

107 DEVELOPING EFFECTIVE LEADERS

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The Health Educational England London Leadership Development Steering Group produced and implemented the Spiral Leadership toolkit for all postgraduate medical and dental trainees in the London region.

There is an urgent need to incorporate leadership development within the postgraduate training curricula to ensure the NHS has a robust pipeline of developing clinical leaders for 2020 and beyond.

The NHS Long Term and interim People Plans call for healthcare organisations and specifically Health Education England (HEE) to support leadership development through training programmes, as part of curricular and professional capabilities. Until recently there has been a lack of available structure for trainees, their supervisors and faculties within NHS organisations and HEE itself to implement this requirement.

The group examined available resources supporting the curriculum for future healthcare leaders and adapted an existing specialty school toolkit to make it widely applicable across all learner groups.

A wideranging stakeholder exercise ensured comprehensive coverage of all learner and educator needs from foundation schools to trainees preparing for and starting out in their first few years of their consultant posts.

Needs and resources were structured in a pragmatic and practical toolkit based around capabilities such as responding to a complaint, and leading a change project. The toolkit was reviewed by other regional leadership development leads for coherence across England. Educational leaders were upskilled in use of the toolkit and small-scale pilots in clinical oncology and dental training programmes started in 18/19. Other training programmes were given a 'soft launch' as part of annual induction, stressing the benefit to trainees.

The toolkit is available to download online with an opt-in sign up for updates. Please see: <https://www.lpmde.ac.uk/var/structure-of-training/spiral-leadership>.

108 NERVE CENTRE: ELECTRONIC HANDOVER

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Aims As the NHS patient numbers are continually increasing, we are facing unprecedented challenges to improve quality, reduce harm, eliminate waste and improve efficacy. A fundamental part of this is a reliable, safe and effective electronic patient handover system. In order to improve, we rely on confident leaders that can use technologies available to them and effectively integrate these changes into current practice.

Methods We used a current electronic observation platform being used within the hospital to create a digital handover. We had a very short transition with the old free typed Word documents being removed, which ensured that we had 100% uptake of the new system. We had centralised email feedback system to address any issues by accurately recording them and

acting appropriately. The approach to measuring the effects of the improvement, were mainly in its continued use. Since quantifying the improvement is not clear cut, we have used staff feedback to highlight the measurable improvements.

Results The project has been running 6 months and has been widely praised. We have successfully undergone a junior doctor rotation in April and August still maintaining standards. We have been approached by clinical leads for other specialties to discuss how this system may be of benefit to their directorates.

We have not only achieved what we set out to, but we have used this platform to continue expanding the use of technology for the T&O team and have several new themes to the project in development.

Conclusions It takes significant effort and resources to bring a project of this magnitude to fruition. Unfortunately, even with significant planning, getting teething problems are unavoidable, but creating the appropriate platform for feedback and acting on it is invaluable. The electronic handover is constantly an evolving work in progress but as yet, we believe making significant improvements to our department and the safety of the patients within it.

109 SPECIALISED SERVICES COMMISSIONING IN WALES: A FELLOWS PERSPECTIVE

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As a Welsh Clinical Leadership Fellow working within Welsh Health Specialised Services Committee (WHSSC) I have gained a new perspective on the Welsh NHS. WHSSC is responsible for commissioning specialist services in Wales and offers a wide arena in which to develop leadership skills. My fellowship has given me an invaluable insight into the way NHS specialist services are planned, prioritised and funded across Wales.

Specialist commissioning utilises an ongoing cycle of evaluation ensuring services bring value to patient's and the system. My project was to assess the potential for developing a specialist service for Pulmonary Hypertension (PH) within Wales, currently provided by NHSE. Drawing upon commissioning theory, quality improvement models and a value based healthcare approach, the work has assessed potential interventions that could be made in the commissioning strategy of this service in Wales. I have developed a new clinical network comprising clinicians in Wales and England involving multiple site visits and establishing a Welsh clinical working group. This project stream has run concurrently with mapping work against the commissioning governance structure.

A collaborative approach has been required to lead this project. Redeveloping an existing commissioning arrangement is complex and involves engaging with multiple stakeholders. Adopting an open and honest approach with regards to the intention of this project has been paramount. Certainly, any future Welsh PH service would be established with significant support from an NHSE provider therefore maintaining an excellent relationship with these external centres has been vital.

The project has provided significant challenges with regards to data access and engaging certain stakeholder groups. At the end of this year I have identified a range of service options