where breastfeeding stopped, 57 infants had a negative antibody test (≥ 18 months); 28 are awaiting confirmatory testing and 5 LTFU before infection status was confirmed. Breastfeeding was reported to have stopped owing to maternal VL rebound in 4/90 (2 infants negative, 2 awaiting confirmatory antibody). A further 3 reported ≥ 1 detectable maternal VL during breastfeeding (1 negative antibody test, 1 in follow-up and 1 LTFU). Among 9 ongoing breastfeeding cases, there was 1 VL blip.

Challenges to data collection included access to maternal monthly test results by paediatric respondents and obtaining infant test results where care was transferred during breastfeeding.

Conclusions Numbers of supported breastfeeding cases remain low, and cases diverse regarding duration and attendance for monthly testing. Findings contribute to clinical awareness of the complexities involved in managing supported breastfeeding, including the importance (and challenges) of monthly testing to identify maternal VL blips and establish infant infection status post-breastfeeding. In recognition of the significant testing burden in the COVID-era, the BHIVA pregnancy guidelines March 2020 statement discourages supported breastfeeding. ISOSS will continue to monitor these cases, providing further insights into clinical practice and outcomes, and supporting future guidelines.

Paediatric Educators' Special Interest Group

1228

COMMUNITY ENGAGED LEARNING: A QUALITATIVE STUDY TO EXPLORE STUDENT AND STAFF EXPERIENCES OF A PILOT SPECIAL EDUCATIONAL NEEDS SCHOOL PLACEMENT

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Background Medical professionals report lacking the confidence and assurance necessary to meet the needs of children admitted to hospital with complex needs. This has been linked to limited knowledge, inadequate communication skills and negative attitudes. Training in these areas could improve inpatient experiences for these children.

Objectives We aimed to explore student and staff experiences of a pilot hands-on placement for pre-clinical medical students in a Special Educational Needs school. We reviewed if the project could create sustainable links between the university and community-based organisations and had the potential to improve care for children with disabilities.

Methods 23 pre-clinical intercalating BSc students spent six half days at a school for children aged five to eighteen with complex needs. Their responsibilities included teaching support, attending to personal care and supporting therapy sessions.

Students completed a pre- and post-placement open-ended questionnaire about the perceived benefits and challenges of the placement. They submitted a reflective account of their experience and we conducted semi-structured interviews with three students and two school staff members, to explore emergent themes in more depth.

Results Thematic analysis revealed three key themes:

Greater confidence working with children

Students felt more comfortable working with children and gained confidence in non-verbal communication tools following the placement. There was a notable decrease in stigma and both students and teachers felt the placement would improve the care of children with complex needs in the future.

'... this placement definitely helped my confidence with communicating with patients who may not be verbal or have a form of learning difficulty (P2)'

Increased preparedness for clinical years

Students reported increased preparedness for clinical years. Many identified increased self-confidence after the placement, as well as feeling more comfortable in unfamiliar environments and empowered to take initiative and get involved.

'Since working at the school and understanding how easy it is to communicate with all of these children...it's something I can bring forward with me (P3)'

Multi-disciplinary team working was contextualised, improving students' knowledge of concepts delivered in lectures.

Positive impact on wellbeing

Overall, students reported that the placement had a positive impact on their wellbeing. Practical roles and relationships with students and staff provided a sense of responsibility and belonging, leading students to feel more rewarded about the course.

'Actually getting involved in an organisation where you can do some good is quite important ... I definitely think it has a massively positive impact on my wellbeing (P2)'

The school viewed working with university students positively. Students and staff recommended continuing the project with further iterations guided by student and staff evaluation.

Conclusions This study has shown that a hands-on placement in a Special Educational Needs school can improve students' confidence caring for children with complex needs. The community environment allows students to undertake practical roles, providing a sense of responsibility and belonging, and helps develop transferable skills for subsequent clinical years. This may lead to improvements in care for children with disabilities by decreasing stigma and equipping future medical professionals with communication skills that are specific for those with complex needs.

Paediatric Mental Health Association

1229

PAEDIATRIC MENTAL HEALTH PRESENTATIONS PRIOR TO, AND DURING, THE COVID-19 PANDEMIC

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Background The COVID-19 pandemic impact on the mental health of the population has been widely reported and paediatric mental health has not been spared (1). Assessing the impact of this on acute paediatric services is important to ensure our facilities and services can meet the needs of these young people going forward.

