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G110(P) ABSTRACT WITHDRAWN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*

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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. *¹Paediatric Department, Royal Berkshire Hospital, Reading, UK;*

²Paediatric Department, Wexham Park Hospital, Slough, UK

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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

departments as a result of these meetings. Trainees also reported that the meetings increased their awareness of departmental changes and that they were more likely to raise concerns at the meetings than directly to a consultant. Consultants have said, *'I think these meetings are really important', 'they have been extremely useful' and 'they help to link team members.'*

These meetings are a useful resource for doctors in training, consultants and for the paediatric department as a whole. Shift patterns limit face-to-face contact between team members so these meetings facilitate important communication within the department. They also provide the opportunity for trainees to guide service improvement. This initiative is highly recommended to other departments.

G113(P) CREATING A MENTORING PROGRAMME FOR PAEDIATRIC TRAINEES IN THE LOCAL DEANERY

E Hoyle, R Odedun, K Macfarlane, C Thorbinson, T Awogbemi. *Paediatrics, Alder Hey Children's Hospital, Liverpool, UK*

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Aims Mentoring is recognised by the RCPCH as a process which can provide valuable support to Paediatricians throughout their careers and is a process which is being introduced more widely in Paediatric training.

The aim of this Quality Improvement Project was to

- Introduce a Mentoring Programme into our local tertiary Children's Hospital to ensure supportive and pastoral care for Junior Colleagues was available
- To implement a Mentoring Programme Deanery Wide for all trainees to access

Methods A pilot scheme to mentor foundation year doctors/GP trainees was undertaken in December 2016. All paediatric trainees rotating into the Children's hospital were contacted asking to express interest in mentoring. They were then matched with interested mentees. During induction week, information was provided to both mentors and mentees to explain the programme in further detail. Feedback was collected at two time periods during the 4 month process. A further programme has been rolled-out and we are currently creating a deanery wide scheme for all Paediatric trainees to access.

Results A total of 18 mentoring partnerships were matched in the pilot scheme. Feedback for mentees was 4/18 and for mentors 5/15. This did not improve in the follow-up programme where feedback was 4/13 and 6/13 for mentors and mentees respectively.

The feedback received included both positive and negative comments which have been acted upon to improve and develop the mentoring process.

Conclusion The main barrier we have encountered has been in relation to feedback which has been significantly suboptimal on both programmes. The feedback we have received has provided us with recommendations for improvement which we have attempted to integrate.

Currently, we are creating a wider mentoring programme for all Paediatric trainees to access in the local Deanery. This will be rolled out in March 2018. There will be more active participation from mentees, including having a mentee-driven matching process. There will be a dedicated website for

mentoring and we hope to provide local mentoring skills training. Our aim will be to seek permission to include compulsory (but anonymous) provision of feedback as part of the trainee's responsibilities.

G114(P) CHROMOSOME AND URINE CYTOMEGALOVIRUS TESTING IN SYMMETRICALLY GROWTH RETARDED INFANTS

P Muthusamy, S Davies, E Bouldalaki, P Loganathan. *Neonatal Unit, Department of Paediatrics, North Tees and Hartlepool NHS Foundation Trust, Stockton on Tees, UK*

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Aims Chromosome analysis and cytomegalovirus (CMV) infection screening are commonly being done to investigate the underlying cause for symmetrical intra uterine growth restriction (IUGR). However, recent papers express the concern of low yield and associated high cost. Microarray testing has a high rate of incidental findings seen in the general population which may create unnecessary anxiety among the parents. Our objective is to evaluate the significance of chromosomal disorders and urine CMV in symmetrically IUGR babies.

Methodology This was a retrospective cohort study of IUGR babies over a six-year (2011–2017) period in a tertiary neonatal unit. We collected details of IUGR babies by using neonatal database and case notes. Genetic results were obtained from regional genetic database and CMV results from electronic reporting system.

Results Results are shown in the table 1:

Abstract G114(P) Table 1

Referrals/category	Total	Non-IUGR* (%)	Symmetrical IUGR (%)
Total number of referrals	1118	956 (85.5%)	162 (14.5%)
Abnormal array results	179	160 (16.7%)	19 (11.7%)
Likely unrelated (incidental)	26	13 (1.4%)	13 (8.0%)
Unclear significance or possible non-IUGR significant finding	68	64 (6.7%)	4 (2.5%)
Likely causal to reason for referral	85	83 (8.7%)	2 (1.2%)

* Includes all the paediatric and neonatal population

With abnormal array results, the incidences of incidental findings are 8% for non-IUGR referrals and 68% for IUGR referrals. For non-IUGR referrals 52% appear to explain the referral and in IUGR referrals only 10% appear to explain the referral. The chance of significant results are higher with non-IUGR referrals than IUGR referrals, so the yield for meaningful chromosome testing.

118 babies had urine CMV testing and 1 had positive result. However, this baby was investigated for clinical presentation of congenital CMV- hepatosplenomegaly and petechial rash.

Conclusions We found that the majority of the findings identified in isolated symmetrical IUGR babies are incidental and do not explain the IUGR. Urine CMV testing should be considered in IUGR babies only if there are clinical features suggestive of intra-uterine infection and chromosome testing only if there are associated phenotypic features or positive family history.