are in the House of Commons and how few doctors there are. The implication is clear – if we wish for more clinically coherent policy, there is no substitute for being well represented in the highest decision-making body. This has driven the design of an FMLM taster course to encourage doctors into parliament.

Despite this barren UK landscape, in this issue of the Journal, many of the pieces in our special section focused upon leadership, show us the way. First, there is much reference to the significant evidence base linking aspects of leadership to hard patient outcomes, with Kirsten Armit drawing heavily on the recently published collaborative literature review she co-authored. Peter Spurgeon demonstrates that a truly engaged medical workforce is associated with a better quality of patient care, and Ron Kerr shows what can be achieved in a very large trust by focusing on values and behaviour, not just the urgent and the 'transactional'. Olivia Jagger makes a strong case for development starting early and positively offers solutions to some of the disincentives to junior doctors. In one of the best reviews of leadership in recent times, Karen Lynas highlights both the consequences of getting it wrong with clear pointers on how to get it right. Sir Neil Douglas and Jonathan Fielden give balanced accounts of the contribution doctors should and could make and are refreshingly forthright in expounding what the profession, as well as the system, must do. Finally, two reassuring observations from Federico Lega (Bocconi University): we share many issues with countries across Europe; and his assertion that clinical leadership is no longer optional!

The conclusion is that healthcare needs professional medical leaders at every level. From more academic rigor in policy making, to better teamworking at the front line; medicine has much to offer. Compromise will be needed; the profession must move away from the comfort of the commentator and either join, follow or support those who venture into leadership positions. The evidence in this journal suggests that we need more doctors on boards and more than the pitifully small number in chief executive posts. More doctors in parliament would be good too. To underpin all of this we need to adopt the newly available standards of medical leadership and focus on talent management and succession planning; in short we need to professionalise medical leadership and reach a state where we are every bit as proud of it as we are of the practice of clinical medicine. The evidence would suggest that patients will be the major beneficiaries. ■

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Update on the Future Hospital Programme

About this section

This part of the Future Hospital Journal is where you will find regular overview updates on progress made by the Future Hospital Programme of the Royal College of Physicians, together with its partners, in realising the vision of the Future Hospital Commission.

We very much welcome your feedback. If you have any comments, or would like to be involved in the work of the Programme, please contact futurehospital@rcplondon.ac.uk.

Introduction

Anticipation has been building over the summer as we prepared to open for applications to join the next phase of the Future Hospital development site programme. We have been delighted with the response to this and look forward to working with prospective partners to shape their applications ready for the selection interviews in November.

The national picture of exploring new models of healthcare delivery continues to evolve and the Royal College of Physicians (RCP) is engaged with key external stakeholders, including the new care models team at NHS England (vanguard sites).

Fig 1. Future Hospital in numbers.

The Future Hospital Programme (FHP) is seeking to position itself at the forefront of the learning and debate relating to such pilot projects, with an unremitting emphasis on robust evaluation of the impact on patient experience and outcomes. The primary focus of the evaluation of current development site projects relates to patient experience, staff health and wellbeing, and organisational culture. This evaluation framework will be augmented by a new web-based platform for sharing initial results, best practice and for stimulating feedback and discussion through the Future Hospital Partners Network.

In this update we focus, in particular, on the young adults and adolescents' transition project. This work will be complimented by the launch of the RCP acute care toolkit this month.

Future Hospital development sites

September marked the one-year anniversary of the launch of the first four Future Hospital development site projects. Each site has submitted a one-year report, and their achievements, challenges and learning will be covered in the next issue of the *Future Hospital Journal*.

In July, Betsi Cadwaladr University Health Board hosted an excellent development site learning event in Bangor. The day exemplified the benefits of being part of an active learning network. Each site presented a progress report and the discussion that followed centred on achievements and challenges encountered in the first 12 months. Annie Laverty, FHP expert adviser - patient experience, presented the Northumbria approach to using patient experience data to drive quality improvement. Each site is working with their local lay representatives to ensure that their projects always remain patient centred.

