Health Education England

Better Training Better Care (BTBC)
Pilot Site Evaluation Report

This report is designed to capture your pilot 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.

Please note that more detailed data and analysis of your project will be captured by our national evaluation partner Matrix Knowledge for them to independently assess.

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

Leeds and York Partnership NHS Foundation Trust

Making Every Moment Count
Working with the Better Training Better Care programme to improve patient care

Introduction

The introduction should to summarise the background to the pilot 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 pilot was initiated?
- What were the local drivers / contextual factors?
- What problems were you trying to solve by implementing the project?

Why we decided to take part from the training perspective

2011 Psychiatry National Recruitment at core trainee (CT) level was even lower than preceding years with poor competitive ratio for applicants of 1.2:1 post.

Drop outs in CT2 & 3 occur and less than 50% proceed to higher training (ST4) as expected due to exam failures. The Trust gets consistently good feedback on training in GMC trainee survey & annual Deanery visits. Despite this, exam pass rate in our CTs remains around 40%.

A 12 week survey of trainee activity in the Trust showed with the introduction of European Working Time Directive, the trainees are spending approximately only 30% of 48 hours in placements with their clinical (also educational) supervisor. The other 70% is:

- In less supervised out of hours work, often not in contact with patients or if in contact with patients, it's of no benefit to training.
- Time off post on call.
- Unsupervised day on call.
- Important areas to be protected such as educational meetings, exam course and psychotherapy training.

Why we decided to take part from the service perspective

There was a good match with the Trust's strategic goals and what BTBC seeks to deliver;

- Improved patient outcomes
- Safe care
- Improved patient experience through better training and better systems of care.

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 pilot?

A project management approach was taken because of the volume of work identified to improve psychiatric training and patient care at a time when the Leeds based services were redesigning services.

Scope and Remit

- Aligning Leeds based doctors in training to the redesigned services from the Transformation Programme
- Improved and more immediate supervision of Leeds based trainees
- Enhanced multidisciplinary working which supports training
- Trainees undertaking training on clinical procedures and skills in simulation environments

Specific Exclusions

- Non Leeds based training posts as Trust participates in Leeds and Wakefield Core Training Scheme, York and North Yorkshire Core Training Scheme, Yorkshire and Humber Higher Training Scheme

The aims of the project were:

- to provide appropriate supervision through increased consultant contact with trainees
- to improve vicarious learning, especially in communication skills, formulation & MDT leadership skills, service provision to support training 24/7
- To make very moment count by reviewing and developing resources available for training.

To achieve these aims, the following work streams were created to deliver the LYPFT BTBC pilot:

- A – New Out of Hours (OOH) Care Pathway and Guidance-
- B - Workplace Based Assessments (WPBA) in emergency psychiatry for doctors in training (DiT)
- C –Core Trainee and Specialist Trainee Job Descriptions and Timetables
- D - Electronic Trainer/Trainee Guide
- E - Improve Communication Skills
    - Introduction and evaluation of the use of the Situation-Background-Assessment-Recommendation (SBAR) communication tool to all acute

inpatient mental health wards in the Leeds locality of the Trust.
  - Formative Assessment of Communication Skills (FACS) in CT 1s
  - Pilot of the Recognising and Assessing Medical Problems in a Psychiatric Setting (RAMPPS) multidisciplinary clinical simulation day
- F - 12 week resurvey of CT work activity post changes to the OOH care pathway
- G - Developing DiT teaching skills via undergraduate medical student teaching

A lead person was identified for each work stream. The lead was an individual who had operational responsibility and a vested interest in the work stream succeeding.

Work stream leads set their plans providing monthly updates to the project team and linked with relevant stakeholders to progress the work.

2.2 Engagement

- Who did you need to engage in the pilot – 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?

The project sponsor and the project manager as part of the preparation for the bid gained support from the Trust's Executive Team, Yorkshire and Humber Deanery (now named Health Education England Yorkshire and the Humber), Royal College of Psychiatrists.

The table below summarises the relationships established to support and deliver the project.

