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

#### Abstract 1409 Table 1

<table>
<thead>
<tr>
<th>Key Domains</th>
<th>Confidence Scores</th>
<th>First Study Day (August 2020)</th>
<th>Second Study Day (February 2021)</th>
<th>Difference Before</th>
<th>Difference After</th>
<th>Difference</th>
</tr>
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<td>Leading resuscitation</td>
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<td>3.1</td>
<td>+0.4</td>
<td>2.6</td>
<td>3.5</td>
<td>+0.9</td>
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<td>Safeguarding</td>
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<td>+0.8</td>
<td>2.4</td>
<td>3.7</td>
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<td>Clinical prioritisation/ time management</td>
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<td>3.9</td>
<td>+0.1</td>
<td>3.4</td>
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<td>3.1</td>
<td>+0.8</td>
<td>4.1</td>
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<tr>
<td>Aware of options to subspecialise</td>
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<td>3.1</td>
<td>+0.8</td>
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</table>
Quality Improvement and Patient Safety

**CHARTER FOR NEW INTERNATIONAL MEDICAL GRADUATES (IMGs) COMMENCING WORK AS LOCALLY EMPLOYED DOCTORS (LEDS)**

Geraldine Sawney, Arshoo Dhelaria, East and North Hertfordshire NHS Trust

10.1136/archdischild-2021-rcpch.626

**Background** The journey of a new international medical graduate entering the UK for the first time to commence work as a locally employed doctor is both challenging and daunting. Statistically, international medical graduates make up one-fifth of all licensed practitioners employed locally in respective NHS trusts and, contribute significantly in the provision of healthcare. Yet little support and guidance is offered to over-see and support them. Objectives Our objective was to create a charter under the leadership of the Locally employed doctors who could provide guidance on career progression and encourage these doctors to become members of their respective Royal College by successfully completing theoretical and clinical examinations.

**Conclusions** Through the publication and availability of this charter, we aim to create awareness of the responsibilities of every NHS trust to ensure that all newly recruited international medical graduates transition into their job roles with confidence, clarity and clear objectivity of their future within the NHS.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

**A PATIENT-LEVEL COST-ANALYSIS OF TUBE FEEDING IN PAEDIATRIC PATIENTS**

Jasmine Singh, Caroline Pardy, Veronica Kelly, Iain Yardley. GKT King’s College London Medical School, London, UK; Department of Paediatric Surgery, Evelina London Children’s Hospital, London, UK; Department of Paediatric Neurosciences, Evelina London Children’s Hospital, London, UK; The Mary Sheridan Centre, Evelina London Children’s Community Services, London, UK; Department of Paediatric Surgery, Evelina London Children’s Hospital, London, UK; GKT King’s College London Medical School, London, UK

10.1136/archdischild-2021-rcpch.627

**Background** The use of gastrostomies in children is increasing and their need for ongoing management in the long term after discharge from acute healthcare providers presents a significant financial and resource challenge to local healthcare systems. However, the absolute costs associated with the care of a gastrostomy in the community are not well defined with wide variation in estimates in published studies.

**Objectives** The aim of this study was to determine, at the individual patient level, the financial, out-of-hospital costs of maintaining a gastrostomy in a child for a year.

**Methods** A retrospective, bottom-up cost-analysis was conducted in a cohort of 190 patients with gastrostomies aged 0–19 years. One in five patients in the cohort were randomly selected, stratified by age in four five-year brackets, for individual cost analysis. For each patient selected, the electronic health record was interrogated to determine costs directly related to the maintenance of the gastrostomy from the period of 1st March 2019 – 1st March 2020. Costs included in the...