

<b>Case Example Title</b>	<b>Empowering, Supporting and Valuing Junior Doctors</b>
<b>Trust (&amp; Site) name</b>	<b>Tameside Hospital NHS Foundation Trust</b>
<b>Background and initial problem</b>	<p>Following a Review in 2013 the trust was placed into special measures and under enhanced educational monitoring following concerns over unsafe patient safety and training environments. A subsequent overhaul of the board led to changes to address these concerns, which lead to improvements despite the constraints of limited resources in a deprived environment.</p> <p>Relevance to Junior Doctors' Morale comes from the <u>NHS Constitution's</u> 3<sup>rd</sup> Principle: <i>'Respect, dignity, compassion and care should be at the core of how patients and staff are treated - not only because that is the right thing to do - but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported'</i>.</p> <p>Health Education England's 2016 listening exercise on improving working conditions for Junior Doctors (<a href="https://www.hee.nhs.uk/sites/default/files/documents/Appendix%20A%20-%20HEE%20Junior%20Doctor%20Morale%20Listening%20Exercise.pdf">https://www.hee.nhs.uk/sites/default/files/documents/Appendix%20A%20-%20HEE%20Junior%20Doctor%20Morale%20Listening%20Exercise.pdf</a>) <u>identified opportunities</u> that fall broadly into three themes:</p> <ol style="list-style-type: none"> <li>1. <i>Being supported</i>: for training, service provision and individual career aspirations</li> <li>2. <i>Feeling valued</i>: by clinical and non-clinical staff</li> <li>3. <i>Having autonomy</i>: through greater involvement in decisions relating to their working and personal lives.</li> </ol> <p>Health Education England collected this case example and we believe it addresses themes 1, 2 &amp; 3 above.</p>
<b>Specific aims and objectives</b>	<p>What are you going to measure?</p> <ul style="list-style-type: none"> <li>• CQC rating</li> <li>• GMC Survey questions</li> <li>• Number of trainees attending Junior Doctors' and Yellow Forums</li> <li>• Hard/Soft intelligence</li> </ul>
<b>Process</b>	<p>What did you do? How did you do it? How were junior doctors involved?</p> <p><b><u>Engaging the Junior Doctors</u></b></p> <ul style="list-style-type: none"> <li>• <b>Establish a meaningful Junior Doctors' Forum</b>: the existing forum</li> </ul>

was poorly attended; the following changes were made to improve attendance after asking trainees' input:

- location moved to doctors' mess next to canteen to give a sense of 'ownership' to junior doctors
- Held at lunch time to facilitate attendance as a 'working lunch'
- List of attendees dictated by trainee input, which includes key decision makers to fast-track changes (medical director, head of HR, college tutors, patient safety officer, Business Managers of Medicine and Surgery).
- **Establish a separate forum for Higher Level Trainees:** As higher level trainees were not attending the Junior Doctors' Forum, it was subsequently discovered that they have unique problems and often tend to work in greater isolation from each other; to overcome this, a bi-monthly 'Yellow Forum' (they wear yellow lanyards) was setup with the Medical Director and the Director of Medical Education (DME).
- **Designated Patient safety Lead for junior doctors** following concerns raised about inadequate feedback on submitted incident forms; all trainee-submitted incident forms are read by the Lead and directly fed back on to submitter to ensure they are happy with action taken
- **Monthly trainee survey monkey** for anything they have issues about with an open door policy as well as DME rounds around the hospital, creating more opportunities to approach the senior leadership team
- **24-hour/day monitored anonymous email drop-box** for trainees to raise any concerns

#### **Raising the profile of medical education across the trust:**

- **Valuing educators** by ensuring they are:
  - paid correctly
  - more engaged through two-way information channels
  - inputting more into the ARCP process
  - met with regularly, part of a united decision-making education team
  - given greater status for taking on educational roles in addition to service provision
- **Educator development programme** implemented to provide improve quality of educational and clinical supervision:
  - quarterly educator development days in house e.g. dealing with a trainees in difficulty, how to maintain your accreditation as a supervisor, how to write a meaningful educational report for a trainee
  - For consultants with out-of-date training badges, an external trainer was paid for by the trust to revalidate them