Objectives This retrospective study looked at changes in number, type and acuity of patients presenting with suicidal ideation and self-harm to a single district general hospital before and during the global COVID-19 pandemic. The potential

impact of related national events, such as lockdowns and school closures, on these admissions was considered.

Methods Information was collected on all patients aged <18 years who required involvement of our local CAMHS service during their hospital admission over a 26 month period, 13 months 'pre-COVID' (January 2019-January 2020) and 13 months 'post-COVID' (February 2020-February 2021). Data recorded included: age, length of stay, presenting complaint, interventions required, need for registered mental health nurse (RMN) support during admission and discharge location.

Results The total number of mental health admissions remained static during the time period (average 'pre-COVID' admissions 13.9 young people/month and 'post-COVID' 14/month) with no change in the patient average age (mean 14.5 vs 15 years).

Despite a rising trend, there was no significant increase in the rates of young people acting upon their suicidal ideations (73% pre vs 80% post, p value 0.14) or the proportion requiring active medical treatment (most commonly N-acetylcysteine) following significant overdoses (12% vs 17.5%, p value 0.18).

However, young people presenting during the pandemic were significantly more likely to require RMN support whilst an inpatient (117% increase in demand, $p \leq 0.001$) and subsequently be discharged to somewhere other than their home address (p value 0.01) - either a tier 4 psychiatric bed (2.2% 'pre-COVID' vs 6.6% post) or a social care placement (2.2% vs 5.5%).

Patient numbers requiring detention under a Mental Health Act section or chemical sedation remained low throughout (all <1% in both periods).

Conclusions Young people with mental health concerns have placed a significant demand on acute paediatric services for many years, and not just over the last 12 months of unprecedented additional societal challenges. The increased needs of cases during the pandemic, however, are putting excessive pressure on already scarce resources.

Evidencing the increase in acuity of mental health presentations during the COVID-19 pandemic is important for both forward planning of acute care services and to ensure appropriate ongoing community mental health support to this vulnerable patient group, particularly as the long-lasting health impacts remain to be determined.

REFERENCE

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Quality Improvement and Patient Safety

1230

QUALITY IMPROVEMENT PROJECT: IMPROVING SAFEGUARDING PROCESSES FOR 16- AND 17-YEAR-OLDS IN THE EMERGENCY DEPARTMENT AT NORTH MIDDLESEX UNIVERSITY HOSPITAL

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Background In England, anyone who has not yet reached their 18th birthday is legally a child. All healthcare

organisations have a statutory duty to safeguard and promote the welfare of children and young people (Children Act 2004). In emergency departments, this includes checking the Child Protection Information Sharing (CP-IS) portal for Child Care Alerts.

At North Middlesex University Hospital Emergency Department, children under the age of 16 are seen in the paediatric department, where safeguarding processes are well established. During triage, the CP-IS portal is checked and the outcome documented in the clinical notes. This ensures that clinicians are made aware if the child is on a protection plan, or in foster care.

16- and 17-year-olds, however, are seen in adults, where prior to this project CP-IS checks were not carried out routinely. Therefore, at baseline audit, only 1.8% of 16- and 17-year-olds had a documented CP-IS check performed in the Emergency Department.

This project was considered particularly important for North Middlesex due to high levels of social deprivation in the local area, as well as previous safeguarding incidents resulting from information sharing failures.

Objectives Time specific and measurable aim:

95% of 16- and 17-year-olds presenting to North Middlesex University Hospital Emergency Department to have a Child Protection Information Sharing (CP-IS) check documented by reception, with appropriate action taken by clinicians based on the result, by 10/03/2021.

Methods Quality Improvement Methodology

The IHI 'Model for Improvement' was utilised. Techniques included:

- Stakeholder meetings
- Process mapping
- Time and motion study
- Driver diagram
- PDSA cycles

Measures

- Outcome measure: Percentage of 16- and 17-year-olds with a CP-IS check documented by reception and appropriate action taken by clinicians based on the result
- Process measures:
 - Percentage of 16- and 17-year-olds with documented CP-IS check by reception
 - Percentage of CP-IS checks appropriately actioned by clinicians
- Balancing measure: percentage of CP-IS checks recorded incorrectly by reception

Interventions

1. New protocol developed for CP-IS checking. Checks to be performed by reception staff when booking in 16- and 17-year-olds
2. Training for reception staff on performing and documenting CP-IS checks
3. Standard Operating Procedure created to help ED clinicians act appropriately on the outcome of CP-IS checks

Results

Baseline	Percentage of 16- and 17-year-olds with a CP-IS check documented and appropriate action taken
01/08/2020 - 07/08/2020	1.79%