from the physician's role in a specific clinical program to his/her association with the parent clinical department. Thus, it would be crucial to ensure that the necessary supporting resources and infrastructure are in place, e.g. robust information systems that can measure, collect, analyse and report data in an accurate and timely manner, which would coincide with health organisations' increasing focus on the use of information systems in delivering effective value-based healthcare.

Communication with patients

60 TAKEPHONERSHIP

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10.1136/leader-2018-FMLM.58

Issue Our inability to answer the phone and resolve patient problems in a timely manner. This manifested as:

- Poor patient experience
- Answerphone messages not actioned
- Incorrect diverting of calls
- Unnecessary emails between teams
- Lack of education around the role of admin teams.

Bristol Dental Hospital Executive commissioned work to resolve this which had clinical leadership, Consultant Scott Deacon and managerial leadership, Deputy Divisional Director David Wynne-Jones.

Strategy for improvement A task and finish group was setup including clinicians and admin stakeholders.Additional drop in sessions were setup to engage staff and embed a culture of ownership.The initiative was called 'TakePhonership' and the Trust communications team supported creating the brand.

The initiative went live with data to highlight problem areas.Drop in sessions were well attended and straightforward actions were implemented.Including:

- Check telephone number accuracy on website and letters
- A 'Power Hour' – focussed on the busiest call times
- Purchasing headsets
- Educating departments on team roles
- Embed culture of responsibility
- Looking at various call routing mechanisms
- Engaging with centralised call centre
- Issuing anonymised updates

The agreed measurements of improvement were:
- Volume of calls
-% of overall calls answered
-% of overall calls answered when available
- Level of telephone related complaints

These are reviewed and fed back to teams via email, meetings, and ongoing engagement drop in sessions and leadership walk rounds.

Measurement We now receive under 3000 calls a week; almost halving the call volume.At the height of complaints only 66% of calls were being answered when we were available.This has risen to over 75% and is likely to exceed 80%. Complaints have fallen significantly by 300%.

Impact Bristol Dental Hospital has taken 'phonership' and changed the culture is.This initiative has been adopted across the Trust.

Leading across complex systems and organisation

61 IMPROVING IV FLUID PRESCRIPTION IN NEWCASTLE, UK – A TRAINEE DOCTOR LED QUALITY IMPROVEMENT PROJECT

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10.1136/leader-2018-FMLM.59

Aims The aim was to improve the prescription of intravenous (IV) fluids in the emergency department, medical wards and surgical wards using principles of leadership and service improvement.

Methods The proposed change to practice was to introduce a new IV fluid prescription sheet that contained decision-aids that closely matched the most recent NICE guidelines on IV prescription in adults. The change was assessed in three ways. Firstly, the NICE clinical audit tool for IV fluid prescription in adults was performed before and during the pilot period by junior doctors working in the acute medical unit (AMU). Secondly, electronic records for sodium and potassium blood results were measured for the first 7 days of admission both before and during the intervention. Chi-square test was used to test for significance. Thirdly, a feedback sheet was put up in the nursing and non-medical staff room for comments on the intervention. Principles of trainee doctor leadership such as early senior medical staff buy-in, multi-disciplinary involvement and qualitative feedback were used.

Results There was a statistically significant reduction in rates of hypokalaemia, defined as a potassium result below the reference range, for the first 7 days following admission to hospital via the AMU. There was a mixed response to the NICE Clinical Audit tool, with improvements in some areas and reductions in others. Qualitative feedback helped discover issues with the sheet not previously identified.

Conclusions It is possible to lead a service improvement project as a foundation trainee. The principles of medical leadership and service improvement genuinely help to make small ideas into reality. This project shows that small simple changes to frequently performed tasks in a hospital have the potential to impact patient safety. The trial fluid prescription sheet is being used to inform the implementation and design of electronic IV fluid prescribing within the trust.

Developing effective leaders

62 THE ACADEMIC FOUNDATION PROGRAMME IN HEALTHCARE LEADERSHIP AND MANAGEMENT – RECOMMENDATIONS BASED ON TRAINEE EXPERIENCE

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10.1136/leader-2018-FMLM.60

The Academic Foundation Programme (AFP) provides themed posts in leadership and management; since 2015 two posts a year have been provided by Torbay and South Devon NHS Foundation Trust (TSDFT). Early leadership development in trainees is recognised as important[1 2] but a lack of leadership opportunities for junior doctors remains.[2] The program at

TSDFT was in its infancy and was largely unstructured, allowing space for trainees to redesign, seek mentorship and explore opportunities.

