Medical leadership & management, Covid-19, NHS nightingale hospitals

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 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 documentation issues could have 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 identified to achieve actionable change within the hospital.

Improvements to virtual clinics for staff and patients

FORTUITOUS IMPROVEMENTS, RESULTING FROM COVID-19 RESTRICTIONS, IN VIRTUAL CLINICS

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Rapid growth of the MREH clinical imaging department services (>122,000 procedures, 2019) over the past five years had created a fast-paced environment, demanding high-quality work. Pre-COVID 19, the department was experiencing poor outcomes in staff stress risk assessment; long wait times for patients, and an overcrowded waiting room. Although appointment levels temporarily decreased during the pandemic, it was soon apparent that outpatient and virtual clinics (VCs) required enhanced support, due to increases in waiting lists. However, new social distancing requirements dictated fewer patients in waiting rooms, and some patients were reluctant to attend appointments, not knowing what to expect. Rapid changes were necessary, with little time for a full assessment of their impact.

The department expanded its service, with new VCs, and protocols. The VCs now primarily operate in evenings and Saturdays during outpatient clinic downtime. Staff work 12 hour days, with two teams, separate managers and alternating