given the opportunity to work with senior leaders to develop their skills in leadership, strategy, project management and health policy. The fellows were exposed to the full spectrum of clinical senate work, clinical reviews, proactive projects, production and presentation of reports, as well as opportunities to attend meetings with senior leaders both locally and nationally.

Conclusions The clinical fellows enhanced the senate work programme by undertaking proactive projects. This allowed collaborative working with partner organisations, to evaluate models of care following service reorganisation, review the evidence regarding systems organisation and collaborative working for winter pressures and generate a narrative to bring physical activity as a treatment to the local healthcare agenda. Clinical fellowships offering the level of exposure to the rich opportunities for clinical leadership development that the East Midlands Clinical Senate has been able to offer are rare. Clinical senates provide innovative arenas for fellows to experience systems based thinking with tangible involvement as leadership figures and supporting leadership career development.

LEADERSHIP CONVERSATIONS

The leadership of systems of care is increasingly recognised as a core clinical activity for all healthcare professionals. The GMC expects all postgraduate medical training programmes to equip trainees with leadership capabilities. But many supervisors feel ill equipped to ‘teach’ leadership and lack confidence to hold formative conversations in this domain. In 2017, HEE published a report on leadership development for doctors in postgraduate medical training identifying a need for ‘faculty to think differently about their role and to be more confident in brokering leadership learning.’ Three existing ‘training the trainer’ programmes were identified all with slightly differing approaches. Further needs analysis was conducted during 2018 through further focus groups of supervisors and trainees.

As a result of the above, a prototype training the trainers programme was designed alongside a comprehensive resource pack. This was piloted and then underwent 8 iterations. Each session was delivered by a member of NHS Leadership Academy faculty in partnership with a local clinician educator to a mixed audience of supervisors and senior educators. Following each session, resources were amended in the light of feedback. A final version was arrived at in May 19 with an emphasis on enhancing developmental interactions between trainees and trainers: ‘Leadership Conversations’. The half day programme offers supervisors practice and structured guidance to enable them to integrate leadership learning into their regular discussions with trainees. It familiarises supervisors with a new resource pack, encouraging supervisors to use it for their own leadership learning as well as for trainees.

The sessions have evaluated well with feedback used to further modify the product. The programme - slide deck, trainers notes and resource pack – has since been disseminated for local delivery. Further evaluation and regular updates are planned including four accompanying short films due Oct 19.

THE ACTS CONVERSATIONS

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10.1136/leader-2019-FMLM.34

Purpose The purpose of this study was to explore the experiences and impact of peer-to-peer shadowing as a technique to develop nurse middle managers’ clinical leadership practices.

Design/Methodology/Approach A qualitative descriptive study was conducted to gain insight into the experiences of nurse middle managers using semi-structured interviews. Data were analysed into codes using constant comparison and similar codes were grouped under sub-themes and then into four broader themes.

Findings Peer-to-peer shadowing facilitates collective reflection-in-action and enhances an ‘investigate stance’ while acting. Nurse middle managers begin to curb the caring disposition that unreflectively urges them to act, to answer the call for help in the here and now, focus on ad hoc ‘doings’, and make quick judgements. Seeing a shadowee act produces, via a process of social comparison, a behavioural repertoire of postponing reactions and refraining from judging. Balancing the act of stepping in and doing something or just observing as well as giving or withholding feedback are important practices that are difficult to develop.

Originality/Value Peer-to-peer shadowing facilitates curbing the caring disposition, which is essential for clinical leadership development through unlocking a behavioural repertoire that is not easy to reveal because it is, unreflectively, closely knit to the professional background of the nurse managers. Unlike most leadership development programmes, that are quite introspective and detached from context, peer-to-peer shadowing does have the potential to promote collective learning while acting, which is an important process.

Leading Innovation and Improvement

10.1136/leader-2019-FMLM.36

Background The King’s Fund report ‘Leadership and engagement for improvement in the NHS: Together we can’ describes the purpose of effective leadership, in a simplified manner, to improve population health and patient care. The aim of this project is to inspire and share ideas with other clinicians, on potential ways to build on our experiences from previous leadership models and how best to adjust going forward.

