between 13–15 years. The symptoms experienced included dizziness, near syncope, headaches, palpitations, abdominal pain, fatigue, cold hands and feet and low mood. All 20 patients were managed with non-pharmacological advice and pharmacological treatment. Of the 20, only 5 reported complete resolution of symptoms at an average age of 17 years. 12 cases had only mild symptoms (at 17 years) with intermittent exacerbation but were still on medications. 3 patients still had moderate ongoing symptoms at 17 years with ongoing medical management needing transition to adult physicians.

Conclusions Adolescent POTS have a good prognosis with 85% of the patients reporting significant improvement by their 17th birthday. 15% patients unfortunately still continue to experience disabling symptoms which necessitates ongoing care in adulthood. This information is useful in counselling of children with newly diagnosed POTS and understanding long term outlook.

Association of Paediatric Emergency Medicine

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IMPACT OF THERAPEUTIC LIVE MUSIC ON PAIN AND DISTRESS LEVELS DURING INTERVENTIONS WITHIN THE PAEDIATRIC EMERGENCY DEPARTMENT

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Background Music is known to have therapeutic benefits and is frequently used in healthcare. For children in emergency settings, it may reduce stress and pain. There is little evidence evaluating the effect of live music in an emergency setting. This innovative study explores the effect of live music on children undergoing a painful procedure in a Paediatric Emergency Department (PED).

Objectives

- Whether live music helps to decrease pain and distress in children undergoing a painful procedure in the PED.
- Whether these procedures can be carried out with greater ease from a clinician's perspective and whether staff experience is impacted by the presence of live music.
- Overall impact on the PED experience from the patients, families and clinicians' perspectives.

Methods A mixed methods study, designed with input from the local Young Persons Advisory Group (YPAG). Patients between 6 months - 16 years of age undergoing a painful procedure (eg cannulation) in PED were recruited after written consent. All patients received 'standard' distraction techniques and appropriate analgesia eg Ametop. The intervention group received live music (Musicians playing clarinet & guitar) within the cubicle whilst they underwent the procedure and the control group no live music. Data on physiological measures (Heart rate), self-reported pain (Wong-Baker Faces scale >3years of age) & observed pain (FLACC Scale in younger children) were collected in real time by an independent observer. Following the procedure parents, children & clinicians completed a written questionnaire. Questions included 'How did you feel the music affected the

child's distress before, during & after the procedure' and 'Can you tell me about how the live music helped or hindered the procedure'.

Results 110 participants were included in the study. Qualitative responses were overwhelmingly positive, but quantitative results showed no significant positive interaction between music and reduced pain and distress. Qualitative data indicated that live music in an ED setting is reported to make children, parents and staff feel more at ease, creating distraction and change of focus for children undergoing procedures and enhancing wellbeing in the department. Quotes included: 'Thumbs up and special, I was a little bit worried but the music made me happy. I was really brave' (Child). 'My experience today has been positive, I believe the music is beneficial to the children during stressful times' (Parent). 'I think it makes the A&E department a more pleasant environment. Children and staff love it'(Clinician).

Conclusions A ground-breaking study of this nature looking at the effect of live music on children undergoing painful procedures is possible in a busy PED. The qualitative data is overwhelmingly positive and indicates across all groups that live music is beneficial to children, parents and clinicians. COVID-19 has brought further challenges for musicians working within the healthcare setting but this study shows the positive value of their work in an acute clinical environment and that research in this area is vital to patient and staff wellbeing.

British Academy of Childhood Disability

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RAPID DISCHARGE OF CHILDREN WITH MEDICAL COMPLEXITY (CMIC) FROM A SPECIALIST CHILDREN'S HOSPITAL DURING THE FIRST WAVE OF THE CORONAVIRUS PANDEMIC

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Background CMIC are well described to have high health care use and long lengths of time in hospital.¹ In our specialist children's hospital. Our specialist discharge team usually have 18–30 children with the most complex journeys on our case-load. A significant proportion of these children have non-medical barriers to discharge which include care and commissioning, housing, parental training and need for adaptations.² Many of them were perceived to be at increased risk of deterioration should they have caught the SARS-CoV-2 variant.

Objectives We undertook to provide a rapid discharge for this group of children during the first wave of the pandemic.

