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

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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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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

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DESIGNING A GLOBAL HEALTH PARTNERSHIP EVALUATION

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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