The Yorkshire & Humber Improvement Academy Clinical Leadership Training Programme

2019-20
Introduction

The Improvement Academy (IA) is one of the leading quality and safety improvement networks in the UK. The IA works across Yorkshire and the Humber covering some 5 million people and supporting over 44 organisations to deliver improvement work. The IA contain a team of improvement scientists, patient safety experts and clinicians who are committed to working with frontline services, patients and the public to deliver real and lasting change for the people and organisations of Yorkshire and the Humber.

Over the last 8 years we have established a highly successful leadership training programme for medical specialist trainees and other clinical professionals, with excellent feedback year on year. Our programme offers unique opportunities above those of similar schemes due the position of the Improvement Academy with the Yorkshire and Humber region, these include:

1. Applied leadership projects with national and regional impact, working with the senior leaders of Trusts across Yorkshire and Humber region and the wider NHS.
2. Expert mentoring and coaching in quality and safety improvement, measuring and monitoring of health care behavioral change, system redesign and human factors from academics, experienced clinicians and improvement experts.
3. Collaboration with regional and national organizations including Health Education England, NHS England, Royal College of Physicians, Yorkshire and Humber AHSN, along with other AHSNs, The Health Foundation, Clinical Commissioning Groups, Strategic Clinical Networks, and the Bradford Institute for Health Research
4. Support for postgraduate qualifications in medical leadership of the trainees choosing
5. Opportunities for presentation at national and international conferences, along with support to enable publication

Background

Postgraduate medical training has traditionally focused on clinical skills and generic competencies with little emphasis on management and leadership skill development. However with there is growing recognition that today’s junior doctors, as the medical leaders of tomorrow, will require more comprehensive experience and training in the skills required to become medical leaders.

The Medical Leadership Competency Framework (MLCF) was developed jointly by the Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement to guide training in medical leadership. The MLCF describes the leadership competencies doctors need to become more actively involved in the planning, delivery and transformation of health services. Further to this The NHS Leadership Academy produced the Healthcare Leadership Model, in 2013, to help all staff who work in health and care to become better leaders.
The Improvement Academy, part of the Yorkshire and Humber Academic Health Science Network provides a supportive and encouraging environment for the clinical leaders of tomorrow to gain invaluable experience and build on their leadership skills. Since 2016 these posts have also been open to nurses, midwives and allied health professionals to provide Clinical Leadership Fellows with access to senior NHS leaders within Trusts through its close links with Bradford Teaching Hospitals Foundation Trust and to experts in quality and safety improvement through contacts from the Improvement Academy Network, and though close working links with the BIHR.

Quality and Safety Leadership training

Fellows will develop competencies in nine leadership domains as described by the Healthcare Leadership Model:

1. **Inspiring shared purpose** - valuing a service ethos, holding to principles and values under pressure
2. **Leading with care** - understanding the unique qualities and needs of a team, support emotional wellbeing
3. **Evaluating information** - measuring quality and safety of services, using information to generate new ideas and make effective plans for improvement or change, making evidence-based decisions
4. **Connecting our service** - understanding how health and social care services fit together
5. **Sharing the vision** - creating clear direction, inspiring confidence for the future
6. **Engaging the team** - fostering creative participation, stretching the team for excellence and innovation
7. **Holding to account** - setting clear expectations, managing and supporting performance
8. **Developing capability** - building capability to enable people to meet future challenges
9. **Influencing for results** - using interpersonal and organisational understanding to persuade and build collaboration

Workplace learning will form the core basis for the attachment. During induction Clinical Leadership Fellows will meet with key Improvement Academy staff and Bradford Teaching Hospitals Trust Board members and key senior leaders. They will be expected to work on key Improvement Academy projects during the year but also have the opportunity to select additional project work of interest relevant to the post.

Formal professional development will take place through quality and patient safety training courses which involve multidisciplinary teams collaborating across primary and secondary care and using improvement methodologies to achieve improvements in patient safety. Access to Quality Improvement and Human Factors e-learning courses will form one component of this training. A strong theoretical foundation will be provided to cover relevant subjects such as human factors, organisational factors, error theory, quality improvement and behavioral change theory. In addition, fellows are encouraged to undertake a PGCert in Healthcare Leadership or similar in an area of their choice.
Fellows will also get involved in organising and attending masterclasses, to expose healthcare professionals to leading edge thinking, training, to ensure that healthcare workers in our region have access to improvement knowledge and skills and roundtable discussions where organisations can learn from each other's experience. Fellows will be encouraged to publish patient safety papers in leading peer-reviewed publications. Academic and research experience will be gained from active involvement in the evaluation of applied patient safety programmes through close working links with the Yorkshire Quality and Safety Group. Experience in promoting patient involvement will be gained through working with our patient networks.

