

standards we operate a weekly attending consultant system with resident on calls until 9pm, with a focus on acutely unwell children including fulfilling standard of consultant review of acute admission within 14 hours of admission. We have increasingly realised that this model of care is insufficient to care effectively for patients with more complex medical and social health needs.

We are piloting a new model of care to improve the care of Children with Complex Medical needs. This involves a second Ward Attending Consultant to focus on their care, supported by a new administrative role and Clinical nurse specialist (CNS) role.

**Method** The Second Attending Consultant of the week, instead of managing acute medical admissions focusses on these children and families supported by an administrator and the Complex CNS. The model moves away from the daily ward rounds needed by acute patients, with instead twice weekly reviews and a greater focus on coordinating effective Multidisciplinary meetings, addressing psychosocial needs and good communication with families. The changes are based on Qualitative feedback from Staff and Family. Regular evaluation of the effectiveness of the service change has been started alongside a narrative of barriers to change and complications to help inform next steps.

**Results** Monthly data is collected as indirect measures of improved communication between professionals and has improved from as baseline; time to first Multidisciplinary meeting, time Community teams informed of admission and discharge. Quantitative data regarding length of stay, A&E attendance, hospital admissions and missed Community appointments due to inpatient stay has been collected as a baseline. Early data shows a reduction in length of stay, data collection for other parameters are planned in January 2020 alongside repeat staff and patient surveys.

**Conclusion** The paediatric complex care second attending model has enabled improved communication and reduced length of stay for patients with complex medical and social needs

G508

#### A NATIONAL PICTURE OF CHALLENGES FACED BY PAEDIATRIC UNITS IN DISCHARGE OF CHILDREN WITH MEDICAL COMPLEXITY

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**Aim** The prevalence of children with medical complexity (CMC) has increased in recent decades. CMC often are subject to increased lengths of stays (LOS). Discharge teams within UK paediatric services are more heterogenous as compared to counterpart adult services. Our aim was to explore how discharge for CMC children was facilitated in UK paediatric units.

**Method** We obtained a list of all UK Paediatric units from the Royal College of Paediatrics and Child Health. We contacted all the units with a freedom of information request for 8 questions. Questions 1–3 were to ascertain knowledge base of numbers of CMC or high LOS inpatients. Questions 4–5 were around non-medical barriers to discharge and Questions 6–8 involved exploration of how discharge planning was facilitated. A second contact was made to non-responders.

**Results** Of 186 units, 13 duplicate or inactive departments were eliminated. Following the 2 contacts we received a response rate of 86%. Few units were able to reply to the specific question around our CMC definition. There was more clarity around LOS with 71% of units having <5 long stay patients. Of those who replied, just under half the units had patients with non-medical barriers to discharge. Housing, care and commissioning and social barriers were the most common. Tertiary centres were more likely to have non-medical barriers to discharge. Discharge was mostly coordinated by nurses. 8% of units had a discharge coordinator. There were links to charity support in a large proportion of cases with hospices being most common. Charities such as Wellchild, Roald Dahl and others were mentioned. The most commonly cited paperwork used by this group of children were advanced care plans and hospital passports.

**Conclusion** Our responses have demonstrated the similarity of challenges faced in supporting CMC and their discharge. CMC numbers are not routinely collected which may mean less visibility of the challenges that are faced. We are seeking to be part of a workstream to share good learning and drive service development for this growing and yet vulnerable group of patients.

G509(P)

#### AN EVALUATION OF 10 YEARS OF CLINICAL PROVISION FOR CHILDREN WITH MEDICALLY UNEXPLAINED SYMPTOMS IN A PAEDIATRIC PSYCHOLOGY SERVICE

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**Aims** Medically unexplained symptoms (MUS) are distressing somatic experiences that appear to be of physical origin, but are medically unexplained. Despite evidence from the adult literature that these cases are associated with high utilisation of health care resources, little is known about the impact on services of MUS in children. The aim of this study was to evaluate service use of children with MUS referred to a Paediatric Psychology Service (PPS) at an acute hospital, over a 10 year period, with the view to informing service developments for these patients.

**Method** Demographic, referral and clinical activity data were available for 268 patients with MUS and 4287 without, referred between 2007 and 2017.

**Results** Patients with MUS accounted for 4–8% of referrals annually. Symptoms most commonly reported included unexplained pain, often in the abdomen (33%), dizziness/fainting/headaches (21%), and functional neurological symptoms such as abnormal motor functioning (13%) and non-epileptic attacks (12%).

