National training surveys (GMC/Scottish training survey) have highlighted the need for an inclusive approach and collaborative culture. The aim of the TLs is to engage trainees, promoting better communication and model a positive environment for learning and quality improvement (QI).

How we did it There are nine TLs across the divisions of Medicine, Surgery, Women’s and Children and Support Services. The role of TLs is to engage with trainees within their Divisions by having regular meetings with trainees and feeding back to the medical education team within the health board. By participating in medical education and managerial meetings, TLs have developed management skills and driven quality improvement projects.

The monthly Trainee Forum was set up to raise awareness of the roles and structure of the management team. Guest speakers from the management Divisions have provided trainees with an insight into how the health board functions and provided a platform to raise issues directly with the management team.

Some examples of initiatives include trainee-led QI projects to enhance teaching opportunities including rota restructuring, development of hospital at night for surgery to ensure safe and adequate cover out of hours, involvement of trainees in organisation of morbidity and mortality meetings.

Furthermore, a monthly Trainee Newsletter was set up to signpost trainees on upcoming forums and advertise QI sessions and workshops.

Outcomes The TL initiative is an ongoing project with regular feedback in the form of TL meetings, forums and trainees. As TLs we have shared methodologies that have worked well to create a supportive and nurturing environment.

The initiative has resulted in increased awareness of management and their vital role in the running of the National Health Service. This in turn has led to improved trainee engagement. On a fundamental level, trainees have been able to raise issues and be part of implementing change.

The future Through collaboration between trainees, across Divisions and with management, we will continue to engage trainees, sustain change and build resilience.

- To provide psychological assessment of TANSD.

Method The MDT TSC clinic was launched in April 2016 by coordinating neurology, nephrology, oncology, psychology consultants with the Rhodhel Dhal Rare Disease (RD) Specialist nurses and Tuberous Sclerosis Advisor (TSA) on same visit. Psychology input was funded by a Pharma Joint Working Agreement. The RD nurse provides Information Packs and calls families to discuss what their main concerns are, thereby enabling clinicians to address what is relevant to patients.

Results The TSC MDT clinic has:

- Improved coordination of specialists and investigations.
- Feedback from Patient Questionnaires:
  - ‘this should have been started a long time ago’, ‘this is a fabulous idea, saves us time’, ‘having all the specialists together makes so much sense -they can explain in a way that we can understand’.
  - 55% of families were not aware of the TSA.

Conclusion The MDT TSC clinic has improved coordinated patient care including ensuring imaging is regularly carried out. It has identified high burden of psychological need. Overall, this ‘one-stop’ clinic system has improved the care the patients and families with TSC.
Methods A retrospective Audit of current services for children with Down syndrome was completed which identified number of deficiencies within existing services. Recommendations included; establishing a specialist multidisciplinary Down Syndrome Clinic and developing local care pathway for improved documentation and communication. Quality Improvement tools including; Process Flow Analysis, Fishbone diagram, Purpose to practice, and Parent feedback questionnaire were used during this project.

Results and conclusion A specialist Multidisciplinary Down Syndrome clinic was established with first clinic in January 2017. Pilot of once a month clinic with PDSA cycle for 6 months. A local care pathway was developed including core clinic members, clinic frequency, templates, referral criterion and MDT communication framework. Children and young people with Down syndrome are involved in service development. Promoted joined up working in partnership with patients and families

REFERENCES
2. Paediatric Service Specification. Services for Children & Young people with Down syndrome. RCPCH.

G403(P) SURVEY OF STAKEHOLDERS OF A PAEDIATRIC ANAESTHETIC ROOM
1S Abid, 1N Greenshields, 2J Lowe. 1Imperial School of Anaesthesia, London Deanery, London, UK; 2St Mary’s Hospital, Imperial College Healthcare NHS Trust, London, UK

Aims To quantify and evaluate stakeholder satisfaction of our paediatric anaesthetic room (PAR), which at present contains limited child-friendly interventions.

Methods We conducted a survey using anonymous paper questionnaires offered to patients, parents and staff over two weeks (29th March – 12th April 2017). Questionnaires were dispensed by nurses and anaesthetic trainees in the paediatric ward and PAR, and collected anonymously via collection boxes.

Inclusion criteria: paediatric patients undergoing elective surgery, parents accompanying patient to PAR; all staff using the PAR (paediatric consultant anaesthetists and operating department practitioners; paediatric nurses and play-therapists accompanying patients)

Exclusion criteria: stakeholder refusal; not fluent in English.

Our survey investigated stakeholder satisfaction of the PAR and elicited particular feedback on lighting, colour, toys, and multimedia (tablet/television/music). At the time of the survey, there was no functioning television, no available tablets or music, and soft toys were not routinely used (none were used during the survey period).

Results We collected 58 responses: 9 patients, 20 parents, 29 staff.

Patients: In the PAR, 4/9 (45%) felt indifferent, 3/9 (33%) felt negatively and only 2/9 (22%) felt positively. All respondents wanted a change in colour and décor, and all wanted to play with toys. Almost all (8/9, 89%) wanted some form of multimedia.

Parents: 13/20 parents (65%) felt the general environment, colour and décor were not child-friendly. The same proportion felt available toys and multimedia were insufficient. 9/20 (45%) felt lighting was poor.

Staff: 26/29 (90%) felt the PAR was not child-friendly and the colour/ décor was poor. 28/29 (98%) felt there was insufficient multimedia, 21/29 (72%) felt selection of toys was inadequate and 16/17 (94%) felt they preferred a previous PAR they had worked at.