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

¹Konstantina Papadopoulou, ²Reham Hashem, ³Lucy Murray, ²Katharine McDevitt, ²Nikhil Ganjoo. ¹Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust; ²Peterborough City Hospital, North West Anglia NHS Foundation Trust; ³West Suffolk NHS Foundation Trust

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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,

major changes were implemented to improve practice and ensure compliance. Audits play a significant role in optimising the quality of provided patient care. Re-audit is key to assessing and monitoring the effectiveness of the applied measures aiming to continue delivering the best of care to our community.

Quality Improvement and Patient Safety

1359 THE EFFECTS OF PRE-ADMISSION ISOLATION ON THE EDUCATION AND WELLBEING OF ELECTIVE SURGICAL PATIENTS AND THEIR FAMILIES DURING THE SARS-COV-2 PANDEMIC

Clare Andrews, Jane Hoddes. *Royal National Orthopaedic Hospital*

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Background The SARS-CoV-2 pandemic has significantly impacted all areas of healthcare. Elective surgery ceased during the first lockdown but restarted once SARS-CoV-2 cases decreased, with a strict regime of 14 days pre-admission and post-admission isolation and PCR testing as recommended by Public Health England. In July 2020, RCPCH produced evidence-based recommendations advising that preoperative isolation (PI) was unnecessary in paediatric patients, although this was met with reluctance by many trusts. Our trust revised their guideline with a decrease in PI to 3 days for all but clinically extremely vulnerable (CEV) patients, (based on guidelines covering all age groups, not incorporating RCPCH criteria), and those requiring elective HDU admission.

We were concerned that children and young people (CYP) were adversely affected, with unnecessary enforced time away from school, impacting on both education and mental health.

Objectives To assess compliance with the trust PI policy that patients and their families were asked to adhere to, and the subsequent impact on education and school attendance and any wider family concerns. We also looked at how this would have differed if RCPCH vulnerability criteria were used.

Methods Direct questioning of all admitted paediatric patients and their families using a semi structured questionnaire with a mixture of closed and open-ended questions over a 3-week period.

Results A total of 72 patients were admitted during the study period, 47% (34/72) were asked to preoperatively isolate for 14 days. Of these 11 were classified as ECV using trust guidance, only 3 were ECV by RCPCH criteria. 10 did not fulfil any local criteria. The remainder required elective HDU admission. None of the patients asked to isolate for 3 days fulfilled criteria for longer PI. No patients tested positive for SARS-CoV-2 on PCR during the study period.

- 53 CYP (34 patients and 19 siblings) each missed 10 days off school, totalling 530 lost schooldays.
- 59 CYP in the 3-day PI group missed between 1 and 3 days each (allowing for isolation periods to span weekends). 59–177 lost schooldays.

We also saw a significant impact on parents - many reporting financial losses or the use of annual leave or unpaid leave to conform with isolation guidance.

Conclusions Our study showed a discrepancy between clinical practice and trust guidelines, with 14% of admissions asked to isolate unnecessarily for 14 days.

Our trust guideline did not differentiate between paediatric and adult patients. Following the study, guidance was revised with a separate paediatric pathway using RCPCH CEV criteria to decide between 3 and 14 days PI. HDU admission was removed from high-risk paediatric criteria. Siblings were now exempt from isolation and could attend school.

If our revised trust criteria had been applied to the studied cohort between 428–532 additional schooldays could have been attended (allowing for isolation periods to span weekends).

The impact of SARS-CoV2 pandemic including school closure is well documented to have adversely affected the mental health of CYP. As paediatricians it is important to advocate for our patients and their families ensuring CYP centred care within NHS trusts.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

1360 COACHING FOR TRANSITION: SUCCESS OF A VIRTUAL GROUP COACHING COURSE FOR PAEDIATRIC TRAINEES

¹Sarah Davies, ²Saranya Ravindran, ³Sheena Bailey, ⁴Hina Pattani, ⁵Angela Skidmore, ⁶Trisha Radia. ¹Chelsea and Westminster Hospital NHS Trust; ²Epsom and St Helier NHS Trust; ³Sheena Bailey Partnerships; ⁴Guys and St Thomas' Hospital NHS Trust; ⁵Southampton University Hospitals NHS Trust; ⁶Kings College Hospital NHS Foundation Trust

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Background Coaching is already established as a powerful tool for enhancing executive performance in the corporate sector. There is a growing interest in the role of coaching for the medical workforce.

Coaching aims to facilitate behaviour change, through encouraging self-reflection, challenging automatic thoughts and guiding the coachee to identify the actions required to achieve a desired result.

Few studies report on the effectiveness of coaching as an intervention, however a recent review has shown weak to moderate evidence that coaching is effective for protecting doctor well-being and resilience.

Having previously run a well-received group coaching course for trainee paediatricians returning to work, we were keen to broaden the scope of our course to welcome all trainees approaching transition points in their career and to evaluate their experiences of participation.

Objectives This project aims to evaluate the benefits of a virtual group coaching course for trainee paediatricians facing major career transitions.

Methods Trainee paediatricians were invited to attend virtual group coaching events running in early 2021. The courses were advertised via the regional school website and its