

higher trainees in close discussion and collaboration with medical education & medical staffing)

2. A bespoke induction for higher trainees (Although this was delivered by Medical Education & medical staffing team, I played a crucial role in ensuring that there is a trainee voice in designing the agenda for the induction programme)

New Induction plan implemented in August 2022. I carried out a post-implementation survey to assess impact of change. Results of survey showed improvements in all areas of induction. I have presented the comparative results of induction surveys in 2021 and 2022, to stakeholders and it was agreed:

1. To continue with bespoke induction programme for higher specialist trainees (led by medical education and medical staffing)
2. To update Induction Booklet (due to some changes in trust sites, trust leads and areas to be covered during on-calls).

Revised Induction plan was implemented in Aug 2023.

Key messages Leading this project has helped me:

To learn about QI project management & the importance of early stakeholder engagement for a sustainable change.

To make an improvement in important skills such as communication, team working, leadership and management.

In organising a sustainable induction programme along with induction booklet for future HSTs.

Attaining DrQI training from our trust QI team.

Next steps are reviewing this year's post implementation survey results and sharing these with stakeholders to plan changes accordingly for induction programme in future.

Learning leadership

53

CONSULTANT TEAMWORKING: ADDRESSING BEHAVIOURAL CONCERNS

¹Benjamin Moxley-Wyles, ²William Sacre, ¹Manda Copage, ¹Celia Ingham Clark. ¹Medical Directorate, NHS UK; ²Medical Directorate, NHS UK; ²⁰²²⁻²³

10.1136/leader-2024-FMLM.53

Introduction Effective teamwork is integral to the provision of quality healthcare. Consultant doctors are vital team workers and leaders; their behaviours are commonly pivotal to the culture of a team. When poor consultant behaviour and conduct is not addressed, it can have a detrimental impact on service delivery, patient care, and organisational performance, as well as individual health and wellbeing. Addressing behavioural concerns can be difficult to do well. This is an area where additional training for doctors in leadership positions could be beneficial.

Aims and objectives of the research project or activity Addressing the need for high quality education on the effective management of behavioural concerns in a compassionate and transparent manner is a professional priority. We aim to achieve this through collaborative development of e-learning and interactive modules for Medical Directors and Clinical Directors (who manage consultants).

Method or approach We identified and engaged with key stakeholders spanning leadership, education, regulation, and professional standards, as well as those with lived experience of compassionate performance management. We formed a

working group with these key stakeholders to collaboratively develop training on consultant teamworking.

Findings The first e-learning module of this training has been drafted. It covers the importance of fostering a compassionate and transparent workplace culture, addressing behavioural concerns early and informally, and the need for openness and consistency during formal investigations. We provide practical examples of affiliated scenarios and difficult conversations. The working group continues to meet for further refinement, as well as the ongoing development of an interactive module that complements the initial e-learning. Finalisation and publication are planned for later this year.

Key messages Poor consultant behaviour can have a detrimental effect on the clinical team dynamic and healthcare environment. When behavioural concerns are raised, it is vital that they are addressed swiftly, compassionately, fairly, and transparently to reach an optimal outcome for all affected. Educational resource development provides an opportunity to support medical leaders and NHS Trusts with managing behavioural concerns and optimise quality, performance, and wellbeing.

54

CREATING CHANGE IN THE NHS: A WICKED PROBLEM

¹Clare Carasco, ¹Kiran Carter, ²Mark Wyles. ¹NHSE Prevention Team; ²NHSE Commercial Medicines Team

10.1136/leader-2024-FMLM.54

Introduction The fast paced landscape for drug development creates huge opportunity for improvement in patient care but simultaneously creates a problem around how the NHS will manage access to these novel drugs. Two key challenges faced are around the cost of the drugs and the supporting services required for safe and clinically effective prescribing.

Whilst there is often a central budget held for new high cost drugs to financially support integrated care systems, due to commercial agreements including confidential pricing, business as usual processes prevent the transaction of medication outside of secondary care.

Furthermore, careful assessment is required as to what supporting services are needed. The balance lies between increasing the workload of often overburdened existing services versus creation of new models of care delivery.

It is essential the NHS adapts to the changing healthcare environment in order to allow the UK population access to innovative treatment.

Aims and objectives of the research project or activity The aim of the project was to create a mechanism that would support the delivery of novel drug therapy in settings outside of secondary care. Not only did the above challenges need to be met, it had to be done within financial, resource and time constraints.

Financial constraints were in the context of nationwide financial deficit partially due to current work-force strikes, resource constraints were limited by various organisational restructures creating barriers to joint working and access to specific skills sets, and time constraints set in conjunction with healthcare stakeholders in line with population need.

It was evident this should be developed at national level. However, creating change at this scale is complicated, fraught with bureaucracy and often lies in politically charged areas of clinical policy requiring input from multiple stakeholders.

Furthermore, legislation is inflexible and frequently doesn't allow the NHS to embrace change and test new pathways at speed.

Method or approach Initially, the process was broken down into its component parts and time invested into information gathering and scoping the art of the possible.

