having over ten years of neonatal experience (at least three years in LRS), neonatal postgraduate training, fluency in English and internet access. We conducted 13 semi-structured interviews via Skype. All interviews were recorded and transcribed verbatim. Transcripts were analysed using a thematic content analysis. Ethical approvals were not required.

Results Twenty-two experts were invited to participate, of whom 16 responded and 13 agreed to take part (5 neonatologists, 6 paediatricians and two advanced nurse practitioners). Participants had a mean of 13 (± 7 SD) years working in LRS. Lack of physical resources including equipment, funding, infrastructure; combined with limited human resources, education and specialist neonatal training were cited as key barriers to QoC. In addition, poor leadership at the community, local and national level hindered progress and left experts feeling excluded from defining QoC priorities. Poor communication within clinical teams, limited documentation and lack of standardised and locally appropriate guidelines were also identified as challenges.

Digital technologies, such as the NeoTree, were perceived to have potential for data capture and enabling standardised care. However, some highlighted that unreliable internet access may hinder implementation.

Conclusions Digital technologies may alleviate some barriers to QoC. However, systemic change involving local actors and policymakers is required to address entrenched QoC challenges and accelerate progress towards achieving global neonatal survival goals.

British Association of Child and Adolescent Public Health

1643

EXPLORING THE EXPERIENCE OF ADOLESCENTS IN A PAEDIATRIC EMERGENCY DEPARTMENT – *TOO OLD OR TOO YOUNG?*

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10.1136/archdischild-2021-rcpch.767

Background In paediatric emergency medicine (PEM), the age of transition from paediatric to adult emergency care is variable across countries. The UK has no agreed national standard on ED age limits and this arbitrary upper age limit is often set locally by commissioning groups reflecting service capacity and the population in which it serves. In Northern Ireland, adolescents often fall into the adult domain, with the regional paediatric emergency department (PED) catering for children up to fourteen years of age.

However, in response to Covid-19 surge planning, the PED age limit increased to age sixteen. This decision marked significant progress in the regional strategy to shift paediatric services to 'a target transition stage of sixteen' as well as coinciding with the NHS Long Term Plan to move towards 0–25 service models. Our retrospective survey aims to explore the experience of young people in the PED during this time and their preferred setting to receive care.

Objectives To determine the satisfaction reported by adolescents when visiting a PED and elicit the acceptability of both paediatric and adult services in this age group.

Methods A prospective 10-point survey was developed to assess adolescents' overall satisfaction with their PED

experience as well as their views on the waiting room setting, clinical treatment areas and staff. Data was collected over an eight-week period from adolescents aged fourteen and fifteen attending PED. The survey was administered at point of discharge or admission to hospital and completed anonymously. A 5-point likert scale was used to gauge the experience of adolescents with the addition of a free text response to allow for further comments on patient experience.

Results Fifty-three patients completed the survey with 99% rating their overall experience as good or better. The majority of participants were not known to paediatric services (85%). 43% of respondents had attended an ED in the previous twelve months of which eleven had previously attended an adult ED. Over half of these patients (55%) preferred the paediatric setting. Conversely, 70% of those who previously attended a PED wished to continue to be seen in this setting. Common themes included reduced fear and anxiety in PED, as well as the perception that paediatric staff have a better understanding of needs. Additionally, adolescents with specific needs expressed a lack of readiness to attend adult services with concerns surrounding lack of familiarity and challenging sensory environments.

Conclusions The majority of adolescents surveyed showed preference for the PED with environment and communication approaches identified as influencing factors. Our study highlights the importance of considering the needs of the adolescent as distinct from those of young children and adults. Wherever emergency care services are delivered to young people, providers should strive to provide an 'adolescent friendly' environment to meet physical, emotional and psychological needs. Clinical need, service capacity and individual choice should be considered in future decision-making tools to determine the setting in which emergency care is delivered.

Quality Improvement and Patient Safety

1644

ADHERENCE TO THE RCPCH TRAINEE CHARTER IN WALES AND THE IMPACT OF THE COVID-19 PANDEMIC OF TRAINING. A PERSPECTIVE OF TRAINEES

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10.1136/archdischild-2021-rcpch.768

Background the RCPCH published a charter in 2019 outlining the what a trainee should expect from their training across 7 domains:

- Educational supervision.
- Rota
- Fatigue, rest facilities, breaks.
- Less than full time training (LTFT)
- Training environment
- Training programme's.

The Wales deanery has signed up to comply with this charter. Until this study adherence to this charter has not been evaluated.

The Covid-19 pandemic has had an impact on training in Wales. Many trainees have been redeployed within paediatrics or moved to support adult services under pressure.

Aims To evaluate adherence to the trainee charter from the perspective of trainees in wales across domains 1–5.

To assess what primary role trainee's undertook during the pandemic.

