4 SCALE – CRITICAL CARE: COLLABORATIVE LEADERSHIP FOR IMPROVING HEALTH

[1]Laura Hobbs, [2]Cornelius Sendagire, [3]Jane Nakibuuka, [4]Henry Muwonge, [5]Tom Bashford, [6]Rowan Burnstein. *[1]Consultant Anaesthetist, East and North Hertfordshire NHS Trust; [2]Consultant Anaesthetist, Uganda Heart Institute; [3]Consultant Physician and Intensive Care, Mulago National Referral Hospital, Uganda; [4]Country Lead, Uganda UK Health Alliance; [5]Consultant Neuroanaesthetist, Cambridge University Hospital; Assistant Professor Healthcare Systems, University of Cambridge; [6]Consultant Anaesthetist and Intensivist, Cambridge University Hospital; Deputy Dean Health Education East of England*

10.1136/leader-2023-FMLM.4

Context The SCALE critical care project is a collaborative health workforce capacity and educational development initiative, between the Ministry of Health Uganda, and the NHS in the UK. The clinical leads are consultants in Anaesthesia and Intensive care from Cambridge, UK and Kampala, Uganda.

Issue/Challenge Uganda faces a many challenges with the workforce in critical care, for both medical and nursing staff. There is significantly limited critical care training burdened with difficulties in retention of staff. In 2020 there were 1.3 ICU beds per million population, however this has been expanded as a result of the COVID 19 pandemic. There is now a need to ensure that skilled human resources are available to ensure functional critical care capacity and development of the speciality.

The SCALE critical care project is structured around 3 co-dependent initiatives:

1. A distance learning programme including online learning and medical grand rounds
2. Long term placements in the UK for medical and nursing staff
3. Long and short term placements for UK volunteers, with a focus on practical support and educational delivery

Assessment of issue and analysis of its causes

Key stakeholders include senior intensive care doctors leading the development of critical care in Uganda and Cambridge, the Ugandan Ministry of Health, the Uganda UK Health Alliance (UUKHA) and many other partners including RCOA, Association of Anesthesiologists of Uganda, Health Education England and Cambridge Global Health Partnerships.

There have been reciprocal visits on both sides, including the permanent secretary for health visiting Cambridge in April 2022. During the UK teamâ€ ™s visit to Uganda we were able to gain a broad understanding of critical care delivery, meeting nurses, doctors on the unit to senior hospital directors at a range of hospitals in both Kampala and Mbarara.

Impact Anticipated long term benefits include increased critical care staffing experience, capacity and job satisfaction. Improvement in multidisciplinary working (training of doctors and nurses is occurring in parallel, involvement of physiotherapy and biomedical engineering also proposed).

Ultimately, we hope that in the future this work will be characterised by improved patient outcomes and reduced mortality as well as development of research capacity alongside the clinical aspects of the project.

Intervention There has been development of leadership and management for both sides of the partnership at many levels. The junior members of the team are able to participate in high level discussions and gain an understanding of how sustainable and reciprocal partnerships are developed and evolve. The more senior leaders are able to learn from healthcare in another culture, and mentorship of the future healthcare leaders in critical care.

Involvement of stakeholders, such as patients, carers or family members:

Patients are not currently directly involved in the project.

Key Messages Sustainable partnerships require investment from senior leaders in order to develop and affect meaningful change.

Development of critical care capacity through clinical training, leadership and research will ensure that patients will benefit not just from access to critical care, but from the wider benefits to healthcare that result, in Uganda as well as in the UK through the development of clinical, leadership and teaching skills volunteers will experience.

Lessons learnt Undertaking such an ambitious programme requires a large time commitment from senior leaders on both sides of the partnership at a time when healthcare resources are stretched. Whilst much time is volunteered, the support of the hospitals and governments has been critical to the success and sustainability of the project.

Measurement of improvement Output measurement will include increase in critical care workforce numbers in Uganda, with a plan 6-10 MTI doctors to be hosted by Cambridge University Hospitals.

We collect feedback from the grand rounds and seek to improve content and delivery accordingly.

Publication of novel research from Uganda will be a longer term measurement once the research strand of the partnership is developed.

Strategy for improvement The first MTI doctor is due to arrive in the UK late in 2022; there will be ongoing training â€ ' both clinical intensive care medicine, but also in other critical areas such as leadership and management training. The doctors who undergo the MTI training will return to Uganda to be the future leaders and drivers of intensive care medicine training.

The SCALE Critical Care project is truly collaborative. Training of doctors alone will not lead to meaningful or sustainable development â€ ' training of the multidisciplinary team including nurses and physiotherapists is a critical part of the project.

5 EMPOWERING ORAL HEALTH IN THE COMMUNITY: LEADERSHIP LESSONS LEARNT FROM REDEPLOYMENT

[1]Laura Johnston, [2]Natalie Archer, [3]Katy Martin. *[1]NHS England Regional Clinical Leadership Fellow, Midlands and Specialty Registrar in Paediatric Dentistry, Birmingham Community Healthcare NHS Foundation Trust; [2]Specialty Registrar in Restorative Dentistry, Royal ENT and Eastman Dental Hospital; [3]Specialist Oral Surgeon, Birmingham Community Healthcare NHS Foundation Trust*

10.1136/leader-2023-FMLM.5

Context Oral health knowledge is fundamental to ensure all healthcare teams achieve holistic patient care within community settings. During the COVID-19 pandemic, dentists were redeployed to district nursing teams to support wider healthcare service demands, where patients exhibited poor oral health and deficits in staff oral health knowledge were observed.

