presentation of PIMS- TS is varied and heterogenous. A strategy of education and continuous updates with case based discussions and literature review was put in place. This was to inform frontline doctors and nurses in the trust and resulted in timely identification, treatment and referral of the children who presented with PIMS -TS. Good clinical examination, following APLS, NICE and RCPCH guidelines and discussion with a tertiary centres remained the cornerstones in the management of the children with PIMS-TS in ED.

British Academy of Childhood Disability

1116 EXAMINING THE IMPACT OF VIRTUAL CONSULTATIONS DURING THE COVID PANDEMIC ON CHILDREN WITH CEREBRAL PALSY USING THE CEREBRAL PALSY INTEGRATED PATHWAY (CPIP) DATA

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Background In the first lockdown period community services were quick to move to virtual assessments and this was seen as a huge success in the use of technology. It became clear that there was significantly above expected deterioration in function and ability in our children with Cerebral Palsy. Whilst there is a desire amongst some within the service to maintain this virtual approach, there is a question as to whether virtual assessment is in fact good enough for the long term care of these young people.

We have used the Cerebral Palsy Integrated Pathway (CPIP) UK for 3 years. This is an evidence based tool for hip surveillance and monitoring of contracture/deformity in the lower limbs of children with cerebral palsy. Children and young people are seen at regular intervals dependent on their age and severity of cerebral palsy (based on gross motor functional classification system GMFCS). Joint measurement is colour-coded in a traffic light system where green is 'no concern', amber suggests an 'area of concern which may require intervention' and red 'needs action or intervention'.

Objectives To examine the impact of Covid related operational changes (reduction in face-to-face services) on pre- and post-Covid measurements extracted from CPIP data.

Methods A retrospective study of 97 patients aged 3–20 years (mean=10.33) registered under our Trust CPIP UK Registry. Paired-sample t-tests or Wilcoxon Signed Rank tests were performed using SPSS Software. Statistical significance was indicated at 0.05.

Results Of the 97 patients, 54 were male. 43 children had hemiplegic cerebral palsy (20 left sided and 23 right sided), 32 were diplegic distribution, and 22 were quadriplegic. The GMFCS score of severity was also recorded: 42 Level I, 25 Level II, 8 Level III, 13 Level IV and 9 Level V.

The CPIP database pre- and post-lockdown measurements were compared. A significant difference was found between pre- and post-scores for Knee Popliteal Angle on the Right ($t=-2.42$, $p=0.02$). Where the mean score for 90 Children was pre 36.14 and post 39.24 degrees. A significant difference was also found between pre- and post-scores for Knee

Popliteal on the Left ($t=-2.78$, $p=0.01$). The mean score for 88 children was 36.23 degrees pre and 40.09 post.

Also significantly deteriorated was Ankle Dorsiflexion on the Right, ($t=2.79$, $p=0.01$), where 85 children showed a mean dorsiflexion to 9.6 degrees above neutral pre and 6.91 post. Ankle Dorsiflexion on the Left also significantly deteriorated (asymptotic sig=0.01). 88 children had a mean pre-value of 7.95 degrees above neutral and 5.47 post.

Therefore, hamstrings and gastrocnemius muscle groups showed significant deterioration during lockdown.

Of note, 4 children received interventions: 2 had intramuscular Botulinum Toxin injections, 2 had orthopaedic surgery. Children receiving interventions did not deteriorate.

Conclusions The CPIP database is an excellent resource for comparison studies in cerebral palsy. The children who received interventions seemed to be protected from deterioration. This study demonstrates the importance of face-to-face consultations and interventions in preventing deterioration in children with spastic cerebral palsy. Virtual medicine is inadequate for this patient group.

Quality Improvement and Patient Safety

1118 IMPLEMENTATION OF A NEONATAL DAILY REVIEW SHEET ON A POST-NATAL WARD

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Background The paediatric team review babies daily on the busy post-natal ward located within the maternity unit. It was noted that there was lack of clarity in the daily documentation regarding neonates. Current documentation was in a folder comprised of multiple documents written on randomly assorted continuation sheets. There is a daily rotation of medical and midwifery staff and not a formal multidisciplinary team ward round which leads to chaotic environment regards patient plans and discharges and potentially creates excessive work for senior staff members as plans and follow up plans not clearly documented.