Objectives To evaluate adherence to the trainee charter from the perspective of trainees in Wales across domains 1–5.

To assess what primary role trainee's undertook during the pandemic.

Methods We designed a questionnaire using Google Forms and sent it by e-mail to all trainees in Wales.

We asked trainees about each point from 5 domains of the charter and asked whether in their current role they: strongly agreed, agreed, were neutral, disagreed or strongly disagreed. We categorised strongly agree/agree as a positive response and disagree/strongly disagree as a negative response. We also asked which hospital site they were based in allowing us to compare experiences across the country.

A further question we asked was during the pandemic did they remain in acute paediatrics, were they redeployed to adult services, did they shield, or would they rather not say.

Results We received 22 responses from trainees across 12 hospital sites. For each domain overall the results were:

Educational supervision:

68% positive, 16% neutral, 17% negative.

Teaching:

47% positive, 12% neutral, 41% negative

Rota:

33% positive, 16% neutral, 40% negative

Fatigue, rest facilities and breaks: 36% positive, 15% neutral, 48% negative

LTFT:

78% positive, 6% neutral, 17% negative.

Regarding redeployment during the initial Covid-19 spike March–June 2020: 68% remained in clinical paediatrics, 23% were redeployed to adult services, 4% shielded, 4% did not wish to say.

Conclusions We received mixed results across the domains assessed. This highlights opportunities for improvement in the adherence to the charter and hopefully improvements for the experiences of trainees. By looking at the results from specific questions put to trainees we can target areas for improvement. We believe that the trainee charter provides a framework for trainees to thrive in their training and by addressing key points raised by this study we can improve the experience of trainees.

British Paediatric Allergy Immunity and Infection Group

1646

SPECTRUM OF SYMPTOMS IN COVID-19 PAEDIATRIC PATIENTS ACROSS FOUR DISTRICT GENERAL HOSPITALS IN YORKSHIRE

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10.1136/archdischild-2021-rcpch.769

Background Despite increasing reports and studies about COVID-19 in children over the last nine months, there is still much to be discovered about the true incidence, clinical presentations and transmission rates in children. Fever and respiratory symptoms remain the main clinical presentations in COVID-19 positive children. Symptoms of COVID-19 in the

paediatric population appear to be less severe compared to those experienced in the adult population and there is a low case fatality rate for COVID-19 in children. More recently there have been increasing reports of children with Paediatric multisystem inflammatory syndrome temporally associated with COVID-19 (PIMS).

Objectives The objectives of this study were to evaluate the spectrum of clinical presentations and evolution of clinical symptoms, management and outcomes of children with laboratory confirmed COVID-19 who presented to secondary care. We also describe two cases of Paediatric multisystem inflammatory syndrome temporally associated with COVID-19 (PIMS).

Methods Our study is a retrospective observational study which identified 21 patients aged 1 month to 18 years with positive COVID-19 PCR and 2 patients with PIMS over a 10 week period in 4 district general hospitals within Yorkshire. The main outcome measures included symptoms prior to hospital presentation, length of hospital stay and length of symptoms; investigations including Chest x-ray, CRP and blood culture, and the presence of symptomatic contacts or contacts with positive COVID-19 swab results.

Results Our study demonstrated that fever, cough and reduced oral intake were the three most common clinical presentations of COVID-19 in children. Our results are tabulated for presentation but to summarise our results; 71% of the children required a period of hospital admission and of these, 80% were admitted for between 1 to 3 days. The patients who required prolonged hospital admissions were in the younger age group or had underlying medical conditions. 100% of patients who had blood cultures performed had negative blood culture results. Only 25% of patients had bilateral consolidation on chest X-ray findings. All 21 of the patients in this study were discharged home and did not require admission to intensive care. The 2 patients with PIMS were transferred to a Paediatric Intensive Care (PICU) but have since been discharged home and remain under follow up. Our study is the first to describe photophobia as a presenting feature of COVID-19 in one patient, and chest pain in a second patient.

Conclusions Fever, cough and reduced oral intake were the top 3 presentations of COVID-19 in the patients included within this study. Paediatric patients who required prolonged hospital admissions (>7 days) were in the younger age group or had underlying medical conditions. This study is the first to describe photophobia as a presenting feature of COVID-19 in one patient, and chest pain in a second patient. Larger studies and more widespread testing are required to ascertain the true incidence in the paediatric population.

Quality Improvement and Patient Safety

1647

THE VALUE OF A PAEDIATRIC RHEUMATOLOGY VIRTUAL WARD ROUND DURING COVID

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10.1136/archdischild-2021-rcpch.770

Background We aim to provide high value care through optimum patient outcomes with limited resource. As our service has grown rapidly, we identified need for managing complex cases in a different way. To avoid admissions yet allow our team to consider each case in depth and carefully monitor