to better achieve the objectives of transition. In addition, it has provided each young person with a transition-focused task in preparation for their next appointment. The ‘Ready Steady Go’ programme was adapted in order to impact key areas of transition; however, further work is required to improve areas in which young people need help with such as responsibilities with medications and helping those with more complex needs.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

1325 AMAZING MK – WHAT MAKES STAFF COME TO WORK?
Srinivas Jyothi. Milton Keynes University Hospital
10.1136/archdischild-2021-rcpch.558

Background Usually NHS staff go through ‘exit interviews’ when they decide to leave their post where we ask them ‘Why are you leaving us?’. This thinking is based on ‘deficit based’ model where we focus on things that went wrong or could be improved. Recent evidence proposes that ‘asset based’ model of thinking which involves shifting our focus on things that are going well is a much better approach for staff retention and wellbeing. This attitude reframes the question ‘why are our staff leaving us’ to ‘why do our staff stay in our department’ which creates a positive thinking attitude while offering a different perspective.

Staff retention and wellbeing is an important issue in the current NHS which is the largest employer in the UK with more than 1 million staff. The greatest asset of an organisation is its staff, and evidence suggests improving staff experience with a positive mindset can reduce patient mortality and increase patient satisfaction.

Objectives ‘What makes you come to work?’

This was the question we asked our staff in Department of Paediatrics including nurses, receptionists, junior doctors, consultants, secretaries and domestics in spring 2020.

Our team included 3 Paediatric trainees - Fiona Seabrook, Matthew Rajan, Clare Adams and Jyothi Srinivas, Consultant Paediatrician as lead. Maude Calveley, Medical student helped edit final video.

Methods We produced a flyer with details of the project and filming to generate interest in the department. We asked our staff to write a word or sentence written on paper that describes their reason to come to work, day after day. We persuaded and encouraged staff from various roles to take part. We filmed our staff in different areas of the department and had a huge variety of answers over 2 months.

Results Many staff chose single words for filming and the most common themes ‘Work Family’, ‘Making a Difference’ and ‘Team Work’. Some staff remembered incidents that had deeply affected them at work and were willing to share these experiences.

This project brought our departmental staff together and our team had fun filming the short video clips. As this was the beginning of the first wave of the pandemic, face masks were only mandatory when interacting with patients.

We were inspired by a similar project at the Royal Hospital for Children, Glasgow.

Conclusions NHS staff spend a significant amount of time at work and develop deep bonds with our colleagues over the years. We share experiences of successes and failures during our shifts. While it is important to document and investigate adverse events, it is equally important to acknowledge, appreciate, and promote the positive feelings among staff. It is easy to notice failures over successes. It is easy to be critical than to support and encourage staff when they are struggling. A positive frame of mind gives a different perspective to the issues and is well worth the effort in the current NHS climate.

We enjoyed discussing and filming with our staff the reasons they come to work every day. We hope you enjoy watching the video!

Paediatricians with Expertise in Cardiology Special Interest Group

1326 CARDIOLOGY CLINICS DURING PANDEMIC – CALL FOR A UNIFORM RESPONSE!
Pramod Nair, Vatsavai Subbaraju, Rajesh Seesham, Obinna Nwanko. Bedford Hospital NHS Trust
10.1136/archdischild-2021-rcpch.559

Background During the current pandemic with Covid-19, face to face cardiology clinics were put on hold during national lockdowns. Consequently, there were increased waiting times and back log of paediatric cardiology outpatient numbers. It is currently not known as to what effect this has had on children awaiting cardiology services and whether there have been any adverse effects with the appointments being postponed.

Feedback from paediatricians with cardiology expertise (PEC) would be an important exercise to learn how we have coped with outpatient cardiology work in the current pandemic and how we could prepare for the future.

Objectives To get feedback from PECs about their current joint clinic backlog and their experiences how they have managed to provide cardiology services over the past 1 year

Methods Surveys were sent to group of Paediatricians with special expertise in cardiology group via link for preset questionnaire.

Results 44 PECs responded to the survey. A range between 0–16 outreach clinics were cancelled during the current pandemic with the average being 5 clinics per PEC. About 40% of the respondents had around 50 patients awaiting appointments as a result of backlog whereas 27% had between 100–400 patients on their list. A wide variety of methods were used from seeing only the urgent patients, vetting each patient and prioritising the list, continuing with remote clinics etc. but around 18% of the respondents felt that they are struggling with their workload. Some PECs have increased their PEC cardiac clinics to cope with the increased numbers. Reassuringly 90% of the respondents did not see any increase in complaints or unexpected patient deterioration due to delayed reviews. 45% of the respondents felt that 10% of their outpatient work could be done remotely whereas 37% felt that 20–50% of their work could be completed remotely. 95% of the PECs did not see any of their cardiac patients deteriorating secondary to Covid infections and most of the respondents agreed with the RCPCH