

## Leadership Lessons From Across The World

### 17 HEALTH SYSTEM STRENGTHENING: DEVELOPING AN NHS LEADERSHIP FELLOWSHIP FOR DOCTORS FROM LOW AND MIDDLE-INCOME COUNTRIES (LMIC)

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A key issue in the development of global health is the lack of formal leadership training in LMIC. Newly-qualified consultants are frequently required to lead entire departments or hospitals, advocate at national level for increased access to funding, drugs and equipment, and teach large numbers of healthcare staff, with little or no formal leadership training.

In partnership, the Zambia Anaesthesia Development Program and Western Sussex NHS Trust developed a four-week leadership fellowship in the NHS for Consultants from LMIC. This fellowship combined training in the clinical environment, lectures, interactive workshops and seminars and simulation training.

Thirty-nine UK professionals volunteered training, including Chief Executives, Consultants and senior nurses. Leadership fellows were mentored by a project manager in developing a quality improvement project (QIP) for their institution.

We formally evaluated the fellowship using a focus-group interview and online survey. In the interview, the group were asked to design the fellowship for the following year enabling insight into what was gained, additional training needs and exploration of learning as a group and as individuals. An end-of-fellowship online survey used six free-text questions to explore benefits, learning needs and local implementation. Data were analysed thematically.

Five Consultants from Zambia and Malawi (Anaesthesia 3, Urology 2) participated. All reported they enjoyed the fellowship and found it useful. Most common themes identified by participants were exposure to multidisciplinary learning, outcomes associated with quality improvement training and skills for working with colleagues. At three-months, all leadership fellows reported their QIP was still active, and two had run leadership training locally training a further twenty-one healthcare providers.

Developing a fellowship in the UK was an efficient way to utilise the diverse skills and experiences available in the NHS.

## Enhancing Your Leadership And Management Skills

### 18 THE EVIDENCE-BASED CLERKING PROFORMA

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The clerking document is the essential starting point of each admission. Blank continuation sheets are not easily identifiable in the notes, can get lost, and do not contain any speciality-relevant 'prompts'. This affects the quality of the clerking, and therefore the quality of care.

We formulated a list of 'essential' clerking items. RCOG states that a working diagnosis should be presented within 24 hours of admission, a plan should be documented for all unscheduled admissions, and each woman should be seen by a consultant gynaecologist within 14 hours of admission; these were included. We formalised this into 21 'clerking criteria'.

25 emergency gynaecology admissions were randomly selected from one month. Notes were retrospectively analysed, clerking documents were assessed for each criterion. The Results showed room for improvement; consultant responsible was 0% recorded. The mean recording of the 21 criteria was 50.8%.

We then created a proforma, which was subsequently peer-reviewed, and implemented. 25 proformas were randomly selected and retrospectively analysed from one month. We held our proforma to the original set of 21 criteria.

Documentation significantly improved with use of the proforma. Documentation of 20 of 21 criteria improved. The responsible consultant documentation improved from 0% to 68%. Documentation of a working diagnosis rose from 40% to 92%. The mean overall documentation was 78%.

We became leaders because we noticed an aspect of our daily work that could be improved, and we took initiative to create a solution, and to objectively assess the improvement. Despite being FY2 doctors, we were able to make a positive change affecting both the team and the patient. The rotation of juniors is often viewed as a negative for the departments; new doctors require more supervision. However, we believe it allows transfer of ideas between departments, for the betterment of each.

## Leading Innovation and Improvement

### 19 THE RESILIENT LEADER:MAINTAINING AND RECHARGING YOUR POWERBANK

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**Background** Health care delivery and leadership essentially revolves around people, their behaviours, ways of working and values. Digitalisation, scarce resources, working across organisational and geographic boundaries has created a leadership push and pull effect for health care leaders; as they push for delivery of more with less, and pull for change and innovation to drive efficiency.

**Challenge** Many staff feel their leaders are not leading effectively. This has led to unmotivated workers, low staff morale, and stress. Loss of productivity and continued inefficiencies in delivery, alongside burnout, failed targets and loss of resilience in leaders. There is evidence that an average tenure of health service Chief Executive Officer can be less than two years.

**Solution** To use the tools in their leadership tool kit to lead effectively, (support other employees to deliver their roles, give staff a voice and involve them in decision making), and achieve their desired outcomes, leaders need to understand the need to have the space to learn about themselves and those around them and tap into their value and valubank to maintain and recharge their resilience.