ambitious agenda for pharmacy contribution to the goals of the Welsh Government's long-term plan for health and social care. The 10 year vision includes three year implementation goals.

The vision is wide reaching and requires effective engagement with a range of organisations across the profession in Wales. Creating opportunities for more effective use of skills of pharmacists and pharmacy technicians to deliver improved outcomes (better health and reduced harm), enhancing patient experience, is at the centre of the vision. The fellow will work closely with Welsh Government officials, pharmacy and GP representative bodies, and NHS bodies to identification and assess the burden associated with a range of clinical conditions presenting in general practice that could be transferred to community pharmacy through including further common clinical conditions in the Common Ailment Service resulting in benefit to the NHS. The fellow will also develop and implement a plan for any recommendations, which ensures the aspirations of the vision are delivered. Specifically, this project supports the goal relating to community pharmacy teams being the first point of contact for common ailments.

The Clinical Fellow will take ownership of the project ensuring all key stakeholders are engaged across Wales. In addition we will provide opportunities to attend relevant UK wide and Wales meetings which inform the project. The Clinical Fellow will be provided opportunities to fully understand the role of clinical leaders in a Government environment.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Andrew Evans, Chief Pharmaceutical Officer for Wales

Project Title: Commissioning Community Resources for Adults with a Learning Disability

Medical Director: Dr Sian Lewis

Organisation: Welsh Health Specialised Services Committee

PROJECT DESCRIPTION:

Support services for adults with a Learning Disability have changed out of all recognition from large cold institutions in the 1970s and 1980s to a widely distributed network of smaller units with community support. Local resources (both housing and members of staff) vary considerably across Wales and one component of this project is to confirm as accurate and reliable the 'stock take' on which future strategic choices have been based across a range of settings including those providing some level of secure accommodation.

Implementation and where appropriate explanation of strategic intentions to local staff, carers, family members and if practical and possible patients themselves will be another key aspect. To support this, another essential aspect is consolidation of a coherent lexicon of terms describing resources, risks (actual and perceived) and simplification or explanation of LD jargon.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Professor Robert Coolgaten (Robert.Colgate2@wales.nhs.uk)

Project Title: The ongoing development of a sustainable multidisciplinary simulation training model within Cardiff and Vale University Health Board

Medical Director: Professor Meriel Jenney & Professor Stuart Walker

Organisation: Cardiff and Vale University Health Board

PROJECT DESCRIPTION:

This project is based on the CAVUHB Medical Education Fellowship which is a one-year programme designed to facilitate the development of trainees who have a specific interest in leadership and medical education with a desire to take up a lead educator role in the future.

The project aims to directly link the delivery of multidisciplinary simulation/clinical skills training with improvement in quality of patient care, resulting in measurable improvements in patient outcomes. The Fellow will have the opportunity to pursue clinical commitments up to a maximum of 20% of their working timetable in an area of their own interest.

The Project Simulation training allows learning from mistakes to occur within a safe, controlled environment. It is also highly suited to the development of non-technical skills especially communication and improved team-working. Errors in clinical practice can be induced by high workload, distractions, ambiguous communication and other human factors as well as failures in declared knowledge.

Simulation training of the multidisciplinary team has been shown to provide a rich opportunity to introduce these elements into scenarios in order for teams to better understand their impact, address them and so improve patient care outcomes beyond the subject under study. In order to meaningfully use simulation training to reduce clinical errors there is a need for appropriate simulation capacity both in terms of facilities and faculty.

The Medical Education Department at CAVUHB has invested over the last few years in developing state of the art simulation facilities and is currently running a “train the trainer” programme to improve departmental capability in addressing patient safety concerns. In addition, the Quality and Safety strategy aims to collate departmental clinical incidents and patient safety concerns in order that individual departments are able to tailor their learning to address them.

Game theory and simulation scenarios will be applied to design specific multidisciplinary teambuilding exercises that will address areas identified for improvement. Improved outcomes will be demonstrated via an ongoing audit cycle of the clinical incident reports and feedback from participants on the simulation courses. The first stage of this project was started in 2021-22 with a pilot exercise to demonstrate the benefits of using a simulation-based training model to improve patient safety. The next stage is to extend the programme to other multidisciplinary teams aiming to promote other relevant bundles of care to all patients.

