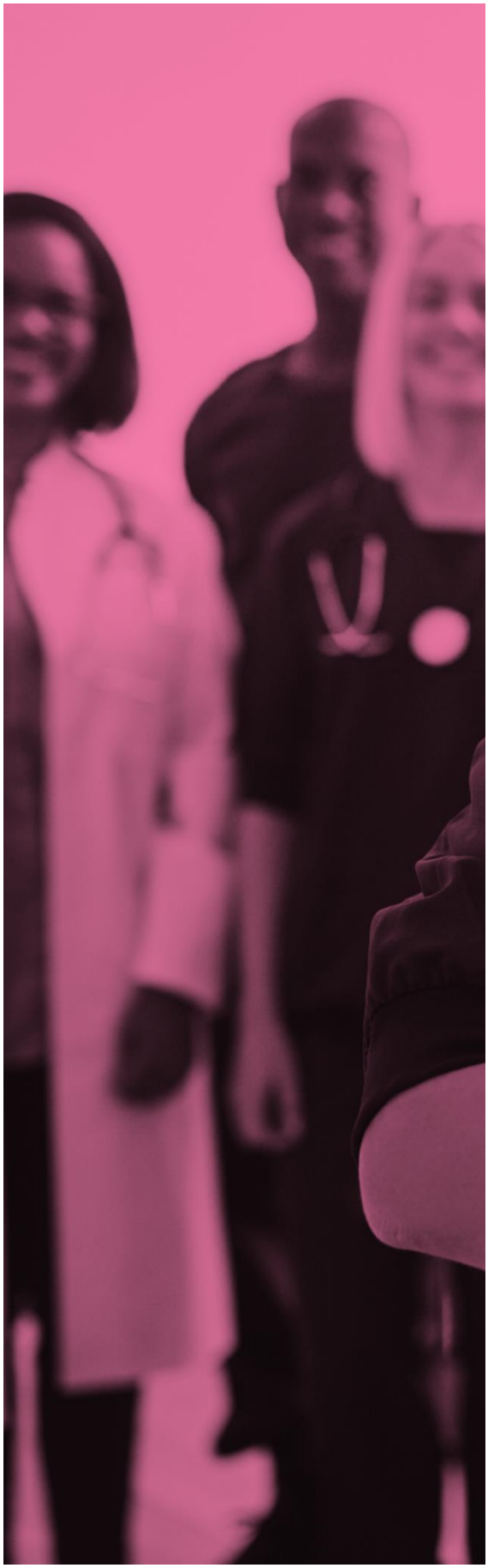
Welsh Clinical Leadership Training Fellowships

GIG CYMRU NHS WALES

Addysg a Gwella Iechyd Cymru (AaGIC)
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.

Contents

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 UHB

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 supervisor(s) for the project:

Dr F Hodge Consultant in O&G
Princess of Wales Hospital ext 55537
E: Nicola.Horsfield2@wales.nhs.uk
T(sec): 01656 752441

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: Cardiff & Vale University Health Board & The Centre for Sustainable Healthcare

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)

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 Sehrawat, Head of Pharmacy Workforce Planning and Consultant Practice, HEIW.

michele.sehrawat@wales.nhs.uk

Project Title: **Perioperative & Pre-habilitation fellow**

Medical Director: Dr Karen Mottart

Organisation: Betsi Cadwaladr University Local Health Board

Project Description:

Rather than focussing on restoring function in the post-operative period, prehabilitation is a strategy to begin the rehabilitation process before surgery. This improves outcomes, reduces time to regain independence post-operatively and enables patients to positively contribute to their own care.

As part of an integrated pre-anaesthetic assessment process, it is an opportunity to tackle the management of a number of risk factors including physical fitness. Initiation and adherence to an exercise programme is determined by many factors and a thorough understanding of all these factors is critical to the success of exercise based prehabilitation programmes.

We wish to utilise this leadership post to work closely with the pre-operative assessment (POAC) and cardio-pulmonary exercise testing (CPET) teams to develop a hybrid hospital and community prehabilitation service using the latest in digital technologies to provide a personalised service to our patients.

