assessment tool that is a sensitive and specific method of screening for delirium in hospitalised patients.

Aims To determine the prevalence of use of the 4AT and to reveal if increasing staff awareness yielded improvement in use of the 4AT and detection of delirium.

Methods Initial data collection analysed inpatient notes on our rehabilitation (rehab) ward and medical assessment unit (MAU), for any terminology suggestive of an underlying delirium. Rehab ward nursing staff had already received training on delirium detection. Following this, formal teaching was delivered to junior doctors, and 4AT lanyard cards were distributed. One month later, another round of data collection was undertaken. Throughout the year, nurses in MAU were educated on delirium. Further data was collected 1 year later.

Results Baseline data analysis showed use of the 4AT on the rehab ward (75%) was significantly greater than MAU (20%). This was associated with increased detection/diagnosis of delirium on the rehab ward (75% diagnosed, 100% concordance with 4AT use) compared to MAU (20%). After 1 month, use of the 4AT improved dramatically on MAU (50%) and remained high on the rehab ward, improving to 87.5%. Results at 1 year show use of the 4AT continues to remain high on the rehab ward (75%) in at-risk patients. In addition, there remains a sustained improvement in 4AT use on MAU (40%) compared to baseline data (20%). Diagnosis and recording of delirium continues to improve on MAU (100% of suspected patients diagnosed), and remains high (75%) on our rehab ward.

Conclusion Our findings support the continued use of the 4AT screening tool and ongoing staff education and training in order to improve knowledge and confidence in detecting signs of delirium.

Leading innovation and improvement

29 PPE DONNING AND DOFFING CHECKLISTS – CREATING CLARITY IN A TIME OF UNCERTAINTY

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10.1136/leader-2020-FMLM.29

Coronavirus 2019 (Covid-19) poses a new hazard for healthcare professionals. Infection prevention relies on donning and doffing (D&D) personal protective equipment (PPE) safely. Studies have suggested the importance of clear D&D instructions in reducing the risk of self-contamination.¹ Guidance on Covid-19 PPE from Public Health England (PHE) was sparse and ambiguous, leaving many operating department (OD) and ICU staff feeling unprotected.² In view of this, anaesthetic trainees devised D&D checklists to improve staff confidence and safety.

A survey was created asking OD and ICU staff to rate their confidence in D&D following PHE's guidance on a 10-point Likert scale (1 - low; 10 - high), if PHE guidance provided sufficient detail, and how it could be improved upon. New D&D checklists were devised based on existing guidelines and scientific evidence. Final checklists were approved and disseminated by Trust management. Same staff completed a post-intervention survey, asking to rate their confidence using new

checklists on the same scale, if the new checklists improved upon PHE's, whether sufficient checklists were displayed, and if not, where else they should be displayed. Data was tested using Wilcoxon matched pairs test.

37 staff completed both surveys. The most common suggestion was for detailed checklists. 97% of participants said PPE guidance was not available where required. Median confidence improved from 4 to 9 after using our new checklists ($p < 0.0001$). All participants reported the checklists significantly improved upon PHE guidance. After dissemination, 95% of participants commented that sufficient checklists were displayed, but suggested displaying on resuscitation trolleys and COVID wards.

The results of our study demonstrate significantly improved confidence in D&D using our checklists. Through collaboration with the multidisciplinary team, anaesthetic trainees produced checklists that provided clarity on PPE procedures for staff across the Trust.

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Management and leadership

30 IMPROVING BAME ACCESSIBILITY TO SENIOR MANAGEMENT AND LEADERSHIP ROLES

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10.1136/leader-2020-FMLM.30

Due to the poor representation of Black, Asian, Minority Ethnic (BAME) colleagues at a senior level, in the NHS in 2015, the Workforce Race Equality was introduced.¹ At this time the NHS was the fifth largest employer in the world, hiring over 1.2 million people. Fast forwarding a few years BAME employees made up 18.94% of this workforce, 11.2% of which held senior positions, including Band 8A and higher. These statistics were further affected by geographical locations with places like Newcastle reporting above 1% of BAME employees in a senior position.²

This vast underrepresentation of the workforce at a higher level suggests poor access to senior positions by this cohort, and strongly suggests the topics discussed and decisions made to be poorly reflective of the collective requirements of those affected. This may also go on to affect the zeal and enthusiasm of employees wishing to pursue senior positions.

This article aims to look further at the evolving diversity within the NHS and opportunities available to BAME employees in order to improve accessibility to more senior roles.

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