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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10.1136/leader-2020-FMLM.34

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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10.1136/leader-2020-FMLM.35

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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10.1136/leader-2020-FMLM.36

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

been positive and provides tangible data on quality and quantitative benefits.

All PA's are undertaking departmental service improvement projects to highlight service needs and value to be added by our new workforce which aligns with our trust vision. Their contribution increases patient safety, reduces waiting times and leads to increased productivity.

PA's are contributing to first tier on call rotas, delivering patient care whilst helping to improve the quality of doctor training - there is an increased opportunity for doctors to access training, more clinic and theatre time.

PA's do not rotate like junior doctors and as such retain institutional and departmental memory, as such they have become an integral part of departmental inductions.

By having a clear vision aligning with our overall organisational aims, we have been able to take staff on our journey.

Co-production to improve neighbourhood well-being for underprivileged parents

37 LEADING SYSTEMS CHANGE THROUGH CO-PRODUCTION WITH BENEFICIARIES AND CHAMPIONS FROM MULTIPLE SECTORS

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10.1136/leader-2020-FMLM.37

Background Social disadvantage is associated with problems in child development and studies have found this was largely mediated by maternal mental health (Ban et. al, 2012). In Southwark, 40% of children live in poverty and 30–40% of GP visits were mental health related. Yet, there is a shortage of mental health support services for their population even before the surge in demand triggered by Covid-19. Given this backdrop, support for parental mental health should be more distributed in the wider society, utilising preventative community approaches for mental well-being, particularly for disadvantaged parents.

Leadership intervention Combining principles of design thinking and co-production, the root causes of the problem of maternal and more broadly, parental distress, were investigated through focus group, individual interviews, clinical observations and preliminary data from primary care database. People considered to be important in the parents' network of influence were then invited to 'parent champions' co-production sessions over zoom where champions were asked to co-design and co-deliver ways to better meet these needs. A total of 4 sessions were held to date with 60 champions from 13 sectors.

Outputs Interventions co-produced from the multi-sector parent champions events include expanding a computer bank for the digitally deprived, developing culturally sensitive GP video briefings to address parents' concern about Covid-19, and building a buddy system between parent champions and social prescribers.

Process outcomes 85% of the parent champions said they would do one thing differently to support self or other parents as as result of conversations during co-production. 60% said they feel more connected and less alone in coping with the crisis through the co-production process.

Leadership learning When diverse and relevant people are involved in co-production, synergy happens, creating a higher point of leverage for wider impact.

Leading innovation and improvement

38 THE ALPHABET STRATEGY FOR DIABETES MANAGEMENT; A PATIENT CENTRED, EVIDENCE-BASED CHECKLIST APPROACH FOR REDUCING COMPLICATIONS AND HEALTHCARE COSTS

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10.1136/leader-2020-FMLM.38

Background The International Diabetes Federation estimates 430million cases of diabetes globally. The National Diabetes Audit highlights significant gaps in attainment of national targets, which can result in diabetes-related complications including heart disease, stroke, and retinopathy. The latest report highlighted;

- Type-1 diabetes: only 17.1% achieved good glycaemic control, BP and cholesterol targets
- Type-2 diabetes: only 39.5% achieved these targets

Method The Alphabet Strategy is an evidence-based care plan to manage patients with diabetes. Created at George Eliot Hospital, and included GPs; Nurses, Specialist Doctors and patients. The strategy allows healthcare professionals to provide a personalised care plan to all patients including a specialised plan for patients observing Ramadan.

Results The strategy resulted in significant improvements in glycaemic control, blood-pressure, cholesterol, eye and foot examinations, and guardian drug uptake. Locally, we had the best attainment of targets out of 22 regional Clinical Commissioning Groups. The National Impatient Diabetes Audit highlighted lower admission rates and disease-related complications.

Discussion The Alphabet Strategy philosophy follows our 'POETIC' vision;

- Patient-Centred, Public-Health driven, Professionally Inspired
- Outcome-based,
- Evidence-based,
- Team-focused,
- Integrated across services,
- Cost efficient,

Dissemination is ongoing; over 50 teaching workshops and diabetes care events based on The Alphabet Strategy, including the BMJ Masterclass by Professor Patel. The care plan is part of the Sound Doctor diabetes care educational programme, approved by QISMET (Quality Institute for Self-Management, Education and Training).

Conclusion We have learnt that a 'POETIC' approach works well. Implementing the strategy can lead to earlier detection of disease-related complications and better patient outcomes.