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 – NSTE-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 NSTE-ACS’ for urgent angiography.

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

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

**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.

**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.