- Staff survey findings: Improvements in understanding of patient safety measures. Also highlights staff satisfaction for senior managers involvement at front line issues.
- Service User feedback and actions taken :

'Ward too cold at night'- New children's unit due to commission in Dec 17. Have new climate controls

'Small/dated children play area'- Children's play area redesigned.

'Had to go home to get toothbrush and phone charger'- New

'Welcome Pack' developed.

Conclusion

- Senior safety walks is a valuable tool to engage senior managers and frontline staff in a meaningful discussion of patient safety concerns. It can also lead to and resolution of safety issues with agreed actions. This can also improve team working and safety culture of the organisation.
- SSW is resource intensive measure.
- A repeat staff Safety culture survey and Audit of DATIX incidents is recommended in 12 months.

G406(P) IMPLEMENTATION OF A NEW PAEDIATRIC EARLY WARNING SYSTEM IN A TERTIARY PAEDIATRIC HOSPITAL

H Ali, A Brough, E Lim, S Evans, AM Troy-Smith, J Mulholland, R Agbeko, M Thomas. *Paediatrics, Great North Children's Hospital, Newcastle upon Tyne, UK*

10.1136/archdischild-2018-rcpch.395

Paediatric Early Warning Systems (PEWS) aid timely recognition and response to a deteriorating child. In 2015 we identified that existing charts had substantial variability in use. Datix reporting and child death review panels identified avoidable harms resulting from inadequate monitoring and escalation.

Aims We aimed to design and implement a new PEWS following Kotter's 8-step change model to ensure inpatients have regular observations and an initial PEWS score within an hour of admission.

Methods The new PEWS charts were developed following focus groups with multidisciplinary staff. We sought management level support under the national 'Sign up to Safety' initiative. A regional forum was developed with the involvement of the Young People's Advisory Group and parents.

Changes included a new minimum set of observations, parental concern, colour coded scoring and escalation system. The charts were piloted initially in December 2015, and fully implemented to all paediatric wards in May 2016. Changes were tested using multiple PDSA cycles. Bimonthly audits were undertaken by the Clinical Governance and Risk Department (CGARD).

An education strategy included face-to-face teaching by designated PEWS champions, an e-learning module and *in-situ* simulation based teaching.

Results Audits demonstrated sustained improvement and compliance from December 2015 to June 2017 (table 1). Improvements were seen in measures including blood pressure and our new parental concern score.

Conclusion Sustained change has occurred through adaption and flexibility. The new chart is used across different local and regional sites, including intensive care.

Abstract G406(P) Table 1

	Observations				
	Pre implementation		Post implementation		
	Aug-15	Dec-15	Aug-16	Dec-16	Jun-17
Parental Concern		52.63%	58.33%	69.23%	80.0%
Blood Pressure	48.86%	52.63%	69.44%	69.23%	79.0%
All observations recorded	20.45%	5.26%	26.39%	44.23%	51.0%

Success was due to dedicated champions and senior nursing staff with support from the CGARD. Parents played a definitive role in shaping our work. Lessons included the need to develop a champions' network earlier and more frequent audit and feedback.

We aim to develop an electronic score, continue to evaluate the escalation pathways and review unplanned PICU admissions.

G407(P) IMPROVING MANAGEMENT OF PROLONGED SEIZURES IN CHILDREN

¹N Bhangu, ²O Shields, ¹K Pryde. ¹Paediatrics, Southampton Childrens Hospital, Southampton, UK; ²Anaesthetics, University Hospital Southampton, Southampton, UK

10.1136/archdischild-2018-rcpch.396

Literature and local PICU case studies suggests high morbidity and mortality for children with prolonged seizures. A 6 month retrospective audit at a busy district general hospital in 2016 supported this and provided the basis for a regional project run jointly by paediatrics and anaesthetics.

A multiprofessional prospective quality improvement project was launched regionally in December 2016, to run throughout 2017. The aim is to improve morbidity and mortality of children with prolonged seizures as measured by:

1. Time to seizure termination
2. Percentage intubated, ventilated or admitted to level 3 care.

A secondary aim is to reduce the numbers with evidence of respiratory, haemodynamic or metabolic compromise.

Data is being collected via paper and online forms. Regional resources e.g. the online PICU regional guidelines have been utilised to prompt data collection. Local teams have been recruited at 7 hospitals within the region and results fed back on a 2 monthly basis.

Results have been collated regionally for time to seizure termination and time to phenytoin load. Other factors investigated are number of benzodiazepine doses given, proportion intubated and ventilated, duration of intubation and place of highest acuity of care.

Over the first 9 months of the project, 134 cases have been captured regionally. Initial data collection was slow and strategies to improve this including refinement of an electronic form, local leads championing the project and local targeted strategies such as (P)s and paper lists have been successful.

The first improvement is being implemented – focus on 'thinking ahead' to the next step of the treatment algorithm. Regionally this is planned via the PICU guidelines. Locally,