About four topics were suggested as future guidelines. In the area of staff wellbeing, 14% of staff are unable to have a break during the shift, while 50% express some kind of difficulty with break coverage. Early baby registration, availability of SCBU drug system in PNW, use of chameleon for handover, Effective utilization of INREACH team and increase awareness among midwifery are an important area of improvement.

Conclusions The overall staff satisfaction rate was 45% between satisfied or somehow satisfied. The action plan was formulated: to install the electronic subscription system on the PNW computers, to invite a ready to screen pack and distributed among PNW neonatal trolleys, to resolve staffing issue in order to ensure adequate coverage and better collaboration with the INREACH team for even job load distribution, to provide guideline lead committee with the suggested titles, and to produce a laminated card containing important phone numbers and door codes. The targeted changes have been processed to improve the health care service.

Child Protection Special Interest Group

**871 THE ADVENT OF SOCIALLY DISTANCED CHILD PROTECTION – A STUDY OF THE IMPACT OF THE FIRST UK LOCKDOWN ON SAFEGUARDING REFERRALS DURING THE COVID-19 PANDEMIC**

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**Background** The National Society for the Prevention of Cruelty to Children (NSPCC) estimates that over half a million children are abused in the UK each year.1 It is therefore important for healthcare professionals to recognise abuse and neglect and take the necessary steps to act against it. When the COVID-19 UK-wide lockdown commenced on 23rd March 2020, paediatricians faced unprecedented child protection challenges.

**Objectives** Our objective was to assess the impact of the first lockdown on safeguarding referrals received in our Child Development Centre (CDC).

**Methods** We analysed all Social Care (SC) referrals requesting Child Protection Medical Examinations (CPMEs) during lockdown and one week prior: 16th March - 1st June 2020. These were compared to all SC referrals for CPMEs during the same period the year before.

**Results** 6 CPMEs were completed in 2020 compared to 17 CPMEs in 2019 – a 65% reduction during lockdown.

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Social Worker</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Hospital</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Individual/Family</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>17</td>
<td>6</td>
</tr>
</tbody>
</table>

Just over half (9/17) of the referrals in 2019 stemmed from school concerns being reported to SC. Two thirds (4/6) of the referrals in 2020 were directly from SC. Schools were closed during the first lockdown and thus, the input from this avenue was absent at our CDC. Whilst there was school provision offered to vulnerable children, attendance was low.2 School provision may not have been utilised due to shielding or parents/caregivers opting out.

The main reasons for referral in both years have consistently been physical abuse and neglect.

In 2020, the most common age groups to be referred were the 2–5 year olds and the 11–16 year olds (2/6 respectively), whereas in 2019, the most frequent age group referred was the 6–10 year olds (10/17).

In 2020, 33% (2/6) of the referrals consisted of children with learning difficulties, compared to 23% (4/17) in 2019, highlighting the vulnerability of this group.

The most common conclusion to CPMEs in 2020 was the finding of an ‘unclear injury and requiring further evidence before non-accidental injury could be ruled out’ (83%; 5/6). In contrast, in 2019, the medical conclusion most commonly made in CPMEs was that ‘no injury [had been] seen but [there was] risk of significant harm based on the story’ (29%; 5/17). In both cases generally, paediatricians recommended SC and/or police investigation. Other suggestions made as part of the management plan included parenting courses and health visitor follow-ups.

**Conclusions** This project has demonstrated the reduction in number of child protection referrals made during lockdown, with no referrals initiated by schools. Historically, schools have been the main referrers of child protection concerns to SC. Taking into account that all children (and especially the identified vulnerable) are less visible during a lockdown, paediatricians need to adapt to meet these unique safeguarding challenges during the pandemic. Paediatricians should be constantly mindful of safeguarding risks, incorporate strong safeguarding partnerships with social workers and continue to be professionally curious when seeing children in all settings, particularly during the pandemic and most especially during lockdown.

**British Association of Perinatal Medicine and Neonatal Society**

**872 AUDIT LESS INVASIVE SURFACTANT ADMINISTRATION (LISA) IN A DISTRICT GENERAL HOSPITAL**

Rasheed Oba, Joyce Danso-Appiah. Northern Lincolnshire and Goole NHS Foundation Trust

**Background** Less invasive surfactant administration (LISA) Audit in Scunthorpe General Hospital

Dr Joyce Danso-Appiah, ST8 Paediatrics1 Dr Rasheed Oba, Consultant Paediatrician1

1Scunthorpe General Hospital, Scunthorpe, DN15 4BH

**Background**

LISA with Nasal Continuous Positive Pressure(nCPAP) has been shown to reduce the need for mechanical ventilation, causes less alveolar injury and reduces incidence Brochopulmonary Dysplasia(BPD) at 36 weeks and death; and is increasingly becoming the technique of choice with application in many Hospitals, particularly in some District General Hospitals in our region.
We have a dedicated LISA guideline which provides guidance on surfactant administration to babies on the Neonatal Unit, with surfactant deficiency who are self ventilating on non-invasive ventilation with nCPAP, optiflow or vapotherm.

