Results 40 paediatric staff members across all training grades participated in the well-being programme. Staff members provided feedback on the classes via an anonymised questionnaire. 100% of respondents 'strongly agreed' that the sessions improved team morale and bonding. All respondents either 'agreed' or 'strongly agreed' that they found the sessions beneficial. However, half of respondents either 'neither agreed or disagreed' or 'disagreed' that sessions helped reduce burnout. Key limitations of the project included, reduced attendance rate when classes occurred outside of normal working hours and difficulty ensuring consistency of classes (classes were run by trainees and so were dependent on their workload).

Conclusions Exercise has a proven benefit in improving well-being and work related mental health problems.⁴ This quality improvement project has shown a demand for introducing work-based activities and that it is beneficial and well regarded by paediatric staff. However, limitations regarding sustainability of such a programme need to be addressed in order to ensure longevity of the project and further work is needed to address whether this tackles the root cause of burnout.

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G401(P) ROYAL COLLEGE CONFERENCE PANELS OVER THE LAST FIVE YEARS: HOW INCLUSIVE HAVE THEY BEEN?

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Background In early 2019, the issue with 'manels' was highlighted. This prompted us to look into how widespread the problem is. We wanted to examine the conferences of the UK medical Royal Colleges over the past five years to assess the diversity of the keynote speakers.

Methods We identified the fourteen main UK Royal Colleges and looked up their conference programmes from 2015 to 2019. We examined the proportion of keynote/plenary session speakers who were male and female and who were Caucasian or from Black and ethnic minority (BME) backgrounds.

Results Out of 70 conferences, we were able to access programmes from publicly available data for 20 (29%) conferences for eight Royal Colleges. The RCPCH conference programmes are only available for the previous year, making trends for our College difficult to examine.

In 60% of conferences there was a predominance of male speakers and in 15% there were an equal number of female and male speakers. The overall trend was of an increasing equality in the number of male and female speakers from 2015 to 2019. In terms of ethnicity, only 10% of conferences had an equal number of BME and Caucasian speakers. There was a mean of 2 BME speakers and 8 Caucasian speakers per

conference. The trend from 2015 to 2019 did not show any improvement in BME participation.

Discussion Our findings show that there has been an increase in the number of female speakers at Royal College annual conferences over the last five years however there is still some way to go. We also need to improve the proportion of BME speakers. We need to encourage conference organisers to think about equality and diversity when they plan for meetings. We also need to explore possible barriers for women and BME speakers; is it that they are not given the opportunity or are there reasons for which they are unable to take up these opportunities? We also need to encourage more Royal Colleges, like the RCPCH, to publish data on conference panels and to allow conference programmes to be publicly available.

G402(P) A REVIEW OF OUR LOCAL EXPERIENCES WITH THE SUPPORT RETURN TO TRAINING POLICY: IS IT WORKING IN PRACTICE?

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Background Health Education England has introduced a Supported Return to Training (SuppoRRT) policy advocating additional provision for returning trainees. This echoes feedback previously presented from local trainees demonstrating need for increased training resources. Following the introduction of a local RTT policy in 2018 we aimed to evaluate uptake to inform further resource provision.

Methods Online questionnaire to all educational supervisors and all trainees taking time-out-of-training across deanery.

Results Currently, we have responses from 15 educational-supervisors and 11 trainees.

82% trainees and 87% educational-supervisors were aware of the policy; most trainees learnt about it during time-out. This was reflected by the 64% of trainees who did not arrange a pre-absence meeting or make any advance plans for anticipated needs on returning. Many limitations were discussed regarding keeping-in-touch (KIT) days. Post-absence-review meetings were reported by 44% of trainees and 86% of educational supervisors. Supportive measures were arranged by 66% of trainees to aid return. A period of supervised-on-calls on return was reported by 86% of supervisors but no trainees, with 75% deeming it unnecessary. 78% of trainees and 43% of supervisors did not report confirming-readiness-to-practice meetings before usual on-calls resumed. 57% of supervisors were unaware of SuppoRRT-funding available to meet specific training needs.

Overall 91% trainees and 87% of educational-supervisors found that the RTT policy was working well, either partly (64% and 47%) or mostly (27% and 40%). Both trainees and supervisors felt that the policy improved trainee wellbeing (57% and 57%), trainee development (42% and 21%) and patient safety (71% and 64%). Comparing responses from our previous survey, following implementation of the policy there was a reduction in trainees feeling 'unnecessarily exposed' from 76% to 27%.

Conclusion Overall there are positive responses on the new RTT policy, although the method introduces inherent bias.

