

Leading a “High Performing” Diabetes Service

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ACDC meeting 2016



Teamwork

“a team effort is a lot of people doing
what I say”

Michael Winner

Not Julie Edge !



What is a high performing team?

- Hard-working?
- Working together to achieve results?
- Agreeing on what you are working on?
- Agreeing how you work towards goals?
- Good outcomes?

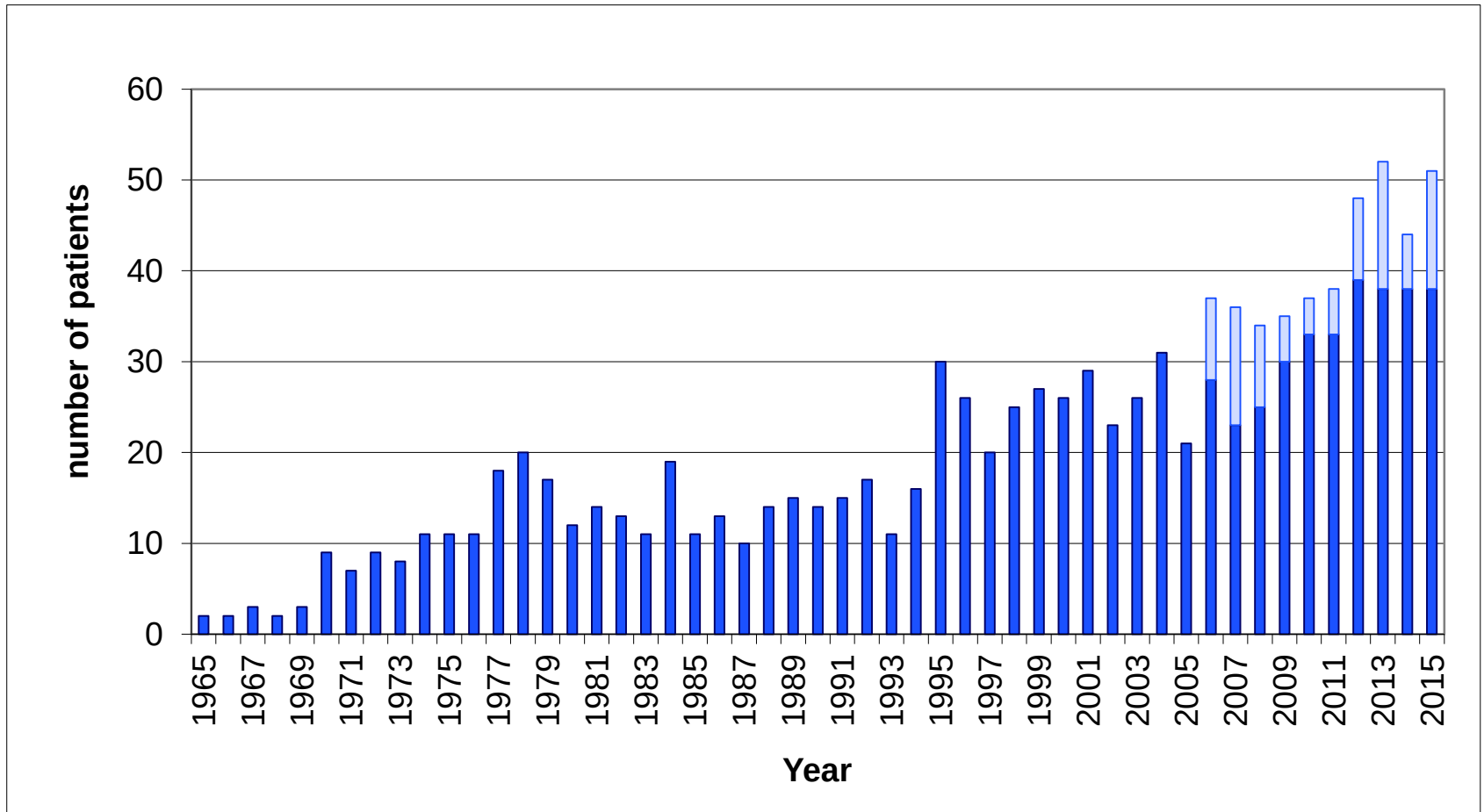


Top Qualities of a Successful Team

- **Communicate well with each other**
- **They focus on goals and results**
 - They agree on and set team goals based on outcomes and results, rather than just on the amount of work being done..
- **Everyone contributes their fair share**
- **They offer each other support**
- **Team members are diverse**
- **Good leadership**
- **They're organised**
 - Holding regular meetings can help to make sure that everyone is on the same page and deadlines are being met.
- **They have fun**
 - Teams who work particularly well together enjoy each others company and get together outside of the office from time to time to socialise and have some fun!



New Diagnoses 1965 - 2015



Challenges in Diabetes

- increasing numbers
- increasing demands – families, Trust
- regional network
- national reports, data
- peer review
- to keep up or to lead??



A team can't stand still

- needs constant development
- responsive to the obvious challenges
- needs a leader for
 - challenge
 - cohesion (glue)
 - focus
 - direction
 - 'to make the future happen'



My role in the team

- Not always to see patients with no problems
 - but prepared to be the ‘bad guy’ in an MDT clinic
- ‘Go to’ guy for problems, especially support
- Do the ‘management’ bits
 - ask for money
 - liaise with LA, CCG, Trust, etc.....
 - lead audits, peer review etc
- Listen for and borrow good ideas
- Lead team meetings
- Write annual report
- Data, data and more data.....





Team 2004



Team 2014



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Some things that have helped

- Benefits of national involvement
- Research
- Time away to think and talk
- Reports and how they help
- Leadership techniques
- Listening to the team
- Picking the team



National and International Involvement

- Youth and Family Advisory Group Diabetes UK
- Making Every Child Count
- MEYPM
-

So get involved where you can –
you will always learn something new
which can be passed on to the team

- Diabetic ketoacidosis work
–, now NICE QS
- Peer Review steering group
- ISPAD – DKA guidelines, surgery
- Research.....



Saying YES to research

- Good fun
- Can be combined with clinical paediatrics
- Need a good mentor
- Collaboration works best
- Takes a lot of time
- Leave a year to do Ethics/R&D
- Communication is everything!
- **Keeps the team up to date**



Away-Days

- Motivational
 - held outside the hospital
 - chance to really do things in depth
 - and learn – often an educational component
 - in-depth discussion of policies – ALL contribute
 - invite secretaries for free lunch
- First one – 2001
 - aims and targets of the service
 - complication screening
- Thanks to Novo(Nordisk) for many years, Aventis, Medtronic, Lilly, BD, Lifescan, Advanced Therapeutics



Making changes

- All agree what we are going to do
 - Away-days, team meetings
- All agree how we do it
 - Good ideas box
 - Frank discussion
- All agree how we explain it to families, colleagues
 - Exact form of wording
 - Write an information sheet
- All agree who is going to do which bit
 - Everyone has strengths (and weaknesses)



