honest and collaborative conversation. Student feedback emphasised the value of near-peer observation in encouraging information sharing with the group and discouraging relapse into counter-productive discussion and blaming. Following the course, students also reported using increased and broader opportunities for reflection and this was unrelated to the outcome of the situation.

These findings show students are an untapped resource for developing better, sustainable and more accessible reflective practice in medical education. It suggests the value of near-peers as role models to favourably cast the active pursuit of reflection, thereby increasing student internalisation of group reflection. Student-led reflective groups may address important gaps in the development of leadership skills in medical education. These skills have utmost relevance in training students to become part of the clinical workforce and improving patient safety.

Leadership opportunities for Junior Doctors

132 COVID AS A DRIVER OF CHANGE: LEADERSHIP OPPORTUNITIES TO IMPLEMENT NOVEL WAYS OF WORKING IN THE SURGICAL ASSESSMENT UNIT OF A DISTRICT GENERAL HOSPITAL

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10.1136/leader-2020-FMLM.132

Introduction Covid restrictions provided opportunities for novel approaches to patient assessment in the right place at the right time, whilst minimising unnecessary footfall in the Surgical Assessment Unit (SAU) of a UK District General Hospital. Prior to the pandemic, referrals were taken by Nurse Coordinators. Increasing call volumes put pressure on the department & disrupted clinical duties. Referrers often expressed difficulties in contacting SAU. 'Hot Clinics' (HC) reviewed patients attending the Emergency Department (ED) who did not require admission. Shielding Registrars led an innovative approach to triage SAU referral calls from General Practitioners (GP) & Nurse Practitioners (NP).

Aims To give Registrars an opportunity to innovate & lead service development through a novel way of working to triage SAU telephone referrals.

Methods Referral calls were diverted for triage by the hospital switchboard. Three outcomes were offered: Clinical advice, HC appointment or SAU review. Prospective referral data (15/6–31/7/2020) & retrospective non-triage data (15/6–1/7/2019) were gathered. Triage effects were measured by outcome comparison with non-triage data. Questionnaires were emailed to stakeholders.

Results From 15/6–1/7/2019, 56% of patients reviewed in SAU were sent home & 44% admitted, compared to 23.6% & 28.1% of referrals during the 2020 study period. Furthermore, 28.4% of admissions were avoided by triage. Only 3.1% of patients triaged presented to ED within 7 days. Triage reduced disparity in admission rates for GP & NP referrals (53.6% & 16.2% in 2019, compared to 29.1% & 26% in 2020). HC availability was limited. In view of reduced admissions, expanding this may prove cost neutral. Triage was

popular with stakeholders. Data will inform the Integrated Front Door project, to shape future development of Emergency Care. Conclusions: Traditional ways of working should be challenged. Novel approaches can be cost effective & positively impact patient care.

Developing effective leaders

133 EMPOWERING JUNIOR LEADERS DURING COVID-19: REFLECTIONS FROM A TEAM AT NORTH MIDDLESEX UNIVERSITY HOSPITAL

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Introduction North Middlesex University Hospital (NNUH) was one of the first hospitals affected by COVID-19, and one of the most pressured trusts dealing with the crisis in the UK. We describe a junior led initiative to manage the rapidly evolving situation and how lessons learnt from this experience can inform preparation for future events.

Methods In response to escalating issues on the ground, junior doctor representatives formed the Junior COVID-19 Working Group (JCWG) and worked alongside senior leadership to address front line challenges during the peak, as well as designing and implementing a trust-wide workforce restructuring project and an emergency rota.

Results With support from senior leadership, the JCWG was able to influence higher decision making and achieve numerous important interventions. Junior led rota design and workforce restructuring resulted in favourable outcomes for doctors' morale and perceptions of patient safety.

Discussion In the context of a novel crisis, junior leadership and engagement with higher management is essential in understanding and managing rapidly evolving situations on the front line. Our model highlights that in planning for future similar events, trusts should seek to champion junior led change via similar models, as well as invest in nurturing and training junior leaders.

Systems building during a pandemic

134 STAYING AHEAD OF THE CURVE – LESSONS IN COVID-19 PANDEMIC PREPAREDNESS FROM GIBRALTAR

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Gibraltar is a British Overseas Territory and has had a formal association with Great Britain since the Treaty of Utrecht in 1713. It has a population of around thirty-three thousand and shares a land border with Spain.

The first reported case of Covid-19 in Gibraltar was reported on the 4th March 2020 from a Gibraltarian