We also would want the post-holder to engage with the surgical disciplines to make prehabilitation the norm of every patients care.

BCU is already in a pre-eminent position with respect to pre-habillitation in Wales. Having the first pre-habillitation & POAC would show a commitment to ongoing excellence.

Immediate supervisor for the project:

Dr Suzanne Carey-Jones Dept
of Anaesthesia, Ysbyty
Gwynedd, LL57 2PW

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 Cadwaldr University 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 supervisor for the project:

Dr Kevin Kelly – available Tuesday - Friday
Kevin.kelly@wales.nhs.uk

Dr Emma Hosking – available on Mondays
Emmajane.hosking@wales.nhs.uk

Project Title: **Climate Smart Health Care**

Medical Director: Dr Karen Mottart

Organisation: Betsi Cadwaladr University 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 C02. 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

Immediate supervisor for the project:

Dr Carsten Eickmann Consultant Anaesthetist

Carsten.Eickmann@wales.nhs.uk

Project Title: **Healthcare Quality – Business as Usual**

Medical Director: Prof Chris Jones, Deputy Chief Medical Officer

Organisation: Welsh Government

Project Description:

The Quality and Safety Framework has a linked delivery programme to ensure the actions within the Framework are taken forward both locally and nationally. This Programme will be established during 2021/22 and will run for three years. A Quality and Safety Board will be established to oversee the Programme, plus provide more general Quality and Safety governance for NHS Wales.

The Duty of Quality will come into force from April 2023, and will require all NHS organisations to be working as an integrated Quality Management System, with measurement, planning and improvement all interlinked functions. This “Quality - Business As Usual” project intends to build on these two major strategic directions, and ensure that a culture of Quality is truly bedding in within organisations.

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

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

The fellow will be supported to identify an owned project within this overall context. We recognise the need of a fellow to own and deliver a project within the time scale of their appointment. Given the rapid pace of change within the healthcare systems in Wales, it is proposed that this will be identified by the fellow, team and supervisor after initial induction into the role.

It should be noted though that the wider context of working as a clinician within the quality team of a devolved government provides outstanding exposure and experience of healthcare system leadership and improvement and is a unique learning opportunity.

Immediate supervisors for the project:

Professor Chris Jones – Deputy Chief Medical office

Project Title: **Clinical Trials Leadership Investigator**

Medical Director: Dr Nick Lyons

Organisation: Betsi Cadwaladr University Health Board

Project Description:

Betsi Cadwaladr University Health Board (BCUHB) would like to offer the opportunity for a WCLTF to become a senior leader for the running of early phase clinical trials using experimental medicines. The WCLTF will lead a team toward developing the North Wales Clinical Research Facility (NW CRF) in Wrexham. This facility is already delivering COVID-19 and non-COVID-19 clinical trials. As we progress through the pandemic, the focus will shift towards delivering early phase clinical trials using experimental medicines.

The eventual aim is to deliver First In Human studies, currently not offered by any NHS site in Wales. The WCLTF will be mentored by the NW CRF director, and the Associate Director of Research and Development at BCUHB. Mentoring will take place formally every month, but informally through shadowing on a daily to weekly basis. The WCLTF roles and responsibilities will reflect their background and their interests and could potentially include, but not limited to, some of the following:

- NW CRF operational lead ·
- NW CRF, PPI lead, driving Public and Patient involvement through developing and running a new PPI Hub
- NW CRF Governance lead
- Working towards First In Human studies through development of SOPs and to adhere to Medicines and Healthcare Products Regulatory Agency (MHRA) standards
- Correspondence with sponsors, contract research organisations and regulatory agencies such as the MHRA.
- Being a Sub-Investigator for clinical trials, including early phase clinical trials ·
- Being a clinical trial Principal Investigator · Line management and support for junior trial fellows
- Deputising for the CRF director/deputy director in meetings
- Representing Wrexham at PHW and HCRW meetings
- Designing and delivering lectures on clinical trials for Bangor University

Training opportunities will include:

- Training in Good Clinical Practice
- Fully funded PG Certificate in Medical Education or Medical Leadership ·
- The opportunity to continue up to 20% in clinical duties (to be discussed depending on the educational requirements of the WCTLF and their training programme director if applicable).

