reconfigured to GRH. This was rapidly implemented, to maximise patient safety whilst managing high patient volumes and potentially high levels of staff sickness.

In theatres, communication is critical to safe working. Much has been done in our Trust to improve theatre briefings. We aimed to assess how communication in theatres was impacted by changes made to working patterns during COVID-19. A SurveyMonkeyTM collected demographics, and Likert scale responses assessing team working, communication, briefings, and staff well-being. The survey was distributed to all surgical specialties, anaesthetic, and theatre staff. A total of 100 responses were collected over 5 weeks.

The survey confirmed that COVID-19 had a significant impact on working structures. 60% of respondents worked in different teams, and 44% felt outside of their comfort zone. 72% found communication more difficult, with 92% attributing this to PPE. The majority (72%) felt briefings covered specific C-19 related issues and they could raise concerns (77%). However, only 26% of respondents felt this was true for emergency briefings. This is the focus of our initial change.

We plan to improve briefings whilst re-engaging those stakeholders who were less involved during the early phase of the initial pandemic. Our high volume of emergency work means that we can implement rapid PDSA cycles following focused discussion groups. Some simple changes have already been made, including introduction of a dedicated pager for the operating general surgeon, and allocation of a CEPOD co-ordinator to attend morning handover. We plan to repeat the survey in 6 weeks. We will also conduct interviews with staff which, in addition to evaluating service improvement, will give vital information to guide ongoing refinements.

Leading across systems and organisations

183

DEVELOPMENT OF A COVID-19 PCR TESTING PATHWAY FOR KEY WORKERS AND CARE HOMES

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The Doctors Laboratory Group (TDL) has provided pathology testing for over thirty years, twenty of those as NHS partners. TDL runs a national network of UKAS accredited hub and spoke laboratories. Throughout the Covid-19 pandemic TDL Group, has supported:

- Pillar 1 NHS PCR Covid-19 tests
- Francis Crick Institute and UCL Pillar 2
- Pillar 3 antibody testing
- Pillar 4 research projects
- MedCity surge capacity
- London Nightingale Hospital
- Testing for professional sport, media and commerce

In late April Brent and Harrow CCGs required a Covid-19 PCR testing pathway for symptomatic key workers and suspected care home outbreaks. Brent and Harrow were named the top two London Boroughs worst affected by

Covid-19 deaths, with Brent topping the UK data for Covid-19 deaths.

Covid-19 Hubs and Rapid Response Teams were formed with logistics, IT connectivity and training for electronic requesting and reporting all signed-off within 6 days. Pivotal to this success were Lead Contacts who overcame challenges from testing in non-standard locations, co-ordinating Multi-Disciplinary Teams (MDT) across organisations, new social distancing and lockdown rules, international shortages of consumables, identifying key worker and patient requests for rapid notification of results and NHSE reporting.

Fundamental to the project's success were strong Leads for each organisation who understood their team skills so tasks were appropriately delegated. Leads worked together to maintain momentum, set actions and deadlines, provide rapid resolution to queries or potential stumbling blocks and praise teams on work achieved, promoting ongoing engagement.

Covid-19 testing is key to preventing virus spread and the protection of patients. The hub-spoke model underpinning The Doctors Laboratory Group has proven to be highly adaptable and resilient to exponential, rapid growth. This project's success demonstrates that with the right leadership big changes can happen over a few days.

Education

184

ASSESSMENT OF VIRTUAL TEACHING FOR OBSTETRIC AND GYNAECOLOGY POSTGRADUATE TRAINEES IN NORTHERN IRELAND

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Background Obstetrics and Gynaecology trainees in Northern Ireland attend bi-monthly postgraduate continued medical education (CME). COVID-19 restrictions meant these teaching sessions could not occur. Collaborating with senior trainees we developed a virtual postgraduate teaching series via ZOOM, delivered over two months focusing on key areas of the new Royal College of Obstetricians and Gynaecologists (RCOG) curriculum.

Aims To assess whether virtual teaching is an effective platform to deliver CME for obstetrics and gynaecology trainees in Northern Ireland.

Methods Survey monkey sent to participants, non-participants and consultants exploring experiences and attitudes towards this teaching series.

Results 33 trainees completed the participant survey, with the majority attending 1–2 sessions. Over 50% were first time users of video conference based teaching. 66% felt confident using video-conferencing for learning. 27 participants agreed the pre session reading enhanced learning. All participants agreed CME should be mapped to the RCOG curriculum. 87% of participants agreed that video-conferencing from a location of choosing improves accessibility.

15 trainees completed the non-participant survey, with 93% stating work commitments as the non-attendance reason. Interestingly 2 trainees were unable to work ZOOM. 73% of non-