Supporting Junior Doctors to Lead Change
An evening with the Dragons
4 February 2015
The Thistle Hotel, Manchester
‘Simply doing more of what we have always done is no longer an option. We need to do things differently. Innovation is the way - the only way we can meet [current] challenges. Innovation must become core business for the NHS.’

David Nicholson, Dec 2011

Innovation Health and Wealth - Accelerating adoption and diffusion in the NHS

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**Dragons’ Den: Supporting Junior Doctors to Lead Change**

Healthcare is an ever advancing field. In a time where greater responsibility for healthcare spending is placed on clinicians it is important that doctors have the desire and skills to lead those changes.

A UK Survey of 1500 junior doctors showed that nine out of ten respondents had ideas for ways to improve services. However only one in ten had had their ideas implemented with 44% saying they had tried and failed to get an idea implemented or didn’t know how to go about it.¹ As front line staff in the NHS we believe junior doctors are a valuable resource for the development and improvement of our services and clinical practice.

The Dragons’ Den initiative offers trainees from the North West the opportunity to showcase their innovative service improvement ideas and win funding and support for their concept. They are invited to present their projects to a panel of Dragons who are influential leaders in medical care, doctors’ training and management in the North West region.

Trainees submitted a business proposal in one of three categories: Education and Training, Improving junior doctor’s working lives or Innovation in safe service provision, gaining valuable experience of writing a business case. They also submitted approval of the project from an educational supervisor and the financial director at their Trust, developing relationships to aid implementation of their idea.

The standard of entries was extremely high this year. Five applicants were shortlisted to present their ideas and a further three will be receiving commendations for their work.

¹ Perceptions of junior doctors in the NHS about their training: results of a regional questionnaire. BMJ Qual Saf doi:10.1136/bmjqs-2011-000611
Evening programme

6pm Refreshments and networking
6.30pm Junior Doctor Advisory Team: Introductions
6.40pm Pitching to the Dragons
  - Project 1: breAK1ng
  - Project 2: WWL Surgical Guidelines App
  - Project 3: wardWatch
7.40pm 10 minute interval
7.50pm Pitching to the Dragons
  - Project 4: Signpost
  - Project 5: NASSA
8.30pm Dinner and Deliberations
9pm Awards
9.30pm Close

Meet the Dragons

Professor Jacky Hayden CBE

Professor Jacky Hayden is Dean of Postgraduate Medical Studies Health Education North West; she is currently leading the alignment of deanery functions across Health Education North West.

Her clinical background is in General Practice and she was the first General Practitioner in England to be appointed to the position of postgraduate dean. She was awarded the CBE in 2013 for her services to medical education.

Jacky’s particular area of interest is in the quality management of medical training and she has led the development of medical education metrics nationally. She was Chair of the Committee of English Deans from 2008-12, was an inaugural member of Medical Education England and vice-chair of COPMED, the Conference of Postgraduate Medical Deans.

In addition she has been a partner and lead visitor for PMETB, and is currently an associate for the GMC and lead visitor for Quality Assurance.

She has also taken an active role in the Royal College of General Practitioners, serving for twenty-seven years on the Council and contributing to the development of standards for general practice. Her work was recognised in 2013 when she was presented with the RCGP Foundation Council Award.

She is a member of the Council of the Academy of Medical Educators and is the Deputy Chair of the North Region of the Faculty of Medical Leadership and Management. She was awarded an honorary doctorate of science (medicine) of St George’s Hospital Medical School University of London in 2013 and was one of the HSJ’s top fifty inspirational women in health.
**Dr Jackie Bene**

Jackie qualified in Sheffield in 1988 and trained in Elderly Medicine in the North West before becoming appointed as a Consultant Physician in Bolton in 1998. She undertook a succession of senior management and leadership roles thereafter before being appointed as Medical Director in 2008 and very recently Chief Executive of Bolton NHSFT which is an integrated healthcare organisation in Greater Manchester.