Our intervention included informally seeking mentorship from a deputy medical director at TSDFT, who was enthusiastic about promoting trainee leadership development and experienced in quality improvement. We met fortnightly for goal setting, collaboration and discussion about challenges within the field. Other experiences and achievements were mapped to the 'Medical Leadership Competency Framework'[3] facilitating reflection and inquiry about valuable elements of the program and highlighting areas where experience was lacking; allowing focused search for opportunities.

Outcomes included TSDFT academic trainees being increasingly positive about the program, gaining structured approach to their academic time and improved productivity and accountability to peers and mentor. Trainees also described better understanding of local healthcare management and have led on projects aligned to the Trust's priorities.

Supporting trainees with interest in leadership and management remains challenging; unlike clinical competencies tangible demonstration of leadership development is difficult. AFPs in leadership and management provide a unique opportunity to support development of individuals with aptitude or interest, with reciprocal benefits for individuals and organisations. We recommend organisational leaders take responsibility for fostering environments where any trainee can develop leadership and management skills; current leaders should consider mentorship as part of their role as a clinical leader.

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Innovation in community care

63 IMPROVEMENTS IN PATIENT CARE IN A COMMUNITY BASED DIABETES SERVICE DRIVEN BY A BESPOKE BUSINESS INTELLIGENCE PROGRAMME

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10.1136/leader-2018-FMLM.61

Diabetes Care for You (DCFY) is a multi-professional specialist community service for adults living with Type 1 and Type 2 diabetes in Brighton, Hove/High Weald, Lewes and Havens CCGs. There are 1195 people with Type 1 and 3390 with Type 2 currently.

The DCFY team were unable to access real-time population level data, in a user friendly way. Meaning an increasing proportion of time was dedicated to generating information. This inability meant that targets, such as referral to treatment waiting times (RTT) could not be predicted.

A bespoke Power (BI) suite of reports was developed. The technology provides up to date data allowing cohorts to be viewed in an easy to read form. It compiles patient data using coding and displays chosen metrics that can be easily changed to generate patient lists.

This technology has allowed the identification of discrete patient cohorts and identifies when appointments need to be booked or interventions need to be discussed. It identified 277 type 2 'poorly controlled' (HbA1c>80) patients. Currently 63 of those patients do not have a booked appointment and 12 are not on insulin. The technology has led to improved outcomes because previously the quick collation of this data would not have been possible.

RTT data retrieval has become more time efficient and streamlined, saving 1.5 days per month of Managerial time. RTT compliance has risen from an average of 87.3% during June, July and August in 2017 to an expected 95.9% during the same months in 2018.

Leading innovation and improvement

64 CARE REDESIGN – A MULTI-DISCIPLINARY, MULTI-FACETED SYSTEMS APPROACH TO REDESIGNING CARE PATHWAYS

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10.1136/leader-2018-FMLM.62

The Antenatal Day Assessment Unit (ADU), the A and E of maternity services, in a central London tertiary hospital, was inspected and reported as having inadequate capacity and poor patient and staff experience. It offers an open-access, 24 hour walk-in service for urgent/emergency care.

We undertook an integrated, trust-wide care redesign programme (CRP) to transform the pathways and patient flow. Our team included consultant obstetricians, specialist trainees, midwives, a clinical coder/analyst, a change agent and maternity service manager, with support from the trust medical director and an international expert with Harvard Business School experience. The CRP consisted of structured sessions including principles of systems thinking, unwarranted variation, changing culture and leading transformational change. There was protected coaching, team-time and web-based resources. Key metrics were agreed and measured including time from attendance to assessment of the fetal heart, and measures of patient satisfaction.

A value proposition was co-produced, enabling us to focus our transformational efforts. Key stakeholders were consulted regarding potential new names for the unit better reflecting its function. Unscheduled care pathways were characterised, optimised and separated from scheduled care pathways. Changes were made to reduce waste (any process that did not directly add value to women).

A systems-wide approach has resulted in a sustained improvement in key metrics. The renaming of ADU to the Maternity Assessment Unit and the value proposition has enabled the team to implement change in a logical manner and visual representation of data has empowered frontline staff to engage in the transformational experiments. This