Fellows will link with other Clinical Leadership Fellows as part of a regional network developed and supported by Health Education England working across Yorkshire and Humber. They will be encouraged to become involved in activity with as well as to attend the Future Leaders Programme induction, quarterly meetings amongst other training and educational opportunities that the future leaders programme offer, such as the annual leadership conference, as these are important and vital opportunities for networking and skill building.

The Improvement Academy has developed close links with the senior leadership within Bradford Teaching Hospitals Foundation Trust, this provides them with opportunities to access and shadow these roles. Fellows will have opportunities to meet and work with the medical director, chief nurse and chief executive amongst other board members and senior clinicians to gain a proficient understanding of senior NHS management roles and NHS structure and management. Fellows will have the opportunities to work in BTHFT to undertake improvement work along with developing Quality Improvement training for junior Doctors and other healthcare professionals in keeping with changes in curriculum requirements.
Improvement Academy Leadership Programme opportunities

The Improvement Academy offers Clinical Leadership Fellows the opportunity to develop their leadership and quality improvement skills through a number of programmes detailed below.

1. Applied Research Collaboration: Yorkshire and Humber ARC

The Yorkshire and Humber Applied Research Collaboration is being led and coordinated by the Bradford Institute for Health Research. There will be a key role for two Clinical Leadership Fellows to lead clinical implementation work in priority areas. This work is endorsed by Health Education England Y&H as well as key partners across the region, which include universities and health care delivery partners. The areas of focus are: Older people with Frailty, Early life and prevention, Urgent and Emergency Care, Mental and Physical multimorbidity. The fellows will have an opportunity to shape delivery work to improve healthcare in the theme areas.

2. Patient Safety: The Yorkshire and Humber Patient Safety Collaborative

This is one of 15 national patient safety improvement programmes established across the country in October 2014. All 15 PSCs are working closely together on a small number of priority areas in order to employ a collective and systematic approach to the work aiming to see sustained improvement and impact.

Figure 1: Patient Safety Collaborative in Yorkshire & Humber
Leadership fellows can work alongside programme managers and senior clinicians from the Improvement Academy on this programme. It will enable fellows to work on both a regional and national scale. Previous leadership fellows have been able to develop skills in working with frontline teams to undertake and use improvement methodologies through working as part of the PSC. They are able to learn to apply concepts of safety and team working culture surveys, behaviour change methodologies and human factors. Fellows will have the opportunity to undertake leading roles on one or more programmes within the PSC. Figure one illustrated the Yorkshire and Humber programmes within the Patient Safety Collaborative.

**Example National Priority Areas of Work**

**Deteriorating patient**

Aims to reduce avoidable harm and enhance the outcome and experience of deteriorating patients across England. This will be achieved by improving recognition, response and conversation. In Y&H we will be focusing on the transfer of information about the deteriorating patient between health care settings, i.e. care home to ambulance, ambulance to hospital etc. This links clearly to the aims of the national work to promote a standard assessment tool (EWS) and way of communicating. In addition we continue to focus on Sepsis and support an Acute Trusts Sepsis network that shares learning - barriers and enablers, tools and training materials.

**Maternity & Neonatal care (in support of the NHS I national programme)**

Aims to improve the safety and outcomes of maternal & neonatal care by reducing unwarranted variation & provide a high quality healthcare experience for all women, babies & families across maternity settings in England. Locally our role is to support the development of a culture of safety through helping teams to complete their culture surveys, facilitate feedback and translating learning into intervention and project plans. The other area of focus is to set up communities of practice (in conjunction with the regional clinical networks).

**Safety Culture**

Aims to help create the conditions that will enable health care organisations to nurture and develop a culture of safety. This has always been a core enabler for the Yorkshire and Humber PSC. In addition to culture surveys we will also be developing ideas and methods for “Learning from Excellence” (or positive deviance) and testing how these ideas fit in with other key tools such as Safety Huddles.

**Examples of Other Local Priority Areas**

**Reducing Falls**

Working with frontline with teams to reduce falls involves, as one of the first steps, the measurement and support to improve safety culture. Introducing safety huddles is the primary intervention used, it is recognised that falls can be caused by deterioration in the patient’s condition and this is picked up through the safety huddle discussion. This work is being carried out
in different healthcare environments, e.g. nursing and care home, acute hospital wards and community teams.

*Reducing Pressure Ulcers*

The measurement and support to improve safety culture is the first step when working with frontline teams. Often the key tool used is introducing Safety Huddles to highlight patients at increased risk of pressure ulcers (which may be caused by deterioration in the patient’s condition).