	<ul style="list-style-type: none"> <li>○ educator appraisals to assess their needs for development (e.g. competencies for newly employed consultants) or to utilise trainers' skills for potential teaching opportunities</li> </ul> <p><b><u>Communication infrastructure</u></b></p> <ul style="list-style-type: none"> <li>● <b>Instant communication to all foundation trainees</b> through direct phone channel to all foundation trainees phones via text messages e.g. for cancelled teaching, last minute locums etc.</li> <li>● <b>Bridge between business and educational department-</b> establishing very direct communication streams medical education department and business managers enables make things a lot more immediate e.g. understaffed wards can have problems rectified at short notice</li> </ul>
<p><b>Challenges</b></p>	<p>What challenges did you encounter and how did you overcome these?</p> <ul style="list-style-type: none"> <li>● <b>regaining the trust of trainees</b> who were genuinely worried about working at Tameside and potential risks to careers; overcome by empowering them and creating infrastructure to value their voice</li> <li>● <b>constrained financial environment:</b> <ul style="list-style-type: none"> <li>○ ensuring that despite this, the right areas were resourced adequately and did not rely on 'goodwill' e.g. DME role's time allocation increased from national standard of 1 day a week to 2 days a week in recognition of the task-at-hand</li> <li>○ business model recognises collective long-term payback from short-term costs for small interventions</li> </ul> </li> <li>● <b>Reputation rebuilding</b> around patient safety and training; achieved through recognition of wide understanding of need for long-term strategy, through multiple incremental steps and appropriate resourcing</li> </ul>
<p><b>Outcome, impact and learning</b></p>	<p>What has the result been – on an individual level for junior doctors and other staff? / at an organisational level?</p> <ul style="list-style-type: none"> <li>● <b>CQC rating</b> improved from inadequate to good</li> <li>● <b>GMC survey questions:</b> 'would you recommend this job to a colleague?' and 'Do you think this is a good job?' improved From red to universally green (3 point ranking system, of red, amber and green)</li> <li>● <b>The new junior doctor forum</b> has resulted in been high impact changes as the relevant people for wide ranging issues (e.g. educational/contractual/administrative/staffing etc.) are all in the same room. Junior doctors view it as an open access 'fix-it' forum. This is reflected in the <b>&gt;300% increase in attendees.</b></li> <li>● <b>50% of all available trainees attend Yellow Forum bi-monthly.</b></li> </ul>

	<p>Organisation has also capitalised by <b>learning from higher trainees' experiences</b> from jobs in other Trusts to make improvements, whilst also providing <b>leadership and management opportunities with benefits for both trainees and Trust</b> (e.g. QI projects, shadowing senior leadership)</p> <ul style="list-style-type: none"> <li>• <b>The Educator development programme</b> has resulted in significant increases in educational provider resources; this has been reflected through: <ul style="list-style-type: none"> <li>○ higher exam success rates</li> <li>○ significant increase in Manchester medical students placed at Tameside applying for foundation training there</li> <li>○ higher calibre trainee applicants and greater number applicants ranking Tameside as first choice for jobs</li> <li>○ improved ARCP and exam outcomes</li> </ul> </li> <li>• <b>Undergraduate feedback excellent</b> which demonstrates culture, as happy trainees are able to provide teaching to medical students</li> <li>• <b>Anonymous drop-box is now barely in use</b> compared to when first opened, demonstrating open culture and trainees' level of comfort raising concerns through face-to-face means with senior leadership</li> </ul>
<p><b>Next-steps &amp; sustainability</b></p>	<p>What are the next steps (if any)? How measures are in place to ensure that these changes are sustainable?</p> <ul style="list-style-type: none"> <li>• The job is still in progress with much of the 5 year plan still ahead; as long as the trust continue to resource as they have been doing then improvements and plans for sustainability will occur</li> <li>• Consultant post applicants specifically seek out medical education department engagement prior to interviews demonstrating the fixed value for education and training in the Trust system</li> <li>• Lots of sensitive avenues for information through feedback infrastructure which will pick up on any sliding back on progress made thus far.</li> <li>• Leadership engagement with trainees to join in the improvement journey</li> </ul>
<p><b>Further information</b></p>	<p>Who can be contacted for further information?</p> <p>Dr Beth Hammersley, Director of Medical Education  <a href="mailto:beth.hammersley@tgh.nhs.uk">beth.hammersley@tgh.nhs.uk</a>  Pam Robinson, Postgraduate and Undergraduate Medical Education Manager  <a href="mailto:pamela.robinson@tgh.nhs.uk">pamela.robinson@tgh.nhs.uk</a>  0161 922 6341</p>