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 dyslipidaemia.

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

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

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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 timesensitive 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 though 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.