Background Paediatric consultants are required to lead on governance issues, write statements and be expert witnesses in court. However, paediatric training may not adequately prepare trainees for these important aspects of being an assured paediatric consultant. In addition, governance is seen as a 'tick box' eportfolio exercise of the RCPCH Progress Curriculum. How can trainees prepare themselves for these important aspects of their future roles? How can we engage trainees in governance in order to make an impactful difference rather than as a tick box exercise?

Objectives Our objectives were to work with trainees and the Medical Director to set up a patient safety and learning group as a forum for trainees to learn about governance issues, in order to both improve outcomes for patients and to help empower trainees for their future roles as consultant paediatricians.

Methods This pilot project was conducted at the Royal Manchester Children's Hospital from September 2019 and is ongoing.

Two trainees interested in running the patient safety and learning forum met with the Medical Director and Governance lead to brainstorm topics of interest to trainees. Trainees based at the hospital were asked if there would be interest for such sessions, when would be the best day or time, and if there were any topics of particular interest. This generated a great deal of interest from trainees, so a series of sessions were organised.

Pre-pandemic, two face to face sessions were conducted, post-handover on a weekday. During the pandemic, all teaching was suspended for a few weeks whilst trainees worked on an emergency rota. When teaching was slowly restarted, one virtual session on patient safety was conducted.

Results Our face-to-face sessions were very successful, receiving excellent feedback from trainees who were able to attend. We discussed writing a statement through a case-based discussion by a trainee who had been asked to give a statement and what his experience of this had been. The Governance lead then explained what support would be available from the Trust and the Medical Director gave a talk on the do's and don'ts of writing a statement. Other sessions included discussions on managing complaints and investigation processes.

We faced multiple challenges in setting up this project. Due to pre-existing teaching, MDTs, and short-staffing, trainees struggled to attend teaching during the working day. Using time after evening handover meant that some trainees were excluded due to having childcare commitments, or just wanted to go home at the end of the day. Having sessions on the same weekday excluded those working less than full-time, so we tried to choose different weekdays. Whilst virtual teaching is an excellent platform, it can be difficult to facilitate discussion of some sensitive topics. As trainees rotate to different hospitals, sustaining such a project long-term has been more difficult.

Conclusions This pilot project was well received, showing that trainees are interested in learning about governance issues during training. We need to address the barriers, in order to make these important topics a regular part of the paediatric training programme and engage more trainees.

Quality Improvement and Patient Safety

945

ENCOURAGING NEONATAL-MATERNAL BONDING: REDUCING SEPARATION DUE TO BORDERLINE CORD GASES

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10.1136/archdischild-2021-rcpch.301

Background Poor cord gases are a well-known indicator of poor neurological outcomes in neonates, on which NICE Guidelines for Therapeutic Hypothermia are based. Currently, any baby with a cord gas pH <7.0 meets 'Criteria A', therefore any abnormal neurology ('Criteria B') noted can result in the infant being cooled for 72 hours to reduce long-term neurological injury.

Routine practice in East and North Hertfordshire Trust's Neonatal Unit in 2018–2019 was to admit and perform 12 hours of neurological observation on any baby with cord gas pH <7.05, i.e. above the NICE threshold. A drawback of this is that otherwise well term babies are separated from their mothers for prolonged periods solely on the basis of cord gases, thus reducing neonatal-maternal bonding. In this study, the potential to reduce admissions of otherwise well babies with borderline cord gases is explored.

Objectives A quality improvement initiative to reduce admissions for term babies with borderline cord gases.

Methods BadgerNet, a program used to store information on all Neonatal Unit Admissions, was used to search for infants who were >37 weeks gestation and admitted due to poor cord gases. The search window was between 2018 to 2019. These infant records were then reviewed, and their cord gases and neurological observations collated.

Results From our search we found 27 infants were admitted to the Neonatal Intensive Care for 12 hours of observations. Of these infants, only 1 went on to have abnormal neurology at 24 hours of age, after the observations had stopped. The subsequent MRI showed features consistent with mild-moderate HIE (see table 1).

Review of the infants with cord gas pH <7.00 showed 21% had no other reason for admission, i.e. they did not require intravenous fluids or respiratory support. Comparing this to the infants with cord gases between pH 7.00–7.05, this number increased to 69%.

