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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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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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

patients remotely over time. We undertook a service redesign project to optimise management of our complex high risk patients through a weekly virtual ward round. This was chaired by the Rheumatology CNS with attendance from Clinical Fellows and Consultants. Consequently, we were able to avoid loss to follow up and potential undesirable events including admissions to local hospitals, loss of schooling or parental work absence. Here we describe the process and value of the virtual ward round.

Objectives

- Active monitoring of high risk, high need complex patients
- Reduce admission rates
- Remotely manage/avoid unnecessary appointments
- Reduce unnecessary GP contacts

Methods Retrospective reviews of the weekly minutes with both qualitative and quantitative data collected. The CNS team generated a list of patients with clinical or social concerns, complex disease, frequent contact, upcoming transition, regular infusions and inpatients. Patients were divided into three categories; red, amber and green to highlight the concern level. Patients moved between groups as required and were taken off the list once concerns were dealt with.

Results An average of 58 patients were listed each week from a database of 791 and 16 decisions made on average. Discussions focussed on areas of concern therefore not all patients were discussed at each meeting. These decisions included new requests for day unit treatment/assessment, medication changes, changing appointments, referral to other specialties and whether patients can be removed from the list. There were no unexpected outpatients admitted. Patient conditions included Juvenile Idiopathic Arthritis, Systemic Lupus Erythematosus, Juvenile Dermatomyositis, Vasculitis, Scleroderma and Mixed Connective Tissue Disease with decisions leading to involvement from our colleagues in the dermatology and renal departments for many. A significant proportion of patients were added to the list due to social concerns or poor engagement.

Conclusions This project identified the high level of productivity possible by continuing a weekly virtual ward round during a very difficult year. It is a reliable and resilient method for the team to keep track of a complex patient cohort. Data collection also highlighted the valuable learning for individuals and the team as a whole by sharing knowledge, discussing treatment plans and problem solving difficult cases. Limitations to this project include limited prospective data collection for contemporaneous analysis and the use of very basic computer systems to record outcomes. Going forward we plan to develop this meeting with the potential to upscale and use similar formats for other patient groups. It would also be important to assess technology options available to assist more detailed documentation and analysis of the outcomes. Through this low cost implementation there has been highly valuable output with overall improvement of patient care quality and consistency.

British Association of General Paediatrics

1649

CRITICAL ILLNESS IN CHILDREN BEFORE AND DURING THE COVID-19 PANDEMIC: HOW HAS IT CHANGED?

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Background The COVID-19 pandemic has affected how patients access healthcare, including a rapid and significant rise in the use of virtual appointments. This change in medical access may result in delayed presentations, affecting patient outcomes including paediatric intensive care unit (PICU) admissions.

Objectives

- Evaluate any changes in the presentation of paediatric patients requiring transfer to PICU from a district general hospital during the COVID-19 pandemic.
- Detailed review of any cases where the pandemic may have delayed healthcare access.

Methods Information was retrospectively collected on all paediatric patients transferred to PICU over a 24 month period; 12 months prior to ('pre-COVID'), and 12 months following ('post-COVID'), the first national lockdown in March 2020.

Data recorded included age, diagnosis, length of stay and details around the presentation. Symptom duration and any healthcare interactions earlier in the illness were used to determine potential delays in presentation.

Three cases presenting during the pandemic were reviewed in greater detail to explore reasons behind their delayed presentations.

Results Seventeen children were included, 10 in the 'pre-COVID' period and 7 'post-COVID'. Mean patient age (3.2 vs 4.5 years) and length of stay on PICU (5.4 vs 3 days) were similar, although more children in the 'pre-COVID' group had underlying chronic conditions, such as neurological or respiratory conditions (70% vs 28.5% 'post-COVID').

Variation in diagnosis was seen, with 60% of PICU admissions in the 'pre-COVID' cohort having a respiratory focus (vs only 14% (n=1) in 'post-COVID' group) but a higher proportion of 'post-COVID' children were transferred with acute abdomens needing urgent surgical intervention (43% vs 0% 'pre-COVID', P value 0.05).

Reviewing pre-hospital events showed the 'post-COVID' group had a significantly longer mean duration of symptoms before presenting to secondary care (9.4 vs 3.3 days, P value 0.04) and none was reviewed face-to-face by a primary care physician in the days prior (0% vs 60% in 'pre-COVID' group, P value 0.03) despite 86% having one or more telephone consultations. Even combining all forms of primary care interaction, the overall number of episodes per pre-hospital sick day were much lower in the 'post-COVID' group (0.15 interactions per sick day vs 0.33 interactions/day in the 'pre-COVID' cohort).

The individual case reviews demonstrated how reduced face-to-face appointments impacted each patient journey.

Conclusions The COVID-19 pandemic, with the associated national lockdown periods and changes to healthcare accessibility, have significantly impacted our paediatric population despite the low rates of severe COVID-19 infection.

Some pandemic-related changes, including community restrictions and at-risk shielding, brought positive outcomes with reduced respiratory disease burden and lower rates of critical illness in vulnerable children. However the delays in both accessing appropriate community-based clinical reviews and presenting to secondary care when unwell are concerning, and the case reviews highlighted the potential pitfalls of reduced face-to-face interactions when assessing children.

The role of virtual assessments in children need to be carefully considered, especially in the context of another lockdown