destination, safeguarding outcomes for all CAMHS referrals (n=115). We compared this to corresponding data from all patient attendances (n=13,451) and CAMHS referrals (n=106) during the same time periods in 2019. Patient demographics were compared to national secondary school 2019 census data from the Department of Education².

Results The proportion of CAMHS referrals among <18yr-olds in PED during each lockdown was significantly greater than during 2019 (Chi squared L1=5.1x10⁻⁴; L2=2.3x10⁻⁴; L3=1.7x10⁻⁴), representing an almost 3-fold increase overall. Fewer than one in five of these children triggered pre-existing safeguarding alerts at triage.

The second lockdown coincided with the greatest proportion of CAMHS referrals (<18yr-olds 3.1%; <13yr-olds n=7 and 13–17yrs n=49), representing a significant increase compared to the first lockdown (p=1.4x10⁻⁵). There was no significant difference between the second and third lockdowns.

Up to one third of 13–17yr-olds referred to CAMHS were unaccompanied during the third lockdown, coinciding with the highest proportion of admissions and transfers in this age group (n=12; 36%).

Consistently, the most common indication for CAMHS referral among <13yr-olds was depression and/or anxiety, while among 13–17yr-olds it was intentional overdose (IOD) or deliberate self-harm (DSH). While an upward trend in the number of 13–17yr-olds presenting with DSH and IOD was observed between the first and second lockdowns, our current sample size is insufficient to establish statistical significance.

While the majority of CAMHS referrals among 13–17yr-olds across all three lockdowns were from ethnic minority groups (L1 74%; L2 76%; L3 56%), this was consistent with the general paediatric population in Southwark & Lambeth. However, our sample size was insufficient to establish significant differences between individual ethnic groups. The majority of 13–17yr-olds referred to CAMHS were female (L1 63%; L2 85%; L3 87%) across all three lockdowns.

Conclusions Our findings suggest there was a significantly higher proportion of acute mental health presentations in PED during lockdown, especially amongst 13–17yr olds, and an upward trend in DSH and IOD. This has significant implications for the future provision of child and adolescent mental health services in hospitals and the community and the ramifications of this phenomenon post-lockdown have yet to be seen.

British Association for Community Child Health

1356

'BUT WHAT DOES THAT MEAN FOR ME?' DEVELOPING EVIDENCE-BASED STATEMENTS FOR HEALTH PRACTITIONERS TO REDUCE VARIATION IN ADOPTION MEDICAL ADVICE

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Background Services relating to children and young people in care (CYPiC) are one of the key areas in which community paediatricians work which includes supporting the adoption process. The term 'Medical Advisor (MA) for Fostering and Adoption' denotes a doctor with additional knowledge, skills

and experience that has a particular role in assessing the well-being of Looked After Children and providing medical advice to the local authority and other agencies. This includes written advice regarding the child's health, development, emotional presentation, past experiences and in utero exposures. However, this advice is not currently uniform, and it is of great value and interest to adoptive parents and adopted children. As services change it may become less common for all adoptive parents to meet with a MA in person to discuss the child and this increases the need for detailed information to be available.

Objectives We aimed to create a series of statements for common situations and conditions in the areas of mental health, substance misuse, autism and attention deficit hyperactivity disorder. The expectation was that they should be used in adoption reports by MAs across the region. The aims for these statements are that they should be:

- evidence-based
- understandable to the lay person
- relevant to looked after children
- acceptable both to prospective adopters and to MAs

Methods We created a list of common conditions and scenarios that are seen in the family history and background of adopted children. Statements for these were then developed using literature searches, discussion with MAs from across the region, and patient and public involvement (PPI) via a focus group of adopters and adopted people.

Results Feedback from the PPI group was extremely positive highlighting the value, impact and importance of this project.

Some comments included:

'A really good idea to have standardised information'

'it will be extremely valuable for adopters, social workers and panel'

'I believe adopters should have as much information as possible....I wish I had received information on the possible future difficulties..'

Discussions with the Regional Adoption Advisory Panel and MAs concluded this project works towards an evident need for quality consistent information for adopters.

Conclusions We expect that these standardised statements will not only reduce the workload of MAs and lead to a standardised process across the region but, more importantly, improve the experience of prospective adopters and enable them to feel prepared and supported as they go through the adoption process. We also hope that this preparation and support will have a positive impact on the ability of the family to care for an adopted child, whatever needs they may have. We plan to produce more statements for physical health conditions, evaluate the current statements and develop patient information resources to extend this project further.

RCPCH Trainees Committee

1357

ZOOMING IN ON THE SILVER LINING: A COLLABORATIVE VIRTUAL EDUCATION NETWORK FORMED DURING THE COVID-19 PANDEMIC

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Background Formal regional Paediatric teaching was cancelled after the onset of the COVID-19 pandemic. Local teaching was impacted upon by social distancing, rota redesign, redeployment and home working, and was completely paused in many units.