Conclusions Over a period of a year, we found the majority of babies admitted due to borderline cord gases remained well and required no intervention. Accordingly, a change in

Abstract 945 Table 1 A table to show the number of infants admitted to the NICU for neurological observation due to poor cord gases that went on to have abnormal neurology

	pH <7.00	pH 7.00–7.05
Normal neurology	13	13
Abnormal neurology	1*	0

*This baby who was admitted due to abnormal cord gases developed seizures at 24 hours of age (after the neurological observations had stopped).

practice which allows infants with cord gases between pH 7.00–7.05 to be monitored in transitional care, rather than being admitted to NICU, has been made. This represents an effective trade-off between clinical safety and promotion of neonatal-maternal bonding.

British Association of Child and Adolescent Public Health

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PROVAC MOVEMENT-PROMOTING CONVERSATIONS ON VACCINE SAFETY

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Background Despite the overwhelming health benefits of vaccination some choose not to vaccinate due to concerns about their safety. Vaccine acceptance is a spectrum from complete acceptance to complete rejection with varying levels of hesitancy in between. While most people in United Kingdom have high level of confidence in vaccines and immunisation, there is a small population of families who are vaccine hesitant. Vaccine hesitancy has been described among the top 10 Global Health Care threats in 2019. Effective interactions between Health Care Professionals (HCP) can increase vaccine confidence and uptake.

Objectives What is the prevalence of vaccine related concerns in mothers attending antenatal clinics within our hospital?

Can education and awareness sessions for families improve their confidence in vaccine safety?

Can bespoke training and awareness sessions for HCP improve their confidence in having conversations on vaccine safety with vaccine hesitant families?

Methods

- 147 questionnaires filled by antenatal mothers asking them about vaccine confidence and specific vaccine related concerns were analysed
- 11 Bespoke 'vaccine safety' sessions for both HCP and families were undertaken. Vaccine confidence pre & post sessions were analysed.
- Following positive results of the above sessions we are broadening our scope further with help from the Regulation and Quality Improvement authority and Public Health Agency Northern Ireland through creation of education resources.

Results

- Majority of mothers had no concerns about vaccines (86%) with commonest concerns being 'fever and allergic response' and 'link between MMR and autism'
- 11 'Vaccine safety & having conversation' sessions attended by 113 multidisciplinary HCP and 32 families significantly increased their confidence in the above area with greatest increase in post score confidence in Nursing & Medical students. Highest post score confidence was among General Practitioners

Conclusions Majority of families are confident about vaccine safety.

Educational sessions for families and HCP increased confidence in vaccine safety with greatest increase in confidence in Medical and Nursing students.

Funding has been obtained from the Regulation and Quality Improvement Authority in Northern Ireland to create educational resources including training videos for HCP offering top tips on having conversations with vaccine hesitant families.

Posters and infographics with sound bite information are created and disseminated through our core team and identified Champions within 2 further Health and Care Trusts in Northern Ireland.

Following the success of the above information sessions, we are collaborating with The Regulation and Quality Improvement Authority and Public Health Agency Northern Ireland to increase our scope and have identified champions within 2 other Health Trusts in Northern Ireland.

Our ultimate aim is to make 'Provac movement' a national initiative focused on promoting conversation on vaccine safety in a non-judgemental and respectful manner.

British Society for the History of Paediatrics and Child Health (ePoster presentations only)

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FOSTER CARE AT THE NURSERY AND CHILD'S HOSPITAL 1869–1934

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Background In 1854, a group of women established The Nursery and Child's Hospital (NCH) in New York City.

Given the slower progress of advances in treatment offered at the time, focus within the hospital turned instead to preventative action. Paediatricians and public health reformers united in opposition to institutionalised childcare. Instead, they encouraged maternal education surrounding infant feeding and childhood development norms.

Eventually, emphasis shifted to securing a 'home-life' for every child, resulting in a national investment in foster-care. Several organisations set up their own systems of placing children in homes. These were both praised and condemned by contemporary examination. More recent criticism of the larger organisations, through the perspectives of the children themselves, has revealed hundreds of incidences of neglect and abuse in these foster-homes.

Objectives

- To situate the NCH's history within the wider American child welfare movement
- To examine the role of overlooked institutions in the Western foster-care movement
- To evaluate the NCH's Boarding-Out Department at the NCH in comparison with other foster-care systems

Methods First, I researched the American child welfare and Western foster-care movement by reading relevant secondary literature to gain an overview whilst also looking for gaps regarding the role of institutions.

Next, I examined the material at the New York Historical Society and Weill-Cornell archives to gain an understanding of the NCH, whilst contextualising its decisions using the secondary literature and discriminating material relevant to foster-care for inclusion.

Finally, I compared the NCH's approach to foster-care with the wider movement. Using contemporary criticisms, I made