

A little less conversation, a little more high impact action

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Aims

NHS Improvement's '*Eight high impact actions to improve the working environment for junior doctors*'¹ has provided a framework for the majority of the improvement initiatives we have implemented as chief registrars (CRs) at Portsmouth Hospitals NHS Trust. Additional projects have largely centred around improving patient safety and junior doctor (JD) morale.

Methods

A survey was conducted in August 2017 to identify issues threatening doctors' efficiency and enjoyment in their clinical roles. A monthly JD Forum was also initiated giving JDs a regular opportunity to raise issues or concerns and present their ideas for innovation. Ideas were subsequently developed and presented at executive level under the umbrella of the '*Eight high impact actions*'. Each action has been progressed separately and this is reflected by varying degrees of completion.

Results

Ninety-eight cross-specialty survey respondents included all JD grades. Suggestions for key improvements and efficiency savings to be made across the trust ranged from better information technology solutions, printed blood bottle labels, bleep-free communication and improved access to clinical guidelines, to seeing the chief executive 'on the shop floor' and a better dialogue between management and front-line staff. 62.2% stated they had difficulty accessing trust clinical guidelines and 81.6% believed a smartphone app would be beneficial.

Suggestions for further quality improvement (QI) initiatives arose directly from JD forums at later dates. Table 1 illustrates the key improvement projects that we have initiated or supported. The JD Forum, 'paired learning' and 'lessons learnt' programmes have been particularly successful with regular attendance and positive feedback. While the introduction of the clinical guidelines smartphone app has encountered multiple setbacks, an app platform has been funded, a governance system agreed, and a QI package designed to support JDs in reformatting guidelines prior to app upload.

Conclusion

During our time as CRs, we have received excellent support from senior management which has helped pave the way in initiating changes in

Table 1. A summary of high-impact actions identified and their progress

High impact action	Actions and progress
1. Tackling work pressure	Printed blood bottle labels on all wards Bedview/Handover project to improved use for ward work/handover PHT Education (phteducation.org.uk) – educational sessions, courses and meetings Hospital clinical guidelines – improved access via introduction of a smartphone app Electronic requesting of imaging – CT/MRI/echo/endoscopy Appoint other roles across medicine – admin role/PA/ACP Forward App – bleep-free communication
2. Rest breaks / safe travel home	Promote availability of on-call room and improve accessibility HALT campaign (Hungry, angry, late/lonely, tired)
3. Improved access to food and drink 24/7	24 hour Costa opening Water coolers/fountains on all wards
4. Better engagement between trainees and the board	Monthly junior doctor forum run by CRs with executive attendance Programme for executive team shadowing junior staff – half day annually for each executive team member across grades/specialities
5. Clearer communication between trainees/managers	Paired learning programme linking junior doctors and managers Managers engaging junior doctors in financial and innovation opportunities Monthly 'Chief's brief' newsletter for all junior doctors
6. Rotas that promote work-life balance	CT2 doctor successfully changed orthopaedic rota to 'firm-based' approach Introducing trust grades with 25% 'special interest'
7. Rewarding excellence	Develop 'Learning from excellence' system with CRs involved in plaudit tool. Themed responses, learning from positive outcomes Handwritten CR compliment slip to accompany printed LFE certificate Chief Registrar Awards in conjunction with eeg Committee, presented by medical director
8. Wellbeing support and mentoring	Externally facilitated bullying and harassment workshop to identify trust-wide cultural issues 'Lessons learnt' structured reflective sessions for FYs run by trained facilitators Cardiac arrest team improvements – simulation training and arrest team briefs/debriefs Registrar pastoral scheme for juniors (registrars to buddy FYs)
Additional	Actions
Patient safety	Patient Safety Steering Group PHT Patient Safety Conference / showcasing event February 9 2018 Improving delivery of IV antibiotics by junior doctors Development of electronic handover for patient transfers in a tertiary unit Reducing the number of sharps injuries in the trust Promotion of incident reporting and increased involvement of JDs #theatrechallenge (names on hats) to improve communication in operating theatre crises Colour-coded lanyards for doctors by grade for better identification of grades Name badges across more departments Grand round re-vamping with JD involvement
Other	

ACP = advanced care provider; CR = chief registrar; CT = computed tomography; IV = intravenous; MRI = magnetic resonance imaging; PA = physician associate.

Projects in green have been successfully completed, in orange are still in progress, while red reflects significant difficulties or delays in implementation.

practice and culture. Remaining 50% in clinical practice has enabled us to understand the complexity of difficulties encountered by both JDs and senior management. One of the most valuable aspects of our role has been to give JDs a voice by providing a two-way clinical-managerial communication channel. We have taken on a large number of projects, some of which are difficult to measure or gauge success. Despite our efforts, other projects remain in their infancy or will take time to come to fruition, highlighting the difficulties we have encountered. ■

Conflict of interest statement

None.

Reference

- 1 NHS Improvement. *Eight high impact actions to improve the working environment for junior doctors*. NHS, 2017.

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