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LISTENING, LEARNING AND LEADING: DELIVERING TRAINEE-SUGGESTED IMPROVEMENTS TO THE OVERALL FY1 EXPERIENCE USING A NOVEL END OF YEAR SURVEY

Liam Loftus. FY2 Doctor, Royal Liverpool and Broadgreen University Hospitals NHS Trust

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Consensus amongst Foundation Year One (FY1) doctors at the Royal Liverpool University Hospital was that large discrepancies exist in overall FY1 experience between specialities. Discussion with Foundation Programme Directors (FPDs) revealed that no data had ever been collected to assess this.

I therefore conducted a wide-ranging survey that asked both quantitative and qualitative questions focused upon workload and educational opportunities. The survey was distributed at the end of the FY1 year in August 2018, and asked the same set of questions about all three rotations retrospectively. We received 41 responses from a total of 54 FY1s.

I used the data to produce a speciality-specific report for each of our 19 specialities, detailing how their performance compared to other departments. I then worked alongside our FPDs to produce an action plan for each speciality. These highlighted areas that required improvement, with suggestions from FY1s on how to achieve this improvement. FPDs then met with seniors from each specialty to discuss how our action plans could be most effectively implemented.

Resulting improvements include, but are not limited to:

- A number of 'essential actions,' such as rearranging ward round times to ensure FY1s did not routinely work beyond their contracted hours.
- Redistribution of FY1s to areas where workload is more manageable and educational opportunities are greater.
- Introduction of support staff (such as Physician Associates and phlebotomists) in areas where FY1s spend a significant time performing routine tasks.
- A series of 'quick wins,' which included addressing IT issues, and rescheduling departmental teaching to ensure that FY1s could attend.
- An increase in experiences that FY1s found useful, such as supervised clinic and theatre opportunities.

This work demonstrates how a simple intervention, such as collecting feedback and using it to produce action plans, can lead to significant improvements for a large group of people.

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MANAGING HEALTHCARE TECHNOLOGY INNOVATION IN THE NHS

^{1,2}Angel Jimenez-Aranda*, ^{1,2}Liz Pryde. ¹NIHR Devices for Dignity MedTech Co-operative, UK; ²Sheffield Teaching Hospitals NHS Foundation Trust, UK

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The NHS Long Term Plan recognises the importance of research and innovation to drive future outcomes improvements and the need to speed up the pipeline for developing and implementing proven and affordable technologies.

However, the innovation pathway in the NHS is complex and requires tools to contribute to the efficient working of the organisation and information sharing.

Devices for Dignity (D4D) is a MedTech Co-operative established by the National Institute for Health Research (NIHR) that has developed an effective model for healthcare technology innovation management.

To satisfy the need to collaboratively manage the innovation activities in D4D, and following the evaluation and rejection of different commercial IT tools, a new web application named InnovationManager was developed in-house.

We conducted an evaluation of InnovationManager using the Computer System Usability Questionnaire (CSUQ). Participants were recruited from the team of NIHR researchers who had been continuously using the system for a minimum period of one year. Ten individuals responded to the invitation to take part in the study and were directed to an online questionnaire, rating each of the 19 items in CSUQ. Responses for each item were summed and averaged to three subscales (Interface Quality, Information Quality, System Usefulness) and an overall scale.

Users found the system very usable and useful, with average scores for each of the subscales and the overall scale above the upper quartile on each 7-point scale. Users highlighted InnovationManager had increased the visibility of their work, facilitated the collaboration with colleagues and partners, reduced duplication of efforts, and supported their daily tasks with shared information.

Results demonstrate the high level of user satisfaction and the suitability of this digital solution to promote collaborative working and accelerate the innovation pathway in the NHS.

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MEDICAL PROFESSIONAL STANDARDS AT UNITED LINCOLNSHIRE HOSPITALS

Jeff Ashby*, Neill Hepburn. United Lincolnshire Hospitals NHS Foundation Trust, UK

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Background United Lincolnshire Hospitals is a large, rural, multi-site Trust which has been reliant on medical locums. Despite very high-performing doctors, the practice of some fell below the standard. We found that recruitment practices contributed to quality issues.

Objectives/Methods To investigate whether there was an association between quality and the practice of:

1. Appointing locums without specialist registration to Consultant posts.
2. Employing doctors with pre-existing GMC conditions.

The prevalence of doctors with GMC conditions by specialty was established. Incidents by specialty was sourced allowing for comparison.

Information was sourced on doctors who had encountered difficulties that required escalation to the Medical Director.

Results

Specialist Registration (SR)

18% of Consultant posts were filled by locums without SR. 42% of locum Consultants did not hold SR. A correlation was demonstrated between the lack of SR and risk. A moderate positive correlation (0.57) was identified with serious

incidents. A weak positive relationship (0.36) was identified with incidents.

