the end of the first wave of the pandemic it was clear that PICU staff wanted to know more about the clinical course of the patients they had cared for. This in part reflects the challenges of shift work and also how difficult it was not getting to know patients' families as we normally would. Staff also wanted an opportunity to reflect as a group on this remarkable period.

Objectives Paediatrics as a speciality is well known for its strong principles of multi-professional working. 'Complex patient meetings' and Morbidity and Mortality meetings are well established within our practice. In addition, many paediatric departments offer reflective practice sessions and debriefs for staff following challenging cases. We aimed to gather as a unit and apply these principles of reflective practice to our work caring for critically ill adults with COVID-19.

Methods The PICU junior doctors devised and lead a project to present the work of the unit. We collected demographics about the cohort of 23 patients including age, sex, organ support, co-morbidities, length of stay and outcome. The junior doctors wrote a presentation summarising the care of each patient and sought feedback about the specific challenges faced by each professional team within the PICU. Consideration and care were taken in the lead up to the presentation with staff offered more detailed debriefs about particular cases if they wished, knowing that this presentation could raise distressing feelings for some.

Results We delivered a remotely held 90-minute presentation to over 150 clinical professionals which addressed the care of each of the 23 adults with COVID-19 admitted to the PICU. The Family Liaison Team shared, with consent, photos and letters from families. The Physiotherapy Team discussed the challenges of proning, including proning injuries and also the rehabilitation needs of our patients. The Nursing Team described the challenges of managing pressure areas. Each patient was considered in their family and social context, as we would normally do for paediatric patients. The presentation considered the wellbeing resources available to our team within the hospital and wider community. The feedback from the PICU staff was overwhelmingly positive, with one senior nurse commenting: 'it did really feel like an element of closure has been given'.

Conclusions Some of the best elements of paediatric practice are our ability to work together in a multi-professional team and to reflect on the care we have provided. We took these principles and applied them to the care of our adult patients with COVID-19 offering staff an opportunity to reflect on this remarkably different period on our PICU. We believe this presents an opportunity for us to expand our work and skill set supporting critically ill young adults with complex health needs as they transition from paediatric to adult care.

British Association of Perinatal Medicine and Neonatal Society

1694

COMPARISON OF TWO-YEAR NEURODEVELOPMENTAL ASSESSMENTS OF INFANTS BORN <32 WEEKS GESTATION BY BAYLEY-III AND PARCA-R, PRE AND DURING THE COVID-19 PANDEMIC

Hilary Wong, Ann Humphreys, Angela D'Amore. Cambridge University Hospitals NHS Foundation Trust

10.1136/archdischild-2021-rcpch.798

Background NICE guideline 'Developmental follow-up of children and young people born preterm' recommended a two-year face-to-face developmental visit for very preterm infants and the use of the Parent Report of Children's Abilities-Revised (PARCA-R) questionnaire for developmental screening. We offer all infants born below 32 weeks gestation a two-year assessment using Bayley Scales of Infant and Toddler Development (Bayley-III). In September 2018, we implemented the PARCA-R questionnaire alongside Bayley-III assessments. During the COVID-19 pandemic, video consultations and PARCA-R questionnaires were used instead of Bayley-III assessments.

Objectives

1. To assess the concordance of two-year developmental status through Bayley-III and PARCA-R assessments.
2. To evaluate the impact of practice change during the COVID-19 pandemic.

Methods PARCA-R questionnaires were posted to parents before clinic appointments. Pre-COVID-19, completed questionnaires were collected at the face-to-face visit. During the pandemic, PARCA-R questionnaires were reviewed during the video consultation. A Bayley-III trained doctor conducted all two-year assessments.

We extracted Bayley-III and PARCA-R scores for infants born below 32 weeks gestation who completed assessments between September 2018 and January 2021 from clinical notes. A standardised Bayley-III or PARCA-R score below 85 (one standard deviation below mean) was used to categorise children 'at risk of developmental delay'. We compared the concordance of Bayley-III and PARCA-R scores and evaluated the proportions of children with scores below 85 before and during the pandemic.

Results Pre-COVID-19 (September 2018 – March 2020)

42/46 (91.3%) eligible children had a Bayley-III assessment. 34 (73.9%) also had PARCA-R completed. Two PARCA-R questionnaires were completed outside the age window and standardised scores could not be ascertained. Bayley-III and

Abstract 1694 Table 1 Concordance of Bayley-III and PARCA-R in categorising children 'at risk of developmental delay'

	PARCA-R standardized scores							
	Cognition				Language			
Bayley-III standardized scores	<85	≥85	Unknown	Total	<85	≥85	Unknown	Total
<85	1	0	1	2 (4.8%)	3	1	3	7 (16.7%)
≥85	7	26	7	40 (95.2%)	7	23	5	35 (83.3%)
Total	8 (19.0%)	26 (61.9%)	8 (19.0%)	42 (100%)	10 (23.8%)	24 (57.1%)	8 (19.0%)	42 (100%)

