Better Training Better Care (BTBC)
Inspire Improvement Project Evaluation Report

This report is designed to capture your project in your own words. Each section should be completed in full, with appendices attached where necessary.

When completing the report, please adhere to the points below:

- Ensure that you complete each field provided.
- Ensure your answers are concise. Although there is no specific word count for each section, we are looking only for the relevant information to support wider adoption of your project. This report is intended to capture the fundamentals and the key outcomes of your project and should be succinct and easy to read, using plain English.
- Any toolkits, 'how to' guides or other resources that you feel are key to support the delivery of your project should be attached as appendices.

Title

Please insert the title of your pilot and if applicable, a strapline to sum up the project in one sentence e.g. Enhanced education in handover with supporting e-solution *Improving trainee skills and patient safety.*

Inter-rotation shadowing: Avoiding Grey Wednesdays

Introduction

The introduction should summarise the background to the project intervention, what it set out to achieve and why.

1. Background

1.1 Rationale and drivers
- What was the rationale for choosing the project?
- What was the situation before the project was initiated?
- What were the local drivers / contextual factors?
- What problems were you trying to solve by implementing the project?

In March 2013 Health Education England (HEE) launched a project called Inspire Improvement, part of the BTBC work programme. BTBC consists of nine workstreams one of which is the 'role of the trainee' in which this project sits.

An invitation to apply for a sum of £100,000 was sent out to trusts, deaneries, trainee groups and other stakeholders, inviting trainees to submit applications to pilot trainee led projects in their own organisations that would improve education and training, and therefore patient care.

Last year, the Department of Health introduced a shadowing programme for new foundation doctors. This lasted for a week before they started in their role as junior doctors in acute hospitals. This project was hailed as a success by everyone involved. However, there was still an unmet need for improving the handover through the rest of the year. Speaking to foundation year 1 (FY1) doctors only served to highlight the issue, and hence, we decided to form a project to deal with this.

The Grey Wednesdays Project was established and submitted by the UHCW team, then presented by Tim Robbins at HEE HQ in London. We were successfully awarded funding and presented the project at the Inspire Improvement launch event on 7th June 2013.

2. Approach and engagement

2.1 Project development
- How was the project developed?
- What was the approach taken for delivering the training intervention(s)?
- Who was involved in its development and implementation?
- What were the aims and objectives of the project?

The project aims to develop FY1 inter-rotation shadowing and peer mentoring to improve patient safety, junior doctor competence and the clinical learning environment. Foundation Year 1 trainees should be able to get more out of their rotations, and this will help them to better fulfil their training needs.

The project will be piloted in the Coventry and Warwick Foundation School before regional/national development. The project team consists of Tim Robbins (AFP FY1, project lead), Petra Hanson (AFP F1) and Shirish Dubey (Consultant, project supervisor).

2.2 Engagement

- Who did you need to engage in the project – for example: trainees, trainers, consultants, patients, executive Board members?
- What was the level of lay and patient involvement?
- Did you get support from an academic partner to develop the evaluation and outcome measures?

Initial engagement was with the Chief Medical Officer and Director of Medical Education at University Hospitals Coventry and Warwickshire NHS Trust, spreading to engaging key leads in the Coventry and Warwickshire Foundation Programme.

For the project itself we had to engage foundation programme trainees and their supervisors. For dissemination we have worked with HEE, Health Education West Midlands (HEWM) and the United Kingdom Foundation Programme Office (UKFPO) to ensure regional and national spread of the project.

2.3 Project management and governance

- How was the project managed and implemented? i.e. what governance, project management structures and processes were put in place?

The project management was relatively simple due to the small nature of the project team. Monitoring of progress was achieved through progress reports sent to HEE.

3. Resources

3.1 Funding

- What funding did you bid for as part of your application and how much were you awarded?
- What were the overall financial resources required to deliver your project? Please include the amount of trust funding required in addition to the BTBC funding if applicable
- What was the final budget amount at the end of your project? (Please include the detailed funding schedule as an appendix.)

We bid for and were awarded £4,540 HEE funding; we did not require supplementary funding for the project. Final budgetary spend for the project was £1,082 with £1,463 allocated for ongoing dissemination work to ensure the benefits of the project were not lost (as per initial budget).

3.2 Staffing

- What were the human resources required to deliver your project?

Assistance of Foundation Programme Administrator at University Hospitals Coventry and Warwickshire NHS Trust (UHCW) Dr Ruth Cottrell.

3.3 Other key resources

- Did you require any IT equipment or other types of equipment / specialist input?
- Did you require any specialist medical devices or materials?

None, the key element in the design of this project is its simplicity.

4. Achievements and outcomes

4.1 Overall achievements and critical success factors
- What have been your greatest achievements and why?
- What have been the critical success factors for enabling these achievements?

The greatest achievement of this project has been demonstrating inter-rotation shadowing generates statistically significant improvements to patient safety, quality of care and trainee learning. Such benefits have enabled the project the project to go forward for both regional and (in progress) national adoption at incredibly low financial costs.

4.2 Delivered outcomes
What outcomes has the project delivered for the following:
- For trainees
- For trainers
- For patients
- Across the wider multidisciplinary team
- That provide value for money.

Please provide headline key findings.

For trainees
Inter-rotation shadowing ensures trainees are more confident about changing rotation, are better prepared to change rotation, learn from changing rotations and identify learning points of relevance to their training in general. It ensures trainees can deliver safe care to patients whatever day that patient arrives to hospital. Overwhelmingly trainees thought inter-rotation shadowing was an asset.