GMC Conditions

Seven doctors with pre-existing GMC conditions were aligned to the Trust. From 2011, four (57%) had concerns escalated to the Medical Director. From 2011–18, approximately 1,030 doctors were aligned to the Trust. Only 285 (28%) doctors had concerns escalated, indicating those with conditions were twice as likely to encounter difficulties.

Conclusions There is evidence that recruitment practices impair quality and so it was necessary for the leadership team to act. Employing doctors with GMC conditions was suspended. Services could not operate if SR was immediately made mandatory so a programme of staff development has been instigated to reduce the need for this practice. This involves working with the clinicians, Health Education England, GMC and professional bodies to:

- Re-open the Associate Specialist grade.
- Overhaul the CESR offering.

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NATIONAL SARCOMA MDT REFORM: THE ART OF KINTSUGI. A QUALITY IMPROVEMENT PROJECT TO THE DIRECTION OF OPTIMAL PERSON –CENTRED CARE

¹T Watson-Fargie*, ²S Lo, ¹F Cowie, ¹J White, ³P Chong, ⁴A Mahendra, ⁵L Campbell, ¹C Paterson, ¹I Nixon. ¹Beatson West of Scotland Cancer Centre, Glasgow; ²Department of Plastic Surgery, Glasgow Royal Infirmary, Glasgow; ³Department of General Surgery, Glasgow Royal Infirmary, Glasgow; ⁴Department of Orthopaedic Surgery, Glasgow Royal Infirmary, Glasgow; ⁵West of Scotland Centre Network, Glasgow Royal Infirmary, Glasgow

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Introduction Sarcomas are rare and diverse malignancies, constituting of <1% of all cancers. The National Sarcoma Multi-disciplinary Team Meeting has a pivotal role in the management of sarcoma patients and it functions to enable safe, timely, equitable, person-centred care. Previous audit work showed 17% of cases referred for discussion at the National Sarcoma MDT are deferred due to lack of information. Recently a new robust referral process and a new referral form was implemented to improve the quality of referrals received.

Aims To increase the percentage of referred cases that are discussed by improving quality of the referral process.

Methods Data was collected over two data periods during different phases in implementation of a new referral process. PDSA cycles were performed and data compiled into a Microsoft Excel document for analysis.

Results Implementation and encouragement of a new referral form showed an increase in the key domains of information required for MDT discussion. This resulted in an increase in case discussion by 15%.

Conclusion Referrals to a national MDT need to be succinct yet provide key clinical information to allow for adequate discussion and management. Implementation of a rigorous referral process will improve patient care in this setting and highlighting form adherence has improved its completion.

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ORCHESTRATING JOY AT WORK

¹AJS Moore, ¹J Stowell, ²S Visram, ²M Malik, ²M Lavelle, ²M Wickremasinghe. ¹Imperial College London, UK; ²Imperial College Healthcare NHS Trust, UK

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Introduction NHS staff can suffer from burn out, low morale and poor teamwork. Good interdisciplinary teamwork is pivotal to patient centred care. It discourages silo mentality and hierarchical behaviours. Helping staff perform music in an orchestra with their colleagues may augment staff wellbeing, teamwork and inspire joy at work.

Methods Within one year, a Trust Orchestra was created and implemented in a busy London tertiary facility at Imperial College Healthcare Trust, partnering with the associated university. The team was led by a multi-professional group of volunteers, facilitated by the Quality Improvement Team. Ethical approval was not required, as this work was part of a service evaluation. The orchestra involved trust staff or healthcare students who played at the required standard (at least ABRSM Grade 7).

This orchestra rehearsed weekly and performed three concerts in the following year. At the end of this intervention period, participants were asked to complete a preliminary survey. They rated how participating in the orchestra had impacted their feelings and work-related behaviours.

Creation of the orchestra required significant leadership skills to engage trust staff in the concept and considerable team management skills to facilitate merging of disparate groups.

Results Over 80% of participants attributed the orchestra to a marked increase in happiness, well-being and motivation. 70% reported it helped them relate better to other healthcare professionals and over 60% felt it improved their communication.

The orchestra has built a community extending beyond the musicians to the audience, patients, staff and people in the wider local area.

Conclusion Joy at work can be achieved from innovative projects led by passionate individuals. Creative thinking to enable joy at work presents challenging and rewarding opportunities for leadership outside conventional structures within a NHS corporation.

Conflicts of interest Nil to declare.

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PEN-TO-PAPER: A PEN-PAL SCHEME BETWEEN CAMBRIDGE MEDICAL STUDENTS AND ELDERLY RESIDENTS

Aamena Bharmal, Alice Rogers. University of Cambridge, UK

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Background Loneliness and social isolation are health risk factors that are comparable to obesity and cigarette smoking, with those experiencing it having a 26% greater likelihood of mortality. There are two at risk population groups: young adults (18–25 years) and oldest old (70 years).

Through a combination of questionnaires, user-stories and discussions with experts, we learnt that this research applied to Cambridge: