9 THE DOCTORS' ASSOCIATION UK LEARN NOT BLAME CAMPAIGN: A CAMPAIGN FOR A JUST CULTURE IN THE NHS

Cicely Cunningham, Jenny Vaughan, Samantha Batt-Rawden, Rinesh Parmar. *The Doctors' Association UK*

10.1136/leader-2019-FMLM.9

The Learn Not Blame Campaign, developed by The Doctors' Association UK, was developed as a response to the anger and outrage felt in the medical profession following the January 2018 High Court decision in Bawa-Garba vs GMC, where the High Court found in favour of the GMC.

The Learn Not Blame Campaign argues for a just culture in the NHS, where each individual – patient, family member or staff – is valued and treated with respect, kindness and fairness. The campaign aims to empower individual doctors to be part of a transformational change process working towards this. The campaign encourages individuals to commit to action within their own sphere of influence, and join together as a movement to put pressure on NHS leadership.

The Learn Not Blame Campaign was launched at an event in Parliament, hosted by Dr Philippa Whitford MP and attended by the Secretary of State for Health and Social Care, Rt Hon Matt Hancock MP. The full event can be watched at https://www.youtube.com/watch?v=4C4oN_Uv29w.

The Learn Not Blame Campaign has seen significant successes, including featuring in the BMJ and mainstream national media; distributing campaign materials to individual doctors and Trusts; and maintaining a social media presence through a 10,000 strong Facebook group. The campaign was endorsed by Prof Don Berwick of the Institute for Healthcare Improvement in a video message (<https://www.youtube.com/watch?v=UGbBg4uxffc>).

A key challenge in developing this campaign has been to articulate – and advocate – the need for accountability of NHS organisations, including individuals working within them, after harm, within a just culture. Key to addressing this was engagement at all stages with those who have experienced avoidable harm, and ensuring that the patient/family voice is heard at all our events and throughout our campaign.

The Learn Not Blame Campaign represents what can be achieved by ordinary doctors, working with patients and families, who want to see a better NHS.

10 THE NATIONAL PERIOPERATIVE MEDICINE ROADSHOW

¹K Samuel, ²R Lal. ¹North Bristol NHS Trust, UK; ²Guy's and St Thomas' NHS Foundation Trust, UK

10.1136/leader-2019-FMLM.10

Perioperative medicine (POM) is a multidisciplinary specialty optimising care of high-risk surgical patients. There is a paucity of free and locally accessible POM education despite POM being an established core part of training curricula.

TRIPOM (Trainees with an Interest in Perioperative Medicine) is a voluntary multidisciplinary educational collaborative group providing free access to educational

materials and events in POM. In 2018, TRIPOM launched a mobile perioperative conference, 'The Perioperative Medicine Roadshow', aiming to deliver face to face education for free.

Five roadshow events have been delivered in Swansea, Brighton, Stoke, Oxford and Bristol to date. National core stakeholders in POM have been involved in planning and delivering sessions, and through central leadership with coordination involving these national bodies, along with delegation of local tasks to regional teams with excellent buy in, we have found a satellite model of team management has led to effective planning and leadership from the central team.

A total of 378 healthcare workers have attended 5 events with medical doctors, surgeons, anaesthetists and MDT members represented. Global feedback on quality of education gave a mean score of 4.41 out of 5, with 91.8% responding that the event would improve and change their clinical practice. Live streaming online is now being used to facilitate larger audiences.

Remotely organising events has been challenging and has needed excellent communication with a clear point of contact for local teams. Use of a set event task proforma and a clear local lead has improved facilitation. Validating the course content via endorsement of Continual Professional Development points has been of benefit. Through meticulous planning, strong leadership and buy in from all parties involved, we have succeeded in leading a sustained and high quality intervention to the identified issue.

11 THE SCOTTISH CLINICAL LEADERSHIP FELLOWSHIP PROGRAMME: A QUANTITATIVE AND QUALITATIVE EVALUATION

Euan Harris*, Kate Arrow, Thomas Lamont. *NHS Education for Scotland, UK*

10.1136/leader-2019-FMLM.11

Aims The Scottish Clinical Leadership Fellowship (SCLF) is a one-year programme which aims to develop future clinical leaders in NHS Scotland, within medicine and dentistry. The Fellowship is supported by NHS Education for Scotland (NES), the Scottish Government and multiple host-partner organisations. A quantitative and qualitative evaluation of the SCLF programme was conducted to identify the key learning and reflections of participants, and to ascertain the long-term impact on Fellows upon recommencing clinical training.

Methods A total of 52 individuals, including current and all previous Fellows, were invited to complete an online questionnaire which asked participants to identify key learning from their SCLF experience, and explored their personal reflections of the Fellowship. The questionnaire also aimed to ascertain what barriers Fellows had encountered upon returning to clinical training, and how their attitudes to medical leaders and organisations had been influenced by the programme.