Patricia Peal, lay representative at the Worthing development site, offered her reflections:

> *…from a non-medical background, I was impressed that patients and patient experience had been a central feature of the day. I empathised with the reports from the Bangor site because any initiative to alleviate what can be a fraught and often lengthy journey to attend an appointment that may only last for a few minutes will only be beneficial for the patient, especially one who is older or frail. I also thought that the way both Dee Gray from BCUHB and Annie Laverty's initiatives linked patient care and staff well-being was important. I have seen the difference that happy, smiling staff [can] make to the patient…*

Recruiting phase-2 Future Hospital development sites

In September 2015 we invited applications to join the second phase of the Future Hospital development site programme. This is a focused call for quality improvement projects delivering integrated care for people across a health economy. We are now in the process of working with those sites to shape their applications ahead of shortlisting and interview. The successful 2015 development sites will receive expert advice on quality improvement methodology, evaluation and supported action learning. We look forward to announcing the successful sites in January 2016.

Young adults and adolescents

A report from the FHP, which sets out the need to re-shape healthcare to better meet the needs of young adults and adolescents, is being showcased at the RCP Transition conference on 12 October.

The report, *On the margins of medical care: why young adults and adolescents need better healthcare*, led by Dr Andrea Goddard who is supported by the Lord Leonard and Lady Estelle Wolfson Foundation, discusses important issues related to this vulnerable group; young people aged 16–25 are no longer among those considered to be the healthiest alive. In fact, over the last 50 years young people's health has shown less improvement than any other age group, and mortality among adolescents is higher than that for all other stages of childhood, with the exception of the first year of life.[1] The report focuses on the provision of healthcare services for young people with chronic disease, who 'grow out' of paediatric services, as well as young people who enter the 'adult' healthcare system without experience of paediatric services.

Only about half of young people with childhood chronic disease receive any preparation for the transfer of their care into adult services. Young adults who are unwell with an acute illness or adolescent onset of disease often 'crash land' into

adult healthcare services when admitted to a medical unit for the first time.

The failure to recognise and meet the health needs of this age group has immediate and long-term consequences for the young people themselves, as well as their families and society. Clear and accumulating evidence about brain development, combined with the impact of social transitions taking place during adolescence mean that urgent action is required to deliver care that is developmentally appropriate to the needs of young adults and adolescents.

This report sets out the need for changes in the way that services are designed, coordinated and delivered for young adult and adolescent people. The lack of trained professionals and poor coordination of services across hospital, community and primary services are systemic barriers to delivering healthcare for this population. Young people require flexibility from services, yet the way services are currently commissioned and financed does not support the development of new, creative, and developmentally appropriate models of care.

The report is a call to action for physicians, healthcare professionals, commissioners, NHS providers and national bodies; it makes a series of recommendations for shared actions to improve healthcare for 16–25 year olds. The report will be published later this year.

This month also sees the publication of the RCP's 13th acute care toolkit, focused on acute care for young adults and adolescents. The toolkit defines developmentally appropriate care for this group, considers current problems and provides practical recommendations for acute medical teams on how to improve provision of healthcare for young people.

Further information about both the report and the toolkit can be found on the RCP website: www.rcplondon.ac.uk/projects/young-adults-and-adolescents-transition-project

Chief registrar

A key recommendation in the Future Hospital Commission report was the need to establish new, senior leadership roles focused on delivering high-quality, safe care to medical patients. The RCP chief registrar programme is a healthcare management and leadership training programme for senior trainees who are emergent healthcare leaders.

The role of chief registrar develops the importance of trainee insights on handover, rotas and safe ward cover (a doctor within two years of completing their training, responsible for liaising between trainee colleagues, the chief of medicine and senior clinical managers).

A job description for the chief registrar has been developed and shared with 35 trusts that have expressed an interest in joining a pilot project to determine the skills, protected time and training needed to support the role. We will also undertake a formal evaluation of the implications of the role for trainee professional development, patient experience outcomes and organisational culture.

A leadership development programme, delivered jointly by the Faculty of Medical Leadership and Management and the RCP Education Department, is being developed to support chief registrars when the pilot commences in spring 2016.

Tell us your story

In the last issue we provided an update on our *Tell us your story* initiative – a growing collection of examples of innovative practice to improve patient care. We have been delighted at the responses we have received to this call, with broad-ranging stories from across the health sector that can help others to learn about challenges to implementing new ways of working and how to overcome these to improve care for patients often in tandem with better use of resource.

The stories published to date are currently being reviewed to capture and group common themes to enhance learning. If you have a story to tell we'd welcome you to submit this and join our Partners Network. Visit www.rcplondon.ac.uk/FH-tell-us-your-story to see the published stories and to submit your own. ■

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