Safety 2 is an emerging concept, advocating for learning from “what goes right”, rather than “what goes wrong”. Currently, Safety 2 methodology is not well described in healthcare.

**Intervention** We piloted a system of peer-reporting for episodes of clinical excellence, to identify common themes of excellence practice. The “Learning from excellence” initiative was launched in April 2014 in our PICU. Reporting was accessible to all staff via a simple online form. Excellence was identified by individual reporters: a standardised definition of excellence was not provided.

**Study design** This is a descriptive study of themes identified from a system of peer-reported excellence in healthcare. All reports were analysed for themes in 2 domains:

1. Excellent practice (i.e. what was done?)
2. Clinical context.

**Strategy for change** The project was designed in conjunction with the Trust governance department. An online reporting form was published on the hospital intranet, and the initiative was championed by members of the PICU team. Reported individuals and teams were notified of their excellence citation via email. Briefings with summaries of excellence reports, highlighting learning opportunities are circulated to the department weekly. The next phase is to include the contents of these reports in the educational programme to develop role modelling and emulation of excellent practice. This process is underway at the time of writing.

**Measurement of improvement** To date, 74 reports have been submitted and analysed. Staff members from every clinical group have contributed to the reporting, and received reports. 19 practice themes and 24 discrete clinical context themes have been identified. Table 1 shows the 10 commonest themes in each domain.

**Effects of changes** There is a general trend of increasing numbers of reports since launch. The scope of the project is increasing through reporting outside the PICU. This has occurred without external championing, presumably via a “viral” spread.

At the time of writing, we have not evaluated staff satisfaction or any impact on clinical metrics. However, the rising frequency of reporting, and the spread outside the unit provides evidence of proof of concept, and acceptance of potential utility.

**Lessons learnt** Involvement of the Trust governance department allowed us to use an existing infrastructure for reporting, and provided useful insights into safety management.

Championing within the environment of the intervention was essential.

**Abstract G549(P) Table 1 Results of thematic analysis**

<table>
<thead>
<tr>
<th>Practice theme</th>
<th>Occurrences</th>
<th>Clinical context theme</th>
<th>Occurrences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer support</td>
<td>17</td>
<td>Prescribing</td>
<td>7</td>
</tr>
<tr>
<td>Preparedness/planning</td>
<td>12</td>
<td>End of life</td>
<td>6</td>
</tr>
<tr>
<td>Compassionate care</td>
<td>5</td>
<td>Admissions</td>
<td>5</td>
</tr>
<tr>
<td>Timeliness</td>
<td>5</td>
<td>Resuscitation</td>
<td>5</td>
</tr>
<tr>
<td>Clinical leadership</td>
<td>4</td>
<td>Sepsis</td>
<td>5</td>
</tr>
<tr>
<td>Advocacy/courage</td>
<td>4</td>
<td>Complex discharges</td>
<td>4</td>
</tr>
<tr>
<td>Communication with</td>
<td></td>
<td>Arterial line</td>
<td></td>
</tr>
<tr>
<td>colleagues</td>
<td>3</td>
<td>management</td>
<td>3</td>
</tr>
<tr>
<td>Communication with</td>
<td></td>
<td>Expressed Breast</td>
<td></td>
</tr>
<tr>
<td>patients</td>
<td>3</td>
<td>Milk delivery</td>
<td>2</td>
</tr>
<tr>
<td>Going the extra mile</td>
<td>3</td>
<td>Handover</td>
<td>2</td>
</tr>
<tr>
<td>Teamwork</td>
<td>3</td>
<td>Transfer</td>
<td>2</td>
</tr>
</tbody>
</table>

**Message for others** We have demonstrated that peer-reported excellence can be captured from a wide range of themes and clinical contexts. We intend to use these reports to generate a positive movement to change, to inspire excellent practice through role modelling and emulation.

**Abstract G550(P) Figure 1**
INTRODUCING A PAEDIATRIC MENTORSHIP SCHEME FOR TRAINEES IN THE SOUTH WEST REGION

Context We developed a mentorship scheme for new paediatric doctors (Specialty Training Level 1) in our deanery. Mentoring is a process of helping, supporting and encouraging paediatricians to develop their skills and to maximise their potential performance. The deanery is responsible for training 150 paediatric doctors across seven hospital trusts.

Specific problem Maintaining focus on a paediatric trainee’s individual career interests can be challenging. The deanery is responsible for training 150 paediatric doctors across seven hospital trusts.

Assessment of problem Paediatric services require large-scale transitions in the context of increasing workload pressures coupled to huge economic limitation. It is essential the workforce approaches these changes in a positive, motivated way.

Mentoring is well-established throughout different industries and organisations. It is a cost-effective, powerful personal development tool that encourages, supports and guides trainees in their individual goals. We anticipate this will benefit all parties:

- Junior trainees can readily access a friendly, reliable and supportive mentor with good working knowledge of the deanery, helpful contacts and experience of taking projects forward.
- Senior trainees will improve mentoring, coaching and supervisory skills through a formal training course and develop these through practical application.
- Patients and colleagues will benefit from motivated and enthusiastic trainees whose own educational and training needs are being considered.

A recent study from the London Paediatric Deanery highlighted “a high demand for peer mentoring in paediatrics”. Their programme was highly valued by participants, who gained significant benefits including acquisition of transferable skills and positive changes in behaviour.

Intervention We arranged a mentor training day for senior trainees from the region (ST4–ST8). A full-day workshop was organised, and fully funded, by the Southwest Leadership Academy. Twelve trainees wished to provide mentorship and were able to attend the course, many others registered their interest for future workshops. Delivered content included an introduction to the mentor role, approaches to effective mentoring, mentoring models, and contracting a mentor relationship.

An interactive session followed to discuss how the mentoring programme should be developed. We produced a mentor handbook with further information on the mentor role and detail regarding the programme.

We received excellent written feedback from the day (all trainees would recommend the workshop to colleagues).

Programme design Trainees who successfully completed the mentor workshop were asked to write a 250-word statement about themselves (11/12 completed, one withdrew for maternity leave). We did not provide further guidance on statement structure or content as we wished to promote individuality and personality.

We delivered a presentation at the ST1 induction day to advertise the scheme. We received very positive feedback, all ST1 trainees (14/14) wished to participate.

We asked mentees to review all statements and rank them in order of preference. We were able to match all mentees to one of their “top-three” preferred mentors.

We have arranged an evening for all participants to meet together. Following this, mentor-mentee pairs will meet 2–3 monthly. We anticipate that mentor relationships will continue throughout the ST1–3 period.

Evaluation Feedback will be collected quarterly to evaluate the programme and guide future development. We aim to establish a successful rolling programme that offers effective mentoring to all future ST1 trainees starting in the deanery.

Acknowledgements We benefitted from the experiences of Sarah Eisen and Seema Sukhani, who developed a mentor scheme in the London Deanery. We are grateful for their support and guidance.

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