The next stages of the project will be based on the following phases of work:

1. To further develop and evaluate the established simulation training modules. By working closely with the simulation training teams and the speciality departments to confirm that the training is achieving the desired outcome of improved patient safety.
2. To design and create new multidisciplinary team-building simulation scenarios based on feedback from speciality departments including data from clinical incident reporting.
3. To be involved in the continued development of multidisciplinary team simulation capacity at a departmental level through “train the trainer” courses.

4. To establish a portfolio of simulation training modules that can be used to target specific patient safety issues.
5. Report the progress of delivery of this multidisciplinary training to the medical education department and relevant clinical boards.

.IMMEDIATE SUPERVISORS FOR THE PROJECT:

Dr Martin Edwards (Martin.edwards4@wales.nhs.uk)

Project Title: Improving the flow of babies through the neonatal system

Medical Director: Professor Iolo Doull

Organisation: Welsh Health Specialised Services Committee

PROJECT DESCRIPTION:

The aim of the project will be, working with the commissioning team and neonatal colleagues across Wales, to take forward a number of the identified initiatives. Some of the initiatives require collaboration between neonatal units, others collaboration across obstetric/midwifery and neonatal services, others collaboration with paediatric services and others with social care. Some initiatives require support from the Human Resource departments and some require commissioning support. Building on the work undertaken, the Neonatal Unit in Cardiff have recently developed a Neonatal Discharge Dashboard (NDD) aimed at improving patient flow through the Neonatal unit in Cardiff. It is based on a similar model used for adult ambulatory care units and has been modified specifically for use on a neonatal intensive care unit.

The NDD provides a clear visualisation of the entire patient pathway to allow identification of possible barriers to discharge. In turn, it has the potential to improve both staff and parental understanding of the discharge process resulting in more realistic expectations. By identifying delays to discharge, improvements to expedite service provision, patient care and patient flow through NICU can be made. Not only does the NDD provide a visual management system to assist in the identification of wasted time in a patient's journey, it could also be used to reduce internal and external delays as part of a 'patient flow bundle'.

The aim of the NDD is to have the multi-disciplinary team (MDT) aligned to specific objectives for every in-patient stay and to quickly identify 'constraints or waits' (either in providing clinical care such as investigations, specialist input or in achieving a timely discharge to home, a local unit, the Children's Hospital for Wales [CHfW] or Neonatal Transitional Care [NTC]). Such 'constraints or waits' can be subsequently addressed to work towards achieving the estimated discharge date.

The Neonatal Discharge Dashboard captures daily data relating to specific barriers to patient discharges from a regional neonatal intensive care unit. A GREEN day is of clinical value to the patient. RED signifies that a patient did not receive the clinical care planned for that day or the care does not need to be provided by a regional neonatal intensive care unit. The next stage of the project is to role out the NDD to all the Neonatal Units in Wales.

It is anticipated that this will happen by July 2022. This will then provide data to inform which of the identified initiatives are going to have the greatest impact on improving flow through the system, and therefore the greatest impact on 'patient experience'. The Leadership Fellow will work with neonatal colleagues to agree which initiatives they will focus on during their year. The initiatives will require the Leadership Fellow to interact with a range of stakeholders across Health Boards and participate in a range of meetings and workshops aimed at embedding the chosen initiatives into practice.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Dr Helen Fardy (helen.fardy2@wales.nhs.uk)

Project Title: Project title to be agreed with the candidate from the broad areas highlighted

Medical Director: Dr Phil Kloer

Organisation: Hywel Dda University Health Board

PROJECT DESCRIPTION:

At Hywel Dda, we wish to tailor the project according to the Fellow's personal interests and goals.

