Whatsapp group. 75% of places were open to 'self-referring' trainees, whilst 25% of places were reserved for trainees 'referred' by local training programme directors.

The coaching courses were delivered virtually using zoom software and trainees received a welcome 'package' of pre-course information beforehand.

The three-hour sessions were designed and delivered by three professional coaches with experience of working in the healthcare sector.

Each session comprised some short periods of didactic teaching, interspersed with interactive activities performed as a group or in pairs using break out rooms.

Trainees were introduced to the following coaching concepts:

- Listening
- Guided reflection
- Interpersonal dynamics within the workplace
- Contracting
- Peer and self-coaching

Following completion of the course, trainees were requested to complete an online questionnaire to gain an insight into their experience of the course and its most valued elements. Longer term follow-up on the impact of this course for trainees will be sought in the future.

Results 9/14 trainees attending our initial workshop completed our feedback questionnaire. Their baseline data is shown in table 1.

Qualitative feedback has shown several themes emerge in relation to skills learned and projected applications for these.

Trainees particularly valued skills gained in listening, guided reflection and problem solving. They felt these would be useful to them in providing an alternative approach to difficult problems, to supporting junior colleagues and peers and in career related decision making.

Abstract 1360 Table 1 Baseline data

	% agree
Reason for attending	
Transition to SpR	22
Transition to Consultant	33
Returning after time out	22
Other	22
Very likely to use skills learned	66
Found workshop overall useful	100

Conclusions Virtually delivered group coaching is valued by paediatric trainees approaching career transitions.

Trainees attending this course were introduced to skills and concepts in listening, reflection and reframing of difficult problems that they anticipate taking forward through their careers, to help negotiate future challenges.

Further feedback will be sought in the coming months pertaining to the real-life impact of trainee participation in this workshop.

British Paediatric Allergy Immunity and Infection Group

1361

INVESTIGATION OF A LOCAL INCREASE IN RATES OF INVASIVE GROUP B STREPTOCOCCAL INFECTION IN INFANTS; WAS COVID-19 TO BLAME?

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10.1136/archdischild-2021-rcpch.588

Background Group B streptococcus (GBS) is the most common cause of sepsis and meningitis in infants <90 days old in the UK. In 2020 increased rates of invasive GBS (iGBS) were noted in infants at a district general hospital in the East of England. A multi-disciplinary review was conducted to try to identify reasons for this increase, and to determine whether systems changes due to the COVID-19 pandemic may have played a role.

Objectives Investigation of a local increase in invasive GBS cases in infants.

Methods A retrospective case note review of all cases of iGBS occurring between 2015 and 2020 was conducted. Cases occurring in 2020 were compared to cases in 2015–2019 and to a matched-control population for presence of known risk factors and demographics. Whole genome sequencing was conducted on bacterial isolates from cases in 2020 in order to identify whether the increased incidence represented an outbreak.

Results In 2020 14 cases of iGBS occurred in infants <90 days of age (Incidence rate (IR) 2.55/1000); 5 Early Onset GBS (EOGBS, 0–6d, IR 0.91/1000) and 9 Late Onset GBS (LOGBS, 7–89d, (IR 1.64/1000)) at our hospital. These rates were 1.2-fold and 4.5-fold higher, respectively, than the local rates for 2019, and 1.7-fold and 5.5-fold higher than the 2019 national rates.

All babies with EOGBS in 2020 had identifiable risk factors; 4/5 had maternal pyrexia >38°C, 1/5 had suspected chorioamnionitis and 3/5 had prolonged rupture of membranes >18 hours. All received appropriate intra-partum antibiotics. GBS colonisation was unknown prior to delivery in any mother, with 60% of mothers in 2020 subsequently testing positive compared to 27% in 2015–2019. There were no significant differences in the demographics of infants with EOGBS in 2020 compared to 2015–2019. All cases of EOGBS in 2020 were identified rapidly following delivery, and treated according to NICE guidelines.

Cases of LOGBS in 2020 tended to occur more in low risk, term deliveries compared to previous years. In 2020 43% of infants with LOGBS had no identifiable risk factors for LOGBS at delivery, compared to 23% in the early time-period. Infants with LOGBS in 2020 were demographically comparable to those in 2015–2019.

No clear evidence of an impact of the COVID-19 pandemic was found. Mothers of infants with LOGBS disease had slightly fewer antenatal microbiological samples, where GBS

may have been identified incidentally, compared to previous years (56% vs. 75%), possibly indicating reduced ad-hoc presentations as a result of the pandemic, although this difference was not significant. No evidence for nosocomial or community clustering of cases was found.