*Mental Health Harms: violence and aggression, seclusion, and absconding*

This priority focuses on improving the culture of safety and teamwork, using Safety Huddles to recognise and act to improve the safety of patients with mental health deterioration. The Yorkshire and Humber PSC has carried out some good innovative work in this field and will continue to develop and spread this learning.

*Safer Surgery*

We have been working with five acute Trusts in the region to co design a questionnaire (using the ABC toolkit) to better understand some of the barriers to using the WHO checklist effectively. To date two local Trusts theatre teams have been surveyed, one of which is now developing and implementing changes as a result of the findings.

*Learning from incidents*

We have supported the development and testing of a new tool for investigating Category 2 pressure ulcers. The project used significant event audit and the Yorkshire Contributory Factors Framework to develop simple tools to help frontline staff understand cause and share learning. The improvement academy is working on a Second Victim project to ensure staff are supported through the investigation process.

**3. Urgent Care: Improving patient flow**

Patient flow is a major priority for many acute hospital trusts, and poor patient flow can lead to increased risks to patient safety. The Improvement Academy has been working with several acute trusts in Yorkshire and Humber to improve patient flow using a system-wide approach. This is an opportunity for a leadership fellow to work with senior clinicians, managers and local improvement teams, utilising workshops, roundtable events and innovative visualization tools, to develop and implement changes to reduce avoidable delays in Emergency departments and in other healthcare settings.
4. Reducing Mortality

The Improvement Academy runs a regional programme of mortality reduction work, which has formed the basis for a national programme, in collaboration with the Royal College of Physicians to provide retrospective case record review for NHS England, via the Health Quality Improvement Partnership. Sir Bruce Keogh’s review of 2013 into the quality of care in acute NHS hospital trusts recognised the need to move away from the mortality statistics and the notion of excess mortality, and instead to focus on avoidable mortality. In 2014 the Improvement Academy established a regional mortality review programme that uses evidence-based, systematic case-note review to establish where death was avoidable and, most importantly, the upstream quality and safety factors that can be learnt from and shared throughout the region.

Leadership fellows will assume responsibility for this regional programme, collecting the key information from acute trusts and primary care providers. They will co-ordinate the analysis of this information and direct the initiation of quality improvement work prompted by the regional learning. Fellows will also be key in helping rolling out the national programme, will have the opportunity to be involved in working with Trusts all across England and Scotland, and with multiple partner organisations at all levels. They will have the chance to be involved in high-level strategy and planning meetings as well as getting hands-on in training reviewers and supporting Trusts in applying the review process, embedding this into internal clinical governance and translating this into quality improvement on the frontline.

5. Connected Cities

The Connected Yorkshire programme has secured £4 million of funding from the Northern Health Science Alliance to deliver a regional Connected Health City. This is part of the £20 million budget allocation by the Chancellor to unlock health innovations in the English regions with the greatest health challenges. Connected Yorkshire will create a digital platform to harness the potential of big data; by linking multiple large datasets of routinely collected health and social care data to influence how we deliver care to our population.

This is a unique opportunity for a Leadership Fellow to lead a ground-breaking regional digital health project. He/she will be closely supported by a project team which consists of senior members from primary care, secondary care, local authority, academia, and experts in health informatics and data linkage. The Fellow will collaborate with regional partners in Leeds, Sheffield and York to deliver this programme of work, and also with other Connected Health City partners in Greater Manchester, and the North West Coast and North East regions.

The Fellow will develop his/her digital leadership skills throughout the year. He/she will collaborate with regional and national digital leaders on important issues in healthcare informatics such as data sharing agreements, consent models, information governance and models of data sharing which protect patient privacy. The e-Health Board is a district-wide working group represented by system-wide leaders from each stakeholder organisation in Bradford. The Fellow will be a participating member of this group which is responsible for district-wide strategic direction for informatics in line with the Five Year Forward View. As part of the Connected Yorkshire project the Fellow will also have the opportunity to organise site visits to other healthcare data linkage centers across the UK to collaborate with them and share learning.
Project opportunities in 2019-20

The Yorkshire and Humber Improvement Academy will be offering a broad range of project opportunities to a cohort of five Leadership Fellows in 2018-19. All of our projects have regional (or national) relevance and impact. Fellows will be supported to provide clinical leadership for all Improvement Academy projects as well as encouraged to identify novel work streams. Project opportunities in 2019-20 will include:

1. **NIHR Yorkshire and Humber Applied Research Centre (ARC):** working with and learning from inspirational health services academics to drive implementation of evidence-based practices into front-line care. The ARC is supported by all hospitals and universities in the region and offers an excellent opportunity to build leadership and networking skills.

