It is clear that trainees are struggling to balance multiple commitments and that the SLT is being viewed by some as another 'tick box' exercise. Hopefully some trainees have found it a useful tool for developing vital skills.

88 IMPROVING PATIENTSAFETY CULTURE IN THE PRIMARY CARE SETTING

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Aims To improve engagement with the incident reporting process and to encourage staff to raise issues and create a proactive culture of quality improvement.

Methods All staff members were invited to take part in the GP Safety Climate Questionnaire pre and post intervention to assess self-reported feelings towards patient safety at the practice. We then developed a novel incident reporting tool which was introduced in collaboration with an adapted 'Take off, cruising and landing' daily safety huddle. The incident reporting tool was designed to be as simple as possible, easy to access and quick to complete.

Results Prior to the new tool and adapted safety huddle we had 6 significant event forms completed within the practice in the preceding three months. Following implementation, we had a total of 191 incident forms over a ten-week period (which aimed to capture all issues from low level to significant events). These issues highlighted several process issues within our GP practice namely issues with appointments, inter-practice communication and prescriptions. The safety huddle also allowed issues to handed over from one day to the next formally. GP safety climate questionnaire scores also showed a substantial improvement with below average scores (compared with other practices) pre implementation improving to above average scores post.

Conclusions This project demonstrates that a relatively simple intervention can have effect significant positive cultural change in an organisation over a small period of time. Through this project we were able to generate a wealth of information that we could use to target areas of improvement. By giving frontline staff a mechanism to record issues it is possible to develop a positive culture of grass roots change. Incident reporting can act as a vehicle not only to improve patient safety but more broadly to generate ongoing ideas for quality improvement within an organisation.

89 IMPROVING CARDIOLOGY REFERRAL PROCESS AT ROYAL SURREY COUNTY HOSPITAL

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Background The Cardiology referral system at Royal Surrey County Hospital involved bleeping the registrar. It is often the junior doctors' job to make the referral, and occasionally not all information is at hand.

Aim To improve efficiency of inpatient Cardiology referral process by creating an easy-to-use system enabling effective timely referrals with relevant information.

Methods Questionnaires were distributed to junior doctors with five closed questions, rated strongly agree to strongly disagree. A proforma was designed and implemented with feedback from the Cardiology team. Improvements were measured objectively through questionnaires and verbal feedback.

Leadership This project began with identifying an area for improvement, reviewing and planning for standardised system. It involved working closely with the Cardiology team, through meetings and email correspondence. We also took into consideration suggestions from clinicians outside Cardiology. We evaluated referral systems in other specialities, which helped aid design.

Results Before implementation: 22 junior doctors responded. 50% agreed they knew how make to make a Cardiology referral, 50% disagreed. 68% disagreed that it is very easy to get a referral. 50% agreed they included the correct information. 55% agreed they were often told to gather more information. 77%, spent two hours or more trying to refer.

Two months after implementation: 21 junior doctors responded. 81% agreed they knew how make to make a Cardiology referral. 67% agreed that it is very easy to get a cardiology referral. 57% agreed they always included the correct information. 24% agreed they were asked to gather more information. All referrals were completed within an hour.

Conclusion The implementation of these changes highlights the key qualities needed in leadership and management – good communication skills, being innovative as well as challenges one may face and being able to use feedback to guide positive change.

90 YOUR'RE HIRED! DEVELOPING CLINICAL LEADERS OF TOMORROW USING THE GOVERNMENT APPRENTICESHIP LEVY

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Aim Medical leadership is recognised as an essential facet of clinical practice. However there lacks standardised, sustainable training for postgraduate doctors in particular to support the transition from undergraduate medical student to Foundation Year 1 (FY1) doctor. This challenging transition creates significant anxiety amongst FY1s and clinician burnout is a national concern. Through the Government Apprenticeship Scheme NHS Trusts have access to a ring-fenced budget that can provide funded, vocationally based, nationally benchmarked leadership and management (LM) training which can support FY1s during this transition.

Methods In December 2017, through a partnership between the authors, South Tees Hospitals NHS Foundation Trust and Always Consult, a Registered Apprenticeship Training provider, the Foundation Leadership and Management (FLM) programme for FY1s was launched. FLM consists of 12 LM-themed modules which complement the FY1 clinical curriculum and leads to a nationally recognised qualification enabling membership of two leading international LM bodies. Participants are regularly surveyed for their self-rated preparedness for the LM challenges of FY1 practice and resilience through the Brief Resilience Score (BRS).

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