

- Identify aspects of their current roles where they are acting as leaders
- Examine and explore their own leadership style
- Distinguish between examples of good and poor leadership
- Understand the importance of compassion in leadership and explore the 'Civility Saves Lives' campaign
- Demonstrate leadership in clinical problem-solving exercises
- Describe the organisational leadership of their clinical departments and the wider organisation

We use feedback from attendees to evaluate the course to ensure it is providing useful training. Our program has evolved based on this feedback.

Method or approach Our program, designed and delivered by senior Specialty Trainees in anaesthesia, emergency medicine, and respiratory medicine focuses on healthcare leadership. Faculty all had formal training in healthcare leadership. Doctors can apply to attend the course, securing study leave for participation. A pre-course questionnaire gauges participants' leadership background and expectations, tailoring the programme to their needs. The course has evolved from lectures to workshops in order to foster active engagement.

As trainees, we serve as near-peer role models to normalise leadership. Keynote talks from doctors in formal leadership roles, such as the Trust's Chief Registrar, enrich the experience. Looking towards the future, another session signposts doctors to relevant leadership opportunities. A post-course questionnaire evaluates the day and prompts attendees to reflect on their learning. The course provides a dynamic platform for junior trainees to explore and enhance their leadership skills, leveraging the expertise of our diverse faculty.

Findings We have now held 3 courses in 2023 with 3 more scheduled in 2024. In total 75 doctors have attended our program.

We collected information about self-rated agreement with certain phrases pre- and post-session (1 = strongly disagree, 5 = strongly agree) and after attending the course:

- More doctors felt that leadership training was important at their stage of training (pre = 4.1/5, post = 4.8)
- Considerably more doctors identified as a leader (pre = 3.0, post = 4.2)
- Satisfaction with their level of knowledge around leadership theory and models (pre = 2.1, post = 4.0), and frameworks and competencies (pre = 2.1, post = 4.3) increased
- Awareness of relevant leadership opportunities was improved (pre = 2.5, post = 4.4)

Overall, most attendees found the course very useful with an average rating of 4.9/5 and 100% said they would recommend the course to a colleague.

The general appetite and enthusiasm for this type of training from doctors at the earliest stage in their career can be seen in the free text feedback. Attendees would 'like to attend more teaching of this kind' and feel that 'we need more sessions of leadership courses'.

Key messages As outlined by HEE, early commencement of leadership development for doctors-in-training is incredibly important. Specialty trainees with an interest in healthcare leadership, who understand the challenges faced by trainees and who are viewed as authentic by them, can successfully introduce a program tailored to their needs.

Training can allow doctors to feel more confident in their role as leaders. It can boost confidence, heighten the perceived value of leadership development, enhance knowledge of

leadership behaviours, and raise awareness of available leadership opportunities.

Amidst growing disengagement among trainee doctors, these programs underscore their significance within the NHS, validating institutional commitment to their development. Ultimately, fostering leadership skills is not just beneficial for patient care but also vital for shaping the future of the NHS. By nurturing doctors with clinical and organisational leadership acumen, we contribute to a resilient healthcare system.

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ENHANCE: EQUIPPING FOUNDATION DOCTORS WITH ENHANCED GENERALIST SKILLS FOR CONTEXTUAL LEADERSHIP AND MULTI-PROFESSIONAL TEAM WORK

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

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Introduction

- The 2021 Foundation Curriculum has an equal focus across physical, mental, and social health with an emphasis on person-centred care and managing complex multimorbidity.
- The enhance programme aligns with Foundation priorities to promote development of generalist skills alongside contextual leadership, supporting working effectively across the health and care landscape.
- Expansion of the enhance programme is a NHS Long Term Workforce Plan (LTWP) priority action and is now offered to all Foundation doctors since August 2023.

Aims and objectives of the research project or activity

- enhance aims to provide Foundation doctors with a grounding in generalist skills in the context of early career leadership. This meets the UKFPO curriculum requirements whilst also empowering these doctors to consider their role as a leader from the beginning of their careers.
- The contextual leadership resources and offer provide a practical guide for foundation trainees to identify areas for development when considering their own leadership journey.

Method or approach

- The enhance programme was initially piloted in seven regional trailblazer sites across England with specific focus on Foundation in the North-West and East of England.
- These foundation pilots have included immersive community placements, multi-professional teaching as well as innovative technology such as Virtual Reality.
- The success led to a national roll out for all Foundation Doctors since August 2023.
- Our panel of national enhance leadership and regional delivery leads showcase the different opportunities to support embedding this programme and sharing best practice.
- The development of this contextual leadership resource has highlighted the value of a leadership offer for all early career health and care professionals. enhance's multiprofessional leadership resource guide: first principles will launch in 2024 to support all enhance learners' leadership journeys.

