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

198 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 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.

Leadership lessons from across the world

199 EVALUATION OF STUDENTS' KNOWLEDGE AND CONFIDENCE FOLLOWING A STUDENT-LED DIVERSITY TEACHING INTERVENTION ON UK MEDICAL STUDENTS: A QUASI-EXPERIMENTAL STUDY

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Aims Representation of different patient demographics within medical school curricula is often poor. Students graduate without an understanding of the interplay between 'protected characteristics' and illness, or awareness of how implicit bias impacts healthcare provision at an individual and institutional level. This study investigated the long-term impact of a diversity teaching intervention on reaction, learning and behaviour of new clinical medical students.

Methods A 1h30m lecture and small group teaching intervention was designed for over 100 4th year Oxford medical students. Teaching focused on health inequality; reflection on students own' biases; and strategies in challenging harassment and discrimination. Surveys were distributed immediately post-intervention to assess student satisfaction and after 9 months to assess long-term impact. 5th year students who didn't receive the intervention acted as control group.

Results The surveys received 54 and 73 responses respectively. 90.6% and 88.7% of students reported enjoying the small group teaching and lecture respectively. 94.3% agreed the content was important to their future practice. The 9-month survey indicated that, post-intervention, fourth year students felt more aware of health disparity and the impact of their behaviours on this disparity, compared to control ($p<0.05$). They reported greater confidence addressing witnessed harassment and discrimination and interacting with diverse patient groups. They also reflected more frequently on their own internal biases.

Conclusion This study demonstrates the long-lasting impact on the confidence and behaviour of medical students through integration of focused diversity teaching. This has significant implications for the experience and outcomes of patients and staff from minority demographics, the ultimate beneficiaries. The study also strongly argues for an active role for students in leading change within medical schools and identifying areas for improvement.

Improvements to virtual clinics for staff and patients

200 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

rotas. With increased responsibility and training, imaging staff lead VCs. They also call patients before their appointment to ask and answer questions and explain requirements.

Staff survey results now show significant improvement in all stress categories. Patient responses (n=255), also show significantly favourable results with patients indicating an overall good or excellent experience with the service (96%).

The switch to a 12-hour day and compressed workweek can be a risk. Fortunately, in our department, it has been beneficial. This improvement is likely due to certain factors, such as task diversification, the autonomy that staff experience in leading VCs, and extended roles. Smaller work teams provide quick and better contact with managers, improvement in teamwork and opportunity for better relationships. Finally, patient phone calls reduce patient anxiety and improve communication, and reduced staff stress undoubtedly impacts quality of patient care.

Junior doctor support during COVID-19

201 THE PIVOTAL ROLE OF A CHIEF REGISTRAR IN SUPPORTING JUNIOR DOCTORS DURING COVID-19

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10.1136/leader-2020-FMLM.201

Morale within the NHS was low before COVID-19 caused confusion, fear and loss of direction. Morale became more important to ensure the ability to navigate this difficult challenge. My role as Chief Registrar was to link executive and junior medical teams. The key to my strategy was early and continued stakeholder engagement.

We identified the ability to communicate with junior medical staff as a weakness. The Trust did not have a list of all junior doctors, or a way to communicate with them. I set up a 'WhatsApp' group for all junior medical staff and through this, organised daily video conferences led by a member of the senior clinical team. These conferences included updates on hospital status and guidelines which were then summarised into a text update for those unable to attend. This flexible approach was devised and implemented within a week.

The working environment plays a pivotal role and wellbeing is impacted by access to food and rest. We arranged free food and access to the Doctors Mess, free parking, shower facilities and a 'wobble room', where people could go if they felt overwhelmed. We coordinated strategies alongside the Trust wellbeing team and recruited a GP, with psychiatry experience to be available for telephone consultations daily.

We used online surveys to assess the impact of our intervention collecting both quantitative and qualitive data. Over 80% of junior doctors felt supported during the pandemic and reported a reduction in anxiety.

Change can happen effectively even during a crisis within a complex system. The morale of the medical workforce has a direct impact on patient safety and the quality of care delivered. The Chief Registrar role has enabled me to lead from within, which is an effective way to implement change by being an authentic voice from within an organisation.

Integrated child health services and Covid-19

202 LEADING INTEGRATED CHILD HEALTH THROUGH COVID-19: RESPONDING WITH LOCAL COMMUNITIES, FOR LOCAL COMMUNITIES

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Context Connecting Care for Children (CC4C) is a leading partnership organisation, that works alongside local providers of child health and with local communities, to support the delivery of integrated child health services.

CC4C's model of care puts the General Practioner (GP) at the centre. Joint clinics with GPs and Paediatricians, and multidisciplinary team (MDT) meetings are hosted by primary care centres across central NW London.

The Issue Organisational changes instituted at the start of Covid-19, messaged to CYP and families not to attend primary care centres and Accident and Emergency.

The challenge for health professionals was accessing those with health needs and delivering joined-up care without the facility of face-to-face clinics and MDT meetings.

Assessment of the Issue

Through established community networks, CC4C listened and heard that local primary care teams and communities were in need of child health leadership.

Primary care physicians requested paediatric support to manage cases within the new healthcare landscape. Carers, struggling with uncertainty, loss of control and access to services, requested health information from trusted sources.

Intervention Joint clinics and MDTs swiftly moved to virtual platforms. Simple clinical guides to support management of acutely unwell CYP were created and shared through primary care channels. Bundles of information were co-designed and shared with local carers.

CC4C co-hosted child health GP webinars and collaborated with local community groups to organise parent/carer webinars.

Impact GPs reported increased confidence with patient management, improved ability to support families to self-manage and continued interprofessional learning.

Carers reported reduced anxiety and more appropriate use of healthcare.

Understanding local need, designing responsive interventions, reaching out via existing community groups and harnessing peer-to-peer influence has allowed for our success.

Leading across systems and organisations

203 'ONE YEAR ON, CROYDON QUALITY IMPROVEMENT PROGRAMME: A REVIEW OF AN INTEGRATED TRUST QI PROGRAMME, TO DRIVE AND SUSTAIN QI ACROSS CROYDON HEALTH AND CARE SYSTEMS'

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Background CQI is uniquely placed within a vertically integrated health and care alliance; the One Croydon alliance-