Immediate supervisors for the project:

Dr Orod Osanlou, Interim Director of the North Wales Clinical Research Facility
Orod.osanlou@wales.nhs.uk

Project Title: **Behaviour change for doctors when prescribing antibiotics**

Medical Director: Dr Karen Morrart

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 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

E.coli	co-amox	PTX	Gent	PTZ/Gent	3GC	Ami	CoT	FQ	carbapenem
BCU	51.3	23.5	15.8	23.6	15.9	n/a	42.6	23.7	0
YWM	50.3	33.5	21.3	33.8	20.5	5	43.5	28.6	0
YGC	54.4	18.9	11.4	18.9	15.2	2.4	44.8	18.4	0
YG	48	16.8	14.5	16.9	12.4	1.6	40.5	25.5	0

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 supervisor 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 Sian 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.

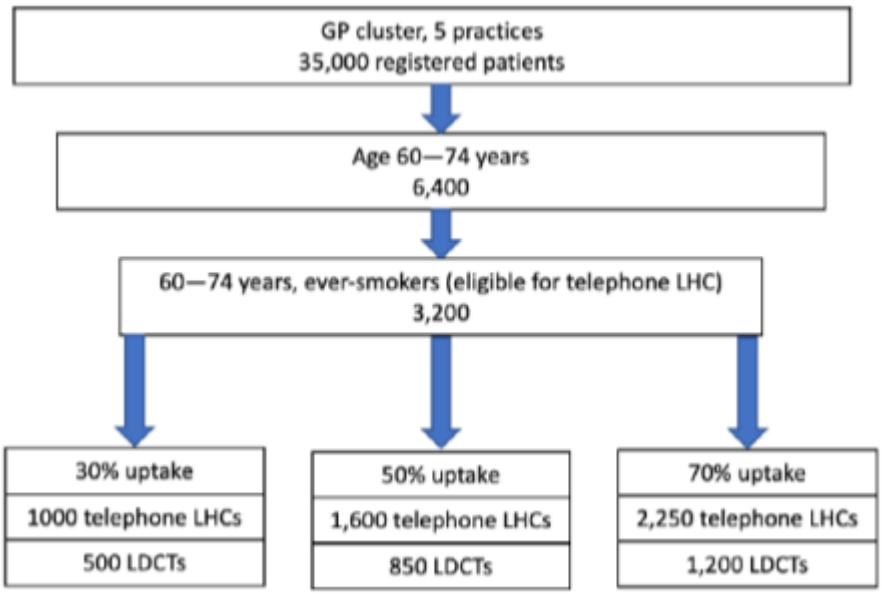
An operational pilot (OP) can provide important experience and learning that can help lay the foundations for subsequent larger-scale programmes. Limited LHC activity in selected areas is also likely to do more good than harm at an acceptable level of cost as shown in the pilot projects in England. These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



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.

	Cwm Taf	Wales average
Lung cancer incidence (per 100,000 population per year)	91.4	80.7
Lung cancer mortality (per 100,000 population per year)	74.3	62.1
Smoking prevalence (2013-14 QOF data)	22.1%	20.4%

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

Component	Provider
Cohort identification Invitation and booking Database management Telephone LHC Recall for interval scans Results assimilation and communication	Preferably single end-to-end provider
LDCT scanner Radiographers Image transfer connectivity	
LDCT reporting	Thoracic radiologists in Wales in combination with specialist outsourcing provider
Evaluation Communication and engagement strategy Local project trouble-shooting	Local project team
Smoking cessation	Links to local services
COPD case-finding	Links to community respiratory clinic
Cardiovascular risk assessment	Automated risk stratification and recommendation to primary care

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 e-mail: 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 he 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 allowed1/3 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 management14, 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 supervisor 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: **Leadership Under Pressure: what happens to 'compassionate leadership' under pressure? How can we make the most of opportunities such as medical education, training and appraisal to better support compassion in the workplace?**

Medical Director: Prof Colin Melville, Medical Director and Prof Sue Carr, Deputy Medical Director

Organisation: General Medical Council (GMC)

Project Description:

As a large, complex organisation our approach is to immerse Clinical Fellows in the work of the GMC, enabling them to understand our approach to leadership and to quality improvement across Wales and across the UK.