Findings

- There are two enhance offers for Foundation doctors from August 2023:
 - enhance enable: Available to all Foundation doctors via self-directed engagement with learning resources, module workbooks and self-assessment. Opportunities to attend

targeted local and regional teaching. Specific contextual leadership resources are available.

- enhance explore: Priority programmes available via Oriol applications with innovative community placements and protected regional teaching time.
- Learners will receive a contextual leadership certificate at completion.

Key messages

- The enhance foundation offer is a contextual leadership programme, delivering education in the wider context – the patient, the team and the changing community.
- Our educational panel can enthuse and help national delivery.

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PAEDIATRIC AUDIOLOGY SERVICES: THE MIDLANDS APPROACH – SHARING OUR LEARNING LEADERSHIP JOURNEY

Sonia Sharma, Laura Sadler, Peter Bill, Bhavisha Pattani, Jessica Sokolov. *NHS England, Midlands*

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Introduction In May 2021, NHS Lothian commissioned an independent investigation by the British Academy of Audiology (BAA) into paediatric audiology services. Their report triggered a national incident identifying systemic failings of paediatric audiology services which led to 155 children being undiagnosed or receiving a delayed diagnosis of hearing loss. This adversely impacted the early years spoken language acquisition thus potentially affecting a number of these children for life. The review also highlighted serious risks to quality in this area due to variable national oversight, no mandatory governance processes and workforce issues. NHS England subsequently recognised the need to investigate issues identified at sites across England and offered recommendations to providers and ICBs.

Aims and objectives of the research project or activity At first glance, only 5 paediatric audiology services in England were flagged for review using the available national diagnostic data. However, it was not until one of the 23 Midlands providers raised concerns, having previously achieved satisfactory grading, that issues emerged. Other paediatric audiology services in the region then began raising concerns through the freedom-to-speak-up route. This service-level intelligence identified potential historic patient harm and on-the-ground services were clearly voicing concerns as to ongoing patient harm.

The main aims and objectives:

1. Patient safety – review historic and avoid further harm
2. Review governance structures and implement a robust framework
3. Review training of staff and workforce issues – including accountability, registration, accreditation and peer-review
4. Implement a long term self-sustainable model including a clear, joined up commissioning of paediatric audiology services
5. Review leadership oversight for the whole of paediatric audiology – from birth to the point of transfer to adult services

Method or approach Keen to avoid failings of the past, such as those highlighted in the Francis and Keogh reports, the Midlands formed an incident management team after an initial situational risk assessment. This was led by the regional chief scientific officer (CSO), patient safety director and head of system improvement and clinical services as well as having regional medical director oversight. It is important to stress the deliberate multidisciplinary nature of the leadership team utilised in this case, as historically patient safety incidents such as these, have had physician ownership. The intricate details and nuanced nature of the paediatric audiology services has required a variety of expertise in handling the response to numerous challenges and mitigation of risks as they arise. A list of measurable criteria to define clinical quality and good governance was developed. Services in the region were then asked to submit relevant data for assessment and grading.

Findings Understandably, providers found this process upsetting given potential patient safety issues within their service. A strict no-blame culture and transparency was adopted during site visits and discussions with services. Furthermore, framing aid as a way services could recover, all the while ensuring patients had ongoing access and identifying problems early, was received positively. Services with no significant concerns identified were deemed to be the highest quality and chosen to support others in a peer-to-peer quality improvement group and provide mutual aid. To educate and engage systems, BAA webinars and audiology quality improvement groups were set up. These enabled Trusts and ICBs to familiarise themselves with the subject matter but also allowed for clinical concerns, questions and feedback to be shared across systems. Clinical reference groups were initiated to bring leaders together to learn and collaborate with stakeholders and thus provide cross-system support. Other regions in the UK have now requested that our learnings from this process are shared with regional CSOs who are currently reviewing their own paediatric audiology services. This ongoing dialogue with other regions has allowed us to gain feedback, so we can continually learn and implement changes if alternative solutions are more effective.

Key messages The process has clearly demonstrated deficiencies in clinical governance structures and leadership oversight within paediatric audiology services, which in turn has perpetuated poor practice. There have been challenges when questioning services with historic practices, but positive impact from the transparent and methodological approach can already be demonstrated. At site visits, providers have described feeling listened to and ‘not feeling alone’. The ‘arm around the shoulder’ approach has been valued during uncertain times. One site explained how they felt empowered due to governance processes now being implemented and have invested in an audit lead as well as training of staff. The Midlands continue to use this flexible and collaborative approach by offering additional support, pastoral care and mentorship to staff. By sharing learnings outside of the region, the Midlands serve as patient safety champions helping others around the country delve into issues within their own services to avoid further patient harm.