hospital management for use in future inductions. We received excellent feedback and the areas we highlighted were used as a basis to frame induction requirements in subsequent redeployments.

Conclusions Paediatric trainees have much to gain from the redeployment experience. As a trainee group we have sufficient medical training to revert to adult medicine and have the procedural, situational awareness and communication skills to thrive in unfamiliar settings. However, uncertainty can adversely impact well-being whilst preparedness allows trainees to both better cope and to excel in new environments. From our experience of redeployment we identified key areas of uncertainty and addressed them in a framework that can be translated to other trusts and for other specialities. We believe that providing structured information to trainees moving out of their comfort zone helps them to best support their adult colleagues, to take advantage of development opportunities and builds resilience.

British Society of Paediatric Endocrinology and Diabetes

940 GENETIC VARIATIONS CAUSING NEONATAL DIABETES MELLITUS

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Background Neonatal Diabetes Mellitus (NDM) is rare with an approximate incidence of 1:100,000. More than 80% of cases have a genetic origin. We present 4 patients with NDM occurring within one health board.

Objectives Our aims were to compare and contrast the characteristics of our cases and to discuss the genetic variations causing them with a view to developing a mechanism for early detection and management. We also sought to share information more widely about this highly unusual condition.

Methods This was a retrospective case series analysis. The study period was 2007 to 2021. Data were collected from BadgerNet and health board clinical records

Results Case 1 was born at term. Growth restriction and oligohydramnios had been identified antenatally and birth weight was 2060g. Apgars were 1, 5 and 10 at 1, 5 and 10 minutes respectively. A blood sugar measured on day 2 was 17.3mmol/l. The infant was admitted to NICU and due to persistent hyperglycaemia was commenced on intravenous sliding scale insulin. This was switched to an insulin pump and the infant was discharged home after 38 days. Genetic analysis showed a 6q24 duplication. Cases 2 and 3 were siblings, one born at 34 weeks gestation and the other at term. Both were growth restricted in utero and developed hyperglycaemia on days 2 and 4 respectively. They also had congenital hypothyroidism and pancreatic/renal cysts. They were found to have homozygous partial GLIS 3 gene deletion. Both were discharged after prolonged hospital stay on pump delivered insulin. Case 4 born at term with a birth weight of 2030g and known to have been growth restricted in utero with low liquor volume, presented at 3 weeks of age with diabetic ketoacidosis. He was discharged on an insulin pump and had STAT 3 mutation.

Conclusions The most common cause of transient NDM is chromosome 6q24 duplication but there are more than 20 genetic disorders associated with permanent NDM. Chromosome 6q24-related transient NDM is characterized by intrauterine growth restriction and low birth weight, with neonatal hyperglycemia resolving by 18 months and an increased risk for type 2 diabetes in adulthood. GLIS3 is a protein with roles in β cell survival and insulin secretion. Mutation in GLIS 3 is associated with neonatal diabetes, congenital hypothyroidism, polycystic kidney disease and liver fibrosis. Signal transducer and activator of transcription 3 (STAT3) is vital to the development of a normally functioning pancreas. STAT3 mutation causes neonatal diabetes through premature induction of pancreatic differentiation. In all 4 of our cases of NDM the infants were known to be growth restricted antenatally, with low birth weight postnatally and hyperglycaemia developed from the second day of life onwards. It is remarkable that this cluster with 3 distinct genetic causes occurred in a small geographical area. An infant born with lower than expected birth weight for gestational age will usually be monitored for hypoglycaemia. If higher than average levels of glucose are detected, there is a need to consider NDM with involvement of the specialist diabetes molecular genetics team.

British Association of General Paediatrics

941 A RESEARCH JOURNEY IN THE TIME OF CORONA VIRUS DISEASE (COVID-19)

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Background COVID-19 has seen a global research effort to address the pandemic and U.K has been at its forefront with flagship trials such as RECOVERY trial which have transformed COVID-19 management. RECOVERY trial involved hospitals and healthcare professionals in research in an unprecedented scale and provided opportunities for trainees to engage in research.

While children have been relatively spared from acute COVID-19, emergence of the novel hyperinflammatory condition Paediatric Inflammatory Multisystem Syndrome Temporally associated with Severe Acute Respiratory Syndrome Coronavirus 2 (PIMS-TS) was a diagnostic and treatment dilemma. Commencement of treatment trials for PIMS-TS in the paediatric arm of RECOVERY trial coincided with the roll out of NIHR Associate PI scheme, which is an opportunity for trainees to gain experience in research.

Objectives We aim to describe the trainee experience of research during COVID-19, as part of the RECOVERY trial team at a specialist children's hospital.

Methods Interviews were undertaken with non-consultant grade paediatricians involved with the RECOVERY trial as Associate PIs, regarding their research journey.

