qualitative research, via a semi-structured interview with 10% of the 120 strong consultant body. A thematic analysis was undertaken.

Results Thematic review showed doctors felt they lacked influence, that communication from senior management was poor and they lacked a feeling of belonging.

We have encouraged senior medics to lead on a host of strategic clinical initiatives, pathways and QI projects.

We have instigated a series of 'quick wins' from feedback gained thus far, to address doctors concerns and communicated these widely through a 'you said, we did' approach.

Our repeat Pulse Check survey has shown improvement in medical engagement across all domains.

Nurse management and leadership, and brexit

15 ASSESSING THE CHALLENGES IN NURSE STAFFING AND NURSE MANAGEMENT WITHIN THE NHS, AND FORMULATING A STRATEGY TO ADDRESS THEM

¹Ali Abdall Razak*, ¹Shahbaz Abdullah, ²Eduardo de Arede-Simoes Illa, ¹Thomas Jennings, ¹Emily Light, ³Michela Martinuzzi, ²Konstantinos Tourmouzis. ¹Faculty of Medicine, Imperial College London; ²Bart's and the London School of Medicine; ³Faculty of Medicine, King's College London

10.1136/leader-2018-FMLM.15

Introduction Leaders in nurse staffing face many challenges in the modern National Health Service (NHS). With political unrest due to the Brexit vote, financial instability, and insufficient recruitment levels, managers of nursing have much to consider in long term NHS strategy.

Aims To assess the managerial challenges with the objective of prioritising them to help develop a strategy. To determine the front-line opinions regarding Brexit's effect on nursing leadership decisions.

Methods Qualitative Study. Expert interviews were conducted with nurses from Band 6 to Directors of Nursing within a large London-based Trust. Transcripts of the interviews were analysed for themes, and strategies were suggested accordingly.

Results The main challenges facing management are poor leadership training for nurses transitioning to higher bands, avoiding high turnover rates within a Trust, and domestic recruitment to the career. There was unanimous agreement (11 interviews) that Brexit was a non-factor in long-term strategy. European Union (EU) nurse retention was low. This was attributed to the introduction of the International English Language Testing System (IELTS) in 2016, and their overall short-term career goals within the UK. Thus, recruitment efforts had already shifted to the Asian subcontinent.

Conclusion Strategies should focus on leadership training, lowering turnover rates, and domestic recruitment. As such, the development of formal leadership programmes specific to nurses will be crucial in training cost-aware, and proficient leaders. An advice package to Trusts collating successful retention methods will empower managers to quickly uptake strategies. Career campaigns are recommended to improve local recruitment. Throughout, the long-term nurse management strategy should not lend itself too heavily to Brexit.

Leadership and lean in healthcare the missing link

16 DR

Hisham Kelendar*, Mohammed Mohammed. Ministry of Health, Kuwait Faculty of Health Studies, University of Bradford

10.1136/leader-2018-FMLM.16

Medical practices tend to develop and grow. Today, healthcare is 'characterized by more to know, more to do, more to manage, more to watch, and more people involved than ever before'. The aging population, chronic diseases, increase demand, new technology and expensive services made different organizations under pressure. In this era, providing health services in high quality and achieving patient expectation with minimum resources considers as a challenge. Therefore, a new way of providing the healthcare services must be adopted.

In the literature, many managerial initiatives adopted in healthcare system (HCS) such as Total Quality Management, Balanced Scorecard and Six Sigma. Lean is one of those main influential management approaches recently adopted in HCS. Lean (born in the industrial sector) promises to provide more with less. Four common themes identified from lean philosophy: process-based view, focus on value, eliminating waste and employee-driven change. The healthcare setting, where it allows the authorisation of a decentralised management style is directly associated with successful lean implementation. The literature highlighted on how the leadership is critical for lean work to be successful. This could explain why adopting lean superficially without the leadership support and commitment, the gain will be temporary. Practical action from the senior leaders is by being actively involved in the lean events, expressing their attention for the worker's ideas and views, being a facilitator for eliminating the barriers, facilitate the corrective actions implementation, shows empathy and appreciation of the worker's efforts for improving the organisation and so on. Therefore, it is vital to have an effective lean leadership to ensure a successful lean transformation over the long-term.

The researcher aims to explore the case of lean in Kuwait HCS by applying lean to diabetic patient's flow in Primary Healthcare Centres considering the leadership.

Leading innovation and improvement

17 IMPROVING COMMUNICATION IN A MULTIDISCIPLINARY TEAM USING DIGITAL MONITORS AND A HANDOVER TOOL (ATMIST MNEMONIC) DURING PAEDIATRIC TRAUMAS

Marie-Pier Lirette*, Zamin Ladha, Tania Principi, Suzanne Beno. The Hospital for Sick Children, Toronto, Canada

10.1136/leader-2018-FMLM.17

Background Paediatric traumas have been described as high-stake, low occurrence emergencies and are a leading cause of morbidity and mortality worldwide. Delivering appropriate care is imperative and relies on interdisciplinary teamwork.