Objectives The objective of this study is to improve continuity of care and communication by implementation of a daily review sheet with aim to make documentation clear and provide guidance for daily review for junior doctors who frequently rotate.

Methods We created a daily review sheet to be used on the post natal ward for neonates on the medical ward round. We created a pre implementation and post implementation questionnaire to be filled out by members the medical team to compare any subjective improvement the daily review sheet has made. The questionnaire contained 7 questions regarding whether staff thought different aspects of documentation and communication was clear with a suggestions/comments section. A Likert scale with questions ranked from 1 – 5 with 1 equal to agree and 5 equal to disagree, therefore 3 equals neither agree or disagree.

Results 14 members of staff filled in our questionnaire before and 12 after (table 1).

Abstract 1118 Table 1

	Pre-implementation of review sheet.	Post-implementation of review sheet
	Median Value	Median Value
1. Background and history of a patient is clear when I review notes.	3	1
2. There is a room for improvement with daily review sheet.	3	2
3. Communication between doctors and midwives is clear in documentation.	3	3
4. Patient daily plan is clear from documentation.	3	1
5. It is clear from documentation if NIPE was done.	4	1
6. Discharge and follow up plan is clearly documented on daily review sheet.	4	1
7. It is clear from documentation that patient has antenatal paediatric alert.	4	1

Conclusions The overall median value (table 1) for clarity of documentation, discharge and follow up plans, documentation of the newborn infant physical examination (NIPE) and antenatal paediatric alert (which notify antenatal problems) improved from 4 to 1 showing improvement in overall communication and facilitated daily reviews by structuring documentation, this could be further reviewed. There are recent reviews that recommend combined notes for medical and nursing/midwifery staff, so that important information is not lost between teams. A daily review sheet will greatly aid this process.

Young People's Health Special Interest Group

1119 COVID-19 – ENGAGING YOUNG PEOPLE TO CO-PRODUCE HEALTH INFORMATION

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Background Early in the COVID-19 pandemic, the Youth Forum (Youth Empowerment Squad – YES) recognised that there was very little information geared specifically towards young people. This being so, the YES members created an age appropriate resource with accurate information for young people.

Objectives We created a co-produced information resource where the young people had a strong voice in determining both the content and presentation of the leaflet. The Youth Empowerment Squad discussed and agreed on key information they wanted to know as well as reliable and valuable sources of further support.

Methods Members collaborated via virtual meetings with clinical staff and an illustrator to create the leaflet. The virtual meetings were facilitated by clinical staff who supported the YES members to agree on the content which they felt was most valuable and relevant to young people. The content was then reviewed by a range of specialists.

The leaflet included information about COVID-19 and how to prevent the spread of the virus, tips on how to physically distance but not socially isolate from friends and how to seek help for COVID-19 symptoms and links to reliable resources for further support.

The YES members were also central to determining the strategy to disseminate the leaflet to ensure that it was accessible to as many young people as possible nationally.

Results The leaflet debuted on social media and has been a huge success. It has been shared via Twitter over 300 times and has been showcased on many youth forum websites and included in online publications.

The YES group has also been approached by multiple national organisations who have been enthusiastic to share the resource. Although the leaflet was developed in East London, the YES member achieved dissemination of their message at national level.

Members plan to continue updating the leaflet as new information becomes available and to consider developing information resources on other elements of COVID-19 including vaccination and education.

Conclusions The YES forum recognised that having accessible, relevant and reliable information was key to empowering young adults to protect themselves and their families. We have shown that involving young adult stakeholders in the co-production of information resources is highly successful and achieves widespread engagement.

We will include a copy of the leaflet and plan that the young people will be involved in presenting this work.

British Association of Perinatal Medicine and Neonatal Society

1121 IMPLEMENTATION OF A NEONATAL DAILY REVIEW SHEET ON A POST-NATAL WARD

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10.1136/archdischild-2021-rcpch.412

Background The paediatric team review babies daily on the busy post-natal ward located within the maternity unit. It was noted that there was lack of clarity in the daily documentation regarding neonates. Current documentation was in a folder comprised of multiple documents written on randomly assorted continuation sheets. There is a daily rotation of medical and midwifery staff and not a formal multidisciplinary team ward round which leads to chaotic environment regards patient plans and discharges and potentially creates excessive work for senior staff members as plans and follow up plans not clearly documented.

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