

Actions required

1. Clear guidance at induction on how to escalate concerns both within the employer and the local office.
2. That naming or investigating a concern under a 'Dignity at Work Policy' does not immediately reassure the individual that their complaint of bullying, undermining or discrimination will be recognised as such.
3. Ensure timely investigation and communications.
4. Differences between Revalidation and ARCP processes made clear to doctors in training.
5. Visa sponsorship rules on salary thresholds may preclude some doctors training LTFT.

Importantly, examples of good practice and positive experiences were highlighted. Overall, attendees were supportive of each other, exchanging challenges faced and how they have overcome them, creating interpersonal camaraderie. We anticipate continuing to work together to make beneficial change through future Assemblies.

45 NATIONAL VITAMIN A PLUS CAMPAIGN (NVAC), 2020 DURING COVID-19 PANDEMIC SITUATION: EXPERIENCE FROM BANGLADESH

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Aims National Vitamin A Plus Campaign (NVAC), 2020 which is a Government Program of Bangladesh was implemented to reduce Childhood blindness, Vitamin A deficiency and boosting immunity along with enhanced leadership skills during COVID-19 pandemic situation.

Methods A Mixed method study was implemented aiming to provide intervention with blue colored vitamin A capsules to children aged between 6 to 11 months and red capsules to children aged between 12 to 59 months covering 120,00 distribution centers (permanent) in entire Bangladesh for two weeks (4-17) October, 2020. Supplementation was given by trained health workers and volunteers. RTMR (Real-Time Monitoring & Reporting) was used for the NVAC, 2020 to report using cellular devices during campaign operations which was observational in nature. Around 14,000 data were collected. SPSS Version 22.0 was used for analysis.

Results Despite the challenges presented by COVID-19, NVAC, 2020 reached 97 per cent of the target population. During NVAC 2020, 2.53 million children aged between 6 to 11 months and 19.5 million children aged between 12 to 59 months has been provided covering 120,00 distribution centers in Bangladesh. Around 1450 monitors from central level visited almost 14,000 distribution centers while the NVAC was ongoing. Protective measures during COVID-19 were taken appropriately by the volunteers and health workers. The study showed a successful situational leadership and management in healthcare system as well as awareness of community level people though there was a fear of unknown due to COVID-19.

Conclusions Vitamin A capsule supplementation is not only for blindness prevention but also for boosting overall immunity in children. So the approach of NVAC 2020 may guide us towards more successful health interventional programs leading to a better future with more empowered skilled leadership.

NVAC; Childhood Blindness; Leadership; COVID-19 pandemic situation;

46 NAVIGATING THE STORM: STRUCTURING AND SUPPORTING JUNIOR DOCTOR WELLBEING DURING THE COVID-19 PANDEMIC

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The COVID-19 pandemic has had profound consequences for junior doctors. At a foundation trust with 2 district general hospital sites, we initiated a multi-faceted programme of support for 390 junior doctors. This was led by the Chief Residents (CR) utilising senior management, clinical psychologists, mess committees and communications team. The programme was inclusive, with a focus on the Foundation Year 1 (FY1) cohort. Junior doctors are often the least experienced of the medical team; the second wave presented a unique challenge for FY1s- who had only ever practised within a pandemic. Weekly CR meetings were held and feedback sought pre- and post- intervention. Initiatives targeted four areas: information, support, social and achievement recognition. Interventions included: evening Junior Doctor COVID-19 updates; prioritisation of the annual Junior Doctor Awards (JDAs); once-weekly bitesize, non-urgent updates instead of anxiety-provoking multiple daily emails; FY1s' support cafés, online mess events and enhanced support through evening sessions with clinical psychologists. COVID-19 evening updates were popular, with a peak of 84 attendees. Feedback was encouraging, indicating a demand for these to continue post-pandemic. The clinical psychologists were well-received with informal feedback praising the sessions. FY1s' support cafés, unfortunately, were hampered by poor turnout during the day. The JDAs received a record number of nominations locally (over 200), and feedback indicated that doctors felt, for the first time in many months, valued and appreciated. Priorities now, are physician burnout and junior doctor attrition: innovative approaches are needed. To provide sensitive support, timing of opportunities must be carefully considered; junior doctors can rarely be released from clinical duties to attend events during working hours. Wellbeing support must be delivered alongside sufficient practical assistance otherwise interventions risk insincerity.

47 NURSE LEADERSHIP DURING PANDEMIC IN TERTIARY CARE HOSPITALS OF GULBARGA CITY, INDIA.

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Background This study across two leading hospitals of the City will help in understanding the functioning of nursing care and its importance during crisis like Covid-19 pandemic. It will help us to ascertain the level of preparedness of the healthcare facilities to tackle any future emergencies as well. As Gulbarga was one of the first few cities in the Karnataka state of India during the second wave of Covid-19 to cope sooner and better in comparison to others, a post Covid

assessment of the hospitals involving the nursing department can be very useful.

