period and 43% in the subsequent period. Length of stay prior to hot clinic was 3.63 days, 2.57 days in the pilot period and then went down further to 1.7 days – to 53% of baseline. Admission avoidance was 41% in pilot and 32% subsequently.

The Urology Hot Clinic has had a significant impact on reducing ED attendance and length of stay of urology patients in our hospital, and on admission avoidance. It has streamlined the patient pathway reducing burden on multiple departments and patients. The success of the hot clinic at our hospital could serve as an example for other urology departments and potentially other specialties.

**IMPROVEMENTS IN SEPSIS CARE**

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The Royal Oldham Hospital is an acute site with a Cat 1 Emergency Department serving a population of 235,000. In 2018–19 there were 110,000 ED attendances with 30,000 emergency admissions.

With over 1500 patients admitted each year with sepsis and around 1 in 5 (20%) dying in hospital sepsis is a high volume, high mortality and high impact condition.

A multi-disciplinary sepsis steering group was set up chaired by a sepsis lead clinician with input from key clinical areas along with quality improvement team. Worked with Advancing Quality Alliance using a sepsis measure set to track care.

Strong, enthusiastic, leadership backed by senior support and evidence based quality improvement methodology allowed us to embed a number of changes. Involvement of all staff groups and specialties has led to a change in culture where staff now consider sepsis early in a patient’s journey and know how to escalate and treat sepsis.

- Sepsis champions
- Sepsis intranet page, e-learning and face to face education packages
- Changes to IT system to ask about sepsis at triage and if patients score on NEWS2
- Fortnightly sepsis microsystem meetings
- Sepsis lead visible and accessible for direct feedback
- Key ED staff identified to encourage use of sepsis screening tool at triage
- Tests of change introducing new ways of working when successful such as escalation stamps

Sepsis data was collected throughout the year for the AQuA measure set and national CQUIN.

Target for AQuA was 75% of measures achieved and this was met. 2018/19 CQUIN data showed improvement for patients receiving antibiotics within an hour from 70% in Q1 to 86% in Q4 in ED and from 75% in Q1 to 91% in Q4 for inpatients.

Cultural change within TROH backed by specific system changes with senior support means that patients at risk of sepsis are identified, assessed and treated in a timely manner. Empowering staff to identify risk of sepsis and appropriately escalate and treat means both patients and staff benefit.
Leading Innovation and Improvement

PROJECT CUTTING EDGE (PCE): STIMULATING CULTURAL CHANGE IN SURGICAL TRAINING

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Compounding on high burnout rate (33% in NHS), the lack of progression of UK trainees to further UK-based surgical training (38% of F2 trainees) is not conducive to sustainable future-fit NHS. A more sustainable, holistic form of training culture is needed to stop and even reverse the burnout epidemic. These changes require strong leadership, as well as grass-roots cultural change to promote a bio-psycho-social model of well-being that supports sustainable personal success as well as professional success.

PCE is a national organisation that combines the traditional portfolio-focused advice, from prize-winning trainees, with holistic supportive ecosystem. PCE, via workshops, mentoring sessions, online resources and articles, encourages trainees to consider principles of success, productivity optimisation and multiple health facets via 2 principles:

1. Constant, continuous improvement
2. Service to others

PCE currently has 649 subscribers on mailing list, 986 likes on Facebook, 283 followers on Twitter, 98 subscribers on Youtube. In 3 recent workshops, 58.2%, 74.4% and 41.2% of attendees understood the need for constant, continuous improvement and 74.4%, 69.3% and 53.0% understood need for service to others. In workshop 3, 92.3%, 76.9% and 92.3% agreed that these 2 principles have provided tools to develop their portfolio, build long-term career success and build resilience respectively. In workshop 2, 79.5% of attendees demonstrate a strong use of these values when pursuing a career in surgery. All attendees stated they will take action as a result of these workshops.

In addition to the tradition portfolio/exam-focused advice, PCE broadens the view of trainee to build a viable surgical career, in the light of all health facets (physical, mental, social and financial domains). PCE demonstrates how strong leadership is a catalyst for cultural change of resilience and growth to guide our future surgeons for a happy, successful and sustainable career in surgery.

Leading Across Systems and Organisations

QUALITATIVE STUDY: EXPLORING THE VIEWS OF CANCER RESEARCHERS SURROUNDING BREXIT AND ITS IMPACT ON THEIR WORK

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Background With roughly one in two people set to develop cancer at some point in their life, cancer research plays an important role in helping to tackle this disease. However, there are well documented, significant concerns felt by the United Kingdom (UK) cancer research community as to the effects Brexit will have on their work.

Objectives A qualitative study to explore the views of senior cancer researchers at the University of Birmingham surrounding Brexit, to evaluate the impact it will have on the work.

Methodology This study involved eight semi-structured interviews with senior cancer researchers working at the University of Birmingham. Participants were from a range of nationalities and have worked in a variety of different research specialities, including clinical trials and laboratory-based research.

Findings All the senior researchers agreed that Brexit would adversely impact their work and it was felt that the immediate consequences would greatest for those involved in pan European clinical trials. Participants main fears were around their ability to recruit European Union (EU) talent, derive EU funding and the implications of Brexit on regulatory alignment between the UK and EU. The latter was felt to be especially important in relation to clinical trials.

Conclusion Participants felt that the nature of the deal the UK secures with the EU following Brexit would ultimately determine the true impact Brexit would have on their work. Insights from this project’s findings suggest that policymakers must create legislation that allows EU talent to be easily recruited, gives the UK access to Horizon Europe funds and achieves regulatory alignment between the UK and EU, particularly in the field of clinical trials.