Internal	External
Doctors in training • Foundation trainees • Core Trainees • Higher Trainees	Yorkshire and Humber Deanery • Head of Yorkshire School of Psychiatry • Clinical Simulation Fellow
Educational Supervisors (Consultants)	Royal College of Psychiatrists
Undergraduate Co-ordinator	University of Leeds Medical School • Course Co-ordinator • Undergraduates • Academic Partner
Clinical Workforce • Crisis Assessment Service • Acute Liaison Psychiatry Service • Inpatient wards	Health Education England BTBC programme support
Executive Directors via the Transformation Board	
Leeds Researchers	

Leeds Researchers are a group of service users who review research proposals and were approached to be a 'critical friend' to the work taking place.

In response to a BTBC event in April, an academic partner was identified and they were able to support the analysis of the resurvey of the rotas.

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 individuals involved in developing the bid took on the roles of project lead and project manager.

Leads for work streams were identified form individuals who had an operational and managerial responsibility for the work stream topic along with junior doctor representatives.

The project team comprised of 10 members. Their roles and responsibilities are detailed below.

Role	**Name**	**Responsibilities**
Project Lead	Sharon Nightingale	Creator of pilot work streams and enabling work stream leads to deliver. Lead for work stream A, B, C, D, E (except SBAR)
Project Manager	Gina White	Management of project including finance communication
Project Administrator	Emma Rogers	Administrative support
Chair of Junior Doctors Committee	Jini Mulukutla CT3	Communications lead via Twitter and doc in training. Key member of work streams B,F and G
Clinical Operations Managers	Jeanette Lawson and Janet Johnson	Members of work stream A and E and essential liaison with Operational Service
Work stream E Lead	Gareth Flanders, Patient Safety Manager and George Crowther, ST5/DiT Patient Safety	–implementation of SBAR to Leeds acute inpatient wards

	Champion	
Work stream Lead - F	Elizabeth Cashman ST5	analysis of 12 week resurvey of CT work activity post changes to the OOH care pathway
Work stream G Lead	Anne Cooper Undergraduate Medical Education co-coordinator	Developing DiT teaching skills via undergraduate medical student teaching
Medical Education Manager	Vickie Lovett	Essential work stream member of A, B, G. Managing (for pilot and ongoing sustainability plan) communication via Medical Education Office to doctors in HEE Yorkshire and the Humber
Academic Partner	John Holmes, Senior Lecturer, University of Leeds	Advising on data collection and analysis the pilot

The project team met monthly. Minutes from the meeting were sent to the relevant groups within the Trust's governance structure as follows:

i. the Head of Transformation to report to Transformation Programme Board
ii. Chair of the Committee for Consultant Psychiatrists as information item
iii. Medical Professional Leadership group as information item
iv. Teaching and Training Standing Support Group as information item

The project manager ensured a monthly progress report was completed and submitted to the BTBC Regional Liaison Manager at the end of each month in line with the guidance issued

Each project team member took responsibility for communication of the project, work being completed, issues for discussion and feedback to the project team for their work stream or group they were representing.

- 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.
- What was the final budget amount at the end of your project? (Please include the detailed funding schedule as an appendix.)

Our bid for £100k was awarded in full.

The BTBC funding was used for

- Specialty doctor to release the Associate Medical Director for Doctors in training from clinical duties
- Full-time Band 4 Administrator
- Use of clinical simulation facilities

The Trust resourced the time of the staff detailed in staffing.

3.2 Staffing

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

- Medical Directorate Manager to act as project manager
- Medical Education Manager as a work stream lead
- Undergraduate medical Education Co-ordinator as a work stream lead
- Patient Safety Manager as a work stream lead
- Doctor in Training Patient Safety Champion
- Doctors in training representatives
- Clinical Team Managers from CAS and ALPS

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?

Digital cameras were purchased to record workplace based assessments to support reflection and review at supervision

Clinical simulation facilities were needed for the Recognising and Assessing Medical Problems in a Psychiatric Setting (RAMPPS)

Venue for the Formative Assessment of Communication Skills events including train the trainers

- 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?

This was a multifaceted project that delivered its objectives and has left a legacy of sustainability and transferability within the Trust and the wider NHS.

