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