Abstract 964 Figure 2  Clinic outcomes

Conclusion As a core group, we have established a well-functioning general paediatric asthma clinic. The operation of the asthma clinic enabled us to deliver high quality care to our patients by adhering to national standards.\(^2\) The benefits of having ANPs (in permanent posts) to lead the clinics, has ensured its sustainability and efficacy as it is managed by highly experienced and senior clinicians. The clinic was specifically designed with longer clinic time slots, to focus on education and assessment which in turn led to achieving the national targets of Childhood Asthma management. We will continue to assess the asthma clinic, utilising the PDSA cycles, to make improvements and adaptations, thus striving for excellence in delivering paediatric asthma care.

REFERENCES
2. NICE. (n.d.). CKS is only available in the UK. [online] Available at: https://cks.nice.org.uk/topics/asthma/goals-outcome-measures/nice-quality-standards/[Accessed 16 Feb. 2022].

REACH – SETTING UP A NEW TRAINEE-LED RESEARCH NETWORK

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Aims

Background The involvement of trainees in research in paediatrics is dependent on individual enthusiasm and access to appropriate opportunities and support. These are affected by the frequency of rotations, the demands of busy paediatric training jobs and a lack of guidance on how to get involved. The relatively new RCPCH academic tool-kit goes some way to providing support and guidance and the college’s Trainee Research Network initiative aims to support existing trainee research networks and facilitate collaborative working regionally and nationally. Trainee ownership and leadership of collaborative multi-centre governance and research projects provides trainees with research skills mandated by the RCPCH Progress curriculum and as well as opportunities for peer networking and steering of research priorities.

Whilst over the past 5 years several trainee-led research networks have been set up, there are gaps across the country. Arguably, the most successful are those focussing on sub-specialty projects with General Paediatrics falling behind.

Objectives We set out to establish a pan-London, trainee-led network that exists to support the conception and coordination of multi-centre research, audit and service evaluation projects to answer relevant general paediatric clinical questions. Additionally, this initiative provides opportunities for trainees to develop research competencies.

Methods Founding trainees sought experiences of existing trainee network organisations active in research and clinical governance. Subsequently, a working group was assembled by promotion on social media and through the regional trainee network. A group of 16 interested trainees from ST1 through to ST8 was formed and initial meetings were held monthly in May-Dec 2021.

The working group divided into 3 smaller subgroups;
1. Guidance documents & first project development
2. IT & communications
3. Trust network set-up

The group was overseen by a set of co-chairs ranging from ST4-ST8 and senior consultant support.

Results The working group set to work on the 3 main workstreams and developed an initial set of resources which included;
1. Guidance documents & first project development:
   - Constitution
   - Project proposal form
   - Standard operating procedure guidance for projects
2. IT & communications:
   - Branding including network name and logo
   - Social media presence
   - Website\(^1\) and dedicated email address
   - Newsletter outline and mailing list template
3. Trust network set-up:
   - Review of regions and hospitals with collation of potential local stakeholders and consultants leads
   - Plan for recruitment of interested trust leads

In parallel the working group conducted successive brainstorming exercises of potential first projects, taking into account the outputs of other trainee networks, feasibility and current views on research priorities. Additionally, in recognition of the need to hear parent and patient as well as pan-region trainee voices, links to patient and public involvement (PPI) organisations are being established and a priority setting exercise is planned for 2023. A central committee was formed in December 2022.

Conclusion The London REACH – Research, Evaluation and Audit for Child Health – network collaborative established its central committee, core guidance documents and communication infrastructure. A first regional trainee-led multi-site project will be conducted in 2022.

REFERENCE
1. www.reachnetworkldn.com

PLAY NICELY: CIVILITY ON THE CHILDREN’S WARD

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Aims Over the past few years civility in the work place has become a much talked topic about in the NHS. Following the work of Chris Turner and the Civility Saves Lives campaign and coupled with a period of low morale in our work force, we were inspired to raise the profile of the impact of incivility, educate our team and give people tools to address the problem.

