importance of leadership and why good initiatives can fail without it. To establish long-term change, we must involve a member of staff with a permanent position in that environment, a leader.

Leading innovation and improvement

103 EXPLORING THE TEACHING AND TRAINING NEEDS OF STUDENTS AND CLINICIANS IN DIGITAL HEALTH

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10.1136/leader-2020-FMLM.103

There has been exponential growth in technology use within the NHS, further accelerated by the Covid-19 pandemic, and video consultations, e-Consults and remote monitoring are now commonplace. However, undergraduate medical education is not keeping up with this pace and medical schools risk producing graduates who are unqualified to work in a digital NHS.

Assessment The Medical Education Innovation and Research Centre (MEDIC) led two projects exploring views of primary care educators and medical students. MEDIC is a translational centre bringing cutting-edge evidence from health, education, community and policy into medical education innovations and research.

Primary care educators attended a digital health workshop where activities included discussing challenges and risks around digital technology. Key challenges identified included digital consultation skills, access, workload, patient safety and ethics.

Third year medical students were invited to enrol on 'Digital Health Futures', a specialty choice module. After the module, students were invited to participate in focus groups to reflect on digital health education. Key themes included lack of preparedness for practice, a call for digital to be fully integrated within the curriculum, and concerns around attitude of the medical school to technology and digital innovation.

Leadership Implementing curricular improvement requires strong leadership; and close collaborations and consultation with students and educators is vital. This must be an ongoing and iterative process due to the nature of technological development. Aligning the curriculum to the Topol Report and NHS Long Term plan is key for student learning and ultimately patient care.

MEDIC's dedicated leadership in this area has demonstrated the need for curricular reform at undergraduate, postgraduate and continuing professional development level. This emerging and urgent priority must be tackled across the whole medical education spectrum.

Leading innovation and improvement

104 SERVICE DEVELOPMENT PROJECT: CREATING A TRUST LEVEL MENTAL CAPACITY ACT AWARENESS WEEK

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10.1136/leader-2020-FMLM.104

Aim To improve the understanding and confidence of clinical staff working in forensic services in applying Mental Capacity Act (MCA) legislation.

Method A multidisciplinary group including a psychiatrist, psychologist, social worker and mental health law expert developed a MCA Awareness Week. This included a two hour workshop repeated across three forensic directorates. The workshop featured large and small group activities based on frequently arising scenarios. Workshop attendees were asked to complete a pre and post workshop questionnaire.

Results The workshops were fully booked with 80 staff members attending from all clinical specialities including: nurses (33), psychologists (8), healthcare assistants (7), doctors (7), occupational therapists (6), social workers (5), pharmacists (3) and clinical managers (3). 90% of participants completed both the pre and post workshop questionnaires. The mean usefulness score of the workshop was 8.8/10. There was a statistically significant increase (at the 0.05 level) in mean scores across all four measures, including: understanding capacity (26.7% increase), confidence in assessing capacity (29.3%), confidence in being a decision maker (31.6%) and awareness of the principles of capacity (35%). Qualitative feedback was that participants valued having face-to-face learning and group discussions allowed staff to share their views and experiences from the perspective of their disciplines.

Conclusions The project was developed in response from the feedback and recommendations of a Care Quality Commission inspection. This meant that senior sponsorship was provided for initiating the project. The multidisciplinary collaboration behind the project also ensured that the service was valued and attended across the disciplines.

The emergence of COVID-19 raises the issue of whether it is viable to adapt a service to an online medium when it is valued for its face to face and group component.

Cardiology

105 STANDARDISING INPATIENT MANAGEMENT OF NON-ST ELEVATION ACUTE CORONARY SYNDROME

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10.1136/leader-2020-FMLM.105

Aims To standardise the inpatient management of Non-ST elevation acute coronary syndrome (NSTEMI-ACS) in our tertiary cardiology centre by developing an innovative pathway that integrates care from all members of the multi-disciplinary team (MDT) involved in the patient journey.

Methods We retrospectively collected data on all cardiology admissions from January 2020 to April 2020 with a discharge diagnosis of NSTEMI-ACS. We collected informal feedback from representatives of the MDT involved in all stages of the patient journey.

Results

- 21% and 33% of patients were screened for diabetes and dyslipidaemia, respectively.
- 84% of patients who underwent coronary angiography met the ESC criteria for high-risk NSTEMI-ACS. Gold standard

management for this group is coronary angiography within 24 hours. In our audit, 51% of patients reached angiography within 24 hours.

