

can be raised. Data can be collected from before the Loc-SIPP's implementation and afterwards to compare practice and assess improvement. Results from this can also be presented at audit meetings to inform the department on our progress. Improvement would also be assessed via staff satisfaction questionnaires.

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ENHANCE DIGITAL CROSS-CUTTING THEME: ENCOURAGING HEALTH AND CARE PROFESSIONALS TO EMBRACE DIGITAL INNOVATION

¹Nikhita Joglekar, ²Tahreema Matin, ²Sheona Macleod, ²Anna Sage. ¹NHSE WTandE; ²NHSE

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Introduction

- NHS England's enhance programme is an educational development offer for all health and care staff. The enhance syllabus is comprised of 6 domains and 4 cross-cutting themes which focus on enhancing generalist skills to support the delivery of high quality, integrated person-centred care and to reduce health inequity. Adoption of digital is a key enabler to achieving this ambition and forms one of the underpinning cross-cutting themes.
- The NHS Long Term Workforce Plan (LTWP) highlights the importance of upskilling health and care professionals' digital skills to optimise patient care.
- enhance has already successfully launched two cross-cutting theme guides, and two further guides focusing on leadership and digital themes are due for launch in early 2024.

Aims and objectives of the research project or activity

- The enhance digital resource guide: a digital mindset, aims to introduce key concepts of digital literacy and a digital mindset to its multiprofessional learner cohort
- The guide is designed to showcase how digital innovation can optimise patient care through the lens of enhance, and how healthcare professionals can embrace and adopt digital technologies within their own settings.
- For those learners who are further along their digital journey, keen to implement digital innovation and to potentially become future digital leaders, a level 2 guide is under development. This guide will comprise digital exemplar case studies, and signpost to relevant resources and digital leadership/entrepreneurship opportunities.

Method or approach

- A national enhance digital working group was convened bringing together subject matter experts, digital enthusiasts and digital detractors.
- Key topic areas for inclusion in the guide were identified through digital working group discussions.
- Following on from these working group discussions and a review of relevant digital resources, a draft digital guide was curated by the national enhance team. This was disseminated more widely across trailblazers for consultation and feedback incorporated into the final iterated guide.
- The digital resource guide: a digital mindset is due for launch in early 2024.
- When launched, the guide will be used by enhance regional trailblazer schemes including a digitally focused ICS pilot in Kent & Medway, to determine the impact on wider system digital transformation.

Findings

- The digital resource guides will encourage our learners to consider their role in promoting digital innovation.
- Following the launch of the digital guide, evaluation of trailblazer schemes will be collated to determine the impact of the guide on learners' attitudes towards digital innovation, on wider system digital transformation and most importantly, impact on patient care.

Key messages

- The enhance programme recognises the importance of digital technology, as one of its cross-cutting themes, in optimisation of high quality, integrated person-centred care.
- The enhance digital resource guide aims to empower all health and care professionals to feel confident in adopting and promoting digital tools.
- The impact of the guides will be evaluated formally through implementation across regional trailblazer and ICS pilot sites.

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SUPPORTING AND EMPOWERING MEDICAL WOMEN THROUGH A PODCAST

Nuthana Prathivadi Bhayankaram. *Medical Women's Federation*

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Introduction Women represent 77% of the NHS workforce. The Medical Women's Federation is the largest body of women doctors in the UK and was founded in February 1917 as a way to support women becoming and remaining doctors. In the 106 years since the organisation was founded, there has been an exponential increase in the proportion of medical women, from 5% of UK doctors in 1917 to over 60%. However, medical women still face multiple challenges including sexism, harassment, unconscious and conscious bias. Women are also more likely to take career breaks and work less than full time in order to support children or relatives. Podcasts have become a popular and free educational resource and became hugely popular during the pandemic. There were no podcasts aimed at supporting and empowering medical women in their careers, so I decided to launch the world's first podcast with this aim, The Medical Women Podcast.

Aims and objectives of the research project or activity The aim of this project was to design and deliver an innovative podcast as a free resource to support and empower as many medical women in their careers as possible, to help reduce the gender inequity in medicine.

Method or approach I examined existing podcasts and found that there were multiple podcasts aimed at women but none particularly aimed at medical women. I designed the first series of episodes to be applicable to medical women from medical students to senior doctors in all specialties. I came up with topics that would be relevant to all of these medical women, such as leadership, speaking confidently, managing finances. I sought out speakers inside and outside of medicine so that we could learn from a broad range of speakers. Although the target audience are women, I ensured that there was diversity in the voices heard on the podcast.

I launched the podcast in February 2022, in celebration of the Medical Women's Federation's 105th Birthday. I have since hosted and produced four seasons of podcasts with over 60 episodes that exists as a free resource that anyone can listen to.

