- Following table provides summary & comparative data:

	Survey Domains	2017	2019
a	Staff in this ward take responsibility for patient safety	89%	94%
b	Briefing staff on handovers is good for patient safety	74%	94%
c	Happy with Clinical Leadership - Medical	71%	74%
d	Happy with Clinical Leadership - Nursing	68%	72%
e	Encouraged by colleagues to report safety concerns	68%	88%
f	Medical & Nursing leaders listen & care about my concerns	60%	68%
g	Leadership drive to a safety centered organisation	58%	66%
h	More patient safety now than a year ago	55%	60%
i	Senior leaders listen & care about my concerns	50%	52%
j	Difficult to discuss errors at work	18%	24%

- Results will be shared with staff

Conclusion

- Safety climate survey can provide greater understanding of the organisational safety culture.
- Improvements have been noticed in all domains. These results reiterated the prevailing safety culture in the department.
- We plan to implement Senior Safety Walks and Safety Huddles to further improve openness.

REFERENCES

1. RCPCH Safety Survey; <https://www.rcpch.ac.uk/system/files/protected/page/2a%20%20Safety%20Climate%20Survey.pdf>
2. <http://primaris.org/sites/default/files/resources/Patient%20Safety/safety%20climate%20survey.pdf>
3. <http://www.health.org.uk/publication/evidence-how-safe-are-clinical-systems>

P161 PAEDIATRIC ANALGESIA: PRESCRIBING PATTERNS AND CHALLENGES FACING SURGICAL NCHDs IN A NON-SPECIALIST PAEDIATRIC HOSPITAL

Mai O'Sullivan*, Anne Dolan. *Sligo University Hospital, Sligo, Ireland*

10.1136/archdischild-2019-epa.516

Introduction Acute pain is one of the most common adverse stimuli experienced by children, often recurring pre and post-operatively. It is associated with increased anxiety, somatic symptoms, avoidance and increased parental distress¹. Effective treatment is essential to prevent long term psychological changes². An Acute Pain Service (APS) was established in Sligo University Hospital in January 2019 to meet the growing demands of our peri-operative inpatient population. At this time, little was known about the current local practices of our surgical colleagues when prescribing simple analgesia for children.

Aims This study aimed to investigate the prescribing patterns and challenges faced by Surgical Non-Consultant Hospital Doctors (NCHDs) when prescribing for children.

Methods A paper-based survey was conducted in January 2019. It was sent to all General Surgical, Orthopaedic and Ear Nose and Throat NCHDs. It contained 24 questions. They related to teaching received in paediatric prescribing, familiarity with pain assessment tools used to quantify children's pain, including the FACES score and the sources of information currently used to calculate doses. We asked

specifically about prescribing for children in the obese and underweight categories. Confidence levels prescribing analgesia for children was assessed using a Likert Scale. The involvement of parents and nursing staff in the management of pain by surgical NCHDs was also assessed.

Results The paper-based survey was administered to 32 NCHDs. Experience level ranged from Intern to Specialist Registrar. The response rate was 68%. The majority of respondents did not feel confident prescribing analgesia for children. The BNF for children was the most common source used for dosing calculations. 12% selected the correct method for prescribing analgesia for the obese and underweight child. There was poor involvement of parents and nursing staff in analgesia planning and engagement in distraction techniques.

Conclusion Surgical NCHDs in our institution are uncomfortable prescribing simple analgesia for children. They are open to, and would likely benefit from receiving educational sessions on this topic from the APS. Further guidance will be offered to surgical NCHDs in our institution going forward, particularly in relation to children who are at extremes of weight.

REFERENCES

1. American Academy of Paediatrics, American Pain Society. The Assessment and Management of Acute Pain in Infants, Children and Adolescents. *Paediatrics* 2001; **108**(3):793–797.
2. Kulshrestha, A. and Bajwa, S. (2019). Management of acute postoperative pain in pediatric patients. *Anaesthesia, Pain & Intensive Care*, 22, 3(1607–8322), pp.2220–5799.

P162 USING IMPLEMENTATION SCIENCE METHODOLOGY TO ACHIEVE QUALITY IMPROVEMENT OUTCOMES FOR THE NATIONAL HEALTHY CHILDHOOD PROGRAMME IN IRELAND

Phil Jennings*, Fiona McGuire, Carmel Brennan, Anne Pardy. *Department of Public Health – HSE, Tullamore, Ireland*

10.1136/archdischild-2019-epa.517

On average over 62,000 babies are born in Ireland every year. Life expectancy for men and women in Ireland has increased significantly since the foundation of the state. There is good evidence that investment in early childhood is cost-effective, delivering both an economic and a social return. One of the ways to assure these returns is to deliver a universal, evidence-based child health programme, thereby achieving the best outcomes for children.

Ireland's 'National Healthy Childhood Programme' is free to all children up to the age of 14 years. In common with international models, it consists of three components: child health assessments, screening and immunisations. In 2014 the Health Service Executive's Child Public Health Group reviewed the international evidence and updated the existing child health programme (Best Health for Children 2005). This also triggered the development of formal structures to support child health screening, a restructuring of some of the key child health contacts and the implementation of an ambitious programme of work called the 'Nurture Programme – Infant Health and Wellbeing'. The focus of Nurture was to improve the knowledge and professional skills of front-line providers of the service and also the information and support available to parents during pregnancy and for the first three years of their child's life.