For trainers
This inter-rotation shadowing project demonstrates to trainers that trainees can take the initiative to develop patient safety themselves as the trainees in this project organise the shadowing days themselves at a time appropriate to the ward they are on. It further demonstrates as with many of the BTBC project that trainees are capable of designing and leading simple effective innovations that benefit the NHS.

For patients
At the most basic of levels this project enables patient safety. This project (coupled with earlier work on Black Wednesdays by the NHS) ensures that whenever patients present to hospital they can be treated by a doctor who is prepared for the rotation they are currently

on. It ensures safe levels of care by a team who have achieved the basics e.g. meeting one another! There are also benefits to patient flow through our hospitals.

Across the wider MDT

In our initial research we identified that nursing and MDT staff were concerned about the change of junior doctors; because to them, this represented a cadre of trainee doctors arriving within their teams often from very diverse backgrounds in terms of clinical training. Increasingly in the NHS we need to see all members of the MDT (and patients) as educators of all other members of the MDT. Such teams will not feel empowered to do this however if every 4 months what they have taught is lost. This project allows continuation from one group of trainees to the next as well as helping identify where there are good opportunities for trainees to learn from the MDT. It is important to note that doctors are not the only healthcare workers who change rotation in such a manner, pharmacists and physiotherapists have told us of the benefits they would see in adopting such a project to their training and practice and HEE's help in delivering this would be greatly appreciated.

That provide value for money

A key strength of this project is its low financial cost. Inter-rotation shadowing can be implemented within a foundation school, deanery or nationally at almost zero financial cost. The opportunity costs associated with this project are far outweighed by the benefits of the project demonstrated by statistically significant improvements to patient safety. The costs in developing this project to such a stage have been very low as well with the project well under budget and on schedule.

5. Experienced challenges

List the challenges you experienced, why you experienced them and what steps you took to overcome them, or if not, why not? It is important to capture any challenges or issues that made an impact on progress - irrelevant of how small.

The flow of this project was relatively smooth without major incident or complications. The greatest challenge was (and to some extent remains) identifying the key stakeholders needed to implement this project nationally. Health Education England has been incredibly helpful with this element. The project would have not been possible without them.

6. Lessons learnt and recommendations

6.1 Lessons learnt

- Other than the above challenges, what have you learnt through your experience of designing and implementing the project?
- Were there additional benefits realised that were not originally identified at the start of the project? E.g. knock-on impacts to other members of staff who were originally not targeted; greater collaboration across teams; and/or a financial gain which was not originally in the plan.
- If you were to undertake a similar project, what would you do differently?

1. The approachability and interest of senior NHS staff at a local, regional and national level in trainee led innovation. 2. The translatability of this project to other members of the multidisciplinary team e.g. pharmacists / physiotherapists

3. Wider range of benefits to inter-rotation shadowing e.g. organisation of rotas / annual leave.
4. To some extent the simplicity of organising a project such as this by breaking into small manageable steps and scaling from piloted individuals to foundation school and beyond.

6.2 Recommendations – project enablers

What recommendations can you provide to other NHS trusts who may want to adopt your project? Please think about the critical 'enablers' that need to be in place to ensure the success of the project.

We feel that this project has very clear benefits to trainees, patients and members of the multidisciplinary team at almost zero financial cost. Many trainees see it as a "no-brainer" and trainees who have not been part of the project say they wish they could have been. We feel that every trainee should undertake inter-rotation shadowing to ensure safe care and efficient learning and that the enablers needed are incredibly minimal.

7. Sustainability and adoptability

You should be able to use the information provided in your project closure report as a basis for completing this section.

- What plans are in place to continue the project within your trust – please include details of wider trust roll-out and/or spread to other specialties?
- How is the project being managed and by who?
- What are the governance arrangements in place?

This project has been approved for regional roll out and this is in progress currently. I believe the project has also been (or is very close to being) developed for national spread. This will no doubt require some further work but is an incredibly exciting prospect as says a lot about what trainees can achieve when it comes to innovation within the NHS.

HEE have been central in ensuring the sustainability and adoptability of the project especially Sonia Panchal and Patrick Mitchell and we hope they will able to be involved going forward.

The project team are committed to supporting regional and national adoption. Once approved and regionally / nationally adopted the project would be managed by foundation schools as per other elements of the foundation programme.

8. Feedback and testimonials

- Please use this section to capture the feedback and testimonials you have received throughout the project (where consent is given). This will be used for the final case study to support the engagement with and adoption by other trusts. You may include this as an appendix, weave the comments throughout the report or insert them in this section. Please state the title of the person concerned.

- Please aim to include a good selection of quotes from trainers, trainees, other members of the MDT, the Medical or Education Director and CEO if possible.

Project won the BMJ Agents for Change Poster Competition.

Shortlisted for an HSJ Value Award.

However the most important feedback is overwhelmingly from the project participants themselves:

"Other F1s in other deaneries were jealous they had not had anything like this. They've said it would be really helpful."

"My London F1 [friends] were very jealous of my shadowing day."

"Was amazing for building confidence and most importantly for patient safety."

"Really helped me feel more confident about starting my new job and to know the little things that no one tells you about."

"Friends in other foundation schools felt unprepared and were jealous we were able to shadow our next post which made us feel less apprehensive and nervous about starting a new job."

Appendices

If you have developed any toolkits, 'how to' guides or other resources that you would like to share, please include these as an appendices to the report.