- Change ideas mapped to the new curriculum helped paediatric trainees and consultants increase their curriculum knowledge and confidence.
- Developing a habit of reflection after night shifts facilitates discussions about decision-making and autonomy, identification of real-time problems and promotes team feedback and cohesion.
- Disseminating completed templates and bite-sized learning videos via WhatsApp and uploading them to a Trello learning platform gave benefit regardless of shift-pattern.
- Collaborative learning increased our departments' collective knowledge, encouraged evidence-based learning, improved our professional development and will ultimately enrich our patient care.

Leadership

100 INSPIRING JUNIOR DOCTORS INTO LEADERSHIP

Katie Wallace*, Sara Page, Alexandra Hughes, Jahangir Ahmed. *Sheffield Teaching Hospitals, UK*

10.1136/leader-2018-FMLM.98

Many junior doctors are unsure how to engage with leadership and feel that it is a gap in their training. Meanwhile senior colleagues are trying to find ways to improve junior doctor morale and thereby recruitment and retention.

Leadership connections was founded as a way of enabling and empowering leadership development among junior doctors. The structure is simple; a monthly seminar delivered by different people on different topics each month but with a common theme of leadership. The aim is to create a supportive community therefore attendees leave with not only a skill and an attendance certificate but know that the fixed times and location is something they can return to again in the future.

Yorkshire and Humber is home to the excellent Future leaders programme but having completed a 12 month leadership fellowship many found themselves lost on returning to work therefore this format allows those people to continue their leadership journey and an opportunity to share their work.

Leadership connections was founded and run by junior doctors with a collaboration across specialities and grades. In establishing this group individuals have had the opportunity to demonstrate skills in negotiation, planning, bidding for funding and communication. We have been able to connect those that attend with further development opportunities for example participating in local trust committees.

Attendance is doubling with each event and feedback is positive. We hope that through inspiring wider participation and engagement among junior doctors we can influence the wider culture and improve poor morale.

NHS, workforce, prevention, empowerment

101 SURGICALLY FIXING THE NHS: VALUING PEOPLE, EXERCISE AND SKILLS

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10.1136/leader-2018-FMLM.99

The NHS is failing. There are increasing numbers of older patients with multiple co-morbidities, including frailty and dementia. 70% of NHS spend is on preventable conditions. Yet health is still focussed on interventions and passive care rather than facilitating exercise, nutrition, environment and culture.¹ Similarly, healthcare leadership suffers with financial constraints, burdensome targets and overwhelming workload. NHS staff feel undervalued with burnout, low morale, inadvertent bullying or being set up to fail (Glass Cliff phenomenon). Perhaps the current paradigms could be challenged?

A new approach is needed, focussing on:

- Clear values, to get people through tough days
- Knowledge about how health really works including primary and secondary prevention and iatrogenic illness
- Skills: Understanding that good 'leadership' requires 'management' skills, involving people, change, projects, finance, education, IT and communication.
- Aiming for precision and clarity:
- Being clear about expectations helps reduce bullying
- Having defined job roles reduces unconscious bias
- Identifying what is not possible
- Empowering and valuing all individuals
- Ensuring that highly skilled workers (eg doctors) can focus on decision-making and handling uncertainty, with some other tasks delegated to 'Doctors' Assistants²
- Using team-working and the community to support anyone having a 'below average' day
- Getting all NHS staff to work on the prevention agenda, advocating environments, expectations and practicalities to improve health.¹ 41% of over-65s are classified as 'inactive'. Lack of fitness is reversible and reduces their need for social care.³ Health workers are ideally placed to work on goals, habits and practicalities with individuals, communities and wider organisations (including education, transport and sport).
- All management decisions should satisfy the bigger picture as well as the detail (eg building cycle parking and having flexible working policies)

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