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:

- General medical council (GMC) trainees' survey highlighted red flags in training: workload, access to teaching and senior supervision.
- Discrepancy in ability to work within contracted hours between inpatient teams.
- Low morale amongst junior doctor (JD) workforce.
- Deanery training posts allocations not keeping pace with the change in medical inpatient demographics.
- This project aimed to:
- Benchmark workforce and workload against standards from the Royal College of Physicians (RCP).
- Identify root causes for variation.
- Suggest actions to future proof the medical workforce.

Methods

- Two–week audit of activity of 20 medical teams across the trust applying the RCP tool to estimate workload against recommended workforce.
- Total JD ward work–hours per week within each tier of seniority calculated.
- Variation of workload to workforce ratio determined.
- Questionnaires sent to all JDs regarding their perceptions of challenges.

Results

- Wide variation of workload to workforce ratio.
- Tier 1 staffing is above minimum RCP recommendations in all teams.
- Tier 2 presence on medical wards is on average ¼ RCP recommendation.
- The reasons for non–compliance with contracted hours and dissatisfaction with training cannot be explained by shortage of tier 1 doctors.

Conclusions The finding of adequate overall levels of staffing and outdated allocation is important. Addressing historical workload imbalances will impact significantly upon safety, quality of care, training and morale. JD staffing is often cited as inadequate. While this may be true, it is also likely that JD workload is similarly inefficient across the country. We hope this work will encourage others to identify and improve inefficiencies in JD workload.

29 'WHO CARES FOR THE CARERS?' IMPROVING JUNIOR DOCTOR WELLBEING AND MORALE AT ROYAL SURREY COUNTY HOSPITAL (RSCH), GUILDFORD

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10.1136/leader-2019-FMLM.29

Four in five junior doctors (JDs) regularly experiencing excessive work-related stress and one in four state their job has a serious negative impact on their mental health.1 Addressing these issues improves the quality of service delivered to patients, patient safety and outcomes.2 Its importance is reflected in the inclusion of staff wellbeing as a top priority for Royal Surrey County Hospitals (RSCH) five-year strategic goals. A trust-wide project; spearheaded by a Leadership Fellow and supported by the Director of Medical Education and BMA, was conducted to assess the magnitude of this problem locally and identify simple, sustainable and affordable Methods to address these issues.

Initially a JD Wellbeing Questionnaire was distributed, JD Wellbeing Forum and 1:1 discussions for anecdotal information conducted. Review of recent national guidelines and recommendations related to NHS staff wellbeing were examined, and models of wellbeing-support at other organisations were appraised. The Results from these were collated and led to the identification of four main areas that required improvement along with strategies to address these.

The success of the project relied on early identification, networking, and involvement of key stakeholders, ranging from JDs to senior members of staff, clinical and non-clinical such as the Medical Director and Director of Human Resources. Their involvement helped maintain momentum, enable Results of greater magnitude and ensure sustainability. Widespread publicity of the project gained buy-in from staff and although the project predominantly focussed on JDs, the project resonated with other staff groups, resulting in an all-encompassing project, trust-wide change and a global shift in culture.

This project brands RSCH as a pioneer in this revolutionary transformation of attitude towards staff wellbeing. The concepts and strategies outlined in this project, based on national recommendations, should be replicated at other trusts.

30 DO JUNIOR-DOCTOR LED FOCUS GROUPS IMPROVE UNDERSTANDING OF THE ROLE OF CQC IN REGULATION OF HEALTHCARE?

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10.1136/leader-2019-FMLM.30

Introduction Junior doctors have been described as the 'eyes and ears' of hospitals,[1] but most feel disengaged from CQC inspections.[2] During 2018–2019 CQC piloted a series of junior doctor focus groups, led by junior doctor specialist advisors (SpAs).

The aim of these focus groups was to i) Improve the intelligence received from junior doctors ii) Increase engagement of junior doctors with the inspection process and iii) Increase understanding about the role of CQC.

Method Training materials were provided to junior doctor SpAs in the form of a video about the CQC, and a guide to running focus groups. Sixteen NHS trusts were visited (7 mental health, 9 acute).

A 10 minute presentation about CQC was given immediately prior to the focus group. Evaluation was undertaken using an online survey.

Results Thirty junior doctors completed the online survey. All were aware that CQC inspects hospitals, but only 19 (63%) were aware that CQC also regulates social care and dentists. Most (26/30) had never read the inspection report for their trust. All rated regulation as 'important' or 'very important', but over half felt disengaged from the inspection process. Most (26/30) agreed that the presentation improved their understanding of the CQC, and provided the CQC with accurate information about the trust (28/30).

Conclusion Inspectors and junior doctors found focus groups useful for informing the inspection process, and for improving understanding of the CQC. CQC is continuing this