An example – HbA1c levels

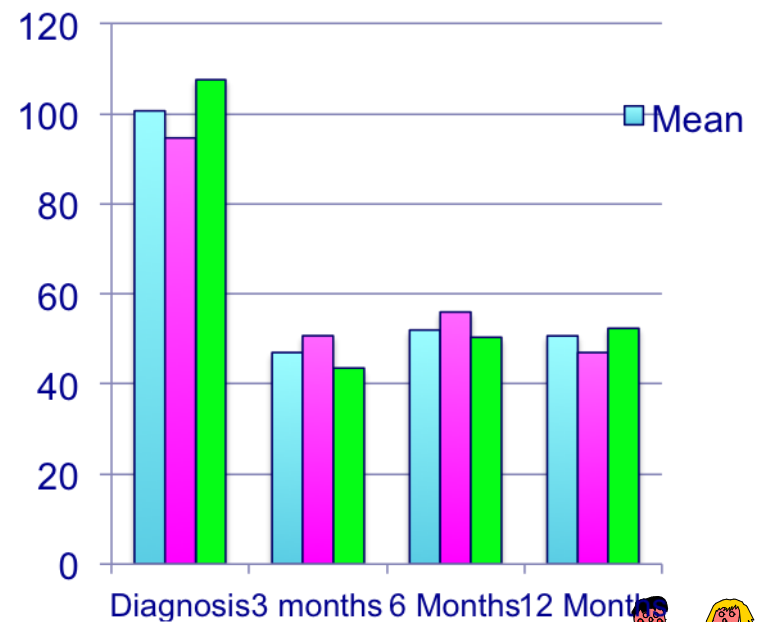
- Team targets –
 - 2001
 - “The best achievable HbA1c for each individual child”
 - “Clinic median HbA1c levels less than the national median”
 - 2006 “The best achievable HbA1c for each individual child, but.....”
 - Mean annual HbA1c levels less than 7.5% in at least 40% of our clinic population
 - Mean annual HbA1c levels less than 9% in at least 90% of our clinic population



