interactions and teaching have improved as new elements have been added to these days, and with exposure and practice in this new way of working.

Recommendations The Graduate Team found interactions and reflections from learners are more readily offered up where there are a variety of ways to present these, rather than solely having to speak on camera to their teacher and peers, and would recommend incorporating these into virtual learning programmes.

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COMMUNITY SPEECH AND LANGUAGE THERAPISTS' VIEWS OF REPORTS FROM THE NEURODEVELOPMENTAL ASSESSMENT CLINIC AT GREAT ORMOND STREET HOSPITAL

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The Neurodevelopmental Assessment Clinic (NAC) at GOSH is a multi-disciplinary, tertiary level service which provides specialist expertise in the assessment of children with complex neurodevelopmental disorders and provides diagnostic opinions regarding autism, language disorder, intellectual disability, ADHD. At the end of each child's assessment, NAC gives a summary report to parents and key professionals such as the child's community Speech and Language Therapist (SLT). Community SLTs have an important role carrying out therapy and providing advice and support to children's schools and parents/carers.

The aim of this study was to evaluate whether the summary reports prepared by NAC are an effective way of communicating the clinic's key findings and recommendations to community SLTs. This study was carried out by Phoebe Martin, UCL MSc student, supervised by Abigail Mance, GOSH SLT and Dr Carol Sacchetti, Principal Teaching Fellow at UCL.

A survey was given to twelve community SLTs and one further telephone interview was completed. Thematic analysis methods were used to analyse the data. Fifteen paediatricians' (referrers) opinions, gathered from a previous study, were used for comparison.

Overall NAC's reports were valued by the community SLTs as they added to their knowledge and they reported the recommendations in the reports were realistic. Thematic analysis showed that resources such as time and what the local service could offer were both facilitators and barriers to implementing recommendations. External factors also had implications for the implementation of recommendations. Higher alignment between NAC's recommendations and community SLT services' resources, such as time and staffing, increased the likelihood of the recommendations being implemented.

Further investigation of how useful other key professionals in the community such as teachers find the reports from NAC is recommended.

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BIOETHICS SUPPORT IN A TERTIARY CHILDREN'S HOSPITAL DURING THE COVID-19 PANDEMIC

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During a pandemic, ethical concerns arise in relation to allocation of resources for seriously ill patients. The COVID-19 pandemic predominantly affected adults with a high associated morbidity and mortality, however it was anticipated that there would also be an impact on the paediatric population. There were four phases to the work of the Paediatric Bioethics Centre (PBC) service at GOSH:

1.Preparation: Documents to support/guide hospital teams and regional inpatient, community and hospice settings were prepared with colleague. We adapted existing 'ethics support' mechanisms to combat workforce moral distress, distress/injury.

2.Bioethics activity: was highest in the rapid response service where difficult treatment decisions were considered with clinical teams, families and young people. 12 reviews were carried out from March- May to consider experimental antiviral treatment, allocation of resources in the context of COVID-19 and non Covid cases considering a ceiling of treatment. Telemedicine facilitated the rapid response to these urgent cases and involved parents, including those not in the hospital.

3.Education: the service provided 'pandemic webcasts' on decision-making and broader child-health concerns. Staff support with other wellbeing services has been essential, especially for those deployed to overwhelmed local adult ICUs.

4. Reflection: focussed on (a) Research Re future deployment to minimise moral distress/injury, b) remote video-conferencing – parents/participants experience/ability to consider complex ethical issues and c) role of faith/non-faith in society's recovery.

This work illustrates the importance of the role of the Paediatric Bioethics Service in a tertiary children's hospital during the COVID-19 pandemic.

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THE IMPACT OF THE COVID-19 PANDEMIC ON THE PROVISION OF CHILDREN'S HEALTHCARE- CONSIDERATION OF THE ETHICAL ASPECTS

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The major impact of the COVID-19 pandemic has been on the health of adults. A small percentage of children have been acutely ill with COVID-19. Urgent reconfiguration of services with centralisation of paediatrics to free up resources for ill adults was carried out in North Thames and routine paediatric services at GOSH and in other Trusts curtailed. During a pandemic, the rights and interests of individuals can be trumped by a utilitarian approach to the provision of services such as health, education and social welfare. However, the ethical aspects of the impact of this on children's health requires consideration. Arguably, children have been the bystanders to this process without involvement of young people in planning these changes (Larcher and Brierley 2020). Children have not been able to access treatment locally and visiting was limited to one adult, even for those children with serious, life threatening illness. Face to face outpatient consultations for ill children have not been accessible and community AHPs and services for children with chronic disease and disability have not been available

The principles of minimising harm, and ensuring distributive justice for children should be applied. Most children will recover from COVID-19, but their future will be affected by the socio-economic consequences of the pandemic. Their right to an open future, necessarily entails that their future interests are fully considered.

