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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