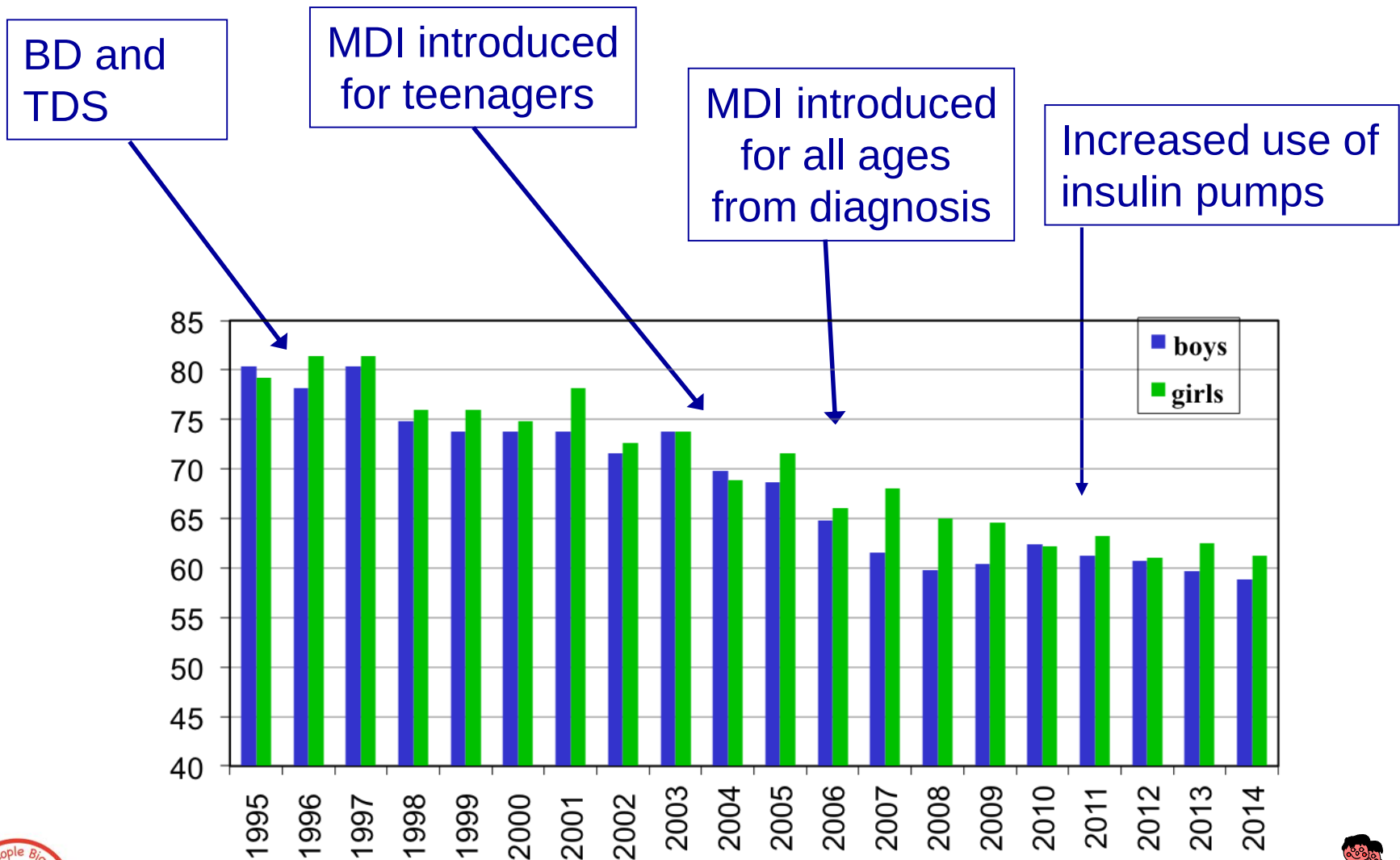
Plus

- High HbA1c policy
- More insulin pumps
- More education from diagnosis
- Carbohydrate counting from diagnosis
- Data, data and more data

