Leadership for patient safety

108 THE ESTABLISHMENT OF A RISK AND SAFETY COMMITTEE IN A PRIVATE HEALTHCARE ORGANISATION

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Background A culture of patient safety in Healthcare ensures that patients are treated right every time. To develop and sustain a patient safety culture requires a whole system approach and the role of clinical leaders is key.
Methods Our organisation's Leadership team audited all incidents weekly between September 2018 and January 2019 and found variable incident reporting rates amongst our clinical facilities. Lessons learned from incidents were not well cascaded to front-line teams. A Just Culture framework tool was piloted between January and August 2019 in an effort to improve incident reporting rates. This led to the establishment of a weekly multidisciplinary Risk and Safety Committee in October 2019, led by a Regional Physicist with expertise in Quality and Safety and the Medical Director. The RSC members represented front line teams, middle managers and the UK Leadership team. The weekly RSC facilitated risk analysis and the timely and accurate completion of Root Cause Analyses (RCA) by implementing a Just Culture policy.
Results The clinically led Risk and Safety Committee was established as a multidisciplinary forum where people felt safe to discuss healthcare incidents. The SBAR (Situation, Background, Analysis, Recommendation) reporting tool and the 5 Why/A3 process RCA tool were used to support a deep dive into root causes. An RCA registry with actions and lessons learned was established which facilitated the cascade of information to all teams. After six months of being operational, there have been 300 quality improvement actions documented by the RSC, 90% of which have been effected successfully.
Conclusions The successful implementation of the Risk and Safety Committee in our organization was the result of clinical and non-clinical leaders working together and learning from incidents. The culture of patient safety has improved, we see better incident reporting rates and people feel empowered to make quality improvement changes.

Developing effective leaders

109 IMPROVING WELLBEING THROUGH PEER TO PEER SUPPORT

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Background This project was aimed at addressing junior doctors' wellbeing in a district general hospital. It was initiated and delivered as part of a leadership initiative supported by the Wessex Deanery (Wessex Chief Resident Programme 2019–2020).

Burn out rates among doctors range between 25% and 76%. The peer to peer support interventions are designed to improve coping and resilience among doctors and breaking the burnout cycle. The aim of this project was to evaluate the effect of peer to peer support groups in junior doctors' morale and well-being. The peer-to-peer support provision as an intervention was introduced as an adjunct to routine trainee support measures already in place, i.e., educational programme and mentoring support.
Method The peer-to-peer support meetings were organised through an opt in approach. All participants and the facilitator agreed on terms of reference for the meetings including confidentiality. Participants completed a feedback survey investigating how the sessions affected their clinical practice and well-being. No ethical approval was sought for this project as it was not considered to the needed.
Results Twenty-three junior doctors participated in 20 sessions delivered over 6 months period. 25% completed a feedback survey. One third of the participants attended more than 70% of the sessions. Most participants scored 5 or more on the Likert scale for whether the sessions have changed their: sense of well-being at work, confidence levels, communication with patients and management of difficult situations.
Recommendation This project provides further evidence that peer-to-peer support is beneficial for junior doctors' wellbeing and morale. Positive participant feedback has encouraged other staff members to express interest in participation in a similar exercise. Dissemination plans are underway. It also provides further evidence that encouraging junior doctors to undertake leadership initiatives is transformative.

Leading innovation and improvement

110 PATIENT ACCEPTABILITY OF TELEPHONE FOLLOW UP AFTER CATARACT SURGERY

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GM and EL are both employees of Ufonia Ltd a company funded by Innovate UK that specialises in automating routine healthcare using natural language processing over the telephone.
Aims Healthcare is often slow to adopt innovation due to difficulties in changing culture and attitudes towards technological alternatives. This study aimed to evaluate the patient acceptability of a novel method for providing cataract follow up over the telephone (TFU) by looking at multiple factors of acceptability. This methodology can be used as a reproducible framework to guide co-development of future technology such as automated artificial-intelligence (AI) enabled TFU.
Methods Patients between the ages of 66 and 90 were called 3 weeks after their surgery by an ophthalmologist to assess if they had symptoms that could indicate a complication and require face-to-face review. We interviewed 30 consecutive patients who had received TFU within the last month. Patient acceptability was assessed through the validated Telehealth Usability Questionnaire (TUQ) and the likert scale responses