Aims To study the nurse leadership role during pandemic.

Methods Sample Size included 100 staff nurses, matrons & in-charge nurses who took part between August to September 2021. A 20 item structured Questionnaire on role of nurse leadership is used. Participants are asked a mix of open-ended and closed questions about the important attributes to effectively lead during a crisis.

Results The study is still ongoing and will be done by the end of September-2021. Initial data shows good interventions and useful strategies were used. Key changes that were made during the second wave were a new staffing level, redeploying nurses, increasing the visibility of nursing leadership, new staff wellbeing initiatives, new roles created for various training initiatives. The impact of good leadership had a better effect on the delivery of nursing care.

Conclusions The role of the nursing department must be taken more seriously especially in developing countries like India with larger population and less number of healthcare providers which include doctors and nurses. The healthcare management must continue to develop plans that can strengthen the nurses by giving them good compensation, adequate training, protection and good work environment.

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48 PAEDIATRIC SURGICAL READMISSION – A RETROSPECTIVE ANALYSIS

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Aim Hospital readmission is one of indicators used to assess quality of service provided in healthcare. The aim is investigating readmission routes within the workplace in paediatric surgery service during the first 30 days post discharge from Mater Dei Hospital (MDH).

Method A retrospective study of children's readmissions between October 2017-November 2019 was performed, strictly before the COVID-10 pandemic.

Demographics and clinical records including age, gender, pre-existing comorbidities, diagnosis during primary admission and readmission, procedure carried out, ASA grade, length of stay, and outcomes collected.

All children re-admitted under a single paediatric surgical firm within 30 days from initial admission to tertiary referral hospital were included.

Readmissions were classified into cohorts elective and emergency, depending on nature of primary admission. Contributing factors and outcomes were compared.

Results 935 surgical admissions (221 elective and 714 emergencies) were registered at MDH with an average hospital stay of 3.62 days. Total readmission rate was 1.7% (n=16).

25% (n=4) of readmissions were post elective, 75% (n=12) post emergency admission, with an average stay of 4.37 days and no mortalities. 43.7% (n=7) were re-admissions post-surgical intervention.

Further surgical interventions were necessary in 25% (n=4) of readmitted patients, remainder (n=12) treated conservatively. From all readmissions, 31% (5/16) had pre-morbid medical conditions prior to the initial admissions. These

conditions included: hypertrophic cardiomyopathy, gastro oesophageal reflux disease, epilepsy, and Cerebral palsy with Christianson syndrome.

Conclusion Published reports concerning paediatric surgical readmission rates are limited, challenging healthcare systems. Most readmissions are avoidable, so, healthcare workers must provide adequate strategies to decrease morbidity and prevent readmissions.

49 PELVIC OSTEOMYELITIS COMPLICATING PRESSURE ULCERS – PREVALENCE AND MANAGEMENT EVALUATION STUDY IN A DISTRICT GENERAL HOSPITAL IN SURREY

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Introduction Pelvic osteomyelitis is one of the worse but preventable complication of stage IV pressure sores. Most seen in bed bound patients affected by CNS injuries. Timely multi-disciplinary intervention with antibiotics and proper surgical procedures can reduce the morbidity and mortality for the patients.

Aim The primary aim of the study is to understand the local prevalence of pelvic osteomyelitis complicating pressure sore and to develop a treatment algorithm after doing a literature search.

Materials and Methods A retrospective study was conducted among the patients who have been diagnosed with pelvic osteomyelitis due pressure sore during a period of one year in a district general hospital. A literature search has been done and the selected articles were reviewed, and the findings were used to develop a treatment algorithm for patients.

Results During the study period 234 patients were diagnosed with osteomyelitis. Out of that 22 were pelvic osteomyelitis. Among that 16 (72.7%) were due to sacral pressure sores. 50% of them diagnosed with various neurological defect which impairs the mobility of the patients. Only 37.5% received combined medical and surgical treatment, rest of them managed with antibiotic therapy. 5 patients got readmitted due to reinfections and recurrent pressure sores. Interestingly all of them who got readmitted where those who received antibiotic therapy alone.

Conclusion To conclude, prevention is always better than cure. Patients coming to the hospital must be risk assessed and care must be given to prevent pressure sores. Early changes must be noted, and proper care must be given in the initial stages itself. Management of pelvic osteomyelitis requires a team of doctors. From the literatures its evident that recurrences, reinfections, and readmissions are low in those who have been treated with combined medical and surgical management.

50 PENPALS: A PLACEMENT EDUCATIONAL NEAR-PEER ASSISTED LEARNING SCHEME

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