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**

Ayesha Khan*, Shruti Dorai*. Queen Elizabeth the Queen Mother Hospital, UK

10.1136/leader-2020-FMLM.159

**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. Three 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 blood 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**

Louise Sands, Maura Cony, Siobhan McIntee, Ursula Mason, Patrick Stirling. GPNI Team, UK

10.1136/leader-2020-FMLM.160

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.
Collaborative learning between GPs, fledgling MDTs, and across the primary-secondary care interface has united colleagues around a shared purpose, starting solution-focused conversations.

### OUTCOMES OF THE ELECTRONIC MEDICAL TAKE LIST – IMPROVING STAFF EXPERIENCE, PATIENT SAFETY AND ROSTERING

Alvin Shrestha, Alexa Isinou, Craig Burke, Troy Haddad. Croydon University Hospital, UK; 3, 4 Patientee

10.1136/leader-2020-FMLM.161

**Aims and Methods** The ‘medical take’ is a demanding process, whereby doctors review and manage acute admissions. We created a task force group and collaborated with Patientee, a patient tracking software that can pull real-time patient information from our electronic medical record system Cerner, in order to improve this experience for our staff and ultimately improve patient care.

A bespoke electronic medical take list was which allowed us to overcome previously identified issues:

- Patient details were automatically added to the list (removing the potential for transcription errors)
- Multiple user access
- Live location
- Live NEWS2 scores

Thereafter, 6 months' worth of data was analysed from February to September 2019.

**Results** Doctors were surveyed through an anonymised online questionnaire, with 27 respondents who had used both the old Excel list and the new Patientee list. 89% found Patientee to be improve efficiency. Two-thirds overall found it helped prioritise clinical need. 78% found patient details were captured more accurately with Patientee. Accessibility was also thought to have improved, with 85% favouring Patientee as being ‘easier’ or ‘much easier’ to access. 59% thought Patientee had decreased their workload. 96% would overall, recommend the new Patientee medical take list.

Through 6344 patient encounters, various outcomes were reviewed. There was a significant inverse correlation between NEWS2 scores and time taken for a medical doctor review: as NEWS2 score increased, patients were seen earlier. The time taken to be seen in minutes was expressed as $\frac{10.1136/leader-2020-FMLM.160}{10.1136/leader-2020-FMLM.162}$

### OPTIMISING THE CLINICAL PATHWAY FOR PLACENTAL HISTOLOGY

1Nazia Din, 2Nicole Gentles, 1Benjamin Allison, 1Maria Hickland, 2Jilly Lloyd, 2Adam D Jakes. 1King’s College London, UK; 2Guy’s and St. Thomas’ NHS Foundation Trust, London, UK

The Royal College of Pathologists (RCPATH) sets criteria for requesting placental histological examination which allows identification of pathological processes contributing to/causing an adverse obstetric outcome. Maternal intrapartum pyrexia is an essential criterion but is not part of the Guy’s and St. Thomas’ Trust (GSTT) guideline. There is no current baseline data on this at GSTT.

**Aim** To review current practice of requesting placental histology and amend trust guidelines to follow national recommendations.

Birth records from June 2019 were reviewed showing 8%(47/569) of deliveries were eligible for placental histology as per trust criteria but only 60%(28/47) were requested. A survey demonstrated 4% of staff were able to correctly identify all criteria for histology and there was confusion regarding formalin use. Neonatologists and pathologists were contacted to identify views on the usefulness of placental histology and the effect of adopting national criteria.

The pathologists confirmed all placentas should be sent in formalin unless specified by the obstetric team. The intrapartum infection guideline was amended to include requesting placental histology after approval by the intrapartum committee. The obstetric theatre posters were amended to include the extended criteria. A training presentation was emailed to all staff on the procedure for requesting placental histology.

The trust guidelines were successfully amended to include RCPATH criteria for placenta histology. Birth records from January 2020 identified 13%(63/487) of deliveries were eligible for placental histology, but only 56%(35/63) were requested.

The trust guideline for requesting placental histology now follows national recommendations. This may provide answers for adverse obstetric outcomes and reduce trust medicolegal costs. Unfortunately, no improvement in placental histology requests was demonstrated. Exploring potential barriers to improvement will be part of the next change cycle.

### QUALITY IMPROVEMENT PROJECT ON COMMUNITY INDUCTION FOR FOUNDATION YEAR 2 DOCTORS

1H Minali Perera, 2Victoria Apel, 3Katie Chu. 1Princess Alexandra Hospital, Harlow; 2Epsom and St Helier Hospital NHS Trust, Surrey

10.1136/leader-2020-FMLM.163

Foundation doctors regularly rotate through different specialties as part of their training. Inductions to these new placements can vary in delivery and effectiveness. High quality induction is a recommendation of the Academy of Medical Royal Colleges for safe trainee changeover.

**Aim** To improve the induction process for Foundation Year 2 doctors (FY2s) in community placements at Epsom and St Helier Trust.

A survey of 10 questions, devised from the British Medical Association guidance on adequate induction, was circulated to FY2 doctors(n=10) in community placements (GP and Psychiatry) between 4th August - 4th December 2019. Induction booklets individualised to each placement were created by...