We encourage our Fellows to decide how best to focus their projects based on their own assessment of what will: be most useful in Wales; make the best use of their skills and interests; provide opportunities for collaboration with partners across the healthcare system; and enable them to develop during the programme. We believe it provides our Fellows with greater ownership of and investment in their project area, and this is supported by feedback from our previous Fellows. The project we are offering this year goes to the heart of our strategy

The projects will tie directly into the GMC Wales work to deliver the strategic priorities as follows:

- Enabling professionals to provide safe care:
  We will work with the system to make sure working environments and culture are supportive, inclusive and fair

- Sustainable medical workforce:
  We will support the system to build and support a diverse medical workforce with the right skills to lead and deliver good patient care

- Every interaction matters:
  We will ensure our functions, processes and systems are effective, empathetic and accessible for patients, the public, professions and partners.

- Investing in our people to deliver:
  We will make sure our organisation delivers our ambitions by developing our people's capabilities, building leadership skills for all colleagues, and creating an inclusive, diverse and sustainable culture

1. Education Reform: following a pause on work to develop and support medical leadership during the height of the Covid Pandemic, GMC Wales are working with colleagues in the Education Directorate of the GMC to review how principles can be developed and agreed and then embedded into medical education. It will be important to learn from and tie in with the Compassionate Leadership Principles already agreed in Wales: https://nhswalesleadershipportal.heiw.wales/leadership-principles The project will look at factors which can support making this a reality and building a community with the skills and support to do so.

2. Supporting RO's and Medical Directors in Wales GMC Wales has started discussion with Medical Directors on how best to support their own leadership – linking to the FMLM development they will be undertaking – and the leadership environment around them using the GMC's standards and training offer.

3. GMP review The GMC is embarked on a review of 'Good Medical Practice'. The Fellow will be encouraged to link to this review which will include non-clinical and well as clinical aspects of practice. This will bring a focus on creating and sustaining safe and stable clinical environments for patients and staff with leadership as an essential component.

GMC Wales is very focused on understanding and working alongside partners including Health Boards, HEWI, the BMA and CHC's and other patient groups. We believe that work undertaken by the Fellow needs to take fully into account work already being undertaken by others in this area; needs to be collaborative; and needs to bring additionality.

Immediate supervisor for the project:

Sara Moseley, Head of Wales Office
email: Sara.moseley@gmc-uk.org

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

Medical Director: Nick Sheen

Organisation: Swansea Bay University Health Board

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.1

Immediate supervisors for the project:

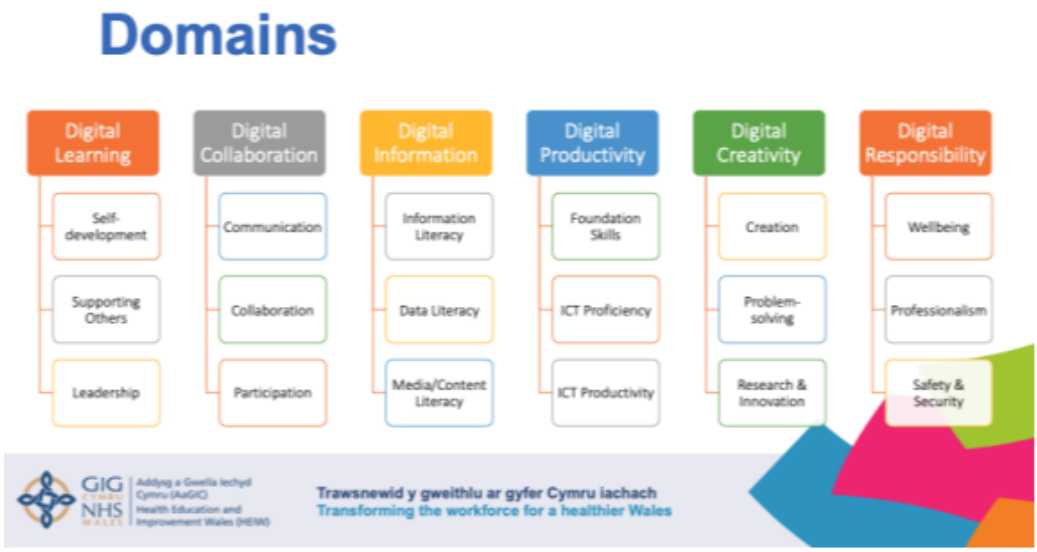
Nik Sheen, Eye Care transformation Lead. Ext: 4172 Tel: 01443 824172

