touch with the on ground staff in COVID facility for any escalations and condition of the patient. Step 5 : Particular time slot was fixed for family briefing daily by the treating doctor.

Impact The impact has been multi-layered where certain changes did show an instant effect to its full magnitude. Patient Satisfaction Score increased from 92% to 96%. Appreciations from Patients and Family Members on different platforms like Google reviews ,twitter and software for patient satisfaction.

4 A COMPARATIVE ANALYSIS OF JUNIOR DOCTOR REDEPLOYMENT STRATEGIES DURING THE COVID-19 WAVES 2020–2021 – RCP CHIEF REGISTRARS EXPERIENCE

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10.1136/leader-2021-FMLM.4

Aim Large scale workforce redeployment was common during the Covid-19 pandemic, with junior doctors significantly affected. Royal College of Physician Chief Registrars helped facilitate redeployment and were affected themselves. They were able to compare strategies and leadership approaches between waves and different trusts.

Method Chief Registrars discussed their experiences during online discussions, collecting quantitative and qualitative data on a shared online template, with their Trust's consent. Data collected included number and grade of junior doctors affected, leadership strategies and feedback.

Result Complete quantitative data for both waves were available from 4 trusts, and partial from 7 trusts. 8 District General and 6 Tertiary/Teaching hospitals were represented.

Mean length of redeployment in wave 1 was longer (10.4 weeks [range 6.5-20]), compared to 6.2 weeks [range 0–10], with more doctors redeployed (mean 167 [range 40-259] compared with 42 doctors [range 0-86], despite higher numbers of Covid inpatients during wave 2. 1 trust implemented changes to working patterns instead of staff redeployment. Higher proportions of Foundation Doctors were redeployed in wave 2 (42%) compared to wave 1 (30%), with Core and GP trainees relative sparing (26% vs 12%).

All trusts reported clinical representation in organising and communicating redeployment decisions, and all but one involved Chief Registrar. There was wide variation in stakeholder involvement, with no correlation to hospital size.

Junior doctors reported feeling valued with a sense of team during redeployment. Feedback reported from wave 2 was less positive; shorter redeployment, frequent work pattern changes, suboptimal communication and burnout.

Conclusion A more nuanced approach to redeployment was taken in 2021 compared to 2020. Clinical involvement in redeployment decisions, improving communication and collecting feedback of those involved, should be priorities during any future redeployment.

5 A FELLOWSHIP FOR THE FUTURE: ONE TRAINEE'S UNIQUE EXPERIENCE OF A LEADERSHIP AND TRANSFORMATION FELLOWSHIP ENCOMPASSING PRIVATE SECTOR AND NHS EXPERIENCE

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10.1136/leader-2021-FMLM.5

In order to better understand how to be an effective leader, in August 2019 I embarked on a Leadership and Transformation Fellowship. It comprised of a year long secondment to the management consultancy health team at Deloitte LLP, followed by nine months as an Anaesthetic Transformation Fellow at Croydon Health Services NHS Trust, (with changes to timings to accommodate the pandemic). I was especially interested to learn how management consultancy intersects with our own quality improvement endeavours as clinicians.

Management Consultancy

I gained skills working on a range of projects which included: the transformation strategy of two acute NHS hospital trusts; clinical workforce redesign and service options appraisal at an Arms' Length NHS body; and national pandemic support.

Anaesthetic Transformation Fellow

I led a multidisciplinary project to create a Surgical Enhanced Care Unit (SECU) which provides post operative care for high risk elective surgery in a Covid protected setting whilst our critical care was unavailable. In the last year SECU has safely treated 129 patient. I also engaged in hospital-wide and departmental projects.

Lessons Learnt

- Transformation in the NHS is possible; whilst the pandemic has been disruptive it has revealed opportunities for dynamic change by motivated leaders.

- Effective change is best achieved when stakeholders are involved in a collaborative fashion, improving the likelihood of a meaningful impact.

- Building relationships is key, and can be challenging for a rotating trainee.

This Fellowship provided me with a unique opportunity to encounter a comprehensive range of healthcare leadership, from private sector and central NHS bodies, to trainee led projects. The experience has been invaluable, and I would highly recommend supporting trainees in leadership, as the benefits to the NHS would be innumerable.

My Fellowship was funded by Health Education England, the Royal College of Anaesthetists and Deloitte LLP.

6 A QIP TO ADDRESS PATIENT-CENTRED CARE BY INCREASING THE DISTRIBUTION OF PATIENT INFORMATION LEAFLETS (PILS) BY 10%, AT THE POINT OF PATIENT DISCHARGE AT PILGRIM HOSPITAL ED, BY MARCH 2021

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10.1136/leader-2021-FMLM.6

Background Patients discharged from ED should be provided with verbal and written discharge advice (1, 2). Patients

leaving ED were invited to complete the Friends and Family test (FFT) designed to assess patients' experiences. Feedback collated from FFT at Pilgrim Hospital demonstrates that patients did not receive discharge information and did not know who to approach for further advice.

