Mentor (CLM) programme, with mentors appointed in all of the 19 Trusts in the region. This initiative was designed to improve leadership development, with the CLMs creating opportunities for medical trainees in their Trust.

The NHS Leadership Academy commissioned a formative evaluation of the scheme to assess evidence for continuation and development of the role.

Methods The evaluation involved surveys of Trainee Medical Staff (n=112) and Educational Supervisors (n= 170) across 8 Trusts – 4 Mental health and 4 Acute Trusts. A total of 43 interviews with CLMs, Educational Supervisors, Trainee Medical Staff, and Trust Managers were undertaken with later thematic analysis of these interviews. Reports were also provided by CLMs themselves to Health Education England South West.

Results

Trainees 94% considered leadership an important part of their practice and the number who considered themselves a leader increased as seniority increased - with the transition to registrar being particularly significant.

Educational supervisors (ESs) 98% ESs thought leadership was an important element of medical training but only 82% discussed this with trainees and only 53% felt they understood the opportunities which are available for trainees. ESs were asked what specific CLM roles would be useful. All suggestions e.g. identifying leadership roles/projects and setting up systems where trainees can shadow leaders or managers, had 'approval ratings' above 90%.

Conclusions There is evidence to support the continuation and development of the role, with support from trainees, ESs, and Trust managers. Roles should be less specified, with more freedom for local development. The CLM group has been highly valued, although the time commitment is high.

Leading innovation and improvement

82 HARNESSING COVID-19 LOCKDOWN TRAINEE LEADERSHIP TO EXPAND A LOCAL HEALTHCARE WORKFORCE WELLBEING INITIATIVE NATIONALLY

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10.1136/leader-2020-FMLM.82

There is lack of access at work to free sanitary products, personal hygiene products and sleep aids for healthcare workers, especially after hours or if unexpectedly resting on site. This may adversely affect personal dignity, hygiene and ability to sleep comfortably, negatively impacting staff engagement, sense of being valued and belonging and workplace performance. More intense shift working and increased fatigue and need to clean after wearing PPE during the Covid-19 pandemic increased these challenges.

The Sanitary Products On Site (SOS) and Too Tired To Travel Home (T4H) boxes were established to meet these needs. Led by a junior doctor, they were piloted at three South East Wales acute hospitals, targeting junior and SAS doctors. All female doctor survey respondents felt that the pilot SOS box: was very useful; relieved concerns about being at work without sanitary products; and improves dignity, wellbeing and peace of mind at work. SOS box usage across a health board cost £0.33/week. T4H pilot survey respondents

stated that personal hygiene products maintain dignity and wellbeing and improve their sense of being valued.

Expansion of the SOS and T4H box schemes in March-April 2020 in response to COVID-19 targeted all healthcare staff in Emergency Departments and/or Intensive Care Units at all acute hospitals and the new field hospital in Wales. Expansion involved recruiting individuals to site boxes in hospitals, fundraising and seeking box contents donations. Interim feedback was via user emails and social media.

The wellbeing box scheme expansion demonstrates that leadership can be flexible and delivered effectively via remote means. This involved expanding the Wales project, alongside empowering others to take a vision for positive change forward UK-wide. Leadership during a pandemic can be particularly powerful when meeting needs or channelling feelings of helplessness into purpose. Times of crisis provide momentum for positive change.

VTE risk assessment compliance

83 ASSESS THE RATE OF VTE ASSESSMENTS IN THE EMERGENCY DECISIONS UNIT (EDU) COMPLETED IN LINE WITH NICE GUIDANCE & TRUST POLICY

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10.1136/leader-2020-FMLM.83

Aims To understand the expected standard of care as outlined in NICE guideline 89 on reducing the risk of hospital-acquired venous thromboembolic events (VTE).

To identify the rate of completed VTE assessments and if indicated appropriate treatment was prescribed to ensure patient safety.

To identify areas of improvement within the department in order achieve a higher standard of compliance.

Methods Excel used to record information of patients discharged from EDU between 14/1/20 and 29/1/20. Data was analysed retrospectively to look at: presenting complaint, length of stay, indication for VTE prophylaxis and whether this was acted upon. Changes implemented focused on awareness, leadership and managerial issues identified. This led to the role of 'VTE champion' being created together with poster and flashcard reminders. Re-audit data collected between 10/2/20 and 23/2/20.

