Abstracts

104 IMPROVING HEALTH OUTCOMES BY A SOUTH LONDON LOOKED AFTER CHILDREN’S (LAC) TEAM

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Context There is an obligation on the local authority and its health partners to ensure these statutory health assessments take place in accordance with the timescales set. The looked after children’s health team delivers this responsibility on behalf the local authority. A significant portion live outside the borough boundaries. The multidisciplinary team comprises specialist nurses, community paediatricians and administrative team.

Issue Timely and thorough health assessments are vehicles for identifying and acting upon previously unmet health needs in this vulnerable population.

Assessment of issue and analysis of its causes The Change Management Framework

The ADKAR ® model of change was utilised. The team were aware of the need for change. The trust executive and management had a desire to support and participate in the change. We utilised the knowledge of the core team and additional expertise. We have also established a system of reinforcement to sustain the change.

The strategy:
To deliver on the changes needed a clear leadership strategy was in place.

- It was purpose driven
  - Previous inspection reports, user feedback and performance indicators were used
- Clear and constant two-way communication was employed
  - Weekly performance huddles, and
- Investment in people and infrastructure occurred
  - Job plans developed, and increased training and development opportunities given
- We demonstrated persistence to see the changes through
  - Improvements were shared on the ground at team meetings, at directorate level; and at Trust executive level.
  - The changes were shared with the Service Improvement Board, the CCG Safeguarding executive and the local authority.

Measurement of improvement and impact:
- In March 2018 100% of children accessing initial assessments were seen within 20 working days from referral; the graph (figure 1) shows the overall trend of improvement
- There is now knowledge of where all LAC are in the pathway, including those that are being seen out of borough and those that are in secure accommodation
- Improvement in staff morale measured by a fully established team, reduction in staff turnover rate and sickness levels

Impact The next steps are:
- Sustaining cultural and process changes in both the clinical and administrative team
- Continue to work with social care to improve the referral process
- Ensuring systematic oversight of the completion of health recommendations arising from assessment.

105 DOCTOR (NOUN, LATIN), TO TEACH; TRANSFORMING A WORKING WEEK INTO A TEACHING WEEK

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One of the prerequisites to successfully complete Core Medical Training in the UK is to acquire the MRCP title by passing the Practical Assessment of Clinical Examination Skills (PACES). Due to work pressures and time limitations, little teaching had been taking place locally at Eastbourne District General Hospital (EDGH). Prior to this, PACES teaching was mainly delivered externally by expensive courses, online resources and books. Given the plethora of patients in a familiar environment of an NHS hospital, we established that this provided an ideal combination for PACES teaching.

We started a team of PACES positive trainees who were interested in teaching; this team would deliver bedside PACES teaching at least twice a week. A weekly timetable with specified PACES teaching was created (e.g table 1). This included some specialised clinics that were consultant led (rheumatology and ophthalmology) aimed at providing consultant led teaching to PACES candidates. One PACES candidate was allocated on each clinic day providing 1-to-1 focused teaching, while the bedside sessions were open for everyone. A WhatsApp group was also created consisting of all candidates preparing for PACES and instructors, which encouraged all members to share interesting cases deemed good for PACES teaching and also facilitated organising unscheduled teaching.
The feedback from all candidates has been very positive so far (figures 1, 2, 3, and 4). We have improved confidence levels and most candidates are currently satisfied with the current PACES teaching structure at EDGH. In addition, most candidates found that supervised bedside practice is one of the top two useful methods to preparing for PACES. There is room for improvement taken from the feedback in that we could involve more senior members (consultants and registrars) in providing the bedside sessions and to have more stations 2 and 4 (history taking and communication skills) practice sessions.

MAINTAINING ESSENTIAL PHYSICAL HEALTH CHECKS IN AN ACUTE PSYCHIATRIC HOSPITAL

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Summary
- The RCPsych advises ECGs on newly admitted patients.
- ECGs were not performed within the recommended timeframe. This negatively impacted patient safety.
- Introduction of a three times weekly ‘board round’ check increased compliance with the standard.
- ECG machine availability is recognized as one factor in failing to adhere to the 48 h standard.

Background
The RCPsych published integrated physical health guidelines for newly admitted inpatients, outlining the need to ‘arrange physical health checks within 48 h’ including ECGs to exclude cardiac side effects of psychotropic medication.1

Method
A baseline audit conducted in December 2016 showed that only a small proportion (33%) of patients had an ECG performed within 48 hours of admission. A 3 × weekly ‘Physical Health Board Round’ was introduced on three wards to see if this improved compliance. A re-audit was undertaken in May 2017 to assess if there had been any improvement in the frequency of performance and documentation of ECGs.

Results
After the intervention, ECGs were performed within 48 hours of admission in 45 cases and not in 68 cases. The most common reason an ECG was not performed was that the patient declined (n=23). The compliance therefore increased to 45/90=50%

Conclusion
Implementing 3 × weekly physical health ‘board round’ improves ECG compliance. 50% of patients are still not receiving ECGs, some with no explanation. Further work should be undertaken to explore this deficit. Investment has been made into further ECG machines for the hospital as a result of this study.

REFERENCE