- 7% (9/132) reported some but not all the time
- 1% (1/132) reported every time

Reasons cited for not reporting include:

- 'Too time consuming' (25%, 34/136)
- 'Nothing will change' (10%, 14/136)
- 'Working over hours is normal/expected' (10%, 14/136)
- 'Don't know how to report' (10%, 14/136)
- 'Worried about perceptions' (8%, 10/136)

Conclusions Based on our regional data, it is likely that exception reports submitted to trusts are only part of the picture regarding trainees working over scheduled hours. Trainees do not complete exception reports for a range of reasons as cited above.

The process of exception reporting should be reviewed and culture surrounding it explored if it is to be an accurate reflection of activity. This would hopefully lead to an increase in trainees' confidence in the system and improved engagement, to facilitate its role as a tool for safe working. Regionally, this data has been fed back to RCPCH tutors to explore how they can support trainees and trusts in taking this important work forward.

G385(P) GETTING MORE FROM LESS: TACKLING WORK PRESSURES FACED BY PAEDIATRIC TRAINEES

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Aims As part of a wider piece of work looking into the '8 High Impact Interventions to Improve the Working Lives of Junior Doctors' document from NHS Improvement we gathered data on trainees' experience of workplace pressures and what they felt would help them use their time more effectively.

Methods A voluntary questionnaire was designed based on '8 High Impact Actions to Improve the Working Environment for Junior Doctors' document by NHS Improvement. This was circulated on paper at trainees' regional teaching days and online via Survey Monkey from December 2018-March 2019.

Results Responses were received from 47% (143/306) of trainees. 74% (101/137) of trainees reported regularly (44% daily and 30% weekly) carrying out tasks they felt could be shared amongst a range of staff. These included:

- Blood tests, cannulas and blood gases (24%, 34/143)
- Writing/printing forms (11%, 15/143)
- Booking or chasing appointments (11%, 15/143)
- Restocking consumables (9%, 13/143)
- Fixing IT systems (8%, 11/143)

Trainees reported having to duplicate documentation including:

- NIPE (newborn infant physical examination) documentation (22%, 29/134)
- Immunisation documentation (10%, 13/134)
- Copying admission notes from paper into Badger (neonatal online documentation) systems (8%, 11/134)

When asked what trainees thought would help them manage the ever increasing workload, trainees' most common responses were:

- Better IT systems (18%, 25/134)
- Upskilling other team members (18%, 24/134)
- More support staff (15%, 20/134)
- More doctors (10%, 14/134)

Conclusions At a time when there are significant NHS pressures with staff facing increasing workloads, we felt a review of how the paediatric medical workforce is utilised was important. Our data highlights trainees' views on how their time is spent, and how a commitment to quality improvement projects e.g. procedure packs to avoid lost time looking for items and sharing of tasks across a wider multi-disciplinary team may help manage the current pressures more effectively. Such projects are now being undertaken in our region and we aim to feed these back to the wider community in the future.

G386(P) IMPROVING TRAINEE ATTENDANCE AT THE PAEDIATRIC GRAND ROUND

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Method The Children's Hospital grand round runs weekly on a Tuesday lunchtime. Advertisement to, and attendance by, trainees has previously been poor. It has not been the culture for trainees to attend. The grand round committee, college tutors and several members of the junior doctor forum (JDF) worked together to strategise and orchestrate this project.

The style of the grand round was changed to have a more 'trainee-friendly' series of topics and to have trainees lead the teaching sessions. Commonly this has involved case based discussions about interesting cases/conditions that trainees have encountered recently in their work, with valuable learning points for all staff. As well as the topics being more interesting to trainees, the trainees delivering the sessions were able to get assessments done both for their teaching but also for their case based discussion.

Email lists for grand round adverts were updated to ensure that all trainees received weekly reminders, the posters were advertised at trainee handovers and registers of attendance were taken. A minimum requirement of 50% attendance was instigated for each trainee. This was non-punitive but rather to look at which departments were struggling to send trainees to teaching and find ways to overcome this.

Results Looking at registers from 2017 attendance average was approximately 30 people and trainees made up between 15–20% of this. In the last year overall attendance has been higher with between 35 and 45% trainee attendance.

Conclusion By transforming the grand round to be trainee-led and by improving the advertising to target trainees more effectively, we have increased the proportion of trainees attending. The culture is changing, and grand round is becoming part of trainees' weekly routine. In an era of low morale and value we wanted to improve the teaching available to trainees to help improve their working lives and changing the

way in which the Grand Round has been advertised and organised, we have enabled greater learning opportunities for trainees.

