the future together for child health. XX Hospital established a consultant delivered RAC in 1995 and provides 16 thirty minute appointments weekly for children less than 16 years old. Referrals are made by fax and bookings are made 2 working days in advance. If no slots are available, the referrer is re-directed to the on-call paediatric registrar to discuss alternatives.

Service evaluation A service evaluation conducted in 2016 established the spectrum of conditions accessing the service, referral appropriateness and gave insight into the patient journey alongside parental perceptions of the service provided. It was the intention of this evaluation to identify areas for improvement, to initiate change and to ultimately reduce the growing pressure on inpatient services by enhancing the RAC service.

Methodology Data was collected prospectively for patient's attending RAC over 5 weeks using a proforma and a parental/patient questionnaire. Numeric and qualitative data was then analysed.

Results Participating consultants deemed 42.6% of RAC referrals to be appropriate and a broad range of diagnoses were seen. 49% of referrals were refused due to lack of appointment availability. 100% of patients/parents seen were happy with the consultation outcome and 93.6% were happy with how quickly their child was seen despite 52% stating their initial preference was to be seen on the day of referral.

Conclusion As a result of this service evaluation, consultant led triaging of referrals is being implemented to ensure all referrals are appropriately booked into the right clinic and to free up slots for those who are being refused. Hopefully, when re-evaluated, improvements will be seen and patient satisfaction maintained.

Our presentation aims to inspire NHS trusts to set up RACs to improve efficiency of service delivery and reduce the demand on expensive inpatient assessment and overnight stay provision. Given the NHS financial climate, this type of a service is worthy of consideration.

G110(P) ABSTRACT WITHDRAWN

G111(P) TRAINEE LED IMPROVEMENT PROJECT IN A PAEDIATRIC DAY CASE UNIT

B Rieck, S Danby, C Oxley. *Medical Paediatrics, Royal Aberdeen Children's Hospital, Aberdeen, UK*

10.1136/archdischild-2018-rcpch.107

Aims This ST2–3 Paediatric trainee led project aimed to provide structure to the medical Paediatric Day Case Unit (DCU), improving its effectiveness and patient safety.

Methods I identified deficiencies in the organisation and patient flow of our medical DCU, which impacted on patient safety, work load, clarity of roles and responsibilities and support for the junior doctors. Suspensions were confirmed after completing an online survey from colleagues.

To address those problems I analysed and documented the work flow. Two main patient groups of patients were identified; those attending as non-scheduled-outpatient appointments (NSOPs) for bloodletting and day admissions requiring a bed. Patient flow was rationalised using our electronic medical record system (TrakCare).

To improve patient safety, efficiency and define roles and responsibilities with regards to patients attending as NSOPs, NSOP request forms were designed and implemented. To increase efficiency and patient safety for day admissions, self clerking history taking forms (completed by parents/carers) and junior doctor clerking proformas were designed and implemented. The proformas are specific for the different patient groups attending for infusions, vaccinations, oral challenges and oncology interventions.

New doctor induction now includes a detailed handbook and a DCU teaching session.

Results The medical Paediatric Day Case Unit is now more efficient with all the developed changes in place and delivering patient care. NSOP request forms have been officially adopted and re-auditing has led to an incremental increase in their use and evolution of their structure. Day admission proformas have been adopted and reviewed via feedback from speciality nurses and consultants. The effects of above changes were assessed by questionnaires to junior doctors and showed a reduction of patient safety concerns. I have initiated ongoing quality improvement projects that ensure that the unit's performance is continuing to evolve.

Conclusion This project demonstrates how a trainee led project over 18 months can make significant improvements and lasting change. The right environment and support can enable level 1 trainees to identify a need of improvement, develop improvement measures and implement those in collaboration with professionals at various levels.

G112(P) GIVING A VOICE TO 'DOCTORS IN TRAINING': THE ROLE OF TRAINEES' MEETINGS IN PROVIDING A FORUM FOR DISCUSSION AND INITIATING SERVICE IMPROVEMENT IN DISTRICT GENERAL HOSPITALS

¹KE Hooper, ²K Jefferies. ¹*Paediatric Department, Royal Berkshire Hospital, Reading, UK;*

²*Paediatric Department, Wexham Park Hospital, Slough, UK*

10.1136/archdischild-2018-rcpch.108

Within our deanery, monthly 'Doctors in Training' meetings are run at two District General Hospitals. These meetings are chaired by a selected trainee and attended by all junior doctors within the paediatric department. Before each meeting, members of the paediatric multidisciplinary team are invited to suggest topics for discussion and share information learnt from clinical governance, morbidity and mortality and child protection forums.

During the meetings this information is shared with the trainees to keep everyone updated on key departmental policies and changes. Trainees are then given a safe forum to give feedback and discuss any positive aspects of working in the department, as well as areas for improvement. The trainees make suggestions for change based on these discussions. Minutes from the meeting are circulated to the junior doctors as well as to all the consultants in the department.

The meetings have proved an invaluable link for information sharing between consultants and trainees in these paediatric departments. They are an opportunity for senior trainees to provide support to junior members of the team as well as developing their own management skills. 100% of consultants and doctors in training surveyed across the two hospitals agreed or strongly agreed that these meetings are a good idea and 100% felt that positive changes have been made in the