Method Following on from the literature review, we suggest incorporating mentoring-style leadership masterclasses for early-career clinicians as part of their continuous development from the very start of their training to help:
LEADING AND MANAGING CHANGE IN HEALTHCARE ORGANIZATIONS

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Aims To explore Emergency Department staffs’ perceptions of factors influencing change and change management at a university teaching hospital in the United Kingdom.

Methods Grounded theory methodology was used to perform secondary analysis of 41 interview transcripts from participants consisting of 20 physicians, 13 nurses, two support workers and six managers involved in paediatric emergency care at the university teaching hospital.

Results Leadership was identified as one of the major factors influencing change and change management in the study. Four major themes related to leadership were identified. They were: the role of leaders and followers, authority and influence, power and empowerment and building relationships. Good and credible leaders and followers’ trust in clinical leadership skills were discussed as important during changes. Leaders’ influence with the team, empowering the team and building relationships both within the team and with other services in the hospital were stated to be important for successful change management. Leadership interactions that foster positive emotions motivate staff to implement or manage changes rather than the formal authority as a leader. Participants identified that clear communications and providing education associated with the change process as important leadership activities.

Conclusion Credible trusted leadership, encouraged positive emotions and reduced negative emotions to changes. Change management in healthcare organisation should not only guide leaders in traditional leadership functions but also prepare and equip them to support staff and build relationships to successfully adopt change and drive organizational success while ensuring the quality of care and patient safety are improved.

Leadership Lessons From Across The World

IMPROVING EFFICIENCY OF MENTAL HEALTH CARE PROVIDED FOR PATIENTS WITH SEVERE MENTAL ILLNESS-SMIS (SCHIZOPHRENIA, SCHIZOAFFECTIVE DISORDER AND BIPOLAR AFFECTIVE DISORDER), A SUCCESS STORY FROM AMPARA, A RURAL REGION OF EASTERN SRI LANKA

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Background In Ampara Health District, I provide services to a rural population of 273,286 population in 3810km2 as sole psychiatrist. Multidisciplinary Area Mental Health Team (MDT), included multi-centred full-time staff (Medical Officers, Nursing Officers, Psychiatric Social Workers and assistant staff) and part-time staff (Occupational Therapist and Speech Therapist). Limited scope of services provided for patients with SMIs, was recognized by the team.

Aims To improve holistic bio-psycho-social management through MDT input. Areas chosen to intervene include data surveillance system, pharmacological treatment, psycho-social interventions, physical health and service delivery. Method: Patients and Carers feedback were gathered. Using Monthly Quality Circle meetings, existing situation was analysed. Interventions were designed with ideas of MDT to target each aspect of the problem. Team members were delegated to lead various interventions in the project from 2016–2018.

Results There were 641 patients with SMIs at central clinic in 2016. Outcome indicators for each intervention were developed and monitored. In an audit (165 patients), consultant review rate increased with reduction of rate of relapses. Monthly average number of general & targeted psycho-social interventions increased, while stability of high-risk patients improved. Screening for physical comorbidities increased. To improve service delivery, additional peripheral clinic was initiated, and availability of common medications increased. In qualitative indicators, high patient satisfaction and increased community engagement in health promotional programs, were noted.

Conclusions Outcome indicators showed increased number of bio-psycho-social interventions and positive impact on outcome of patients. Service development through leading MDT is challenging but successful. This project won the Award for Mental Health Team of the Year at BMJ South Asia Awards for Health Care Excellence in 2018.

Understanding Leadership Through Research

LEADERSHIP TRAINING AND EXPOSURE FOR JUNIOR DOCTORS IN A DEVON TEACHING HOSPITAL: A SURVEY

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Introduction Leadership and management (L&M) experience is valued by junior doctors, although most feel unprepared to implement even local changes.1 Suggestions have been proposed for developing leadership in trainees, but without appraising juniors’ current leadership opportunities.1–3 Thus,