The following are areas which we think would be particularly interesting for a Fellow to gain experience in:

- **Sustainable and Green Health:** we have a passionate and ever-growing Green Health network within Hywel Dda, and working groups in each of our hospitals. There is huge scope to work with the network on existing sustainability projects, or creating your own with support from the team
- **Patient and Staff Wellbeing:** Hywel Dda has an excellent reputation for supporting staff wellbeing, and there is a great deal of work occurring in this area by our Wellbeing Teams. There is scope to support them with existing work for staff and patients, including linking in with Green Health, or to work closely with them to develop a project of your own.
- **Transforming Clinical Services:** our innovative programme helping to transform healthcare services to meet the needs of our future communities. A Fellow would be able to help design and lead a service redevelopment, either within the hospital, community setting or mental health setting.
- **Value Based Healthcare:** we have an enthusiastic and growing team of clinicians and managers, and work in all areas of medicine, surgery and mental health. Our innovative work on lung cancer has been presented internationally and our enthusiastic team would be happy to support you on an existing project or one in your area of interest. Fellows could chose to work in a specific area or a combination of areas, depending on their preference.

Fellows could chose to work in a specific area or a combination of areas, depending on their preference.

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Dr Meinir Jones AMD – Transformation & VBHC (meinir.jones4@wales.nhs.uk)

Project Title: Acute Medical Services Redesign

Medical Director: Martin Bevan

Organisation: Swansea Bay Health Board

PROJECT DESCRIPTION:

Acute and general medical services have evolved over a long period of time without always being clearly aligned to advances in medical care and training. After extensive staff and population engagement and consultation services need to change to:

- Provide rapid access for patients to unscheduled care in both primary and secondary care where needed and appropriate, meeting recognised transit targets and standards
- Improve patient access to diagnostic investigation and information
- Extend hours of access to specialist services provided at a senior level
- Improved access to appropriate information for all care providers
- Create robust and sustainable hospitals with improved opportunity for better access to specialist services
- Coordinated, properly planned and adequately resourced community services to support

patients (close working between health, social care and third sector)

- Improved training environments for all professional staff
- Strengthened recruitment and retention of senior trained doctors in ABMU e.g. consultants and general practitioners
- Equal access for patients to timely, high quality services
- Better clinical outcomes for patients with reduced variability across the seven-day week
- Better transport options for patients requiring unscheduled care
- Use of technology to ensure seamless communication and care transition between primary care and hospital care

The Acute Medical Services Redesign (AMSR) programme is responsible for delivering the single medical take element of the overall Changing for the Future vision. Within AMSR there are a number of closely linked components:

- Acute hub

o The integrated ambulatory emergency care service

- Medical assessment unit
- Short stay unit
- Acute inpatient care

IMMEDIATE SUPERVISORS FOR THE PROJECT:

Chris Hudson (Chris.hudson@wales.nhs.uk)

Project Title: Assessment of the impact of the Medical Examiner Service on improving the quality of clinical service provision by healthcare providers in Wales

Medical Director: Dr Ruth Alcolado/ Dr Jason Shannon

Organisation: NWSSP

PROJECT DESCRIPTION:

The Medical Examiner Service is responsible for scrutinising deaths not investigated by a coroner for the purposes of improving the quality of death certification, upholding the requirements to refer to a coroner under the Notification Regulations and, mainly for the purposes of this proposal, to detect and pass on concerns identified about care provided during the last illness. Wales has the only 'national' Medical Examiner structure, with the English system being a Trust based service. We are keen to understand the impact of the service being an 'All Wales' service and on its ability to learn and disseminate learning across Wales.

The service comprises a network of Medical Examiner Officers and medically qualified Medical Examiners who undertake the work of the Service. The Medical Examiner service is currently operating on a non-statutory footing, and has been expanding the numbers of deaths examined over the past year, with a view to being in a position to examine all deaths occurring in Wales prior to the conclusion of the legislative process. Legislation will result in a statutory requirement to review all non-coronial investigated deaths. It is anticipated that the statutory footing will be enacted in Summer 2022.

Those deaths where concerns are identified are notified to care providers (predominantly Health Boards) which then are responsible for deciding the nature and scope of any subsequent investigation. Recruitment 2020 There is great interest locally and nationally in being able to determine the positive impacts in terms of improvement in healthcare for future patients in terms of improved outcomes, prudent healthcare delivery and other similar measures.

Immediate Supervisors -

Jason Shannon (jason.shannon2@wales.nhs.uk)

Project Title: The creation of a maturity matrix to provide benchmarking metrics for the updated Rehabilitation Framework & Guidance

Medical Director: Gethin Harries – AHP Person Centred Rehabilitation lead

Organisation: HEIW and Welsh Government

PROJECT DESCRIPTION:

This project will enable service planning and workforce modelling based on population needs for rehabilitation across Wales. It will be based on the previously developed proactive evidence-based approach so that a service plan can be put into place using service models which will meet the short and long-term needs of the population, will contribute to the transformation of the workforce and future-proof rehabilitation provision in the future.

