Developing effective leaders

42 IMPLEMENTING A CHANGE IN PRACTICE IN A DIFFERENT SPECIALTY VIA THE CHIEF REGISTRAR (CR) ROLE

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Junior doctor feedback from the General Medical Council (GMC) survey and quality panels has consistently highlighted poor handover in Acute Medical Unit (AMU) as a concern. Neglected handover practice has been identified as a key component of poor outcomes in root cause analyses within the unit. There was no formal handover of patients between the incoming and outgoing medical teams. Resolution of this problem was tasked to the chief registrar (CR). As an obstetrics and gynaecology registrar in the CR role there were potential benefits and barriers to taking on a project in a different specialty.

The information gathering occurred over six months (surveys, focus groups, incident reporting). The implementation coincided with the COVID-19 surge. All staff were notified of the finalised plans the week before handover was implemented and key staff were individually approached to be champions. Feedback was encouraged and actively sought to highlight teething problems.

The results show a clear improvement in handover practice, junior doctor support and multi-professional team working. There had been resistance from some senior clinicians to attend an evening handover in the planning stages, however, implementing change at the height of the pandemic meant that staff had to adapt rapidly to new ways of working and as a result this change was widely accepted and implemented. The next stage is to incorporate more teaching into handover practice by including 'teaching bites.'

Upon starting the CR job this was presented as an unsolvable project. However, by a thorough analysis and formation of a plan for change with buy-in from the entire team we were able to affect a successful change. This demonstrates the value of seconding middle grade doctors to management roles as they can provide a crucial link between medical and management staff and coordinate vital change to improve patient safety.

Enhancing your leadership and management skills

43 IMPLEMENTING A MORNING GYNAECOLOGY HANDOVER IN A DISTRICT GENERAL HOSPITAL (DGH) IN THE ROLE OF CHIEF REGISTRAR (CR)

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The gynaecology unit is staffed out of hours (OOH) by the same middle grade and Senior House Officer (SHO) as the

obstetric unit. Traditionally they have attended the obstetric handover leaving the gynaecology unit without a formal medical handover to the incoming team. Implementation of an integrated Multi-professional (MDT) gynaecology handover was essential to the safety of the unit.

In order to understand the current barriers to safe handover a survey was distributed, focus groups and one to one interviews were carried out. Management and Governance committees were approached for senior and management buy in.

Through this process it was decided that the on call SHO and Registrar would attend the two specialty handovers independently. The SHO would attend a gynaecology handover at 8am with the incoming day gynaecology SHO and Registrar. The team would then attend the 'board-round' where each patient is discussed from an MDT perspective.

The benefits of having a CR was evident in agreeing the changes at all levels and then in overseeing and helping the implementation.

The results of a repeat survey 3 months after implementation showed significant improvement in all areas assessed. Other measures, such as doctors and nurse's satisfaction via focus groups, revealed very positive responses. Assessment of the complaints coming through gynaecology governance and the rates of completion of assessments such as VTE reflected the benefits of this change in practice. A further outcome measure (the original driver for change) will be the repeat GMC survey which is not yet available.

Attendance of doctors at the board-round has led to better communication with nursing staff and better collaborative working. Consultant presence at the board-round has anecdotally led to earlier reviews, interventions and discharges. For junior doctors a positive team spirit has been observed with improved senior support and the opportunity for teaching.

Enhancing your leadership and management skills during covid-19 pandemic

44 DEVELOPMENT OF A COVID 19 LEADERSHIP PLAN IN MENTAL HEALTH REHABILITATION SETTING

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The work was done across inpatient Rehabilitation Service in Cwm Taf Morgannwg University Health Board (CTMUHB), South Wales covering the areas of Bridgend, Rhondda Taf Ely, and Merthyr Cynon valleys. The team involved consisted of senior members of the Multidisciplinary Team across three inpatient rehabilitation units. The target audience were the wider junior members of the Rehabilitation service.

Issues

- Quickly and effectively respond to a rapidly evolving scenario.
- Provide leadership and direction in unknown and unprecedented scenario.
- 'Lockdown' a service providing mental health care for a complex group of patients.