85 FROM SECURE ENVIRONMENT TO SECURE EXPERIENCE

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10.1136/leader-2019-FMLM.85

Today all hospitals have to add some new skills related to patient earned value. The challenge is to convert all stakeholders the patient earned value. Since January 2019, we measure the net promoter score of our client. Every client of the hospital receives at home the net promoter score questionaries. Our task is to generate information about this questionaries daily. To achieve that goal, we schedule meetings first to make a diagnosis of how we are going to modify the crew behavior related to the patient experience. To disseminate this point of view we send by the social network every day the net promoter score measurement of each hospital unit and some testimonials. The interventions done were meetings with the crew to the goal to translate the vocabulary and the culture of safety to safety and rapport. In this meeting with all the hospital crew, we learned the points to change the personal behavior that was needed and the institutional process. The board of the hospital has the task to facilitate all this action. The first month of this project, we made a diagnosis. In the second month, we begin to implement these meeting and this massive dissemination of the lessons learned to everybody. During this process, the director made a one-to-one meeting with some critical stakeholders to keep them on track. The net promoter score is growing each month, and now, we have some areas of excellence. The direct comparison of each net promoter score of our holding is distributed daily for the hospital directors. The principal challenge was how to change the actual culture that it was working well since the beginning of the accreditation setting toward a better-experienced level with safety. The lesson learned is to focus on patient experience since entry through the hospital.

86 PATIENT EXPERIENCE ON THE CORRIDOR: ARE PEOPLE ANXIOUS? IF SO, WHAT CAN WE DO ABOUT IT?

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Attendances to Emergency Departments (EDs) have grown over recent years. Many patients are experiencing delays in moving from ED to their acute admission destination.

This quality improvement project explored qualitative aspects to perception of corridor care. It provides a framework for ongoing learning, continuing to put patients at the focus of care, and facilitates the development of good practice for those journeying through busy EDs.

I aimed to reduce levels of state anxiety experienced by patients in our ED corridor, by one metric point as measured across a Likert scale of agreement.

Following trust and governance approval, SWOT (strengths, weaknesses, opportunities, threats) and stakeholder analyses, 185 service users participated in standardised questionnaire completion over five cycles of a PDSA (plan, do, study, act) model over eight months. Demographic data was collected.

Interventions included; apology and space allocation, named nurse, healthcare assistant round, pain scoring and patient enquiry, curtains for privacy and dignity.

Sequenced interventions mapped patient anxiety measurements pre and post intervention using the well-validated Spielberg state anxiety tool. A Likert scale of agreement (metrically converted: strongly disagree -2 to strongly agree +2) measured patients' perception of care throughout, based on common themes identified from SWOT analysis.

Overall, metric levels of 'bad' anxiety feelings [tense/worried/upset] reduced and 'good' anxiety feelings [calm/content/relaxed] increased with progressive intervention sequencing, $p=0.0195$ (0.000016–0.09928, variance 0.5, t-test).

Although people recognised attempts to manage their anxiety, these attempts did not have significant effects on their overall level of anxiety; $p=0.271$(0.055–0.496) for 'good' anxiety and $p=0.25$(0.067–0.402) for 'bad' anxiety.

Further work is required with larger studies and allowing for multivariate analysis to explore this in the wider ED setting.

87 LEADERSHIP AND MANAGEMENT SKILLS FOR NEW CLINICAL ONCOLOGY TRAINEES – HAS A PRESCRIPTIVE APPROACH RESULTED IN POOR COMPLIANCE?

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Background Advances in cancer treatment continue at rapid pace, patient numbers are increasing and there is a significant workforce shortage. Strong leadership and management is required.

Leadership and management features heavily in the RCR's 2016 Clinical Oncology (CO) Syllabus, however, there is limited scope for formal development in this area.

The Spiral Leadership Toolkit (SLT) was introduced to help trainees practically develop these competencies during training. Based on the NHS Leadership Academy's Healthcare Leadership Model, it includes eight domains, e.g. finance and risk.

Intervention A pilot study involving all new South London CO ST3 trainees (September 2019). The objective was to complete at least two projects from the eight domains during ST3.

To demonstrate compliance, trainees were advised to upload evidence onto their e-portfolios as part of ARCP (May 2019).

A midpoint, cross-sectional survey was distributed to trainees after 6 months to understand how the SLT had been used and any challenges faced.

Results 14/15 (93%) trainees responded. Only 4/14 (29%) had used the SLT to complement their training. 7/14 (50%) trainees had included SLT in their Personal Development Plan (PDP).

In terms of barriers, 9/12 (75%) felt that they had received neutral or limited support from their trust. 7/14 (50%) stated that they didn't have time to participate.

Written comments included 'Another hoop to jump through' and a 'mandatory form filling exercise'.

Conclusion There has been a disappointing uptake with only a third of trainees using the SLT. Two major barriers include a lack of time and support from trusts. Half of trainees have included the SLT in their PDP, demonstrating a future intention to participate.