the event there was a marked increase in confidence with 94% of attendees feeling 'confident' or 'very confident' after the event, compared to only 44% before the event.

Conclusions The 'Welcome to Paediatrics' day increased the confidence of ST1 doctors starting paediatric training in the West Midlands. ST1 doctors appreciated the two-pronged approach, which provided both practical information as well as an emphasis on wellbeing. A similar day could be arranged in different deaneries and for different specialties.

838 IMPROVING TRAINEES EXPERIENCES WITH ADVERSE EVENTS

Naresh Seeboruth*, Sally-Ann Delaney*. *North Middlesex Hospital*

10.1136/archdischild-2023-rcpch.711

Paediatricians will experience an 'adverse event (AE)' such as a complaint, child death, angry parent, unexpected outcome or investigation.

Objectives Our aim is to standardise and support trainees going through AE by improving trainee wellbeing through peer-to-peer sharing and educational sessions.

Through implementing 1. A safe forum for trainees and consultants to share their experiences

2. Educational training on:
- Healthcare Safety Investigation Branch (HSIB)
- Serious incident (SI) investigations
- Coroners court
- Complaints
- Statement writing

3. An Inclusive Local Policy standardising the support trainees receive.

Methods - Pre-survey to identify the prevalence and experiences of trainees going through AE.

- Deliver regular sessions supported by the clinical psychologist to encourage, peer-to-peer reflection on their experiences with AE promoting shared learning.

- Deliver short seminars over a period of 6 weeks on SI's, HSIB, complaints, coroners court and statement writing.

- Gather feedback from reflective sessions and seminars through post-test surveys.

- To design and implement a local policy to standardise and formalise the support trainees receive following an AE.

Results - Twenty four trainees completed the pre- survey.

- All trainees had been involved in an AE and underestimated the number of their colleague's experiencing similar AE.

- Of these, 42% trainees had been involved in an SI, 34% a complaint, 34% court hearing, 15% HSIB, 3.8% referred to the GMC.

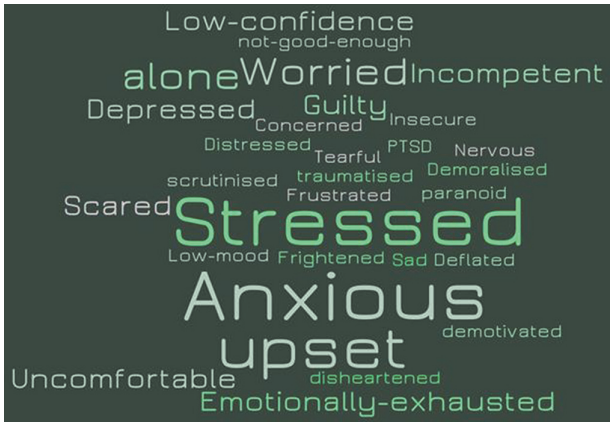
- The majority of trainees shared feelings of anxiety, stress and worry following an AE (diagram 1).

- 69% of trainees had written a statement but 61% did not feel confident with this.

- 53% of trainees were not aware of the resources available to support them.

- 50% of trainees were not confident in any of these processes

- No formal local policy on supporting trainees with AE was available. Trainees described varied levels of support based on 'who they knew', consultants agreed this support was dependent on individual consultant experience.



Abstract 838 Figure 1

Conclusion Trainees all shared similar feelings of anxiety, stress and worry following an adverse event, as well as a perceived feeling of being 'judged' by their peers. Trainees felt these experiences negatively impacted their mental health. Reflective sessions helped normalise the feelings trainees had when dealing with AE, creating a sense of support, reassurance while promoting collaborate learning. Specific teaching sessions improved knowledge, understanding and preparedness. A local policy for supporting trainees is in the final process of being implemented

860 EXCELLENCE EXCHANGES TO IMPROVE REGIONAL PAEDIATRIC TRAINING

Margot Van De Vijver*, Thomas Rance, Alexandra Perkins, Katie Ferin, Bridget Callaghan, Jonathan Round. *London School of Paediatrics*

10.1136/archdischild-2023-rcpch.712

Objectives The annual London School of Paediatrics(LSP) trainee survey, of on average 950 trainees, year on year shows variation in overall training placement satisfaction amongst the 31 Trusts. The 2022 LSP survey showed that 78% of trainees rated their placement as good/excellent, which leaves a quarter of trainees experiencing training which is average, below average and poor. To ensure a high standard of training is available to all trainees across Trusts and the variation in trainee placement satisfaction is minimised, Excellence Exchanges ('EEs') have been developed. The 'EEs' provide an opportunity for Trusts to showcase their 'Excellence' and share how they have resolved challenges faced in providing training. The Exchanges also ascertain using the LSP survey which areas of training to improve locally and develop solutions with support from the LSP and Deanery.

Method The 'EEs' are widely advertised and individual Trusts voluntarily sign up to participate. The 'EE' is organised by the LSP Trainee Committee and supported by HEE/London Deanery (Head of School and TPDs) and LSP (College Tutors and Trust Reps). Integrated working between the Deanery, LSP and at the Trust level locally by the Trainees and Consultants is key to the execution and success of the 'Exchange'. There is a preparation pack and the 'Exchange' follows a set structure with a Powerpoint to ensure the process is standardised and each 'EE' discusses; the LSP survey data, The Excellence (what and how maintained) and Improvements (what and

plan). Exchange posters are completed and a local 'EE' champion supervises QI work and feedback. All excellence and learning from the Exchange is collated and shared on the LSP website and Bulletin.