Results 278 patient data records in the preliminary data set

VTE assessment documented in 26.3%

210 patient data records in the post-intervention data set

VTE assessment documented in 41.4%

66.9% of patients had a completed VTE assessment in those where prophylaxis was indicated (63.3% pre-intervention)

87.1% of patients staying longer than 24 hours had a VTE assessment completed (63.7% preintervention)

Conclusion Overall there has been an upward trend in the number of assessments completed. EDU is a short stay unit where patients are typically discharged with 24 hours. Elements of the pre-admission checklist, such as the VTE assessment, are therefore easily overlooked. Our focus for implementing change been on improving staff awareness, and this has been partly achieved by the VTE champion initiative. This role underpins the core foundations of any leader:

teamwork, organisational and management skills to achieve the highest standard of patient care. It is contributing to improved compliance to guidelines and we hope the next re-audit cycle will better reflect this.

Leading innovation & improvement

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CARE NAVIGATION IN PRIMARY CARE: A STUDENT-LED CLINICAL AUDIT & QUALITY IMPROVEMENT PROJECT

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10.1136/leader-2020-FMLM.84

Aims Aims included assessing the need for a care navigation intervention and creating a tool to help patients access care more efficiently. Further objectives were developing leadership and management skills as medical students and pursuing a role in service evaluation and improvement within the practice.

Methods GPs at the practice were experiencing a high demand for telephone consultations as well as face-to-face appointments. Although some were reserved for same-day booking, elderly patients were often disadvantaged due to the need to call early for an appointment. 110 triage telephone consultations were analysed which suggested that 43% of calls were misdirected, with pharmacists being the most overlooked alternative. A patient education flowchart was developed and presented to 9 patients to raise awareness of alternative healthcare providers and appropriate reasons to book appointments. Feedback was evaluated using questionnaires.

Results Although all patients were aware of some services pre-intervention, 89% said they were more aware of others post-intervention. Some patients suggested having services like Women's Aid in the flowchart and having it both online and in-person.

Conclusions The needs analysis showed how education can help direct patients to appropriate healthcare providers. The flowchart was successful, but dissemination will be vital in future. Incorporating patient education into appointments may improve efficiency and the primary care network (34k people) intend to circulate the diagram. Care navigation benefits both practices and patients – potential benefits being patient satisfaction, empowerment and efficiency. Further, it may relieve GP workload and boost morale. The medical students involved also developed research and leadership skills by using quality improvement methodology. Leadership and management are vital for service improvement and there is great advantage to medical students designing and leading quality improvement projects.

Leadership lessons from across the world

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A FAST REFOCUS; AN IRISH DERMATOLOGY DEPARTMENT IN THE ERA OF COVID-19

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10.1136/leader-2020-FMLM.85

The arrival of Covid-19 in early 2020 posed a unique challenge for Dermatology, a largely outpatient based and highly visual specialty. We, a large Dermatology Department based in the south of Ireland, recognised that a dramatic reduction in face-to-face interaction must be delivered on a tight timeline to ensure patient and staff safety.

The response to a crisis like this required us to refocus on our core objectives; maintaining care and safety for returning patients, whilst also providing continued access for acute and serious new referrals.

With the arrival of Covid-19 to Irish shores in late February we immediately moved to telephone clinics for returning patients. Video consultations for new patients were introduced within two weeks. Later we increased the number of 'see-and-treat' surgical lists to manage suspected skin cancers, thereby minimising exposure risk. Our pre-existing photo-advice email service for GP's was re-advertised, which helped us to triage referrals. Meanwhile our multidisciplinary meetings for Melanoma, Dermatology/Pathology and Dermatology/Plastic Surgery were moved to teleconferencing.

We employed a 'fail fast, learn fast' approach. By example we soon learned that patients referred with skin lesions are not suitable for video consultation due to video fidelity issues. This led to a successful increase in 'see-and-treat' surgical lists to compensate.

As a result of these changes we have managed to maintain our service, an achievement which is demonstrated by our clinic numbers for new and returning patients, our clinical meetings proceed uninterrupted and even unintended benefits, such as a reduction in our 'did not attend' rate (a decreased from 22% pre-COVID to a 'did not answer' rate of 7% during lockdown).

Change may be forced, but in the words of Voltaire 'Perfect is the enemy of good'. Through focus, courage and flexibility we weather the storm.

Leading innovation and improvement

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IMPROVING COMMUNICATION AT NHS NIGHTINGALE HOSPITAL NORTHWEST: MEDICAL UPDATES TO NEXT-OF-KIN

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10.1136/leader-2020-FMLM.86

The Nightingale Northwest (NNW) is a UK temporary field hospital set up to provide extra capacity during the COVID-19 pandemic. Policies and standard operating procedures were undeveloped. Visitors were permitted only in exceptional circumstances, resulting in heightened anxiety for patients, and their family/carers.

Recognising the crucial importance of effective communication at this time, we led a quality improvement project aiming to improve telephone communication between the medical team and next of kin (NOK).

NOK satisfaction with communication received from doctors (rating 1–5, plus qualitative feedback) was the primary outcome measure and was surveyed through standardised phone-calls.