2. **Learning from Hospital Deaths (regional and national project):** leading the Hospital Mortality Review Programme across 13 acute trusts and 5 mental health trusts, driving improvement in emergent patient safety themes. Fellows are integral to the National Mortality Case Record Review programme, delivered in partnership with the Royal College of Physicians.

3. **Patient Safety Collaborative (PSC) (regional linked to national PSC programme in England):** working alongside programme managers and senior clinicians on PSC programmes such as management of the deteriorating patient, maternal/neonatal health and culture in the NHS.

4. **Quality Improvement (QI) Training (regional and national):** developing QI expertise under the tutelage of national experts with a view to adaptation and spread of established improvement training programmes.

5. **Patient Flow in the Emergency Department (regional):** working with the YH Academic Health Science Network (AHSN) and Trusts across the region on understanding and improving patient flow, by developing and implementing changes to reduce avoidable delays in delivering inpatient care and learning from early adopter sites in Yorkshire and Humber.

6. **Quality Improvement for Boards (regional):** working with volunteer boards and academic leaders of improvement to develop a board level programme for implementing evidence based improvement systems at organisational level.

7. **Second victims support:** co-ordinating and supporting a regional/national project to improve support and management for staff involved in an error, in collaboration with the Yorkshire Quality and Safety Research group and national agencies.

8. **Yorkshire Patient Safety Huddles (regional and national):** taking the successful Yorkshire Huddles to the next stage by developing and implementing a scale-up package for use in a variety of healthcare settings and directed at safety themes such as falls and pressure ulcers.

9. **Connected Yorkshire (regional linked to national Connected Cities programme):** leading aspects of the regional collaboration on the Connected Yorkshire Programme to create a digital platform to harness the potential of big data to influence how we deliver care to our population.

10. **Patient experience coaches’ network (regional):** using evidence-based practices and working with lay representatives to deliver improvements in patient experience across Yorkshire and the Humber.
Full details of all the above programmes are available at The Yorkshire and Humber Improvement Academy Clinical Leadership Training programme (https://bit.ly/2JMrx4H)

**Additional opportunities**

The Improvement Academy has close links with the Yorkshire Quality and Safety Research group. Over previous years fellows have worked closely with the YQSR group within multidisciplinary teams to undertake research projects that aim to improve patient safety.

Fellows will be encouraged to take up opportunities to work with Health Education England working across Yorkshire and the Humber. In previous years this has included attending Annual Review of Competence Progression (ARCP) panels, review panels. Presently, fellows have been involved with development of multiprofessional quality review visits and assisting on developing Quality Management Programme Review Visits.

Fellows are also given time and support to undertake Postgraduate certificates in Medical Leadership (or equivalent) whilst also being supported to involve themselves within the Future Leaders Programme across Yorkshire and the Humber.

As the Improvement Academy expands itself wider on a national platform, fellows will be able to take up roles and opportunities to enrich their skills and competencies as future clinical leaders. They will be able to develop their own individual innovations as well as being supported to work on opportunities with:

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**Supervision and Assessment**

Regular supervision will be undertaken by Professor John Wright, Director of BIHR, Beverley Slater, Director of the Improvement Academy (IA) and Dr Michael McCooe, Clinical Director of the IA, through attendance at regular formal and informal feedback sessions. Clinical leadership fellows will be provided with an opportunity for further mentoring from a senior professional colleague within the NIHR Yorkshire and Humber Patient Safety Translational Research Centre (PSTRC) or the Yorkshire Quality and Safety Research (YQSR) group. Supervisors will undertake regular appraisal meetings to enable fellows to develop their learning needs, provide feedback, support them in their workplace activities, offer mentoring and guidance and provide a link to Health Education England working across Yorkshire and Humber. Fellows will be encouraged to undertake assessment though use of 360 feedback tools. There are opportunities for collaboration with regional and
national organizations including Heath Education England, NHS England, Yorkshire and Humber Academic Health Science Network (AHSN), along with other AHSNs, The Health Foundation, Clinical Commissioning Groups, Clinical Networks, and the UK Improvement Alliance. Fellows will participate in Improvement Academy executive meetings and will have opportunities to shadow Bradford Teaching Hospitals Trust Board members and key senior leaders. The Improvement Academy has close links with the PSTRC and YQSR groups and fellows will be encouraged and supported to work closely with these organisations to undertake research projects that aim to improve patient safety. Formal professional development will take place through multi-disciplinary patient safety, quality improvement and behaviour change training courses. In addition, we recognise the immense value of the HEYH courses and programmes and fellows are encouraged to undertake a PGCert in healthcare leadership or medical education or patient safety. Fellows will be released to attend all of these opportunities, including the post-graduate certificate undertaken as part of the Future Leaders Programme year.

