healthcare outcomes. At present there is less emphasis on developing leadership skills compared to other aspects of training

Aim To understand anaesthetic trainees' experience of leadership and management and how best to develop these skills during training. Ultimately, this led to the implementation of a leadership and development passport (adapted from the Faculty of Medical Leadership and Management leadership passport) amongst anaesthetic trainees.

Method An electronic survey was sent to all anaesthetic trainees in our trust. It consisted of ten questions regarding leadership opportunities, at what level of training to introduce leadership and management skills and how best to achieve these goals.

Results In total 22 trainees responded. 95% thought leadership and management skills were important with 59% thinking they should be incorporated throughout training. 95% of trainees have had ideas in improving patient care or the working environment, however, 77% have not had these sustainably implemented. Multiple barriers were identified with lack of opportunity and lack of time being the top two.

A vast majority, 82%, thought that the leadership passport would be a useful tool.

Conclusion Trainees are meeting barriers having their improvement projects implemented. Despite increasing emphasis on doctors' leadership and management skills by the GMC, the practicalities of leadership development during training remains unclear. This leadership passport aims to empower trainees to sustain their ideas and to support them in developing leadership and management skills. We are confident that this will be an invaluable tool in developing the leadership skills of tomorrow's doctors.

Quality improvement project

159 IMPROVING BASELINE MEASUREMENT OF BLOOD GLUCOSE AND CHOLESTEROL LEVELS IN ACUTE STROKE PATIENTS: A QUALITY IMPROVEMENT PROJECT

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Introduction Hypercholesterolaemia and diabetes are established modifiable risk factors for cerebrovascular disease. A baseline audit carried out on an acute stroke ward in Kent showed variability in blood tests being requested on admission for suspected stroke patients, in particular glucose and lipid profile.

Aim To ensure that at least 80% of patients admitted to the stroke ward with suspected stroke have blood glucose and cholesterol levels measured on admission over an 18-week period.

Methods The percentage of patients with suspected stroke on the ward who had blood glucose and/or total cholesterol levels requested on admission was measured weekly. 3 interventions were introduced in the form of Plan Do Study Act cycles: educational email to doctors regarding the assessment of stroke patients and mandatory admission blood tests, adaptation of the 'Stroke Admission Clerking Proforma' to include a reminder of bloods to be requested and production of an all-inclusive 'Stroke bloods panel' on the online system for requesting bloods.

Results At baseline, an average of 30% and 34% of patients had glucose and cholesterol levels requested on admission, respectively, which increased to 43% and 40% respectively, after the email. This increased to 71% and 61% after the introduction of the proforma, and after the final intervention, on average, 82% and 85% of patients had glucose and cholesterol levels requested on admission, respectively. The results showed non-random variation.

Conclusions We achieved our aim of ensuring that more than 80% of patients with acute stroke had both glucose and cholesterol levels requested on admission. The stroke proforma and the bloods panel were the most effective interventions. The changes were implemented in another hospital within the same Trust. We anticipate greater compliance with NICE and Trust guidelines regarding appropriate and timely prescription of antidiabetic and cholesterol-lowering medications for secondary prevention.

Leading innovation and improvement

160 TURNING A CRISIS INTO AN OPPORTUNITY FOR GENERAL PRACTICE TEAMS IN NI

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The emergence of COVID-19 saw a seismic change in General Practice with significant clinical, operational and educational challenges across the whole of the primary care team. Information and guidance from multiple different sources emerged at an overwhelming pace for practitioners. There was no robust way of cascading critical information to individuals. Shielded, remote and sessional health care professionals in particular lacked access to sensitive Health and Social Care Board (HSCB) information.

It was evident that there was a need for a centralised information platform for professionals. This would provide easily accessible, accurate and up to date information on service changes, operational and clinical guidance as well as legislative changes

An MDT working group, with representatives from all professions including trainees was formed to design a central knowledge repository for the whole primary care team. This ensured all practitioners had access to the latest information, equipping them to deliver high quality care during the pandemic.

From concept to website launch took just three weeks, with a live web-based educational programme starting just one week later and acting as a catalyst for enhanced primary and secondary care understanding and communication.

There are over 150 attendees at weekly live ZOOM educational events, with the programme reflecting learning needs across the whole primary care team

Website analytics confirm 'Pageviews' >100,000 and 'users' >7,500 and rising with a global audience.

A crisis can bring exciting opportunities and a highly effective team can be created from conception in less than 4 weeks with a shared vision, enthusiasm and determination to make it work.