9.5% (2/21) of those patients having all their results available to the LAC team.

GPs were requested to carry out revaccination in most cases but there was no clear feedback and registration as to whether this was actually done in 89.3% of cases.

Conclusions 1. The introduction of a local protocol was effective but still sub-optimal, highlighting the need for parallel actions such as access to results and collaboration between primary care services and the hospital.

2. Subsequent to this audit a new pathway agreed by the team was generated and a re-audit process will take place in 6 months' time after introduction and training on the pathway.

Child Protection Special Interest Group

1289 SAFEGUARDING DURING COVID 2020 LOCKDOWN – A LOCAL PERSPECTIVE

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Background During the first COVID-19 UK lockdown, there was concern that vulnerable children and young people (CYP) were less visible to support services and healthcare professionals due to reduced societal safety nets, increased alcohol sales and domestic violence. This resulted in a widespread reduction in safeguarding referrals but an increased proportion of serious incidents. Nationally safeguarding referrals fell by a fifth but serious safeguarding incidents increased by 27%.

Objectives A local, district general hospital, perspective on the effect of the COVID-19 lockdown on; numbers of safeguarding referrals in the Emergency Department (ED); proportion of mental health and eating disorders; referrals related to substance abuse and domestic violence (DV) and severity of safeguarding presentations.

Methods A qualitative retrospective cohort analysis was undertaken reviewing electronic records of all cases referred to the ED psychosocial meeting with safeguarding concerns for CYP during the first lockdown until children returned to school (23/3/2020 – 6/9/2020). Comparison was made with cases referred during the same period in 2019. Following an initial feasibility study of 50 cases from each dataset, 1 in 5 patients were randomly selected and analysed until data saturation was achieved. In total, 200 cases were reviewed. Data collected included demographics, date and mode of presentation, presenting complaint, the outcome of the attendance and referrals made.

Results There was an 18% reduction in numbers of referrals from 384 in 2019 to 314 in 2020. Although there was no increase in the rate of presentations due to mental health crises or eating disorders, there was an observed rise in paediatric suicide attempts. Amongst CYP, there were similar numbers of referrals for substance abuse but there was an increase in the number of parents referred for substance abuse during lockdown. Additionally, DV related referrals halved during the lockdown.

Although there was a reduction in referrals for suspected child abuse, there were increased presentations with physical abuse and an absence of reports of neglect, emotional and sexual abuse. Of the physically abused, the COVID lockdown group were younger at presentation with a median age of 10

months (IQR 11 days – 4 years) compared to 4 years old (IQR 1 – 11 years). Safeguarding presentations were more severe during lockdown including significant fractures and traumatic head injury. Of the cohort reviewed, 3 of 11 children were removed from their primary carer during lockdown compared with 2 of 16 in 2019.

Conclusions Our data mirrors the safeguarding data nationally, with reduced referrals but an increase in severity. There has been a rise in the rate of substance misuse in adults and a higher rate of referrals for physical abuse with children being removed from their parent or carer. These vulnerable children need to be seen and it is the responsibility of all those working in the children's sector to be proactive and seek out those missing.

British Association of Perinatal Medicine and Neonatal Society

1291 A QUALITY IMPROVEMENT APPROACH TO IMPROVING ADMISSION TEMPERATURES AND DELAYED CORD CLAMPING IN INFANTS ≤ 32 WEEKS GESTATION ADMITTED TO HILLINGDON NEONATAL UNIT

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Background Hypothermia in preterm infants has been associated with significant adverse effects. Neonatal unit (NNU) admission temperatures have been shown to be a strong predictor of future morbidity and mortality in all gestations.

NNAP (National Neonatal Audit Programme) standards state that admission normothermia should be met for $\geq 90\%$ of babies; however national rate of compliance is well below this target.

Delayed cord clamping (DCC) in preterm infants is shown to reduce mortality, and immediate cord clamping has also been associated with adverse outcomes. DCC ≥ 1 minute was added as a NNAP standard in 2020.

Objectives

- To use Quality Improvement Methodology to increase the percentage of preterm babies being admitted to Hillingdon NNU with normothermia in order to meet national standards.
- To introduce the concept of DCC of ≥ 1 min at Hillingdon, alongside improving documentation of whether DCC was undertaken.

Methods Patients for inclusion were identified from the BadgerNet database. Retrospective data for all admissions ≤ 32 weeks gestation to Hillingdon NNU was analysed for 5 months from April-August 2020 (pre-intervention), noting admission temperature and whether DCC was performed.

Key stakeholders for the QI project were identified including midwifery staff, paediatric trainees, neonatal consultants, nursing and obstetric teams. Using the BAPM (British Association of Perinatal Medicine) normothermia toolkit, areas for improvement and appropriate interventions were identified. An MDT education programme was implemented in September 2020. Education methods included teaching sessions and