G387(P) VARIATIONS IN PAEDIATRIC TRAINING SATISFACTION-A NATIONAL TRAINING SURVEY EVALUATION

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Aims Paediatric medicine is straining under increasing demands. Training satisfaction and work conditions affect trainee recruitment and retention. Annual training surveys by General Medical Council assess quality of training. We aimed to investigate variations in paediatric training satisfaction across the United Kingdom.

Methods Responses from national training survey of 2012–2019 were obtained from the General Medical Council website. Five trainee cohorts were included: Foundation Programme (F1/F2), General Practitioner (GP), Junior Paediatrics Trainee (ST1/ST2) and Paediatrics Registrar (SpR). All UK paediatric centres with at least four years of data were included and categorised by geographical region. Responses are analysed using analysis of variance.

Results The 2019 survey included 4650 paediatric trainees across 179 centres. The highest rated indicators were clinical supervision (90.49), clinical supervision(out of hours) (90.31) and education supervision (87.66) and lowest were workload (47.08), rota design (54.69) and study leave (61.00).

Trainees rotating through paediatrics (F1/F2/GP) report higher satisfaction than speciality trainees (both junior and registrars). Clinical supervision, clinical supervision (out of hours), workload, regional teaching and study leave varied significantly. Nationally, Northern Ireland (NI) ranked highest in 11 indicators, including overall satisfaction. All indicators varied significantly between various regions of the United Kingdom.

Abstract G387 Table 1

Indicator (mean)		1st	2nd	3rd	Variation
Overall	Trainee	F1/F2/GP (82.13)	SpR (81.48)	ST1/ST2 (80.65)	P>0.05
satisfaction	Region	NI (83.42)	Wales (82.74)	South England (81.49)	P<0.05
(81.70)					
Workload	Trainee	F1/F2/GP (50.30)	SpR (43.36)	ST1/ST2(41.18)	P<0.05
(47.08)	Region	Scotland (51.78)	Wales (51.31)	NI (46.97)	P<0.05
Study leave	Trainee	SpR (65.33)	ST1/ST2 (60.88)	F1/F2/GP (58.90)	P<0.05
(61.00)	Region	NI (69.19)	Scotland (68.31)	North England (65.72)	P<0.05
Rota design	Trainee	F1/F2/GP (59.83)	SpR (57.46)	ST1/ST2 (56.20)	P>0.05
(58.63)	Region	Scotland (63.78)	Wales (60.89)	NI (58.07)	P<0.05

Conclusion There are significant differences in satisfaction across training levels and regions in the United Kingdom. To improve staff wellbeing and patient outcomes, trusts should target low satisfaction rates based on national training survey.

G388(P) WHO IS THAT PATIENT? A QUALITY IMPROVEMENT PROJECT TRYING TO ENSURE PAEDIATRIC SURGICAL PATIENTS ARE HANDED OVER TO THE WARD PAEDIATRICIANS

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Problem In our hospital, surgical patients under 16 are admitted to the paediatric ward under shared care. Unfortunately, surgical teams often don't inform the paediatric team of these admissions. This means that sick children can go unnoticed and untreated, as well as wider issues such as safeguarding being missed.

Aim By September 2019 all patients under the care of surgical teams, being admitted to the paediatric wards, will be handed over to the registrar covering the relevant ward.

Methods

Measurement The number of surgical patients admitted to a paediatric ward who are, or aren't, handed over to the ward registrar.

Interventions Three PDSA cycles were carried out with different interventions:

1. Emailing foundation doctors to request that they remind their teams to hand over patients.
2. Placing a reminder sticker on the front of paediatric clerking booklets
3. Moving the reminder to the end of the clerking where a plan is to be documented.

I had placed most of these booklets in our PAU however discovered that most of the patients were admitted through A +E where the booklets ran out.

3b. I ensured there were plenty of stickered booklets in A +E and repeated the measurement.

Results Patients who weren't handed over received a score of 0. Patients handed over by the surgical team received a score of 2 and patients handed over indirectly scored 1.

Abstract G388(P) Table 1

PDSA Cycle	Percentage Patients Handed Over (%)	Mean Score
Baseline	16.5	0.3
1	45.5	0.8
2	30	0.45
3	28.3	0.43
3b	38	0.77

Conclusions and Reflections Despite some improvements the aim of this project was not met. Improving surgical handovers proved more difficult than predicted. Several simple interventions were trialed but had limited effect. The work has revealed issues which may require addressing, for example one surgical registrar didn't realise that paediatric patients were under joint care. Others did not complete a full clerking, thereby not reaching the handover reminder sticker at the end. This remains an important issue for patient safety.