more commonly older, and from ethnic minority groups. However, the age and ethnic profile of all-cause child mortality during lockdown appeared similar to deaths pre-lockdown and in 2019. We also found little evidence of over-representation of children with underlying health conditions among children who died with the virus. More specifically, we noted:

- 1550 child deaths were notified between 23 March and 28 June 2020; 437 of which were linked to SARS-CoV-2 virology records

25 (5.7%) had a positive Polymerase Chain Reaction (PCR) result. PCR positive children were less likely to be white (37.5% vs 69.4%) and were older (12.2 vs 0.7 years) compared to child deaths without evidence of the virus.

Conclusions For the period studied, it is reassuring to note that there is no evidence of excess mortality of children from SARS-CoV-2. Furthermore, the apparent higher frequency of SARS-CoV-2 positive tests among children from Black, Asian and minority ethnic groups is consistent with findings in adults. However, ongoing surveillance is essential as the pandemic continues.

Quality Improvement and Patient Safety

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THE EVOLUTION OF THE QUALITY IMPROVEMENT FORUM

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10.1136/archdischild-2021-rcpch.785

Background Competence in Quality Improvement (QI) is an important skill for healthcare staff. It is part of the postgraduate curriculum and developing knowledge and skills in quality improvement empowers staff to change the systems in which they work, improve patient care and develop leadership skills.

Methods The QI forum is junior doctor led and is supported by a paediatric consultant and the health board QI team.

After initially starting as a 'junior doctor forum' taking place in the doctors mess on a monthly basis. It has now evolved through quality improvement methodology over a period of 18 months.

The three main phases were;

1. September 2019 – March 2020, An inclusive all health-care staff health board wide face to face all QI forum. This was advertised by the education department newsletter, Twitter, Posters around the hospital as well as word of mouth. The format was 1.5 hours lunchtime sessions, pizza was available, a 30 minute teaching on QI followed by an informal brainstorming around participants QI projects. The 6 week topic cycles included; introduction to model for improvement, understanding your system, generating ideas for change, testing your change and data visualisation.

With the Coronavirus pandemic the forum was cancelled for a period of 6 months

2. September 2020 – December 2020. Virtual health board forum. This was run using the same format as the face-to-face forum, was accompanied with a teams channel which included a database of ongoing QI projects, QI resources as well as signposting to further QI training.

The sessions were recorded so that staff unable to attend the session could catch up at their convenience.

3. Jan 2021 – present. A Paediatric departmental virtual forum was set up. The format included presenting two in progress QI projects. The session included interactive participation using mentimeter and google jam board to facilitate discussion amongst the team around the QI projects.

Results A total of 110 staff participated in the 11 forums which were run. Staff were from a mixture of medical and surgical specialities and included medical students, physician assistants, advanced nurse practitioners, consultants and junior doctors. There were six health board wide face to face forums, 3 health board virtual forums and 2 virtual paediatrics quality improvement forums. The number of people attending ranged from 0 to 22. The average number of people attending each forum was 10.

Feedback from staff included; appreciating the help with getting started with QI projects, the time to brainstorm their projects and gain input from people from other and their own specialities, they were able to find out about ongoing projects which that they had not previously known about, they loved the opportunity to use the interactive forum as a way to get feedback and problem solve their QI projects.

Conclusions The departmental paediatrics model could be spread to other departments in the health board. It has the advantages of being interesting and relevant to the staff participating enabling a higher quality of input and problem solving. The QI of the QI forum is ongoing.

Paediatric Educators' Special Interest Group

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EARLY EVALUATION OF A RE-DESIGNED MB CHB PAEDIATRIC COURSE USING PRACTICE ASSESSMENTS

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10.1136/archdischild-2021-rcpch.786

Background A redesigned MB ChB Medicine course at the University of Bristol had its first intake of students in 2017 and its first paediatric placement in 2020. An identical paediatric Practice Objective Structured Clinical Exam (pOSCE) was included in the 2020–2021 redesigned paediatric course as was previously in the 2019–2020 course. This provided us with an opportunity to assess any difference in outcome of the new Case Based Learning course.

Objectives We evaluated whether the new redesigned, shorter (6-week versus 9-week) Case Based Learning paediatric course altered student performance in this identical pOSCE.

Methods We evaluated the pOSCE marks of year 4 MB ChB students at the end of their paediatric courses, following initial successful pilot of the formative assessment. The two pOSCE stations (A and B) were identical in 2019–2020 and 2020–2021 and each student's performance was examined using the same University structured mark scheme. The teaching fellow examiners were different in 2020–2021 and were blinded to the 2019–2020 student marks. We compared student marks of 2020–2021 to 2019–2020.

Results One pOSCE took place in 2019–2020, due to Covid interruption, assessing 33 students. To date, 61 students have sat the pOSCE in the 2020–2021 cohort. After incomplete mark sheets were excluded, our evaluation compared 27