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CULTIVATING POTENTIAL: SHOULD THE NHS ENCOURAGE ENTREPRENEURSHIP FROM WITHIN ITS OWN RANKS?

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Frontline staff are uniquely placed to lead in identifying gaps in the healthcare system and develop solutions. Unfortunately many entrepreneurial clinicians must choose between their training and systems improvement. Our study investigates the perceptions and impact of the NHS encouraging entrepreneurship from within its own ranks.

A systematic literature review assessed the cause and extent of the challenge. A quantitative questionnaire evaluated the views of 161 frontline HCPs including students. Seven key themes were investigated including potential benefits of entrepreneurship, awareness of programmes, and support for entrepreneurship in medical training and education.

Respondents agreed on the potential for entrepreneurship to bring about 'reduction of healthcare costs' and 'improved efficiency of healthcare delivery' across all demographics. Increased distrust of HCPs was highlighted as a drawback, as was fear of 'financial risk' and 'potential brain drain'. Lack of formal infrastructure was described as leading to an increased complexity of career development pathway, and an increased risk of burnout. 52% of respondents were not aware of any of the listed entrepreneurial programmes, supporting our preliminary literature findings of low awareness. When considering who should support HCP entrepreneurs, the majority of doctors indicated a preference for it to come from the NHS alone (79%). Many students recognised the importance of entrepreneurship, yet had limited exposure and agreed that further support and education should be provided in medical schools to develop their skills for their future work as doctors.

Implementation presents a challenge because collaboration is notoriously difficult in a fragmented system. Further research is required to build on our investigations but overall we found that the NHS could unlock many benefits if it were to encourage entrepreneurship from within its own ranks and propose recommendations for its future enablement.

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HUDDLE UP: IMPROVING TEAMWORK AND LEADERSHIP IN THE MEDICAL EMERGENCY TEAM

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Aims The delivery of high-quality cardiopulmonary resuscitation is associated with improved patient outcome. UK Resuscitation Council guidelines advise that effective leadership and early identification of roles are associated with improved 'hands on' time and time to defibrillation. This single-centre study evaluates the introduction of a daily 'safety huddle' on junior doctors' experiences of working in the Medical Emergency Team. Specifically, looking at the role of 'non-technical skills' such as communication, teamwork and leadership, and their influence on the organisation of the team.

Methods Junior doctors (FY1-ST7) working in the Medical Emergency Team in a central London hospital were surveyed.

Responses were collected pre- and post-intervention. The intervention was a structured twice-daily briefing, including: team member introductions, role allocation, review of guidelines, 'question of the day' and feedback from recent emergencies.

Results Pre-intervention (n=45) and post-intervention (n=40) responses were analysed. Prior to the introduction of safety huddles, 69% of doctors reported never starting the day with introductions and role allocations, compared to 4% post-intervention. 80% reported starting a clinical day without being aware of whom their team members were on >3 occasions. This decreased to 20% post-intervention. Pre-intervention, 67% of doctors surveyed felt unfamiliarity within the team had affected performance; this decreased to 33% post-intervention. Safety huddles were found to have improved both communication (using Likert scale: 1 = Strongly Disagree; 10 = Strongly Agree. Mean response = 8.9) and leadership (mean = 8.7) within the team.

Conclusions The introduction of 'safety huddles' results in a measured improvement in junior doctors' experiences of teamwork, communication and leadership within the Medical Emergency Team. This has the potential to improve both the safety and quality of emergency care to acutely unwell patients.

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IMPROVING COMPLIANCE OF WOUND PHOTOGRAPHY IN OPEN FRACTURE PATIENTS

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Background Fractures associated with skin wounds are termed open fractures. The British Orthopaedic Association Standards for Trauma guidelines on open fractures recommends photographing the patient's wound prior to application of a temporary dressing. Access to these images prevents the need for clinicians to uncover and re-examine wounds which reduces the risk of infection.

Problem A retrospective audit revealed only 10% of open fracture patients' records contained a wound photograph at our hospital. This was attributed to technical difficulties with existing hospital camera software applications and patient confidentiality issues preventing use of personal mobile devices.

Aims We aimed to develop a new process to improve compliance to wound photography in open fracture patients.

Methods and results During the COVID-19 pandemic, Microsoft Teams became available for PC and mobile devices in our trust. A channel was set up in this software enabling secure sharing of photographs across devices. Photographs could be captured using a mobile phone without the image being saved on the device and then accessed through the PC software application. Images could then be transferred to patients' electronic records and stored. A photography consent form was developed and stored using the same method. Details of this intervention were circulated via departmental and induction meetings. Our work demonstrates leadership qualities through setting a new direction to securely photograph and store images to improve patient care. Our management skills are