The PED saw >80 neonates in November 2020, which matched the number seen the previous year.

A large majority of neonates seen in the PED are well babies, with between 15–40% of those seen in 2020 diagnosed as 'No Abnormality Detected'. The proportion of well neonates from November 2019 – February 2020 was 13–24%, but this increased to 20–40% from March 2020 onwards.

Diagnoses that remained consistent throughout the year were feeding problems making up 15–22% of the diagnoses, and jaundice making up between 5–13%. On average 5–10% of neonates were diagnosed with sepsis. A notable effect of the pandemic and the subsequent social distancing was the reduction in respiratory presentations. In a normal Autumn/Winter such as November 2019 – February 2020, 20–35% of neonatal attendances were diagnosed as Bronchiolitis or Upper Respiratory Tract Infections. Whereas September–November 2020 saw just 9–11%.

On average the PED discharges 30–50% of all neonates without any Paediatric Specialty input.

From 2016–2020 the average number of neonates presenting to the PED has increased from 1–2 infants per day, to 3 infants per day.

Conclusions The reduction in PED attendance seen during the 1st COVID-19 lockdown was not seen during the 2nd lockdown, and the number of neonates being booked into the Paediatric ED increased to near normal in November 2020 despite overall Paediatric ED attendances remaining low. The reduction in neonates presenting with respiratory illnesses is likely a direct result of social distancing. While the increase in the number of well neonates seen following the first UK lockdown coincides with the reduction in postnatal home visits, and a move towards virtual consultations in primary care. The Paediatric Emergency Department offers an unrestricted route of access to healthcare for new parents, with an average of 3 infants <28 days old attending the LGI Paediatric Emergency Department every day.

Association of Paediatric Palliative Medicine

1406

NAVIGATING PALLIATIVE CARE RESEARCH DURING A PANDEMIC: A PRACTITIONER INQUIRY APPROACH

Charlotte Holland, Emily Harrop. *Helen and Douglas House Hospice*

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Background Research in paediatric palliative care is already challenging, with small sample sizes, limited funding, ethical approval processes, evolving and unpredictable illness, and perceived psychological burden of taking part in research for children and their families.¹ The COVID-19 pandemic has added to this, leading to redeployment of healthcare staff, changing clinical priorities or spaces, and a halt to all non-COVID related research... including this researchers project on challenges and facilitators to referrals to paediatric palliative care.

Despite converting methodology from face-to-face focus groups to virtual, it was felt that the added pressure of

involvement in research was too much for staff. Therefore, a second methodology was discovered: a practitioner inquiry.

Objectives This abstract aims to explore the benefits of a practitioner inquiry approach in paediatric palliative care.

Methods *What is a practitioner inquiry?* It enables the practitioner to reflect systematically and practically about the way they work. Methodology is often 'action research' based, focusing on own practice, collective self-enquiry, or designed to produce knowledge to share with others.²

A practitioner inquiry approach was taken, involving inductive thematic content analysis of reflective entries and supporting documents for a case-series identified through the researchers' reflective portfolio.

Results Fifteen cases were identified and explored. Data sources included the researchers' reflective portfolio, internal medical communication, symptom management plans and advance care plans, and eight master themes were identified.

A practitioner inquiry approach maps to Kolb's learning cycle (conceptualising, putting principles in practice, experience and reflection), allowing for knowing-in-action, and action-on-reflection.³ It was felt to be extremely valuable for the researchers' personal growth and development as a practitioner in paediatric palliative care. The findings can be used to inform further local research around referral challenges and facilitators.

Conclusions Pausing all non-COVID-19-related research during the height of the pandemic was of course the right thing to do, as healthcare professionals were overwhelmed both clinically and emotionally with the task at hand. Uptake to focus groups would undoubtedly have been limited, and therefore data skewed or incomplete.

A practitioner inquiry offers rich research potential and opportunity for intense personal reflection and growth as a developing paediatric palliative care clinician, and was one option for continuing research during a pandemic. The results of this study will direct further research (likely using a virtual focus group approach) and local service improvement measures.

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Paediatric Mental Health Association

1407

UNPRECEDENTED TIMES – UNSEEN EFFECTS ON CHILD MENTAL HEALTH

¹Mumtaz Sophia Mooncey, ²Alexander Jolly, ¹Kerry Robinson, ¹Megan Fisher, ¹Robert Lloyd, ²Dave Fielding. ¹Whittington Health NHS Trust; ²Airline Captain

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Background The unprecedented times of the Covid-19 pandemic have presented a plethora of new challenges for both users and providers of healthcare. A now well-recognised effect of the pandemic is the devastating impact it is having

on the mental health of young people. There have been a notable increase in the number of mental health cases presenting to Paediatric Emergency Departments, and this is a problem predicted to persist for the foreseeable future. Caring for these young people in both Emergency Departments and on General Paediatric wards is a challenge.

