Conclusion Poor documentation may reflect inadequate safety checks and incorrect procedural technique. Our quality improvement project demonstrates that a simple intervention of introduction of a checklist measurable improved documented compliance with key BTS mandated parameters. This intervention improves patient safety.

After review by key emergency medicine, acute medicine and respiratory stakeholders, the checklist has been incorporated into the Trust pleural procedures protocol. This protocol will be rolled out trust-wide across three sites.

REFERENCES

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Collaborative working

7 GP-CONSULTANT LIAISON SOUTHAMPTON 2018

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10.1136/leader-2018-FMLM.7

Introduction and implementation Collaborative working across primary and secondary care is crucial to providing quality care. In this GP-Consultant Liaison scheme, 59 Consultants and GPs were strategically paired to enhance working relationships. Pairs hosted and visited each other's workplace. Our aim was to improve professional understanding, foster deeper partnership, ignite opportunities for innovation and quality improvement (QI) with co-owned local solutions. Submitted anonymous reflections were analysed for common themes. A celebration of the shared learning took place in January 2018 with 9 affiliated NHS organisations. The emphasis was on compassionate leadership and next steps.

Impact Feedback obtained from 71 (60%) participants was scaled from 1 (least likely) to 6 (most likely). In breaking barriers, individuals supported a regular primary-secondary care forum; weighted average score of 5.25, found the scheme useful (4.59), likely to take part again (4.83), consider new ways of working consequent to building better relationships (3.85). We observed production of leaflets on psychological support for patients in hospital consequent to insight obtained from primary care, sharing directories of primary care secretary contacts and restructuring of outpatient clinic letters to state 'For Information Only' or 'GP Action Required' resulting in substantial time and cost savings. The liaison improved morale and insight. Common themes from reflections revolved around compassion, collaboration, complexity, efficiency and education.

Learning This scheme was an easy and enjoyable way to reconnect individuals and allowed professionals to learn about challenges we face within the NHS. As QI activity, the scheme resulted in simple local solutions for patients. It is a low-cost intervention that can be replicated within any organisation in the NHS. However, it needs a motivated and persistent individual to drive the project forward. @sotonliaison17

Quality improvement

8 USING CARE NAVIGATION TO OPTIMISE GENERAL PRACTICE

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10.1136/leader-2018-FMLM.8

Background Demand in primary care is increasing; between 2010 and 2014 consultations increased by 13% but the workforce increased by less than 5%. Superimposing this is the difficulty in retaining full-time GPs. We therefore embarked on a care navigation project at a London practice with the aim of utilising resources more efficiently by directing patients to the most appropriate healthcare professional available.

Methods Staff meetings were held to discuss the factors contributing to oversubscription of GP appointments. An Ishikawa diagram was constructed and the Pareto Principle was applied to determine that patient unfamiliarity with resources was the root cause.

Teaching sessions focusing on communication and care navigation were held with reception staff. This empowered staff to reassuringly request information from patients so, if appropriate, the patient could be redirected to alternative healthcare professionals. We designed a poster featuring statements that staff could use and we developed a flowchart so that receptionists could establish who the patient should be booked with. The project was developed through PDSA cycles; staff were encouraged to edit the resources so improvements could be made. Problems were identified through verbal feedback.

Results Patient bookings pre- and post-intervention were recorded; this totalled 238 and 108 sessions respectively. Data was gathered retrospectively from Vision. GP bookings decreased from 15.0 patients per session pre-intervention, to 12.9 patients post-intervention; a 14.00% decrease. Bookings with nurses and healthcare assistants increased by 4.95% and 26.63% respectively suggesting a redirection of patients away from GP appointments.

Conclusion Small changes can impact upon big problems. A reduction of two patients per session creates twenty extra minutes that can allow space for emergency appointments, flexibility for overrunning appointments and a reduced need for locums.

Leadership and management program

9 KING'S IMPROVEMENT THROUGH ENGAGEMENT (KITE) – A PROJECT TO IMPROVE UNDERSTANDING OF MANAGEMENT STRUCTURES AND LEADERSHIP TECHNIQUES AMONGST TRAINEE DOCTORS AT KING'S COLLEGE HOSPITAL

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10.1136/leader-2018-FMLM.9

Aims

1. To help trainees develop a better understanding of different leadership strategies and increase their exposure to the various management and leadership opportunities present within medicine.

- To deliver formal quality improvement (QI) training via our management teams, to help trainees conduct small-scale QI projects and obtain formal management qualifications.