Over time it became evident that due to the highly complex nature of the problem, there was no single 'expert opinion' who might be able to solve the problem. Multiple iterations of solutions were designed and tested. Often upon solving one problem, a new challenge was raised. It seemed the more people consulted the further away from a solution we moved. All involved started to see the challenge as a 'wicked problem' with a real risk of failure.

Although we aimed to involve stakeholders from an early stage, the process of enabling stakeholders to work together did not reach fruition till much later and ultimately held the key to finding a workable and sustainable solution.

Findings The crucial element was in collaboration; by joining disparate teams across multiple healthcare organisations and disciplines it allowed information sharing, group brainstorming and learning from previous experiences. New conversations created a safe space for sharing new ideas.

As a result, we were able to design an initial potential solution. The blueprint created is not specific and therefore reproducible for future healthcare interventions that lie outside of business as usual processes. Upon reflection, it demonstrates how collaborative leadership can work well in order to empower the wider team to find solutions.

Coordinating various stakeholders with, at times, competing agendas was not always an easy process. Virtual meetings allowed easier logistics but it was most resource intensive in regards to time. By allowing each team time to voice their opinions it allowed increased understanding of others views and thus opportunity for joined up thinking.

Key messages The key message is the importance of stakeholders when faced with a wicked problem; knowing who they are, involving them early and creating an environment in which they can collaborate.

Next steps are to maintain internal and external stakeholder involvement upon transitioning to implementation stage is required and to utilise diverse skills sets and draw upon joint expertise should any barriers be encountered.

It is highly likely the market for new high cost drug interventions will continue to increase. As such it is essential that feedback from all involved is gathered, to consolidate learning from this process and transferable components used to inform future projects.

In summary, the NHS must continue to develop a more flexible way of operating to enable interaction between stakeholders that allows the healthcare services provided to patients to adapt within an increasingly complex system.

55

IMPROVING AWARENESS OF WELLBEING RESOURCES AMONG CORE PSYCHIATRIC TRAINEES IN THE WEST MIDLANDS DEANERY- A QUALITY IMPROVEMENT P

Ellen Williams, Amaka Asiodu. *NHS- Black Country Partnership NHS Foundation Trust*

10.1136/leader-2024-FMLM.55

Introduction The Royal College of Psychiatrists position statement has described the importance of supporting the mental

health and wellbeing of psychiatrists. It recognises the impact of wellbeing on quality of patient care, maintaining good mental health among staff and, crucially for trainees, on recruitment and retention to the profession. Trainee and junior doctors are recognised as a population at increased risk of poor mental health and suicide. During the Covid-19 pandemic further pressures on trainees made wellbeing particularly pertinent, trainees were working outside of their usual remit and faced changes to training pathways and exams. Remote induction, teaching and supervision due to Covid-19 restrictions impacted the information about wellbeing resources to which trainees were exposed. Trainees in the West Midlands Deanery have access to an excellent range of support via local and national services, however, anecdotally there has been a lack of trainee awareness and understanding of these resources.

Aims and objectives of the research project or activity Provide the key aims and objectives of the project, activity Using a quality improvement project format we aimed to gauge the awareness and understanding amongst core trainees in the West Midlands deanery of the wellbeing and mental health resources available to them. We sought to identify which resources trainees were aware of, their understanding of how to access them, and what they provide. In addition we aimed to identify any gaps in trainee knowledge where further promotion of services was needed. Using this information we aim to improve signposting to available resources, and create wellbeing information easily accessible and applicable to all trainees in the deanery. or research

Method or approach 111 core trainees in the West Midlands deanery were invited to complete an anonymous online survey during November 2020. Results were presented in each of the four localities within the deanery as part of the post graduate teaching programme, and views were sought at that time on how to improve practice. A number of wellbeing resources were developed including posters for the doctor's mess, leaflet inserts for induction packs and an online wellbeing page on the deanery postgraduate virtual learning environment. A further round of data collection took place in November 2022 following dissemination of the wellbeing resources to assess their impact.

Findings The initial survey response rate was 40% (44 respondents). 14% (6) of trainees felt well informed about the wellbeing resources available to them and 59% (26) somewhat well informed. 57% (25) who attended deanery induction and 82% (36) who attended local trust induction did not think wellbeing as a topic had been covered, or could not recall it being covered. Despite this, trainees were aware of a range of resources, with the most known being BMA Wellbeing, Psychiatrists' Support Service and the local Peer Support Unit. Trainees identified 'social media' and 'word of mouth' as ways in which they were made aware of resources. A further round of data collection took place in November 2022 following dissemination of the wellbeing resources. 165 core trainees were invited to complete the survey, with a response rate of 18% (29 respondents). 17% (5) of trainees felt well informed about the wellbeing resources available to them and 55% (16) somewhat well informed. 55% (16) who attended deanery induction and 66% (19) who attended local trust induction did not think the topic had been covered, or could not recall it being covered.

Key messages Our initial results indicated that more work needed to be done at local trust and deanery level to make wellbeing a priority during induction and improve awareness