

1. Define what is meant by collective leadership;
2. Understand the importance of collective leadership within healthcare organisations;
3. Identify ways to get involved in projects involving collective leadership strategies for the future.

Results Junior clinicians are usually the ones able to identify many of the most pressing issues facing our health service today, due to their front line position. This means if equipped with the right tools, time, vision and opportunities they might also be able to resolve the same issues in the first instance; in turn improving system-wide safety and efficacy.

Discussion The King's Fund report 'Developing collective leadership for health care' states the importance of appropriate diversity of leaders in health care organisations.

The proposed masterclass workshop model, aims to help bring these concepts to life, through a mentoring-style session by sharing other speakers' real-life experiences. It further aims to demonstrate that leadership is not restricted to only some individuals and can be practised by all. In turn, increasing the confidence of early-career clinicians and empowering them to take on more responsibility for ensuring continuous high quality patient care regardless of their grade or position, through taking part in local or national initiatives.

37 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

38 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

39 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,

we investigated L&M experiences amongst a group of junior doctors.

Method We surveyed 97 junior doctors in a teaching hospital in Devon to ascertain their opinions of healthcare L&M and to quantify their opportunities for leadership. Multiple choice and free-text answers were analysed using quantitative and qualitative methods.

Results The majority of respondents were aged under 30, FY1 - CT2 grades and based in Medical, General Practice and Obstetrics and Gynaecology training posts.

Leadership and management were considered important for both career development and clinical practice, despite a lack of L&M training or formal leadership roles (93%). Most respondents (71%) cited a paucity of L&M development within clinical training programmes, with most respondents describing average to poor opportunities to develop these skills (91%).

Trainees exhibited leadership most during: ward rounds (74%); quality improvement and audit work (73%); board rounds (55%); mentoring sessions (39%); and on-call work (26%). Most would welcome further L&M training, preferring grade-specific sessions (84%) and regional courses (61%) over other forms of training. However, few were aware of local and national medical leadership initiatives, bodies and programmes.

Conclusion The majority of junior doctors surveyed valued L&M experience for future success and also demonstrated evidence of providing leadership, despite lacking formal leadership training. Clinical training programmes need to focus on developing these skills alongside raising awareness of the opportunities available for leadership development. The challenge remains as to how this can be achieved whilst balancing training and service commitments.

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THE QUALITIES OF A GOOD LEADER: VIEWS OF JUNIOR DOCTORS

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Introduction There is a growing emphasis on developing effective leadership within healthcare, including better training and support for clinical leaders.¹ The views and experiences of senior NHS leaders have recently been explored^{2,3}; however, junior doctors remain an untapped resource. In order to develop our trainees into future clinical leaders, it is important to explore their current understanding of leadership.

Methods We surveyed 97 junior doctors at a teaching hospital in Devon. Respondents identified skills and qualities they associated with good leadership and also described how they exhibit leadership during daily practice. The free-text responses received were then appraised within contemporary

leadership theory. Respondents were mainly aged 21–30, FY1 - CT2 trainees and from General Practice, Medical Training (Core & Specialty) and Obstetrics and Gynaecology programmes.

Results Juniors' definitions of effective clinical leadership valued communication and teamwork skills over more technical proficiencies. Approachability and inclusivity were also highly valued, along with attributes associated with compassion, the development of others, consultative leadership and active followership.

The junior doctors surveyed described their personal clinical leadership as a network of relationships and connections rather than single projects or set hierarchical roles. However, many failed to identify any examples of personal leadership, citing a lack of experience and isolated working in community settings.

Conclusion This survey has explored junior doctors' perceptions and experiences of leadership. Trainees valued collaboration skills and characteristics associated with the creation of a strong social identity, active followership and distributive leadership.⁴ These align with a transformational leadership style, compared with the more traditional, transactional leadership approach favoured during a study of their peers over a decade ago.⁵

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Developing Effective Leaders

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A PATIENT CENTRED PATHWAY WITH AN IMPROVED OUTCOME

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The Department of Health's Strategy for cancer services sets out an ambitious aim for the NHS to make significant progress in reducing preventable cancers, increasing cancer survival and improving patient experience and quality of life by 2020. The 'two-week wait' (2ww) cancer referral system has been in place for more than 10 years to help deliver the best outcome in a stipulated time frame for each patient.

Like many organisations, our team at South Tyneside District Hospital in the north east of the UK, struggle to maintain a compliant performance on a consistent basis despite