G122(P) IMPROVING THE EXPERIENCE OF HOSPITAL ADMISSIONS FOR PAEDIATRIC PATIENTS WITH COMPLEX OR SPECIAL NEEDS THROUGH INTRODUCTION OF AN 'ALL ABOUT ME' INFORMATION (P)

C Strauss, R Cotton, G Hann. *Paediatrics, North Middlesex Hospital, London, UK*

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Background Our hospital has large numbers of paediatric admissions for patients with complex health challenges or special needs. Admissions to hospital are stressful for children and their parents, even more so if the child has additional communication difficulties or specific care regimens.

Aims To introduce a tool to improve care and experiences of children with added needs who are admitted to our ward.

Methods We surveyed families of children with additional needs to find out how they felt about our current level of care and how we could improve it. We also asked their opinions about the idea of introducing an 'All about me' information (P) and about creating picture cards of medical equipment they have at home. Based on the responses we created an 'All About Me' (P) with categories of helpful information that respondents said they would like to be displayed by their child's bedside. Information includes likes, dislikes, difficulties and means of communication.

We presented the (P) to paediatric staff who gave globally positive verbal feedback. Subsequently the (P)s were introduced with the help of the multidisciplinary team. Suitable patients are identified on admission to the ward and the (P)s completed by them and their families with assistance from the play specialists and translators if necessary.

Results We received 18 completed surveys from families, the responses of which led to the design of the 'All about me' (P).

When parents were asked if they felt that hospital staff made accommodations for their child's needs in order to make their admission easier they responded:

- Rarely 1
- Sometimes 7
- Regularly 5
- Always 4
- No reply 1

When asked if staff interact and communicate with their child appropriately replies were as follows:

- Never 1
- Sometimes 2
- Regularly 8
- Always 6
- No reply 1

16/18 felt that their children would benefit from an 'All About Me' (P)

Conclusions The results clearly demonstrate a need for improvement in our care of children with special needs and their families. Surveyed parents felt that a (P) with information about their child would be helpful as would picture cards of medical equipment. Staff responded positively to the (P)s we produced and they are currently in use on our general paediatric ward.

G123(P) GREATIX: THE FIRST YEAR EXPERIENCE OF AN EXCELLENCE REPORTING SYSTEM

C Strauss, J Salkind, V Jones. *Paediatrics, North Middlesex Hospital, London, UK*

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Aims To review the use of 'Greatix', an excellence reporting programme, one year into its use in a paediatric department. The project aims to improve patient care through encouraging the emulation of good practice and improving staff morale using the principles of 'learning from excellence'.

Methods For a year our department has run the 'Greatix' programme. Staff, patients and parents can send a 'Greatix', which details of excellent practice they experience, to a dedicated email account. They are asked to include 'Who did something excellent? What did they do? And Why was it so good?' Recipients are informed and receive a certificate.

A bi-monthly department meeting is held to share the learning points from the excellent practice highlighted by Greatix submissions.

Results Over 350 Greatixes have been submitted in the first year of the project. Numbers have exceeded Datix reports in several months. Greatixes have been submitted and received by many different members of staff including consultants, junior doctors, nurses, domestic and administration staff.

Recipients of greatixes report feeling proud, appreciated and valued.

Common themes emerging from greatixes include:

Supporting colleagues: 'She recognised that I was in serious need of a break and supported me through a difficult night shift...Through sharing difficulties that I was experiencing I felt I almost had an ally at work and that somehow instantly made things better!'

Going above and beyond job requirements:

'An orthopaedic registrar stayed on the paediatric ward to help translate for parents with limited English, in order to clarify a history'

Teaching: Her 'dedication to education is outstanding...brilliant teacher: she pushes us to think on our feet, explain our reasoning and to be precise...'

Leadership: 'When he arrived and throughout it was clear who was leading and he gave clear instructions. Also, despite the emotional nature of the situation he was incredibly composed. A true role model.'

Showing initiative: 'She anticipated procedures the baby would need and had equipment prepared before I asked her. She was always thinking ahead...'

Conclusion The Greatix system has been very successful in its first year. Many members of the multidisciplinary team participate and responses of recipients are extremely positive. Greatixes highlight areas of excellent practice which the team can try to emulate and thereby improve patient care.

G124(P) JUNIOR DOCTOR PERSPECTIVES ON EXCEPTION REPORTING – A SNAPSHOT OF CURRENT OPINION AND PREDICTED THEMES

GLP Manning, D Das, I Yeop, J Hassell, E Rawlinson. *Junior Doctors Forum, Great Ormond Street, London, UK*

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Aims Following divisive contract negotiations, with significant pressure on the NHS, and an inflexible postgraduate training system, there is growing concern for junior doctor (JD) morale and engagement. The new JD contract introduces a powerful tool for positive change – the Exception Report (ER). Initial rates of ER have been low, with concerns of JD disillusionment and potential for dis-engagement if responses to ER are perceived as insensitive. We aimed to identify current JD thoughts, ideas and feelings on ER at a specialist paediatric hospital.