There are no formal clinical commitments as part of these posts, however Leadership fellows will be offered the chance to undertake clinical work within their specialty through BTHFT with appropriate supervision.
Alumni Testimonials

Dr Emily Cooper
General Practitioner
Patient Safety Leadership Fellow
2017/18

My year as a leadership fellow with the Improvement Academy through the Future Leaders Programme has given me the opportunity to explore healthcare from a different perspective. I have learnt so much about the structure of the NHS and commissioning, as well as being able to collaborate with local CCGs to understand their role within the NHS. Going back into clinical practice, I now have the confidence to undertake quality improvement work within my organisation and to embed a culture of continued learning and improvement.

One of my projects involved working closely with care homes to improve resident safety, and this experience has been invaluable for my work as a GP registrar, as I now understand more of the barriers and issues faced by care homes.

Overall, my outlook on medicine is far more positive as a result of this year. It is inspiring to see so many people working tirelessly to improve healthcare for patients and the Improvement Academy has certainly given me a wealth of experience that will serve as a strong foundation for my future career. During my leadership fellow year I presented posters at both the Yorkshire and Humber Quality Improvement Conference (2018) and the Future Leaders Conference (2018). I attended several workshops and courses on behaviour change and quality improvement.

Project work based at the Improvement Academy
- Lead for development of the ‘Second Victim’ website, an online web resource for healthcare professionals who have experienced personal or professional impact as a result of involvement in a patient safety incident
- Clinical support in developing an approach to supporting organisations who wish to implement ‘Learning from Excellence’ or similar programmes
- Clinical support in using of Yorkshire Contributory Factors Framework to analyse low grade pressure ulcers on elderly care wards
- Teaching provided from a variety of sources
  - Joint teaching days with NHS graduate management trainees on ‘Public Sector Finance’ and ‘Tribes and Tribalism in the NHS’
  - 3 day Management and Leadership course provided through HEE Yorkshire and Humber
  - Training on Quality Improvement and understanding statistics provided by the Improvement Academy
  - Personal Development courses as part of future leaders programme

Regional conference experience
- Committee member for HEE Quality Improvement Conference 2018
- ‘Talk like TED’ presentation at 5th Annual Future Leaders Conference
- Poster presentations at Future Leaders Conference and HEE Quality Improvement Conference

Management insights
- Attended weekly Medical Director meetings at Bradford Royal Infirmary for several weeks
- Attended monthly Improvement Academy executive meetings throughout the year

Dr Juliet Reid
Specialist Trainee in Rehabilitation Medicine
Patient Safety Leadership Fellow
2017/18
This year has been an incredibly useful year to develop my leadership skills, but also to broaden the scope of my knowledge and interests. I have gained experience in quality improvement through my work in the national Maternity and Neonatal Collaborative and now feel confident developing improvement plans and leading a team to achieve change.

The Fellowship gave me the opportunity to explore my interest in Public Health to gain a distinction in a Postgraduate Certificate in Public Health. I applied this knowledge and worked with the Born In Bradford team to lead the research aspect of a large pilot project to improve physical activity in children and young people in Bradford. I have developed project management skills, research skills and experience in co-design with the community. I also had the opportunity to gain further experience in a project aimed at improving obstetric emergency skills and referral pathways in Uganda.

I have engaged with the Future Leaders Program and enjoyed attending various workshops such as personality testing, writing skills for publication, job application and interview skills. I have enjoyed meeting and learning from the other CLFs in the region, especially as Communications Officer as part of the organising committee for the HEE QI Conference in July.

Having time to reflect and step back from my training in obstetrics and gynaecology has been incredibly beneficial and the skills I have learned in this time will continue to contribute to my career.

Achievements:
- FLP regional conference – oral and poster presentation Maternity and Neonatal Safety Collaborative
- HEE QI regional conference – poster award for Sustainability and Leadership in QI category
- RCOG National Trainees Conference Oral Presentation – Experiences as a Marcus Filshie Fellow for the Excellence in Obstetrics course in Uganda

My out of programme year as a clinical leadership fellow allowed me some headspace, taught me more about myself and how I work with others, and greatly improved my insight into how organisations work and organisational culture. One of my roles was to lead the evaluation of the ‘Supporting Self-Care’ project within the Healthy Ageing Collaborative over a six-month period. This experience involved working with staff from diverse backgrounds in primary care and Age UK, supervising an implementation manager within the Improvement Academy and presenting to a patient participation group. This work led to an oral presentation at the Northern Frailty Event and poster presentations at the Royal College of General Practitioners’ Annual Conference and the British Geriatrics Society Autumn Meeting.

