Health Education England’s (HEE) Better Training Better Care (BTBC) programme builds on the key recommendations from Sir John Temple’s Time for Training and Professor John Collins’ Foundation for Excellence to improve the quality of training and learning to benefit patient care. Phase one of the programme coordinated 25 pilot projects from NHS trusts in England and the Faculty of Medical Leadership and Management (FMLM) worked closely with BTBC to explore the lessons learnt from a leadership perspective.

FMLM-led BTBC webinar series

Between February and July 2015, FMLM ran a series of interactive webinars in which six pilot projects shared their experiences and a dynamic panel helped to draw out the successes, challenges and lessons learnt; including the different types of leadership required to sustain service changes.

Objectives

- Examine the methodology, outcomes and lessons learnt from six BTBC pilot projects and consider how they can be adapted and adopted by colleagues locally and nationally.
- Understand the key leadership values, behaviours and competencies needed to operate effectively at an individual, operational and strategic level, as well as the organisational changes required to sustain improvements in healthcare.
- Identify the key leadership lessons learnt in order to support clinicians, teams and healthcare organisations to adopt the principles and inspire them to lead future improvements.

Concept

The webinars included a presentation of the pilot project, reflections on the leadership theme and a facilitated discussion between the audience and the panel. The webinars were free-flowing which allowed participants space to discuss and fully explore the learning from the project.

Participants

Webinars were attended by a broad spectrum of FMLM members, from senior medical leaders to doctors in training, which led to rich discussions about how medical education and training initiatives can improve patient care.

“It is very gratifying to read about the positive impact these projects have had on culture and behavioural change for doctors in training, trainers and patients.”

Patrick Mitchell, Director of National Programmes, Health Education England

Resources


You can listen to and watch the webinars on the FMLM website: [www.fmlm.ac.uk/better-training-better-care](http://www.fmlm.ac.uk/better-training-better-care)
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What does good leadership look like?

Mid Cheshire Hospitals NHS Foundation Trust pilot project focused on improving one of the most perilous procedures in medicine – handover of care. The project sought to enhance the handover process with specialised educational events for doctors in training, a formalised handover procedure and a new electronic handover tool. Improved patient safety, improved team satisfaction and increased out-of-hours efficiency were all demonstrated at completion.

Key themes

Mentoring - can be pivotal to the success of the project lead and therefore the success of the project. Identify the right champion who will provide support throughout the process. Good leaders support and encourage all members of the team but in turn build networks where they can receive support and encouragement.

Staying power - barriers are inevitable and resistance to change is a common finding, cultural inertia is often one of the biggest barriers to face. Solutions can include:

• beginning with a small pilot project and perfecting the processes
• starting in areas which are more receptive to generate initial momentum
• maintaining an overall vision throughout of what you are trying to achieve.

Collaboration - everyone has a role. Utilising and engaging your team well will significantly improve the likelihood of overall success. Be aware of the range of capabilities and abilities throughout the group and use these in alliance to achieve the overall strategy.

Top tips

Start small and simple, get the process right in the beginning.

Maintain an overall vision of what you are trying to achieve.

Maintain humility, listen to others and be prepared to change track when necessary.

“Trainees use handover to share learning bites, making every moment count as a training opportunity.”

Trainee doctor, Better Training Better Care pilot project participant

Resources

Royal College of Physicians, Learning to Make a Difference: www.rcplondon.ac.uk/projects/learning-make-difference-ltmd


March 2016  By Judith Tweedie and James Somauroo, National Medical Director’s Clinical Fellows 2015/16
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#2 Building leadership capacity and confidence

East Kent redesigned their junior doctors’ rota so that trainees spent 12 weeks on a ‘hot’ emergency team and four weeks on a ‘cold’ ward team. While working on the ‘hot’ team, trainees gained intense, supervised learning in acute specialties and completed all of their ‘on call’ commitments. During the ‘cold’ period, trainees exclusively undertook ward-based learning, enhanced at weekends by additional registrar and phlebotomy support.

Key themes

Data gathering and analysis - gathering data prior to starting provided the evidence of the need for change, which was useful to engage people in the project, and clarified the problems being addressed.

