

2. To deliver formal quality improvement (QI) training via our management teams, to help trainees conduct small-scale QI projects and obtain formal management qualifications.

Methods and results We invited all interested to apply with a good spread of 27 trainees from FY1-ST7. The pre-course questionnaire showed most had little prior experience of management training. Only 8.5% of participants agreed that they had 'confidence understanding the leadership and management structure of the NHS as a whole and at a King's level.' Our first day was structured into a series of speakers, ranging from our King's Head of Transformation to previous FMLM fellows running workshops on leadership techniques and on NHS structure.

87.5% of participants reported an improvement in their knowledge of the leadership and management structures within the NHS and KCH. Also, 100% of trainees reported an increased awareness of the leadership and management opportunities available with 95.8% of candidates likely to take this further. With our transformation team, we delivered Sigma Six yellow belt training over two one-day courses. We split participants into QI groups of 3 or 4. The training was well received and 100% of participants will use their training to help their QI project and that it was useful for their non-clinical development.

Conclusions Working collaboratively with our management and transformation teams, have enabled us to deliver effective QI training to participants, propelling smaller QI projects within the hospital which have been showcased at the trust awards ceremony.

We firmly believe management and leadership training should begin early in our careers, and programmes like KITE, highlight this well. Given the program's success it will be repeated again next year.

Enhancing your leadership and management skills; developing effective leaders

10 BUILDING LEADERS FOR LONDON: THE LONDON CLINICAL SENATE FELLOWSHIP PROGRAMME

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Context In 2017 a new programme was established to support four junior doctors as 'London Clinical Senate Fellows', in partnership with Faculty of Medical Leadership and Management (FMLM). London is one of four NHS England regions, covering a population of 8 million people. The London Clinical Senate is a source of advice to commissioners and other stakeholders in the region. The Senate wished to engage trainees and provide them with training in leadership at a system level in London.

Intervention The aims of the fellowship are twofold. First, to improve the Clinical Senate Forum through (1) organisation and planning and (2) sharing the junior doctor perspective during the forum meeting.

Second, building expertise and experience of fellows through (1) mentorship; (2) engagement and participation within the forum; and (3) skill and knowledge development. Each of the fellows have shadowed staff at NHS England, and been paired with a mentor in their chosen field.

Measurement of improvement Clinical senate fellows have kept logs of experience and reflections, as well as publishing on

the FMLM website. As the programme reaches half-way through, progress will be measured by way of a questionnaire to gauge satisfaction with the programme for fellows, their supervisors and other clinical senate members.

Impact The fellows report improved confidence in public speaking and a better understanding of the systems which underpin the services they work in. The Senate now has access to a new perspective on services, which enriches the debates they hold. The greatest impact interventions were fellows presenting at senate forums, and shadowing key figures in NHS England.

Messages for others This programme could be easily replicated across other strategic areas of England and beyond. It provides leadership experience to doctors in training, whilst also benefiting the host organisation where they are embedded due to fellows sharing their learning experiences with their peers.

Leading innovation and improvement

11 QUALITY IMPROVEMENT PROJECT FOR OUT-OF-HOURS CLINICAL HANDOVER

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Aim Nottinghamshire Healthcare NHS Foundation Trust (NHFT) provides a variety of mental health services across Nottinghamshire. During out-of-hours work, junior doctors cover each of these three main hospital sites.

The Health Education East Midlands (HEE) Quality Management visit concluded the handover system in NHFT was not fit for purpose, posing significant risks to both patients and junior doctors.

The aim of our quality improvement project was to assess these concerns using a mixed methodology, including local surveys and audit; and secondly to make any necessary quality improvements to the handover process and guidance. The pre-implementation evaluation of the handover system in use consisted of a survey and an audit.

Methods The quality improvement strategy involved a two-pronged approach, which included the development of a new IT-based handover recording tool and improving education and training in its use.

We used Plan-Do-Study-Act (PDSA) cycles between August 2015 and August 2016 to implement changes.

Phase 2 of the project involved audit, education and training to consolidate and reinforce the change to make it sustainable through creation of a white board animation video for junior doctors.

Results Percentage of recorded handovers was the main outcome measure. Quality outcomes improved after the phase 1 and were sustained during the phase 2 of the project due to introduction of mandatory recording fields.

Conclusion We learnt that the active engagement of end users in the designing and implementation of the new IT handover system was a key factor in optimal development. We learnt that continuous induction, training and monitoring are important to sustain high usage of the system. Also, use of project management tools from the start will improve efficiency and time management. This project demonstrates how existing resources within a NHS Trust can be collaboratively and iteratively deployed to improve patient care.