

Case Example Title	LTHT Clinical Leadership Fellowships, The Junior Doctor Body and Leeds Children’s Hospital Junior Doctor Forum
Trust (& Site) name	Leeds Teaching Hospitals NHS Trust
Background and initial problem	<p>What are you trying to improve and why?</p> <p>Leeds Teaching Hospital Trust recognised a developing disconnect between senior management and junior doctors, and was keen to identify methods to improve trainee engagement within leadership structures and quality improvement roles.</p> <p>Some areas within the Trust were suffering from poor retention of trainees as well as worrying GMC Survey results. The senior management team in these areas saw that finding solutions relied on engaging with trainees to identify where improvements could be made, and working collaboratively with them to realise these improvements.</p> <p>The Trust’s General Medical Education Manager had previously been involved in establishing the national Darzi Fellows scheme, and is therefore a proponent of its potential for bridging gaps between clinicians and leaders, as well as allowing junior doctors to develop areas of non-clinical special interests.</p> <p>In turn, LTHT established Trust-Level Clinical Leadership Fellowship (CLF) posts as part of Yorkshire and Humber’s Future Leaders Programme. These allow trainees to play a central role in identifying and working to resolve any problems that impair the Trust’s ability to provide safe and high quality care to patients, including issues that affect junior doctor morale and training. These are available as 12-month OOPEs for junior doctors by competitive interview. This scheme is now in its third year at LTHT with 7 CLF’s currently in post, 2 of who are non-medical (a pharmacist and a nurse).</p> <p>The relevance of this to Junior Doctors’ Morale comes from the NHS Constitution’s 3rd Principle: <i>‘Respect, dignity, compassion and care should be at the core of how patients and staff are treated - not only because that is the right thing to do - but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported’</i></p> <p>Health Education England’s 2016 listening exercise on improving working conditions for Junior Doctors identified opportunities that fall broadly into three themes:</p> <ol style="list-style-type: none"> 1. Being supported: for training, service provision and individual career aspirations 2. Feeling valued: by clinical and non-clinical staff 3. Having autonomy: through greater involvement in decisions relating

	<p>to their working and personal lives.</p> <p>Health Education England collected this case example and we believe it addresses themes 1, 2 & 3 above.</p>
<p>Specific aims and objectives</p>	<p>What are you going to measure?</p> <ul style="list-style-type: none"> • Number of Clinical Leadership Fellows per annum • Number of QI projects at the trust • Number of QI projects presented externally • Trainees electing to stay on at Trust • Retention of trainees on NTN's • GMC Survey Results
<p>Process</p>	<p>What did you do? How did you do it? How were junior doctors involved? How did you measure it?</p> <p><i>Clinical Leadership Fellows (CLF)</i></p> <p>These posts are funded 50% by the Trust and 50% by the local HEE office. They allow trainees to undertake 12 months out of their training programmes to develop their own leadership skills, as well as make improvements to patient care within the Trust. CLFs are encouraged to develop their own areas of interest in relation to quality improvement, with guidance and support from the senior management team. This is achieved by direct supervision from the Trust's Associate Medical Director as well as a dedicated project supervisor for each CLF, to promote effective communication of frontline problems and solutions to senior decision-makers. CLFs have been placed in Risk management, Medical Education, Seven Day Services, Research and Innovation as well as across the Trusts' Clinical Service Units, resulting in successful quality improvement projects across a number of different areas.</p> <p><i>Junior Doctor Body</i></p> <p>Moreover, along with the Chief Medical Registrar, the 2015-2016 cohort of CLFs established the Junior Doctor Body (JDB), which aims to increase opportunities for junior doctors to gain leadership, management and QI skills and experience, without taking time out of training. This Body has registrar-level representatives from all specialties, as well as two foundation doctors and three core-level trainees. The Chief Medical Officer, Associate Director or General Manager for medical education are routinely in attendance. Through this body, junior doctors are now regularly represented on working groups and committees including the 'Lessons learnt' Group, Clinical Guidelines Group and Quality Improvement Group where their expertise and ideas are valued. More recent initiatives include paired learning with senior management, improving safety huddles across the hospital and identifying ways of improving patient flow/discharge processes. The current cohort of JDB members were also provided with funded Myers Briggs training sessions to aid their leadership development, which was very well</p>