Methods In April 2021 we sent an online questionnaire to the paediatric department medical, nursing and administrative staff. This aimed to capture frequency of incivility on the Children’s ward; whether the incivility was directly experienced or witnessed; any relationship between incivility and communication within/between professional groups or teams; and whether the interaction was addressed directly or via a senior colleague.

Over the following 9 months we held a series of teaching and discussion sessions to all groups including SHOs, Registrars, Nursing and administrative staff, as well as presenting at Paediatric Grand Round. We were also invited to talk at F1 induction and to various adult medical teams.

A poster of ground rules setting out expectations for behaviour on the ward, was designed and displayed on the Children’s ward, which also gave information on what to do if you witnessed an uncivil event (figure 1). Our poster also highlighted the importance of thanking people and advised how to nominate a colleague for a ‘Learning from Excellence’ award, which was being launched at the same time.

Over the following 9 months we held a series of teaching and discussion sessions to all groups including SHOs, Registrars, Nursing and administrative staff, as well as presenting at Paediatric Grand Round. We were also invited to talk at F1 induction and to various adult medical teams.

Conclusion Incivility not only has an impact on patient safety, but also on staff morale and psychological safety. We have demonstrated the impact of our interventions, in reducing the incidence of incivility, and increasing confidence in speaking up against uncivil behaviour. However there is more to be done to embed this work and see further improvements. We plan to continue regular teaching sessions and introduce short ‘tea-trolley’ session to maintain awareness of this topic; to model positive behaviours, and support a cultural shift within the department; and to contribute to the wider conversation and action taking place across the trust. From a small and local beginning, we hope to see this work spread across the organisation and result in significant cultural change that enhances personal well-being and experience at work; improves psychological safety within teams and raises the standard of patient care.

Results From the initial survey showed that 86% of people had experienced incivility on the Children’s ward and 68% were experiencing incivility more than once a month. There was an even spread as to whether it was directly experienced, or witnessed, and 2/3 of the time incivility was occurring within our department, rather than from visiting tea. Following our interventions, a repeat survey in January 2022 showed a huge improvement with only 45% of respondents experiencing incivility on the Children’s ward in the previous 6 months, and only 27% experiencing incivility at least once a month. Incivility between members of our department remained static at 63%. Episodes of incivility were addressed, either by the recipient or witness, in 43% of cases.

Abstract 955 Figure 1

Abstract 955

Aims Evidence for the indications of skull X rays (SXR) in children is limited. There is substantial evidence to suggest that children are more susceptible to the effects of ionizing radiation than adult. The risks from exposure to ionizing radiation are dependent on the age at which exposure occurs, and that exposure during childhood results in a likely two- to three-fold increase in lifetime risk for certain detrimental effects (including solid cancers) compared with that in an adult.

The aim of this audit was to evaluate the indications of skull X-rays in children below the age of 4 years, to assess the use of skull X-ray as initial investigation for suspected non-accidental injury (NAI) and to assess the impact of skull X-ray on the diagnosis and management of Craniosynostosis.

Methods A retrospective review of the health records of children under 4 years old, who had a skull X-ray in UK based hospital was conducted over a 3 year period from January 2017 to December 2019. All patient aged four and under who underwent skull X-ray were identified using records from radiology department and midwifes registry. The data were collected by the clinicians involved in the study and further analysed by the statistical team from QI-CA department.

Results We identified 109 patients underwent skull X-rays and 112 X-rays performed in total. Three patients had two scans during the period of the study. Nearly 80% of all requested scans were performed for non-accidental injury (NAI) and coupled with a period of low morale in our work force, we were inspired to raise the profile of the impact of incivility, educate our team and give people tools to address the problem.

There was an even spread as to whether it was directly experienced, or witnessed, and 2/3 of the time incivility was occurring within our department, rather than from visiting tea. Following our interventions, a repeat survey in January 2022 showed a huge improvement with only 45% of respondents experiencing incivility on the Children’s ward in the previous 6 months, and only 27% experiencing incivility at least once a month. Incivility between members of our department remained static at 63%. Episodes of incivility were addressed, either by the recipient or witness, in 43% of cases.