

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.

### 113 IMPROVEMENTS IN SEPSIS CARE

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10.1136/leader-2019-FMLM.113

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 specialities has led to a change in culture where staff now consider sepsis early in a patients 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.

### 114 LEADING A QUALITY IMPROVEMENT PROJECT ACROSS A LONDON-BASED SEXUAL HEALTH SERVICE

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10.1136/leader-2019-FMLM.114

**Background** Recent BASHH Guidelines recommend testing for *Mycoplasma genitalium* (MG) in clinically indicated conditions (CIC); non-gonococcal urethritis (NGU); epididymo-orchitis; pelvic inflammatory disease (PID). The aim of this quality improvement project was to ensure that 100% of clinically indicated patients were tested for MG across the Guy's and St Thomas' trust Sexual Health service.

**Method** Baseline data was collected over five weeks and it was identified that the median number of clinically indicated MG tests carried out were as follows: 60% for NGU, 63% for PID and 100% for epididymo-orchitis. Subsequently, three Plan-Do-Study-Act (PDSA) cycles were planned:

- Ensuring that all staff had IT access to the order set for MG by liaising with the relevant staff
- Holding a departmental educational event about testing for MG in conjunction with displaying posters clinical areas
- Sending reminder emails to clinicians who didn't test clinically indicated patients for MG.

A sample of 10 patients for each CIC per week were analysed to identify the percentage tested for MG; results were plotted on run charts.

**Results** There was a sustained increase in the number of NGU cases appropriately tested for MG following the cycles. No increase in MG testing was seen in PID and epididymo-orchitis, however, the median number of patients each week was low (7.8 and 2.3 respectively). The rate of inappropriate testing for MG was also analysed and found to be high at 15%.

**Discussion** We have demonstrated sustained improvement in MG testing in NGU patients but not for the other CICs; the significant number of inappropriate tests performed warrants further work. Key staff members were involved in the planning stages of the project and therefore, were made aware of the changes through meetings, emails and the teaching event held. This optimised staff involvement and meant that we were able to gain feedback.

## Understanding Leadership Through Research

### 115 THE UMBRELLA EXPERIENCE REDESIGNING CONTRACEPTIVE SERVICES IN A TIME OF AUSTERITY

Rhiannon Murphy. *University of Birmingham*

10.1136/leader-2019-FMLM.115

**Background** Following the 2012 Health and Social Care Act, Local Authorities became responsible for the provision of Sexual and Reproductive Health services. Birmingham City Council and Solihull Metropolitan Borough Council redesigned their service and introduced an integrated, lead provider model through Umbrella Health.

**Study aims** This study was the first qualitative study to explore the experiences of the commissioning and redesign of the innovative Umbrella model. The study aimed to understand the impact of the Health and Social Care Act and cuts to funding on the provision of contraceptive services in Birmingham and Solihull.

**Methodology** The methodology is founded on Realist Evaluation, exploring data gathered from the thematic analysis of 12 semi structured, one-to-one, qualitative interviews.

**Findings** Through re-design and innovation, the introduction of Umbrella has improved outcomes in a time of uncertainty and austerity. For Umbrella those individuals involved in commissioning and service redesign have been key in driving a shared vision for change, as has the culture of collaboration and partnership working.

**Conclusion** The Umbrella model has achieved greater efficiency, cost savings and reinvestment opportunities, while reintroducing accountability and a strong clinical governance framework through collaborative commissioning, innovative leadership and a shared vision for change.

While this study has its limitations, it provides insight into the experience of Umbrella in evading the detrimental impact of cuts to funding, while operating in an environment of austerity, offering advice and direction for others in this challenging time and raises considerations for the future.

## Leading Innovation and Improvement

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

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10.1136/leader-2019-FMLM.116

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

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

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10.1136/leader-2019-FMLM.117

**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 be 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.