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**Professor Aidan Halligan**

Professor Halligan is currently Director of Well North, a Public Health England initiative to improve the health of the underprivileged across the North of England. He is Principal of the NHS Staff College for leadership development and Chairman of Pathway, a charity that has developed health services for the homeless within the NHS. He became a professor in fetal and maternal medicine in Leicester before taking on a national role as the first NHS Director of Clinical Governance. He went on to become Deputy Chief Medical Office for England, with responsibility for issues of clinical governance, patient safety and quality of care across the NHS in England.

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**Melany Pickup**

Melany Pickup was appointed as chief executive of the Trust in February 2011. Mel qualified as a Registered General Nurse in 1990. After a number of clinical roles, she worked in management before moving back into a professional nursing leadership role. In 1998, Mel became the deputy director of nursing at Doncaster and Bassetlaw Hospitals NHS Trust and was appointed director of nursing and quality at Rotherham General Hospitals NHS Trust in 2001. Mel then moved to Wrightington, Wigan and Leigh NHS Trust in 2003 to take up the post of director of nursing and governance, a role in which she later became director of operations and deputy chief executive. Mel was chief executive of The Walton Centre NHS Foundation Trust from January 2007 prior to her appointment with Warrington and Halton Hospitals.

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**John Wood**

Jonathan is the Deputy Chief Executive/Director of Finance at East Lancashire Hospitals NHS Trust. He brings with him the skills and experience vital in managing the Trust’s commitment to ensuring sustainability and quality improvement.

He has worked in a number of NHS organisations including NHS North West and Salford Royal Hospitals. He joined the NHS in 1992 on the North Western Regional Finance Training Scheme and qualified as an accountant in 1996.

Jonathan Chair’s the North West’s Informatics Staff Development Network the he is a Board member of Health Education (North West). He is committed to improving clinical care through better, more intuitive, information management.
The team consists of two junior doctors: Nicola Kersey and Nadia Paes, who are undertaking management and leadership fellowships at Health Education North West (HENW). Both have a strong interest in service improvement, medical education and medical leadership.

As junior doctors themselves they have unique insight into the need to balance service provision with training and personal needs. Through their roles they promote effective collaboration between front line clinical staff, Trusts and the local Education and Training Board (LETB).

The Junior Doctor Advisory Team provides independent guidance to both trainees and trusts across the North West regarding work patterns, the junior doctors’ contract and achieving European Working Time Directive (EWTD) compliance.

**Nicola Kersey**

Nikki recently completed Foundation Training at Stockport NHS Foundation Trust. During her training she developed quality improvement skills through active involvement in several service improvement projects; she led the design and implementation of a novel peer-assisted learning scheme, and gained a Post Graduate Certificate in Medical Leadership. As a Foundation Training representative, she represented her peers at a regional forum, and was part of the Junior Doctors’ Mess Committee. She has a keen interest in medical leadership and is particularly passionate about service improvement and improving junior doctor engagement in leadership.

During her fellowship with the Junior Doctor Advisory Team, Nikki aims to continue to improve the working lives of junior doctors by working with both trusts and trainees, as well as improving leadership engagement of trainees across the North West.

**Nadia Paes**

Nadia recently completed a Medical Education Academic Foundation Programme. During her training she became heavily involved with the Junior Doctors Change Agents programme and Junior Doctors’ Forum.

As clinical representative on the Medicines Safety Committee she led innovative changes to prescribing in the acute setting. She is passionate about delivering outstanding care to patients while maintaining a strong environment for the education and training of doctors.

As such, she was attracted to the role on the Junior Doctors Advisory Team; implementing effective and sustainable changes to our healthcare system through close collaboration with front line junior doctors, Trust management teams and the LETB.
The Problem

Hospital wards work on different schedules, for example the variation between meal and quiet times, ward rounds and visiting hours. These factors can limit the time students have to access learning through patient interaction. Finding a patient to take a history from and examine can be a time consuming process, meaning more time is spent trying to find a patient, rather than learning from them. When a large number of students are present on a single ward at once it leads to frustration for students and hospital staff alike, but even more so – patients.

