COVID-19 were thematically analysed by dual coding utilising grounded theory.

Results 365 UK trainees responded with equal distribution across deaneries and training grades.

Although the majority of trainees remained in their specialties, there was significant disruption to training events, teaching and learning opportunities. Changes to work pattern were common (87%), including rota amendments (57%), redeployment within paediatrics (18%) or adult services (4%), or requirement to shield (6%). Trainees reported cancelled teaching events (88%) or examination(s) (25%), with the greatest impact to simulation and deanery-based teaching (75% less). Only 82% of trainees anticipated completion of ARCP requirements.

Despite this, for many, novel opportunities presented themselves that may not have otherwise been accessible. 68% reported new opportunities for learning. 93% of respondents attended virtual teaching, commonly in-house (67%), predominantly initiated by middle-grades (67%) or consultants (68%). 71% participated in e-learning. Trainees reported increased opportunities for reflection (28%) and leadership and management (23%). No significant differences were seen between the ST1-3 and ST4+ groups ($p > 0.05$). A breadth of trainee-identified web-based paediatric training resources were also highlighted.

Four **positive** impact themes were identified: Changed Practice, New Skills, Extra Time and Teamworking. Furthermore, four **negative** impact themes were delineated: Training, Clinical Exposure, Safety and Wellbeing.

Conclusions This national survey captured candid paediatric trainee perspectives independent of regulatory bodies such as the GMC/RCPCH. As the COVID-19 pandemic persists, these trainee experiences inform educators to adopt helpful training practices from other regions, including sharing of virtual learning regionally and acting-up opportunities. Positive themes enable wider dissemination of good training practice, for example the sharing of virtual learning regionally, integrating trainees into virtual consultations and remote working, acting-up opportunities and developing leadership and management skills. Negative themes highlight previously under-recognised areas of concern with important potential for further governance and research. Examples include enhancing patient safety through tackling reported trainee fatigue, or combating the reported reduced clinical experience consequent to redeployment or shielding, or instituting protected supporting professional activity time.

Quality Improvement and Patient Safety

777 PARENTAL CONCERN WITHIN PEWS: AUDITING AND EXPLORING CURRENT PRACTICE

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Background In 2005 21.5% of NHS hospitals caring for children used Paediatric Early Warning Systems (PEWS) rising to 85% in 2013 and 100% in 2018. However, there is great variation with 47 different parameters used across the country.

There has been a national drive led by the NHS England and NHS Improvement, the Royal College of Paediatrics and Child Health and the Royal College of Nursing to develop a national standardized tool.

One parameter that is not ubiquitously used is parental concern. National PEWS surveys showed in 2013 only one trust used parental concern, by 2018 this had risen to 50% of trusts. This reflects increasing evidence that parental insight is an important factor in the recognition of serious illness. However, where parental concern is incorporated, it is generally a binary 'yes/no' question with little scope for further exploration of what parents are really concerned about.

This quality improvement project set out to audit our use of parental concern parameter 2015–2020, and explore staff and parents' views. We believe this could help facilitate improved recording and response as well as greater involvement of parents in escalating clinical concern to improve patient safety.

Objectives To audit and explore staff and parent views of the parental concern component of the Newcastle PEWS for inpatient paediatric patients at the Great North Children's Hospital (GNCH).

Methods Initially we audited our use of the parental concern parameter from 2015–2020. This is part of our longitudinal PEWS audit and monitoring survey. In the Newcastle PEWS parents are asked 'Have you noticed anything that is different that worries you about your child?' and can answer yes or no.

The second part of this project involved creating a questionnaire for both nurses and parents to gather views on the use and effectiveness of the current parental concern parameter.

Results Parental concern was recorded in 52% of patients when introduced in 2015. This rose to a peak of 87% compliance in 2017. On review of 2020 PEWS core observations, all but one parameter achieved above 90% compliance which was parental concern (79%).

In qualitative feedback parents reported positively 'All staff ask me and my child if we have any questions and if we are OK every time they enter the room.' Staff felt there were limitations to the parental concern parameter, 'Some parents don't mention concerns to nursing staff when asked but then tell a different story on ward rounds' and 'Some parents get very anxious about things that may not be related to PEWS or physical condition.'

Conclusions It has been highlighted in serious incidents and in recent literature that parents are often able to pinpoint deterioration in their children before healthcare staff. There is considerable scope to improve use of the parental concern, both in compliance and in the way we ask the question, allowing for a more nuanced query, reply and response. With the imminent development of a national tool it is vital to further develop and assess the impact of an improved parental concern parameter.

British Paediatric Neurology Association

778 IMPROVING THE PAEDIATRIC EPILEPSY PATHWAY

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