Critical success factors were:

- Passionate leadership
- Dedicated resources to support the project
- Engagement of the junior doctors to find the solutions

Aim: To improve the quality of psychiatry training and learning ensuring trainee's provide safe and effective patient care 24/7, through:

Objective 1

Appropriate supervision through increased consultant contact with trainees to improve vicarious learning, especially in communication skills, formulation & MDT leadership skills

Work stream A provided revision of OOH Care Pathway and junior doctors on call rotas, in collaboration with trainees and MDT to support service requirements and improve training opportunities. A copy of the OOH Care Pathway and Guidance is provided in Appendix A**.** 5 WTE CTs (out of 13 previously) each 24 hours were returned to their core placements where supervision is at its greatest and where most patients with mental health issues prefer their assessment and management 9am-5pm.

The new co-ordination rota role, as an unintended consequence of the pilot, develops management, leadership, coordination and delegation skills when the CT is the CT shift co-ordinator for up to 3 other CTs. The new rotas also place DiT within the MDT OOH team.

Resurvey of activity, forming work stream F has demonstrated more supervised time in patient contact in placement despite when resurveyed the CTs having an increased frequency of OOH duties due to national recruitment failing to fill 4 posts (out of 49) It is also shows more meaningful and equal distribution of training in psychiatry on the OOH rotas. The survey collection sheets and resurvey data are provided in Appendix B**.**

Work stream C comprised of all CT and Specialist Trainee (ST) job descriptions and timetables being reviewed and revised to ensure maximum consultant contact in core placement and have been approved by HEE Yorkshire and the Humber on behalf of the General Medial Council. Examples of job descriptions and timetables are included in Appendix C.

Work stream E led to the introduction of an agreed programme for CT1-3 to assess and develop communication skills with patients and the MDT, along with recognising and managing both physical and mental health presentations. The Yorkshire School Of Psychiatry Clinical Simulation Strategy (CSS) strategy was reached by piloting a clinical simulation event for the Royal College of Psychiatrists (RCPsych) called the Formative Assessment of Communication Skills (FACS) to CT1s in May 2012. A copy of the strategy is provided in Appendix D.

Feedback from CTs and trainers led to adaptation to Yorkshire FACS with a successful repilot Yorkshire School Of Psychiatry Clinical Simulation Strategy in June 2013. The Yorkshire FACS documentation, training slides and feedback are provided in Appendix E. This included specialist trainees mentoring (under educational supervisor supervision) core trainees in communication skills.

The Strategy also involved piloting the RAMMPS in November 2012 which led to a clinical simulation fellow (CSF) being secured by HEE Yorkshire and the Humber who has developed the RAMMPS and incorporated it into training regionally. The RAMMPS booklet is provided in Appendix F.

Work stream E also included introducing the SBAR communication tool in inpatient settings. SBAR is a structured method for communicating critical information requiring immediate attention and action. It improves communication, effective escalation and increases safety. Communication errors account for of the majority of medical incidents. In LYPFT, like the majority of mental health trusts, trainees on call are not on one site and telephone is often the means of communication between the CT and inpatient staff. The work stream uses a pre and post SBAR training research design. A structured questionnaire for both nurses and doctors was used 2 weeks before and after SBAR training. The data collection is ongoing. The study also involves pre and post SBAR training incident form analysis where all incidents relating to communication break down between nurses and doctors will be counted for 1 year before and after SBAR training. The final analysis will be available by August 2014 for this work stream. The continuation of the SBAR culture will be through e-learning, SBAR champions and SBAR training in all

DiT inductions. The SBAR slides and training data are provided in Appendix G.

Objective 2

Service delivery supports training by trainees out of hours (OOH) being part of a MDT to assess & manage urgent psychiatric cases

Work stream A lesson learnt and solution provided:

The importance of training leads and service leads redesigning pathways together and the need for ongoing two way communications and adjustments is essential to provide a service that explicitly supports training and this is what the BTBC pilot enabled the OOH care pathway to do. A key factor in this was the working group that consisted of doctors in training up to senior management level. Training and service working together occurred seamlessly initially in the pilot with the OOH emergency team known as Crisis Assessment Service (CAS) but then a service change half way through the pilot meant the DiT working with a new OOH service known as Acute Liaison Psychiatry Service (ALPS) replacing the CAS. This required renegotiating the role of the DiT in the new team and the new team understanding about the necessary competencies and work placed based assessments required. This unfortunately meant that only one of the CTs during the resurvey obtained a WPBA evidencing emergency psychiatry assessment and management. This highlighted the need for service to have ongoing close links with training leads as change is constant in the NHS. This is why the OOH care pathway is being managed long term by the Associate Medical Director for doctors in training (project lead) in liaison with the operational managers so the work is sustained and review takes place synchronised to doctors rotations.

