

Facilitators included Engagement, Hierarchical management, Estate Operations, Data, Policy, Training and Development. Some key themes:

Engagement needs to be addressed at both the board and staff level.

Value Proposition: To engage the board and get buy-in, the value proposition of a project needs to be aligned with stakeholder values

Working Groups: A shared collective goal, facilitated by working groups, can help to engage clinical personnel and align values.

Training and development

Mandatory training and development are necessary to bridge the knowledge gap in sustainability and drive awareness. This can be done by:

Up-skilling staff, including clinicians, to become greener champions

Data

There is a need to optimise the collection of high-quality data with integrated net-zero metrics. The analysis and handling of data should be done by competent personnel.

**Key messages** We created the Foundation Model of Estates and Facilities Management from these barriers and facilitators. Our novel model illustrates the seven key meta-themes identified in the discussion and their interactions downward and bottom-up. Ultimately, these findings fill a gap in the literature, highlighting the current barriers and facilitators experienced by Sustainability Leads in their efforts to decarbonise their Hospital E&F. Specifically, the lowermost 'foundational' themes, Engagement, T&D, and Data, are the most influential in driving decarbonisation efforts in Estate Operations.

These themes illustrate that the NHS needs a transformational change to decarbonise its hospital's E&F. We propose a solution to one of the problems identified:

Problem 1: HCPs must be aware of sustainability projects within E&F.

Our solution: Using co-design and marketing principles, we developed an advert to raise staff awareness. Our advert strongly focuses on values, education, empowerment, and community creation. HCPs are educated on the need to reach net-zero and empowered by reinforcing the small actions they can do to help. Moreover, there is a strong emphasis on the community through 'acting together' for 'our NHS'.

15

#### HOW CAN SUSTAINABLE HEALTHCARE EDUCATION BE IMPROVED? THE STUDENT MEDAID LONDON APPROACH

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**Introduction** According to the General Medical Council (GMC), it is a mandatory requirement for graduates to hold awareness on sustainable healthcare education (ESH). However, 1.8% of 850+ surveyed medical students were found to not have received formal exposure to ESH. Student MedAID London (SMAL), is a Community Interest Company created in 2020 which strives to address this gap, by promoting global health to healthcare students, as well as bridge the gap between sustainability and lack of resources in certain areas of the globe. From 2020, SMAL has embedded ESH in various

series of social media informative campaigns. Additionally, it has provided various learning opportunities to increase students' knowledge and participation in global health.

**Aims and objectives of the research project or activity** SMAL aims to promote sustainability and global health education to healthcare professionals and students, by designing advocacy and learning opportunities people can interact with, and by organising ways to redistribute unused medical equipment to low- and middle- income countries in need. SMAL's latest teaching series 'Careers in Global Health & Development', was carried out during October 2023.

**Method or approach** The latest of SMAL's teaching series received an average of 24 responses across the 3 days of dedicated webinars, which were transmitted online. Out of 71 total answers, the majority had heard about the webinars through Medall (42%), followed by word of mouth (33%). Social media and freshers' fayres constituted the minority (24% and 8% respectively). Participants' confidence in the topic increased by more than 50% during the first and second days of the series, and by 25% on the third day. 70 out of 71 participants gave positive feedback on the series and the speakers, particularly mentioning how informative and interesting the chosen topics were. On average, engagement received 4.3\*/5, and helpfulness 4.6\*/5. Participants expressed the desire to participate in more events on the topic, and were eager to find out about more ways to get involved in global health in their future careers.

**Findings** Secondly, between 2021 and 2023 we have received up to 580 donations to support a variety of healthcare settings by using the WHO sustainability criteria to evaluate specific offers for donation. Further methods to ensure sustainability include utilisation of the 'Flipped Model Operation' (where donated equipment must meet their needs to reduce stockpiling on both parties) and eligibility to receive particular types of equipment e.g. availability of a reliable water supply, to reduce incidence of inappropriate donations being made to communities ill equipped to operate them, constituting an increase in financial burden on their part by disposal costs, as well as loss of opportunity costs on our end, due to failure in ensuring distributive justice.

**Key messages** SMAL actively strives to achieve a positive impact on climate action by establishing a network of donating and receiving organisations, in order to redistribute unused medical equipment where it is most needed. By promoting education on global health and promoting SMAL's work to recruit volunteers, the most recent teaching series showed positive impact and what great interest the participants had in making a positive impact, by engaging in global partnership and reducing waste.

16

#### TOMORROW'S LEADERS

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10.1136/leader-2024-FMLM.16

**Introduction** The importance of clinicians as leaders and managers of health care is increasingly being recognised. For instance, the Clinical Leadership Competency Framework highlights the 'critical importance of [clinical leadership] to the delivery of excellence and improved patient outcomes'. The

importance of clinicians as leaders has also been acknowledged by the government, with the recruitment of clinicians into strategic leadership roles being prioritised in the NHS long term plan.

