adaptable proforma letter which should be implemented to ensure clearer information on discharge. The frequency of long-term sequelae in this series highlights the need for continued research into this area and appropriate support following discharge.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

890 GIVING CLINICAL GOVERNANCE A MAKEOVER – A QUALITY IMPROVEMENT PROJECT (A WORK IN PROGRESS)

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Background Clinical Governance (CG) underpins the daily practice of doctors, nurses and allied health professionals (AHPs), affecting how we care for patients as well as ongoing education and aspiration to excellence.

The 7 pillars of Clinical Governance, namely: Risk Management, Clinical Audit, Education and Training, Clinical Effectiveness, Information, Patient Experience and Staff Management influence every aspect of working. However, involvement in clinical governance is frequently seen as the remit of consultants and senior managers, and can feel far removed from junior doctors, nurses and others on the ground day-to-day.

This project took place across the general paediatric and neonatal departments of a busy London District General Hospital. It was conducted during the Covid-19 pandemic, with its additional pressures.

Objectives The aim of this project was to:

- Gauge levels of knowledge, awareness and involvement in CG amongst the entire paediatric and neonatal teams.
- Raise the profile of CG.
- Investigate ways of disseminating information from CG activity, including meetings, rapid reviews, serious incident reports.
- Begin a monthly CG newsletter.
- Run other CG-based teaching and activities aimed at increasing awareness.

Methods Quality Improvement methodology was followed, using the Model for Improvement.

An initial questionnaire of junior and senior doctors, nurses and AHPs evaluated understanding of CG, most effective ways of communication, reading habits of existing departmental bulletins, and areas of CG participants wished to learn more about. This was used to generate change ideas.

Measure We surveyed the same group monthly on their perceived knowledge, involvement and awareness of CG. This generated a score out of 12.

7 Plan-Do-Study-Act cycles were carried out (to date):

- Choosing name of a new monthly newsletter by competition,
- A monthly Clinical Governance newsletter 'The Chaterpillar', communicating learning points from CG activity; 'Greatix of the month'; CG Pillar of the month; and advertising upcoming learning events,

- Seminar on Quality Improvement,
- Simulation training based on a serious incident involving an adolescent in a mental health crisis,
- Teaching following a pharmacology rapid review,
- Interactive Clinical Governance teaching
- Reflections on 'Journey of a Datix'

Results Multiple changes were adopted into the fabric of the department, including the monthly CG newsletter, regular mental health-based simulation training, and clinical governance in the teaching timetable.

Although the measure across the three months showed the median score of knowledge, involvement and awareness of CG remained unchanged, there was greater participation of junior doctors, nurses and AHPs in subsequent surveys. The consultant's scores were generally high, so this consistency implied greater multidisciplinary involvement was occurring within the department.

Conclusions Clinical Governance remains the foundation of clinical activity, and quality improvement methodology has brought about change within our department. Further change ideas include a 'Clinical Governance Week' and greater involvement of nurses. The project (still in progress) has led to lasting impact and enrichment of the paediatric department.

There is new involvement, ideas and energy to be harnessed beyond the traditional senior management, enabling lasting improvement in clinical practice for our department and beyond, as more individuals are empowered with the knowledge and skills required to be tomorrow's leaders.

British Association of General Paediatrics

891 'HOW TO BE BRILLIANT AT OUTPATIENTS' – A CO-PRODUCED PROGRAMME TO IMPROVE TRAINEES' CONFIDENCE AND SKILLS IN THE OUTPATIENT SETTING

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Background Less than half of paediatric trainees attend the recommended '20 clinics per year'; there are anecdotal reports of trainees attending twelve or fewer before becoming consultants. In order to be adept outpatient practitioners, trainees need exposure and independent practice, guidance and support around the outpatient learning experience. Junior doctors in our department felt under-confident in the outpatient paediatric setting and were missing learning opportunities as a result.

Objectives To co-produce and pilot an evidence-based programme of interactive sessions for foundation, GP and paediatric trainees, delivered within the departmental teaching rota, to address junior doctor lack of confidence in the outpatient setting.

Methods A series of sessions co-produced and co-delivered between paediatricians, trainees and primary care, to trainees at a teaching hospital. Sessions covered the practicality and art of outpatient practice, with case-based examples. Contents included: who is referred and how, the triage process and clinic formats, key goals for a consultation and its structure,