Developing effective leaders

190 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 whataspp 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 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.

Leadership lessons from across the world

191 SIMULATION AS A TRANSDISCIPLINARY EDUCATIONAL TOOL IN THE PANDEMIC. OUR EXPERIENCE IN 8 HOSPITALS AND 1789 HEALTH WORKERS TRAINED IN ROSARIO, ARGENTINA

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Introduction After the World Health Organization declared COVID-19 a pandemic, the Simulation Center of Rosario (Ce. Si.R), Argentina, under the authority of the College of Physicians, decided to foster a training program for collegiate physicians to continue strengthening their skills in the

advanced airway management and the proper uses of Protective Personal Equipment, with a focus on in situ simulations for health staff in care centers.

Aims Train health teams from transdisciplinary paradigms and expand learnings in the strategic management of social and sanitary care actions, by assessing the participants strengths, and weaknesses, and by developing an improvement plan to implement in each institution or work equipment. Understand how the clinical simulation was perceived.

Methods After the beginning of the pandemic, the Simulation Center delivered some sessions to explain the theoretical and practical approaches of the project; 8 hospitals and 9 primary care centers were selected for the in situ simulations, mostly aimed at strengthening the daily tasks of all those involved in the patient care process: stretcher handlers, nurses, physicians, housekeepers, and administrative staff. Either actors, manikins, or part-task trainers portrayed COVID-19 patients.

Results and Discussion 1789 health workers were trained. The in situ simulation disclosed the need to revisit technical and non-technical skills in real-time. Process non-apparent errors were detected: physical space, resources, signs, inter-service communication as well as the participants' strengths and weaknesses.

The simulation helps creating and recreating the necessary conditions to bond and produce knowledge from simple to complex scenarios. The project intends to directly improve patients and health workers' safety by highlighting the relevance of teamwork and enhanced staff trust in the institutions. To the best of our knowledge, this innovative activity is unprecedented on such a big scale.

Leading innovation for the elective CS pathway during the coronavirus pandemic

192 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 team involvement 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

the pandemic changes and how this created an opportunity to address challenges. We evaluated patient and staff experience using specifically designed questionnaires.

On 56% of the days, the average time to discharge was less than 36 hours compared to 48 hours prior to relocation during COVID-19. 67% of cases were completed in less than 45 minutes. On 33% of days during the relocation period, all cases were in theatre before 09:15am compared to 20% prior to relocation. There were no HDU admissions and 7 postpartum haemorrhages (EBL <1000mls).

Overall positive patient feedback was obtained from the 17 completed questionnaires during the relocation. However, only 65% of women felt they were given adequate information about the birth of their baby and 53% about their postnatal recovery. 50% of trainees felt that their learning experience had improved with respect to performing ELCS.

This work has shown that challenges like the COVID-19 pandemic can present opportunities for innovative solutions to be developed and implemented at short notice.

Leading innovation and improvement

193 DOES SIMULATION TRAINING IN ANSWERING A BLEEP IMPROVE CONFIDENCE AND PERFORMANCE IN ON-CALL SITUATIONS FOR FY1S DURING COVID-19 RESPONSE?

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Background Several studies have shown that new medical graduates feel unprepared for their role as clinicians. In October 2019 Salisbury District Hospital (SDH) piloted a successful 'hold-the-bleep' simulation day for 5th year Southampton medical students. In March 2020, in response to COVID-19, medical students were given early registration. The majority of FY1s had not received or missed out on formal bleep training due to graduating early.

Methodology Over 2 days 8 FY1s were issued with a bleep for a half-day period, continuing normal daily tasks whilst being bleeped for phone advice or to assess a simulated patient. 4 clinical stations and 4 phone calls were designed to simulate roles of FY1s with SIM-Man simulating the patients. Immediate feedback was recorded and generic themes discussed at a structured session, discussing what went well or was challenging. Each FY1 completed a feedback for assessing confidence and wrote a reflective piece.

Results Feedback was qualitatively and quantitatively positive. All found the SIM session useful and would recommend it. 7 of 8 candidates had a numerical increase in confidence in managing and prioritising calls.

Conclusions and recommendations The stations addressed communication skills, prioritisation, clinical and practical skills, and drug prescribing. The improvement in FY1s confidence and skills is likely to lead to improved patient outcome and satisfaction. Faculty who role played, reported an improvement in the trainees' performance. These results are similar to those from Liverpool and previous bleep SIM sessions we held at SDH.

Leading innovation and improvement

194 RAPID ESTABLISHMENT OF A COVID-19 BIOBANK AT UNIVERSITY HOSPITAL COVENTRY AND WARWICKSHIRE (UHCW)

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Various hypotheses are currently explored regarding COVID-19 and its pathogenesis; however, the clinical spectrum of symptoms, severity and outcomes are not fully understood. Identifying how host response and co-morbidities impact disease presentation and progression are important to enable the development of treatments and predictive markers.

In March 2020, Coventry and Warwickshire Pathology Service began saving clinical samples from COVID patients for verification of new assays. Ethical approval was obtained to continue, thus providing a biobank for future collaborative research efforts. Challenges included; the need to establish an effective detection system for samples, the standardisation of procedures to enable timely processing, the organisation of DNA extraction and the storage of samples in an HTA approved facility.

Daily search routines were developed to generate lists in a standardised template, enabling staff to identify and retrieve samples quickly. Sample processing was centralised and managed by re-deployed staff. Given supply chain issues with RNA extraction consumables for automated platforms, a manual approach to DNA extraction was taken with the help of local university research staff. Finally, collaboration with the UHCW Arden Tissue Bank enabled the storage of samples, complying with all legislation and regulatory procedures.

As a result of the strategies employed, over 10,000 samples have been stored, with numbers continuing to rise. Clinical information has been sourced including; ethnicity, co-morbidities, ventilation, and patient outcome. This has enabled grouping of patients based on disease severity. Since multiple samples from single patients were saved, this has allowed for disease trajectory focussed projects.

Not only is the biobank providing samples for trust-led research, through Arden Tissue Bank, samples and ethics can be supplied to academic, commercial and charity organisations - both nationally and internationally.

195 CAPTURING THE EXPERIENCE AND LESSONS FROM JUNIOR DOCTORS WORKING AT THE NIGHTINGALE NORTH WEST: A QUALITATIVE STUDY

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NHS Nightingale Hospital North West (NNW) was a new temporary hospital within the NHS designed to rapidly expand capacity to care for patients during the COVID-19 pandemic. Within 2 weeks, Manchester Central Convention