

via observation, interviews and focus group discussion with 144 family members (children aged up to 15 and their parent's) and 65 nurses and Health Care Assistants. All data were subjected to thematic analysis.

Results Families receiving cubicle-based care appreciated the privacy afforded, but parents could feel isolated and bored. Parents were reluctant to leave their children in cubicles unsupervised. Parents in bays valued the informal supervision provided by both nurses and other parents and some children appreciated the social aspect of being around other patients. Nurses expressed concerns about the additional workload that could be associated with cubicle-nursing, finding it difficult to 'get away' from parents isolated from the rest of the ward.

Both nurses and parents expressed practical and medical concerns about increased numbers of cubicles in future ward configurations. A predominance of cubicles was thought to threaten the (highly valued) informal aspects of care and was expected to negatively affect dynamics between parents and nurses. Nurses were also concerned that their peer relations and team-working would be undermined.

Conclusions While family members saw advantages to cubicles in terms of privacy and enhanced resources, both parents and nurses raised concerns that a preponderance of cubicles may be detrimental to FCC. This paper will conclude by suggesting key issues that need to be recognised and addressed in planning for cubicle-based care.

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"SAFETY HUDDLES": MULTIDISCIPLINARY VIEWS REGARDING THE PURPOSE AND EFFECTIVENESS OF A NOVEL PAEDIATRIC SITUATIONAL AWARENESS TOOL

J Adams, R Conn, R Gohil. *International and Private Patient Division, Great Ormond Street Hospital NHS Trust, London, UK*

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Aim Following an audit in 2012, which identified variability in the recognition and escalation of deteriorating patients, Safety Huddles were introduced, utilising a Children's Early Warning Score (CEWS), to enhance situation awareness.

Huddles are scheduled, regular multi-professional meetings, no longer than ten minutes, held in the clinical environment alongside an interactive electronic patient board. The sickest and most at risk patients (CEWs > 2) are identified, prompting immediate and appropriate escalation. Four additional risk factors (family concerns, high risk therapies, clinicians' gut feeling and communication concerns) further identify patients as 'watchers'.

Huddles provide:

- Optimum safety through elimination of avoidable harm
- Greater empowerment and accountability of all staff through shared decision making

Our aim was to evaluate the attitudes and understanding of front-line staff regarding the purpose and effectiveness of Huddles, 18 months on.

Methods A voluntary, anonymous online survey was disseminated to staff across 3 clinical areas (2 wards, 1 outpatients). Ethical approval was not required.

Results 41 responses were returned. Respondents included 2 consultants, 4 registrars, 24 nurses, 1 nursing student, 1 health-care assistant, 2 pharmacists and 5 interpreters.

The majority rated their understanding regarding the purpose of the Huddle as "good" (51%) or "excellent" (41%). 88% described the Huddle as an "important aspect" of their work,

98% no longer requiring reminders to attend. Subjectively, the Huddle led to improvements in: Team Communication (95%), Patient/carer involvement (63%), Staff support (80%), identification of deteriorating patients (93%) and timely escalation (90%). 83% felt better informed about patients not specifically allocated to their care. 50% felt Huddles should occur with increased frequency.

Crucially, 93% felt enabled to have their concerns heard.

Problems identified included punctuality of start times and occasional non-attendance of doctors, which subjectively lessened the value of the Huddle.

Conclusion Huddles are regarded as useful by the vast majority of staff and are an inclusive, empowering, non-hierarchical method of information sharing regarding patient safety. Our findings have been shared with all staff and suggested modifications are being considered.

Huddles are now being introduced across UK 12 sites as part of the SAFE collaborative of RCPCH.

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UNDERSTANDING THE SPIRITUAL AND RELIGIOUS NEEDS OF YOUNG PEOPLE WITH CANCER AND THEIR FAMILIES TO ENHANCE HOLISTIC CARE

¹P Nash, ¹K Darby, ²S Nash. ¹Centre for Paediatric Spiritual Care/Chaplaincy, Birmingham Children's Hospital, Birmingham, UK; ²Midlands CYM, St John's College, Nottingham, UK

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Aim To identify spiritual and religious needs of adolescent oncology patients and their families with the intention of providing an evidence base for appropriate spiritual and religious care interventions to be developed in a future study.

Methods Small scale phenomenological study, 9 patients, 7 parents, semi-structured interviews with initial approach made by the lead nurse, 2 staff focus groups, thematic analysis of data by multidisciplinary team and tested out with staff in a focus group. A systematic literature review demonstrated the lack of research in this field.

Results Spiritual needs were clustered under the following headings: protection vs autonomy; desire to make a difference; personal issues including loss, privacy, finding a new normal; relationships and attitude including the need to be listened to and opportunities for empowerment and consent where they could have control; environment including a need for conducive physical and emotional space and a focus on building community; difficult emotions and resilience; need for supportive presence; cultural differences. Religious needs were ritual; hope; questioning and doubt; worldview; language; balance between parent and patient's needs. Inverted transition was noted as an issue to explore further.

Conclusion Practice implications include; need for ongoing assessment and appropriate assessment strategies; articulating spiritual care practices and opportunities; offering normalising activities; importance of culture setting, building community and enhancing the environment; providing space for parents to express emotion and loss; self care for staff; education on religious beliefs and impact on care. A process of inverted transition was noted where young people who would usually be becoming more independent were thrust back towards a dependence on their parents who were often very present on the wards. Perhaps the most valuable thing that can be offered to patients and their families are acts of kindness and