Results Undertaking the Associate PI scheme was a structured introduction to research, requiring completion of the training and familiarity with trial protocol. As a specialist children's hospital with a regional paediatric intensive care unit, the number of patients eligible to participate in the trial increased rapidly during the peaks of the pandemic. The increment in numbers meant that Associate PIs had to be skilled up quickly in all the aspects of this 'platform trial' which evaluates

several drugs at the same time. However, the pragmatic trial methods which aim to ease research recruitment for the busy clinician with minimal burden to families and the excellent training resources instilled confidence in embarking on the research journey.

Informed consent process was an iterative learning journey where the theoretical understanding of consent and assent in paediatric trials was followed by a very different learning curve of real-life consent process. Understanding consent as an information cycle rather than a single process and balancing the needs of the carers of a sick child empathetically was a skill developed by observing the consent process before independently recruiting. Valuable communication skills were gained as COVID-19 visiting restrictions meant discussions with non-visiting parents and occasionally obtaining remote consent. Team working in collaboration with research nurses and pharmacists was another benefit of the research journey. Attending the regional PIMS/COVID MDT discussions where standardised treatment and research decisions were undertaken, enhanced the knowledge and experience in clinical management of these patients.

Conclusions Overall it has been rewarding to have contributed to one of the largest recruiting COVID-19 research trials, thus making a difference to children's outcomes. Furthermore, the RECOVERY trial and Associate PI scheme have provided unique research opportunities hitherto unavailable for trainees in general paediatrics and embarking on this journey has cemented our intention to continue research engagement as part of day-to-day clinical practice.

Child Protection Special Interest Group

943 ESTABLISHING A WEEKLY MULTIDISCIPLINARY CHILDREN'S SAFEGUARDING MEETING DURING THE SARS-COV-2 PANDEMIC

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Background Children's safeguarding issues may be recognised by any member of the multidisciplinary team (MDT). It is important that all staff feel confident to raise such concerns.

Due to restrictions imposed on face-to-face contact during the SARS-CoV-2 pandemic it has been challenging for the safeguarding team to maintain a ward presence to advise staff. We therefore decided to establish a weekly online meeting.

Objectives To establish a friendly, and accessible COVID-19 safe forum where any staff member can comfortably discuss concerns with members of the safeguarding team or learn from other staff experience.

Methods A Microsoft Teams invitation to the weekly meeting was emailed to all members of the paediatric MDT. Meetings were chaired by a member of the children's safeguarding team. Attendance was mandatory for attending paediatrician and nurse in charge of the children's ward. Other staff were encouraged to attend as often as they wished, for their own education or bringing cases for discussion. An attendance register was maintained, and minutes distributed to attendees. Attendance at meetings counted towards safeguarding supervision.

In the first 2 months, there were between 6 and 12 attendees each week from various staff groups. A SurveyMonkey link was sent to the paediatric MDT to assess the wider staff view of the usefulness and accessibility of this forum. Mostly closed questions were asked with the facility to add comments. All responses were anonymous.

Results There were 37 respondents from staff groups across the MDT

Staff group	Number	Staff group	Number
Ward nurse	4	Consultant anaesthetist	2
Clinical nurse specialist	5	Consultant surgeon	1
Recovery nurse	1	Play specialist	1
Consultant paediatrician	6	Clinical Psychologist	1
Non-consultant paediatrician	2	Physiotherapist/Occupational therapist	12
Doctor (unspecified)	1		

- 29/37, 78% of respondents were aware of the weekly safeguarding meeting and 16 had attended at least once.
- Of the 21 who had not attended, the timing of the meeting was unsuitable for 42% (9), 4 had not yet needed to attend and only 1 said that they lacked the IT facilities.
- Of the 16 who attended meetings, 10 attended for their personal education, 7 brought a case to discuss and. 14/16, 88% attended to keep up to date with the department.
- 1 respondent was unable to participate in discussion due to technical issues, all others either contributed or were happy listening. No respondents felt uncomfortable or intimidated in the meeting.
- 9/16,56% attendees gained information to deal with a specific case and 10/16 gained information that they could use in future cases. 50% felt generally better informed.
- Attendees found meetings friendly and welcoming. Although given the options, no respondents chose to describe the atmosphere as intimidating or non-inclusive.
- 79% of respondents were positive (definitely/maybe) about attending future meetings.

Conclusions Our objective to establish a friendly, and accessible COVID-19 safe forum was achieved.

Attendees reported no negative comments regarding the atmosphere of the forum and felt comfortable to speak or listen as they chose.

All who attended found the meeting useful, many gained information which empowered them to manage future cases.

Quality Improvement and Patient Safety

944 SETTING UP A PATIENT SAFETY AND LEARNING GROUP FOR TRAINEES WITH THE MEDICAL DIRECTOR: LEARNING POINTS AND CHALLENGES

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