Conclusion Whilst a small sample of respondents, the data has demonstrated that not all trainees are receiving adequate time for professional development leading to increased stress.

As a result, the College Tutors & Trainee Representatives are exploring further how this can be achieved in our large Trust where rotas are managed locally by Speciality teams. The survey results will help target which teams need more support to incorporate SPA time into their work schedules. Educational Leads workshops are planned to Learn from Excellence and help brain-storm innovative solutions to improve this area of training. Further surveys, looking more specifically at developmental time, will then be undertaken once interventions have been made. Trainees will also be encouraged to exception report to help with monitoring, noting that prioritising non clinical development in trainees will lead to higher retention rates and improved wellbeing.

A positive work-life balance benefits NHS employees through improved health and wellbeing. The aim of this project was to see if the COVID-19 outbreak impacted the work-life balance of HCPs working within paediatric units across NI. The COVID-19 pandemic has had a significant impact on individuals mental health throughout the population, a study showed late April 2020 mental health across the general population in the UK had already deteriorated. Paediatrics experienced some redeployment of staff and services in response to the pandemic. This survey sought to determine whether COVID-19 impacted the well-being of HCPs in paediatrics significantly. Some of the questions assessed the same wellbeing indicators used by NISRA to enable comparison with the general population.

Methods An electronic survey was delivered via an email link on the 22/10/20. It was delivered to doctors and nurses working in paediatric units across all five trusts of NI. The survey took approximately 8 minutes to complete and the deadline for completion was 20/11/2020. It asked questions about the impacts of the COVID-19 outbreak on the work-life balance of HCPs. 84 complete responses were used to analyse the results, 78.9% doctors and 21.4% nurses. Statistical significance was calculated using the Wilcoxon Signed Ranks test.

Results There was a 38.1% and 17.9% reduction in individual’s satisfaction with work-life balance and in their job respectively. Since the COVID-19 outbreak 9.5% of respondents no longer agreed that they have enough time to decompress from their workload. Overall, individuals reported they had less time with family and friends; for hobbies and interests; and a reduced ability to exercise, eat properly and keep healthy. We saw reductions of 14.3%, 25% and 17.8% respectively. There was a 20% rise in those agreeing that stress in their work life affects their personal life. Individuals felt worried about carrying COVID-19 home from work and being a carrier in work, whilst some reduced activities outside work due to their work inside the hospital. Individuals also reported increased workload due to colleague being off, as is shown in figure 1. These results were all statistically significant (p-value <0.05).

Conclusion This survey found a decreased level of satisfaction with work-life balance, in life generally and with individual’s jobs. However, there was no change in the levels of support from friends, family, and colleagues. This research will help to create an awareness of the detrimental impact the pandemic has had on staff in paediatrics. This could help enable colleagues to support each other better, seniors to look out for junior staff, and hospital managers to use resources accordingly in helping to improve the wellbeing of staff members.

REFERENCES
Aims To assess how consistently the basic measurements of blood pressure (BP), height and weight were undertaken on children assessed in UK acute healthcare settings. To evaluate the prevalence of high BP readings in children and to assess identification and appropriate action following a high BP reading.

Methods A prospective multicentre audit using a standardised data collection proforma. Data were collected from 20 hospitals across the UK using a collaboration of the trainee-led networks: Welsh Research and Education Network (WREN), Peninsula Trainee Research Audit & Innovation Network (PENTRAIN) and Paediatric Research Across the Midlands (PRAM). All children assessed in paediatric emergency departments and children’s assessment units over a 48-hour period were included.

Results Data were available on 765 children, with 411 (54%) from West Midlands, 216 (28%) from Wales, and 138 (18%) from South West England. 54% (413) were male and 46% (352) were female. The age range of children was 0-17 years. 415 (54%) were under 3 years, 691 (91%) were under 13 years and 74 (9%) were over 13 years. 99/765 (13%) had height measured. 391/765 (51%) had BP measured. 641/765 (84%) had weight measured (see figure 1). Height measurement was variable in different hospitals with 0% of children having their height recorded in 8 hospitals versus 88% in one hospital.

Of children under 13 years old, 329/691 (47%) had their BP measured. 64/691 (9%) had both height and BP measured. 28 (43%) of children under 13 whose blood pressure centiles could be calculated had a blood pressure >90th centile. 26 (40%) had a blood pressure >95th centile. 3 (12%) of those with a BP >90th centile had their blood pressure repeated. None of these children had lifestyle factors discussed.

Of the children >13 years old, 25/74 (33%) had a BP >120/80. Of those with a raised BP, 2/74 (2%) children had lifestyle factors discussed, and 4/74 (5%) had their BP repeated at that visit.

Conclusion This study demonstrates that basic measurements are not being recorded and BP neither calculated nor acted upon routinely. Our results show missed opportunities for children and healthcare professionals to establish a potential diagnosis of hypertension, which could lead to potential causal investigations and management strategies.

Although the main concern in an acutely unwell child is usually to identify hypotension, when BP is measured, we should be interpreting and acting on the result according to latest guidelines as an opportunistic screening tool. It raises concerns not only about the children who had elevated BP with no documented plan, but also those who didn’t have those basic measurements and therefore BP percentile could not be calculated.

It was only possible in a small percentage of children to work out their BP percentile. However, of these children, a high percentage had a raised BP according to AAP guidelines. For those who did have a raised blood pressure measurement, only a small number (<15%) had a documented plan, for example a repeat measurement, lifestyle discussions or follow up arranged. These children may have undiagnosed hypertension which could impact their future health.