Learning is built into the culture of healthcare, so much so that it is a formal requirement to be a qualified medical professional. Informal teaching and learning happens on a regular basis between all levels and often mixing between professions. Currently this isn’t quantified, but it also isn’t communicated meaning there is a missed opportunity to engage in teaching or learning.

Communication within a busy hospital varies often using verbal or written messages. This becomes slow or ineffective across wards, departments or sites, often relying on an already saturated email system.

The Solution

A cloud based, multi platform software suite named wardWatch.

wardWatch combines static information about hospital wards with real-time updates from users about ward status. In this way, wardWatch sign posts wards most suitable for students to attend for teaching and learning.

The ability to create or attend teaching sessions on the fly allows for learning to fit your schedule. This captures learning which is frequently a missed opportunity.

Notification of real time learning presents a way of accessing teaching which can be specific to location or need. It also opens a method of providing instant communication directly to users.

wardWatch provides current clinical education, for better doctors of tomorrow.

The Presentations

The following projects were shortlisted for oral presentation to the Dragons.

wardWatch by Dr Matt Pendleton

Matt Pendleton
FY1
Vascular Surgery
The Royal Oldham Hospital
Pennine Acute NHS Trust
An evening with the Dragons

Noble's Antibiotic Stewardship Smartphone Application

**Background**
- Antibiotic stewardship is a national and international public health initiative
- In-hospital audit found that performance is below international standards for antimicrobial prescribing

**Key Objectives**
- Improve antibiotic prescribing via antimicrobial stewardship
- Encourage awareness of antibiotic stewardship amongst doctors and other healthcare staff.
- Streamline the prescribing process of antibiotic medication through technology

**Costs**
- Development of smartphone application: £3,000
- Hardware (wireless printers) cost: £800

**Risks**
- Operational risks: potential for concern regarding the use of smartphones for the patient’s care. There is no input of patient identifiable information on this application.
- Technical risks: training needs to be carried out on the use of the app to encourage its use in the context of the user’s own knowledge and the patient’s context.

**Main Milestones**
- App development: 1/3/15 → 1/4/15
- Training: 2/4/15
- Re-audit of antibiotic stewardship: 8/5/15

WWL Multi-Speciality Surgical Guidelines App

- Cross-covering and shift working rotas are becoming the norm
- A wide breadth of knowledge and expertise in all the specialties cross-covered is required to provide standardised high quality of care
- Evidence based trust guidelines for all major surgical specialities at the touch of a button

The popularity of smartphones is increasing among medical professionals

An innovative app to improve:
- patient safety
- quality of care
- efficiency of use of NHS resources
**Breakin' AKI**

**Dr. A Falzon, Mr. R Mistry**

**Prevalence of AKI**

- **15%** of hospital admissions

**Impact of AKI on Length of Stay and Mortality**

<table>
<thead>
<tr>
<th></th>
<th>No AKI</th>
<th>AKI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Stay</td>
<td>Mean (SD)</td>
<td>5.14</td>
</tr>
<tr>
<td>In-Hospital Mortality</td>
<td>% Mortality</td>
<td>1.99%</td>
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</tbody>
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**Project Breaking AKI**

**Breakin' AKI**

**ISSUE AT HAND**

- 40,000 Deaths per year
- £300 Million Loss
- Negative Media Attention

**CAUSE**

- Acute Kidney Injury

**SOLUTION**

- Project Breaking AKI: Three Tier Approach

**Outcomes**

- Increase awareness of referral options amongst GPs
- Increase uptake of underused services
- Reduce inappropriate referrals

**Spending**

- £12,000: external software development (taps ongoing to minimize cost further with IT support)
- £300: promotion
- £0: Dragon support for cross-departmental cooperation