Outside of my Improvement Academy projects, I was able to undertake courses offered by the Future Leaders Programme and explore my interest in education by working with staff at Bradford Teaching Hospitals NHS Trust to coordinate 19 tutorials for physician associate students. I am partway through undertaking a Postgraduate Certificate in Education, Leadership and Research which has been one of the highlights of my year and has provided me with some structure and theoretical underpinning to the practical learning from my projects. Overall, this year has been invaluable in improving my feeling of ‘readiness’ for becoming a consultant.
The two years I spent at the IA as a clinical leadership fellow has been a great learning experience with fantastic career and personal development opportunities. I was able to work closely with some of the best regional and national healthcare leaders, gaining invaluable insight into broader policy decision making, implementation and evaluation.

During my time at the IA I was the mortality programme lead, working with 13 acute and 5 mental health trusts, supporting the uptake of a standardised mortality review method to enable organisational learning and improvement of care delivery systems. As part of this work I went on to set up a relatives and carers involvement subgroup working with lay representatives to develop a flexible framework for better engagement with the bereaved. I also set up a separate Mental Health Mortality Review programme which has influenced the soon to be launched national programme by RCPsych.

I was delighted that my work on the Yorkshire and Humber mortality review programme was recognised with three national patient safety awards nominations; BMJ QI initiative of the year award, RCP Excellence in Patient Care award and HSJ Patient Safety award.

During these two years, I was also core team member for the National Mortality Case Record Review programme working with the Royal College of Physicians in the standardisation of mortality reviews across England and Scotland. As part of this programme I worked with DATIX to develop the programme’s data collection and analysis platform, developed an e-learning package and put together the national mortality review implementation toolkit. Other achievements include become a QI trainer, obtaining a post graduate certificate in medical leadership and being awarded a bursary for a Masters in Patient Safety from Imperial College London which I am enjoying immensely.

In a nutshell, my two year fellowship with the IA has not only transformed me into an effective healthcare leader but has also allowed me to develop expertise in patient safety and quality improvement.

The contacts and connections made during my leadership fellow year have been invaluable. I am currently studying an MD clinical research degree at the University of Leeds. My collaborators and supervisors for this multidisciplinary research project directly result from connections made during my leadership fellow year. I would not be doing this exciting postgraduate research if I had not undertaken a clinical leadership fellowship. I am supervising four medical students undertaking small research and service development projects. These projects were devised and applied for during my leadership fellow year, and two of them directly relate to work begun during that year.

During my period as a clinical leadership fellow, I set up a new pathway within Bradford Teaching Hospitals, to allow inpatients requiring urgent tests to leave hospital earlier. The 'Bradford Diagnostic Ward' was successfully implemented, and continues as a clinical service within that trust. In addition to these tangible outputs, the clinical leadership fellow year has helped me to develop valuable professional skills, knowledge and contacts that I will continue to use. For example, I feel that I have developed an ability to foster and lead new multidisciplinary collaborations and communications, as well as a better ability to clearly communicate clinical problems and benefits to diverse audiences.
My clinical leadership fellowship at the Improvement Academy provided an opportunity to broaden my understanding of leadership in a dynamic context developing skills in systems leadership. As the first allied health professional to undertake a clinical fellowship here, I led on the regional project on Improving Quality and Safety in Care Homes. This provided an opportunity to test ideas to improve residents’ safety by enhancing team working and communication using safety huddles. Leadership plays an instrumental role in understanding risks/problems, establishing a safety culture climate and improving the work environment.

This opportunity enabled me to develop a better appreciation of the crucial role that systems improvement plays. It also allowed me to develop extensive networks and understand issues through a different lens which has enabled me to improve collaboration in my clinical practice.

My experience at the improvement academy has changed my view of health services, what is achievable and how I can influence excellence in patient safety and care. I now return to clinical practice with the ability to support colleagues to improve quality and tackle intractable problems through collaboration with experts, and the use of systematic improvement approaches.

Working as part of the Healthy Ageing Collaborative (HAC), I have taken a leading role in writing a business plan and developing and undertaking an evaluation protocol for improving care of frail, elderly care home resident through improving GP medication review. This has allowed me to work with multiple organisations – CCGs, GP collaborative, York Health Economics Consortium and Academic Unit of Elderly Care and Rehabilitation.

I have gained a great insight into community services, social services and the wider NHS structure over and above what I have learnt during my geriatrics training – it is an invaluable experience.
As a Leadership Fellow I coordinated the proposal for Connected Yorkshire, which successfully secured £4 million of funding to deliver a regional data linkage and analytics platform. This has given me the opportunity to work with a wide range of stakeholders, ranging from senior leaders from acute trusts, CCGs, universities, local authority and public health.