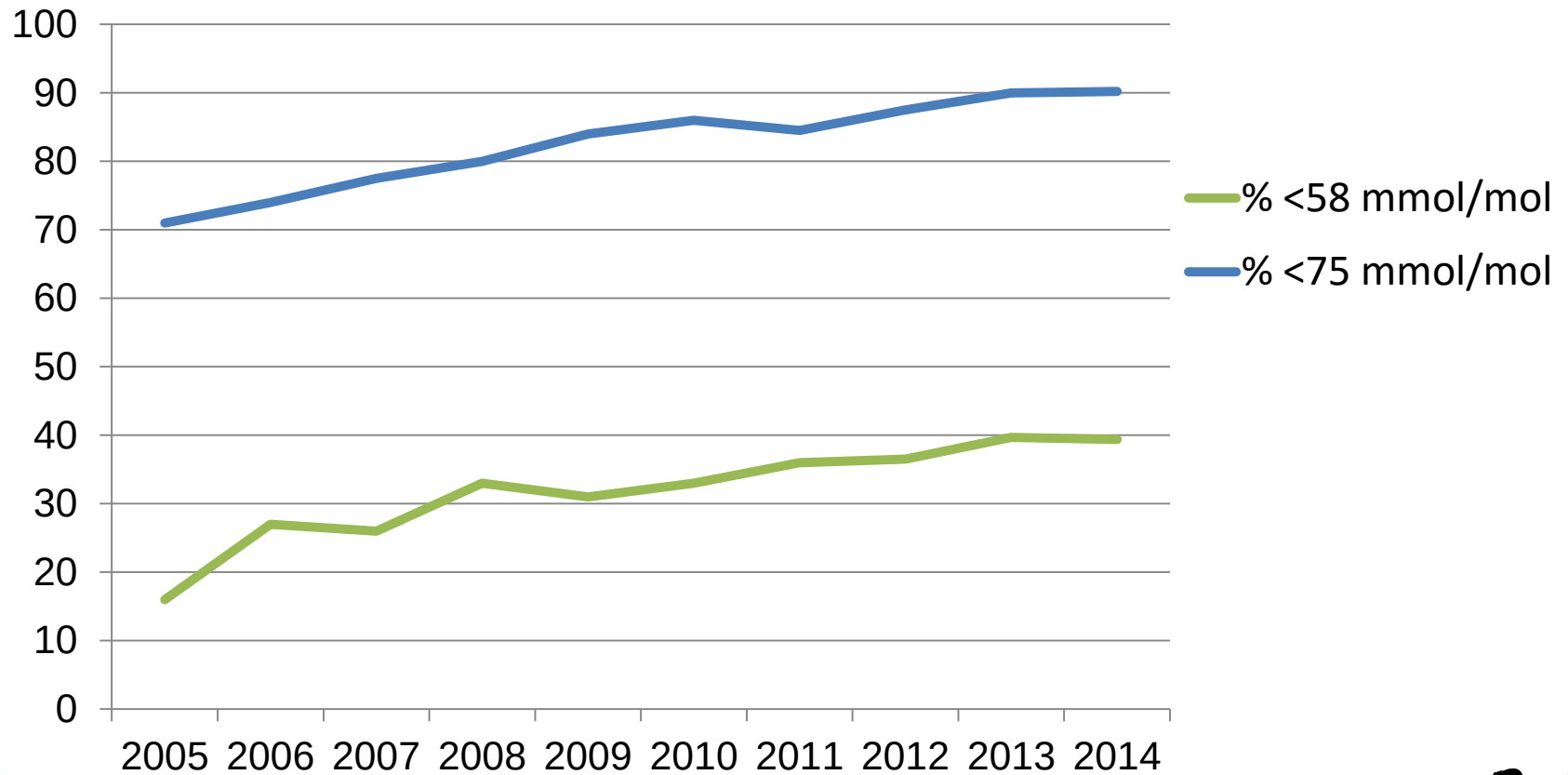
HbA1c mmol/mol	30 - 48	49 - 57	
Number	39	53	
Average BG (mmol/l)	7.23 +/- 1.1	8.73 +/- 1.1	p < 0.001
% BG in target	49 +/- 13.2	33 +/- 7.2	p < 0.001
% BG < 4 mmol/l	11	13	p=0.16