The transformation of AHP rehabilitation services, including the transition from predominantly secondary care to primary & community-based care is impossible without sufficient systematic data or clear application of the Framework and Guidance using a benchmarking approach. Current information, evidence and population data is required, alongside modelling and data projections to inform future service planning. It will also be essential that the accessibility and acceptability of the services is incorporated into planning/modelling activities. In Wales, some information is available, but has been collected by different parts of the system for different purposes it is not always comprehensive, fit for purpose or all in one place to aid service planning.

In Wales, the population is projected to increase by almost 9%, from around 3.1 million in 2011 to over 3.3 million in 2036, with further growth of an ageing older population with people living longer with more persistent complex health conditions:

- the 65 to 84 and 85+ age groups are projected to have the largest increase by 2036, when an estimated 1 in 4 people in Wales will be aged 65 and over,
- it is estimated that the number of people aged 85 and over in Wales will increase by nearly 145% (from around 75,000 in 2011 to over 184,000 in 2036) by 2036.

Rehabilitation needs vary across the lifespan, at present rehabilitation needs and service provision are overall defined by disease group. There are an increased likelihood of rehabilitation needs in older populations due to long-term conditions, physical and cognitive frailty and associated changes to ability to engage in life roles.

We need to benchmark against the model to consider the impact of this increasing older cohort will be on rehabilitation needs for our population in Wales, using the National Clinical Framework and guidance to support delivery in clinical practice. There are other cohorts whose rehabilitation needs have not consistently been provided for in Wales. There is an opportunity to ensure that rehabilitation services are more equitable, shaped around need rather than disease pathways. In addition to these, COVID-19 highlighted rehabilitation needs around mental wellness and work-place health. This project would seek to create parity in access to rehabilitation based on need, rather than diagnosis.

The Making Every Contact Count (MECC) approach enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations. There is an opportunity for secondary risk reduction to be included in all rehabilitation programmes, to increase the resilience of the

people of Wales. This project presents the ideal mechanism for building prevention into all rehabilitation services provided across Wales.

Finally, it has not been possible to gain a full account of all rehabilitation output across Wales (e.g., scale of the services, number of people being referred / treated) and clinical and qualitative outcomes for these services. The application of newly created quality standard for rehabilitation will allow for the associated metrics from this Fellowship project to create a coordinated approach to understanding service provision and impact of rehabilitation on a national basis.

This project aims to provide an indication of what should be expected for rehabilitation across Wales.

The following outcomes are expected:

1. Benchmarking of rehabilitation services and exploration of workforce models to support current practice and develop new services.
2. Development of associated metrics.
3. Produce a national rehabilitation audit against these standards to identify areas for development / improvement.

Immediate Supervisors -

Gethin Harries (Gethin.Harries5@wales.nhs.uk)

Project Title: Healthcare Science - Project title to be agreed with the candidate from the broad areas highlighted

Medical Director: Sarah Bant – Head of Healthcare Science Transformation

Organisation: HEIW

PROJECT DESCRIPTION:

The national Healthcare Science Programme is delighted to be able to offer an opportunity for a successful Fellow to join us in working on a national level with Healthcare Science services across Wales. The Fellow will engage with the national Healthcare Science Network, Directors of Therapies and Health Science, HEIW and Welsh Government in driving forward a project of their choice in their own area of interest.

The “Healthcare Science in NHS Wales: Looking Forward” Welsh Government framework underpins the programme of work, with 5 pillars of key areas for action. This creates an opportunity to offer a diverse range of opportunities for this fellowship – the following 3 areas are suggested:

- Workforce and Education: we are developing new resources for Healthcare Science services to be able to better plan for the future, reviewing education and training needs across the profession, and working to strengthen the career pathway to make sure that this is accessible for all. There are many potential project opportunities in service planning, training needs and career progression for a fellow to develop in relation to their own profession or Health Board/Trust.