Work stream B lesson learnt and solution provided:

Processes implemented to ensure increased opportunities for WPBA in emergency psychiatric cases, including self-harm assessments was not achieved through the pilot as hoped as referenced above. Work stream B was also impeded by the fact that the MDT member needs to be a band 7 or above for it to be recognised for training purposes. Most joint assessments are with band 6s. Following the successful implementation of the new OOH care pathway, all DiT from Foundation Year 1 to CT3 are now on a daytime rota with the ALPS team and are able to achieve a WPBA at least 12 weekly from a band 7 or senior medic to evidence their competencies in emergency psychiatry assessment and management.

Work stream D lesson learnt and solution provided:

The project group noticed early into the pilot that very few colleagues outside medical trainers and DiT understood the nomenclature used for medical training grades and the competencies expected of them. After a thorough search, it became clear that a guide to this was lacking nationally in mental health. This led to work stream D on a proposed electronic trainer and trainee

guide being replaced by a more urgent need for a multidisciplinary guide to expected competencies of doctors in training in psychiatry. The result being the 'Who's Who in the Medical Workforce' provided in appendix H.

Objective 3

Make every moment count by reviewing the resources available to support training successfully

Work stream A, The OOH care pathway guide is available for all staff on the Trust intranet (Appendix A)

Work stream D, 'Who's Who in the Medical Workforce' (Appendix H) is available on Trust intranet, part of all non-medical staff corporate induction and available nationally via HEE Yorkshire and the Humber and The Royal College of Psychiatrists

Work stream E on improving communication skills resources (Appendices D,E, F and G) Formative Assessment of Communication Skills (FACS) in CT1 incorporated into MRCPsych course and be delivered to all CT1 in psychiatry in HEE Yorkshire and the Humber annually from August 2013.

The Patient Safety Manager will monitor and coordinate ongoing SBAR training and continue to plan and roll out within LYPFT with the assistance of the DiT patient safety champion (PSC) and clinical champions. The role description for the DiT PSC is provided in appendix I

Work stream G evolved under the premise that if CTs can explain psychiatric symptoms to second year medical students with no mental health knowledge then they should be able to communicate the same information to their patients. It further involved building in specialist trainees or their clinical supervisor providing feedback on their teaching style in a WPBA.

Introduction of protected time in the job description for junior doctors to deliver teaching to medical undergraduate was agreed amongst all clinical supervisors. Over the academic year the protected time was 4x, 6x and 8x 2 hour sessions for CT1, 2 and 3 respectively.

Resources to aid trainees in the teaching sessions were produced and stored on LYPFT intranet.

This initiative resulted in 100% uptake by CTs 1-3 (it did not include CT3s on extended contracts one Less than full-time trainee) in the pilot year, with positive feedback from trainees and undergraduates. Appendix J is the feedback from trainees and undergraduates. There is a DVD entitled 'To teach or not to teach …' recording the work that has taken place.

Lesson learnt and solution provided:

CTs felt they would benefit from a teaching on how to teach. Teaching skills module agreed, via HEE Yorkshire and The Humber, to commence on MRCPsych course for all CT1 regionally from October 2013 following feedback on the pilot initiative on teaching undergraduates

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 with possibly a bar, line or pie chart to summarise the findings, rather than detailed analysis and tables. Matrix Knowledge will ensure that they capture the detailed data as part of their evaluation.

For trainees

Work stream A

- Fewer on calls (but no change to banding)
- Working within a team of peers
  - More opportunity for clinical discussion
  - Safety and security
- Working within an MDT
  - Communication skills
  - Learning different approaches to treatment and risk assessment
- Improvement of management skills important for higher training
  - E.g. time management, delegating, utilising skills mix of working group
- More experience in day post
  - More opportunity for senior supervision
  - Better preparation for examinations
  - Better preparation for higher training
- More opportunity for WPBAs
  - From senior medics
  - From MDT
- Changing rotas revealed other competencies in CTs e.g. ability to delegate and co-ordinate

