Conclusions Fundamental knowledge of clinical leadership in junior clinicians and students can lead to significant benefits in the delivery of healthcare. Further research must be undertaken to quantify the improvement of leadership in individuals who have had early education on clinical leadership compared to those who have not.

Leading innovation and improvement

34 USE OF THE DECAF SCORE TO FACILITATE EARLY DISCHARGE FOR ACUTE EXACERBATION OF COPD PATIENTS: A QUALITY IMPROVEMENT PROJECT AT A DISTRICT GENERAL HOSPITAL

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Aims DECAF is a scoring tool that can predict the severity of patients attending hospital with an acute exacerbation of chronic obstructive pulmonary disease (AECOPD). Previous research has shown AECOPD patients with DECAF scores of 0 and 1 are candidates for early discharge. Using quality improvement methodology, we aimed to implement a DECAF protocol at our hospital and assess its effect on short-term patient outcomes.

Methods Plan-do-study-act (PDSA) methodology was used. Patients attending Bedford Hospital with AECOPD and a DECAF score of 0 or 1 were included. For September 2019, notes were retrospectively reviewed for patients for DECAF score, length of stay, 30-day re-admission and 30-day mortality (PDSA cycle 1). A framework to facilitate early discharge for patients was subsequently established. Awareness was increased through teaching sessions, posters and targeted emails. To evaluate the impact of our improvements, data for the same parameters were then collected prospectively (PDSA cycle 2).

Results DECAF score was assessed for no patients in PDSA cycle 1 (n=20) but was assessed for all patients in PDSA cycle 2 (n=14). Number of days stay in hospital was significantly decreased in PDSA cycle 2 (mean 0.29 ± 0.45 days) compared to PDSA cycle 1 (mean 3.71 ± 2.69 ; difference $p < 0.00001$). 30-day re-admission was not significantly different between PDSA cycles 1 and 2 ($p = 0.50$). No patient in either PDSA cycle experienced mortality within 30 days of discharge.

Conclusion Implementing a DECAF protocol is safe and feasible in the district general hospital setting and can facilitate early discharge for patients with low severity AECOPD. Additional recruitment and further study of patient outcomes is required.

Developing effective leaders – medic academy – empowering all

35 MEDIC ACADEMY – EMPOWERING ALL

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In order to ensure the future of high-quality medical leadership we need to empower those at the beginning of their career to make informed choices about their future. Medic Academy is a work experience programme based at North Devon District Hospital (NDDH) developed in conjunction with Petroc, the local sixth form college. Locally, there was a lack of varied and structured work experience opportunities. As NDDH is the most rural hospital on mainland England a significant proportion of doctor's travel in from surrounding areas. These factors mean that local students had less exposure to a network of informal contacts to facilitate work experience. A structured programme was created that offers a range of experience within the hospital setting, and empowers students in their career decisions. Qualitative feedback has demonstrated that students feel empowered to make a career decision that would shape their future. It also gave them a realistic impression of life as a doctor and broadened their horizons to explore other career options within healthcare. Staff consider this program a unique opportunity in a rural setting and the project has been highlighted in parliament by the local MP. The junior doctor organisational team also found it offered a valuable experience in broadening leadership skills outside of healthcare. Having a locally based work experience such as this helps support the wider community, improving opportunities for young adults as well as engaging the local community with their local hospital. It was an invaluable experience in developing leadership skills and understanding how to drive and develop a project. It also demonstrated that engaging the wider community can help build our future workforce and therefore our future leaders.

Paediatric physician associates

36 THE UK'S FIRST PAEDIATRIC PHYSICIAN ASSOCIATE PROGRAMME

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Physician Associates (PA's) are innovative healthcare professionals underutilised in the Paediatric setting, with less than 20 working in the specialty across the UK. With a national shortage of Paediatricians, we have recruited 15 PA's to our organisation increasing our tier 1 workforce and bring diversity to medical teams within 12 months.

Work has been undertaken to disseminate information about PA training and scope of practice with an overall vision including:

- Job plans developed to set out capabilities
- Department specific curricula and competency documents
- Development of CPD Programme
- Dedicated supervisory roles and weekly Leads meetings to facilitate training and troubleshooting
- Development of a management structure has enabled each team to have clinical and non-clinical input with members working to their strengths

We have taken advantage of enthusiasm and institutional drives for change; seeking patient, doctor and allied health professionals feedback on the role to gauge our programme with the intention to remodel where needed. Feedback has