Methods and results We invited all interested to apply with a good spread of 27 trainees from FY1-ST7. The pre-course questionnaire showed most had little prior experience of management training. Only 8.5% of participants agreed that they had 'confidence understanding the leadership and management structure of the NHS as a whole and at a King's level.' Our first day was structured into a series of speakers, ranging from our King's Head of Transformation to previous FMLM fellows running workshops on leadership techniques and on NHS structure.

87.5% of participants reported an improvement in their knowledge of the leadership and management structures within the NHS and KCH. Also, 100% of trainees reported an increased awareness of the leadership and management opportunities available with 95.8% of candidates likely to take this further. With our transformation team, we delivered Sigma Six yellow belt training over two one-day courses. We split participants into QI groups of 3 or 4. The training was well received and 100% of participants will use their training to help their QI project and that it was useful for their non-clinical development.

Conclusions Working collaboratively with our management and transformation teams, have enabled us to deliver effective QI training to participants, propelling smaller QI projects within the hospital which have been showcased at the trust awards ceremony.

We firmly believe management and leadership training should begin early in our careers, and programmes like KITE, highlight this well. Given the program's success it will be repeated again next year.

Enhancing your leadership and management skills; developing effective leaders

10 BUILDING LEADERS FOR LONDON: THE LONDON CLINICAL SENATE FELLOWSHIP PROGRAMME

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10.1136/leader-2018-FMLM.10

Context In 2017 a new programme was established to support four junior doctors as 'London Clinical Senate Fellows', in partnership with Faculty of Medical Leadership and Management (FMLM). London is one of four NHS England regions, covering a population of 8 million people. The London Clinical Senate is a source of advice to commissioners and other stakeholders in the region. The Senate wished to engage trainees and provide them with training in leadership at a system level in London.

Intervention The aims of the fellowship are twofold. First, to improve the Clinical Senate Forum through (1) organisation and planning and (2) sharing the junior doctor perspective during the forum meeting.

Second, building expertise and experience of fellows through (1) mentorship; (2) engagement and participation within the forum; and (3) skill and knowledge development. Each of the fellows have shadowed staff at NHS England, and been paired with a mentor in their chosen field.

Measurement of improvement Clinical senate fellows have kept logs of experience and reflections, as well as publishing on

the FMLM website. As the programme reaches half-way through, progress will be measured by way of a questionnaire to gauge satisfaction with the programme for fellows, their supervisors and other clinical senate members.

Impact The fellows report improved confidence in public speaking and a better understanding of the systems which underpin the services they work in. The Senate now has access to a new perspective on services, which enriches the debates they hold. The greatest impact interventions were fellows presenting at senate forums, and shadowing key figures in NHS England.

Messages for others This programme could be easily replicated across other strategic areas of England and beyond. It provides leadership experience to doctors in training, whilst also benefiting the host organisation where they are embedded due to fellows sharing their learning experiences with their peers.

Leading innovation and improvement

11 QUALITY IMPROVEMENT PROJECT FOR OUT-OF-HOURS CLINICAL HANDOVER

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10.1136/leader-2018-FMLM.11

Aim Nottinghamshire Healthcare NHS Foundation Trust (NHFT) provides a variety of mental health services across Nottinghamshire. During out-of-hours work, junior doctors cover each of these three main hospital sites.

The Health Education East Midlands (HEE) Quality Management visit concluded the handover system in NHFT was not fit for purpose, posing significant risks to both patients and junior doctors.

The aim of our quality improvement project was to assess these concerns using a mixed methodology, including local surveys and audit; and secondly to make any necessary quality improvements to the handover process and guidance. The pre-implementation evaluation of the handover system in use consisted of a survey and an audit.

Methods The quality improvement strategy involved a two-pronged approach, which included the development of a new IT-based handover recording tool and improving education and training in its use.

We used Plan-Do-Study-Act (PDSA) cycles between August 2015 and August 2016 to implement changes.

Phase 2 of the project involved audit, education and training to consolidate and reinforce the change to make it sustainable through creation of a white board animation video for junior doctors.

Results Percentage of recorded handovers was the main outcome measure. Quality outcomes improved after the phase 1 and were sustained during the phase 2 of the project due to introduction of mandatory recording fields.

Conclusion We learnt that the active engagement of end users in the designing and implementation of the new IT handover system was a key factor in optimal development. We learnt that continuous induction, training and monitoring are important to sustain high usage of the system. Also, use of project management tools from the start will improve efficiency and time management. This project demonstrates how existing resources within a NHS Trust can be collaboratively and iteratively deployed to improve patient care.