Methods A focus group was held to characterise current JD opinion on ER. The group was advertised primarily to Junior Doctor Forum (JDF) members, with JDF members asked to invite their JD colleagues. Eight JDs attended a structured focus group. Opinions and ideas were sought on ER triggers and root-causes, and on potential solutions, as well as current feelings on ER and supervisor approaches to ER that were anticipated to be conciliatory or inflammatory. Findings were presented as mind-maps to the JDF to review completeness and validity.

Results Pervasive themes of clinical workload, doctor-specific admin, staff mix and resultant pressure on educational opportunities arose, along with a recognition that these issues transcend staffing groups. ER was strongly felt to be part of constructive departmental system/structural review, rather than a reflection on the reporter. Themes from the focus group are supported by currently submitted ERs.

Conclusion ER should be considered a symptom of a just departmental culture. They should be used positively to identify system issues, with the baseline assumption that the trainee is not at fault. Financial compensation and time-off-in-lieu (TOIL) are recognised as important, fair, and necessary for safe and sustainable practice, however, recognition of effort, work and personal sacrifice are considered indispensable.

G125(P) 'PAEDIATRIC FAMILIES'- A BUDDYING SCHEME TO SUPPORT NEW TRAINEES

SR Tolan, S Broughton, C Alviani. *London School of Paediatrics, London School of Paediatrics, London, UK*

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Aims To improve morale amongst trainees and ensure that they feel supported. The Paediatric Families project was developed in order to provide peer support for new ST1 (the 'child') Paediatric trainees. It was modelled on university budding systems and designed to support new trainees during a recognised challenging period of training.

Methods ST2-ST8 trainees (the 'parents') were recruited through the local paediatric website. Each paediatric training family consisted of two 'children' who were matched with two 'parents'. Matching was geographical sector based and occurred in 2016, prior to commencement of ST1 training. A Typeform survey was sent to all family members nine months later to review experiences of the project.

Results The survey was sent to 179 family members with a response rate of 29% (39% of 'parents' and 19% of 'children').

Only 33% of respondents had met their family. Reasons for not meeting included lack of interest from other family

members (41%) and rota incompatibility (19%). Most family members communicated through email and WhatsApp.

'Parents' stated the advantage of the project was being able to assume a mentoring role (37%) and support junior trainees (33%). 'Children' felt that advantages included mentoring (30%), career guidance (25%) and support (25%).

59% of family members felt that having a paediatric family was useful and 57% agreed that having social events would be helpful.

Conclusion The paediatric family project is a novel practical approach to supporting junior trainees. Although initial interest was high, only a third of families met with the result that over a third of respondents questioned the usefulness of the scheme. Based on the feedback received the following changes have been implemented for the current cohort:

Improved support for parents – including e-mail advice and a 'top ten tips' guide before starting.

Regular organised social events.

Matching within trusts so that family members can have 'on the job' support. In the current cohort currently over 95% of trainees are matched within the same trust.

G126(P) DEVELOPING LEVEL 1 TEACHING IN PAEDIATRICS AS A QUALITY IMPROVEMENT PROGRAMME (QIP)

E Hoyle, J Macwilliam. *Alder Hey Children's Hospital, Liverpool, UK*

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STEP 1 teaching is a monthly programme for Level 1 (ST1–3) Paediatric trainees. There has been a great deal of change in education within the Deanery and STEP 1 was noted to be suffering.

Aims Our primary aim was to create a teaching programme for trainees which complied with RCPCH curriculum, was educational and well-received by trainees.

Methods We identified the issues with STEP 1 teaching in September 2016. At this time, we undertook an audit to identify how compliant with the RCPCH curriculum the teaching had been prior to our interception of the project (October 2014 – November 2016). Following this, we produced a STEP teaching programme to roll over 12 months, mapped to the RCPCH Level 1 curriculum.

We contacted Consultants within the Deanery and higher level trainees outlining the programme and asking for teaching support. Once we received interest, we then produced a teaching timetable for the next year which is now complete until July 2018. We outlined the aims for each teaching session ensuring the curriculum was met.

Throughout this QIP, we have undertaken trainee feedback surveys to help develop the programme.

Results The initial audit undertaken showed that of the 12 subspecialties outlined in the curriculum, only 67% were taught. Within these, there was <50% compliance with listed curriculum items.

We undertook trainee feedback surveys which highlighted issues with teaching and suggestions for improvement. Since creating the new teaching timetable, we have sent out a further survey to the same trainees. Results awaited.

Conclusion Having undertaken STEP 1 teaching, we understood the importance of having a well-structured and organised programme and wanted to develop this idea.