Leadership capacity and confidence - as a large system change was required, senior clinical champions with established authority, experience and credibility were integral to coordinating and enabling this project. By engaging juniors in the core project team and enabling multi-professional leadership from trainees and nursing teams alike, more stakeholders (staff) were accepting of change, as they had part-ownership of it.

Team work - fully utilising the knowledge and skills of the entire MDT improves performance and builds resilience. This pilot funded a senior nurse and extra phlebotomy support, which relieved the pressure on doctors and reduced delays for patients. This improved their experience, and created time for the on-call doctor to complete learning assessments.

“Redistributing jobs away from the on-call doctor to other skilled members of the multi-professional team freed them up to seize learning opportunities.”

Trainee doctor, Better Training Better Care pilot project participant

Resources


Top tips

Before implementing change, collect some evidence of the need for change.

Buy in - speak to everyone affected by your proposed change, listen to their ideas and champion them to help you.

Just start it - demonstrating some early success will improve engagement for the rest of the project.
The team at Tees, Esk and Wear Valleys NHS Foundation Trust identified the very common issue of balancing training and service work as an area they could improve. The pilot project was designed to improve basic psychiatric training through revised early supervision and support. Trainees had a ‘home team’ where they carried out the greater part of their clinical work with rotations to other teams to ensure the right case mix. Direct supervision was introduced into what was viewed as ‘standard’ trainees work. Outcomes included patient experience, trainee experience and trainee confidence.

Key themes

Clear aims – have a vision for the project from the outset but maintain flexibility with planning to adapt to challenges. Build the story; tell the narrative of why you are doing what you are doing then engage others. If everyone is engaged in the vision a truly united team will be more powerful than a single operator.

Build the team – encourage contribution from all members of the team, give everyone a voice, the best ideas come from having everyone involved and engaged. To do this, create an environment that facilitates open sharing of knowledge, information and experience. Encourage trust between members of the team and value everyone’s role as equally important.

Relationships – relationships are key to being a successful collaborative leader. Learn to view the overall strategy from different lenses and perspectives and use this as a basis to build relationships. For future healthcare to be effective and efficient collaborations need to move beyond professional and organisational boundaries, building connections which can lead to whole system changes.

“Every member of the team has a responsibility for the training and professional development of its staff.”

Trainee doctor, Better Training Better Care pilot project participant

Top tips

Work on engaging with and building trust between all members of the multi-disciplinary team.

Relationships matter – don’t shy away from having difficult discussions if they are required to move the project forward.

Recognise the value everyone contributes to your role rather than seeing yourself in isolation.

Resources

The King’s Fund, Center for Creative Leadership, Developing effective leadership for healthcare: www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/developing-collective-leadership-kingsfund-may14.pdf

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#4 Systems leadership and organisational culture

The Royal Berkshire NHS Foundation Trust ran a project that provided quality improvement (QI) teaching to trainees, followed by close support as they completed a QIP through a multidisciplinary board with various staff and patient involvement. Trainees were taught on QI methodology and received facilitated, experiential learning to embed new QI skills and systems knowledge into their practice.

Key themes

QI infrastructure - providing an infrastructure of support and maintaining communication is key to keeping motivation going and ensuring the successful completion of QI projects.

Central coordination - can also join up similar projects to prevent duplication of effort, provide resources to overcome barriers and coordinate a larger system change where several smaller projects will not address the issues highlighted.

Sustainability - the unique rotation of trainees through different trusts makes them ideal ambassadors to spread successful QI projects. When QI projects are being planned specific thought should be given to how the project can be embedded and continued. The multidisciplinary team and patient involvement can be utilised as a key resource in ensuring long term sustainability.

Education - learning about QI methodologies and patient safety theory will form a sound basis to the development of any improvement project. Leadership and management competencies should be rooted in the learning curriculum developing trainees as future leaders. Skills such as team-working, decision-making and influencing are key to any successful QI change and permanent changes in organisational culture.

“My whole outlook has changed, I realise how quality improvement is relevant to day to day practice. I now look for situations to improve.”

