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 FIY1S DURING COVID-19 RESPONSE?

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#### 10.1136/leader-2020-FMLM.193

**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 FiY1s had not received or missed out on formal bleep training due to graduating early.

Methodology Over 2 days 8 FiY1s 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 FiY1 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 FiY1s 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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10.1136/leader-2020-FMLM.194

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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10.1136/leader-2020-FMLM.195

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

Centre was converted into a potential 648 bed facility, capable of providing step-down care to patients from the north west.

Junior doctors had the opportunity to witness the creation of a field hospital, shape systems and processes, and work with a diverse team coming together for a common cause. To capture their experiences, interviews were conducted using a semi-structured format and the responses summarised into transcripts. Consensus coding was performed using domains/ themes.

When exploring successes, there was consistent mention of a strong team; in particular the feeling of being individually valued within a flattened hierarchy. Staff wellbeing and education were also regularly mentioned and helped contribute to this overall feeling. When asked what they would take forward, doctors focussed on the importance of a strong team that values multi-disciplinary working.

But the hospital was not without challenges, with processes changing from one shift to the next and leading to potential errors. In addition, system issues (such as with medication and documentation) lead to a sometimes-chaotic work environment. Staff identification was a significant challenge, and potentially contributed to communication breakdowns.

To rectify this, doctors undertook QI projects which formed the basis for re-activation plans. Perhaps more important than material improvements were feelings of empowerment they identified to achieve actionable change within the hospital.

Junior doctors were overwhelmingly positive about their NNW experience. Their power to act as agents of change was showcased at NNW, where senior management encouraged them to take ownership of challenges identified and seek ways to improve the system in which they worked.

# Leading innovation and improvement

### 196 INTRODUCTION OF A NOVEL COVID-19 BIOMARKER PANEL BY COVENTRY AND WARWICKSHIRE PATHOLOGY SERVICES (CWPS)

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10.1136/leader-2020-FMLM.196

COVID-19 is heterogeneous in presentation, with cough, fever, dyspnoea and in some cases, acute respiratory distress syndrome documented. Confidence in the interpretation of clinical symptoms and management of patients can be enhanced with the use of biomarkers and could provide clinicians with a tool to predict prognosis and mortality, allowing for earlier interventions and optimal resource allocation.

In March 2020, clinicians approached CWPS requesting the provision of biomarkers, as highlighted in early publications. The aim of this change was to improve the clinical management of patients, remove the need for referral laboratory testing and ensure swift translation of recent evidence into clinical practice. Cost, method availability, IT requirements, assay verification, sample needs and appropriate testing were all considered when extending the scope of service. Continued dialogue with those leading the local COVID clinical pathway ensured the change was clinically supported and that testing was incorporated into the trust ward management strategies.

Royal College of Pathology guidelines later published in April 2020 supported the service change and literature reviews continue to highlight the role of inflammatory markers for patient stratification; with a recent systematic review finding some of the included biomarkers increased in more severe infections. The Association of Clinical Biochemistry have also made a statement encouraging this type of innovation, utilising both scientific and medical staff in the improvement of patient care.

In collaboration with statisticians from local universities, biomarker data is being interrogated so that any findings may be translated into practice. Currently, multiple regression analysis has allowed the creation of models to explain association of analytes with outcomes and it is hoped continued work will allow the creation of decisions trees and clinical reference values.

# Leadership, medical education

## 197 LEADING THROUGH EDUCATION THROUGH EXCELLENT PATIENT CARE (LEEP) – LEADERSHIP DEVELOPMENT PROGRAMME

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10.1136/leader-2020-FMLM.197

Aims Practical leadership skills have never been more important in healthcare professionals than over the last year, during the global COVID-19 pandemic. In response we transformed a four-day face to face programme - Leading through Education to Excellent Patient Care (LEEP) into a webinar/workshop series. These focus on four perspectives: developing as an individual, developing your team, working in a network to improve change, and developing system literacy. He we share our experience of the first webinar delivery focused on 'developing self' Methods We ran the first webinar for foundation year one doctors on three occasions. The webinar was integrated within a flipped classroom approach, with pre-webinar learning, and webinars consisting of small group discussion and mini lectures. Results Forty-eight participants attended; following the course, participants stated that they had greater understanding in the purpose of leadership in healthcare was and understood more about their own strengths and weaknesses in being a leader. Attendees found that their confidence increased in all 11 topics when compared to pre-course (scale 1-10), covered including (pre to post course): leadership styles (5.5/10 to 8.5/ 10), compassionate leadership (5.6/10 to 8.8/10) and Johari window (3/10 to 8.5/10). Some comments from the course were 'I felt encouraged to participate and join in as it was very interactive' and 'I came away feeling genuinely inspired'. 97% of participants who attended the webinar said they would recommend this course to others.

**Conclusion** This novel virtual leadership development course was well received and led to globally improved confidence in understanding through a blending approach of flipped learning, mini-lectures, reflection, and interactive discussion. We aim to continue the course by holding a further virtual workshops/webinar for foundation year 1 doctors, as well as developing them for delivery to other healthcare professionals.