	<p>received.</p> <p>Leeds Children’s Hospital Junior Doctor Forum (LCH JDF)</p> <p>One branch of the Junior Doctor Body has been the development of the Leeds Children’s Hospital Junior Doctor Forum (LCH JDF), which was created in response to worryingly low morale within the Leeds Children’s Hospital (which employs 90 - 100 of LTHT’s junior doctors). The level of unhappiness was evident from the paediatric GMC survey results where LCH had fallen from 87th out of 159 Paediatric centres to 122nd in two years (2014 – 2016), as well as particularly poor attrition rates of paediatric trainees during or after rotations at LTHT. The initiative to set up a specific paediatric junior doctors’ forum had the full support of LTHT’s Chief Executive and Paediatric Clinical Directors. Within 12 months it has subsequently achieved a number of positive outcomes, which have been presented externally.</p> <p>LCH JDF consists of 4 working groups with 3 – 12 trainees in each: Morale & Retention, Teaching & Training, Workforce Planning and MRCPCH Examinations. A key project from the Morale & Retention Group was the establishment of exit interviews for trainees who had left paediatric training following a rotation at LTHT. Initial interim analysis of the qualitative data from these interviews has been used to inform where improvements are most urgently needed; namely supportive environments, flexibility and work-life balance as well as adequate training opportunities. This has led to the development of an in-house mentoring scheme for paediatric trainees (M-PATHY), a dedicated exam preparation course, structured ‘learning plans’ which inform trainee professional development plans and work-schedules, real-time smartphone notification of any teaching sessions occurring, a social calendar as well as the development of a standard operating procedure to improve flexibility and ensure trainees are able to take time off for important life/professional events. The impact this has had on the GMC survey results will be reviewed pending the completion of this year’s GMC survey round.</p>
<p>Challenges</p>	<p>What challenges did you encounter and how did you overcome these?</p> <p>E.g. Financial/HR/junior doctors/management/other stakeholders</p> <p>The major challenge for these Clinical Leadership Fellowships is funding for the posts. Currently they are jointly funded by the HEE local office and the Trust, but the HEE component is likely to be withdrawn from 2017 as part of the national HEE cost reduction scheme. Recognising the benefits of the fellowships as outweighing the costs, the Trust are currently in negotiation as to how to fund future posts and considering other options as to part clinical/part fellowship posts to ensure their sustainability. The CLF scheme is invaluable to the Trust, since at Trust level fellows can most directly effect change to improve patient</p>

	<p>outcomes and their colleagues' working lives. The Trust hopes to be able to demonstrate this value to be able to safeguard the funding contribution from their HEE local office.</p> <p>Challenges for the JDB and LCH JDF are the impact of rotational trainees, which can limit continuity and be problematic for sustainability. The RCP's Chief Medical Registrar chairs the JDB; the job specification of which places the role of chairing the JDB as a crucial part. All CLFs are encouraged to take part in the running of the JDB when they start their post, which helps to overcome this challenge.</p> <p>Similarly LCH JDF is in the process of negotiating a Chief Paediatric Registrar role to ensure similar sustainability and continuity.</p> <p>The ongoing senior management support of both the JDB and LCH JDF provides a strong backbone to the sustainability of both.</p>
<p>Outcome, impact and learning</p>	<p>What has the result been – on an individual level for junior doctors and other staff? / on an organisational level?</p> <p>Junior doctors are now routinely involved in decision-making across the Trust, having their voices listened to and their experience valued at all levels. This has led to much greater satisfaction amongst the junior doctors, with some trainees applying to stay on at the Trust following their fellowships, and others choosing to leave their clinical training to take up speciality posts with a Leadership/Quality Improvement role within LTHT.</p> <p>For individual doctors, the CLFs have been provided with new motivation and career aspirations, therefore improving retention of clinical staff at LTHT. Those involved in the JDB and LCH JDF have developed their quality improvement and leadership skills and have achieved a number of positive outcomes both for their own training, and for the Trust.</p> <p>Examples of Quality improvement projects resulting from the Clinical Leadership Fellowships, Junior Doctor Body and the Children's Hospital Junior Doctors forum are as follows:</p> <ul style="list-style-type: none"> • Paired Learning Scheme for Trainees and Managers (JDB) • Dedicated revision course for paediatric trainees undertaking their MRCPCH Examinations – with 100% positive feedback from trainees stating that they feel more valued by the Trust as a result. (LCH JDF & CLF-led: Poster presentation at Future Leaders Conference 2017) • In-house Mentoring Scheme for Paediatric Trainees (M-PATHY: Mentoring for Paediatric Trainees in Humberside and Yorkshire). Pilot underway with pre and post-mentoring questionnaires to assess impact on morale (LCH JDF: Poster presentation at Future