Abstract 1694 Table 2 Assessment scores pre- and during COVID-19 pandemic

		Pre-COVID-19 (n=34)	COVID-19 (n=15)
Cognition	Standardized score, mean	101.0 (12.3)	-
	(SD)	92.9 (18.0)	89.2 (14.9)
	Bayley-III		
	PARCA-R		
	Scores <85, n (%)	2 (5.9)	-
	Bayley-III	8 (23.5)	4 (26.7)
Language	Standardized score, mean	98.3 (16.3)	-
	(SD)	94.4 (12.9)	89.8 (17.0)
	Bayley-III		
	PARCA-R		
	Scores <85, n (%)	7 (20.6)	-
	Bayley-III	10 (29.4)	7 (46.7)
	PARCA-R		

PARCA-R scores showed good concordance although more children received scores below 85 with PARCA-R than Bayley-III, particularly in cognition (tables).

COVID-19 (April 2020 – January 2021)

22/27 (81.5%) eligible children had a video consultation. PARCA-R scores were available on 15 (55.6%). Compared with pre-COVID-19, a larger proportion of children had language development standardised scores below 85 during the pandemic (table 2). We did not have sufficient power in our sample size to perform formal statistical testing.

Conclusions Pre-COVID-19, PARCA-R was concordant with Bayley-III scores and was considered a valid alternative assessment. During the pandemic, questionnaire completion rates fell and lower standardised scores were achieved. Our cohort is small and the reasons for this require further investigation.

RCPCH Trainees Committee

1695

A TRAINEE-LED INITIATIVE TO IMPROVE ENGAGEMENT WITH DEANERY WIDE TEACHING AND THE DEVELOPMENT OF A LEARNING PLATFORM FOR NORTH WEST PAEDIATRIC TRAINEES

¹Kate Dominiak, ¹Helen Manning, ²Tomas Hogain, ¹Tim Smith, ¹Joel English, ¹Jennifer Holman, ¹Hannah Brophy, ¹Helen Porte. ¹The Royal Manchester Childrens Hospital; ²St Marys Hospital

10.1136/archdischild-2021-rcpch.799

Background Deanery teaching for Greater Manchester and Lancashire (GML) Paediatric Trainees previously occurred monthly in Central Manchester. This was poorly attended as our deanery covers a wide geographical area so trainees did not have the option to drop by for part sessions if they were on call, those on nights and leave would miss it completely and rota pressures meant some trainees were left holding the fort on the ward resulting in missed and unequal learning opportunities. Covid brought further challenges of shielding trainees who could not safely attend and restrictions on face to face teaching.

Our aim was to overcome these challenges by developing an online learning platform for GML paediatric trainees where deanery teaching can be accessed virtually and provide an online home for trainees to encourage engagement with other learning opportunities.

Objectives

- Develop a GML Paediatric website to act as an online home for trainees
- Reduce barriers that prohibits attendance at deanery teaching
- Build an archive of secure teaching videos for education that can be accessed remotely 24/7
- Provide flexibility so trainees can engage with learning around their home and work life
- Improve engagement with learning by promoting the website and educational opportunities on our new social media page
- Developing a GML logo bringing together trainees all across our region

Methods

- Trainee led committee
- Launch of an online advanced learning platform allowing recording capabilities and secure storage of deanery teaching allowing sessions to be watched live from home, work or stored to watch later
- Acquired funding for recording equipment
- Develop a GML trainee website acting as an online home for trainees, promoting all regional education opportunities
- Devise a webinar series as a resource for trainees on core subjects and career advice
- A diary of all study leave opportunities available to trainees on the website
- 'Communicating the vision' to trainees via Twitter and a new online education newsletter

Results

- Pre project only 13% of trainees attended deanery teaching
- Post project attendance at deanery teaching has increased by 96.6%
- There have been 317 visits to our new GML Paediatric website in 3 months- this is at least 3 views per day
- Increased social media presence directing trainees to visit the website

Conclusions We have demonstrated how a dedicated committee of trainees has significantly increased the number of attendees at deanery teaching and increased trainee engagement with learning opportunities through the development of an online learning platform despite being in the mists of a pandemic.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

1696

RISK OF CONGENITAL DIAPHRAGMATIC HERNIA AT EARLY AND ADVANCED MATERNAL AGE: RESULTS FROM A POPULATION-BASED COHORT STUDY IN ENGLAND

¹Maria Peppas, ¹Bianca De Stavola, ²Stavros Loukogeorgakis, ¹Ruth Gilbert, ²Paolo De Coppi. ¹Great Ormond Street Institute of Child Health; ²Great Ormond Street Hospital for Children NHS Foundation Trust

10.1136/archdischild-2021-rcpch.800