Objectives Acknowledging the potential impact of this on trainees, particularly those in departments with no teaching, or those shielding at home, and keen to facilitate an equitable training experience for all, we formed a novel collaborative pan-region virtual Paediatric teaching network.

Methods Departments who had established virtual teaching early were offered the opportunity to contribute towards a pan-region virtual education network. A wide range of departments generously shared educational opportunities; mostly held via Zoom. A comprehensive virtual teaching schedule, listing these opportunities, was shared with all trainees every week on our regional trainee website. A total of 100 events (average 6 per week) were included between April - September 2020, covering General Paediatrics, Neonatology, PICU, PEM, Community Paediatrics and sub-specialties, plus trainee wellbeing-related sessions.

Results Feedback was sought to evaluate the impact of the pan-region virtual teaching network. We received responses from 59 trainees, covering all training grades from ST1 to ST8. In terms of departmental teaching, 50% (n = 29) of trainees reported that teaching within their department had continued throughout the pandemic. However, 15% (n = 9) reported it had only been available for 2–4 weeks, and a further 14% (n = 8) reported no local teaching at any point during the pandemic. Overall, 95% (n = 55) of trainees felt that the virtual education network should continue. Just 5% (n = 3) of trainees felt it should not continue once formal regional teaching restarted, stating reasons such as ‘if it is in addition to regional days, it might feel like you can never have a day off!’. Other comments include ‘helps to standardise teaching that trainees receive across the region’, ‘good social interaction for shielding trainees’, ‘has had a positive impact on my learning’, ‘the main benefit is for trainees in smaller units where departmental teaching was reduced or completely stopped during the pandemic – the shared learning is invaluable for those trainees’, and ‘virtual teaching has been fantastic and has lessened the impact of COVID-19 on our training’.

Conclusions Thanks to the generosity of the departments which were able to deliver virtual teaching throughout the pandemic, we were able to create a pan-region collaborative network of enthusiastic Paediatric educators. This meant we were able to share a wide range of excellent virtual teaching opportunities with all trainees in the region, throughout the initial wave of the COVID-19 pandemic. Feedback indicates that this initiative reduced the impact of the pandemic on trainee education and had a positive impact on trainee welfare during a challenging time. However, in this new virtual learning environment, where educational opportunities are so readily available, we also recognise the importance of trainees being able to safeguard their downtime. In view of this, we have continued sharing virtual teaching opportunities, but have reduced the number since formal HEE regional teaching restarted.

Quality Improvement and Patient Safety

1358

QUALITY IMPROVEMENT PROJECT IN A DGH TO IMPROVE BLOOD BORNE VIRUSES (BBV) SCREENING FOR NEONATES BEING DISCHARGED TO FOSTER CARE

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Background Blood Borne Viruses (BBV) can be transmitted vertically from the mother to the infant. All mothers are offered routine antenatal screening for HBV and HIV, and high-risk mothers are offered Hepatitis C virus screening in addition. However, maternal seroconversion can occur anytime during antenatal period. National guidance recommends blood borne viruses screening in at-risk children being placed in foster care. Foster families will be at potential risk if infant's BBV status is unknown. Appropriate medical follow up should be arranged.

Objectives To assess compliance with local guidelines for management of infants discharged to foster care. BBV screening must be completed prior to discharge with consent (from local authority/birth mother) and appropriate follow up arranged.

Methods Two retrospective audit cycles (1 year audited per cycle) were conducted in a District General Hospital (DGH) to look into the current management of the babies at risk of Neonatal Abstinence Syndrome (NAS) discharged from hospital to foster care. It is recognised that babies at risk of NAS, are more likely to be born to mothers using recreational drugs and/or pursuing high-risk lifestyles. In turn, they are more likely to be discharged to foster care.

Results In the first audit cycle (Jan 2018 - Dec 2018) only 30% of this population was found to be managed according to Practice Note 53 Guidelines. Local guidelines were introduced and circulated, and measures were taken to raise awareness amongst relevant staff by sharing the outcomes in peer review and clinical governance meetings.

The second audit cycle (Oct 2019 -Oct 2020) revealed a significant improvement to the compliance; 93% of the selected population had BBV screening prior to discharge to foster care. However, two further issues were highlighted. Firstly, clear documentation of consent for BBV screening was noted for only 57% of these babies. Secondly, only 64% of these babies had a clinic follow up arranged in the local baby clinic. Issues identified were raised for discussion: as a result, the local guidelines were updated to state a clear follow up pathway; in the local Baby Clinic for infants with medical concerns and in the LAC clinic for looked-after babies with no other medical concerns. The local guideline was updated to include a new checklist to be added to the discharge documents for all babies discharged to foster care to prompt compliance with the local screening, consenting and follow up guidance.

Conclusions This project highlights the importance of auditing current practice against set standards. During both cycles,