levels and raising awareness within primary care. Feedback from the registrar survey has helped in planning effective interventions. Following the implementation of these changes, we will re-audit to assess improvements in the utilisation and registrar experience of the clinic.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

639 COELIAC DISEASE – ARE PATIENTS BEING EVALUATED ACCORDINGLY?

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10.1136/archdischild-2021-rcpch.114

Background Coeliac Disease represents a disease that is under-diagnosed, particularly when patients present in primary care and other non-specialist settings. Delayed diagnosis is a concern because of the potential long-term complications of undiagnosed Coeliac disease which can also impact on families and health care resources.

Objectives This review is aimed at assessing the compliance of a secondary care pediatric service to NICE guidance in the management of Coeliac disease in the pediatric population.

Methods This a retrospective analysis of medical records of pediatric patients less than 16 years of age who were diagnosed with Coeliac disease in a District General Hospital during a five-year period from May 2015 to May 2020.

Results There was a total of 41 patients diagnosed during the period of review. We were 100% compliant with two quality standards in NICE guidance which were serological testing and Specialist referral but fell short in other standards. Referrals for Endoscopic biopsy was not commensurate with the guidance with only 45% being referred, of which 62% of them had their biopsy performed within 6 weeks attributable to the unavailability of this service locally resulting in the need for tertiary referral. Annual review was documented in 85% of patients with no definite reason documented for non-attendance which reflects an area that requires improvement.

Conclusions This Audit recognized non-adherence to national guidelines in the management of Coeliac disease. Further efforts in educating the local team of appropriate investigations for Coeliac disease as well as improving awareness of the guidance are underway to improve service delivery and ensuring optimal patient care. There are also ongoing efforts to reinforce the importance of proper documentation to ensure clarity and accuracy of medical records. Another Audit will be planned to follow these efforts to hopefully be able to address improvement in local practice.

Quality Improvement and Patient Safety

641 'AUDIT ON CDOP (CHILD DEATH OVERVIEW PANEL) COVERING EAST BERKSHIRE'

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10.1136/archdischild-2021-rcpch.115

Background Child Death Overview Panel (CDOP): All Local Safeguarding Children Boards(SCBC) are required to have a CDOP in order to improve the health, safety and wellbeing of other children.

CDOP data is now electronically collected via eCDOP since 2018.

The key functions of CDOP:

Review all child deaths, excluding stillborn and planned terminations of pregnancy carried out within the law.

Determine whether the death was preventable. To identify preventable and modifiable factors and improve practice

Decide what, if any, actions could be taken to prevent such deaths happening in the future.

To disseminate learning to appropriate professionals.

Refer cases to the SCBC where there is suspicion of neglect or abuse.

To investigate all the unexpected deaths.

Usual procedure after a child dies:

Joint agency response (JAR) meeting is done within 48hrs-5 days of an unexpected death.

Morbidity & Mortality meetings or Child death review meeting(CDRM) is done NEXT usually at the hospital where the patient has died (aimed to be done in 3months).

CDOP Panel meeting (aimed to be done in 3–6 months) is done at the end when all (especially legal) work is completed and the case is usually then closed.

Objectives To collect data from eCDOP to measure compliance in line with new guidance published in 2018 and implemented in September 2019.

Methods

Sample size 32

Sample was identified by using eCDOP online data base.

Study Period Retrospective study covering a period since 01-09-2019 to 30-11-2020. It included all children who died in East Berkshire.

Results 1. Total number of deaths- 32.

Child deaths 25/32. Neonatal deaths: 7/32.

2. Expected Deaths: 23 Unexpected deaths: 9

3. Deaths in Local area: 20 Deaths whilst outside the area: 12

4. How many of unexpected deaths had a JAR meeting: 9

5. JAR held by: Local hospital: 6 Tertiary hospital: 3

6. How many Death notification forms had mentioned clearly discussion with the hospital medical Examiner:

Mentioned =21 (Needed 8, Not needed 13) Not mentioned =11

7. Did JAR identify a Key Worker?

In 9/9 unexpected cases. There was no documentation on eCDOP in expected cases.

8. Did the CDRM (Child death review meeting) or M&M meetings took place?

31/32âyes CDRM has been done. Only 1/32 cases is very recent and awaiting CDRM.

