Results After the initial 4 months of FLM, FY1s that 'agree' or 'strongly agree' to being prepared for the leadership challenges of practice increased from 47% to 76%. Increases were observed in FY1s' confidence in leadership abilities (10%) and application of leadership skills (13%).

Conclusions Leadership programmes such as FLM can increase FY1s' self-rated preparedness. Trusts' Apprenticeship Levy offer the opportunity for similar programmes for all professions and levels; STEES also deliver a course bespoke to ward managers. Apprenticeships, therefore, offer a solution to establishing sustainable, targeted and locally delivered leadership programmes in a resource constrained NHS.

The quality network for older adult mental health services could hugely benefit your service: a higher trainee's perspective

32 LEADING INNOVATION AND IMPROVEMENT

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10.1136/leader-2018-FMLM.32

The Royal College of Psychiatrists' Centre for Quality Improvement (CCQI) is responsible for working with healthcare organisations, including local NHS Trusts from all over the UK, to help promote the principles of quality improvement at the local levels. Hence, the CCQI has set up several Quality Networks (QNs) and Accreditation Services in order to help it achieve this ambition. One of the QNs that has been set up is the Quality Network for Old-Age Mental Health Services (QNOAMHS). The QN offers old-age mental health inpatient units an opportunity to have Developmental Peer Review Visits, which focus on quality improvement and learning within a warm, safe, friendly and non-judgmental environment. Member organisations provide clinicians, who then take part in these Developmental Peer Reviews all over the UK. This enables expertise to be shared and examples of poor patient care and patient safety issues to be identified, raised and remedied early, without needing to wait for the CQC inspection to take place. This is good for both patient care and professional development. There are also opportunities to develop clinical leadership skills for trainees and consultants through participating in the developmental peer review process. There are opportunities for member services to eventually gain accreditation, which demonstrates a degree of excellence and attention to detail that the organisation can be proud of. QNOAMHS also holds annual forums where pertinent topics within Old Age Psychiatry can be discussed and knowledge can be shared amongst clinicians. As a trainee, participating in the QNOAMHS developmental peer review and accreditation process taught me important leadership skills such as self-organisation, planning, managing time when chairing review panel meetings and delivering feedback which is honest but collaborative in its style, so that the cycle of continuous improvement prospers at all times.

Leading the team to the highest quality patient care in a busy transplant unit

33 CARDIFF TRANSPLANT UNIT ADMISSION PROFORMA – A QUALITY IMPROVEMENT PROJECT

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10.1136/leader-2018-FMLM.33

A prospective transplant patient's work-up is a long and complex process. On the day of transplant, this information needs to be easily accessible and documented in one place. In an evolving environment, healthcare management is becoming a more individual process. Typical issues that became evident at morbidity and mortality meetings were that individual pre-operative concerns were not always highlighted at the time of admission. The published directorate protocol was not being fully initiated. Important discussions regarding donor risk to the patient were being written on pieces of paper, which could be easily lost. Our aim was to produce a document where the admitting doctor could input all of the up-to-date essential information into a single resource. The document included a full clerking of current state of health, background, past medical history, current medications and a pre-operative examination. Any concerns or management plans discussed by the transplant multi-disciplinary team (MDT) at the time of activation onto the transplant waiting list were given a place to be documented. Potential individual complications from the donor's history were given a clear, defined place in the notes. A checklist was placed so that the department's protocol was followed in its entirety. The proforma is currently in use on the Cardiff Transplant Unit. Leading the team by implementing a centralised document has enabled effective communication of key information to all relevant members of the team. This has helped to ensure that patient safety is optimised. The main message we would like to convey is the fact that a comprehensive admission proforma can aid in effective handover and communication, along with continuity of care and clarity of information. The proforma has streamlined the admission process, making the overall experience for the patients much more organised and straightforward, factors which are vital in an understandably anxiety-provoking time of their lives.

Leading innovation and improvement through perioperative medicine

34 THE NORTH WEST PERIOPERATIVE MEDICINE STUDY DAY

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10.1136/leader-2018-FMLM.34

High risk surgical patients undergoing major surgery in the NHS are known to have a disproportionately high mortality. The field of perioperative medicine hopes to tackle this issue by delivering integrated, multidisciplinary and patient centred care for patients throughout their surgical journey. A regional study day was organised and delivered by a small group of motivated junior doctors, with the support of a consultant

intensivist, to promote perioperative medicine with the aim of tackling this important issue.