Project Title: **A Digital Capability Framework for Clinical Leadership**

Medical Director: Sian Richards

Organisation: HEIW

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.



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

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 Sehrawat Head of Pharmacy Workforce Planning and Consultant Practice Michele.sehrawat@wales.nhs.uk

Project Title: **A review of the Recruitment process for postgraduate dental trainees in Wales**

Medical Director: Kirstie Moons

Organisation: HEIW

Project Description:

Postgraduate trainee dentists in Wales are recruited via a system of competitive National Recruitment run by Health Education England. Foundation dentists, dental core trainees and speciality trainees go through a system of recruitment alongside fellow UK-wide trainees normally involving a selection centre interview process and situational judgement test or self-assessment form.

Applicants are awarded posts based on their ranking in this process. Applicants also rank each post in order of preference and this informs what post they may eventually be awarded. National Recruitment was introduced in Wales in 2011.

The dental division at HEIW would like to review the impact that this has had on postgraduate dental trainees in Wales and the implications it has on the dental workforce in Wales. There is a wider issue of recruitment and retention of dentists in Wales which HEIW are addressing through a current Fellow project.

The findings of both these projects will inform future initiatives to improve the recruitment of dentists in Wales. Health Education and Improvement Wales has a role in ensuring the right workforce are in right place at the right time, this project explores whether current processes in place are enabling or hindering this.

Immediate Supervisor for the Project:

Mrs Kirstie Moons, Postgraduate Dental Dean, HEIW

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
Dr Ricky Frazer Velindre Cancer Centre. Email Ricky.Frazer@wales.nhs.uk.

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

Medical Director: Rhidian Hurle

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: **Radiotherapy Quality Improvement and Hypofractionation in the South West Wales Cancer Centre**

Medical Director: Dougie Russell

Organisation: Swansea Bay University Health Board

Project Description:

Radiotherapy is a key treatment for cancer, responsible for achieving improved patient survival and quality of life. It can be used to:

- try to cure the cancer completely (curative radiotherapy)
- make other treatments more effective – for example, it can be combined with chemotherapy (chemo radiation) or used before surgery (neo-adjuvant radiotherapy)
- reduce the risk of the cancer coming back after surgery (adjuvant radiotherapy)
- relieve symptoms if a cure isn't possible (palliative radiotherapy).

Delivering radiotherapy is a complex, multi step pathway involving a wide multi-disciplinary team. The schema below shows the steps involved

With demand for RT rising by approx. 3% year on year there have been considerable effort made to improve the pathways to increase capacity on the machine and considerable work has already been undertaken by a QI radiographer, who has been in post for the last 36 months in the SWWCC. They have identified and addressed issues that may be causing inefficiency and delays across the multi-disciplinary team. Some of the remaining issues require clinical (medical) input to resolve and the fellow will work with the management team to help address some of these issues.

As the capacity on the treatment machines has increased, the rate limiting step has become the clinician outlining and approval steps. Clinician job plans have traditionally included only one RT planning session a week and this does not fit with the change to shorter treatment pathways. In addition to the outlining time, there needs to be time to undertake peer review in keeping with recent Royal College of Radiologists guidance, which creates further time pressure The fellow will work with the clinical lead and management team to look at how individual clinicians/tumour site team job plans would need to be modified to allow for more frequent radiotherapy planning time and peer review. They will also work with the clinicians to implement peer review in one or two additional tumour sites and work on the documentation to support the audit of these meetings.