9. Duration between death à CDRM à CDOP panel:

Death à CDRM/M&M:

0–100 daysà27 101–200 daysà3 200–300 daysà2 301–365 daysà0

Death à CDOP Panel:

0–100 daysà2 101–200 daysà3. 200–300 daysà5 301–365 daysà1

10. How many have been discussed at CDOP panel à 11

Conclusions

- The guidelines are being followed à Most of the JAR meetings, CDRM/M&M are being conducted in time.
- CDOP meetings are getting delayed due to delays in legal process and getting the Post-mortems done.
- Some areas on eCDOP data base lack good documentation which needs improvement.
- During this process, many areas of good practice (clinical & non clinical) and for improvement are identified. This helps in improving the system.
- Shared learning of innovative and excellence of practice leads to improved quality of care provided to all children across the country.

RCPCB Trainees Committee

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CREATING NATIONAL TRAINEE-LED RESOURCES FOR SHIELDING TRAINEES DURING COVID – A COLLABORATIVE MODEL FOR THE FUTURE

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10.1136/archdischild-2021-rcpch.116

Background The SARS-Cov2 pandemic impacts postgraduate medical training in all specialties, including paediatrics. However, those advised to 'shield' or stringently socially distance have been particularly affected personally and professionally. Despite the emerging situation, trainee voices must be heard to provide valuable contributions to local and national processes affecting them.

Objectives We describe the model used and outcomes from the Supported Return to Training programme (SuppoRTT) Shielding Trainee Advisory Group (S-STAG) in collaboration with Health Education England (HEE) to design and implement pathways and resources for these trainees.

Methods Led by HEE fellows, the group was recruited from varied specialties, providing broad representation of community and hospital-based, medical and craft specialties, including paediatrics. The group met virtually fortnightly during the first wave of the pandemic. Collaborative work was completed using shared documents online.

Trainee challenges and experiences raised within the group and via wider trainee networks allowed a targeted approach to providing resources and guidance. Good practice from different regions, Royal College guidance and advocacy of displaced trainees was shared across multiple platforms.

Results 272 live attendees of four webinar episodes represented all HEE regions and Northern Ireland. 96% found the series 'useful' with 86% rating the psychological support sessions as 'useful' or 'very useful'. Recorded sessions continue to be viewed.

Resources

A pathway was designed to help trainees and supervisors navigate their new circumstances and identify learning contributing to training progression despite significant changes to clinical roles. We designed a nationally available toolkit, freely

available via the national/regional HEE SuppoRTT websites including: suggested activities, resource signposting, peer-support models, trainers guidance and advice on returning to face-to-face working.

Four recorded webinars were delivered with country-wide involvement of professionals including a clinical psychologist, exploring the impact of shielding on identity and purpose. Bringing people experiencing similar challenges together developed support and a framework to understand the emotional impact of shielding and negotiate the challenges of abrupt changes. Peer-support groups were set up in many regions.

Collaboration continues to inform further guidance as the situation evolves.

Information Dissemination

Strong connections developed with SuppoRTT Regional offices and HEE national communication teams assisted in identifying, receiving feedback from and disseminating information to affected trainees whilst maintaining confidentiality. Utilising social media, formal publication in journals and digital media facilitated rapid dissemination of resources.

Challenges

The pandemic presents unique challenges: Trainee occupational health is provided by the employer, not HEE or a training body, resulting in potential disconnect and lack of institutional awareness. Each trainee has individual circumstances requiring a bespoke approach. Formal national guidance and resources were not immediately available, constantly changing case rates in different geographies impaired making guidance universally available and appropriate. S-STAG is aware that for some, these resources were not prompt enough, despite best efforts. In future, these resources could be adapted and earlier advocacy initiated.

Conclusions Our group has successfully demonstrated a collaborative approach between trainees from a broad range of specialties and educational leaders with an interest in welfare and trainee support, working in a rapidly changing environment to produce a range of relevant resources.

International Child Health Group

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CONSEQUENCES OF THE COVID-19 PANDEMIC ON ROUTINE CHILDHOOD IMMUNIZATION IN INDIA: A CROSS-SECTIONAL STUDY

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10.1136/archdischild-2021-rcpch.117

Background The COVID-19 pandemic has had profound repercussions on primary health care, including routine childhood immunization. In India, public health interventions have been primarily focused on controlling COVID-19, while other preventive health measures have received low priority. This study was conducted in a semi-urban locality in Mumbai in India.

Objectives

- To assess the perception of parents towards childhood immunization during the COVID-19 pandemic.
- To identify the delays and barriers to vaccination during the city lockdown.