Findings The podcast has grown in popularity and regularly has between 100–200 listeners per week. To date I have hosted and produced over 60 episodes with over 11,000 downloads and listens in at least 66 countries.

90% of listeners are women, mostly aged 25–45, which fits the demographic for junior doctors to medical women in senior roles.

The most popular episodes have been on: creating impact without burnout, how to speak confidently, leadership and financial literacy.

I have recently produced a mini-series on women's health in collaboration with Health Innovation Kent Surrey Sussex, to encourage medical women to look after their health during their life course and to encourage innovators to develop new innovations on women's health. Topics covered included fertility, menopause and skin health.

Since launching The Medical Women Podcast, there have been more podcasts produced aimed at women in medicine. This shows that there is a demand and need for resources specifically aimed at medical women.

I have had feedback on the podcast from multiple listeners who have ranged from medical students to retired consultants. Their feedback has been that the podcast has inspired them in their careers and given them the confidence to apply for leadership roles.

Key messages Women make up the majority of the NHS workforce and continue to face barriers to career progression compared with men, such as sexism, sexual harassment and bias.

The Medical Women's Podcast has been the world's first podcast produced with the aim of supporting and empowering medical women in their careers. The podcast has become popular and inspired other medical women to start podcasts. This shows there is demand for podcasts supporting women in medicine.

The most popular episodes have been on burnout, speaking confidently and leadership. Developing more innovations in these areas are likely to be popular and help to reduce the gender inequity in medicine.

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COACHING AND INNOVATION LEADERSHIP

Penny Newman. *Haelan – Coach and Consultant*

10.1136/leader-2024-FMLM.27

Introduction The future of the NHS is dependent on innovation, yet getting new ideas into practice at scale and thereby gaining optimum value remains a challenge. An overlooked area is the social rather than technical aspect of innovation scaling including NHS leadership.

Leadership is a key indicator of employee, team, and organisational creativity and hence learning to lead innovation is as important as the innovation itself. Leadership that enables innovation at scale, risk-taking and experimentation differs from traditional top-down, command-and-control leadership, strategic planning and safety cultures built on assurance, consistency and rigour, and hence requires a fundamental shift in thinking and beliefs beyond the reach of education alone.

Coaching is a leadership development tool based around helping individuals change their ways of thinking, feeling and

behaving in relation to a problem. How might coaching bridge the innovation leadership competency gap?

Aims and objectives of the research project or activity This study explores the relationship between coaching and innovation leadership from the perspective of senior NHS coaches. More specifically this research aims to:

- Identify what coaches understand by innovation leadership
- Explore how coaching might best support innovation leadership
- Make recommendations to those providing and commissioning coaching, innovation programmes and the wider NHS on the role of coaching in supporting cultures of innovation

Method or approach The methodology included a literature review and qualitative research in accordance with the principles of interpretative phenomenological analysis (IPA) (Smith et al., 2009). Study participants were identified through non-probability purposive sampling and included internal and external coaches with high levels of coaching experience who were actively coaching NHS leaders. Semi-structured telephone interviews included open questions relating to coaches' characteristics (i.e. 'who'); coaching agendas (i.e. 'what') and coaching approaches/schools (i.e. 'how') (Segers et al., 2011, Tuffour, 2017) and explored the difference between coaching a successful innovation leader and usual leadership coaching. Data analysis included in-depth, systematic, qualitative analysis of verbatim narrative accounts. An email, consent form and brief overview of the research was sent to all participants prior to interview to assure them of confidentiality and cover ethical considerations.

Findings Despite unfamiliarity with the term, coaches described innovation - meaning creativity and its implementation - as a core leadership skill, and 'innovation leadership' as a style more suited to managing complexity and ambiguity than the prevalent pace-setting style. Leaders did not have to be innovators themselves but needed to intentionally enable the right conditions by developing key competencies common to 'innovation leaders'.

Coaches described how most NHS leaders in their experience used coaching mainly for resilience. However, in contrast, leaders who promoted innovation used it to stretch themselves to generate new thinking and behaviours in a safe space and then recreate this in the workplace; in other words, they used coaching as an innovation catalyst. This is consistent with other studies which found that coaching helps leaders recognise the need for change, shift their beliefs, identity and meaning, and then role-model coaching behaviours to benefit staff i.e. enhanced creativity and its implementation both within and beyond the coaching session.

An evolution from one to one coaching was to adopt coaching as the dominant leadership style to explicitly build capacity and capability and a culture of innovation and improvement.

Key messages Enabling innovation at scale is fundamental given the challenges faced in health and care. This study identified that leadership needs to be more innovative, innovation is highly complex and senior coaches can enable leaders to develop innovation cultures. Given the paucity of literature, these insights aid understanding of 'innovation leadership' and opportunity for further research.

Authors have called for leadership development to help improve innovation spread and adoption and this study