have had to be very different during 2020. One aspect of the new working model, has been the requirement to wear, ‘Personal Protective Equipment.’ (PPE). Seeing healthcare workers in full PPE is a new experience for most children and it became obvious, early on during the pandemic, that we needed to find ways to make PPE more, ‘child-friendly,’ to minimise anxiety as much as possible for children presenting to hospital and in particular to theatre.

Methods Discussion with colleagues working in the operating theatres at Great Ormond Street Hospital revealed various adaptations to make PPE more, ‘child-friendly.’ Some children were asked for feedback related to this. A PubMed literature search regarding PPE use in paediatric settings and also the wearing of face masks by children was also conducted. In addition to this, an internet search provided information from other NHS Trusts.

Results Inventive solutions such as cartoon characters on visors and drawing on them have been very well received. Videos about PPE were also helpful. In addition, the importance of non-verbal communication has become very apparent.

Discussion Creating, ‘child-friendly,’ PPE has been hugely beneficial to children presenting to hospital during the pandemic. It helps to allay their fears and increases their understanding of the current, challenging world that they are living in.

50 SHAKE, RATTLE AND ROLL – A SERVICE EVALUATION OF A MULTIDISCIPLINARY MUSIC GROUP FOR FAMILIES WITH BERLIN HEARTS

Zoe Vamplew, Sarah Rickard, Katyia Herman, Emma Shkurka. Great Ormond Street Hospital

Introduction Ventricular assist devices are implanted as a bridge to heart transplant. Inpatient wait time on a Berlin Heart EXCOR (BH), can be up to 17 months. This prolonged hospitalisation has a significant impact on the child’s psychological and physiological development, leading to restricted educational and social integration. It is important that the developmental treatment of these children incorporates a family-centred and holistic approach. This service evaluation assessed the effectiveness and safety of a multidisciplinary music group on BH patients, their carers and nursing staff.

Method A structured multidisciplinary music group was created by Physiotherapy, Music and Occupational therapy. Carer involvement was a key component. Each session included: singing, actions, turn taking, gross and fine motor activities and a story. Feedback via anonymous survey was sought from carers and nursing staff after six sessions regarding structure, content and environment.

Results Five children and six carers participated over 12 weeks. The average age was 21 months and wait time since implantation 126–368 days. All carers and three bedside nurses completed the survey.

75% carers found the group beneficial and 75% felt their child enjoyed all components. Carers reported improved peer interaction and motor development. All advocated for the group to continue. Feedback included more actions and sensory stories. All nurses found the group overall ‘extremely beneficial’ and 66.67% felt the children ‘extremely enjoyed’ the sessions. 100% observed positive changes in the children and carers since commencement. No adverse events or safety concerns were raised.

Conclusion This service evaluation suggests that the multidisciplinary music group is a safe and valuable therapeutic component that can improve family experience and interaction for children on a BH. Carers and staff observed a positive impact on motor and social development as well as enjoyment. The group is now routinely part of the BH therapy programme.
Results We found mismatch in protocols held with different departments. We identified discrepancy of policy versus practices and lack of understanding between ward and the lab. We observed inconsistencies between wards.

Discussion Results indicated that a coherent update in departmental policies is required between IPC, Microbiology Laboratory and Nursing teams. Due to significant cultural implications, multiple approaches to educate staff in the updated practice will be required. A special focus is needed to the decision making at the point of requisition. Solutions such as simple flow charts, system updates to aid optimal test requisition on the electronic requesting system and education sessions will be explored in the next part of this study.

Conclusion Differences in practices, guidance and its interpretation led to a significant number of unnecessary testing.

53 DISCHARGE SUMMARY (SIGHT & SOUND): ARE WE MEETING THE GOSH TARGET?
Sevasti Konstantinidou, Miane Min Yan Ng, Bushra Zia, Christopher Jephson. Great Ormond Street Hospital

Objective In order to facilitate safe management of complex patients following discharge from GOSH, the Trust Timeline Target is to send all discharge letters within 24 hours. This project aims to assess Sight and Sound Directorate’s compliance with this standard, identify potential causes of non-compliance and implement sustainable change.

Methods Retrospective data collection was performed via Epic system. The first audit cycle started in September 2019 and the second was completed in August 2020. Due to suboptimal initial results, areas of weakness were identified and changes were implemented. Audit results and educational materials were disseminated within the directorate to emphasise the importance of timely completion and distribution of discharge letters. Directorate managers worked closely with administrative team and a new administrative role was created to facilitate adequate weekend cover.

Results The initial results were worrisome, as none of the departments met the Trust Timeline Target. The percentage of discharge summaries send within 24 hours ranged from 0% to 88.24%, with an average of 54.4% across the departments. The majority of letters were completed in a timely manner, but the summaries of the weekend discharges were rarely sent within 24 hours. Following the implementation of changes, the compliance improved significantly, with the proportion ranging from 69.3% to 100%. Three departments achieved 100% compliance with the standard and the average percentage was 89.5%.

Discussion This project demonstrates that Sight and Sound Directorate was initially not meeting the Trust Target for discharge letters. This was mainly due to inadequate administrative staff cover over the weekend. After changing that and high-lightening to our teams the importance of sending discharge summaries within 24 hours, the compliance with the GOSH standard drastically improved. We aim to continue monitoring the situation to ensure that the results we achieved are sustainable.