28 PAEDIATRIC MENTAL HEALTH PROVISION DURING COVID – A FOOTPRINT FOR THE FUTURE?

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During the first surge of the covid pandemic paediatric services across North London had to rapidly adapt to a system urgently needing to increase adult capacity, in response general paediatric admissions including acute mental health presentations were diverted to Great Ormond Street Hospital. Prospective data on types of admissions were collated throughout the surge, identifying trends and allowing the rapid development of nursing services to ensure high quality and safe provision of care for an acute group of patients.

What we did? Data was collected to show demographics, length of stay, use of the mental health act, local hospital and discharge destination.

The complexity of patients seen required a rapid and evolving set up of a dedicated space to house this group of dedicated patients. Risk assessments of space, CQC registration and support through the local mental health trust needed rapid review and adjustments. Paediatric nursing staff who had not previously worked within mental health needed rapid and rolling training on topics around safety, the mental health act and the law.

Networks with local community services were rapidly stepped up and daily planning meetings evolved.

What we found? 48 patients were admitted, between 1 -9 days length of stay with an average of 3, 9 were admitted under the mental health act.

Rapid response to an evolving need and changing picture with the backdrop of covid was a unique and challenging time. The rewards of this work, the relationships formed and the recognition from the wider sector around the high quality and therapeutic provision of care shaped direction and desire to ensure that this piece of work could be a footprint for the future modelling and development of mental health provision.

Upskilling paediatric nurses with concepts around therapeutic effect holds future potential for achieving truly holistic care regardless of setting.

29 INVERTING THE WELLBEING PYRAMID: THE GOSH APPROACH TO LOOKING AFTER STAFF WELLBEING

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At the start of the COVID-19 pandemic experts in trauma and psychology advised about the importance of ensuring the mental and emotional well-being of staff was being considered and supported. Most of the literature and experts advocated a layered, hierarchical intervention approach.

At Great Ormond Street Hospital (GOSH) we elected to 'invert the pyramid', mobilising the 'specialists/experts' to create a virtual well-being hub and that overtime layering and blending other interventions as suggested in this classical model.

One of the key successes of the COVID crisis at GOSH has been our ability to raise the profile and importance of staff well-being across the organisation and this has been well received.

The hub continues to remain the centre of our work and has been active identifying, triaging and providing psychological first aid or referring staff for external mental health treatment. In the recovery phase we have extended the 'expertise' to Peer Support Workers, TRiM Practitioners and Well-being Coaches that have collectively formed a pan-trust well-being network to meet the needs of the COVID-19 but also the smaller, repeated and significant traumas that we face when working in healthcare.

30 DEVELOPMENT OF A MOBILE APP 'HEAR ME OUT' TO SUPPORT AUDIOLOGY PATIENTS

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Transition into adult services can be a challenging time, where young patients are very quickly expected to take responsibility for their own medical care. Studies have shown that transition can be linked to a decline in health, as patients struggle to cope with the stresses and demands that go with the change from paediatric to adult services. In order to support children through transition, GOSH launched 'Growing Up, Gaining Independence' support programme. To further develop the support available through this programme, the Audiology team designed a mobile app aimed at patients preparing to transition into adult care.

As part of a joint collaboration between GOSH and UCL computer science (CS) through the industry exchange network, the prototype mobile app 'Hear Me Out' was developed using Ionic. In addition, a content management system was developed using NodeJS, with a MySQL database to allow content delivered via the app to be edited and updated.

The mobile app provides helpful information to patients and families, including features such as 'MyStory' that allows patients to log important events such as appointments or symptoms. The app has support in the form of a glossary to help patients to understand medical terminology and includes information on NHS support services that provide further patient support. The app is ready to be trialled with patients and families, to gather feedback on how the design and content can be improved. This app is an example of how technology can be developed to support children and young people gain independence and manage their medical care with confidence.

31 DEVELOPMENT OF A WEB-BASED SCREENING TOOL 'CRANIOQ' TO SUPPORT THE IDENTIFICATION OF CHILDREN WITH CRANIOFACIAL DEFECTS

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Many babies develop an asymmetric or unusual head shape in the first few months of life called deformational plagiocephaly, which will usually resolve without intervention. However, in a small number of children, this abnormality will be very similar to the appearance of an underlying congenital craniofacial condition that requires further review by a craniofacial team. Identifying children that require further investigation, and specialist referral, can be difficult for community healthcare professionals. To improve diagnosis and time to surgical consult, we have developed a web-based screening tool.

