things might Be Better If..., and share Creativity – ideas for improvement or new projects.

Results The unit completed more than 50 projects over 4.5 months. Strong team identity and cohesion were developed, with a clear sense of role, ethos and core areas of work. In a high-stress environment, group activities cost little time overall, but were vital to rapid improvement of team cohesion and productivity.

Conclusions Clinical practices blended with project management techniques can create a powerful environment for cohesive team development and productive working in a healthcare crisis. A supportive environment, where positive values and behaviours are promoted, and where active, continuous improvement is valued, is vital to meet uncertain, shifting challenges.

Leading across systems and organisations

92

LEADERSHIP ON THE COVID-19 FRONTLINE: EXPLORING EXPERIENCES OF THE SENIOR MANAGEMENT TEAM AT THE NHS NIGHTINGALE NORTH WEST

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10.1136/leader-2020-FMLM.92

Aims The NHS Nightingale Hospital North West (NNW) was part of a new group of temporary hospitals created within the NHS, constructed in non-NHS infrastructures, to rapidly expand the capacity of the healthcare service for patients during the COVID-19 pandemic. During its existence, the hospital received 104 admissions, 1183 patient/days. The creation of a new hospital in such a short space of time presented many challenges for those in leadership positions, necessitating diverse and experienced management. This project sought to capture these unique experiences to highlight lessons learnt from the senior leadership team at NNW.

Method Using a semi-structured format, interviews were conducted with four consultants and nine members of the senior leadership team. Responses were summarised into transcripts using an interview-based format. Consensus coding of the transcripts was performed using domains/themes to establish common themes that occurred in the interviews and how this related to the hospital workforce.

Results The interviews explored what leadership qualities the staff were required to demonstrate. The following themes were identified: adaptability, bringing people together, reassuring staff, keeping calm and being visible. A key element was transparency and sharing information particularly relating to an openness about lack of knowledge, which was pertinent in the climate that COVID-19 created. A flat hierarchy facilitated staff to easily voice their opinion and promote change. Leadership challenges included working with new people, managing uncertainty and the rapid pace of change.

Conclusions The project established some key learning points for the NHS to take forward, including a greater focus on staff wellbeing, less bureaucracy and the need for clinicians to be involved in leadership roles. This will benefit staff at all levels of care by facilitating the creation of an environment which makes them feel valued and supported.

Leading innovation and improvement

93

SKILLS FOR COLLABORATIVE CHANGE

Anindita Ghosh. *The Health Foundation*

10.1136/leader-2020-FMLM.93

The Q community (delivered by the Health Foundation) and Nesta have worked in partnership to develop a tool that sets out the skills and attitudes needed for collaborative and creative problem solving.

The Skills map is a reflection tool that supports teams to better understand and explore the blend of skills required for collaborative working. It is focused on how teams can work together, is informed by evidence, and supports practical application. It includes activities for how teams can better understand their strengths as well as identify where the potential gaps might be.

Developing effective leaders

94

CAN A MAGAZINE MENTOR? HOW A STUDENT-LED PUBLICATION IS SHAPING PROSPECTIVE & CURRENT MEDICAL, VETERINARY AND DENTAL STUDENT LEADERS

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10.1136/leader-2020-FMLM.94

Mentor magazine is a quarterly magazine which contains wider reading to inspire aspiring healthcare students and provides opportunities for omni-directional mentorship. The magazine is a multidisciplinary project, as reflected in its leadership team consisting of medical, veterinary and dental students. Taking a One Health approach has resulted in a publication which demonstrates collaborative working and the transferable nature of healthcare skills to future leaders. Mentoring prospective healthcare students in writing an article develops the ability to act on feedback and respond appropriately to constructive criticism. Opportunities to publish outside of the school curriculum encourage students to seek challenges consistent with a growth mindset.

A survey was created to map skills learned to the Medical Leadership Competency Framework's areas for leadership and management development, to ensure that processes were shaping future healthcare leaders. Initial data is overwhelmingly positive: 77% of contributors would recommend writing for the magazine. Students feel they learned how to use feedback to develop their skills (69%), learned how to critically appraise scientific literature (58%) and learned about the process of mentoring (58%). Open-text feedback shows that contributors enjoy the process: 'it's satisfying and rewarding'; 'it is an amazing experience in which you...develop essential skills'. This project has shown that the skills of healthcare leadership can be developed at the earliest career stages. To meet growing demand, the publication portfolio of Mentor was remodelled to contain content written by undergraduate students and qualified healthcare professionals. Once the new portfolio has been launched, a follow-up survey will be sent

to subscribers and contributors. We feel we have implemented a streamlined process for students to develop key leadership and management skills with the support of more experienced student editors.

