Results 929 patients were recruited to the study (425 (46%) male, median age of 58 years, range 17–92 years). Of these, 306 (33%) underwent an OGD, 304 (33%) had a colonoscopy, 100 (11%) had a flexible sigmoidoscopy, 86 (9%) had an endoscopic ultrasound, 100 (11%) had an ERCP and 33 (4%) had a double balloon enteroscopy. 319 (34%) of the patients recruited had NRS scores > 5 for distress, with multivariate analysis identifying pre-procedure anxiety ($p < 0.0001$) as the only variable predictive of patient distress. Both endoscopist and nurse assessments of patient's distress moderately correlated with the patient's actual reported distress (Table 1), with significant correlation identified between each other.

Abstract PTH-119 Table 1 Table 1: Correlations between distress scores

	Correlation coefficient	Significance
Endoscopist - patient correlation	0.424	< 0.001
Nurse - patient correlation	0.405	< 0.001
Endoscopist - nurse correlation	0.651	< 0.001

Conclusion This study demonstrates that estimates of patient's distress during endoscopy are comparable between nurses and endoscopists. Whilst this finding is reassuring, procedural pain remains an important outcome measure better identified by nursing staff. We advocate that increased importance should be given to nursing assessments during endoscopic examinations.

Disclosure of Interest None Declared.

PTH-120 NURSING CHALLENGES OF IMPLEMENTING THE THREE SESSION DAY

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Introduction Introduction: Three session working day in endoscopy was implemented at the Royal Liverpool hospital (RLH) in October 2009: in order to increase capacity as there was no room for estate expansion. The main drivers for this were increased projected activity from Bowel Cancer Screening and the increased waiting times.

Methods Aim To discuss the nursing challenges when implementing three session days.

Results Initial steps: The three session day provides 18 extra lists per week. The business case provided a comprehensive breakdown of what would be achieved by the three session day, why it was necessary, what this would mean for the patients and what it would mean financially for the trust.

Workforce Challenges As nursing establishment increased, 10 WTE nursing staff/HCA, including one band seven Deputy Manager/Trainer. It is important that new staff are flexible. Workforce redesign, skill mix reviews, and altered contracts required careful negotiation and planning. Changing nursing rotas was a challenge as the new template did not marry well with traditional Monday – Friday 9–5pm nursing rotas. A creative and flexible approach to shift patterns was necessary, this allows maximum flexibility in rostering shifts but staff benefit from more time away from the department. Each staff member should be individually considered for each type of flexible working plan. It is important to robustly manage staff absence.

Training Challenges A culture developed of staff only feeling confident to do certain procedures, thus limiting the skill mix across the department. It was realised that so many new starters and an expanded workforce required further investment in training. It is essential to have a senior nurse to focus on training. Since then a full training programme has been implemented providing clear guidance

and structure to all staff. Support is also provided in weekly training sessions and cascade training.

Leadership Steering a team through any organisational change required strong medical, managerial and nursing leadership, with key skills of problem solving, organisation, negotiation, and the ability to communicate the right messages to the team. Communication strategies include weekly activity meetings with the managers, senior nurses, admin manager and endoscopy leads. Monthly staff meetings, quarterly user group meetings, Glitch board, communication board and daily team brief were introduced to facilitate feedback and communication.

Conclusions The three session day benefitted the department greatly by increasing much needed capacity when there was no room for expansion. It has been challenging and has only been successful through effective communication, a team approach and a commitment to achieving a common goal.

Disclosure of Interest None Declared.

PTH-121 PRACTICALITIES OF IMPLEMENTING A THREE SESSION DAY IN ENDOSCOPY

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Introduction Introduction: The three session day (8.30–20.30) was implemented at the Royal Liverpool Hospital (RLH) October 2009; this was necessary to guarantee an increased capacity in order to meet current and predicted service needs to accommodate the increase in activity lower GI investigation including the bowel cancer screening programme (BCSP) and rise in complex endoscopy

Methods Aim This is a reflective look on how this programme of change was implemented, what was achieved by its implementation and what lessons have been learned through the process.

Results Prior to implementation 4 rooms were undertaking 12,000 procedures per year with 40% inpatients 60% day-case activity. Waiting times were urgents 2–5 wks, routine 8–9 weeks, and surveillance 19 weeks

Workforce planning and implementation A collaborative approach between Trust (business case approval), Consultants, Nurse Managers, Administration and Human Resources and nursing unions was necessary to ensure full staff engagement as shift patterns had to be changed; job plans and contracts had to be altered. The increased workload required a long term investment of; 3X WTE Consultant Endoscopists (6 lists each), 1 X WTE Nurse Endoscopist (for training and 6 lists), 10X WTE Nurses/HCAs, 1X WTE Admin Manager, 2 X WTE Admin staff, 1XWTE Medical secretary. 1xWTE Nurse Educator, 1 WTE: Unit Manager

List scheduling 3 rooms are simultaneously run in the evening; these are segmented into 1 upper, 1 colonoscopy and 1 in-patient list. The day-case lists are shorter at 3 hours; so either 4 colons, 10 OGDs, 4 EUS or 6 in-patients are schedule per list. No complex endoscopy is listed. Patients listed have been younger with less comorbidity thus reflecting the working population. Particular advantage for colonoscopy as all bowel prep can be taken on the day of procedure.

Results Activity has increased to 16,000 procedures per annum with > 85% being day-case. This is due to a work-force flexibility and continual stream of communication through the admin manager to achieve list utilisation > 95%. With full booking, DNA in evening is < 5%. In our patient survey, 85% reported that they do not mind, are willing or very willing to come in the evening list. Waiting times; all urgent are within 2 weeks, routine within 6 weeks and Surveillance within 6 weeks.

Conclusion 3 session day can improve capacity and reduce waiting times but needs workforce planning and significant capital