presented with a fever. 10/21 (47.6%) had a CRP of less than 20 at presentation, 11/21 (52.4%) had a transaminitis. Disseminated disease was present in 4/5 (80%) babies born at <28 weeks and 11/39 (28%) >37 weeks gestation.

Aciclovir was commenced in 54/59 but in only 23/59 (39.0%) on the day of presentation. Overall mortality was 22% but 57% in those with disseminated disease. Mortality by gestation was 60% <28 weeks, 25% 28–36+6 weeks and 18% >37 weeks.

Conclusions Incidence of neonatal HSV has doubled since the last national surveillance study. Mortality remains high and presenting features of disseminated disease are non-specific. Absence of fever in 86% of cases demonstrates that HSV should not only be considered in the assessment of the febrile infant. Awareness of this disease needs to be raised to enable early recognition and treatment.

REFERENCES

British Paediatric Neurology Association

1488 MANAGEMENT OF BELL’S PALSY IN CHILDREN – A REVIEW OF CURRENT EVIDENCE
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10.1136/archdischild-2021-rcpch.679

Background There is strong evidence that oral steroids improve outcomes in adult patients with Bell’s palsy, but no consensus for paediatric patients. Different management approaches exist. All use eye drops, and then either expectant management, oral steroids, or steroids and antivirals.

Objectives To review the current literature for management of Bell’s palsy in children to support the development of clear guidelines.

Methods A literature search was performed in MEDLINE, EMBASE, and CENTRAL. The results were screened with inclusion criteria (1) participants aged 18 or younger and diagnosed BP; (2) compared steroids vs placebo, steroids and antiviral vs placebo, or antivirals vs placebo (3) Primary endpoint recovery of motor function using an explained clinical scale. Randomised clinical trials (RCTs), retrospective cohort studies, and cross-sectional studies were included. Meta-analysis, case reports, and systematic reviews were excluded. Study quality was evaluated using the NHLBI quality assessment tools.

Results Twenty studies were included for analysis. An RCT and 15 retrospective cohort studies looked at steroid vs expectant management of BP in children. One retrospective cohort study found steroids alone improved duration until full recovery but not overall recovery rate. The other studies in this group found no statistically significant difference between steroids and expectant management. Steroids + antivirals were compared to steroids alone by 3 studies; an RCT found steroids + antivirals to be significantly better than steroids alone, and 2 retrospective cohort studies found no significant difference between steroids alone and steroids + antivirals. A retrospective cohort study found no significant difference in recovery between high and low-dose steroids.

The studies are of poor quality. None performed power calculations and they are all underpowered to detect the effect size found in larger adult studies. The retrospective cohort studies did not address important confounding factors, such as whether BP severity affected clinicians’ treatment choice.

Conclusions Paediatric studies fail to demonstrate the beneficial effects of oral steroids shown in adult studies but their designs are inadequate to detect potential benefits. The poor quality of existing research is an important limiting factor, and so high quality RCTs are indicated to investigate the effects of steroids alone and steroids with antivirals in paediatric BP patients.

International Child Health Group

1489 EVALUATION OF A MULTI-PROFESSIONAL PAEDIATRIC TRAINING PROGRAMME IN A GLOBAL HEALTH PARTNERSHIP
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10.1136/archdischild-2021-rcpch.680

Background Birmingham Women’s and Children’s Hospital (BWC)–Malawi Partnership is a global health partnership created to improve the health of children through an education and training programme between paediatric departments at BWC and Queen Elizabeth Central Hospital, Malawi (QECH). A key component of the Partnership has been the delivery of paediatric training by multi-professional teams including nurses, doctors and allied health professionals (AHP).

Objectives To evaluate the impact of multi-professional paediatric training delivered by the BWC-Malawi Partnership.

Methods A mixed-methods evaluation was undertaken using quantitative questionnaires and semi-structured interviews with 101 QECH staff in Malawi and 18 BWC trainers to assess the impact of training interventions, as part of a formal evaluation of the Partnership.

Results Formal classroom and bedside training sessions in paediatric Neurology, Respiratory, Burns, Cardiology, Haematology, Nephrology, Safeguarding and Radiology have been delivered. Sessions were arranged based on identification of learning needs by QECH staff and availability of BWC trainers. Multi-professional sessions by specialist nurse/doctor/AHP teams as well as individual sessions were undertaken. Sessions were targeted for either inter-professional or single profession audience.

