98 COVID-19 RESPONSE IN A RESEARCH HOSPITAL

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Introduction This abstract outlines the actions that were taken as part of the R&I response to the first COVID-19 surge.

Research Activity As a Research Hospital, many of our trials provide essential treatment for children. These were identified using defined criteria; activity continued on 20% of our clinical trials (60/300), both on-site and delivering care remotely. This involved many regulatory and contract amendments which stood us in good stead as we developed a new way of working.

COVID-19 Research The R&D office received 68 requests for COVID-19 related project registrations. 13 approvals have been granted so far. Projects addressing the health, social, economic, cultural and environmental impacts of the COVID-19 outbreak. Much COVID-19 research is classified as Urgent Public Health <https://www.nihr.ac.uk/covid-19/> with the expectation that the Trust will take on these projects.

Staff Redeployment From late March to mid-July, both clinical and non-clinical staff were redeployed across the organisation to provide additional support needed for frontline clinical care and vital operations.

This was managed successfully resulting in re-deployment of 33% of R&I staff (total headcount 130 staff, redeployment represents 55% of nursing workforce) to provide frontline support for COVID-19.

Restart From mid-May 2020, the research portfolio has been reviewed and capacity and capability of all departments assessed. Where appropriate final sign off for restart given by Head of Clinical Research Operations and Head of Governance, Clinical Trials and Contracts.

All studies are under review to restart, with 21 already approved and a number of new studies in the pipeline. Priority assessment is being driven by clinical teams as well as the research delivery teams.

Conclusion Staffing priorities were managed in order to enable R&I to continue delivering essential research whilst prioritising COVID-19 research and providing operational and clinical resource across the organisation to support the additional Trust COVID-19 related activity.

99 CREATING VIRTUAL LEARNING SERIES TO BUILD AN UNDERSTANDING OF QUALITY IMPROVEMENT TRUST WIDE

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Background The Quality Improvement (QI) team facilitates a range of face to face foundation courses which are self-elected and available to all staff across the Trust. The impact of COVID has encouraged the team to think about different ways to deliver this training. The aim of the project was to build a virtual learning series to allow the team to continue to build sustainable understanding of QI Trust-wide

Method The existing content was refreshed from 4 core 90 minute courses to a 6 part series. The target audience was anyone new to QI or those that have some involvement in a

QI project. The series runs for an hour over 6 consecutive weeks, offering a foundation understanding of QI methodology and the tools required to run a QI project.

The course would be delivered via Zoom, presenting from PowerPoint and the team sourced an external tool (Mentimeter) to allow for some interactive exercises during the sessions.

Optional advanced courses and project surgeries are also available to support participants with their QI projects and learning.

The QI Team implemented PDSA cycles (QI Tool) and Evaluation Surveys to improve the delivery of the series.

*Ethical approval not required

Results The series was promoted Trust-wide resulting in registration exceeding recent face to face enrolment.

There was a steady commitment from Cohort 1, feedback has been positive and the additional QI surgeries have also been well received.

Discussion The consistent attendance has confirmed that reducing the course length and conducting the series during the lunch period has resulted in a wider reach across the Trust. It also demonstrates that teams can attend to work on a joint QI project.

Conclusion Through the creation of a virtual learning series, the QI team have been able to continue to build sustainable understanding of QI Trust-wide.

100 SOCIALLY DISTANT BUT CLOSER THAN EVER

Cathy Roberts.

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The Children's Acute Transport service (CATS) is a stand-alone paediatric critical care transport service with a small core team of 12 nurses. With COVID restrictions limiting the number of personnel in office, staff deployed to other services, there were less opportunities to work and socialise together.

A session in an a training day allowed time for everyone to share their experience of the pandemic so far. Staff gained insight into each others experiences, and anxieties, and were able to re-connect as a team. To promote wellbeing, external speakers were engaged to provide training on stress, self care, and psychological PPE which will form part of our annual updates.

101 COVID PROOFING A PAEDIATRIC INTENSIVE CARE TRANSPORT SERVICE

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The Children's Acute Transport service (CATS) is a stand-alone paediatric critical care transport service in the North Thames and East Anglia region. In February 2020, it became evident we would be involved in the inter hospital transfer of potential and confirmed Covid positive patients, necessitating the rapid generation of a plan to examine our process and recalibrate for the pandemic.

All aspects of the transfer process were examined and adapted where necessary, from screening questions at point of referral, minimising equipment, and communication using 2 way radios. Simulation and feedback provided the opportunity to assess if these interventions were practical and could ensure a safe transfer.