Work stream G

- Positive feedback from undergraduate students on teaching

Rating	Number of students (Total = 89)	% of Responders (Total = 100)
1= Poor	0	0
2	0	0
3	1	1
4	35	39.3
5= Excellent	53	59.6

- "Excellent teaching which reinforced lecture information and seeing patient helped to place it in a clinical setting
- "Great afternoon. Far more useful than the dull mental health lectures"
- "Good experience to talk to a patient first hand"
- "Really clear concise teaching which was engaging, well planned and well executed. Very good explanation of the nature and management of psychiatric ailments"
- "Really friendly, really good insight into conditions"
- "Brilliantly insightful"
- "Excellent teaching. You put a lot of effort in"
- "Really liked talking to the patients and hearing their stories"
- "Very informative and relaxed seminar. I learned a lot of new information regarding depression and psychosis and clarified existing knowledge"
- "V V V good and useful"
- "Awesome. I couldn't top that"

For trainers

Work stream A

- More experience in day post
  - More opportunity for senior supervision & teaching
  - More opportunity for WPBAs

For patients

Work stream G

- Developing as a teacher of undergraduate students supports a primary role of a psychiatrist as an educator of patients, relatives and staff
- Teaching develops transferrable communication skills, listening, adapting, presentation skills, etc.

Across the wider MDT

- OOH protocol on Trust intranet for all staff explaining roles and responsibilities
- Trainee available more often in working hours
- Less disjointed care
- More flexibility to cover emergency/urgent work out of hours
- More MDT approach to care→ safer risk assessments and vetting of treatment plans
- Only one number to bleep

- Staff understanding each other's training needs and competency development led to 'Who's Who in Medical Workforce'
- Service change is constant in NHS
- National affects local e.g. CT recruitment
- Importance of regular review of any protocols to maintain patient safety
- RAMPPS provided real life training experience to optimise learning for future patient safety when incident occurs on the ward

That provide value for money

Access to resources

- Who's who in the medical workforce guide
- SBAR training materials
- Out of Hours Pathway and Guidance

- 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 number of workplace based assessments was disappointing in the resurvey results. Alternative approach agreed with ALPs team for completion during the day time with audit planned to support evaluation.

Information technology was a challenge with regard to generating videos from the formative assessment. Now identified a contact at venue locality to support future production on the day.

Information governance on realisation of additional uses for FACS videos e.g. teaching resource. Potential solution is to transfer and adapt consent form used by the communications team when working with service users.

The digital cameras recording quality are satisfactory for 1:1 review but do not project well when used in larger teaching groups. By contacting the Trust's communication team, a new contact developed with Inkwell Arts Media. Inkwell is a not for profit organisation challenging the stigma of mental health. It seeks to engage, stimulate and absorb all abilities through creative activity. Users develop life skills such as teamwork and problem solving leading to increased confidence and improved wellbeing.

- 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?

In addition to the lessons learnt incorporated in section 4, key learning has been

- Work with people who are 'doers' their energy is infectious and others become eager to join in
- Project administration is essential if tasks are to move forward, everyone underestimates how long it takes to co-ordinate diaries, book venues, prepare training and evaluation resources,
- Project management expertise within the group supports delivery rather than hinders

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.

Pick a passionate project sponsor

Appoint a project manager that knows the organisation and already has good networks

Communicate – completion of tasks, chase up of outstanding actions, celebrate achievements

Tenacity - Know what you want to achieve, be flexible about how it is achieved

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?

- Comprehensive project document library created by project administrator incorporated into the Medical Education Centre shared drive managed by the Medical Education Manager

- Operational aspects of progressing the OOH Care Pathway handed over to Clinical Team Managers, with Associate Medical Director for Doctors in training (project lead) and medical education team owning and updating OOH pathway documentation quarterly for doctors in training induction

- 'Who's Who Guide to Medical Workforce' available nationally via the Yorkshire School of Psychiatry and Royal College of Psychiatrists and remains owned and updated by project lead

- All CT and Specialist Trainee (ST) job descriptions are held with the Trust Medical Education Committee and reviewed by HEE Yorkshire and Humber at LYPFT annual quality assurance visit

- Chair of HEE Yorkshire and the Humber Clinical Simulation Training Strategy in Psychiatry Committee awarded to project lead. Formative Assessment for CT1s mandated.