REFERENCE

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MY OPERATION – A TRIP TO THE THEATRE

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10.1136/archdischild-2020-gosh.60

Over 800,000 children under the age of 17 will undergo surgery each year and this number is rising by 11% each year according to the RCOS, up to 80% (Kain) of these children will experience anxiety on hospitalisation, 12% or 95,322 will still be experiencing the negative effects of procedural anxiety one year later, enough to fill the Emirates football stadium.

Subject matter experts from Great Ormond Street Hospital in collaboration with Professor Jake Abrahams and Georgina Potier of Kingston University have designed a series of books intended to mitigate procedural and hospital anxiety, optimise the patient experience and disseminate knowledge and understanding of the complex steps involved in the journey to theatre. We hope all will agree that My Operation, the latest addition to the series is also great fun.

My Operation tells the story of a journey to the operating Theatre. The book has been crafted in such a way as to make it easy to read while also seeking to deconstruct fear and anxiety.

The book can be read alone or the reading can be shared with a care giver or friend. My Operation, takes the reader on a journey from beginning to end, admission to discharge.

A Narrative supported by illustrations and activities, distract, engage and inform the reader. The book uses animal characters to deliver important and relevant messages about the patient journey in an accessible way and catalogues steps of the journey in sequence, which may be particular value to children on the Autistic spectrum.

My Operation is crafted using 'friendly animals' in such a way as to make it free from gender, culture, race and ability, making accessible to the widest range of children.

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A QUALITY IMPROVEMENT MODEL FOR REDUCING PRESCRIPTION ERROR AT A CHILDREN'S CRITICAL CARE RETRIEVAL SERVICE

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10.1136/archdischild-2020-gosh.61

Objectives We undertook a review of prescribing practice at CATS in order to identify interventions that could be implemented with the aim of reducing the frequency medication prescribing error. The design of the project will allow further assessment of the impact of these interventions through its Plan-Do-Study-Act approach. It will

therefore provide a structure for ensuring a focus on quality during the implementation of future changes, such as moving to e-prescribing.

Introduction The diverse operational environments CATS operate in create unique prescribing and medication-administration challenges. A prescribing accuracy audit is in place but the locally defined target of an error rate of <5% remains elusive. Although the majority of these are low harm their presence acts as a signal that circumstances exist where more serious incidents could take place.

Method We undertook quantitative review of the audit data and used thematic categorization to identify areas of prescribing that are frequently a source of error. Using a validated tool, we stratified the level of exposure to harm these pose to our patients.

An electronic survey of medical and nursing practitioners in the Service was a qualitative exercise to understand the prescribing challenges they face. To explore the perceptions practitioners have of the causation of their own errors we reviewed responses to emails sent to inform them when one is identified.

Results We identified three interventions that will be implemented, and their performance assessed through the methods above. These are an educational initiative, a drug chart adaptation and an administrative process change

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'BUT I'M JUST A CHILDREN'S NURSE...' REFLECTIONS ON REDEPLOYMENT DURING THE COVID 19 PANDEMIC

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10.1136/archdischild-2020-gosh.62

It is well known that children are less likely to be severely affected by Covid 19 than the adult population, and therefore the pandemic earlier this year placed greater demand on adult services. However, the paediatric workforce contributed in a wide variety of ways during the pandemic, including many Children's Nurses at GOSH who volunteered for redeployment into challenging and unfamiliar environments.

This presentation will draw on the reflections of just two of these Children's Nurses, who were redeployed to services and roles that were very different to their normal working environments. The first of these was with the Pandemic Multi-agency Response Team (PMART), attending sudden, unexpected Covid related adult deaths outside of a hospital setting. Working with the London Fire Brigade and the Metropolitan Police, the nurse's role included verifying the death, preparing the body, and supporting bereaved relatives. The second nurse transferred her paediatric intensive care skills to an adult intensive care unit in London.

A post seen on a Covid 19 staff support group on Social Media recently started with 'I'm only a Children's Nurse...' and the author went onto apologise for their need to seek emotional support following their experiences of redeployment to an adult intensive care unit, implying that they had less to offer, or less right to access support because of their qualification. This desperately sad post highlighted the importance of sharing lessons learned during the first wave, especially in the face of currently rising cases.

Using examples from clinical practice within both these areas, this presentation will describe both the challenges and rewards of redeployment as a Children's Nurse into adult