Leading innovation and improvement

95 EROSTERING AN EMERGENCY – HOW COVID-19 FORCED OUR TRUST TO IMPLEMENT EROSTERING WITHIN 2 WEEKS

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10.1136/leader-2020-FMLM.95

Aims Stoke Mandeville Hospital is a district general hospital within Buckinghamshire Healthcare NHS Trust in Aylesbury, Buckinghamshire.

The initial COVID-19 pandemic quickly showed that the Trust's understanding of its medical workforce deployment was suboptimal. With doctors redeployed from other services, increased sickness and COVID-19 self-isolation, current manual rostering proved insufficient. Trainees reported that unequal deployment was impacting their workload and morale. eRostering was proposed as a solution.

Methods The software chosen (HealthRota) was previously reviewed by the Trust's Junior Doctors' Forum. The solution offered limited contractual tie-in at low cost, so was approved by the Trust and rolled out quickly to support the COVID-19 response. The initial 'back end' rollout of medical on-call rotas and supplementary departments was completed in three days. Within two weeks, all end users had logins to view their rotas and the availability of the wider medical team.

Results The solution's effectiveness was determined by feedback from the rota coordinators and questionnaires from clinicians. Within a month of launch, 95% of junior doctors had used the software and 60% had used the mobile application. Their reported understanding of colleagues' deployment was significantly improved. Rota coordinators supported the change, reporting a greater overview of staffing and lower dependency on locums.

Conclusions

- eRostering can be implemented at pace and efficiency does not mean a reduction in quality of the eventual solution, especially if there is early stakeholder engagement.
- The rapid, successful deployment of eRostering software during the COVID-19 pandemic shows how an agile healthcare organisation can act decisively to implement new IT solutions faster than previously thought possible.
- eRostering saves time, but to benefit fully rota coordinators need to adjust deployment on a daily basis and must be adequately resourced.

Improving handover

96 IMPROVING THE MEDICAL WEEKEND HANDOVER AT A LARGE UK DISTRICT GENERAL HOSPITAL

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10.1136/leader-2020-FMLM.96

Background Out-of-hour handover enables continuity of care and its failure can lead to preventable patient harm and inefficiencies. At our hospital, handover for weekend medical ward cover takes place on a Friday afternoon and patients requiring review are uploaded to a secure electronic system. A baseline audit identified poor attendance, inadequate information and inappropriate task allocation as major issues resulting in difficulty prioritising tasks and focusing clinical reviews over the weekend.

Methods The following interventions were implemented over 6 weeks: (1) Restructuring of handover into three staggered timeslots allocated to each floor of the hospital; (2) A 'Hand-over Guide' was circulated with handover information including 'dos and don'ts'; (3) Any patient added to the electronic system after 5pm was verbally handed over to the on-call Medical team and (4) Weekly reminder emails and WhatsApp messages are circulated and poorly attending wards highlighted. Over 4 consecutive weekends, data on attendance, number of patients handed over and handover contents were collected and evaluated.

Results There was an overall improvement in attendance by the on-call and ward teams. The total number of patients handed over was 73 patients per weekend (76 at baseline). The proportion of patients added to the electronic system after handover reduced from a 16–68% increase at baseline to 0–16% post-intervention. There was an overall reduction in the number of investigations being handed over and a small increase in clinical reviews.

Conclusion Due to the 24-hour service provided by the NHS, face-to-face handover is critical to help ensure patient safety and optimal outcomes are achieved. Effective structuring and peer-education of an effective handover system can improve the quality of handover and enable better and safer patient care.

COVID-19

97 THE FOUR WATCHES: A SMALL ISLAND APPROACH TO COVID-19 IN THE EMERGENCY DEPARTMENT

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10.1136/leader-2020-FMLM.97

Background Jersey General Hospital is the largest medical facility in the Channel Islands serving a population of 107,800. Our Emergency Department (ED) is the only one in Jersey and it serves 40,000 attendances per year. We had unique challenges during the COVID-19 lockdown given staffing levels, paucity of resources and disruption of strategic links with the NHS. Cancellation of all water and air links left our hospital extremely vulnerable to staff sickness with the inability to access additional workers from the UK or other hospitals. Additionally, overnight a solitary FY2 and 3 nurses staff the department. To combat this, four Watches were created for safe and sustainable cover over a 24 hour period in ED. We are unaware of any other Emergency department in the UK using a similar Watch model.

Method Each Watch consisted of 1 consultant, 2 middle grades, 2 SHOs, 1 Sister, 6 Nurses, 1 HCA, and 2 receptionists. Over 12 weeks, a rota of 12-hour shifts, three days on, three days off were used. Watches did not meet each other to minimise any spread of COVID-19 with handover solely being