

Improving health outcomes by a south london looked after children's (LAC) health team

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Context There is an obligation on the local authority and its health partners to ensure these statutory health assessments take place in accordance with the timescales set. The looked after children's health team delivers this responsibility on behalf the local authority. A significant portion live outside the borough boundaries. The multidisciplinary team comprises specialist nurses, community paediatricians and administrative team.

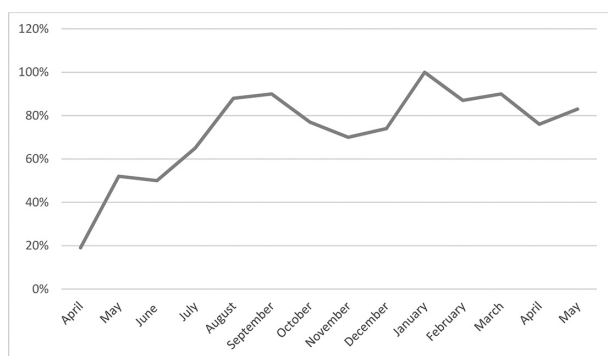
Issue Timely and thorough health assessments are vehicles for identifying and acting upon previously unmet health needs in this vulnerable population.

Assessment of issue and analysis of its causes:- The Change Management Framework

The ADKAR® model of change was utilised. The team were aware of the need for change. The trust executive and management had a desire to support and participate in the change. We utilised the knowledge of the core team and additional expertise. We have also established a system of reinforcement to sustain the change.

The strategy To deliver on the changes needed a clear leadership strategy was in place.

- It was purpose driven
- Previous inspection reports, user feedback and performance indicators were used
- Clear and constant two-way communication was employed
- weekly performance huddles, and
- Investment in people and infrastructure occurred
- job plans developed, and increased training and development opportunities given
- We demonstrated persistence to see the changes through
- Improvements were shared on the ground at team meetings, at directorate level; and at Trust executive level. The changes were shared with the Service Improvement Board, the CCG Safeguarding executive and the local authority.



Abstract 95 Figure 1

Measurement of improvement and impact:

- In March 2018 100% of children accessing initial assessments were seen within 20 working days from referral; the graph (figure 1) shows the overall trend of improvement
- There is now knowledge of where all LAC are in the pathway, including those that are being seen out of borough and those that are in secure accommodation
- Improvement in staff morale measured by a fully established team, reduction in staff turnover rate and sickness levels.

Impact The next steps are:

- Sustaining cultural and process changes in both the clinical and administrative team
- Continue to work with social care to improve the referral process
- Ensuring systematic oversight of the completion of health recommendations arising from assessment.

Medical leadership training

96 A SURVEY OF JUNIOR DOCTOR'S EXPERIENCES OF MEDICAL LEADERSHIP AND MANAGEMENT TRAINING

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Introduction Outcomes for patients are better when healthcare professionals are involved in the leadership and management decisions of caregiving organisations. Training in leadership and management should therefore be prioritised for healthcare staff in the UK.

Methods We undertook a survey of junior doctors throughout the UK to gauge junior doctors' experiences of and their attitudes towards leadership and management training. This was conducted via an anonymous online survey of direct questions and free-text options.

Results A total of 400 junior doctors responded to the survey between September and December 2017. In total over 97% of respondents thought that leadership and management training was important, however around 50% felt that their own training was inadequate to implement change at even a local level. Despite the majority (83%) having completed an audit or quality improvement project, fewer than a third (31%) thought their ideas for service improvement had been sustainably implemented. Around three quarters of respondents felt that leadership and management was emphasised at the time of their annual reviews and was valued by their seniors, but fewer than 50% felt they had their seniors' support when trying to implement change. In terms of barriers to better engagement, short rotations was among the most widely cited obstacles. Dedicated time in rotas set aside for leadership and management training and tasks was seen as desirable, along with more training delivered locally and at a grade-specific level.

Conclusions The drive to improve the perception among junior doctors of the importance of leadership and management training appears to have been successful. However, there is still some way to go until junior doctors feel that the training provided is sufficient to allow them to make meaningful contributions to the way their healthcare organisation is run both now and in the future.