This data forms a small snapshot of activity in our region. There is little to define a 'High Dependency' patient, but the PDDMDS provides a useful tool. Regular audit would provide more information on delivery of critical care outside of PICU and allow network planning to ensure skills are appropriately maintained.

British Association of Perinatal Medicine and Neonatal Society

1563 WHEN IS IT NOT COOL TO COOL?

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Background This audit retrospectively reviewed the babies who underwent neonatal therapeutic hypothermia following delivery between April 2016 and December 2018. Current evidence indicates that moderate, induced hypothermia improves survival and neurological outcomes to 18 months of age in infants with moderate or severe perinatal asphyxial encephalopathy.

Objectives Our aim was to identify whether the appropriate TOBY criteria was applied when the decision for cooling was made. Criteria A looks at apgar scores, cord gases and resuscitation requirement. Infants meeting criteria A should be assessed for criteria B which looks at possible seizures or encephalopathy. Infants who meet both criteria A and B should be considered for cooling.

The audit also assessed patient management once the decision to cool had been made; how quickly cooling was commenced, the use of CFM monitoring and whether a HONDA score/encephalopathy examination was performed or documented.

Methods The twenty-five babies cooled during this period were identified retrospectively using coding records and each case was assessed using a proforma sheet, reviewing the patient notes.

Results 16% of infants cooled during this period did not meet criteria A and criteria B. A further 24% of infants who were cooled, had no documentation identifying whether Criteria B was met. 16% of cooled infants did not have CFM monitoring applied and 47% of those with CFM applied had no documentation of its interpretation. Overall, documentation was poor.

Conclusions In order to aid and improve decision making and documentation, we designed a flowchart for use in the patient notes.

Children's Cancer and Leukaemia Group

1564 RISING NUMBERS OF REFERRALS FOR SKIN CANCER, IS THIS ANOTHER IMPACT OF COVID-19?

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Background The two-week wait (2WW) urgent referral pathway was originally devised as a way to improve cancer outcomes through earlier diagnosis. COVID-19 has had a significant impact on healthcare including delays in cancer diagnosis and treatment. This study explores the impact of COVID-19 on paediatric 2WW referrals in the past year.

Objectives Evaluation of the impact of COVID-19 on urgent referrals via the 2WW pathway to the paediatric oncology department.

Methods A retrospective review of all referrals via the 2WW pathway between April 2020-March 2021 was performed. Information was collected from a clinic database. Details recorded include presenting symptoms, suspected diagnosis, time from referral to being seen, final diagnosis, investigations and any onward referrals generated. Any missing information was obtained from case notes.

Information about the suspected diagnosis was grouped by adapting the system in the International Classification of Childhood Cancer, Third Edition.

Results From April 2020 to March 2021 there were 88 referrals via the 2WW pathway – 51 boys and 37 girls. The majority of referrals were for children 8 years and older (n=59). All children were seen within 14 days of receiving the referral, with an average wait time of 4.3 days.

The commonest referral was for suspected skin cancer (n=39; see table 1 below for full breakdown). The most common diagnosis was benign naevus (n=21).

Only 2 children were diagnosed with cancers (1 Hodgkin lymphoma, 1 testicular). 52 were discharged with no follow up. 22 patients were kept under review. 12 children were referred on to or discussed with other specialities for non-cancer diagnoses (8 to dermatology, 3 to ophthalmology and 1 to orthopaedics) and a further 6 were investigated locally by the oncology team.

During this year there were 19 new cases of cancer diagnosed via other routes.

The total number of children seen via the 2WW pathway has increased from 8 in 2010 to over 100 children/year being referred since 2018. In the last year the number of referrals has fallen by 17%. Only 9 malignancies (1.3%) have been picked up through the 2WW referrals in these 10 years.

There has been a noticeable increase in the proportion of suspected skin cancer referrals. A consultant paediatrician has trained in dermoscopy. Between April 2014 and April 2020, presumed skin cancers (predominantly melanomas) made up

Abstract 1564 Table 1 Referrals for suspected cancer in 2021

Type of cancer	Number of referrals
Leukaemia	1
Lymphoma	12
Brain tumour	6
Neuroblastoma	-
Retinoblastoma	1
Renal tumour	-
Bone tumour	10
Soft tissue tumour	9
Testicular	2
Skin cancer	39
Breast	3
Other	5