However, some resources are not fully utilised such as KIT days and a 'supervised-on-call' period. Increased awareness of the policy and implementation of RTT meetings is required alongside increasing accessibility of training-resources to enable appropriate tailored support for returning-trainees.

G403(P) MOODSEY: DEVELOPING A THEMATIC REAL-TIME STAFF MORALE TRACKING MODEL

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Aims To develop a method of continuous assessment of subjective staff morale reporting and use the reporting data to inform improvements to staff wellbeing.

Methods A system, entitled MOODSEY, was developed asking multidisciplinary staff in a busy urban paediatric unit to anonymously retrospectively rate each shift as a 'Good Day' or 'Bad Day' at its conclusion. Broad demographic information was collected to aid with subgroup analysis. 'Complete' data required all 4 fields completed. This data was aggregated, and a score was plotted on a run chart.

Prior to data collection, a listening exercise occurred to generate themes that staff reported as affecting their shifts. When reporting, staff were encouraged to signal which of these themes had led to their choice. These themes were aggregated and analysed using the Model for Improvement to inspire changes that would improve future scores & the frequency of themes being reporting.

Paper and digital reporting techniques were designed to be minimally time-consuming and local champions encouraged reporting

Results The unit average MOODSEY score was plotted on a scale of -1 to +1 plotted on a run chart. In the first 2 months of reporting, a median score of 0.7 with statistically appropriate variability was found. Statistically significant shifts were seen for both positive and negative reporting.

Thematic data showed that negative reporting was most commonly associated with Poor Staffing, Incivility and Unsupportive Seniors whilst positive reporting was associated with a Good Atmosphere, Good Teamwork and Supportive Seniors.

885 responses were collected in total (mean: 12.5 responses/day). The presence of champions on shift improved response rate for all roles. 66% of reporting cards were completed fully.

Conclusion The MOODSEY system has proven the concept of 'smart real-time monitoring of staff morale'. Thematic analysis correlates with existing findings in the literature. Further iterations are required to integrate the project into the department however the encouraging initial success gives a platform for ongoing assessment of work aimed at staff wellbeing.

G404(P) SEEING STARS – THE INTRODUCTION OF MOTIVATIONAL TRAINEE STAR CHARTS: A QUALITY IMPROVEMENT PROJECT

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The aim of our project was to introduce an initiative to support completion of supervised learning events (SLEs) and to encourage praise of trainees' successes with the goal of improving the quality of paediatric training and to boost trainee's morale.

All paediatric trainees are required by the RCPCH to collect a portfolio of various (SLEs) during their rotations, however finding the time to complete these assessments can be challenging. Furthermore, although there are systems in place for reporting error and malpractice within the NHS, there are few initiatives that promote the recognition of positive achievement.

We conducted a short questionnaire amongst paediatric trainees from ST1-ST8 looking at trainees' experiences in gaining SLEs, and on the effect of SLEs on trainee satisfaction. We found that the majority (>50%) of trainees did not feel supported in gaining SLEs during their placement. We also found that the majority (>70%) of trainees felt that receiving praise for successfully completing SLEs significantly affected their job satisfaction. Unfortunately, few trainees reported receiving this praise in practice.

We then introduced motivational trainee star charts. For ST1-ST8 trainee's stars were awarded for the completion of a variety of clinical procedures. For ST4-ST8 trainees and for consultants stars were also awarded for completing supervised clinical examinations, case-based discussions and direct observed procedures with junior trainees.

Following the intervention we carried out a further survey to analyse the impact of the star charts on trainee's motivation. The majority of trainees reported an increased number of SLEs gained per week following the intervention (88%) and that they felt better supported to complete SLEs by seniors (88%). There was an overall increase in job satisfaction (100%) and it was reported that they found it easier to share opportunities with peers to perform skills (100%).

Due to the success of the project the star charts were taken on by the department and were used for subsequent cohorts of trainees.

G405(P) USING DIGITAL MEDIA TO IMPROVE ACCESS TO TEACHING

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Method Uptake of traditional face-to-face MRCPCH written exam teaching sessions in Wales has been poor for three years despite interest being high among trainees. The aim of this project was to explore examinee experiences with the teaching programme and to use learner suggestions as part of a collaborative process to design a new teaching programme.

A survey was sent to doctors working in paediatrics in Wales. Data was collected from February until March 2019. Questions included quantitative information on exam teaching uptake as well as qualitative questions on suggestions for improvement. Results were then used to design a new teaching system.

Results There were 17 respondents. Reasons given for not attending teaching included having prior clinical commitments (47.1%) or the teaching being held too far from their base hospital (11.8%). The two most popular suggestions to