

substantial time and cost savings. The liaison improved morale and insight. Common themes from reflections revolved around compassion, collaboration, complexity, efficiency and education.

**Learning** This scheme was an easy and enjoyable way to reconnect individuals and allowed professionals to learn about challenges we face within the NHS. As QI activity, the scheme resulted in simple local solutions for patients. It is a low-cost intervention that can be replicated within any organisation in the NHS. However, it needs a motivated and persistent individual to drive the project forward.

## Developing Effective Leaders

### 26 ADOPTION OF THE EDWARD JENNER PROGRAMME IN MEDICAL UNDERGRADUATE TRAINING

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10.1136/leader-2019-FMLM.26

**Aims** Leadership is relevant and important to all Specialties. And the Leaders of tomorrow are the Student Doctors of today. There is a need for training, and Leadership and Management is a skill that can be learnt.

**Methods** To our knowledge, this was the first time in a UK Medical School that the Edward Jenner Leadership Program has been piloted for all First Year Medical Students. At Sheffield University Medical School the Leadership Training was launched and offered within 3 months of starting Year One. Pre and post questionnaires were used to evaluate learning and outcomes. The training was free and all online, requiring approximately 15 to 35 hours completed over no more than 6 months, with extensions if required. n=52 students opted in to the program.

#### Results

- There was a 23% increase in confidence to build team capacity.
- There was a 9% increase in confidence to build positive working relationships.
- There was a 17% increase in confidence to undertake various team roles including, where appropriate, demonstrating leadership.
- There was a 10% increase in confidence to undertake various team roles including, where appropriate, the ability to accept and support leadership by others.
- There was a 47% increase in confidence to demonstrate awareness of the role of doctors in contributing to the leadership of the health service.
- 48% enjoyed doing the Leadership Training course.
- 62% thought the Leadership Training course had made them a better leader.

#### Conclusions

The Results support explicit encouragement of Leadership Development in Year One of Medical School. This would preferentially be followed up in Years 2–5 with appropriate lectures, small group work, mentoring, and on the job learning with a reflective diary, and potentially through completion of additional NHS Leadership Academy programs.

## Leading Innovation and Improvement

### 27 'FEEL UNSAFE AND NEED MORE DOCTORS OUT-OF-HOURS?' – JUNIOR DOCTORS' JOURNEY IN IMPROVING PATIENT CARE AT DISTRICT GENERAL HOSPITAL

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10.1136/leader-2019-FMLM.27

**Aim** Medical staffing level may not match the increasing demand to deliver safe and sustainable patient care especially during twilight out-of hours. Our aim is to evaluate Junior Doctors staffing (capacity) against medical admissions (demand) in twilight hours, implement a balance between demand and capacity, and evaluate its impact on the number of medical patients handed over to night on-call team.

**Method** The proposal was presented at Junior Doctor Senate, which was composed of junior doctors and chaired by Director of Medical Education (DME). Baseline data was collected on medical staffing level during twilight hours (5–9 pm) and the number of medical patients still waiting to be seen handed over to night team. The Results were presented at Trust-wide meetings. Invitations were received to present the data to the Trust Directors and Chief Executive. Same set of data was collected after the successful implementation of new twilight shift.

**Results** Data showed almost half (47%) of all medical referrals were received between 4pm and midnight. After the implementation of twilight shift, the average number of medical staffing level increased from 4.3 to 6.6 ( $p<0.01$ ) and the average number of medical patients waiting to be seen at 9pm significantly dropped from 14.6 down to 6.8 ( $p=0.02$ ). Student's t-test was used for statistical analysis. Feedback (no=39) was collected from all staff groups in the Trust after the implementation, which showed 84% of staff agreed or strongly agreed that increasing staffing level improved safety of patient care.

**Conclusion** Collaborative working between Junior Doctors, DME and Trust executive resulted in identifying gaps in medical staffing during twilight hours. Our work demonstrates that junior doctors are potentially a powerful group of clinical staff, by speaking up and taking active roles they can lead a culture of positive changes in the Trust.

### 28 UNDERSTANDING AND ADDRESSING MEDICAL WORKFORCE CHALLENGES IN A LARGE UNIVERSITY TEACHING HOSPITAL. IS THE ANSWER ALWAYS MORE, HARDER, FASTER OR SIMPLY SMARTER?

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10.1136/leader-2019-FMLM.28

**Aims** The project was conducted across all medical inpatient specialties within a UK teaching acute trust comprising a large hospital with secondary/tertiary services and a district general hospital (DGH). The trust faces the these challenges: