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

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

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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

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THE VALUE OF A PAEDIATRIC RHEUMATOLOGY VIRTUAL WARD ROUND DURING COVID

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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