Trainee doctor, Better Training Better Care pilot project participant

Resources

Bethune, R., How to run a Quality Improvement Project (whilst working full time as a junior doctor), BMJ Quality Blog: www.blogs.bmj.com/quality/2013/10/28/how-to-run-a-quality-improvement-project-whilst-working-full-time-as-a-junior-doctor

Top tips

Enable the entire MDT team to voice their ideas for service improvement.

Encourage newly rotated trainees to voice examples of good practice from their previous hospitals.

Core central support from a senior staff member is critical for a QIP to be a success.
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Innovation in leadership

#5

The team at the Dudley Group NHS Foundation Trust developed a training course on safe prescribing. They evaluated this against a range of healthcare metrics, including length of stay, drug prescribing for the elderly and accuracy of completed To Take Out (TTO) forms. The course was developed by doctors and pharmacists working together and course delivery employed the same ethos, with trainee doctors and pharmacists learning together.

Key themes

**Bigger picture** - repeatedly applying the same methods to an ever changing problem is unlikely to bring success. Be innovative, assess the whole picture, including the known and unknowns, and find a place to make a difference. Accept that not everything will be successful initially, allow for failure and adapt the process without losing the overall vision.

**Accepting ambiguity** - innovative leadership will involve many unknowns. Start with the ‘why’ of any project and then use this as momentum to continue when obstacles are invariably met. Learn to be comfortable with unfamiliarity.

**Influence** - encourage the team to be open and creative, embrace different viewpoints and reframe the challenge from multiple perspectives. Assemble the best possible team to fulfil the vision of the project, encourage them to be passionate in addressing the problem and in seeking solutions. Set realistic time frames for yourself and the team.

“Globally, innovation is regarded as one the most essential characteristics of future leaders. The Better Training Better Care initiative is an outstanding example of releasing the innovation which resides in the NHS.”

Peter Lees, FMLM Chief Executive and Medical Director

Top tips

**Seek out others** who can give new and fresh perspectives.

Learn to **embrace uncertainty**.

Influence and encourage others to be **creative and innovative**.

Resources


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#6 Lessons learnt – every junior doctor is a clinical leader

The final webinar looked back at the lessons learnt throughout the project. What happens next? As Sir Muir Gray states: “It is everyone’s duty who works in the NHS to take care of it for future generations.” Look for an area you are passionate to create change in, build your team, develop your skills and make the difference. Demonstrate and celebrate success.

Key learnings

#1 What does good leadership look like?
The essence of true leadership is to be clear about what needs to be changed and why. Identify what you want to change and then build the team you need to actualise this goal. Encourage your team to flourish and in turn give them skills to guide, champion and lead.

#2 Building leadership capacity and confidence
Building leadership capacity and confidence often relies on having role models or mentors, someone who can guide and support your career journey and develops you personally and professionally. Organisations also have a responsibility to create environments where trainees can flourish and are supported to take on leadership roles.

#3 Collaborative leadership
Being a collaborative leader means you can engage others in shared values to accomplish a common purpose. By working in collaboration you don’t give up influence but instead become more influential as a collective team, and encourage others to openly share knowledge and contribute.

#4 Systems leadership and organisational culture
Leadership comes from those who are passionate about solving problems. You can create the vision and bring everyone along by demonstrating your values as a leader together with the drive to improve outcome. Investing in people is the key; returns on investment are not just seen in project outcomes but also in the development invested in individuals.

#5 Innovation in leadership
To be truly innovative you must accept that not everything will be successful initially. Allow for failure and learn from it in a way that will benefit you, the team and the overall vision. Find the ‘gap in the market’ that could truly improve patient care and use your specialist clinical expertise to develop an innovative way to meet the need.

“All staff are encouraged to recognise that they have two jobs; to do their job and improve it.”
Sven-Olof Karlsson, Jönköping County Council

Resources
A full list of the BTBC pilot projects can be found at the Health Education England website: www.hee.nhs.uk/our-work/hospitals-primary-community-care/learning-be-safer/better-training-better-care-btbc/pilot-projects
You can listen to and watch the webinars on the FMLM website: www.fmim.ac.uk/better-training-better-care

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