The COVID 19 pandemic forced the UK radiotherapy community to look at what steps could be taken to reducing treatment times for common tumour sites such as breast and prostate cancer. Following the rapid publication of the Fast Forward trial, which had been open and recruiting in the SWWCC, we were able to reduce breast radiotherapy treatments from 15 fractions to 5 fractions ('hypo-fractionation').

The previous trial involvement meant we already had done most of the preparatory work and the changes could be made relatively quickly and easily. The move to hypofractionation for other tumour sites will require additional work, including clinician input. Radiotherapy is a complex process, requiring input from 3 main staff groups (Consultant Clinical Oncologists, Radiographers and Medical Physics Staff) for a safe and effective service. Although SWWCC specifically continues to lead the way in developing radiotherapy dosimetrist, physics and radiographer skill mixed roles in the radiotherapy pathway (review radiographers, radiographer and dosimetrist outlining, delegated approval of plan), the role of the clinician remains a key integral part of the radiotherapy team. Move to hypofractionation in tumour sites such as prostate, pancreas and lung require consultant expertise but the presence of a clinical fellow with the flexibility to support the different parts of the pathway when required will aid the implementation of these techniques much more quickly, as has been this, and neighbouring cancer centre's experience, in the past with other radiotherapy techniques.

Immediate supervisors for the project:

Dr Sarah Gwynne Consultant Clinical Oncologist,
Clinical Lead and Radiotherapy Research Lead
Singleton
01792 285828

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 form 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: **Improving the well-being of doctors in training**

Medical Director: Professor Pushpinder Mangat

Organisation: Health Education and Improvement Wales (HEIW)

Project Description:

There is increasing emphasis on promoting wellbeing amongst the workforce, which has been crystallised as part of the quadruple aim in the Healthier Wales Strategy. The wellbeing of doctors in training remains high on the agenda, with recent GMC NTS demonstrating significant issues with burnout in trainees.

With the current unprecedented impact of the coronavirus pandemic on the wellbeing of all healthcare staff, it is of critical importance to develop and implement coherent wellbeing strategies for the workforce. Many studies estimate the prevalence of burnout in the trainee doctor population at about 30%.

Furthermore, increasing numbers of trainees are taking breaks from training related to wellbeing with increasingly significant numbers taking time out following foundation training. The aim of this leadership project is to scope out and develop appropriate interventions to support the wellbeing of trainees and reduce the prevalence of work-related stress and burnout. The successful fellow will be working closely with the Director of Medical Professional Support and Development and the Professional Support Unit of the Medical Deanery in HEIW.

The impact of any interventions is likely to be significant in terms of increasing wellbeing but also improving patient outcomes and safety. This would be with a view to making Wales an even more attractive place to #trainworklive and supports the culture of looking after and valuing trainees. The project aligns well to HEIW strategic aims in the 2020-23 Integrated Medium Term Plan to lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'

This project has now been running for the last three cohorts of fellows, each fellow that has delivered this project has developed effective and coherent approaches to supporting the wellbeing of doctors in training including:

- Supporting trainee doctors during out of hours work
- Developing an effective medical denary trainee engagement plan
- Transforming the trainee relocation arrangements
- Developing flexible portfolio training opportunities as a vehicle to improved work life balance and wellbeing for trainees.

There are a number of areas within the work of the medical deanery that have the opportunity to be explored to improve wellbeing including:

- Relocation arrangements for trainee doctors
- Return to training support
- Development of strategies to support IMGs arriving in Wales through induction and support

Immediate supervisors for the project:

Dr Ian Collings Director of Medic Professional Support and Development,Medical Deanery, HEIW
Ian.collings@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 Sehrawat Head of Pharmacy Workforce Planning and Consultant Practice HEIW
Michele.sehrawat@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 Whitehall

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 to 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:

Dr F Hodge Consultant in O&G
Princess of Wales Hospital ext 55537

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

Medical Director: Dr Dom Hurford (interim) Deputy Medical Director Dr Sallie Davies

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:

