

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

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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

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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

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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:

- Cambridge medical students expressed feelings of loneliness and isolation during medical student placements, where they could be allocated in small groups (often 2 or 3 individuals) to remote areas of Cambridgeshire.
- Care homes residents reported a feeling of lack of social integration with those outside of their care homes.

Aims Our aim was to create an intervention that:

1. Tackled loneliness in students and elderly residents in Cambridge.
2. Established social integration across different generations.

Intervention Following a stakeholder engagement and workshop with: medical student representatives, Cambridge university executive board and Cambridge local council care home lead; a pilot pen-pal scheme was launched between care home residents and Cambridge medical students.

Measurement of impact and improvement

Impact will be measured following a year of letter-writing to assess:

1. A change in score of feeling of loneliness.
2. Understanding another generation.

Provisional feedback has been positive, with all 10 pairs in the pilot recommending the scheme to a friend or family, and reporting that they have had 'interesting and enjoyable conversations'.

Conclusion Pen-to-paper is a unique and engaging way to tackle the complex problem of social isolation and loneliness in two at high-risk groups. The intervention has been well received by both groups and we are extending the intervention to residents in warden controlled/sheltered accommodation.

71 QR CODE, DOCUMENT STUDIO AND PATIENT SAFETY

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Aims

1. Think Out Of Box
2. To know about application of technology(google add on) in Incident Reporting to overcome barriers, such as, Complex system of reporting, time consuming, manpower and supplies issues, feedback issues, fear of punitive action, and inability to report as anonymous.

Methods Google add ons like spreadsheet, document studio and QR code was designed and used for incident reporting, getting responses and giving feedbacks.

Results Incident reporting was increased to nearly 3 to 4 times. Incident reporting barriers were removed. Monitoring of the compliance to the essential safety standards(Blood transfusion reaction, Patient identification, Safe and correct procedure, venous thromboembolism prophylaxis) was made easy. Even Patients started to contribute in Incident reporting.

Conclusion With the help of the applied google tools, we were able to have a direct live access to the dashboard for Incident reporting and also helped to monitor Indicators of patient safety, particularly, the timeliness of the OVR(Occurrence Variance Report) System.

72 REDUCTION OF NEEDLESTICK INJURIES AMONG NURSES AND HEALTHCARE ASSISTANTS THROUGH AN INTERVENTION: NATIONAL HOSPITAL SRI LANKA (NHSL)

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Introduction Cutaneous injuries, resulting from needle sticks, injection devices and sharps are a major issue for all health care workers and cause a considerable threat of spreading blood-related infections like HIV.

Aim To reduce NSI among nurses (NO) and health care assistants (HCA) in the NHSL, by assessing the current gaps in the Knowledge, attitude and practice and designing intervention to mitigate the harm and reduce the injuries.

Method An Interventional study was conducted in three components, pre-interventional, interventional and post interventional. Random sampling technique was applied to select the appropriate number of nurses and health care assistants.

Pre-interventional component:

To identify the gaps in the present managerial practices on NSI, a pre-tested structured questionnaire on knowledge, attitude and practices was administered.

Interventional component:

Two separate in-service programmes were conducted for both categories. WHO recommended injection safety tool kit was also introduced.

Post-interventional component:

Outcome of the interventions were assessed by measuring the pre- and post-test knowledge, attitude, and practice of the same participants. The same tool was administered.

Results

1. Both Groups (NO and HCA) showed a highly significance different after interventions, on Reporting system for NSI: p value (0.05, 0.001). Awareness on Post Exposure prophylaxis (0.003, 0.049).
2. Non-significance difference among nursing officers on Knowledge attitude and practice. All the p values observed 0.05 < and z evident with negative findings.
3. Only Knowledge component among the HCA indicates a significant difference.

Conclusion and recommendation It was recommended to conduct more awareness programs and training modules on post exposure management of NSI because it has shown positive Results in both categories.

WHO injection safety tool kit has also shown positive Results.

73 TEA BREAK TALK: A WELLBEING INITIATIVE FOR JUNIOR DOCTORS

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Background The 2019 BMA report on 'Caring for the mental health of the medical workforce' found that 80% of doctors are at high risk of burnout with junior doctors being most at risk. The 2018 GMC Training Environment Report also found that 25% of doctors in training felt burnout associated with