evaluated parameters such as post-operative hypotension and AKI. No improvement was found in first mobilisation and the ward were also admitted and one developed a post-operative AKI. 3 patients who were initially transferred to HDU had an AKI. 3 patients who were initially transferred to the ward were also admitted and one developed a post-operative AKI. No improvement was found in first mobilisation and length of stay. A review of critical care bed capacity found there was no impact on admissions after elective surgery.

Implementation of this pathway has reduced incidence of post-operative hypotension and AKI. Demonstrating that enhanced post-operative care can have a role in fractured NOF management with minimal impact on critical care bed capacity.

Results Quantitative metrics showed improvement from the baseline state. All data should be used for continuous improvement using Plan-Do-Study-Act cycles. The sustainability of the improvements could not be assessed given the lack of follow-up.

Thematic analysis identified three key themes. For successful QI initiatives, staff needed to be engaged with improvements from an early stage. Staff must also be empowered by leaders to create change, through support and education about QI. Finally, committed and engaged leaders must ensure that QI is prioritised to ensure that improvement becomes a daily activity in the workplace and staff are supported and encouraged to improve continuously. Ultimately these features result in successful improvement work and initiate culture change for sustainable improvement.

Conclusion QI research often focuses on quantitative data. This research provides a strong argument for including qualitative data collection to further understand how improvement occurs. Qualitative evaluation provided an insight into staff experience of improvement work, which can subsequently be used to guide future quality initiatives.

Developing effective leaders

**INTERPROFESSIONAL MENTORING: THE KEY TOWARDS A BETTER MULTIDISCIPLINARY TEAM WORKING MODEL?**

1 Baguiasri Mandane, 2 Shivane Nakum, 3 Jagraj Thandi, 1 Jekaterina Jasina. 1 Guy’s and St Thomas’ NHS Foundation Trust, UK; 2 University Hospitals of Leicester NHS Trust, UK; 3 University of Birmingham, UK

Background Medical and nursing literature identify several benefits of mentoring in improving Interprofessional Education (IPE) and practice.1–3 This review analyses available literature aiming to specifically address the potential of integrating interprofessional mentoring programmes within an interdisciplinary context to improve patient care delivery.4

Method A literature search was conducted using the Cochrane Library, EMBASE, and MEDLINE databases. Search terms: IPE and mentoring; healthcare. Exclusion-criteria: individual mentoring programmes without IPE. Ethics approval was not required.

Results The search identified substantial evidence around IPE and practice, however relatively few (n=28) studies associated these specifically to mentoring. Of these, eleven met the inclusion-criteria (n=2/11, Cochrane reviews).1–11 These demonstrated overall positive outcomes correlating mentoring and interprofessional working.1–11 However, the limited number makes it difficult to draw generalizable inferences.

Discussion The General Medical Council (GMC) recognises the mentoring benefits in ensuring safe and efficient patient care.5 Nursing literature also links mentoring to greater career success and improved stress management.1–3 The limitation remains understanding its significance and wider impact on multidisciplinary team (MDT) working in real-time. How can current intra-professional mentoring programmes be tailored to incorporate an interprofessional dimension? The enhanced programme would support an integrated leadership model, e.g. cross-mentoring between professionals. In conclusion, the proposed future research, a pilot study, would aim to evaluate (through feedback) the value of interprofessional