To ensure that healthcare professionals are well-equipped to care for these young people and their families, it is vital that the multidisciplinary team (MDT) receive relevant training, and feel well-supported themselves. The introduction of in-situ simulations with focus on Child and Adolescent Mental Health, has highlighted effective methods for the management of challenging cases. The collaboration with airline pilots in facilitation of the Human Factors debriefs has contributed to creating an open environment for safe learning.

Objectives

- To encourage training focused on child mental health through in-situ simulation during the time of the pandemic.
- To focus on Human Factors training through involvement of airline pilots.
- To encourage MDT contribution through creating a 'safe learning space' for participants.

Methods This was a qualitative study. High fidelity in-situ simulations were performed in real clinical environments, with primed actors. Clinical faculty focused on the technical aspects, whilst uniformed airline pilots provided feedback on Human Factors. To encourage participation from all team members, there was significant emphasis on psychological safety throughout. The key learning points were written up and shared with the wider MDT.

Scenario examples:

- Ligature – management of patient collapsed in the toilet with ligature tied around their neck, with a distressed parent present.
- De-escalation – patient with an overdose threatening to leave the ward prior to Mental Health assessment.
- Acute psychosis– de-escalation of agitated patient, necessitating an MDT approach, including the involvement of security.

Results The simulations encouraged closer analysis of the technical aspects of managing acute presentations of young people with psychiatric presentations. Moreover, they provided a safe training space for staff to reflect on the difficulties faced, with facilitation from airline pilots, and parallel aviation examples. Key Human Factors themes were identified by the pilots, with particular focus on workload management, when dealing with a distressed patient and also an anxious relative. The feedback from these sessions was unanimously positive, with 100% of participants reporting they would like to participate in more.

Conclusions The creation of a safe learning environment for the management of challenging mental health presentations has been extremely valuable in the training of the MDT. Continued learning in this way is of particular prominence at this time, in light of the increase in presentations as a result of the pressures of the pandemic. It is important for the training needs of staff to be met, and for them feel safe and well-supported at this challenging time.

Quality Improvement and Patient Safety

1409

PREPARING PAEDIATRIC TRAINEES FOR THE TRANSITION FROM JUNIOR TO MIDDLE GRADE ROLES THROUGH FORMAL PEER-LED STUDY DAYS: A QUALITY IMPROVEMENT PROJECT

¹Laura Furness, ²Jen Fox, ²Ruth Mitchell. ¹Royal Manchester Childrens Hospital; ²Greater Manchester and Lancashire School of Paediatrics

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Background The transition from junior to middle grade is widely considered one of the most challenging timepoints in speciality training. We recognised there was no formal education available for paediatric trainees in the North West to support them during this difficult period.

Objectives Our aim was to improve trainee confidence in stepping up to middle grade. To achieve this we developed a formalised programme of peer-led study days, occurring biannually prior to each rotation of doctors moving onto their first middle grade post.

Methods We identified five key domains pertinent to working as a middle grade; leading resuscitation, safeguarding, clinical prioritisation and time management, seeking senior support and awareness of options to subspecialise. To ascertain individual confidence in these areas we sent a survey to all paediatric junior grades in the North West. Confidence scores were determined using a five point Likert scale. We also provided an opportunity to give feedback on any additional concerns about the transition. We compiled a timetable for our first study day centering on areas of trepidation disclosed. The survey was then repeated to assess if confidence had improved across the domains. We also used open questions to collate feedback to shape future sessions. On organising our second study day we again surveyed trainees confidence scores before

Abstract 1409 Table 1

Key Domains	Confidence Scores	First Study Day (August 2020)		Second Study Day (February 2021)		
	Before (n=12)	After (n=12)	Difference	Before (n=25)	After (n=24)	Difference
Leading resuscitation	2.7	3.1	+0.4	2.6	3.5	+0.9
Safeguarding	2.3	3.1	+0.8	2.4	3.7	+1.3
Clinical prioritisation/ time management	3.8	3.9	+0.1	3.4	4.2	+0.8
Seeking support	2.3	3.1	+0.8	4.1	4.5	+0.4
Aware of options to subspecialise	2.3	3.1	+0.8	3.4	4.3	+0.9