- Undergraduate co-ordinator will continue to collect data on DiT teaching medical undergraduates, update the teaching document library and offer WPBA on trainees teaching skills. Identified developments will be offered as potential topics for the undergraduate's extended research and evaluation projects.

- SBAR work stream leads will provide final analysis in August 2014 via the Trust Medical Education Committee.

Feedback and testimonials

- Please use this section to capture the feedback and testimonials you have received throughout the pilot 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.

"I should like to commend the team involved in this complex and multi-faceted project. It has successfully delivered real and measurable benefits and has demonstrated how, even in challenging times, professionals from all disciplines can collaborate to improve patient care while enabling trainees to have a better learning experience." Jim Isherwood, LYPFT Medical Director

"*Patient safety continues to the guiding principle in the provision of service user care throughout Leeds and York Partnerships NHS Foundation Trust. Through the various complementing work streams within the Better Training- Better Care programme Patient Safety has been enhanced further though the various service review, alignment of services, education and teaching activities. The legacy of the Better Training –Better Care has provided safer care delivery and advanced Patient safety principles with all clinical and non-clinical participants. This in turn will enable staff to further advance Patient Safety within other aspects of their work and their future career.* Gareth Flanders, Patient Safety Manager

Work stream E - FACS

'*I just wanted to say that I thought the FACS event which you organised was really excellent! Apart from the superb planning and smooth running of the event, I thought it was really valuable and clearly revealed an eye wateringly wide variety of communication skills.' Core trainee* Training Programme Director East locality

'*So much improved on last year with the forms and feedback, I really think we should make it mandatory next year.*' College Tutor West locality

'*Any chance you could let me have a copy of the FACS feedback form? Would like to incorporate some of it into an undergrad equivalent if poss. All will of course be gratefully attributed!*' Senior Lecturer, University of Leeds

Work stream E – RAMPPS

- "*Thank you for a day of learning. I enjoyed it*"
- "*Excellent. More, more, more! Everyone should do this*"
- "*All of it was fab, including working in an MDT with Doctors, Nurses and Nursing Assistants. Hearing others' views and opinions in MDT*"

RAMPPS delegates

"*I have been most impressed by the leadership qualities of the doctors in training who took active roles in the various work streams and have demonstrated a drive for improvement that will benefit the future organisations they go onto work in.*" Gina White, Project Manager & Medical Directorate Manager

"Our project was about delivering a range of improvements to enhance training at Leeds and should, in time, greatly improve patient care. By changing patterns of working, we were able to maximise training opportunities in daytime hours and deliver better quality training packages. We have ensured that we involved colleagues across the multidisciplinary team in the development and delivery of this training because we know only too well that providing high-quality care can only be achieved with a co-ordinated team-based approach and with effective multi-professional team working." Dr Sharon Nightingale, Associate Medical Director for Doctors in Training

Speaking about his visit to the Becklin Centre to meet the BTBC team, *Sir Keith Pearson, Health Education England chairman, said:* *"I am grateful for the opportunity to have been able to visit Leeds and York Partnership NHS Foundation Trust and to witness the hard work and ongoing commitment from everyone involved in implementing such a successful project.*

"This commitment to the medical workforce of tomorrow is enormously important as we prepare them for the many challenges that they will face in their careers as doctors. So much of a doctor's time is spent communicating with patients, carers, and families and I was impressed that the project acknowledged this, and sought to improve that important contact between a patient and their doctor. The Trust's project team have worked very hard to ensure that by changing patterns of working, they are able to maximise the training opportunities available in daytime hours to deliver better quality training packages, thus providing better patient care. I look forward to seeing the development of this pilot, and potentially look forward to seeing it rolled out in appropriate trusts across the country."

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.

The following were provided as appendices to the close down report.

A Out of Hours Care Pathway Guidance
B Resurvey Results
C Sample Job Descriptions
D Yorkshire School of Psychiatry Clinical Simulation Strategy
E Yorkshire Formative Assessment of Communication Skills
F RAMMPS Booklet
G SBAR method and forms
H Who's Who in the Medical Workforce?
I Specialist Trainee Patient Safety Champion Role Description
J Undergraduate Teaching Feedback from trainees and medical students
K Health Education England Yorkshire and Humber Clinical Simulation Training Strategy in Psychiatry Committee terms of reference