- Current use of multiple notes creates the potential for patient safety issues, integrating notes across disciplines would reduce this.
- Variation in discharge planning and advice, with delays to discharge to clarify outpatient follow up and discharge medications.

Interventions Immediate Intervention - educating the MDT regarding gold standard care, specifically screening for risk factors.

Short term intervention - introduction of a 'cardiac risk factor' screening sticker to improve risk factor identification over 1 month.

Long Term Intervention – NSTEMI-ACS multi-disciplinary pathway to include the medical notes, nursing notes and procedural notes if coronary angiography is undertaken. This will improve the efficiency of listing patients who meet the ESC criteria for 'high-risk NSTEMI-ACS' for urgent angiography.

By including a section on risk factor management, we hope to see a sustained improvement in screening for diabetes and dyslipidaemia.

Finally, it will include a summary of the patients' journey which can be translated accurately onto a discharge letter.

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IMPLEMENTING THE COVID-19 COMMUNICATIONS PATHWAY FOR JUNIOR DOCTORS AT BUCKINGHAMSHIRE HEALTHCARE NHS TRUST

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10.1136/leader-2020-FMLM.106

In the midst of the pandemic, an issue was raised to the 'Junior Doctors' Forum' (JDF) that the high influx of emails consisting of vital information (pertaining to clinical practice etc.) was being missed due to a number of reasons. This led to uncertainty, confusion, and anxiety voiced by the Junior Doctor body. Our aim was to address the many queries of the doctors and streamline information in a structured and time-sensitive manner. This project was discussed with the CEO, Medical Director, Director of Medical Education and Guardian of Safe working.

A questionnaire was sent out in early March to help identify the preferred mode of communication which was found to be through email. Intervention in the form of the 'Covid 19 Communication Pathway' was implemented Trust-wide. It links the senior management with front-line doctors directly paving the way for stronger working relationships and teamwork. Updated information was sent down the pathway and queries were simultaneously escalated up.

Post intervention, a second questionnaire was repeated in July 2020 seeking feedback regarding the effectiveness of the pathway. Positive feedback was also received by the CEO and the Medical Director in acknowledgement of the C19 Pathway being a formal mode of communication during the pandemic.

In terms of leadership, this project highlights the importance of liaising with multiple members of staff to ensure that everyone is working towards a common goal. It provides doctors with a reliable platform through which to escalate queries and concerns. It has helped allay a lot of staff anxiety stemming of uncertainties faced at the peak of the pandemic. Through providing our doctors with up-to-date platform of receiving the latest guidelines, management, protocols etc. we have enabled all our staff reliable access to information which will indirectly optimise the healthcare provided during this pandemic.

Leading across systems and organisations

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EXPLORING HOW RECEIVING A TAX BILL DUE TO THE ANNUAL ALLOWANCE TAPER OF THE NHS PENSION SCHEME HAS AFFECTED SURGEON'S PERCEPTIONS OF WORKING IN THE NHS; A QUALITATIVE STUDY

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10.1136/leader-2020-FMLM.107

Background The Annual Allowance (AA) taper caused many doctors to pay to work though receiving tax bills on their pension.

Aim To explore how receiving a tax bill due to the AA taper of the NHS Pension Scheme affected surgeons' perceptions of working in the NHS.

Methods In 2020, 12 qualitative, semi-structured, one-to-one interviews were conducted with surgeons from six NHS trusts. Thematic analysis.

Findings Before a bill, most participants were content working in the NHS as they had financial equilibrium, job satisfaction, and promised pension remuneration. However, receiving a bill was unaffordable and stressful. As working risked triggering future bills, participants became risk averse to working in the NHS and so reduced their NHS work. Many felt guilty withholding patient care but several were frustrated with the government and felt that the government was taking advantage of doctors. All believed that it was the governments' responsibility to resolve problems caused by the taper in the NHS but many distrusted the government and felt voiceless. The NHS Pension was viewed as remuneration for high work done at low pay, and a reward for loyalty and commitment to the NHS. A pensions tax bill broke this expectation, leaving participants demoralised and with reduced incentive to keep contributing.

Conclusions Receiving a tax bill disrupted the financial equilibrium, job satisfaction, and pension remuneration that participants expected of working in the NHS. Some found it a final straw so were considering retiring early and reported reduced engagement. Others experienced less disruption but still felt undervalued, mistreated, and demoralised which contributed to increased frustrations with working in the NHS. Although the 2020 Budget gave a financial solution to the taper, it may not resolve perceptions that some doctors now have of working in the NHS. Future grievances may exacerbate these perceptions, causing a greater loss of workforce engagement.