I collaborated with our stakeholders on writing a robust proposal that covered all aspects of a large scale data linkage project including infrastructure, management and governance, budget, data sharing and consent issues. As a result of this I have gained valuable experience which will be of benefit when I return to clinical practice: I have learnt how to apply my leadership skills to work with people from different organisations across the NHS, and I have gained valuable insight in the current issues around health informatics.

During my time as a leadership fellow, I worked on a number of projects including how behaviour change methods can be used to improve surgical safety, how novel story telling techniques can be used to monitor safety in maternity units and how video techniques can be used to improve handover processes. The common theme that runs through all of these relates to how we can improve our safety processes to keep pace with the increasing complexity of modern healthcare. The Improvement Academy provides a highly unique atmosphere to undertake such work.

Alongside the project work, the close links with bodies such as the Yorkshire Quality & Safety Research Group and the regular input and training from a variety of external experts has also allowed me to develop a good grasp of the fundamental principles of safety research and improvement science. Finally, there has also been ample opportunity to experience how Quality, Safety and Improvement are approached throughout the various levels of NHS management. Overall, I feel I have been given a huge head-start for life as a more senior clinician in an NHS where issues of quality & safety have become inseparable from everyday clinical work.

During my Fellowship year, I led a successful national bid to provide a retrospective case record review for Trusts across England and Scotland. Putting the bid together gave me, not only a unique opportunity to gain experience into the practical aspects, but a truly fascinating insight into the politics and processes involved on a national level; something we don't see very often as clinical trainees.

Working for the IA in conjunction with the RCP, Datix and several other partner organisations, I learned invaluable lessons about collaborating across multiple organisations, the importance and benefits of strong, clear leadership and I had the chance to learn about negotiation and compromise from experienced, senior colleagues. The learning, experience and skills I have developed during this project will undoubtedly prove invaluable in my future career as a consultant as well as in the quality improvement work that is my passion.
**Dr Victoria Brown**  
Registrar in Obstetrics and Gynaecology  
Clinical Leadership Fellow 2014/15

My time as a leadership fellow at the Improvement Academy was a fantastic opportunity to learn about patient safety and quality improvement from experts in the region and beyond. I have gained the vital skills to continue this work back in my hospital placements. In addition, I have learnt through experiencing others leadership styles and knowledge from the PGCert in Medical Leadership what kind of leader I am and had the opportunity to practice and develop these skills as a programme manager for a regional project, part of a national programme with the Health Foundation. I have experienced how to bring about change through involvement in developing and running a number of regional projects, and am inspired to continue this work throughout my future career.

**Dr Emma Ryland**  
Registrar in Geriatric Medicine  
Clinical Leadership Fellow 2014/15

This year was an opportunity to fully immerse myself in patient safety, quality improvement and leadership initiatives. I gained understanding required for anyone aspiring to be a healthcare leader, such as how safety culture is developed, measured and maintained. I was exposed to, interacted with and learnt from many leaders in different healthcare organisations and contexts. I have through this gained confidence in my own leadership abilities and I cannot emphasise enough the importance of us as clinicians taking on leadership roles within our places of work and within the management structure of the NHS to ensure that service design and development happens with patient care at the core. Since returning to clinical practice I have been more aware of where systems are helping teams to work well together and where improvements can be made. I have also been asked to be involved in service redesign meetings, quality improvement projects and a national society committee where I have been able to give advice and provide a level of “expertise” gained through this programme.

**Dr Sherena Nair**  
Registrar in Geriatric Medicine  
Clinical Leadership Fellow 2014/15

Undertaking a Leadership Fellowship in 2014/15 exposed me to the horizons of quality improvement including the underpinning theory required to embrace and champion improvement in a practical setting. This year has also broadened my critical thinking skills of healthcare issues in general, and sincerely considering pertinent questions that are both relevant and necessary for the future of the NHS. It has strengthened my convictions about the importance of patient safety although this important concept continues to be relegated because of competing priorities in many clinical settings. While my confidence has improved and my ambition has grown, this last year has also taught me about the need for honesty, transparency and humility.

The last 12 months has provided me a snapshot of my journey – of where I was before I started, where I am now and where I would like to go. It has given me direction and focus to work towards an aim, one that will hopefully propel me towards a quest to continuously improve myself in all aspects of my professional and personal life. My hope is to secure a leadership role in the future, whether as a lead clinician in the department or in other areas such as education or governance but this will obviously be driven by the opportunities that arise in my career path.
At a time when medical training programmes have become more standardised than ever before it can be difficult to pursue areas that interest you. As my peers have become consultants I have heard few concerns surrounding their clinical roles but many have lamented a lack of experience on management and leadership issues.

