

teams, and after interventions by PDSA3 all night team doctors were taking breaks.

Discussion/Conclusion PDSA interventions were successful in increasing staff breaks, however sustainability of results in Junior Doctors will require a culture shift where doctors take personal responsibility for taking breaks. This is well-modelled by the PNPs who effectively arrange cross cover for breaks. A culture shift to improve patient safety overall can be aided by nominating a Junior Doctor break 'Champion'. Encouraging break taking in staff on night shifts will not only increase morale and wellness in the workplace but also contribute to improved patient care.

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G534(P) TRUST PROVIDED BREAKFAST FOR ALL NIGHT STAFF IN THE CHILDREN'S HOSPITAL

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Aims Staff wellness is a fundamental pillar of the modern service. In the current climate, staff are under increasing stress with the potential to feel undervalued. The overarching aim of this project was to try to give something back to the work force to recognise the incredible service they provide.

Methods Following a multi-disciplinary discussion, the option of a complimentary post night shift breakfast was trialled. We all acknowledging that post night shift staff can be tired, hungry, emotionally fatigued and stressed. This was available to all staff within RBHSC and not limited to medical or nursing staff. Promotion occurred in the form of posters, emails and word of mouth.

Results An emailed survey was distributed to all staff to gain feedback with 49 responders. 79% were aware of the project was running with 93% strongly agreeing or agreeing that this was a great policy. 92% felt the addition of a snack would be beneficial. When questioned if this helped staff get home safe, 50% agreed or strongly agreed, 38% neutral and 12% disagreeing. In the free text box comments included; 'I believe this would do some way of showing a caring work force they are cared for too', 'It's lovely for staff to bump into others post night and chat/de-stress', 'Kindness is magic' and 'I think it is a lovely gesture to show that management are trying to support all staff working overnight'. The project started with offering a hot beverage and following feedback was extended to include water, fruit juice, light snacks as well as hot beverages.

Conclusion The project was promoted on Twitter with excellent feedback and multiple re-tweets, generating a lot of positive dialogue. This project demonstrates how we can better look after our work force with small improvements aiming to improve morale, make staff feel more valued and prompting a positive culture in our work place. A key component was ensuring this was available to all staff who work nights, not just medical and nursing.

G535(P) DO TREATMENTS FOR PAEDIATRIC CHRONIC FATIGUE SYNDROME IMPROVE PAIN? A SYSTEMATIC REVIEW

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Aims Paediatric chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME) is common (prevalence 1–2%). Two thirds of children experience moderate or severe pain, and this is associated with increased fatigue and poorer physical function. However, current treatment approaches do not target pain.

This systematic review aims to identify whether specialist treatment of paediatric CFS/ME improves pain.

Methods We conducted a detailed search in MEDLINE, EMBASE, PsycINFO, and the Cochrane Library. Two researchers independently screened texts published since 1994 with no language restrictions. We searched trial registration websites for unpublished trials and hand searched reference lists of all included studies. Inclusion criteria were (1) RCTs & observational studies; (2) Participants aged <19 years with CFS/ME; (3) Measure of pain (quantitative, qualitative, or mixed methods) before and after an intervention.

Results Of 1898 papers screened, 27 studies investigated treatments in paediatric CFS/ME, 20 of which did not measure pain. Only 5 treatment studies measured pain at baseline and follow-up and were included in this review. Four of the studies investigated behavioural interventions and one study investigated a pharmacological intervention (low dose clonidine). None of the interventions were specifically targeted at treating pain.

Pain measures used were heterogenous and included a Visual Analogue Scale, CHQ-87 Bodily Pain Subscale, Brief Pain Inventory and a mean Daily Observed Pain score. Of the included studies 2 showed no improvement in pain scores with treatment, 1 small study described an improvement in pain in one subgroup, and 2 studies identified improvements in pain measures in 'recovered' patients compared to 'non-recovered patients'.

Conclusion Despite the prevalence and impact of pain in children with CFS/ME surprisingly few treatment studies measured pain. In those studies that did measure pain, there is limited evidence that treatment helps improve pain scores. However, patients who recover appear to have less pain than those who do not recover. More studies are needed to determine if pain in paediatric CFS/ME requires a specific treatment approach, with particular focus on patients who do not recover following initial treatment.

G536(P) SEAMLESS YOUNG PEOPLE'S SERVICES AND RARE DISEASES: THE BEST OF BOTH WORLDS?

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Transition from paediatric to adult services is a challenging process and developing rare, life-threatening, lifelong illness