71% of doctors and 74% of QECH nurses were aware of the training sessions as part of the partnership. 29% of doctors and 22% of nurses attended the sessions. 33% of attendees were from the acute care ward and 29% from A&E, with the remaining 8 paediatric clinical areas constituting 38% of attendees.

50% commented specifically about the teaching when asked open questions about the benefits of the partnership. Similarly 45% mentioned the value of multi-professional team teaching
on paediatric specialties. Seizure management, asthma care and recognising the deteriorating child was rated as useful and relevant by 70%. Among the Partnership interventions, specialty topic teaching was seen by 23% of interviewees as most valuable for their personal development and by 21% as the most important intervention for QECH.

Inter-professional sessions attended by both nurses and doctors was highly evaluated as enabling collaborative working and communication.

Feedback from BWC team showed high trainer satisfaction across all multi-professional trainers. 100% of doctor trainers were able to finalise a teaching schedule prior to arrival, whereas specialist nurse and AHP trainers were unable to timetable sessions adequately due to variable non-medical staffing levels at QECH. All BWC and QECH professionals felt that prior identification of learning needs, with a schedule advertised in advance would be most effective to ensure engagement.

Conclusions Paediatric specialty training is a highly valued aspect of BWC- Malawi Partnership, particularly for the development of specialist nurses. Multi-professional training sessions delivered by nurses and AHPs have been identified as crucial for developing holistic, specialised paediatric care. Co-development of sessions would enable delivery of training relevant to available resources and treatment options. Advance planning is required to enable attendance in resource-limited settings with considerable staffing shortages. The inter-professional sessions enables development of collaborative team behaviours and cohesive clinical practice and should be further developed.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

ROLE OF CHAMPIONS OF FLEXIBLE TRAINEE (COFT) UNDERPINNING IMPROVED EFFICIENCY IN ROTA PRODUCTION FOR SPECIALTY TRAINEES

Background The strategic role of ‘Champion for flexible trainees’ (COFT) has been developed to promote and improve support for less than full time (LTFT) and other models of flexible training.

Listening to the trainee voice, comments were noted regarding the challenges of availability of timely rotas prior to commencing placements especially for LTFT trainees. Paediatrics has a higher number of Less Than Full Time (LTFT) trainees in comparison to other hospital specialities.

The champions of less than full time working, in collaboration with the trust human resources, completed a process mapping with the aim of identifying the steps and decision making within the sequence to improve knowledge and efficiency in this area.

By definition, a process is a series of actions taken to achieve a particular end. Process mapping is an exercise to identify all the steps and decisions of an existing process in diagrammatic form, to identify improvement opportunities for increased efficiency.

Objectives The main objective was to identify all the processes from trainee job allocation to final rota production within the trust. To successfully achieve this, secondary objectives were to clearly show the decision processes along the chain, to demonstrate the essential networks and interdependence between the personnel within each process steps, and to highlight areas of possible delay within the chain.

Methods In collaboration with personnel directly implicated in each stage of the process, we identified all the processes from trainee allocation of placement to the development of the departmental rota.

Six essential personnel/components were identified; the Local education and Training board, the trainee program director, the trust (including human resources), the college tutor/rota co-ordinator, the trainee and the rota.

A timeline was then mapped to the relevant stakeholders based on the code of practice. Relevant actions were earmarked and rate limiting steps identified. A solution was proposed to each hurdle to allow a smoother flow in the process.

For the LTFT trainees, human resources agreed to send a welcome email with a template of questions that identified the working pattern/days of work. This aided them to marry the information up to the master template. Hence it was easier to identify issues prior to completing their work schedules (trainee contract).

Results The process mapping was well received by the human resources, departments and education teams in the trust and the region. It has sketched every aspect of rota production for a trainees, especially LTFT trainee.

A pilot conducted in early part of this year showed that due to the process mapping – timely rotas were populated and sent to trainees 6 weeks in advance. This led to a positive experience for the trainees and a positive feedback during their induction especially from their rota perspective.

Conclusions COFT roles are crucial in addressing LTFT trainee challenges and working collaboratively with trusts, organisations, health education boards and trainees. We need to continue to show strong commitment in supporting trainees working LTFT and support improved working lives.

REFERENCES
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Association of Paediatric Emergency Medicine

INFANTS ATTENDING THE PAEDIATRIC EMERGENCY DEPARTMENT WITH FEEDING DIFFICULTIES & REFERRALS TO NURSE LED INFANT FEEDING CLINIC

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Background Infants with feeding difficulties are a common presentation to the Paediatric Emergency Department (PED). Families have often seen their General Practitioner/Health