Methods Rapid discharge was undertaken using the creation of a virtual telephonic and then zoom space to bring together key stakeholders. It was led by silver command and fed into organisational architecture during the pandemic. Stakeholders included clinical teams across institutional boundaries, therapies, social care colleagues and voluntary sector collaborators. Rapid PDSA cycles enabled us to adapt to the changing landscape. Initially the meetings were three times a week, decreasing in frequency to once weekly until the present time. We relied on existing relationships and built new connections.

Results From the start of the first lockdown 23rd March 2020 until the easing of restrictions on 15th June 2020 we discharged 23 long stay patients. The length of stay prior to discharge varied from 19–866 days. The median time to discharge in this group was 22 days from the start of lockdown. The barriers to discharge varied from need for housing and care provision to social care support. Apart from improvement in length of stay we also were able to solve problems innovatively by working together. Cots and white goods were sourced through social care funds and ordered on amazon by our occupational therapists. Donated housing capacity was identified by our covid command structure facilitated families moving there temporarily instead of staying in hospital. A local hospice was able to provide care for the most complex of our patients whilst awaiting onwards placements in social care and carer training. The feedback from stakeholders following discharge was used to refine processes. There were no adverse outcomes or readmissions. **Conclusions** This period of global health crisis has been devastating for many. In amongst the tragedy, there are glimmers of learning that would not have been achieved without this unprecedented challenge. This rapid discharge process is one such glimmer. It demonstrates that by working together across agency boundaries, thinking innovatively and putting the children and families at the heart of what we do, we can effect rapid change. We now need to harness and retain this learning to be able to continue sending children home

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Paediatric Educators' Special Interest Group

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INTRODUCTION TO THE SOFT LANDING PROJECT, THE LAUNCHING EVENT AND PROPOSED FUTURE EVENTS

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Background Many International Medical Graduate (IMG) Paediatricians move to the UK to work and thrive in the NHS. We know from our own experience as IMG paediatricians adjusting to the NHS, that this transition is not always smooth. We face many challenges that can contribute to differential attainment (DA) between IMG and UK trained paediatricians. While there is some support available this can be highly variable. The 'Soft Landing' project arose out of a recognition of this gap, and a desire to share our lived experience to provide the easily accessible support to newly arrived IMGs, that we wish we had had.

Objectives The Soft Landing project is a voluntary UK wide support network, founded by IMG paediatricians. Its objective

is to lead to a smoother transition to work and train in the NHS for IMG paediatricians. We aim to achieve this by providing customised training, mentoring, signposting and peer support, by IMGs who are further established in their UK careers. We expect this to lead to better career satisfaction and retention of IMG trainees.

Methods We launched our project via social media platforms, using our faculties established IMG networks, as well as presenting to RCPCH, London School of Paediatrics (LSP) Trainee Committees, and to the GMC.

Our first day-long course, entitled 'Supporting paediatricians new to the NHS' took place in February 2021. The talks presented during this workshop were designed and tailored to the needs of IMG paediatricians new to the system, highlighting cultural differences and common pitfalls. Our regular courses and webinars include ST1/ST4 interview practice, GRID applications, communication skills, safeguarding, applying to training, wellbeing, smashing ARCPs, revalidation and untangling Kaizen/E-portfolio.

Results Following the launch of Soft Landings there was a lot of interest in engaging with the project from individuals and organisations, as a result of outreach mentioned above.

Our first day long course 'Supporting paediatricians new to the NHS' had a waiting list of >30 candidates. 30 candidates secured slots and attended the course. 33% started working in the NHS recently (<6 months), 30% between 6 months to 1 year, 9% for over 1 year and a further 9% for more than 5 years. 27% were working overseas and planning to move to the UK shortly. The feedback from participants was very positive. Following the course, 100% will signpost their new IMG paediatric colleagues to this resource. 82% rated it as excellent while 17% rated it very good. 100% agreed that they now had a better understanding of the NHS dynamics and expectations from the paediatric doctors in the NHS. 100% thought that they would implement positive changes in their practice. Many said they would benefit from a mentor.

Conclusions IMG paediatric doctors are a valuable part of the NHS workforce. By providing the right support, struggles will be turned into productivity and fulfilled potential, and levels of anxiety and stress in everyday work lives would be reduced. The Soft Landing support can contribute to recruitment and improved retention, better patient care, and reduction of differential attainment.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

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PAEDIATRIC TRAINING DURING THE COVID-19 PANDEMIC: THE VOICE OF 638 TRAINEES

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Background High quality paediatric training is essential to the provision of excellent child health care both now and in the future. To ensure a high standard of training is maintained within The London School of Paediatrics, an annual trainee