

Better Training Better Care (BTBC)

Top tips through the lens of the pilot project

These top tips derived from the lessons that were learnt throughout the projects and will hopefully give you an insight into what has worked well and areas that can be improved.

East Kent Hospitals University NHS Foundation Trust

Establishing hot ‘emergency-based’ and cold ‘ward-based’ teams to enhance the trainee experience, improving patient care at weekends

1. Project management

- **Project leadership at the executive level**
 - The role of the project lead role should be undertaken by somebody at the Consultant and Director level as it merges clinical and educational roles and gives the project a dual focus.
- **Detailed project management processes**
 - This helps the project management team to keep the project on track
 - Prince2 methodology (or similar) can be used in the management of this project.
- **Project management commitment**
 - Time allocation and commitment for project management support cannot be underestimated as hands-on management and flexibility with this project will be a key to its delivery
 - The roles of project management and project support need to be established so that preliminary planning and delivery are resourced. This project needs to be planned like any project with built in contingency in terms of time, resource and money
 - There is a need to sustain the commitment and enthusiasm of the project management team over the period of the project.
- **Project team administrative support**
 - This is an important role for the project to reduce the administrative burden on other project team members
 - Administrative support will be helpful for creation of new rotas.
- **Project management skills**
 - It would be helpful for the project manager and the project support to be skilled and qualified in project management methodology.

- **Data gathering and analysis**
 - Gathering of data about the old system at the beginning of the project is essential so that the problems the project tries to address are highlighted
 - Collect some qualitative data – maybe brief paragraphs from interviews – which can be used to explain the problems that the project is seeking to address and which can provide individuals' experiences.

- **Project outcomes and evaluation**
 - All trainees (not just the ones participating in the project team i.e all trainees participating in the new rota) should be asked to complete an educational activity log, to be handed in at regular intervals so that the range of educational activities and the individual's experience can be mapped. This will provide evidence for achieving project outcomes.
 - Ensure that everyone has time to commit or is willing to make/give time to the project and to undertake associated tasks at the outset of the project
 - Assign roles and responsibilities to individuals at the beginning of the project
 - Try to involve at least one trainee who will be with the project implementation from start to finish e.g. at least a year
 - Work out a clear financial plan in terms of implementation and sustainability and get approval for this
 - Ensure that you involve the trainee doctors from the very beginning, ideally from the full range of training levels/grades
 - Think through carefully how to monitor and evaluate learning and educational opportunities and activities for trainees.
 - Do a full audit/evaluation of Friday handover and decide ways in which this can/should be improved.
 - Get the weekend team to record activity in order to provide qualitative data (eg numbers of bloods, discharges, patients seen etc) to support value of the weekend team.

2. Multi-professional engagement and project ambassadors

- **Effective communications and engagement strategy**
 - A communication strategy has to include repeat messages about the benefits of the project throughout the lifecycle of the project. The need to communicate effectively, broadly and repeatedly cannot be overstated in order to consistently 'get the message out'
 - This will ensure that people are informed, enthused, advised, listened to and kept on board with the project at all stages
 - Regular updates on the implementation of the new rota will avoid the resistance to change, if planned in advance.

- **Consultation and management**
 - This is required together with an effective communication strategy as it keeps people well informed. The resistance to change is always particularly difficult to overcome as people are used to working with the old rota.

- **Main stakeholders**
 - Involve the phlebotomy department in the early development of the project in terms of shaping the new medical rota and to ensure phlebotomy services at the weekends either through existing phlebotomists, or that a Health Care Assistant (HCA) model is supported by nursing colleagues.

- Active engagement of and enthusiastic engagement of all project board members, especially doctors in training and nursing staff will be key to the success
- Ensure willingness/enthusiasm of nursing staff to volunteer for weekend overtime work.
- **Engagement**
 - Presence at the acute physicians group (or equivalent) monthly meetings will help you to win support for your project and gradually avoid any resistance to change
 - Regular focus groups with trainee doctors will help allay their concerns, answer questions and build support.
- **Leadership**
 - Leadership from doctors in training and nursing staff in implementing and leading change will be key in winning the hearts and minds of the people affected by change
 - Having clinical leadership and clinical champions - one or more people at senior level - who will help to champion the project, will assist in carrying out change at this level
 - Allow doctors in training to take lead in handover meetings as and when appropriate.
- **Participation**
 - Offer the opportunity to work as part of the enhanced cold weekend team to your medical students as it will be of real educational value to them
 - As part of the project, you can support those involved, particularly those relatively new to research, to use the project as a way of training. You can support medical students, foundation doctors, core trainees and nurses in contributing to the research and evaluation elements of the project.
- **Ownership**
 - Ensure that members of the project board and wider project team take ownership of particular tasks and workstreams. The project governance processes will ensure that the work will be completed and managed.
- **Composition of the project team**
 - There is a need to include lead clinicians with authority, experience and credibility within the project team together with educational, administrative, managerial, nursing and trainee doctors
 - Make sure the project team meet regularly, is multi-professional, strong, fun and includes doctors in training in all aspects of the project.

3. Understanding Trust's internal and external factors

- **Involve a data analyst**
 - To capture early trends in the data. This is invaluable to demonstrate clear patient benefits at a relatively early stage to both the project board and the trust executive team.

- **Recruitment**
 - Assess the need for and availability of locum doctors that might be needed for the rota if there are unfilled posts
 - Hands-on approach to recruiting locums is needed – both planned in advance and last-minute
 - Utilise the enthusiasm of trainee doctor members of the project team so that they will commit to carry out additional shifts and/or will assist in the recruitment of colleagues
 - Consider Health Care Assistants (HCAs) as an alternative resource for the phlebotomy service if required and provide HCAs with competency skills training before deployment. This service can be very successful and has the potential of being extended more widely throughout other clinical areas of the trust in the absence of any weekend service development plans by the Phlebotomy and Lab Department.

- **Procurement**
 - Purchase a specialist nurse trolley and attached iPad for the senior nurses on the weekend 'cold' team so that nurses are able to access resources
 - Build in some contingency for any relatively small procurement needs that arise. Being able to respond quickly and positively to people's requests keeps motivation high.

- **Funding**
 - Look to your Local Education and Training Boards (LETBs) for support and/or make a really strong business case for your Trust using the pilot project as an example.

4. Academic involvement

- The involvement of an academic partner from the outset is key to the delivery of this project
- The project board will be able to utilise their expertise in reviewing/testing its evaluation and outcome measures.

5. Board support and endorsement

- The leadership buy-in (senior trust leadership, leadership of the medical directorate and senior nurses) will ensure that the messages get to Board level if required.