Results To date, six Trusts have participated in an 'EE' of which 2 were Tertiary centres and 4 District General Hospitals. Four exchanges occurred in person and 2 virtually. Three further Trusts have been scheduled. The feedback has been overwhelmingly positive. One college tutor commented 'such a buzz and great to have your insights. Work afoot to start our action plan'. Another College Tutor commented on 'the relaxed, friendly and non-threatening nature of the Exchange'.

Conclusion The 'Excellence Exchanges' are a welcomed initiative by trainees and trainers to ensure high quality training is provided and maintained in Trusts across the LSP. The Exchanges are a structured and non-judgemental way for shared learning and improvement work to take place locally with support from the Deanery.

866 QI LITE: AN INITIATIVE TO EMPOWER TRAINEES WITH QI PROJECTS TO INCREASE TRAINEE SATISFACTION, IMPROVE WELL-BEING AND REDUCE BURNOUT

[1]Rebecca M Sweeney*, [1,2]Sahana Rao. *[1]OUH NHS Trust; [2]University of Oxford*

10.1136/archdischild-2023-rcpch.713

Objectives QI Lite is based on the concept that QI is for everyone. There was increasing demand on our services, and trainee morale was low. NHS staff were experiencing high levels of burnout.[1]Whilst some factors were beyond our control, we aimed to reduce burnout by facilitating a supportive, compassionate, and positive experience. We strongly believe in enabling those closest to the problem to find answers and creating conditions for them to improve the culture. QI Lite is an initiative to empower trainees to increase their joy, prioritise their well-being and empower them to make changes to improve their workplace by undertaking small but important QI projects.

Methods During the COVID pandemic, with seemingly insurmountable negativity affecting the medical community, we initiated QI Lite. We conducted multi-professional QI Lite workshops to enable participants to discuss workplace frustrations and brainstorm mini-QI projects to address them. QI methodology was taught, and participants received Consultant/QI Lead support. The focus was on projects which directly impacted patient care and trainee well-being. We celebrated project success by publicly recognising trainees.

Results We have undertaken over 20 QI Lite projects, including:

Our project improved the efficiency of blood gas sampling by granting more expansive access to gas machines. It eliminated the need to walk to the ED by 0.85 km each time, reducing distance waste by 66%. We estimate this saves trainees an average of 24 minutes each day.

Another project eliminated the frustration of frequently struggling to find equipment (otoscope, ophthalmoscope) by having clearly labelled sites on the wards.

Multiple projects included developing an easy-to-access patient co-morbidities list within the electronic patient record (EPR), streamlining doctors' workflow, templates to improve EPR documentation which improved patient safety, appropriate financial remuneration, and reducing trainee frustrations.

Conclusion The overwhelming feedback was about trainees being valued; being involved in QI Lite gave them a sense of achievement and belonging. QI Lite eliminates the barriers to trainees' participation in QI, namely current demands and rotating across clinical sites before larger projects can be accomplished. It enables successful participation in QI when they can, where they are. QI Lite reinforces trainees' QI education. Trainees can successfully execute projects shortly after QI teaching day, supporting the real-world implementation of QI learning and combatting Ebbinghaus' Forgetting Curve.[2]

QI Lite projects have shown that using QI can increase trainee satisfaction, improve well-being and reduce burnout. This is easily adaptable in other settings.

REFERENCES

1. NHS Staff Survey 2021: National results briefing, NHS and Staff Survey Coordination Centre at Picker Institute Europe, March 2022.
2. Über das Gedächtnis: Untersuchungen zur experimentellen Psychologie, Hermann Ebbinghaus, 1885.

935 JUNIOR DOCTORS' MISSING MONEY: SYSTEMATIC PAY ERRORS ACROSS LONDON TRUSTS

[1]Dominic Carr*, [2]Hermione Leach*. *[1]Imperial College Healthcare NHS Trust; [2]Epsom and St Helier University Hospitals NHS Trust*

10.1136/archdischild-2023-rcpch.714

Objectives The 'Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016'[1] has substantially changed the way junior doctors are remunerated. Salaries now consist of multiple discrete elements, each with a unique method of calculation. For less-than-full-time (LTFT) doctors each element's value is calculated differently, adding further layers of complexity. Both doctors and Human Resources (HR) struggle to understand these calculations, leading to common and often unnoticed underpayments. We outline the extent of the problem, financial impact and scale across trusts, and present our solutions to resolve these recurring issues.

Methods From 2020 to 2023 we have supported paediatric doctors across London to identify and rectify pay errors through informal support, roles as LTFT Trust rep, and through a recently developed Pay Clinic run through the London School of Paediatrics. With careful review of work schedules and payslips, contractually accurate salaries were compared to actual pay to identify errors. We have quantified the extent and breadth of errors encountered.

Results Errors in pay were identified within all 12 trusts studied. 22 distinct errors are delineated, often replicated across trusts, with the most substantial being an underpayment of £20,836 per year affecting three doctors. While pay errors impact all doctors, we found that LTFT doctors are disproportionately affected.

The most common error was miscalculation of the LTFT weekend pay supplement, which was often found to be systematic, affecting every LTFT doctor in affected trusts. The most challenging errors to identify pertain to 'Prospective Cover' calculations, a poorly understood but vital element of calculating accurate pay. Its misuse can cause pay errors upwards of £7,500 per year and has caused rotas in some trusts to illegally breach the European Working Time Directive.

To date, this work has supported trainees to reclaim over £100,000 gross, with additional advice and supporting letters