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
Elizabeth Leith, Tsitsi Chawatama. Chelsea and Westminster NHS Foundation Trust
10.1136/archdischild-2021-rcpch.533

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 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, pre-existing conditions, 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
Jennifer Dale, Armina Bajric, Choihowng Mui, Ana Alcobia, Sieweng Tng, Curlene Wilson, Katherine Coles, Helena Nash, Shabana Syed, Suetmei Yoon, Devangi Thakkar. Hillingdon Hospitals NHS Foundation Trust
10.1136/archdischild-2021-rcpch.534

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 ≥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 ≥1min 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
eductional videos circulated to all key stakeholders. These encompassed the theory behind maintaining normothermia and performing DCC, implementing use of sterile plastic bags to allow for DCC without compromising temperature, using the OmniBed incubator for transporting infants to NNU and continuous temperature probe monitoring. Presentations were given at maternity, paediatric and obstetric governance meetings to raise awareness regarding the importance of maintaining normothermia and performing DCC.

Data was then analysed using the same method for a further 5 months from October 2020 - February 2021 (post-intervention).

Results A total of 10 infants ≤ 32 weeks were admitted to NNU between April and August 2020 and 11 between September and February 2021. 82% of infants post-intervention were normothermic on admission compared to 60% pre-intervention. 0% of admissions were hypothermic compared to 20% previously (table 1). Post-intervention, cord clamping was recorded for 100% of admissions. In infants who did not receive DCC, 4/6 were appropriately due to poor condition at birth.

Conclusions Data analysis showed an improvement in preterm admission temperatures and improved documentation regarding cord clamping post intervention, following increased awareness and education amongst staff. Ongoing education and additional interventions are now required to reduce admission hyperthermia and further improve rates of delayed cord clamping when appropriate.

RCPCH Trainees Committee

Abstract 1291 Table 1

<table>
<thead>
<tr>
<th>April-Aug 2020</th>
<th>Oct 2020-Feb 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Temperatures:</td>
<td>Admission Temperatures:</td>
</tr>
<tr>
<td>Hypothermic (&lt; 36.5°C) 20.0% 2/10</td>
<td>Hypothermic (&lt; 36.5°C) 0.0% 0/11</td>
</tr>
<tr>
<td>Hyperthermic (&gt; 37.5°C) 20.0% 2/10</td>
<td>Hyperthermic (&gt; 37.5°C) 18.0% 2/11</td>
</tr>
<tr>
<td>Normothermic 60.0% 6/10</td>
<td>Normothermic 82.0% 9/11</td>
</tr>
<tr>
<td>Delayed cord clamping ≥1 minute:</td>
<td>Delayed cord clamping ≥1 minute:</td>
</tr>
<tr>
<td>Yes 30.0% 3/10</td>
<td>Yes 45.5% 5/11</td>
</tr>
<tr>
<td>No 50.0% 5/10</td>
<td>No 55.0% 6/11</td>
</tr>
<tr>
<td>Unknown 20.0% 2/10</td>
<td>Unknown 0.0% 0/11</td>
</tr>
</tbody>
</table>

RCPCH Trainees Committee

1Sarah Taylor, 2Mumtaz Mooncey, 2Priyen Shah, 2James Diviney. 1Chelsea and Westminster NHS Foundation Trust; 2Whittington Health NHS Trust

Background Paediatric trainees organise an annual induction day to welcome new ST1 trainees across multiple sectors of the deanery. This event aims to prepare trainees not only to survive, but also to thrive, encouraging them to feel inspired and enthusiastic about their training journey. It is always well attended and has received consistently excellent feedback. Other deaneries have found it to be a key means of disseminating information not provided through other sources. Since up to 100 trainees were predicted to attend the 2020 event, the COVID-19 pandemic presented a challenge.

Objectives To design and run a virtual induction event for new ST1 trainees, whilst maintaining the success and positivity of previous face-to-face events.

Methods Attendees were surveyed in advance to allow the organisers to tailor the event to their needs, worries and interests. The event was discussed with key stakeholders within the relevant deaneries. In accordance with the feedback received, the event was tailored to suit a virtual platform.

The induction ‘day’ was shortened to half a day and individual sessions were limited to maintain momentum and engagement. In light of the current events surrounding Black, Asian and minority ethnic groups, it was deemed important to include a new session focused on this topic. Traditionally, the chance to meet other trainees starting at the same Trust was a highlight of the event. Breakout groups were designed to facilitate this virtual meeting. A handbook and YouTube channel were created to complement the day, covering content which could not be included in the live event, and as an additional resource for the year ahead.

Results The virtual event received extremely positive feedback. Of 107 new ST1 trainees in the region, approximately 95 (88.8%) attended, and 68 (71.5% attendees) provided feedback. 92.6% of trainees felt more prepared to start training following the event. Trainees scored how prepared they felt before and after the event using a five-point Likert scale, with a mean increase in their score of 1.12 following the event (p<0.01).

83.8% felt that the event worked well virtually, particularly highlighting the value of the breakout session, live chat and dedicated Q&A session. They rated the opportunity for networking as the most useful aspect of the event, and feed back that the enthusiasm and preparation by the team facilitated a smooth event. The newly-created resources were also considered relevant and useful.

76.5% attendees said they would prefer a face-to-face event. They felt that opportunities for networking were more limited with fewer opportunities for questions.

Conclusions The COVID-19 pandemic necessitated the transformation of the annual ST1 induction event to a virtual platform. A pre-questionnaire was crucial in identifying needs and concerns of trainees, enabling the event to be tailored accordingly. The networking element was retained through the use of breakout groups, and the enthusiasm of organisers and speakers continued to shine through. An overall positive atmosphere and engaging event was commended in feedback from trainees, proving the event to be successful in overcoming challenges presented by the current climate.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

1Caitlin McLaughlin, 2Stewart Cleeve, 2Eleni Athanasakos. 1Barts and the London School of Medicine; 2Barts Health NHS Trust

THE ADDITIONAL BURDEN OF COGNITIVE IMPAIRMENT IN CHILDREN WITH CONSTIPATION AND FAECAL INCONTINENCE

1Caitlin McLaughlin, 2Stewart Cleeve, 2Eleni Athanasakos. 1Barts and the London School of Medicine; 2Barts Health NHS Trust

British Society of Paediatric Gastroenterology, Hepatology and Nutrition