Whole genome sequencing identified serotype III ST-17 as the dominant GBS strain. However, isolates were genomically diverse with no evidence of an outbreak of a hyper-virulent strain. All sequenced isolates carried the *mreA* gene conferring macrolide resistance.

Conclusions An increase in LOGBS cases in our low-risk term-infant population was noted during 2020, with high rates of iGBS strains showing macrolide resistance. No clear evidence for an outbreak of a virulent strain, or impacts of the COVID-19 pandemic was found.

British Paediatric Respiratory Society

1362

UNCOVERING THE ROLE OF A TELEHEALTH DEVICE IN PROVIDING QUALITY CARE FOR CHILDREN AND YOUNG PEOPLE WITH CHRONIC RESPIRATORY CONDITIONS REMOTELY

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10.1136/archdischild-2021-rcpch.589

Background Innovation that improves the quality of care children and young people (CYP) receive is a major theme of the RCPCH 2040 vision. Paediatricians are being challenged to move beyond the virtual consultation adopted during the COVID-19 pandemic and utilise new technology to monitor, care for and treat CYP; empowering them to access services in a way that achieves this.

Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) is the first NHS site in the UK to pilot the use of a handheld Telehealth device called TytoCare. The device enables healthcare professionals, CYP or their carers to link with clinicians remotely, in real time or offline, to enable examination of the heart, lungs, skin, ears and throat.

Objectives Our pilot aimed to assess the usability and potential benefit of TytoCare in CYP with chronic respiratory conditions like cystic fibrosis and primary ciliary dyskinesia to reduce face to face reviews by health care professionals, acute admissions and the burden of illness for these CYP and their families.

Methods

1. Stakeholder engagement with the BTHFT Executive, Paediatric Respiratory multi-disciplinary team, Informatics, Information Governance Department, Clinical Engineering and the TytoCare Company.
2. Workflow design:
 - a. Professional workflow: a device was utilised by our respiratory specialist nurse when a review from a senior doctor, other speciality or other allied health care professional was needed.
 - b. Patient workflow: families were chosen according to where the clinical team felt there would be greatest

benefit The device was used within an individualised care plan to assess acute or routine review with a member of the team from home.

3. Feedback on the usability, workflow and key outcomes was gathered at various stages of the project:
 - a. A feedback survey completed by the healthcare professional after each consult.
 - b. Data was collected via the TytoCare system for each consultation.
 - c. End of pilot surveys were completed by staff and families.

Results 48 consultations were undertaken using TytoCare during the pilot. We had healthcare professional feedback for 46 of them reporting the following impact: 100% of consultations felt to provide reassurance to families, 98% had a positive impact on the CYP. Two hospital assessments, 3 inpatient admissions, 13 face to face clinic appointments, 4 home visits, 23 face to face physiotherapy reviews and approximately 329 miles were saved.

Conclusions In this pilot the TytoCare device was found to be easy to use by professionals and carers and to be reliable and effective in providing safe and quality care for a select group of CYP at home. The pilot highlighted the impact technology can have in reducing the burden of chronic illness for families. It also demonstrated that technology could be used successfully to improve access to care for some of our most vulnerable families.

International Child Health Group

1364

DESIGNING A GLOBAL HEALTH PARTNERSHIP EVALUATION

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10.1136/archdischild-2021-rcpch.590

Background Birmingham Women's and Children's Hospital (BWC)- Malawi Partnership is a global health partnership (GHP) established in 2004 as an educational link between paediatric departments at BWC and Queen Elizabeth Central Hospital (QECH), Malawi. Regular monitoring and evaluation of GHPs is key for assessing relevance, effectiveness, efficiency, impact and sustainability.

Objectives Design a global health partnership evaluation in accordance with internationally accepted standards to accurately capture the impact of the BWC-Malawi Partnership.

Methods An evaluation strategy was co-developed between BWC and QECH. The evaluation methodology was designed to assess contribution of the Partnership in accordance with its vision of improving child health sustainably through education and training. Domains for assessment were based on established determinants of effectiveness for GHPs^{1 2} and included shared vision and goals, commitment to joint learning, sustainable, accountable, respectful, reciprocal and responsible.

A mixed-methods approach was adopted using quantitative questionnaires, semi-structured interviews and focus groups at both sites. Questions were written in consultation with the