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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