

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 'Handover 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