

position for any further increase in cases of COVID-19, protecting an essential workforce.

Clinical Leadership

177 THE EM LEADERS PROGRAMME: LESSONS LEARNT FROM THE COVID 19 FRONTLINE

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The COVID-19 pandemic has presented many unforeseen challenges including an adaptive leadership response from all those who work within the healthcare sector.

The EM Leaders programme is an innovative pilot programme designed to support Emergency Medicine trainees by instilling leadership skills and knowledge and championing a compassionate workplace culture. Never has this more relevant or needed. In order to do this we endeavoured to capture case studies and examples of leadership on the frontline during this COVID period, through a survey sent out through RCEM. A selection of the respondents were then approached to undertake more detailed semi-structured interviews.

A thematic analysis on these interviews and survey results was conducted and the themes aligned to the EMLeaders framework; a framework detailing the required competencies and descriptors for each stage of EM training.

Key themes identified have been around the opportunity to understand and develop self, with a particular focus on the importance of wellbeing and self-care. Many respondents talked about the need to do this personally in order to manage their own emotions and stressors. Departments, where compassionate leadership have been highlighted and the impact of this on the staff seen. Notable themes identified are around the development of service to adapt for the COVID pandemic. This has often been at rapid speed and is particularly noticeable for senior trainees and junior consultants who have found themselves stepping up. Various leadership challenges have been identified and recalled including managing conflict and challenging behaviour. Respondents also noted challenges in developing network, service and the ED team due to transactional leadership styles within wider organisations, leading to a feeling of disempowerment, team fragmentation, lack of autonomy for shop floor decision making and a belief of feeling undervalued during a time of intense pressure.

178 LEADERING DURING THE COVID19 PANDEMIC: FROM MEDICAL STUDENT TO CEO

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The FMLM Trainee Steering Group (TSG) sought to capture the lessons learnt through a series of interviews and blogs

from individuals stepping forward into the leadership challenges during the COVID19 Pandemic. This included clinicians from Interim Foundation doctors through to chief executives to give a wide view of leadership-in-action and understand what lessons have been learnt so far from those individuals. This opportunity enabled those individuals to take stock and reflect on their own behaviours and of their team/organisation and was documented through a series of blogs.

Each of the roles interviewed offered unique challenges and viewpoints. A thematic analysis analysing the behaviours and skills described was performed on the transcripts of these interviews and coded according to the domains from the FMLM standards.

The transcripts were then coded using these categories and the percentage breakdown of each category identified and mapped to FMLM standards.

Interviewees at all levels had experience or observed behaviours that represented the four overarching leadership domains as described by FMLM Leadership standards for healthcare professionals. There was awareness and experience at all levels up to and including systems leadership despite the individuals position. These interviews underline the importance of good leadership at times of crisis. Some interviewees displayed leadership behaviours that exceeded those that would normally be expected for their clinical position.

Specific challenges relating to senior leaders included maintaining visibility and managing anxieties. Nearly all of the leaders interviewed said they were drawing on prior experience. Others interviewees reflected on the importance of having trust in your team and taking a collaborative approach to leading delivery of projects. Another consistent challenge across the interviews was the change to working virtually and how this can change the team dynamics.

Healthcare leaders burnout

179 HEALTHCARE SUPERHEROES NEED RESCUE DURING PANDEMICS

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The COVID-19 pandemic has placed extraordinary pressure on an already strained healthcare workforce (HCWs). Public health measures, such as prolonged periods of social isolation, unexpected employment disruptions, school closures, financial distress, and changes to routine, are having an unprecedented negative impact on mental well-being. Unaddressed stress and burnout can lead to depression, suicidal ideation and substance abuse. We conducted a review of the literature (a) to synthesize the common triggers of stress, burnout and depression faced by HCWs during the COVID-19 pandemic and (b) to identify interventions at the individual, organizational and systemic levels that can support the well-being of HCWs during a pandemic.

A systematic search of literature databases was conducted from 2003 to June 2020. We included review articles that reported on stress, burnout and depression in HCWs; that primarily focused on women; and that included the percentage or number of women surveyed.