Assessment of issue Informal interviews revealed that interruptions from various team members, as they enter the trauma bay, to the trauma team leader (TTL) was felt to contribute to poor communication and teamwork. Digital monitors in the trauma bay at our institution were therefore introduced to display information using the 'ATMIST (Age, Time, Mechanism, Injury, Signs, Treatment)' mnemonic. Unfortunately, uptake had been poor, being used in only half of the cases.

Strategy for improvement We identified factors (figure 1) contributing to the inconsistent use of the ATMIST tool and then implemented various strategies to improve use of the tool such as we increased awareness by email communication and added the ATMIST tool as pre-arrival checkbox to the trauma intake form. Improvement of interventions were studied through structured observation of traumas. The outcome measure was defined as the proportion of total trauma activations with ATMIST tool partially or fully completed. Additional measures included number of interruptions to TTL (clinical measure), number of incorrectly entered items (balancing measure), and TTL satisfaction (qualitative measure). There was an increased use of the ATMIST tool from 50% to 66% in a 2 month period following all interventions. Interruptions to the TTL were observed less frequently and there was no increase in incorrect items displayed.

Abstract 17 Figure 1

Lessons learnt Continuous QI methodology help identify obstacles and strategies to improve overall care. More trauma observations and further PDSA cycles, now that strategies have been implemented, are required in order to determine whether the tool continues to be used, reduces TTL interruptions, improves overall communication and teamwork.

Leading innovation and improvement – emergency medicine

18 FLEXIBLE FIT ZONES: MAKING A&E FIT FOR PURPOSE

¹Max Denning MRCS*, ²James Harrison FRCEM, ²Andres Martin MRCS FRCEM. ¹Imperial College London; ²North Middlesex University Hospital Accident and Emergency Department

10.1136/leader-2018-FMLM.18

Introduction Emergency Departments (ED) attendances are rising year-on-year. Innovative measures are needed to improve capacity and continue to meet the 95% 4 hour target in the context of limited resources.

Methods North Middlesex University Hospital ED introduced 3 key interventions to improve performance. Two cubicles were converted to a seated treatment area. Adjacent to this staff and cubicles were specifically designated for ambulance handovers, this was coined the Fast Initial Treatment (FIT) Zone.

Interventions

1. Fit2Sit assessments determined if ambulance arrivals could be treated in a seated area rather than cubicles
2. The flexible FIT Zone would 'expand' or 'contract' with reallocation of space and staff according to rate of ambulance arrivals
3. Direct referrals of stable patients from ED triage to specialty assessment areas

Grip and control was required in the novel areas during initial stages of intervention. A team of FIT Zone specialists initially oversaw implementation during a pilot period. A series of information and teaching sessions then informed and engaged colleagues about interventions to make distributed leaders ahead of extending the pilot.

Results 54% of non-blue light ambulance patients were 'Fit2-Sit' and treated in chairs, optimizing use of space. 15% of patients were processed during 'expansion periods'. Ambulance handover time improved (−18%) as well as Time to initial assessment (−45%), Time to see a clinician (−17%), and Time to referral (−12%). 4 hour performance 100 days after intervention had improved from 74% to 84%.

Staff feedback indicated that the department ran more efficiently (+28%), job-satisfaction had improved (+13%), perceived quality of care delivered had improved (+15%), and space was less frequently an issue (+26%).

Conclusion Fit2Sit assessments, FIT Zones, and direct referrals alongside a distributed leadership models can lead to improvements in ED performance, staff satisfaction, and ambulance handover time.

Developing effective leaders

19 THE EVOLUTION OF A LEADERSHIP DEVELOPMENT PROGRAMME FOR ASPIRING CONSULTANTS IN A MENTAL HEALTH TRUST

Lenny Cornwall*, Jim Boylan, Wendy Cowie, Bryan O'Leary. Tees, Esk and Wear Valleys NHS Foundation Trust

10.1136/leader-2018-FMLM.19

We describe the evolution of a leadership training programme in a mental health trust, from one designed to meet the needs of the medical leadership curriculum to a multi-disciplinary programme for aspiring consultants across all disciplines. Earlier work had demonstrated that higher trainees in psychiatry often reported not being prepared for consultant leadership responsibility. The medical leadership competency framework (MCLF) provided a structure against which a programme could be designed and evaluated. We invited all senior registrars working in the Trust to join a pilot programme in 2011.