Eligibility criteria are as follow:

- Babies 27 weeks and above (singleton)
- or 28 weeks and above of multiple births, who do not require invasive ventilation/transfer to tertiary centre, with surfactant deficiency are eligible for LISA.
- Babies 27 to 28 weeks gestation in >30% oxygen and rising at age 2 hours on nCPAP.
- Babies 29 weeks gestation and above in >30% oxygen and rising at age 6 hours on CPAP are likely to benefit from surfactant as they are at risk of CPAP failure. LISA can be considered.

Objectives
- To ascertain if departmental LISA guideline is being followed.
- To find out the effectiveness of LISA on NICU at Scunthorpe General Hospital.
- To highlight any complications with LISA.

Methods
- Neonates who received LISA from February 2019 to October 2020 were identified.
- Data were collected from patients’ case notes using structured questionnaire and analysed using Excel.
- Variables such as Gestation age, Birth weight, age at decision for LISA, Mode of non-invasive ventilation prior to LISA, blood gas after 30 mins, oxygen requirement before & after LISA were assessed.
- Caffeine loading, NG Tube insertion, sedation prior to LISA and success rate of person performing LISA categorized by grade, were also assessed.
- Outcome were assessed and the results were compared with the departmental guideline

Results
- Ten babies were identified. The results showed that LISA had a success rate of 70%.
- 2 babies (20%) needed a 2nd dose.
- 3 babies (30%) failed LISA. One of those babies required mechanical ventilation following a LISA, as worsening of respiratory status.
- All the failed LISAs were performed by middle grades.
- Two babies had desaturation <80% needing increased FiO2; no baby had bradycardia <80.

Conclusions
- Adherence to LISA guideline was generally good.
- However, given that all the LISAs that failed were performed by middle grade doctors, training of doctors at this level is recommended.
- LISA was effective in reducing mechanical ventilation and should be encouraged.
- We also observed that our ventilation rate and transfer out of the unit, to a tertiary centre has reduced.
- This seemed to have a positive impact on the family centered care approach.
- We aim to re-audit in a year time to see the impact of LISA use on incidence of BPD.

Abstracts

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

873 MAPPING THE CURRENT SERVICE AVAILABILITY IN PAEDIATRIC GASTROENTEROLOGY NETWORKS ACROSS THE UNITED KINGDOM: IS THERE A POSTCODE LOTTERY IN SERVICE PROVISION?

Sandra Fernandes Lucas, Himadri Chakraborty. West Suffolk Hospital, Basildon and Thurrock University Hospitals Foundation Trust

Background Clinical Networks are formed by Network Centres (NC) and Lead Specialist Centres (LSC) for Gastroenterology and Nutrition to provide high quality, specialist care to the local population. According to the Quality Standards released by RCPCH and BSPGHAN, by definition Network Centres have at least one Consultant Paediatrician with a Special Interest in (SPIN) Paediatric Gastroenterology. It is important to understand the layout of service availability in secondary care and its uniformity across the United Kingdom (UK) to ensure delivery of high-quality care.

Objectives There is scarcity of information about the secondary care network for Paediatric Gastroenterology in the UK. The primary aim of the project was to quantify the secondary care trusts with at least one General Paediatrician with a Special Interest in Gastroenterology and comprehend how these specialists are distributed across the UK. Secondly, we aimed to look at the support these hospitals receive from Lead Specialist Centres in the form of outreach clinics. Finally, the last goal was to map the Paediatric Gastroenterology Clinical Networks in the UK.

Methods The list of hospitals providing Paediatric services in the UK was collected from the National Health Care systems’ and Paediatric deaneries’ websites for England, Wales, Northern Ireland and Scotland. We identified a number of centres providing Paediatric secondary and tertiary care services, and subsequently contacted them via telephone or e-mail. All the data was collected from Paediatric Doctors (Speciality Registrars or Consultants), Specialist Nurses or Secretaries working in Paediatrics over the period of one year, through standard verbal questionnaire or electronic survey.

Results We identified a total of 153 secondary care trusts providing specialist services to the Paediatric population across the UK. Approximately 63% of these centres had at least one Consultant Paediatrician with SPIN in Gastroenterology. The region with the largest percentage of secondary centres with SPIN doctors was KSS (Kent, Surrey, Sussex) with 91.7%, followed by Scotland with 83.3%. On the other hand, Northern Ireland and the North West of England had the lowest percentages. Southampton, Chelsea and Westminster and Bristol are the LSC which provide the highest number of outreach support. However, nearly a 1/3 of the LSC in the UK do not provide any outreach clinics.

Conclusions The results of this pioneering project highlight the wide variance in availability of SPIN doctors and outreach clinics in different regions across the UK. The lack of significant correlation amongst different analysed variables may suggest that this variability is secondary to unquantifiable factors such as geographical reach/constraints, intent and local funding.