Developing effective leaders

DEVELOPING EFFECTIVE JUNIOR DOCTOR LEADERS IN QUALITY IMPROVEMENT AND INNOVATION

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Aims Junior doctors experience a unique breadth of experience due to the nature of their rotational pattern of work. The aim of this work was to engage with, empower and support junior doctors to drive quality improvement (QI) and innovation.

Methods 12 junior doctors were competitively appointed as Wrexham Innovation Fellows by the Site Innovation Lead. They were provided with formal QI and innovation training, mentoring and guidance to drive change. They communicate via Whatsapp when possible and work together as a group to bring issues to the Site Innovation Lead. This helps to identify barriers, signpost to key players in the organisation, open doors and helps to develop a robust PDSA cycle.

Results The Innovation Fellows work as a team and have registered over 20 QI projects to date. 100% (12/12) of Innovation fellows feel that trainee involvement in QI and innovation is a good thing and 92% (11/12) feel that their training has been complimented through their work and support as an Innovation Fellow. Since becoming an Innovation Fellow, 75% (9/12) feel more supported by the organisation to undertake QI and Innovation and 92% (11/12) feel more engaged to undertake QI and innovation since undertaking the programme. The scheme is now expanding to include advanced nurse practitioners, pharmacists and physicians associates.

Conclusions Junior doctors are in unique position to influence innovation, quality improvement (QI) and leadership across NHS organisations. Providing them with bespoke leadership and QI training can help them feel supported, drive innovation, enhance trainee satisfaction, enhance their training and deliver quality improvement and innovation that can help drive change. Other organisations should consider utilising junior doctors and allied healthcare professionals as Innovation Fellows within a structured framework to drive innovation and change.

Leading innovation for the elective CS pathway during the coronavirus pandemic

THE POSITIVE IMPACT ON POSTNATAL METRICS – RELOCATION OF THE ELECTIVE CAESAREAN SECTION PATHWAY TO THE 8TH FLOOR, GYNAECOLOGY WARD

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The COVID-19 pandemic profoundly affected clinicians’ work patterns and the clinical activity within the hospital. In the Maternity Department at St Thomas’s hospital in London, COVID-19 positive patients were cared for separately on Hospital Birth Centre and cancellation of elective theatre lists led to empty theatres and under-utilised surgical wards.

Over a 6 week period, we looked at the relocation of the low risk elective caesarean section (ELCS) pathway or ‘green’ according to a devised Traffic light Criteria, to a separate floor and evaluated the impact on relevant process measures. This involved strong leadership and multidisciplinary teamwork and service redesign to ensure that the new pathway was integrated smoothly, without disruption to patient care.

We compared our data related to this pathway to baseline data from previous work on the ELCS pathway and discussed...