Results 25 individuals responded to the questionnaire. Free text comments detailing each Fellow's key learning and reflections from the SCLF programme were themed according to the NES Leadership Capabilities Framework. Fellows described an overwhelmingly positive and far-reaching impact across a

series of domains, notably 'Self-Leadership' and 'Collaborating & Influencing'. Distinct components within the SCLF programme were felt to be especially useful; namely 'Leadership Development Days', Coaching and the shadowing of medical leaders. The evaluation identified a need to provide ongoing support for Fellows returning to clinical training, with many Fellows citing time constraints, a lack of colleague understanding and unsupportive workplace cultures as particular challenges.

Conclusion The evaluation will help inform the future development of the SCLF programme and may offer useful learning regarding the format and content of similar clinical leadership programmes.

12 WOMEN SPEAKERS IN HEALTHCARE: TAKING STEPS TOWARDS EQUAL GENDER REPRESENTATION AT ALL HEALTH CARE CONFERENCES AND EVENTS

Rose Penfold, Katie Knight*, Lucia Magee*, Greta McLachlan*, Nada Al-Hadithy. *National Medical Director's Clinical Fellow, UK*

10.1136/leader-2019-FMLM.12

Women represent an increasing proportion of the health and social care workforce, yet remain underrepresented on boards and in senior NHS leadership positions.¹ There is thus a high probability that conference organisers trying to convene well-known speakers will find themselves with a 'manel' (an all-male panel of speakers), or a significantly gender-imbalanced lineup. Conferences offer unrivalled opportunities to showcase diversity and inclusivity, to network and as a lever for cultural and organisational change. Speakers and panels should model what we want our future health and social care workforce to look like.

Token women representatives or waiting for change are insufficient. Women Speakers in Healthcare was co-founded by 5 NHS healthcare professionals, with a vision to ensure balanced gender representation at all healthcare conferences and events, with parity of opportunity for all. We are actively promoting and raising the profile of women speakers by:

1. Creating the UK's largest database of women speakers in healthcare;
2. Providing development and training opportunities to inspire and enable women and
3. Engaging women speakers and male allies through networking and collaboration.

To-date, WSH has 1761 Twitter followers, 390 women speakers signed up to the database and has facilitated conference-speaker connections. We encourage all forms of diversity, are actively engaging male allies and encourage speakers and supporters to nominate other women speakers. We aspire to continue to grow the database, facilitate further speaker-organiser connections and ultimately to ensure that we never again hear the words 'we regret that the conference organisers couldn't find a suitable female speaker for the panel...'.
Website: www.womenspeakersinhealthcare.co.uk
Twitter: @womenspeakersHC

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Enhancing Your Leadership and Management Skills

13 NURTURING MENTORSHIP IN HEALTH CARE ORGANIZATIONS: 'HOW DO YOU KNOW'

¹Francesco Locati*, ¹Roberto Cosentina, ¹Patrizia Bertolaia, ¹Gianluca Vecchi, ²Giulia Martinelli, ³Marco Salmoiraghi. ¹General Directorate Health Care Trust Unit Seriate, Italy; ²Regione Lombardia, Milan, Italy; ³General Directorate Welfare, Regione Lombardia, Milan, Italy

10.1136/leader-2019-FMLM.13

Health Care Organizations are properly considered the most complex ones and there is a growing attention at a complexity perspective in health policy. Leading complex organizations is a crucial task, moving away from a trait and personality background towards the relevance of leadership styles and behaviours.

Based on this assumption, we planned the development of an effective model for leading groups or organizations in health care in order to achieve better outcomes, that arises from a structured observation of Health Care CEOs working in their context. The main clue was the importance of specific behaviour patterns that can be elicited through modeling processes.

Modeling process enables people in the groups and learning organizations to cope through scheduled intervention to verify improvements and to produce continuous feedback. Different techniques based on the so-called 'sleight of mouth' procedure were selected to elicit specific leadership patterns, through an observational study, and comparing main indicators of performance, included in Regione Lombardia and Sant'Anna of Pisa networks.

Among the set of behavior patterns investigated through the lens of 'sleight of might' technique were: not knowing, active listening, relationships, giving answers immediately, seeking feedback, values bridging, easiness, reframing, sense making, utilizing 'strange' attractors, interpersonal management tactics. The conclusive results of the benchmarking analysis and the patterns are ongoing. Impact is valued through the awareness of different levels of learning, recognizing specific patterns of performance, modeling and acting strategies for change.

Learning groups and organizations are powerful setting of improvement, particularly in health care where many variables are at stake. The analysis of the patterns to be elicited related to performance represents a platform for coping and reproducing successful strategies in the realm of leadership.

Leading Innovation and Improvement

14 WOMEN EMPOWERING WOMEN

Sarb Clare, Sarah Faloony, May Yan. *SWBH NHS Trust*

10.1136/leader-2019-FMLM.14

76% of NHS workers are female yet only 36% are in senior positions. Female doctors dominate medical school with the majority at 56%, however only 36% are Medical Consultants,