Of the 2,803 papers found, 31 were included. Our preliminary findings show that HCWs are at increased risk for stress, burnout and depression during the COVID-19 pandemic. These negative outcomes are triggered by individual-level factors such as gender, family status and lack of social support; organizational-level factors such as high workload and access to PPE; and systemic-level factors such as prevalence of COVID-19, rapidly changing public health guidelines and a lack of recognition at work. There is a limited amount of evidence on effective interventions that prevent anxiety, stress, burnout and depression during a pandemic. Preliminary findings of causes of increased stress and mental health issues suggest possible strategies healthcare organizations can use to address modifiable factors such as ongoing training to increase confidence in caring for COVID-19 patients, clear infection control guidelines and sufficient PPE and optimization of working conditions for HCWs.

Women's health

180 OPTIMISING THE CLINICAL DVT PATHWAY IN THE MATERNITY ASSESSMENT UNIT

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Aim The risk of a deep vein thrombosis (DVT) increases in pregnancy, occurring in 1–2 in 1000 women. The aim of our quality improvement project was to streamline and increase the efficiency of the assessment and treatment of Deep Vein Thrombosis in antenatal and postnatal (up to 6 weeks) women, presenting to the Maternity Assessment Unit (MAU) at St Thomas' Hospital.

Method The maternity data collection system (BadgerNet, Clevermed Ltd) was used to conduct a retrospective analysis of women presenting to the MAU with symptoms suggestive of a DVT between July 2018 and March 2019. Staff were educated on the updates to Trust guidelines on diagnosis and management of DVT in pregnancy. The need for a doctor to review a patient prior to same day ultrasound Doppler scan was eliminated and nurses were given the ability to request an ultrasound Doppler if a woman met agreed criteria. A re-audit was completed between August 2019 and March 2020.

Results The elimination of a doctor review prior to same day ultrasound Doppler scans, reduced waiting time for patients and allowed doctors to assess with the complete clinical information. There has been a reduction in unwarranted clinical variance in the assessment and treatment of DVTs, with 78% compliance with the protocol (100% for same day scans, 62% for next day scans). 3 patients did not receive Low Molecular Weight Heparin (LMWH) according to the new protocol, one of which declined treatment.

Conclusion Clear, concise guidelines for staff reduces unwarranted clinical variation and ensures safer management of patients. The extension of the midwife's role within the MAU provided midwives with more clinical autonomy and reduced delays in assessment and treatment. Assessment by a doctor prior to the ultrasound request did not contribute to improved patient care.

Leading innovation and improvement

181 HARNESSING STAFF VALUES TO CATALYSE WORKPLACE CHANGE

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Green@Bart's is a 60 strong multidisciplinary staff special interest group at one the UK's largest Acute Foundation Trusts. All working on a voluntary basis and united by a passion for sustainability and climate action.

Despite the WHO stating climate change as the most significant Public Health issue of our generation, reducing carbon emissions from healthcare remains a huge challenge, and ever-bolder legal targets eg 'Net Zero' emissions by 2050, require innovative thinking and support at every level to succeed.

Guided by our passion for addressing these issues Green@Barts had the courage to approach senior leadership through Board meeting thereby winning Chief Executive support and valuable networking opportunities to enable our work.

Within one year of its inception Green@Barts are now invited by Trust leaders for our input. We are currently consulting on post-Covid transformational work for Trust-wide outpatients and emergency department. We have shared best practice with staff at other Trusts, supporting them to set up their own sustainability staff group, and there are plans for a mini-conference. We see the necessity of winning hearts and minds and education and awareness raising for staff and patients run throughout our work.

Other work ranges from providing scrutiny and comments on the Trust's key sustainability and emission reduction document- the SDMP aka The Green Plan, as well as the Architect Tender document for Whipps Cross redevelopment, thereby securing an aspiration for the UK's first 'Carbon Net Zero' hospital.

Secondary beneficial outcomes include promoting staff engagement and belonging, both key for promoting resilience and reducing burnout.

Connecting through shared values can powerfully support a change agenda, and this can be driven by highly motivated staff with the courage to speak up. This bottom up approach complements the top down work from Trust leadership, vital to achieving maximum results.

Leading across systems and organisations

182 THE IMPACT OF COVID-19 ON COMMUNICATION IN THEATRES

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Gloucestershire Hospitals NHS Foundation trust comprises sites in Cheltenham and Gloucester (GRH). As part of the COVID-19 response, emergency services were temporarily