Intervention and Improvement The new rota produced ensured an even distribution of shifts and honoured pre-existing leave. The new rota was compliant and ran to completion for every trainee. Comparison of stepping down to the trust rota vs our new rota reduced inter-trainee shift variation. Night shift discrepancy SD reduced from 2.89 to 0.97, long day (ward cover) on-calls reduced from SD 3.57 to 1.12 and long day (take) shifts SD 0.98 to 0.56.

Following implementation a second cross-sectional survey was distributed. 85% agreed or strongly agreed that there was sufficient staffing levels 'on call' and 80% agreed or strongly agreed that there was sufficient staffing levels on the wards. 95% found they were able to take their annual leave and 80% agreed or strongly agreed that there was an even distribution of on-call and night shifts.

Conclusion The success of our project relied on good engagement with colleagues to collect a representative view for leverage in discussions with seniors, and produced a result that was fairer for trainees, sustainable, and preferable for rota coordinators and senior clinical management. Active collaboration in the rota design process will improve junior doctor engagement, well-being and job satisfaction.

Leading innovation and improvement

66 PRIMARY CARE: CHALLENGES FACED DURING COVID-19

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10.1136/leader-2020-FMLM.66

The COVID-19 outbreak is arguably one of the greatest public health challenges of our time - not least for general practice, where over 1 million patients are already treated daily. Boundary House Medical Centre, a GP practice in Greater Manchester, has a 10,500 patient population and 28 members of staff. As lockdown approached, the transition in primary care in such a short space of time presented many challenges, particularly for those in leadership positions (practice manager (PM), GP partners). This project sought to capture the experiences of the staff at the practice to highlight lessons learnt during the pandemic in primary care.

Using a semi-structured format, interviews were conducted in July 2020 of all staff members at the practice. This involved the PM, 3 GP partners, Salaried GPs, GP trainees, trainee advanced practitioner, Nurses, HCAs, and the rest of the diverse administration team (n=28). Their responses were summarised into transcripts using an interview-based format. Consensus coding of the transcripts was performed using thematic analysis to establish common themes during the interviews and how this related to staff well-being.

This project highlighted some key learning points in primary care during the Covid-19 pandemic. It challenged leaders to be adaptable during uncertain periods, keeping staff engaged and up to date, and fostering a feeling of togetherness in a collective aim to still provide excellent patient care. Leaders felt empowered with more individual autonomy and there was a greater focus on staff wellbeing through both the creation of an environment which makes staff feel safe, valued and supported, ultimately improving staff well-being and morale.

67 COORDINATING ADVANCED CARE PLANS FOR PATIENTS IN NORTH WEST LONDON

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10.1136/leader-2020-FMLM.67

Background Care home residents account for 185,000 emergency admissions each year, with 35–40% of these potentially avoidable. Coordinate My Care (CMC) is a validated tool which enables patients to hold a digital advanced care plan. Effective use of this tool prevents unnecessary admissions and provides better care in the community. This project assessed the understanding of advanced care plans and promoted the use of CMC as tool to enhance this process which in turn will lead to less avoidable emergency admissions, particularly in the elderly.

Assessment A quantitative survey was conducted to evaluate the understanding of the importance of advanced care plans. The survey included doctors and other allied healthcare professionals working in the Medicine for the Elderly Department at St Mary's Hospital. The results show that of the 21 doctors only 19.05% had access to CMC. In addition nurses, occupational therapists and other allied health care professionals within the department did not have CMC access.

Intervention Numerous departmental teaching sessions were conducted where we discussed the evidence of how effective plans can prevent unnecessary admissions and ensure frail patients with end of life care needs die in their preferred place of death. Training was provided on how to access and complete advance care records using CMC. We provided login access to enable the users direct access to CMC through the electronic health care record, which has single user sign on facility.

Conclusion Advanced care plans are an integral part of improving care. We promoted a digital solution to enable effective data sharing between primary and secondary care, London Ambulance Service and community services. This tool will help reduce avoidable admissions for the vulnerable and ensure patients are cared for in their preferred place of death when they reach the end of life.

Enhanced recovery following elective caesarean section

68 A QUALITY IMPROVEMENT PROJECT TO ENHANCE THE RECOVERY PATHWAY FOLLOWING ELECTIVE CAESAREAN SECTION AT ST THOMAS' HOSPITAL

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10.1136/leader-2020-FMLM.68

Aims Our project aimed to enhance the recovery pathway for elective caesarean section (ELCS) at St Thomas' Hospital by reducing the length of stay by 20% by February 2020 (over a course of 5 months).

Methods Quantitative and qualitative data (via feedback forms) was sought. The length of stay following ELCS was calculated from theatre operating times and discharge time