mentoring in real-time clinical practice and patient care. Further analysing their effectiveness, impact factor and overall benefits in collaboration with organisations such as the Royal College of Physicians (RCP), Royal Pharmaceutical Society (RPS) and others.

Leading innovation & improvement

CARE NAVIGATION IN PRIMARY CARE: A STUDENT-LED
CLINICAL AUDIT & QUALITY IMPROVEMENT PROJECT

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10.1136/leader-2020-FMLM.18

Aims Aims included assessing the need for a care navigation intervention and creating a tool to help patients access care more efficiently. Further objectives were developing leadership and management skills as medical students and pursuing a role in service evaluation and improvement within the practice.

Methods GPs at the practice were experiencing a high demand for telephone consultations as well as face-to-face appointments. Although some were reserved for same-day booking, elderly patients were often disadvantaged due to the need to call early for an appointment. 110 triage telephone consultations were analysed which suggested that 43% of calls were misdirected, with pharmacists being the most overlooked alternative. A patient education flowchart was developed and presented to 9 patients to raise awareness of alternative healthcare providers and appropriate reasons to book appointments. Feedback was evaluated using questionnaires.

Results Although all patients were aware of some services pre-intervention, 89% said they were more aware of others post-intervention. Some patients suggested having services like Women’s Aid in the flowchart and having it both online and in-person.

Conclusions The needs analysis showed how education can help direct patients to appropriate healthcare providers. The flowchart was successful, but dissemination will be vital in future. Incorporating patient education into appointments may improve efficiency and the primary care network (34 k people) intend to circulate the diagram. Care navigation benefits both practices and patients – potential benefits being patient satisfaction, empowerment and efficiency. Further, it may relieve GP workload and boost morale. The medical students involved also developed research and leadership skills by using quality improvement methodology. Leadership and management are vital for service improvement and there is great advantage to medical students designing and leading quality improvement projects.

Developing effective leaders

LEADERSHIP TRAINING COMPONENTS AS PART OF
JUNIOR DOCTORS’ EDUCATION CURRICULUM – SHOULD THEY BE COMPELLARY? A QUALITATIVE STUDY

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10.1136/leader-2020-FMLM.19

Background Literature suggests clinical leadership is an important attribute for junior doctors working in the National Health Service (NHS). However, no formal, mandatory leadership training exists for this group of clinicians. To date, there has been no qualitative research exploring if the absence of leadership training within the foundation programme for junior doctors is justified.

Primary Aim This is a qualitative study, with the primary aim of researching attitudes and perceptions of junior doctors towards the incorporation of leadership training within their foundation programme, in order to determine whether junior doctors believe this training would be beneficial if mandatory.

Methodology This study comprised of 13 semi-structured, one-to-one interviews with junior doctors on the foundation programme. Interviews were either conducted in-person, over video-calling platforms or via telephone calls.

Findings Thematic analysis generated four main themes, some of which had sub-themes. The main themes were: ‘Working in the NHS’, ‘Leadership and Medicine’, ‘Should training be introduced?’ and ‘Delivery and Implications’.

Conclusion Junior doctors expressed their acknowledgement of the importance of clinical leadership within a hospital setting. However, only three interviewees stated that there is a clear need to introduce mandatory leadership training in the foundation programme. Barriers were frequent, especially in relation to an already overcrowded timetable. If this training were to be introduced, it would have significant implications for numerous NHS stakeholders.

Oxygen

IMPROVING OXYGEN PRESCRIBING PRACTICES AT AN
ACUTE TERTIARY CARE HOSPITAL

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10.1136/leader-2020-FMLM.20

Oxygen is one of the most commonly used, yet poorly prescribed drugs. The British Thoracic Society (BTS) 2015 National Oxygen Prescribing Audit highlighted national shortcomings in prescribing practices and use of oxygen. A 2017 audit at The Royal Sussex County Hospital amongst hospital inpatients continued to highlight inadequacies in the prescribing, monitoring and documentation of oxygen.

