

Developing effective leaders

4 MENTORSHIP WITHIN THE FOUNDATION PROGRAMME – ITS IMPACT ON LEADERSHIP AND CAREERS WITHIN HOSPITAL MEDICINE

TJH Powell*, DA Baig, JD Unsworth. *Wirral University Teaching Hospital, Wirral, UK*

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In this study we developed a novel mentorship programme with newly qualified doctors, by matching them to Specialist Registrars at a District General Hospital. The aim was to increase their morale and support, and to simultaneously address their perceived barriers to a career in medicine. In the UK, data shows that applications to progress directly into speciality training have been falling for several years in a row. The figure has dropped from 71.3% in 2011, to 52% in 2015, with now more than half of graduates of the Foundation Programme opting for work other than further training, either in the form of casual 'locum' appointments, work abroad, or even a break away from medicine entirely.

The results show that following regular mentorship, FY1 Doctors are more likely to decide on not just a career in medicine, but are far more likely to progress directly into specialist training. Although locum appointments remain a firm choice for graduates, those who had undecided career plans were able to make more informed decisions. Over 10% of those who received mentorship changed their decision not to progress directly to a career in medicine, and indeed 12% of respondents actively made the decision to apply for Core Medical Training, having previously being undecided.

It is clear that our novel initiative to provide a mentorship to newly qualified doctors at an early stage can dramatically and positively impact their perceptions of a career in medicine before ultimately turning away from further training. Our study demonstrates positive correlation between forming interpersonal relationships within the workplace and a better understanding of a life within medicine. Ultimately, and if for no other purpose, these relationships have provided an invaluable way to improve support for juniors within the workplace, which will increase morale and lead to a better and more productive level of care for patients.

Clinical leadership and large-scale change

5 REPORTING THE EVIDENCE OF CLINICAL LEADERSHIP STRATEGIES USED IN LARGE-SCALE CHANGE IN NHS ENGLAND: A SCOPING REVIEW

Olivia Hartrick*, Veronica Maynard, Judy Ravenscroft. *University of Plymouth Peninsula College of Medicine and Dentistry, England; University of Plymouth Peninsula College of Medicine and Dentistry, England; University of Plymouth Peninsula College of Medicine and Dentistry, UK*

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Background Clinical leadership with the right skills, values and behaviours is vital to successful delivery of better services for patients. There has been an increase in studies which explore specific strategies of clinical leadership in large-scale change but no systematic study has collated these

strategies. The aim of this review was to scope the literature and identify the range of clinical leadership strategies which have been reported in large-scale change within NHS England.

Methods A scoping review of the literature was conducted in accordance with the Joanna Briggs Institute protocol. Full texts were analysed by publication year, sector of origin, study design, quality, topic and content.

Results 28 studies were included. Most studies were found to be of good or high quality (n=20). Large-scale change categories included initiative implementation (n=10), re-organisation (n=5), integration (n=4) and commissioning (n=2). The following global themes were found: Leadership behaviour; Strategies for system integration; Leadership approaches; Barriers to change; Information for change. These content findings were synthesised into a map and narrative. Results were found to correlate with clinical leadership strategies presented in the NHS Leadership model, and concepts from the distributed, transformational, authentic, and systems leadership approaches as well as other leadership literature.

Conclusions The present work identified a wide spectrum of clinical leadership strategies reported in studies which explore large-scale change. Overall, findings are congruent with key evidence in the leadership field, the current NHS leadership model and the context of the NHS. This work is the first of its kind to collate clinical leadership strategies in large-scale change and can be used as a foundation for further research and development of clinical leadership strategies in large-scale change within the NHS.

Leading innovation and improvement

6 A CHECKLIST TO SAFEGAURD PLURAL PROCEDURES

Alexander Taylor*, Jin-Min Yuan, Zhe Wu, Tara Sathyamoorthy. *Department of Respiratory Medicine, Northwick Park Hospital*

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Aims Concise, comprehensive and contemporaneous documentation is the gold-standard in modern medicine. It is mandated by the General Medical Council¹ due to its importance for patient safety and maintaining high quality care.

A review of documentation of invasive pleural procedures at our Trust suggested non-compliance with the gold standard British Thoracic Society (BTS) guidance,² raising patient safety concerns. We led a quality improvement project aimed to quantify the problem, address non-compliance by introducing a checklist and review to assess its effectiveness.

Method Patient notes were reviewed and data collected on written evidence of compliance with important BTS mandated parameters for 4 weeks. A checklist standardising documentation was introduced, followed by a second round of data collection.

Results There was a significant increase in documentation between PDSA cycles of pre-procedure INR (61% increase, p=0.002), chest radiograph (73% p=0.0003), local anaesthetic (54%, p=0.006), sutures (58%, p=0.044) and drain type (83%, p=0.003) after introducing the checklist. Documentation of all other parameters increased (nearing significance) or remained static at 100%.

Conclusion Poor documentation may reflect inadequate safety checks and incorrect procedural technique. Our quality improvement project demonstrates that a simple intervention of introduction of a checklist measurable improved documented compliance with key BTS mandated parameters. This intervention improves patient safety.

