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

¹Shubham Gupta*, ¹Akash Srinivasan, Dhanusha Dharmarajah ². ¹Imperial College School of Medicine, UK; ²Mapesbury Medical Group, Brent, UK

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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

Mohamed Nauzan Mohamed Nazeer, Bill Kawai-Calderhead, Matthew Jones. *James Cook University Hospital, Middlesbrough, UK*

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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

Christos Iosifidis. *Barts and the London School of Medicine and Dentistry, UK*

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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