- b. Patients who underwent primary closure had significantly shorter times to first feed and a shorter duration of parenteral nutrition.

This study describes our practice and contributes to the growing pool of data regarding gastroschisis. In the absence of consensus, this may aid management decisions and reduce adverse outcomes.

G141(P) TRANSFORMING CULTURE

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Background Trainee led initiative in response to National Training Survey (NTS) reflecting disengagement and disenchantment among trainees.

Aim To set up a Trainee Forum in a Neonatal Intensive Care Unit, which would be chaired by the senior trainees. The purpose was to identify trainee issues in a timely manner and highlight them to trainers, clinical director, deanery and the medical education team.

Methods A bi-monthly, closed meeting for trainees was established. Issues raised included improving teaching structure, postnatal ward set up, handover, valuing trainees and prioritising training needs. This was fed back by the senior trainee at the departmental Senior Staff Meeting. Working groups to target the different areas were established. Sessions with the 'Workplace Behaviour Champion' were organised to support and empower trainees. Trainee experience was measured at six months using PHEEM (Postgraduate Hospital Educational Environment Measure) and at twelve months on the NTS.

Results A joint medical/nursing education group was set up, resulting in revision of the teaching schedule and simulation. A 'What's on' bulletin of teaching opportunities was emailed out weekly. Teaching sessions were also highlighted at staff handovers. The handover structure was revised. A Quality Improvement(QI) project was established, reviewing ward rounds to maximise training opportunities. Positive behaviours were reinforced and mentoring was provided for trainees by senior trainees, management and the deanery. 'Baby-check' clinics were also set up as a QI project. The PHEEM questionnaire demonstrated improvement in some areas at six months, particularly in availability of training opportunities, education and morale. This was sustained on the NTS survey at 12 months.

Conclusions The Trainee Forum was successful in bringing all staff groups together as a team and motivating them to be the vehicles of change. This is an ongoing project with continuous feedback in real time from trainees. This multi-prong approach has demonstrated improvement in training on initial survey. Changing attitudes can be challenging but this process continues to engage trainees, consultants and managers towards modelling a positive work environment. It has also provided a platform for senior trainees to be involved in clinical leadership and engage with managers in a very meaningful way.

Child Protection Special Interest Group

G142 FEMALE GENITAL MUTILATION SURVEILLANCE IN UNDER 16 YEARS OLDS IN THE UK AND IRELAND

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Aims Female genital mutilation (FGM) is the name given to procedures that involve partial or total removal or other injury to the female genitalia for nonmedical reasons. This study describes the presentation, incidence and clinical management of children with FGM in the UK and Republic of Ireland (ROI).

Methods Cases of FGM were reported using the established national British Paediatric Surveillance Unit (BPSU) reporting system. The data period is from November 2015-November 2017 with a 12 month follow up.

Results These interim results are from 120 cases reported (November 2015-September 2017). 61 (51%) had confirmed FGM, 18 cases were reported in error or were duplicates, 36 questionnaires were incomplete [5 did not meet case definition]. 48% (n=29) of the 61 confirmed cases were classified as type 2.

In over 72% of the 61 cases, the parent disclosed child's history of FGM. At the time of diagnosis, 80% of children (n=49) were four years or older (11 cases not recorded). Most children were diagnosed between 5 years and 10 years 11 months (n=27) or 11 years and 15 years 11 months (n=20) with 3 cases diagnosed between 0 and 4 years 11 months. In 51% of cases FGM was said to have been performed when the child was between 0 and 3 years (n=31). 93% (n=57) were performed before arrival to the UK.

13% (n=8) of children had medical symptoms attributed to FGM, with 7% (n=4) of children identified to have mental health symptoms relating to FGM. No children presented with a history of labiaplasty or genital piercing.

Conclusion Numbers reported were lower than expected for UK estimated prevalence with fewer physical and mental health symptoms than anticipated. Further information is needed to determine illegality under UK law. These findings should be used to educate health, social care, police and education on prevention programmes to help influence national policies.

G143 HEAD TRAUMA IN UNDER 2'S – ACCIDENTAL VS INFLECTED?

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