

appropriately support a patient to maintain SpO₂ above 90%. PNP avoids hypoventilation during flight that is masked by oxygen use, and in addition improves convenience for families when flying, as in-flight oxygen is not needed.

REFERENCE

- Riley M, Brotherston S, Kelly P, Samuels M, Pike KC. Modified hypoxic challenge testing in children needing nocturnal ventilation: an observational study. *Pediatr Pulmonol.* 2022;10:10. doi:10.1002/ppul.26163

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SUSTAINABLY SUPPORTING MOBILITY – DEVELOPING A WALKING AID RE-USE SCHEME AT GOSH

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Background GOSH has targeted 2031 to be net zero for direct emissions and 2035 – 2040 for indirect emissions therefore must do all it can to meet this. Walking aid re-use schemes have been introduced UK-wide as the products are durable, can be refurbished and reused repeatedly, reduce landfill waste and avoid carbon emissions from new production. The GOSH Physiotherapy Sustainability Team set out to; recognise what exists nationally, identify the current process at GOSH, then advance the provision, return and recycling of mobility aids.

Method The Physiotherapy Sustainability Team attended national webinars and contacted other trusts to establish current processes and potential barriers. To ensure safety and feasibility, GOSH sustainability and estates teams were consulted and cleaning guidance was sought through Green NHS. A Smart Survey was distributed to 99 physiotherapy staff with 23 responses.

Results At least 100 trusts already had a scheme and were able to share case studies and processes, including another London tertiary centre.

The survey identified 26% of physiotherapy staff 'did not accept' returned walking aids. Of the 58% who 'always accepted' aids, the management of returns varied; 10% placed them in the gym, 10% the basement and 37% said 'other'.

Conclusion One quarter of physiotherapy staff did not process returned aids and processes for those that do were inconsistent. Following the survey we created a standardised pathway allowing physiotherapy staff to safely assess aids for re-use.

Next steps Education will be provided to all physiotherapy staff to establish reliability, with sustainability champions identified to support the process. Advice will be given to families verbally and via posters in waiting areas. Long-term aims include; audit to evaluate the effectiveness of the pathway, including return rate, the impact on patient care and the contribution to the trust's sustainability pledge.

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A BESPOKE EDUCATION PATHWAY FOR QUALIFYING NURSING APPRENTICES

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Background In 2019 the first NMC Registered Nursing Associates (NAs) qualified following a national pilot and were supported through the GOSH Preceptorship Programme for their first year. In 2021 they enrolled on the 'The Recognition of Prior Educational Learning (RPEL) Nursing Apprenticeship', supported by the Gosh Learning Academy (GLA). Following successful completion, they are now registered paediatric nurses at GOSH.

Educational Pathway The Clinical Apprenticeship Team designed a bespoke educational pathway to enhance the academic support already provided. A spiral curriculum approach was taken to build a transition pathway beginning at the start of the 3 month sign-off placement on their home wards, focusing on core clinical competencies such as intravenous (IV) therapy. The second two days straddled qualifying to bridge the gap between the apprenticeship and becoming registered nurses. These days were built upon previous Preceptorship themes of accountability, resilience and leadership. The apprentices were supported for 6 months as they consolidated their band 5 skills, and then enrolled onto the Graduate Year 2 Programme themed around four essential elements for their future careers of clinical, research, leadership and education. This provided a streamlined educational pathway, from the Preceptorship Programme through to joining the Graduate Year 2 Programme.

Results On average the qualifying nurses were IV competent in 6.1 weeks of receiving their NMC PIN. Although expected to be faster than other newly registered nurses (NRNs), an IV study day would only just be delivered to NRNs on starting their careers at 6 weeks.

On surveying the pathway, all apprentices stated it was extremely useful and well timed. Feedback included 'I felt more prepared to start my new role as a registered nurse'.

The effectiveness of the pathway to date is shown in short IV competency completion, positive course feedback and 100% retention at 5 months post qualification.

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CRF EMBRACES DIGITAL BEDROOM PROJECT TO ENHANCE PATIENT ENGAGEMENT AND IMPROVE PATIENT EXPERIENCE IN PARTICIPATING IN RESEARCH THROUGH INNOVATIVE TECHNOLOGY

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The NIHR Clinical Research Facility (CRF) at Great Ormond Street Hospital is the first department in our research hospital to implement a Digital Bedroom Project to enhance patient experience. We would like to share our vision and experience to inspire others to think about using existing technology in an innovative way to improve patient experience and research participation.

Patients seen in the CRF often have rare and complex Paediatric conditions, furthermore, some may have learning disabilities or specific communication needs and patient and family could benefit from having more information readily available at their fingertips regarding the care they receive during a research visit.

In our Digital Bedroom Project, we have identified the most widely used and popular clinical room in our unit as a demo room to install new digital devices and develop personalised digital content to enhance patient experience during