

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 well-being 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.

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 Practitioner (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-

spanning Croydon Health Services NHS Trust, CCG, Local authority, Primary care and the Voluntary sector. We present initial phase 1 reflections.

Interventions *Training: A tiered approach, equipping individuals with a calibrated skillset in QI methodology, providing mentorship & leadership.

*Communication: Establishing a designated CQI team & social media presence, developing a strong 'CQI' brand.

*CQI Hub: A physical space enables staff engagement and provides a 'visible' reminder of CQI.

*Integration: The CQI Board was created to ensure that all stakeholders were engaged and adopt one methodology across Croydon systems.

Measurement of improvement: Utilising the IHI 'Improvement Capability self-assessment' tool, generated benchmark results. These show a predominance for 'just beginning', 'developing' or 'making progress' with greatest developments seen in 'Improvement of Knowledge and Competence', 36.11% selecting 'making progress'.

Additionally, a CQI repository with over 100 QIPs enables analysis of trends. Projects are allocated domains for levels of complexity and note their level of engagement; 45% team-based, 47% single organisation and 8% multi-organisational.

Impact The start of a 'process' of change with CQI has been shown, however we must reflect on the challenges below;

*Capacity and focus : With multiple demanding pressures.

*Initiative fatigue: Risk of repetitive 'initiative' roll outs.

*Integration: Importance of building further stakeholders' engagement across systems.

*Training: Challenge of time and enthusiasm.

*Leadership and ownership: To drive and sustain the collective vision of CQI.

Reflections CQI is uniquely Croydon, by celebrating the opportunities towards collaborative working with our shared focus, we shall sharpen our alignment as we strive towards CQI being harnessed within our everyday practices.

Healthcare planning and strategies

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BRIDGING THE PLANNING EXECUTION GAP: RCHSPY EXPERIENCE

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Planning execution gap is one of the main challenges facing strategists and planners because of its association with several factors. The study aims to explore the problem among all levels of the organization identifying its main impacts and root causes through combined approaches. The main results refer to the 4 'Cs' including effective communication, inter-departmental collaboration, overcoming financial and administrative constraints, and connecting strategies to daily operations as an effective and comprehensive approach to bridge the gap.

Leading innovation and improvement

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TURNING A CRISIS INTO AN OPPORTUNITY FOR GENERAL PRACTICE TEAMS IN NI

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The emergence of COVID-19 saw a seismic change in General Practice with significant clinical, operational & educational challenges across the whole of the primary care team. Information & guidance from multiple different sources emerged at an overwhelming pace for practitioners. There was no robust way of cascading critical information to individuals. Shielded, remote & sessional health care professionals in particular lacked access to sensitive Health & Social Care Board information.

It was evident that there was a need for a centralised information platform for professionals. This would provide easily accessible, accurate & up to date information on service changes, operational & clinical guidance as well as legislative changes.

An MDT working group, with representatives from all professions including trainees was formed to design a central knowledge repository for the whole primary care team. This ensured all practitioners had access to the latest information, equipping them to deliver high quality care during the pandemic.

From concept to website launch took just three weeks, with a live web-based educational programme starting just one week later & acting as a catalyst for enhanced primary & secondary care understanding & communication.

There are over 150 attendees at weekly live ZOOM educational events, with the programme reflecting learning needs across the whole primary care team. Website analytics confirm 'Pageviews' >100,000 & 'users' >7,500 & rising with a global audience.

A crisis can bring exciting opportunities & a highly effective team can be created from conception in less than 4 weeks with a shared vision, enthusiasm & determination to make it work.

Collaborative learning between GPs, fledgling MDTs, & across the primary-secondary care interface has united colleagues around a shared purpose, starting solution-focused conversations. Working regionally has provided a platform for shared learning & standardised approach to high quality safe patient care.

Developing effective leaders

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GET IT RIGHT THE FIRST TIME: REDUCING MEDICATION ERRORS IN NEUROSURGERY

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10.1136/leader-2020-FMLM.206

Introduction Errors in neurosurgery have been studied relating to surgical technique, equipment failure, anaesthesia and