Aims 95% of patients using oxygen to have a valid drug chart prescription

100% of patients to have a target saturations range specified

100% of patients to have oxygen saturations documented with sufficient frequency for their NEWS score

90% of patients to have ‘actual’ SpO2 within their specified target range

Methods We carried out yearly re-audits in November 2018 and 2019 to objectively measure the impact of trust-wide and local changes.

PDSA Cycle 1

-Introduction of the ‘NEWS 2’ scale

-Re-designing drug charts with ‘tick-boxes’ for target oxygen saturations

PDSA Cycle 2

-Mandatory junior doctor teaching on safe oxygen prescribing
- ‘Oxygen Safety’ posters on wards
- Reminders at handover for staff to measure and document oxygen saturations

**Results** Following PDSA Cycle 1, all patients with valid oxygen prescriptions had a specified target saturations range. In the PDSA Cycle 2 re-audit, all patients had ‘actual’ saturations within their prescribed target range, and 99% had oxygen saturations documented with sufficient frequency for their NEWS score. These were huge improvements from previous audits, which highlighted significant proportions of patients at risk of hypercapnia. Despite improvements, 14% of patients continued to use oxygen without valid prescriptions in 2019.

**Conclusions** Through a combination of trust-wide and local changes, we were able to drastically improve behaviours towards oxygen use. This will have great implications towards improving the safety and quality of care patients receive. Further work is needed to ensure oxygen is consistently prescribed.

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**Wellbeing**

**22** ‘LET THEM EAT CAKE’: THE INTRODUCTION OF A WEEKLY CAKE ROTA IN THE ACUTE MEDICAL UNIT (AMU) TO IMPROVE TRAINEE WELLBEING DURING THE COVID-19 CRISIS

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10.1136/leader-2020-FMLM.22

The outbreak of COVID-19 had substantial impact on trainees. Examinations were cancelled, rotations to other specialties were suspended with little information available regarding the immediate impact and enduring consequences of the pandemic. Trainee morale in AMU dropped during this uncertain period, which this project aimed to address.

To identify baseline levels of morale, an anonymous survey was distributed to all AMU trainees at Musgrove Park Hospital via social media, asking to rate level of agreement using a Likert scale with several wellbeing statements such as ‘I feel happy at work’ and ‘I feel part of the AMU team’. The introduction of a cake rota encouraged trainees to pick a date they would provide cake for the team. Every Friday, after AMU ward round had finished, the team could eat together, whilst also offering an opportunity to socialise as a group. The survey was then redistributed to ascertain post-intervention levels of wellbeing.

Responses to the question ‘I look forward to coming to work’ were scored more positively post-intervention, with 50% now strongly agreeing with this statement, compared to 0% prior. Similarly, trainees demonstrated an increasingly positive response to the statements ‘I feel part of the AMU team’, ‘there is a spirit of co-operation and teamwork within my team’ and ‘I get along well with my co-workers’, as 100% of trainees now strongly agreed, compared to 43% pre-intervention. This was echoed in the free text comments at the bottom of the survey, where one individual commented this was a ‘great idea to encourage team camaraderie’.

Introducing simple measures (such as a weekly cake rota) promoted teamwork, collaboration, and a sense of unity, to help address a decline in trainee morale resulting from the COVID-19 pandemic. Longer term, this could improve individual wellbeing and maintain enthusiasm for a job which can be challenging and unpredictable, attributes which could be valuable as we enter a post-COVID world.

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**Intravenous iron use in pregnancy**

**23** INTRAVENOUS IRON USE FOR ANAEMIA IN PREGNANCY: EVALUATION OF PRACTICE AT A DISTRICT GENERAL HOSPITAL IN UK AND LITERATURE REVIEW

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10.1136/leader-2020-FMLM.23

**Objectives** To compare the efficacy, safety, and cost-effectiveness of Iron Sucrose (Venofer) and Iron Isomaltoside (Monoferr) in the treatment of iron deficiency anaemia of pregnancy.