During restoration and recovery of services, three postgraduate dental trainees launched a trust wide training needs

analysis amongst non-dental professionals working across Birmingham Community Healthcare NHS Foundation Trust. This identified a lack of confidence in providing mouthcare and oral health advice to patients. As a result, the team created the Oral Health Ambassador Programme, placing oral health leadership with local nursing team leads and providing the resources to champion oral health for patients in their care. Creation of an online training module supported a deficit in oral health training.

Issue/Challenge Working within a domiciliary setting provided a unique opportunity to experience first-hand the challenges nursing teams face in providing oral health care to their patients. Leading in a novel environment meant incorporating oral health into a holistic care plan whilst overcoming the time restraints of an already stretched workforce during a global pandemic.

Assessment of issue and analysis of its causes

On return to service, a trust wide oral health training needs analysis was created and distributed to all patient facing non-dental staff across BCHC. To maximise stakeholder engagement and response rate, promotion via trust publications and senior endorsement within each division was essential.

The results of the training needs analysis were used to design a community specific oral health training package and led to the creation of the 'Oral Health Ambassador' scheme. Results were disseminated alongside the launch of the training package to district nursing teams and presented regionally to 300 trust leaders at the senior leadership brief and to multidisciplinary colleagues at trust quality improvement forums.

Impact Results of the training needs analysis identified that 90% of respondents had concerns about patient oral health. Despite this, 68% had received no previous oral health training. The main barriers to provision of mouthcare and delivery of oral health advice were lack of training, time, insufficient patient cooperation and lack of equipment. A likert scale identified lower confidence levels in providing support for patients with learning difficulties or challenging behaviour and in accessing resources to support patients and families.

Intervention The Oral Health Ambassador scheme was created with the patient and healthcare provider at its core. The survey results provided key themes for learning which were used to divide the online learning into modules, making specific topics easily accessible. Dedicated time was provided to ensure training was part of the working day.

To incorporate learning into their daily practice, a local lead was identified in each team as the Oral Health Ambassador, bridging the gap between dental and nursing teams and acting as a direct link for dental support within nursing teams. Oral Health Ambassadors are leading team training and raising resource awareness.

Oral health boxes were created and delivered to teams providing an easily accessible wealth of oral resources for providers, patients and families. Equipment was included with information for use and adaptability for individual patient need.

Involvement of stakeholders, such as patients, carers or family members:

Stakeholder mapping included direct input from district nurses and Health Care Assistants. Piloting the scheme across a variety of sectors provided reassurance that the training would benefit all allied health professionals across the trust.

Key Messages Community healthcare staff have a unique opportunity to support oral health needs of vulnerable community patients. Redeployment provided a unique opportunity to lead in changes for oral health promotion in the community and create local leads, Oral Health Ambassadors, that can continue to champion oral health post pandemic.

Lessons learnt Whilst dental teams took initial responsibility, passing this onto local leads will create key ambassadors within the teams, passionate about improving patient oral health and providing support for peers to do the same.

Measurement of improvement Preliminary data taken from online learning pre-and-post knowledge survey shows an improvement in knowledge and increased confidence levels. Further feedback awaits.

Strategy for improvement Following on from a successful launch of the scheme, the team suggests creation of an oral health mobile app would allow a wealth of up-to-date information, guidance and resources at the click of a finger.

6 EMBEDDING WELLBEING SUPPORT IN FOUNDATION INDUCTION

[1]Huma Naqvi, Michael Blaber. [1]*Education Team, Sandwell and West Birmingham NHS Trust*

10.1136/leader-2023-FMLM.6

Context Work with a diverse environment in a district general Teaching Hospital in the UK. The organisation is known for being an excellent environment for learning, well-being and teaching of junior doctors. It has two sites, one in Sandwell (Sandwell General Hospital) and the other in West Birmingham (City Hospital).

I have worked as the Foundation Program Director for Foundation Year 1 doctors for the past 4 years and also have a keen interest in well-being. I have taken an active role more since the COVID pandemic to focus on well-being of junior doctors and been part of a well-being team involved in making the working environment more amenable and healthy. The well-being team is led by the Junior Doctors well-being lead and we in turn have developed a strong working relationship to endeavour that the support foundation Doctors have is robust and consistent.

Issue/Challenge The specific challenge was around addressing the needs of the Foundation Year 1 doctors and to develop a process to ensure they could have a means/approach to have time to address well-being in a focused manner. This led to development of 1:1 well-being meetings with each trainee with the Foundation program Director and the well-being lead. This involved arranging 10-15 mins appointments in an environment away from the working areas and ensuring It was a confidential and safe space. The whole purpose is to see how the trainee was doing in their day to day work and ensuring they were able to approach with any queries and concerns if they wished to. Meetings were arranged mid Sept to early October and across sites to ensure easy accessibility. Trainees were met face to face to ensure that the contact was felt to be more human and personable.

Assessment of issue and analysis of its causes

The size of the challenge was dominated by the number of trainees. Itâ€ ™s on average we have around 65-70 trainees to meet. However with identifying time aside in the allocated times, this was an achievable task to allocate all trainees a slot or work around the time to allocate alternative time slots. This meant dedicating afternoons over a 2-3 week period.