Ten influential primary research papers on a variety of topics within the field of perioperative medicine were summarised by the team. The theme of the day was quality improvement driven through measuring clinically important outcomes. Each paper was presented in an interesting, informative and engaging format that could be digested by the multidisciplinary audience.

The study day was attended by 22 doctors from around the North West Deanery and consultant anaesthetists and surgeons who worked locally. By providing an open forum, empowering the audience and delivering overwhelming evidence for the benefits of perioperative medicine it was agreed by the attending consultant body that anaesthetists will start attending colorectal multidisciplinary team meetings.

This important change will allow high risk patients to be identified earlier in their surgical journey. This will ensure there is more time to fully investigate and better medically optimise them prior to surgery thereby giving them the best chance for a full recovery. This change, brought about through this study day, will help to achieve the Royal College of Anaesthetist's vision of a more integrated and patient centred approach to surgical care.

Having received overwhelmingly positive feedback and achieved tangible changes to the patient care pathway we hope to make this study day an annual event to build on the success of 2018.

Frictionless digital referral management system implementation

35 FRICTIONLESS DIGITAL REFERRAL MANAGEMENT – THE KEY TO IMPLEMENTING NOVEL CARE PATHWAYS

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We describe a clinician-led transformation of trauma and orthopaedics services in one of the country's largest integrated healthcare trusts. Analysis of 2638 outpatient surgical procedures showed an unacceptable delay (mean=16.1 days) from injury to surgical treatment. A 5 year retrospective review of trust litigation cases yielded 28 litigation cases related to failure/delay of treatment or diagnosis for traumatic injuries with resultant total claims of £2,000,000.

A novel N3-network hosted cloud-based bespoke single-point referral management system was developed. Referrals are processed at a specialist-led Virtual Fracture Clinic (VFC) with patients allocated to specific digitally actioned treatment pathways. Key stakeholders including referrers, assessors and treatment providers were involved from the early stages of system design. Regular on-platform feedback is obtained for quality control and iterative improvements. 11 769 patients have been assessed in VFC since March 2017. Post-implementation, 720 outpatient surgical procedures were performed with a significant reduction in mean time from injury to treatment (9.6 days). The British Orthopaedic Association target of <72 hours from referral to assessment was achieved in

88.7% of cases. 25.4% of referrals were deemed to not require a face-to-face (F2F) appointment.

67% of assessors felt that VFC reduces F2F appointments and is overall beneficial. 90% of patients that were discharged without a F2F appointment were positive or neutral about the service. 77% of referrers felt the system was safer for patients and 71% felt that it was an overall improvement. Cost analysis showed a £1 04 576 cost saving in addition to perceived further litigation-related savings.

Frictionless digital referral management and virtual clinical pathways can improve patient care and help manage increasing workload pressures whilst simultaneously reducing costs and maintaining stakeholder satisfaction.

The TRUMANSHOW: a quality improvement project to improve the detection of aortic dissections in the emergency department

36 THE TRUMANSHOW

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Aim To create a Screening Tool and Guideline for Early Detection Of Aortic Dissections at The Emergency Department of Lincoln County Hospitals.

Assessment of issue and analysis of its cause:

Literature search was performed to identify various risk factors for missed dissections and any other screening tools already available. We also reviewed the guidelines of Royal College of Emergency Medicine and Thoracic Society.

A Screening tool was created using 10 risk factors – The TRUMANSHOW

A guideline using The TRUMANSHOW was created which enabled all doctors to Fast-Track the CT Aortogram.

Methods Stickers with the mnemonic in checklist form were attached at the front of the ED notes. The stickers and the guideline were placed in the triage, RAT, majors and the resuscitation room in a TRUMANSHOW folder.

Results and strategy for improvement We did 3 cycles of PDSA during a period of 5 months. 100 CT aortograms were done which revealed 32 Acute Aortic Syndromes out of which 20 had Aortic Dissections.

The results of each PDSA cycle were shared during the Departmental morning handover sheets and every doctor and nurse were enrolled in the national THINK AORTA campaign.

Measurement of improvement The results of the 3 PDSA cycles recorded the highest early detection of Acute Aortic Syndromes in UK, during a period of 5 months.

Impact We initiated The TRUMANSHOW in the Emergency Departments of Pilgrim and Grantham Hospitals and the subsequent board meetings resulted in implementation across various departments within the trust.

The CQC report of United Lincolnshire appreciated The TRUMANSHOW as Outstanding practice towards improvement.

https://www.cqc.org.uk/sites/default/files/new_reports/AAAH1713.pdf (Open page 8 – Outstanding practice)