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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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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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

consultant to consultant. A survey was sent to all staff after the 12 weeks enquiring how it affected morale, the treatment of critically ill patients and how much sick leave was taken in this period. Fifty of sixty people responded to the survey.

Results Over 12 weeks not a single day of sick leave or isolation was taken. 84% of responders felt the watch system improved morale. 90% agreed it improved the treatment for critically ill patients. 88% want to return to the Watch system if a second wave of COVID-19 occurred. 86% agreed it improved communication and teamwork. 96% agreed the presence of a senior doctor 24h/day had a positive effect on the running of the department.

Conclusion A watch based system improved patient and staff safety whilst simultaneously improving staff morale and teamwork during the first wave of COVID-19 at Jersey General Hospital.

Leading Innovation & Improvement

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

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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.

Trainee led trainee-programme creation

99 WICKED PROBLEM? TRAINEES CREATING A NOVEL FOUNDATION INTERIM YEAR 1 (FIY1) PROGRAMME AT SOUTH TEES NHS FOUNDATION TRUST

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The FiY1 cohort was nationally implemented to bolster an already pressured health-service for the COVID-19 pandemic. Existing trainee programme templates (such as Foundation Year 1) were inapplicable. Realising this a volunteer team of trainees stepped-up to create a bespoke programme for the Trusts 43 FiY1s.

Aims Novel programme creation.

Trainees utilised as clinical leaders.

FiY1 pastoral and welfare support.

Methods FiY1s' and Trust's needs were initially unknown. Echoing military planning and the Wicked Problem concept, Tutors used question-based planning which identified 5 domains: operational; pastoral; educational; administrative and exit. The programme's centre of gravity, and therefore critical needs, were established in educational and pastoral domains. A voluntary evaluation of the domains by FiY1s gauged programme quality.

Results Median score for programme quality was 9/10 (mode 10/10). Median and mode for pastoral and welfare support was 10/10. Median scores for teaching and clinical supervision was 8/10. The lowest scores were 6/10 for quality of clinical supervision (n=1) and quality of pastoral support (n=1).

Conclusion The programme provided a highly impactful and positive experience for FiY1s; qualitative responses showed increased levels of confidence due to enhanced clinical learning opportunities in a well-supported environment.

Clinical leadership routinely is hierarchical and repetitive. Creation and execution of this programme in non-routine times highlights the need for flexible, agile and innovative clinical leaders. The 5 domains are applicable to any educational programme creation enabling focussed and detailed needs' analysis and planning.

Lessons learnt 1. Question-based planning effective in novel challenges 2. Trainees are capable of competently executing at operational and tactical levels in a trust 3. Organisations should encourage such opportunities for trainees but reciprocally need to provide guidance and support.

Leading innovation and improvement

100 MANAGEMENT OF PATIENTS WITH DIABETIC RETINOPATHY

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Aim The purpose of this study is to audit compliance against recommended guidelines for follow-up of patients with DR by the Diabetic Retinopathy Screening Service at the Church Road Health Practice in East London. Comparison is made