This project was initiated to investigate the possibility of deploying the GOSH Craniofacial Screening tool via a web portal, to allow community healthcare professionals to rapidly seek a second opinion from the specialist craniofacial team at GOSH. As part of a joint collaboration between GOSH and UCL computer science (CS) through the industry exchange network programme, a website was developed using Django with a PostgreSQL database and an Angular front-end.

This tool relies on the co-operation of parents, community healthcare professionals and specialist craniofacial teams. The tool consists of a set of questions focussing on the child's health and development. The GP enters some basic medical information onto the website to generate a questionnaire, this is made available to parents for completion via a single use pass code. Once all of the information is submitted the specialist craniofacial team at GOSH are alerted to the new case requiring review. The team can comment on the case and request further investigations via the web tool, to ascertain if referral is required.

The overall aim is to support community healthcare professionals detect craniofacial conditions, so that patients requiring specialist care receive attention rapidly. The tool has the potential to support early recognition and diagnosis of craniofacial conditions reducing the time to referral.

32 VESPA – VIRTUAL ELECTRONIC SUPPORT FOR PROCEDURAL ANXIETY

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10.1136/archdischild-2020-gosh.32

Hospital visits can induce stress and anxiety in the most resilient children and their families, negatively impacting on a child's hospital experience in any number of ways.

Procedure-related anxiety may negatively affect compliance with treatment, on relationships with healthcare professionals, increase their requirement for analgesia and medication generally, delay recovery and healing, impair their thinking and decision-making processes and in many cases this will have a long lasting negative effect. In some cases the effects may be lifelong or transgenerational.

To mitigate the impact of nosocomial and procedural anxiety Great Ormond Street Hospital has invited children, families and friends to visit the operating theatres prior to treatment. Children are supported by staff and encouraged to interact with authentic equipment and ask ANY questions, have any of their concerns addressed, and meet the staff, the visits are designed to be informative innoculative but predominately informative and fun.

Face- to-face theatre visits have been a great success, to date we have conducted over 300 individual and group visits, however with the advent of COVID 19 and the inherent

changes in practise we have been unable to deliver theatre tours and visits.

These changes in circumstance have lead us to develop VESPA. VESPA allows our patients to interact with the hospital and staff from the safety of Home. Video allows a safe space for communication, we have found this not to be barrier to children asking questions, airing their concerns and seeking advice. It allows continuity of care, support and communication at very low cost the 'video call' is a technology that most children are familiar with. The patients need for support has not changed but the manner in which we can support patients has. VESPA is affordable, sustainable, effective and environmentally gentle.

33 IMPROVING COMMUNICATION ON SURGICAL WARDS – A QUALITY IMPROVEMENT PROJECT

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10.1136/archdischild-2020-gosh.33

Background A bleep is a useful device to contact doctors urgently however, if not used properly can lead to delay in patient care. During weekend shifts it was noticed that doctors were getting bleeps for patients they were not covering.

Aims and objectives The aim of this Quality improvement project (QIP) was to improve communication within the Paediatric Surgery department. We composed a poster outlining the bleep numbers for every surgical ward and then evaluated its effectiveness.

Methods This is a prospective QIP carried out on the surgical wards from September to October 2020 at GOSH. A questionnaire was used to collect data which was then input into Microsoft excel for analysis. After the initial audit a poster was composed outlining the on-call bleep numbers and surgical speciality numbers, and delivered to each surgical ward. This was then re-audited with another questionnaire to collect data on its effectiveness.

Results A total of 25 ward staff were included in this QIP. In the initial audit no staff members knew the bleep for the short-day weekend SHO and most staff were unaware which wards were being covered by the long day and short day SHO. After implementing the poster the number of staff knowing the weekend short day SHO and long day SHO bleep improved to 60% and 80% respectively . There was also an improvement in the number of staff members knowing which SHO to contact for each ward/speciality (15/25).

Conclusion The poster has shown to improve the ease of communication for staff on the surgical wards and thus patient safety. However there is still room for further improvement. Further clarity is required outlining whether the SHOs are split via wards or specialities as there is crossover. We also feel ciscos may be more beneficial for weekend cover.

34 IMPACT OF THE CLINICAL RESEARCH NURSE IN PAEDIATRIC STUDIES

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