Chimeric antigen receptor T cell therapy (CARTC) is a revolutionary therapy for haematological cancers. Associated cardiotoxicities are however ill-defined [1].

Building on ELP-delivered concepts of individual and systems-based changes to optimise patient safety [2], we aimed to establish clinical and research CARTC cardio-oncology programmes.

**Materials/Methods**

The “heart + head = hands” model [3] was used to determine the most appropriate overarching strategic approach. A teams-based leadership style [4] was utilized with individuals assigned tasks appropriate to skill-set.

A Johari window [5] was constructed (Figure 1) to determine relationships between relevant parties and a policy development plot [6] was designed (Figure 2).

ELP concepts of “exerting power and influence” [7], [8] and “having difficult conversations” [9] were utilized in subsequent meetings with relevant stakeholders.

Despite COVID-19 related challenges both goals were met.

A new clinic and consult service was established with constructive discussions on job-planning and funding.

A research programme was initiated after successfully obtaining funding and ethical/regulatory approvals.

Utilizing a number of leadership and managerial concepts explored on the ELP (compassionate leadership, teams-based approach, critical problem appraisal, difficult conversations, NHS funding sources), we successfully established clinical and research CARTC programmes.

**References**