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: **Developing a POPS (Perioperative care of Older People undergoing Surgery) service for elective surgical patients**

Medical Director: Abrie Theron

Organisation: Cardiff and Vale UHB

Project Description:

This project would establish a POPS (Perioperative care of Older People Undergoing Surgery) service in Pre-Operative Assessment Clinic (POAC) for general surgery patients. The project aims for the fellow are three-fold:-

- To embed, using QI methodology, routine screening for frailty and cognitive impairment in patients aged 65 and over who are attending POAC – this will inform which patients are frail and would benefit from a Comprehensive Geriatric Assessment (CGA).
- To create an education programme to upskill the multidisciplinary team in CGA and its delivery. Establishing electronic data capture would be vital to aid service evaluation and our POPS business case.
- To develop an educational package, and deliver training on the prevention, detection and management of delirium – a common postoperative complication that negatively affects patient outcomes, but often goes unrecognised and untreated.
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Nationwide there is a lack of staff and adequate funding to deliver CGA to older surgical patients, therefore we must establish services and upskill colleagues to ensure a geriatrician-led, multidisciplinary-delivered CGA. The project supervisors are a Consultant Perioperative Geriatrician and Consultant Anaesthetist with an interest in Frailty. All components of the project would involve working within the multidisciplinary team, upskilling and educating colleagues.

The current POAC service does not use routine frailty scoring as part of its risk assessment process, nor does it offer CGA, despite the evidence-base and guidance that exists for their application. The standardisation of the assessment and care of our older patients is vital as we see more of this patient group undergoing surgery in the next decade. This is now even more prudent as our patients face longer waits for elective surgery due to the impact of Covid-19.

Adopting this model would meet the following seven standards (out of nine) set by the CPOC/BGS Guideline for Perioperative Care for People Living with Frailty Undergoing Elective and Emergency Surgery:

- All patients aged over 65 years, and younger patients at risk of frailty, referred for elective or emergency surgery, should have frailty status documented at referral, preoperative assessment and admission using the Clinical Frailty Scale (CFS)
- All patients living with frailty (CFS≥5) should undergo CGA and optimisation prior to surgery tailored to the time available
- All patients living with frailty (CFS≥5) should have an assessment of cognition documented using a validated tool prior to surgery
- All hospitals should have a guideline for prevention and management of delirium applicable to the perioperative setting

- All hospitals should have a perioperative frailty team with expertise in CGA providing clinical care throughout the pathway
- All staff working with patients at risk of frailty should receive training on frailty, delirium and dementia
- Adherence to the recommendations in this guideline should be measured and regularly reviewed to inform continuous quality improvement.

Immediate supervisors for the project:

Dr Nia Humphry
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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:

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: **Supporting and Embedding the Suspected (Single) Cancer Pathway (SCP) for Wales**

Medical Director: Professor Tom Crosby

Organisation: Wales Cancer Network

Project Description:

Although a number of improvements have been made in cancer services over the last few years, we face considerable challenges in relation to the burden that cancer poses on our population, the demand placed on health services, equitable and timely access to high quality cancer care, the current performance of our cancer services and poorer cancer outcomes in Wales. However, learning from other countries and scaling up best practice, there are significant opportunities for us to transform the outcomes and experience for our patients and their families.

The implementation of the Suspected Single Cancer Pathway (SCP) provides us with a driver and enabler to achieve many aspects of this change. The SCP was introduced by the Minister for Health and Social Services in June 2019 and replaces the previous Cancer Waiting Time (CWT) targets.

The implementation of the SCP will drive continuous improvement and transform the cancer patient pathway through a whole system approach. It will enable for accurate planning of services, workforce, and resources needed to meet demand. It provides the platform for innovation across the diagnostic and treatment intervals of the patient pathway to achieve better outcomes and experience for our cancer patients. The introduction of the SCP has been the vehicle to develop a series of National Optimal Pathways (NOPs) aligned to the metric of the Single Cancer Pathway.

The NOPs describe the optimal steps, sequence and associated timings along the patient cancer pathway, including all diagnostic steps, investigations and treatments. The NOPs have been developed with the Clinical Site Groups (CSGs) and are based on best practice guidance; they describe the entry points for primary care, optimal diagnostic interventions and treatment and where patients should receive consistent information and holistic support.