It is perhaps surprising, therefore, that leadership and management training is not integrated into Higher Specialist Training (HST), and exposure to such experience is limited. Consequently, new consultants feel underprepared for the leadership and management aspects of the consultant role, particularly relating to topics such as managing people, managing conflict, system differences and structure of the organisation and managing complaints.

Recognising these issues, we developed a bespoke 3-day leadership course for middle grade doctors, incorporating these topics as focal themes.

**Aims and objectives of the research project or activity** The aims of this project were:

1. To introduce NHS leadership and management concepts to middle grade doctors.
2. To increase knowledge and confidence in dealing with common aspects of leadership and management.

The programme was designed with the aim of equipping middle grade doctors with essential skills and knowledge necessary to be an effective leader, and to help prepare them for the transition to the consultant role.

**Method or approach** The programme ran across 3 days over the course of 5 months during 2023. Middle grade doctors from all specialities and including both training and non-training grades, were invited to attend.

Sessions were facilitated by clinical and non-clinical speakers in leadership and management positions at our trust, and sessions covered a range of topics including Leadership Styles, Emotional Intelligence, NHS management structure (including a Q&A session with some of the trust's leaders and managers), Clinical Incidents, Educational Supervision, Doctor's in Difficulty, Complaints, Conflict Resolution and Service Development. Delegates were also invited to participate in a 'Buddy Manager' scheme, where they were paired with someone in a leadership or management role, to gain hands-on experience by shadowing them.

Pre- and post-course questionnaires were sent out to establish baseline opinion, understanding and experience and to evaluate the impact of the programme on confidence and understanding.

**Findings** Twenty-four delegates from 13 different specialities attended the course.

Pre-course data highlighted a lack of leadership training and experience. For instance, 78% felt that their training was not sufficiently addressing complaint management skills, only 33% had received training in conflict resolution and only 13% had attended a root-cause analysis meeting.

The programme resulted in improved understanding of a wide range of leadership topics. For instance, 92% of delegates reported being more aware of their influencing style following the programme, and 100% indicated improved understanding of the trust board management system. We also demonstrated improved understanding of the new consultant role, from 8% to 92%, and of the job planning process, from 4% to 85%.

Delegates reported greater confidence in responding to clinical incidents (from 40% before the course to 79% afterwards), their ability to manage complaints (from 17% pre-

course, to 100% post-course), and in the prospect of undertaking educational supervisor roles (from 44% to 93%).

Feedback for the programme was universally positive, with delegates rating all sessions as good or excellent, and 100% stating that they would recommend the course to colleagues. All participants (100%) were more inclined into pursuing a leadership role following the programme.

**Key messages** This programme has demonstrated a gap in medical training relating to the development of leadership skills required to ensure confident leaders within the NHS, and a need for greater opportunities for leadership development during postgraduate training.

The programme has shown that training sessions can significantly improve understanding of leadership topics and confidence in undertaking leadership roles. That delegates felt more inclined towards pursuing leadership positions following the course, shows that such programmes can also inspire clinicians into these roles. This is important given the NHS long term plan to encourage clinicians into leadership positions.

Our findings should encourage aspiring and current leaders within the NHS to follow suit in developing programmes to help nurture and develop tomorrow's leaders. We recommend more comprehensive inclusion of leadership and management topics into HST curriculums, as well as the provision of such training for middle-grade doctors across all trusts as standard.

17

## A PROSPECTIVE STUDY TO EXPLORE THE IMPACT OF THE VACCINATION STATUS ON DISEASE SEVERITY AND MORTALITY IN COVID-19

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**Introduction** District Base Hospital Theldeniya, Sri Lanka was one of the main Secondary care Setting in Kandy District Sri Lanka.

It was selected as a Level 3 Covid 19 Treatment Centre.

As the Medical Director, I Directed my clinical Team to execute this study.

A Prospective Study To Explore The Impact Of The Vaccination Status On Disease Severity And Mortality In Covid-19

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### ABSTRACT

**Introduction** Vaccination is considered the tipping point that will contribute to curtail the ongoing SARS-CoV-2 outbreak. In this prospective cross sectional study, It was explored the impact of the vaccination status with other factors such as comorbid conditions on the disease severity and mortality in covid-19 infection.

**Objective** To assess the impact of vaccination status on disease severity and mortality in Covid-19

**Methodology** The study was conducted over a 3-month period in District Base Hospital Theldeniya, which is a level III and the third major Covid-19 treatment center in Sri Lanka. A total of 179 Covid-19 positive patients (82 female, 92 male) were purposively selected and data analysis was done by R and ER studio.