

participation, risk management, clinical practice and our workforce. Early projects that were initiated under STEP included the development of a 'Fasting app' to prevent multiple episodes of fasting following cancellation of surgery by providing visibility on the elective surgery booking list. (Safe/Timely/Risk Management). Other initiatives included a next of kin texting initiative to update families on patient progress (Patient centred/Consumer Partnerships), implementation of multidisciplinary ward governance rounds (Effective/Clinical Practice) and participation in an online patient feedback platform (Patient centred/Consumer Partnerships). Our preexisting Safety Culture Program was 'rolled in' to our Clinical Governance Framework (Safe/Leadership and Culture). We believe this approach 'personalises' clinical governance and assists front line care givers and consumers in understanding how our organisation monitors and improves the care we provide, ensuring it is safe, timely effective and person centred.

Developing Effective Leaders

4 'SUMMITS' PROGRAMME – DEVELOPING JUNIOR LEADERSHIP IN SPECIALIZED HOSPITALS IN 'CLALIT', ISRAEL

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'Summits' is a unique programme for training next generation leadership in six specializing and relatively small hospitals in Israel, owned and operated by 'CLALIT' – the largest HMO in Israel.

The challenge was to build a training programme that would address the unique situation and culture of each hospital as well as the culture 'CLALIT', but also to create a common baseline of leadership skills and to develop them as an inter-hospital quality group.

The programme, based on the PBL method, had three dimensions: self-consciousness, better familiarization with the hospital and the CLALIT, and the interface between the different professions in these hospitals, as well as between the hospitals.

Each hospital selected a team of five participants from different professions who already demonstrated leadership skills, as well as a small group of mentors. Each team conducted two projects: learning about their hospital and introducing it to the other groups; identifying together with the hospital's Director General an important challenge and to come up with ways to address it.

The results were very encouraging. It was found that the PBL substantially increased the motivation and involvement of the participants, as well as their willingness to exercise leadership, and take responsibility and ownership of projects in the hospital. They also felt empowered and appreciated. In the long run, it should help preventing burn-out. The participants from each hospital developed a group mentality; some have already been nominated to their first management positions. The success of the first pilot led to the continuation of this training programme.

Leadership training by making people from different professions in the hospital joining hands and collaborate on real

challenges is a winning methodology. It not only contributes to the individuals who took part, but also improves the organizational ecosystem of the hospitals.

5 EVALUATION OF LEADERSHIP AND MANAGEMENT TRAINING PROGRAMMES FOR FOUNDATION DOCTORS

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Aim This study explored formal leadership and management (LM) training available to new Foundation Year 1 (FY1) doctors at South Tees Hospitals NHS Foundation Trust (STEEES) and compared it nationally. LM training is a topical field: FY1s feel unprepared for the LM challenges of practice; this contributes to anxiety and burnout, and increased patient safety incidents; and poor LM skills lead to poor patient outcomes. Patient safety, therefore, is at the core of this study.

Methods Since 2016 STEES has incorporated LM training within FY1 Induction/Shadowing. Instigated by a STEES FY2, and in a partnership between STEES' Education Directorate and a Registered Apprenticeship Training provider, a FY1 LM apprenticeship programme, Foundation Leadership and Management (FLM), was piloted from December 2017. FY1s were surveyed anonymously, but individually tracked, during FLM. Further work is underway, including an additional 5 trusts being surveyed, to ascertain what other FY1 LM programmes are available, and the potential for dissemination and adoption.

Results With regards to self-rated preparedness for LM challenges, the results (n=164) show that: 40% feel prepared; 27% feel their undergraduate curriculum adequately prepared them; and 21% feel confident as a leader and manager. Those enrolled on FLM have shown significant increases in their self-rated scores. Additionally, research so far reveals local initiatives of varying content, delivery, and reach. There is yet to be a standardised, regional or national FY1 LM programme.

Conclusions Our research shows the feasibility of a FY1 leadership apprenticeship as a sustainable programme with positive impact on FY1s' LM preparedness. LM apprenticeships can be disseminated; two additional trusts adopted FLM in August 2019. Research into FY1 LM programme availability in the UK will offer the potential to change how FY1 LM training is delivered at a national level through the identification and promotion of best practice.

6 PEER TO PEER LEADERSHIP TEACHING FOR FOUNDATION DOCTORS

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Introduction Foundation doctors often say they feel intimidated by the idea of 'leadership' and have received little teaching on the subject. We planned to address this using peer to peer teaching. This method has been shown previously to