As I approached the end of my training, I didn’t feel equipped to deal with the organisational and management requirements of a modern consultant. In fact my knowledge of healthcare and the machinations of the NHS in general was very limited. I also had an interest in quality improvement and human factors in healthcare but wasn’t sure how to pursue this as part of the standard training programme. The HEYH Leadership Fellow programme, and in particular placement in the Yorkshire and Humber Improvement Academy, delivered all of this and greatly exceeded my expectations. The Improvement Academy is rightly proud of its role in the HEYH leadership fellow programme. As well as formal training and support, it offers a vibrant peer learning network that focuses on patients and the delivery of safer and more effective health care for the region and beyond.

As a fellow at the Improvement Academy, I was encouraged to take on leadership roles for patient safety projects with a regional outlook. Whilst daunting at first, with the support of an experienced and understanding team of clinicians and health services researchers I learned huge amounts about leadership, management, research and how to bring about positive and sustainable change in patient safety. The work is varied and challenging and a continual emphasis on front-line care meant that I never felt isolated from the clinical environment. The leadership programme at the Improvement Academy provides opportunities for research, to publish, to study for post graduate qualifications, to lead regional and national projects but most importantly, to develop the skills and confidence to progress in a modern medical career.

I believe that all good clinicians are great leaders too. To gain more experience in leadership and management and to widen my knowledge about the NHS, I applied for the Clinical Leadership Fellowship at the Bradford Institute for Health; under the supervision of Prof. John Wright and Prof. Derek Tuffnell. My professional interest remained in Plastic Surgery, but during the Leadership Fellowship I gained essential non-clinical skills including leadership, negotiation skills, managerial experience, networking skills and an essential knowledge about the NHS as an organisation. I completed patient safety and quality improvement projects during my Clinical Leadership Fellowship in 2013/2014.

Since returning to surgical practice in 2014 I have been involved with the theatre scheduling workgroup at Sheffield Teaching Hospitals. This group works towards the reduction of cancellations, improvement of theatre teamwork and theatre flow. I am utilising my service improvement skills, as well as using my leadership and managerial skills on a daily basis as clinician.
During my year as a patient safety leadership fellow (PSLF) at Bradford, I have been involved in a multitude of projects and topics, including research into mobile device use, designing and commissioning a healthcare app, improvement, human factors, change management, organising conferences, recruiting, conducting Trust-wide audit into safe practices. I gained insight into and was involved with Trust organisation at all levels up to and including the executive. I gained an in-depth and wide ranging knowledge of patient safety issues common to secondary care environments in the developed world.

The PSLF has enabled me to complement this learning with opportunities to explore the psychological, human and organisational factors which influence staff and impact on patient safety issues and efforts to report and eliminate them. These insights into human factors, behaviour change and improvement science, when combined with the development of leadership skills, have given me a powerful skill set which will allow me to improve service, safety and drive change as a medical professional. The NHS and obstetrics & gynaecology, face unprecedented challenges due to increasing demand, reduced funds and changing workforce structure. On-going provision of quality, safe and affordable healthcare depends on an appreciation of these problems and the means to overcome them.

I therefore believe that the PSLF at Bradford has prepared me for my current consultant role, in a way current specialty training could not and would therefore commend the PSLF to all trainees as an important opportunity to gain useful out of programme experience (OOPE).

Year away from the operating theatre was a real eye-opener in terms of understanding the roles of non-clinical and clinical colleagues in delivering safe patient care. It has made me a more effective doctor, a better doctor, because I now appreciate the challenges we all face in hospitals, including the patients’ needs, and I feel I have developed into a collaborative agent of change. When asked about what he gained in the year, Pnt reflected: ‘as well as making many new friends across clinical, managerial and academic fields, what I mostly took away is a sense of empowerment. With my knowledge and skills, no problem is too daunting when tackled with teamwork and shared goals. I feel able to make things better not just for the patients I care for personally, but for all the patients who come through my department’. Regarding regrets, all he had to say was: ‘I should have done a fellowship year sooner!’

Stepping off the hamster wheel of medical registration and pursuing my interest in patient safety and leadership enabled me to really grasp the depth of perception required to view the running of a hospital as a whole and not just from specialty field. I was afforded the opportunity to work alongside some of the most renowned patient safety researchers in the country and gain research skills, an in-depth knowledge of patient safety literature and a chance to then employ this in practice, analysing a hospital safety campaign and using this as my masters’ thesis. The leadership skills I developed and put into practice liaising with senior members of the hospital management team has given me the confidence to work as a standalone consultant in a large trust with the opportunity to develop services.