Children with MUS were significantly more likely to be female (MUS=56%, non-MUS=49%,  $p<0.01$ ) and older (MUS=12.5 years, non-MUS=9.2 years,  $p<0.001$ ). In all, 54% of children with MUS also had a co-occurring medical diagnosis. Patients with MUS required significantly more outpatient clinical sessions than patients without MUS (mean: MUS=10.7, non-MUS=5.4,  $p<0.001$ ) and were also more likely to cancel appointments (MUS=0.7%, non-MUS=0.4%,  $p<0.01$ ). Patient groups did not differ for duration of clinical input or whether clinical objectives were partially/wholly met.

**Conclusion** Patients with MUS were older and more likely to be female than other referrals to the PPS and typically required twice as many psychology sessions to meet clinical objectives. This evidence shows that children with MUS place greater demands on clinical services, although encouragingly they appear to respond well to psychological support, which suggests a need for clear care pathways and specific funding of psychological provision for this group. More research is also needed on the link between MUS in childhood and in later life. If effective services are provided early on, the potential exists to make substantial gains both in terms of patients' quality of life and in longer-term cost savings in the NHS.

**G510(P) ABSTRACT WITHDRAWN**

**G511(P) INTRODUCTION OF GR8XS INTO LEEDS CHILDREN'S HOSPITAL**

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**Background** Traditional learning from practice via reporting systems has been with the use of the Datix system, reporting incidents and errors. The aim of this project was to highlight learning through areas of good practice (greatex/GR8X). In an era of low staff morale and retention it is important to make staff feel valuable and celebrate good practice. There is some new data to suggest that this practice improves the quality of patient care, staff morale and organisational learning (Kelly et al, 2016).

**Method**

- This project was led by the Paediatric Chief Registrar and the Junior Doctor Forum (JDF) at Leeds Children's Hospital (LCH).
- A standardised operational procedure was agreed whereby any staff member can award a colleague a GR8X by submitting an online GR8X form. The JDF then email GR8X certificates to the staff member to thank them for their excellent care and also email their line manager.
- The GR8X was piloted on two wards and then launched across the hospital.
- All clinical governance leads were given access to all anonymised GR8Xs in their relevant department to share learning from the excellent care provided.

**Results**

- 250 GR8Xs have been awarded so far.
- Feedback has been overwhelmingly positive and those receiving GR8Xs have said: 'I feel very honoured to receive this award.' 'That has put a huge smile on my face.' 'It makes an enormous difference just to know that someone...somewhere has noticed.'
- Common themes from GR8Xs identified that staff are: compassionate, supportive, go above and beyond their duty and show excellent leadership and teaching.

**Conclusion** The role out of a new model for learning has been common part of practice across LCH. It has been well received by staff. We look to secure administrative support to

the JDF who are currently running this project. We are discussing how to expand this as a trust-wide process, and how maximise the learning from GR8Xs in the clinical governance setting.

**G512(P) #CHOOSEPAEDIATRICS- CAREER'S FAIR!**

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**Background** With the launch of the #ChoosePaediatrics Campaign, there is national recognition that recruitment and retention are the biggest issues facing the future of the Royal College of Paediatrics. There has been a 30% decline in applications and the drop-out rate is rapidly rising. Resultant rota gaps, poor work/life balance and burnout in a climate of political uncertainty and under-resourced workforce mean trainees feel underappreciated. Career opportunities are being forfeited to provide the high-quality service expected by the public. However, we too deserve the best! Life passes at such a pace, we find ourselves thinking....what if. As a pivotal part of RCPCH, trainees in Northern Ireland decided to host a careers fair. A fun day showcasing the resources and opportunities available, to prepare and improve our futures academically, physically and mentally.

**Aims**

- To provide support for all trainees to facilitate a smoother transition through training.
- To showcase the available opportunities within paediatric training.
- To provide an enjoyable, networking opportunity for all paediatric affiliations within NI.

**Methods**

- Designed as a ST1-8 regional teaching day.
- Recruitment of medical director, school tutors and senior trainees collaborating inspirational and informative discussions on leadership, curriculum, governance, careers and wellbeing.
- An afternoon funfair theme emulated via career's stalls featuring paediatric subspecialties, district general hospitals, academia, NI library, BMA and RCPCH, principally creating an opportunity to network.
- Responses evaluated via online feedback

**Results** NI's inaugural career's fair was a huge success. 70% of trainees attended, all rating it as excellent/very good. Highlights included; 'better understanding of future opportunities', 'great networking environment' and 'the ice-cream'. Further feedback included; 'inspired to be proactive about my goals' and a senior-trainee shared 'I wish I'd attended this earlier'. Participation by trainers was almost 100%, viewed as 'best thing we have done in years'. Suggested improvements were a larger venue and a two-day event.

**Conclusions** A regional career's day is an excellent opportunity to boost morale, tailor careers advice and network. It was an uplifting day, taking a step back from workload to promote paediatrics and all it has to offer. We are the future of the RCPCH.... #ChoosePaediatrics!!