Leaders Conference 2017)

- Formal qualitative exit interviews to explore the reasons behind paediatric trainees resigning from LTHT posts. This has now been inbuilt as Trust policy for any trainee resigning from LCH (LCH JDF & CLF-led: Poster presentation at Future Leaders Conference 2017)
- Real-time smartphone notification of teaching sessions across paediatric speciality boundaries (LCH JDF)
- The establishment of pre-defined training standards (learning plans) in paediatrics, which are intended to inform trainee professional development plans and work scheduling. Audits have identified that trainees have been more successful in obtaining their curriculum needs and attending relevant teaching sessions with these learning plans in place (eg. 50% more likely to obtain their required number of SLE's for their e-portfolio and 25% more likely to attend relevant clinics). (LCH JDF & CLF-led: Oral & Poster presentation at Future Leaders Conference 2017)
- LTHT in-house Quality Improvement Training sessions for junior doctors and other members of staff (CLF-led)
- Improvement of interactions between Foundation Year doctors and microbiology teams, which was identified as a cause of significant stress for FY1s (CLF-led)
- Paediatric induction sessions for non-paediatric specialities (surgery). Significant improvement in confidence levels (100%) has been identified in paediatric prescribing and paediatric procedures as a result of these sessions (CLF-led)
- Leeds Incident Support Team (a buddy system for those involved in serious incidents to improve support available). Initial data identified 68% of staff felt unsupported when involved in a serious incident. Preliminary results of the pilot buddy system have identified improvements. (CLF-led: Poster presentation at Future Leaders Conference 2017)
- Training junior doctors as "Lead Investigators" in serious incidents, to enhance their preparation for consultancy, whilst simultaneously engaging them in important Trust processes (CLF-led)
- A Trust Level Professional Support Unit for trainees in difficulty. This is in its early stages with 84 current open cases of junior doctors accessing professional support for a variety of reasons (CLF involvement)
- Trust-wide identification of issues that have a negative impact on junior doctor morale and wellbeing, with the use of crowd-sourcing to encourage trainees to share their concerns, as well as positive practice occurring in the Trust (CLF-led)
- Barriers in research for paediatricians in training – to identify room for improvement in engagement from trainees in research and innovation in paediatrics (CLF-Led)
- The development of a leadership course for undergraduate

	<p>students at the University of Leeds to ensure doctors are empowered and supported in developing themselves as a leader prior to even starting work (CLF-led)</p>
<p>Next-steps sustainability</p>	<p>& What are the next steps (if any)? How measures are in place to ensure that these changes are sustainable?</p> <p>Financial negotiations are underway at present to consider alternative models to support the sustainability and expansion of the CLF scheme. If this is not possible, the Trust will explore alternative funding models including part-time fellowships to enable them to continue.</p> <p>The Chief Registrar role is already in place to ensure continued sustainability of the JDB. The intention is for a similar post to be created as a Chief Paediatric Registrar to ensure continuity of the LCH JDF.</p> <p>A number of the QI projects themselves have in built sustainability. For example, the administrative work for the revision course for paediatric trainees has now been taken over by LTHT's Medical Education Department. Similarly exit interviews have been incorporated into Trust policy with a designated person responsible for ensuring they are completed when a trainee resigns from LCH.</p>
<p>Further information</p>	<p>Who can be contacted for further information? Title, email and telephone number Mr Stuart Haines, General Manager for Medical Education Leeds Teaching Hospitals NHS Trust stuarthaines@nhs.net</p> <p>Dr Rammina Yassaie, Clinical Leadership Fellow & ST3 Paediatric trainee Co-Chair of CH JDF and secretary to JDB Leeds Teaching Hospitals NHS Trust rammina.yassaie@nhs.net 07740349466</p>