15 THE ROLE OF TRUST IN SENIOR LEADERS' EXPERIENCES OF USING ANALYTICS TO INFORM STRATEGIC HEALTH AND CARE DECISIONS

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Senior leaders make strategic decisions about the structure and delivery of health and care services. Analysis of pseudonymised administrative data from residents' health or care records (analytics) aims to support high-quality strategic decisions, but its impacts depend on how analytics are perceived and used by senior decision-makers.

Aim or objectives To understand how the process of generating knowledge from analytics could be enhanced for those making strategic health and care decisions.

Methods Individual semi-structured interviews were conducted with 20 senior decision-makers from constituent organisations of North Central London's Sustainability and Transformation Partnership. Interviews were analysed using the Framework Method.

Results Trust emerged as a concept in participants' experiences of using analytics in three key ways: data quality and accuracy; trust in sharing data for analytics; and trust between decision-makers. Firstly, participants expressed concerns around data quality and these shaped decision-making processes as some made decisions based on anecdotal information or gut feeling instead of untrusted data. Others sought 'more accurate' data, whilst some decisions were 'stopped in their tracks' because of a lack of trust in available data. Secondly, participants' ability to obtain data was influenced by others' willingness to share, itself driven by levels of trust in how that data will be subsequently analysed and used. Finally, a lack of trust between key leaders across health and care led to concerns that decisions based on analytics may act against individual organisational priorities and interests. Where personal trust between individuals across organisations existed, there was greater scope for decisions across organisational boundaries to be informed by analytics.

Conclusions Trust is a key component of how senior leaders approach and use analytics. Developing trust in data quality and between leaders could influence if, when and how leaders obtain and use analytics to inform strategic health and care decisions.

16 IT TAKES A COMMUNITY TO MAKE AN EXPERT: EXPLORING PROFESSIONAL EXPERTISE AMONGST ALLIED HEALTH PROFESSIONALS

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Background The current healthcare environment provides several challenges to the existing roles of healthcare professionals and the value of the professional expert is under scrutiny. The study of professional experts can cast light on performance that is above and beyond core competency. The study aimed

to generate an understanding of professional experts amongst practitioners in the allied health community in New Zealand (NZ).

Method An online survey gathered opinions about professional experts in the community (n=119). Forty-five highly-experienced allied health practitioners (AHPs) currently practicing in NZ were interviewed. This mixed method study explored critical incident narratives that highly experienced practitioners told about their work. From four investigations, findings are brought together to inform what it might take to become known as an expert.

Findings Thematic analysis generated two interconnected themes of a professional expert being a personal leader and teacher, as well as a highly experienced, knowledgeable and skilful practitioner. Participants clearly identified being 'highly experienced' and 'having in-depth knowledge' as essential elements of professional expertise, but also valued other characteristics highly. Affirming, challenging and otherwise transformative incidents formed a backdrop to detailed narrative study that highlighted the practitioners' search for meaning and its role in the development and expression of expert performance. Narrative analysis indicated that professional confidence and expertise are intrinsically linked and could be explicitly developed, through knowledge sharing, reflective practices and narrative reframing. The community has an essential role in developing and encouraging experts to emerge.

Conclusion This study presents a novel construction of professional experts and expertise amongst practitioners in a current healthcare community. Understanding how professional experts and their expertise is constructed within a community can provide practitioners, educators and leaders with new insights that may alter the opportunities and supports provided for attaining expertise.

17 BARRIERS AND FACILITATORS FOR IMPLEMENTATION OF A COMPUTERIZED CLINICAL DECISION SUPPORT SYSTEM IN LUNG CANCER MULTIDISCIPLINARY TEAM MEETINGS – A QUALITATIVE ASSESSMENT

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Background Oncological computerized clinical decision support systems to facilitate workflows of multidisciplinary team meetings (MDTMs) are currently being developed. To reach successful implementation of these CDSSs in MDTMs, this study aims to: a) identify barriers and facilitators for successful implementation for the use in case of lung cancer; and b) provide actionable findings for an implementation strategy.

Methods The Consolidated Framework for Implementation Science was used to create an interview protocol for CDSSs in lung cancer MDTMs and to analyze the results. Semi-structured interviews were conducted among various health care professionals involved in these MDTMs. The transcripts were analyzed using a thematic analysis following a deductive approach.