After review by key emergency medicine, acute medicine and respiratory stakeholders, the checklist has been incorporated into the Trust pleural procedures protocol. This protocol will be rolled out trust-wide across three sites.

REFERENCES

1. GMC, 2013. Good Medical Practice.
2. BTS Pleural Disease Guideline Group, 2010. Pleural procedures and thoracic ultrasound: British Thoracic Society Pleural Disease Guideline 2010.

Collaborative working

7 GP-CONSULTANT LIAISON SOUTHAMPTON 2018

^{1,2,3}Pritti Aggarwal*, ^{4,5}Adam Fraser, ⁶Julia Petherbridge, ^{7,8,9,10}Sally Ross. ¹Southampton City Clinical Commissioning Group Board Member, UK; ²Primary Medical Care Module Lead, University of Southampton, UK; ³GP Partner, Living Well Partnership, Southampton, UK; ⁴GP Partner, Bridges Medical Practice, Weymouth, UK; ⁵Dorset Programme Director, Bournemouth University, UK; ⁶Senior Consultant, Thames Valley Wessex Leadership Academy, UK; ⁷NHSE GP Clinical Advisor, UK; ⁸GP Facilitator for Wessex, UK; ⁹Clinical Lead for Portsmouth CCG, UK; ¹⁰GP Principal, Portsdown Group Practice, UK

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Introduction and implementation Collaborative working across primary and secondary care is crucial to providing quality care. In this GP-Consultant Liaison scheme, 59 Consultants and GPs were strategically paired to enhance working relationships. Pairs hosted and visited each other's workplace. Our aim was to improve professional understanding, foster deeper partnership, ignite opportunities for innovation and quality improvement (QI) with co-owned local solutions. Submitted anonymous reflections were analysed for common themes. A celebration of the shared learning took place in January 2018 with 9 affiliated NHS organisations. The emphasis was on compassionate leadership and next steps.

Impact Feedback obtained from 71 (60%) participants was scaled from 1 (least likely) to 6 (most likely). In breaking barriers, individuals supported a regular primary-secondary care forum; weighted average score of 5.25, found the scheme useful (4.59), likely to take part again (4.83), consider new ways of working consequent to building better relationships (3.85). We observed production of leaflets on psychological support for patients in hospital consequent to insight obtained from primary care, sharing directories of primary care secretary contacts and restructuring of outpatient clinic letters to state 'For Information Only' or 'GP Action Required' resulting in substantial time and cost savings. The liaison improved morale and insight. Common themes from reflections revolved around compassion, collaboration, complexity, efficiency and education.

Learning This scheme was an easy and enjoyable way to reconnect individuals and allowed professionals to learn about challenges we face within the NHS. As QI activity, the scheme resulted in simple local solutions for patients. It is a low-cost intervention that can be replicated within any organisation in the NHS. However, it needs a motivated and persistent individual to drive the project forward. @sotonliaison17

Quality improvement

8 USING CARE NAVIGATION TO OPTIMISE GENERAL PRACTICE

Amy Boalch*, Nayan Patel. ¹King's College London UK; ²The Blackheath Standard Surgery UK

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Background Demand in primary care is increasing; between 2010 and 2014 consultations increased by 13% but the workforce increased by less than 5%. Superimposing this is the difficulty in retaining full-time GPs. We therefore embarked on a care navigation project at a London practice with the aim of utilising resources more efficiently by directing patients to the most appropriate healthcare professional available.

Methods Staff meetings were held to discuss the factors contributing to oversubscription of GP appointments. An Ishikawa diagram was constructed and the Pareto Principle was applied to determine that patient unfamiliarity with resources was the root cause.

Teaching sessions focusing on communication and care navigation were held with reception staff. This empowered staff to reassuringly request information from patients so, if appropriate, the patient could be redirected to alternative healthcare professionals. We designed a poster featuring statements that staff could use and we developed a flowchart so that receptionists could establish who the patient should be booked with. The project was developed through PDSA cycles; staff were encouraged to edit the resources so improvements could be made. Problems were identified through verbal feedback.

Results Patient bookings pre- and post-intervention were recorded; this totalled 238 and 108 sessions respectively. Data was gathered retrospectively from Vision. GP bookings decreased from 15.0 patients per session pre-intervention, to 12.9 patients post-intervention; a 14.00% decrease. Bookings with nurses and healthcare assistants increased by 4.95% and 26.63% respectively suggesting a redirection of patients away from GP appointments.

Conclusion Small changes can impact upon big problems. A reduction of two patients per session creates twenty extra minutes that can allow space for emergency appointments, flexibility for overrunning appointments and a reduced need for locums.

Leadership and management program

9 KING'S IMPROVEMENT THROUGH ENGAGEMENT (KITE) – A PROJECT TO IMPROVE UNDERSTANDING OF MANAGEMENT STRUCTURES AND LEADERSHIP TECHNIQUES AMONGST TRAINEE DOCTORS AT KING'S COLLEGE HOSPITAL

Balrik Singh Kailey*, Samuel McGrath, Nisha Patel, Fay Riley, Jennifer Lewis, Kuljit Hunjan. King's College Hospital, London, UK

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Aims

1. To help trainees develop a better understanding of different leadership strategies and increase their exposure to the various management and leadership opportunities present within medicine.