Results Children, young people and parents were keen to discuss the ECHILD Covid-19 project and have further ongoing engagement with project. Young people emphasised a need to raise awareness about the data that is routinely collected about them, and how it should contribute to research. They supported the use of the linked data - when in de-identified form and with secure access - for research to improve the health and education of children and young people. The term 'vulnerability' was rejected by all groups and, while consensus on an alternative was not reached, group members generally preferred terms that reflected 'additional service needs'. Young people were particularly concerned with the impact of school closures on mental health and would like future research to address this area.

Conclusions Engagement with children, young people and parents/carers is crucial to the ECHILD project and for inspiring trust in using linked administrative data for research. Our findings highlight the need for greater awareness of research using administrative data and that engagement should span the project lifetime. We have planned further meetings with these groups and other relevant stakeholders to ensure research conducted is timely and meets the needs of children and young people accessing health and education services.

Quality Improvement and Patient Safety

1620

A QUALITY IMPROVEMENT PROJECT TO IMPROVE THE HANDOVER PROCESS IN THE PAEDIATRIC DEPARTMENT, THE ROYAL STOKE HOSPITAL

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Background Handover is key to patient safety as it provides continuity of care despite staff changes. Good quality handover is essential and will protect the safety patients and increase service satisfaction. For medical staff, a good handover will improve job satisfaction and support safe care for patients through measures to prevent doctors working excessive hours.

Objectives To employ a quality improvement methodology to improve the handover process by encouraging a fixed and strict handover time, ensuring an interruption free handover and introducing a safety briefing.

Methods A driver diagram was created to set out the aims of the quality improvement project (QIP) and a Plan Do Study Act (PDSA) cycle was adopted to help implement changes. The QIP took place over a period of five months, over four PDSA cycles in the paediatric department.

A proforma was created to measure the start, duration and end time of handovers taking place in the paediatric department. All proformas were filled in by various members of the junior doctor team and relevant stakeholders were engaged through the process. At the end of each cycle, the team had an opportunity to provide formal feedback for improvement, either verbally or by completing a questionnaire. During the data collection, feedback was continually collected through a comment box on the proforma.

After cycle one, the safety briefing was introduced. After cycle two, a poster was created and shared with nursing staff as a reminder of protected handover times. A formal time-keeper was also introduced. Throughout the process,

consultants were involved to encourage efficient and timely handover.

Results Over the course of the quality improvement project, data was collected for 122 handovers. Over the four cycles, punctual start time and handover duration (less than 30 minutes) fluctuated but overall worsened by cycle four. Despite this, late finish time improved from 71% to 60% with late finish time of more than 10 minutes improving from 29% to 20%. Non-emergency bleeps during protected time improved from 37% to 7%. After its introduction, completion of the safety briefing has become better from 17% to 50% and is a working progress.

Overall, since commencing the QIP, 86% of staff have noted a moderate to significant improvement in the general handover process, with 14% noticing no change.

Conclusions Following the quality improvement project, there has been improvement in some processes of the handover including finish times, interruption free handovers and introduction of the safety briefing. There has been much interest and engagement from all members of staff from consultants through to nurses. This quality improvement project will continue to implement changes to improve the process.

Association of Paediatric Emergency Medicine

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EXPLORING THE EXPERIENCE OF ADOLESCENTS IN A PAEDIATRIC EMERGENCY DEPARTMENT – TOO OLD OR TOO YOUNG?

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Background In paediatric emergency medicine (PEM), the age of transition from paediatric to adult emergency care is variable across countries. The UK has no agreed national standard on ED age limits and this arbitrary upper age limit is often set locally by commissioning groups reflecting service capacity and the population in which it serves. In Northern Ireland, adolescents often fall into the adult domain, with the regional paediatric emergency department (PED) catering for children up to fourteen years of age.

However, in response to Covid-19 surge planning, the PED age limit increased to age sixteen. This decision marked significant progress in the regional strategy to shift paediatric services to 'a target transition stage of sixteen' as well as coinciding with the NHS Long Term Plan to move towards 0–25 service models. Our retrospective survey aims to explore the experience of young people in the PED during this time and their preferred setting to receive care.

Objectives To determine the satisfaction reported by adolescents when visiting a PED and elicit the acceptability of both paediatric and adult services in this age group

Methods A prospective 10-point survey was developed to assess adolescents' overall satisfaction with their PED experience as well as their views on the waiting room setting, clinical treatment areas and staff. Data was collected over an eight-week period from adolescents aged fourteen and fifteen attending PED. The survey was administered at point of discharge or admission to hospital and completed