tailored rehabilitation to a wide number of patients. Further work needs to be done to establish best methods for engaging older populations and specifically those not confident in use of technology.

Technologies such as this have the potential to support patients from hospital to home, lending themselves to integration into the plans for the Integrated Care System

31 HOW A JUNIOR DOCTOR BODY CAN HELP COMMUNICATION, AND IMPROVE MORALE IN A LARGE TEACHING HOSPITAL TRUST

Michael Ewens, Stuart Haines, Laura Brown, Louise Buchanan, Dipesh Odedra. *Leeds Teaching Hospitals NHS Trust*

10.1136/leader-2021-FMLM.31

Leeds Teaching Hospitals NHS Trust (LTHT) has one of the largest cohorts of Junior Doctors in England, employing approximately 1,000 at any one time. Rotations occur every 4-12 months, before Juniors move to neighbouring trusts for further training.

LTHT's Chief Registrar chairs the Junior Doctor Body (JDB), a group of Junior Doctors, that meet virtually, monthly, representing each Clinical Service Unit and grade of Junior (Foundation Year to Registrar). The aim of the JDB is to increase communication between LTHT's Executive Team and Junior Doctors, who quite often do not feel a sense of belonging with their employer due to the short nature of employment.

In 2020/21, the JDB increased from 12 members, to 32, through a targeted communications campaign by the Chief Registrar. The inclusion of our Professional Support Unit helped highlight health and wellbeing resources for Junior Doctors within LTHT. This safe space allowed discussion of issues important to Junior Doctors, including: adequate rest facilities during the COVID-19 pandemic, refreshments, annual leave and impact of COVID on training opportunities and progression.

Each month, JDB reps were able to highlight any issues within their department that were not solved locally. Opportunities were cascaded to help juniors continue to meet training needs, including: quality improvement training and participation in collaboratives, COVID-19 vaccination research, and the chance to create educational resources in the correct use of personal protective equipment.

Executive Team members delivered talks on inclusion and diversity, patient safety and their career journeys; keen to ask for feedback to further make LTHT the very best place to train. Issues were able to be solved immediately within JDB meetings, helping Junior Doctors feel appreciated and respected; boosting morale during what has been a difficult year. We encourage all trusts to replicate the JDB model to boost morale nationally.

32 IMPLEMENTATION OF AN ONLINE MICROBIOLOGY REFERRAL PATHWAY IN A HOSPITAL TRUST – A QUALITY IMPROVEMENT REPORT

¹Kim Pramanik*, ²Sandra Long. ¹University Hospitals Leicester, Infirmary Square, Leicester, UK, LE1 5WW; ²Royal Blackburn Hospital, Haslingden Road, Blackburn, UK, BB2 3HH

10.1136/leader-2021-FMLM.32

Aims Appropriate diagnostic and antimicrobial stewardship relies on national and local data on antimicrobial resistance patterns unique to every region. Adaptive problems such as variability in the quality of information provided for antimicrobial guidance, inefficiency of a phoned referral system and reduced compliance with Royal College of Pathologists key performance indicator 6.3 of response to urgent referrals within one hour mandated a microbiologist-led change of referral method and content to improve assessment and management of a suspected infectious disease.

Methods A measurement plan comprising parameters quantifying the problems associated with phoned referrals was used over two plan do study act (PDSA) cycles. Approximately 25 patients were sampled randomly for urgent and non-urgent referrals during 2020 and 2021 using online consultation records. Interventions for this project were an online non-urgent referral pathway using existing trust-approved software rolled out for over four million patients, and online communications disseminated trust-wide to all clinicians for awareness and engagement. Feedback was sought in a third PDSA cycle using a survey via trust email, enabling sampling of clinician impressions.

Results Compliance improved in all parameters, repeat calls were prevented on re-assessment, and non-urgent referral information quality increased to 100% from 24%. Survey results (n=19) revealed that 89% preferred the online referral method, though increased awareness of the pathway was needed.

Conclusions Continued use would improve efficiency and transparency of communication, documentation and enable data collection for governance. Implementation of further PDSA cycles could promote sustainability and eventually reduce the risk of antimicrobial resistance. Future plans are in place to expand the clinician base to general practitioners within the region.

*Presenter

33 IMPLEMENTING NEW TECHNOLOGY IN THE OUTPATIENT SETTING: CHALLENGES AND OUTCOMES IN BLADDER DIAGNOSTIC ENDOSCOPY

¹Lara Ratcliffe, ²Brian Birch. ¹University of Southampton, School of Medicine, Southampton, UK; ²University Hospital Southampton, Southampton, UK

10.1136/leader-2021-FMLM.33

Aims To implement the use of an endosheath-covered cystoscope - a disposable sheath that fits over the cystoscope

Perform a service evaluation of performance of the new sheathed scope

To maintain safety and efficiency in the department

Become a leading centre for improvements in flexible cystoscopy techniques

Methods Participants undergoing flexible cystoscopy at Lymington hospital, UK between January 2018 to April 2020 participated in this service implementation of endosheath covered flexible cystoscopy. This received high levels of staff and participant engagement, quickly becoming part of the unit culture.

Participants completed 2 surveys, the first immediately post procedure; discomfort was rated on a 10 point visual analogue scale (1=no discomfort, 10=extreme discomfort). The second survey completed ~2-4 weeks later, development of