and enhanced. Finally, in addition to the mandatory training all trainees receive, the taught material during induction should be tailored more towards new doctors' needs.

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JUNIOR DOCTORS AS LEADERS IN DEVELOPMENT AND LIVE MANAGEMENT OF A CONTINGENCY ROTA DURING THE COVID-19 PANDEMIC: OUR EXPERIENCE AT THE GENERAL SURGERY DEPARTMENT IN QUEEN ELIZABETH HOSPITAL, LONDON

Michail Chatzikonstantinou, Cesar Brito-Ramirez, Paolo Sorelli. *SR in General and UGI Surgery. HE London, UK*

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Clinical Fellow, Queen Elizabeth Hospital, London, UK

Consultant Colorectal Surgeon and Clinical Director, Queen Elizabeth Hospital, London, UK

The COVID-19 pandemic has affected millions of patients around the world. Hospital departments had to adapt their services and expand their bed capacity. Our aim was to lead a team that will create a contingency rota in order to anticipate possible COVID-19 related sickness and support front-line specialities, such as Acute Medicine and Intensive Care.

The team involved in the creation of this rota was led by one junior doctor from every grade. Data from the surgical take showed that the average number of daily surgical inpatients dropped from 47 in February, to 22 by the first week of April. This reduction, together with cancellation of elective operations, allowed us to create a contingency plan with a ward cover, an on-call and a stand-by team at all times. We managed to release doctors to support other departments, ensuring that surgical inpatients were receiving the pre-COVID-19 standards of care. We, also, created a 'buddy system', predicting possible COVID-19 sickness in the on-call or the ward-cover team. On this contingency rota, there was a ward cover team with one SHO, three FY1s and two registrars, including the team for ITU support and a 'standby' ward-cover team. Two of the FY1 doctors were redeployed to reinforce Acute Medicine. There was constant feedback via a 'WhatsApp' group from the on-call and the ward-cover team to recruit help from the standby team

All doctors who were part of this rota were invited to provide feedback via a satisfaction survey. Out of 13 responses, 61.54% replied that they were satisfied or very satisfied with the contingency rota, and 76.92% replied that the rota was fair to very fair. The rota was designed by Junior doctors proving that well-thought planning measures can make all the difference when facing extremely difficult and unprecedented situations like the COVID-19 pandemic.

Quality improvement

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IMPROVING FLUID PRESCRIPTIONS FOR INPATIENT SURGICAL INPATIENTS WITH DIABETES MELLITUS

Piriyanga Kesavan*, Alexander Light, Oliver Bloom. *Bedford Hospital, Bedfordshire Hospitals NHS Foundation Trust, Bedford, UK*

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Aims Surgical inpatients with diabetes mellitus are common. We aimed to assess the diabetes management of diabetic adult surgical inpatients. This includes reviewing appropriate medication adjustment with altered eating statuses; fluids prescribed alongside a variable rate intravenous insulin infusion (VRIII); numbers of hypo- and hyper-glycaemic events in those on diabetic treatment and appropriate hypoglycaemia management options prescribed.

Methods We audited current performance against national guidelines from the Joint British Diabetes Societies Inpatient Care Group. A prospective snapshot audit was conducted on surgical patients with diabetes mellitus on 3 surgical wards. Data, including diabetic status, eating status, prescriptions and hypo- and hyper-glycaemic events, were collated by reviewing patient notes, feeding instructions and prescription charts. The results were presented at the surgical governance meeting, including a short teaching session, following which a prospective re-audit was conducted.

Results 65 patients were included in the first cycle and 34 in the second. The percentage of patients on gliclazide with a bedtime snack prescribed increased significantly from 28.6% to 81.8% ($p < 0.005$). The percentage of patients with hypoglycaemic and hyperglycaemic events decreased but there was no improvement in the VRIII fluid and PRN hypoglycaemia prescriptions.

Conclusions Robust prescription of diabetic medications and fluids is essential for positive outcomes. The significant increase in bedtime snack prescribing for patients on gliclazide was notable progress. However, there is still more to be improved, with the need for greater awareness of the appropriate VRIII fluid prescription and use of PRN hypoglycaemia management protocol. Continual assessment and improvement of diabetic management is recommended to ensure high quality and cost-effective care.

Understanding leadership through research

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ARE WE GOING IN THE SAME DIRECTION: DO STAFF PERCEPTIONS OF THEIR OWN AND ORGANISATIONAL GOALS ALIGN?

^{1,2}Stuart Bullock, ¹Chris Turner, ²Anne Slowther. *¹University Hospitals Coventry and Warwickshire, UK; ²Warwick Medical School, UK*

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Background When we consider what the right thing to do is, we call upon our own morals, professional guidelines, the law and other perspectives. We often combine these with our perceptions of the desires of those in authority. This work aimed to unpack staff perceptions of organisational drivers and gain an understanding of how and where we strike the balance between these multiple (and sometimes conflicting) perspectives.

Method 'Sheila is in the Emergency Department (ED) waiting to be admitted to a bed with a higher level of monitoring. She is about to breach the 12-hour NHS target and a non-monitored ward bed has become available. You must decide whether or not she can be admitted.' 112 healthcare professionals were asked how they would respond to this scenario.