102 THE IMPACT OF COVID-19 ON THE GOSH NEWBORN SCREENING SERVICE

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The outbreak of COVID-19 stalled most clinical and non-clinical services across the country, however the Newborn blood-spot screening (NBS) was rated a 'critical service' because the early detection and treatment of 'at-risk' babies helps to reduce mortality and morbidity. NBS is a national public health programme where babies are screened in the first week of life for 9 conditions; 6 Inherited Metabolic Diseases (IMDs), Congenital Hypothyroidism, Cystic Fibrosis and Sickle Cell Disease. The NBS laboratory at GOSH is the largest in the UK, screening approximately 125,000 babies yearly.

Since the start of the pandemic, the NBS service has witnessed many challenges but the team always responded with remarkable resilience and flexibility. Our staffing level was reduced by 21% due to shielding regulations imposed during lockdown. Apart from donning masks and other forms of PPE, COVID-19 forced the laboratory to embrace safer and more sustainable ways of service delivery while ensuring the wellbeing of its staff. We piloted remote working across all laboratory processes and conducted risk assessments to mitigate against any impending risks while actualising established failsafe.

As a pioneer for R&D, GOSH NBS laboratory was fully engaged in activities to support the SCID pilot (a rare condition of the immune system) before the first COVID-19 wave struck. The project discussions continued virtually and our laboratory is now set to commence the SCID pilot following the initial postponement.

The GOSH Newborn screening laboratory has delivered an uninterrupted service with no delays in the reporting of positive results including reviewing of IMD results at weekends. Our laboratory processes have been adapted and some members of our team have completed training as Peer Support Workers to enable participation in early wellbeing discussions among their colleagues. This has provided us with much needed resilience in the likely emergence of a second-wave.

103 GREAT ORMOND STREET HOSPITAL DIGITAL GRAND ROUNDS

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Background Previously attendance for face -to- face Grand Round (GR) at GOSH was 20–50. Numbers were limited by location (offsite from the main hospital), publicising the events, and perceived relevance to staff.

Methods We introduced our first digital Grand Round on 28th April 2020 as Zoom based webinars. The topics were carefully chosen to cover a wide range of subjects related to COVID-19, and we were fortunate to have speakers internally who were experts in the fields. The Q and A session was via Slido and moderated by the GR chair. Diary invites were sent to all GOSH staff in addition to the previous advertising strategies: emails and screen savers. All GRs were recorded and published on the GLA YouTube channel with consent.

Results The digital GR was met with substantial enthusiasm by GOSH staff, the attendance for the first four sessions was: 290, 501, 397 and 203. It was then between 85 and 147 in June. We did notice a considerable drop once trust email became unavailable on personal mobiles. From July, the attendance was around 35 -70. A steady increase in online viewing via GLA YouTube has been observed, with 400 views for one GR. In addition an international speaker was able to present online.

Discussion We were forced into hosting GR on a digital platform, but soon realised it could be a positive transformation in delivering trust-wide education. It has removed the geographic barrier so international presenters can attend. It does come with challenges such as maintaining interaction; the moderator's value for digital sessions is paramount. Furthermore, we should always actively look for new topics for continuous staff teaching engagement and ensure teaching information is widely accessible but secure.

104 SIMULATION TO SUPPORT SYSTEM SAFETY IN A TERTIARY PAEDIATRIC HOSPITAL

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Background The Clinical Simulation Centre (CSC) at GOSH, now provide one of the largest in-situ simulation programmes in the region. Prioritising advancement of the patient safety agenda, we work closely with our Quality and Safety teams to embed key safety themes within our trust wide in-situ curriculum. A key objective of delivering simulation in-situ in the clinical setting; is to identify and mitigate against hidden risks or 'latent safety threats' in the clinical environment; which could cause unintended harm to patients or staff.

Method Over the past year, the CSC team have begun to expand the applications of the pan-trust in-situ programme to deliver a number of Systems Safety exercises. These simulations focus purely on rehearsal and refinement of process and systems, towards uncovering and mitigating against latent safety threats or gaps in practice. A reporting tool has been developed by the team; to capture risks |identify mitigating actions.

Results In recent months, the Covid-19 pandemic presented our teams with many new or unfamiliar working practices. This context further shifted our focus towards Systems Safety Simulations; with the aim of enabling our clinical teams to focus on rehearsing and preparing for new ways of working. These exercises delivered in partnership with clinical teams across the trust; successfully supported the development of 5 new clinical guidelines during the pandemic. In one exercise alone; 11 latent safety threats (LSTs) were captured and managed with the appropriate teams. LST themes included; availability of resources |Communication and co-ordination in PPE