TSDFT was in its infancy and was largely unstructured, allowing space for trainees to redesign, seek mentorship and explore opportunities.

Our intervention included informally seeking mentorship from a deputy medical director at TSDFT, who was enthusiastic about promoting trainee leadership development and experienced in quality improvement. We met fortnightly for goal setting, collaboration and discussion about challenges within the field. Other experiences and achievements were mapped to the 'Medical Leadership Competency Framework'³ facilitating reflection and inquiry about valuable elements of the program and highlighting areas where experience was lacking; allowing focused search for opportunities.

Outcomes included TSDFT academic trainees being increasingly positive about the program, gaining structured approach to their academic time and improved productivity and accountability to peers and mentor. Trainees also described better understanding of local healthcare management and have led on projects aligned to the Trust's priorities.

Supporting trainees with interest in leadership and management remains challenging; unlike clinical competencies tangible demonstration of leadership development is difficult. AFPs in leadership and management provide a unique opportunity to support development of individuals with aptitude or interest, with reciprocal benefits for individuals and organisations. We recommend organisational leaders take responsibility for fostering environments where any trainee can develop leadership and management skills; current leaders should consider mentorship as part of their role as a clinical leader.

REFERENCES

1. Francis R. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Volume 1. London: The Stationery Office, 2013. Developing medical leadership toolkit, FMLM, July 2018. Available at: <https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry>
2. Hynes G, Peake L, Tweedie J. *The state of medical leadership and management training for junior doctors; FMLM 2017 junior doctor survey 2017*. Available at: <https://pgme.info/wp-content/uploads/2018/06/The-state-of-medical-leadership-and-management-training-for-junior-doctors.pdf>
3. The Royal Colleges. Medical Leadership Competency Framework Enhancing Engagement in Medical Leadership Third Edition, July 2010. Available at: <https://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-Leadership-Framework-Medical-Leadership-Competency-Framework-3rd-ed.pdf>

Innovation in community care

63 IMPROVEMENTS IN PATIENT CARE IN A COMMUNITY BASED DIABETES SERVICE DRIVEN BY A BESPOKE BUSINESS INTELLIGENCE PROGRAMME

¹Francesca Brown*, ²Stuart Adamson, ³Eleanor Rezazadeh, ⁴David Lipsomb. ¹University of Birmingham, UK; ²Here, UK; ³Sussex Community NHS Foundation Trust, UK; ⁴Sussex Community NHS Foundation Trust, UK

10.1136/leader-2018-FMLM.61

Diabetes Care for You (DCFY) is a multi-professional specialist community service for adults living with Type 1 and Type 2 diabetes in Brighton, Hove/High Weald, Lewes and Havens CCGs. There are 1195 people with Type 1 and 3390 with Type 2 currently.

The DCFY team were unable to access real-time population level data, in a user friendly way. Meaning an increasing proportion of time was dedicated to generating information. This inability meant that targets, such as referral to treatment waiting times (RTT) could not be predicted.

A bespoke Power (BI) suite of reports was developed. The technology provides up to date data allowing cohorts to be viewed in an easy to read form. It compiles patient data using coding and displays chosen metrics that can be easily changed to generate patient lists.

This technology has allowed the identification of discrete patient cohorts and identifies when appointments need to be booked or interventions need to be discussed. It identified 277 type 2 'poorly controlled' (HbA1c>80) patients. Currently 63 of those patients do not have a booked appointment and 12 are not on insulin. The technology has led to improved outcomes because previously the quick collation of this data would not have been possible.

RTT data retrieval has become more time efficient and streamlined, saving 1.5 days per month of Managerial time. RTT compliance has risen from an average of 87.3% during June, July and August in 2017 to an expected 95.9% during the same months in 2018.

Leading innovation and improvement

64 CARE REDESIGN – A MULTI-DISCIPLINARY, MULTI-FACETED SYSTEMS APPROACH TO REDESIGNING CARE PATHWAYS

Adam D Jakes*, Manju Chandiramani, Jillian Lloyd, Hannah Thompson, Fiona Little, Lucia Pederiva, Paula Parker, Carolyn Cooper, Daghni Rajasingam. *St. Thomas' Hospital, Guy's and St. Thomas' Hospital NHS Trust, London, UK*

10.1136/leader-2018-FMLM.62

The Antenatal Day Assessment Unit (ADU), the A and E of maternity services, in a central London tertiary hospital, was inspected and reported as having inadequate capacity and poor patient and staff experience. It offers an open-access, 24 hour walk-in service for urgent/emergency care.

We undertook an integrated, trust-wide care redesign programme (CRP) to transform the pathways and patient flow. Our team included consultant obstetricians, specialist trainees, midwives, a clinical coder/analyst, a change agent and maternity service manager, with support from the trust medical director and an international expert with Harvard Business School experience. The CRP consisted of structured sessions including principles of systems thinking, unwarranted variation, changing culture and leading transformational change. There was protected coaching, team-time and web-based resources. Key metrics were agreed and measured including time from attendance to assessment of the fetal heart, and measures of patient satisfaction.

A value proposition was co-produced, enabling us to focus our transformational efforts. Key stakeholders were consulted regarding potential new names for the unit better reflecting its function. Unscheduled care pathways were characterised, optimised and separated from scheduled care pathways. Changes were made to reduce waste (any process that did not directly add value to women).

A systems-wide approach has resulted in a sustained improvement in key metrics. The renaming of ADU to the Maternity Assessment Unit and the value proposition has enabled the team to implement change in a logical manner and visual representation of data has empowered frontline staff to engage in the transformational experiments. This