Aims I designed this QIP to address patient-centred care by increasing the distribution of PILs by 10% at Pilgrim Hospital by March 2021. This was done through the creation of a desktop repository; the intervention will enable clinicians to print the relevant PIL for patients at discharge. The increased use of PILs leads to an improvement in patient centred care (3).

Methods I formed an MDT: the ED Clinical Lead was the project champion. I utilised driver diagrams and model for improvement methodology (PDSA cycle) (4). The CQC urgent and emergency care questionnaire was circulated to patients by clinicians to measure the distribution of PILs, pre- and post-intervention (5). A desktop repository was created and made available on all ED computers. I regularly reminded clinicians at huddles the need to distribute PILs within the department.

Results The distribution of PILs increased from 8% prior to implementation (Oct 2020) to 54% post implementation (March 2021) – an overall change of 46%.

Conclusion There has been a change of 46% in the distribution of PILs in ED, which is a successful QIP. Changes have been made in the department to reinforce the importance of PILs. There is still room for improvement in subsequent cycles of this project, this will be achieved through democratic leadership and further use of information technology.

7

A RETROSPECTIVE ANALYSIS OF OXYGEN ADMINISTRATION AND RECOMMENDATIONS FOR REDUCING OXYGEN WASTAGE DURING THE COVID-19 PANDEMIC AND BEYOND

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10.1136/leader-2021-FMLM.7

Background During the COVID-19 pandemic, health services across the globe have been under strain ensuring they have the capacity to deal with the substantially increased proportion of patients requiring supplemental oxygen. The NEWS2 scoring system has a target oxygen saturation of $\geq 96\%$ (88-92% in patients with hypercapnia). However, British Thoracic Society (BTS) Guidelines recommend targets of 94-98%.

Aim To conserve oxygen supplies during the pandemic without compromising patient safety, and, show the benefits of junior doctor engagement in healthcare leadership to service delivery.

Methods A retrospective analysis of oxygen usage in a 32 bedded acute medical unit was conducted. 783 admissions owing to 1768 clinical encounters were analysed for oxygen usage. Patients were deemed suitable for weaning if their oxygen saturation was $\geq 2\%$ above the lower limit of the BTS recommended target.

Results 22.5% of patients receiving oxygen were suitable for oxygen weaning. Only 25.6% of these patients did so. 48.7% were suitable for weaning with BTS guidelines. If all eligible patients had been weaned following NEWS2

parameters, net savings of between 6 and 13% were achievable. Following BTS guidelines, net savings of between 16 and 33% could have been made (corresponding to over 3 million litres of oxygen on one ward annually). A new 'Oxygen Weaning Guideline' was created to help conserve vital oxygen supplies.

Conclusion Excessive oxygen is commonly supplied to patients. Whilst junior doctors may not have the 'positional power' to enact change as described by French and Raven, they are an important resource who can use a lens of opportunity to develop 'informational power' through novel audits to enact change. Lessons learned from this study have the potential to change clinical behaviours such that we are more efficient and sustainable with the administration of oxygen whilst alleviating the extra burden on oxygen delivery systems in health care systems worldwide.

8

ADJ'S EXPERIENCE IN YOUTH LEADERSHIP DEVELOPMENT

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10.1136/leader-2021-FMLM.8

ADJ Diabetes Brasil, a Brazilian not-for-profit organization founded in 1980, has been offering since 2009 leadership training programs for youth. During the first 10 years, the programs were exclusively offered to individuals between 15 and 25 years old living with or interested in diabetes. Since 2020, the organization has broadened its programs to youth from 13 to 25 years old, including interest in other health areas, gender equity, domestic violence, education and environment. Furthermore, Brazil is the fifth country in number of people with diabetes (16.8 million adults) and the lack of information and adequate care for its management lead to complications such as neuropathy and coronary artery disease. In addition to health challenges, the country faces social problems such as femicide. The program consists of an intensive program made up of practical workshops during 6 months. It aims to develop skills such as fundraising, empathy, resilience, health education, human rights and advocacy, leadership, effective communication, storytelling, persuasion and interpersonal relationships. The activities rely on the collaboration of expert facilitators from different sectors. However, the COVID-19 pandemic obliged us to adapt most of the program to online platforms. Therefore, this created a new challenge of engaging the youth through one additional online activity. The impact and benefits identified in the program resulted in the preparation of young leaders that became some of the most active health and social advocates and entrepreneurs in national and international platforms. The purpose of the program is to train young leaders, so that they become fully aware of the reality of their surroundings and empowered to use their voice to generate consistent changes in their lives, communities and society. These changes are expected to positively impact the public health, organization of the society and