Conclusion Our survey identified stakeholder dissatisfaction, which has initiated plans for further needs-assessments and renovation. Our patients were largely indifferent towards the PAR environment, which was in contrast to parents and staff. Evidence suggests parental distress is associated with child distress during induction of anaesthesia, and it is therefore imperative that parents must be consulted in our re-design process which should focus on relieving distress of both parent and child.

G404(P) CATCHING UP WITH THE 21ST CENTURY (THROUGH CHARITY!): IS A COMPUTERISED CLINICAL JOBS BOOK SUPERIOR TO A PAPER BASED JOBS DIARY?

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Background With increasing workload and reducing length of stay, a robust system was needed to keep track of outstanding clinical jobs regarding patients whose early discharge was made possible by the on-site presence of senior decision makers. A paper based diary initially proved successful and results were presented as a (P) at the RCPCH annual conference 2015. However, this system did not keep up with demands and posed several clinical governance challenges. Therefore, a computerised network based system (PaedsTMS) was developed with help of employees of a multinational technology firm as a charity project.

Aims To assess the effectiveness and quality of jobs recording and completion, before and after the introduction of PaedsTMS.

Abstract G404(P) Table 1

	Pre-paedsTMS audit (n=31)		Post-paedsTMS audit-1 (n=27)		Re-audit-2 (n=30)	
	No of patients	% achieved	No of Patients	% achieved	No of Patients	% achieved
Jobs added to system	30/31	96	21/27	78	26/30	87
Sufficient task information provided	9/30	30	19/21	90	26/26	100
Task Completed	17/30	57	21/21	100	26/26	100
Task completed by due date	Information not available	-	13/20	65	20/26	77

Methods PaedsTMS was introduced in June 2017 after an initial audit of the existing paper based system. The project was led by a registrar under guidance of a consultant paediatrician. A team of champions from medical, nursing and clerical background was assembled. Team discussions were done on messaging apps. Training was accomplished face to face and by video tutorial on YouTube. PaedsTMS was run parallel to the existing system for two weeks. Two audits were completed

after introduction of PaedsTMS in July and September 2017. We looked at the percentage of tasks added to PaedsTMS, percentage of tasks added with sufficient clinical information, percentage of outstanding tasks completed and percentage of tasks completed within due date. The results were compared with pre-PaedsTMS introduction audit.

Results The re-audit showed significant improvements as depicted in table 1 below:

Conclusion The computerised system has significantly increased the quality of clinical details recorded with jobs as well as their timely completion whilst providing a clear audit trail to satisfy clinical governance standards.

G405(P) SENIOR SAFETY WALK IN A DISTRICT GENERAL HOSPITAL

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Background Senior safety walk (SSW) is a structured process to bring senior managers and front line staff together to have patient safety conversations with a purpose to mitigate service user/staff harm.

Aim To Introduce Senior Safety Walks in Paediatric Department:

- To demonstrate senior managers' commitment to quality and safety for staff and service users,
- To Increase staff engagement and develop a culture of open communication and
- To Identify, acknowledge and share good practice

Method PDSA Cycle used as QI methodology. A literature search was completed. SSW team members included a senior operation manager, senior clinician and admin person. Monthly SSWs scheduled. SSW toolkit developed including: MDT Communication frame, Sample guide for SSW discussion, Data collection templates and Impact measurements.

Impact measurements: Number of problems identified which were addressed within time period; Number of safety-based changes made by staff by per year; Number of compliments/complaints received (outcome measure); and Response to staff safety culture survey (process measure).

Results

- Senior Safety Walks started in Feb 17.
- SSW Themes measured: 1)Leadership, 2)Communication and Team working, 3)Environment and Processes, 4) Patient/carer feed back
- Each SSW Included following actions:
 - Observation of Environment, Process and Leadership
 - Staff discussion including feedback measures discussed and implemented
 - Services user/Patient/carer discussion

Impact measurement results:

- 85% of identified issues were resolved within agreed time frame.
- Multiple safety based changes made in the department.
- Number of complements received from services users during this period.