Implementation of the NOPs would deliver the following outcomes/outputs:

- Reduce unwarranted variation in practice across tumour-sites
- Provide guidance for more consistent access to diagnostic pathways, including clarity for primary care on what diagnostic services they can expect to access directly
- Improve the timeliness of diagnosis and treatment for patients, reflected in the SCP reporting framework
- Guide the provision of the right information and support to patients at the right time
- Inform the required capacity to overcome the current capacity gap; achieving improved performance in the cancer pathways.

The Clinical Fellow will work as part of a team providing clinical leadership to support the implementation and evaluation of the NOPs with health boards/trusts across Wales. Through a whole system approach embedding the NOPs as normal service delivery, contributing to a culture of service improvement informed by co-production supporting better outcomes and patient experience for cancer patients in Wales.

The Clinical Fellow will provide clinical advice and expertise to cancer services teams, and the SCP team to understand the impact of the SCP on their system capacity, in particular diagnostic capacity. There will also be a significant amount of pathway improvement work to support Health Boards to transform their pathways to deliver against the SCP target. This is a significant piece of work that needs substantial clinical engagement and clinical leadership, to enable health boards to:-

- Adopt a systems approach to the implementation of the NOPs
- Embed the NOPs across all health board cancer services multidisciplinary teams
- Encourage service improvement across the cancer patient pathways
- Support co-production and a culture of quality improvement
- Develop a national approach for shared learning
- Adopt a Person-Centred Care approach
- Work collaboratively with stakeholders to share best practice with a focus on five selected tumour-site pathways
- Support the development and introduction of an information framework providing an evidence base to enable health boards to support planning and drive service change.

Immediate supervisors for the project:

Professor Tom Crosby
e-mail: tom.crosby@wales.nhs.uk

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 Coolgate
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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
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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
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Project Title: **The development of a model of trainee representation at a senior board level within CAVUHB (Chief register role)**

Medical Director: Professor Meriel Jenney & Professor Stuart Walker

Organisation: Cardiff and Vale University Health Board & HEIW

Project Description:

Following the second wave of COVID-19 and the mass redeployment of healthcare professionals, the senior executive team within CAVUHB held a trainee listening event. As part of this event trainees were provided with an opportunity to openly talk to the CEO for CAVUHB, Executive Medical Director for CAVUHB, Clinical Board Medical Directors and the Postgraduate Dean for HEIW. Trainees provided excellent feedback, which included a request that trainees continued to have regular direct communication with senior leadership. A recommendation was made to explore the role of a chief registrar within the UHB, but not specifically assigned to a single speciality. Also executive medical leadership positions are essential roles in all NHS organisations.

To ensure we are succession planning and creating the future leaders within our workforce we need to provide opportunities for trainees to explore and understand these roles. The involvement of trainee doctors in senior management decision making processes is essential to ensure the junior doctors voice is being heard and to provide with valuable learning opportunities.

Trainees are able to undertake a number of roles that provide them with an opportunity to explore leadership positions and being a trainee voice within a variety of different types of meetings. These include taking on the role of college trainee representative, being a chief registrar within a directorate or even clinical board, working as a WCLTF, doing the role of BMA trainee representative etc… There are few opportunities within Wales for trainees to be involved in working closely with senior leadership teams and so this project will help to establish the importance of trainee involvement at this level.

In this context the proposed project has the following specific objectives:
1. Describe the importance of a trainee voice at a senior management level.
2. Establish the role of a chief registrar within CAVUHB organisation and create a model that can be used within HB's across Wales.
3. Evaluate the effectiveness of the trainee forum with CAVUHB organisation and further develop its ability to deal with training related issues.
4. To ensure the longevity of the chief registrar role.

Immediate supervisors for the project:

Dr Martin Edwards
e-mail: Martin.edwards4@wales.nhs.uk

Project Title: **Hwyel Dda University Health Board - 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 forthe 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
- Post-acute inpatient care

Immediate supervisors for the project:

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