Mean clinic HbA1c levels from 1995 – 2014/15



Percentage of patients achieving targets



Annual Reports

- Contents
 - outcomes
 - contact numbers, OPD, admissions etc
 - each team contributes
- Selling the service –
 - to children's management
 - CCG
 - medical director, CE
- Reminding everyone why they are doing what they are doing



Annual Reports

Report from The
Children's
Diabetes Team
2001

Department of
John Radcliffe
Head
OXF
OX

THE OXFORDSHIRE
CHILDREN'S DIABETES TEAM

ANNUAL REPORT

2009



Department of Paediatric Diabetes
The Horton Hospital
Oxford Road
BANBURY
OX16 9AL

Depart

The Oxfordshire Children's
Diabetes Service
Annual Report 2014/15



Department of Paediatric Diabetes
The Horton Hospital
Oxford Road
BANBURY
OX16 9AL

Department of Paediatric Diabetes
& Endocrinology
The Children's Hospital
John Radcliffe Hospital
OXFORD
OX3 9DU

reminding everyone
they are doing



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Leadership techniques

Fish on the table



Holding the Monkey

- don't pick up other people's monkeys
- hold them for a short while then hand them back!
- ie bring me solutions, not problems



What do the team think?

- be prepared to do everything yourself that you ask of the team
- don't take it all too seriously, but strive for best practice
- plant developments as little seeds
 - provide evidence
 - support staff to go to meetings to see evidence for themselves
 - eventually idea strong enough to be thrashed out and debated
 - then it becomes a team idea!
- take the lead but only when necessary
- delicate balance of control freak and compromise!!
- appreciate everybody's role (especially when they are having a hard time)
- COMMUNICATION – always!
- provide positive feedback and say “well done”



The leader does not have to lead everything....

- BMJ Diabetes Team of the Year



Words of Warning

- You are in control of your patients, your destiny (and your career)
- Managers do not know what you do unless you keep telling them
- Don't let them tell you what to do
- You need to go to meetings (and so do your team) – even if you can't get study leave (most important is the discussion in the coffee room)
- You have to defend your patients (and yourself) against the new NHS.
- This is not just a job.....



Help to pick the team

and

never appoint anyone to
your team who you wouldn't
want to go punting with!





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Thanks always to my fantastic team!



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