- Culture and Integration: our Healthcare Science vision is one of a profession that works collaboratively together with ‘one voice’, is valued and understood to be an essential part of NHS Wales, and is promoted effectively from school age to universities, with the general public and across the NHS. Contacts have been made across many organisations, and a project in this area could either utilise those contacts to develop understanding and appreciation of what it means to be a Healthcare Scientist, or develop networks and opportunities for their own profession or Health Board/Trust.

- Research and Innovation: our profession are commonly leaders in research and innovation, but there are many that are not aware of the opportunities available. There is the opportunity for a Fellow to develop an understanding the current research and innovation needs of the profession and design resources to advance knowledge and awareness.

Support for the Fellow in both developing the chosen project and then working to deliver this will come from the Healthcare Science Programme team in addition to networking across HEIW and the Healthcare Science Profession.

Immediate Supervisors -

Dr Sarah Bant (Sarah.bant2@wales.nhs.uk)

Project Title: Development of an advanced practice framework including implementation of a quality improvement programme for optometry.

Medical Director: Nik Sheen, Eye Care Transformation Lead, HEIW

Organisation: HEIW

PROJECT DESCRIPTION:

A new optometry contract is being developed by Welsh Government. Contract reform in Optometry allows all aspects of service delivery to be considered. The Future Approach of Optometry Services' First Recommendation explicitly states, "Advancement of optometry contract reform to fully realise the agreed future approach for NHS Wales eye health care, moving to a clinically appropriate service model based on the principles of "A Healthier Wales" and the seven well-being goals of the Future Generations (Wales) Act."

A Healthier Wales: Together for Health proposes a "wellness system which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health".

Advanced clinical practice (ACP) is a defined level of practice within clinical professions such as nursing, pharmacy, paramedics and occupational therapy. This level of practice is designed to transform and modernise pathways of care, enabling the safe and effective sharing of skills across traditional professional boundaries.

Quality is a concept familiar to most NHS staff working in person centred care. However, for eye care contractor services it is a new concept. This project will present a plan of how best to deliver quality for optometrists and optometry practice in primary care, focussing on quality improvement. Embedding prevention and well-being into Optometry, at the point of a Sight Test, will be aligned to quality improvement. Additionally, it aligns with current work in the Welsh Government Sensory Policy Team to review primary eye care services, including a review of all other National and Global systems of ophthalmic care.

This project will review existing career structures in optometry and begin developing an advanced practice framework structure using the following pillars:

Advanced Clinical Practice

Leadership

Research

Education

We will also use existing quality improvement resources in HEIW to devise a plan to determine how they can be utilised as a support mechanism for optometrists, Dispensing Opticians and Contact Lens Opticians.

Developing and implement a quality improvement programme that makes use of the pre existing QI programmes available and incorporates a Mentor style programme to develop a robust mechanism where eye care professionals are supported to develop QI activity. The applicant will utilise their learning on the WCLTF course to implement a robust quality improvement process so that eye care professionals will be supported on their QI journey.

HEIW has an important role in developing a high-quality health and care workforce for Wales. Using the framework to ensure consistency of language and approach, the project will focus on what is required for a profession that has not traditionally had career frameworks, particularly for advanced practice.

The project will also outline how the implementation and planning stages of quality improvement training will be developed. This may include a business case for the proper resourcing of Mentors and support.

The new optometry contract highlights advanced clinical practice working as part of the contract but how optometrists and other eye care professionals access and develop their skills in this area are not set out. This project will devise structure to ensure this is considered.

S- Publication of an advanced practice framework and implementation plan which will drive advanced practice careers in optometry. Publication of an implementation plan which will drive behaviour change to facilitate quality improvement projects for optometrists, dispensing opticians and contact lens opticians.

M- Use of the framework in optometry in Wales. Analysing metrics on quality improvement in practice and foundation by respective eye care practitioners will determine the use of these projects.

A – The publication of an implementation plan is attainable within the timeframe of a year and will be facilitated by the new contract in optometry, which will include advanced practice and quality improvement as part of the contract.

R- The pre existence of quality improvement resources in HEIW will ensure that resources do not have to be developed from scratch. However, there is a need to drive the development of support and this project will outline how this will be delivered.

T -This is a 12 month project and the work expected within this time is clearly outlined.

Immediate Supervisors -
Nik Sheen, Eye Care Transformation Lead, HEIW