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 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**

**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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**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, 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
Junior doctor support during COVID-19

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

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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 qualitative 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.