Results Those on the FLM Apprenticeship showed greater self-rated preparedness for the LM challenges of practice when compared to those not on the Apprenticeship. Participants’ first BRS in October 2018 was taken as a baseline and compared with their last BRS in January or March 2019. Increases in BRS were observed in over 70% of those on the FLM Apprenticeship compared to decreases in over 70% of those not on the Apprenticeship.

Conclusions LM programmes such as FLM can increase FY1s’ self-rated LM preparedness and resilience. Apprenticeships offer an opportunity to establish locally deliverable LM programmes which holistically benefit staff in a resource constrained and challenging environment.

Aims Unprecedented winter pressures in 2017–18 led to cancellations of elective activity across the NHS and deteriorating population outcomes. East Midlands Clinical Senate undertook a review of the local planning processes to manage periods of increased demand

Methods A two-stage approach was adopted:

- Literature review of national guidance
- Interviews with four local organisations

Conclusion 25 papers were identified with guidance falling within 8 key themes: patient flow (n=13), communication and collaboration (13), demand (13), system capacity (12), funding (6), planning (6), patient safety (3) and staff training (3).

The interviews revealed that despite similar system and operational challenges, clinical solutions are not being shared between commissioners and providers at scale.

More collaborative systems leadership approaches from commissioners during winter 2018–19 resulted in improved outcomes across the system.

The ambulance service is uniquely placed as a provider which interacts daily across local systems and with providers. This enables operational and clinical relationships to be developed and there was evidence of how a strategic approach to learning and responding to this insight had developed and there was evidence of how a strategic approach to learning and responding to this insight had.

The number of emergency department attendances by children and young (CYP) is on the rise. However, 90% of medical patients are discharged after initial assessment. The Ambulatory Care Experience (ACE) service is a new model for urgent care for CYP. The primary aim of the team is to provide child and family centred quality acute care at the right time and in the right place, ideally at home. The service provides an alternative to a hospital referral or admission for CYP.

ACE Intervention

1. Paediatric consultants take clinical responsibility from point of referral. Subsequently, CYP receive up to 5 days of home observation, delivered by a specially trained band 6 nurse.

2. Development of the service has required a system wide, shared ambulatory care vision. It was designed with families.