**ADMISSION SCREENING PRO FORMA**

**IDENTIFIER STICKERS FOR AKI OR AT RISK PATIENTS**

**UR-INVOLVED CAMPAIGN**

**URINE COLOR CHART**

**PATIENT EDUCATIONAL LEAFLET**

**Project Breaking AKI: Three Tier Approach**

1. Early Recognition
2. Appropriate Ward Management
3. Patient Education and Involvement

**ID:** Confidence interval


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**Signpost by Dr Tom Micklewright**

**Signpost**

- Updated, electronic directory of local outpatient, ambulatory and 3rd sector services.

**Outcomes:**

- Increase awareness of referral options amongst GPs
- Increase uptake of underused services
- Reduce inappropriate referrals

**Spending:**

- £12,000: external software development (taps ongoing to minimize cost further with IT support)
- £300: promotion
- £0: Dragon support for cross-departmental cooperation
Highly Commended Projects

The following projects were shortlisted for e-posters at the Dragons’ Den Event and were highly commended.

**Partnering with Educational Institutions** by Emma Jane Gosnell

**Problem**
- Ward rounds & handover...
- Unregulated
- Unstructured
- Cannot be audited
- No traceable allocation of responsibility or tasks
- Lost paper sheets can jeopardize patient confidentiality, increasing medico-legal cases

**Solution**
- Using portable tablets & Apps...
  - Clear, user-friendly interface to improve working efficiency (save time, save money)
  - Improve communication & information sharing amongst the MDT
  - Better security of information and reduce paper records
  - Target for paperless NHS by 2018
- Ultimately, improve patient care

Commercial software houses have developed solutions but they are expensive & don’t fit local requirements.

To achieve a cost effective solution in a direct and controlled manner the trust liaised with local University computer science departments to develop our own App; designing, testing and implementing.

Developing a mutually beneficial relationship:
- Working with the local community to improve their NHS

**AN EDUCATIONAL ANDROID/IPHONE APP WITH A TWIST!**

- An educational Android/iPhone app
  - Painless learning fit for fun and afternoons
  - A game based learning made entertaining with family
  - No more boring textbooks or ISA questions
  - No overly scary science!
  - A game & quiz that takes you on a competitive journey
  - A range of difficulties to appeal to students of all ages
  - The app covers a diverse array of elements and terminologies including anatomy, physiology, psychology, pharmacology and many more aspects of the curriculum.

If development & accumulative journey has the potential to beat across all medical/science disciplines

**BITEZ O & G** by Dr Alex McCarthy
Smart Stocks by Rosie Tomlins and Roderick Kong

THE CONCEPT
Investigations and management of stock shortages in hospital wards and departments is one of the key responsibilities of junior doctors.

Large quantities of stock such as surgical gloves and undergarments engage ordering equipment to order in wards.

Emergency depleted stocks are linked to delay of these valuable investigations and can compromise patient care.

Current ordering systems are time consuming and lack of accurate equipment can be rated by ward staff.

Smart stocks is a concept designed to ensure adequate stocks persist through efficient management and ordering.

THE SYSTEM
A bespoke system that communicates level of consumables equipment through graphs prone to a centralised monitoring programme.

Stock levels are designed to promote a management system which can calculate the number of items in each ward.

The system is programmed to provide the ordering of the ward stock.

The hospital department is therefore able to actively oversee the levels of stock within the hospital.

Stock is highly visible ensuring a safe group of health equipment is available on each ward.

Therefore this helps to engage patients or protect safety and save due to lack of consumables.

The system also allows for the ordering of quantities for each ward to ensure cost savings and budgeting for hospital purchases.
The Junior Doctor Advisory Team is here to help you! Please visit our website or send us an email to get in touch:

**Email:** nwd.jdat@nw.hee.nhs.uk
nw.hee.nhs.uk/our-work/jdat