and difficult to find information quickly and, therefore, rely on the handover sheet during the shift.

Objectives Assessment of the contribution of icons added to handover sheet to a quicker and easier handover, as well as assessment of the efficacy of the current format of handover sheet.

Methods Change idea: Icons next to each team that the patient was under were added to handover sheet (eg: general paediatrics, complex patients, rheumatology, PIMS-TS, surgery, ID, dermatology etc) in order to assess whether it will contribute to a quicker and easier handover.

The QI project was carried out one month after the implementation of icons in the handover sheet. Questionnaires were completed anonymously by the General Paediatric Team of Evelina London Children's Hospital, with answers ranking from 1 to 5 (5 was the maximum-most helpful and 1 the minimum-least helpful). The questions were the following:

1. How helpful do you find the icons added to handover sheet?
2. Have the icons attributed to a quicker handover?
3. How would you rate the current content of the handover sheet using the SBAR format?
4. How much do you rely on the handover sheet during your shift?
5. How would you think we can improve it?

Each question had a comment section as well.

Results 20 questionnaires were completed during the period of 3 weeks. The majority of staff stated that the icons added to the handover sheet were helpful (16/20 rated it with 4–5). More variable were the answers for the attribution of icons to a quicker handover, with 11 people rating it with 4–5, 7 people with 3 and 2 with only 1.

With regards to the content of handover sheet using the current SBAR format, most of the participants ranked it with 4 and 2 was the lowest rating of 4 participants. In terms of rely on the handover sheet during the shift, the vast majority voted 5 (16/20) and the rest 4.

Summary of ideas as to what could be done for amelioration of handover (question 5) are the following:

- An effort should be made to update the handover sheet regularly, with only the essential information, avoiding repetition and non-relevant resolved issues. The plan should be clear and highlighted to the night team.
- have clear problem list, minimal background, only relevant issues and clear plan, especially for the weekend
- use specific dates in the handover sheet, especially in the plan
- remove old/irrelevant information
- switch and have the background column first and then the presenting complain, it will be much easier to read.

Moreover, many participants commented that the icons were great idea, made handover sheet easier to understand as well as more bright and fun. They also mentioned that the icons help to identify patients easily and more quickly.

Conclusions To conclude, the majority of participants found the icons helpful and many of them supported that they contribute to a quicker handover. The current format of the handover sheet was satisfactory for most of the participants, but changes need to be made for a more efficient handover.

Down Syndrome Medical Interest Group

1369

PRELIMINARY REPORT OF HEALTHCARE STATUS IN A COHORT OF YOUNG CHILDREN AGED 1–5 YEARS WITH DOWN SYNDROME

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Background Ireland is thought to have amongst the highest incidence of Down syndrome (DS) in the world. Children with DS have many healthcare needs and associated conditions. DS medical management guidelines have been developed to optimise the health of children with DS. A national Register was established in 2015 to define the incidence of DS in the Irish population and undertake prospective monitoring of health issues and healthcare utilisation.

Objectives The purpose of this study is to explore the health issues faced by young children with DS, both resolving and emergent.

Methods Parents of children with DS aged between 1 to 5 years who were enrolled on the national DS Register were invited to complete a questionnaire. The questionnaire was self-administered, distributed to families by post between September 17th 2020 and January 28th 2021 and returned by post or email. It contained 15 questions including questions about new diagnoses (medical or surgical), resolved diagnoses, feeding issues, annual screening and hospital admissions in the preceding 12-month period and current parental perception of their child's health. Ethical approval was obtained for this study.

Results A total of 62 questionnaires have been distributed and 28 have been returned to date. Response rate was 45%. Mean age was 4 years (range 1–5 years) with female being 16/28 (57%). The majority of parents who replied rated their child's health as excellent or very good (18/28 or 64%). In the preceding 12 months: at least one admission to hospital was required by 43%; a new condition was diagnosed in 12/27 (44%); a pre-existing condition had resolved in 11/23 (48%) such as improved hearing due to grommets or hearing aids and reduced aspiration due to peg insertion and improvement in respiratory issues possibly due to reduced social contact. Some of the reasons for admission were respiratory problems such as croup, bronchiolitis, aspiration pneumonia and also ear infections. Feeding issues were reported in 11/28 (39%) among them difficulty with solids, food aversions, sensory issues choking/aspiration and only one stated that their child had a Videofluoroscopy in the last 12 months. Annual blood monitoring was undertaken in 27 out of the 28 patients and thyroid monitoring identified as being taken in 22/28 (78%) and coeliac as 14/28 (50%). The majority expressed concerns 21/28 (75%) regarding health issues, long term outcomes and service access. Services were self-funded by 12/28 (43%) of parents due to long waiting time for public services or due to low frequency of appointments.

Conclusion This study demonstrated high levels of parental satisfaction with the health of their children with DS. Despite the SARS-CoV-2 pandemic a large number

required hospitalisation. Almost half of the parents self-funded certain services although this may have been influenced by the international pandemic with restricted access to healthcare. These data will help inform healthcare service development and service provision for children with DS. Monitoring these issues over time will enhance our understanding of any underlying problems and improve the care we provide for children with Down syndrome and their families.

British Paediatric Respiratory Society

1370

IS THE LIVERPOOL RESPIRATORY SYMPTOM QUESTIONNAIRE (LRSQ) AN ACCEPTABLE TOOL TO USE IN LONGITUDINAL COHORT STUDIES?

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Background The Liverpool Respiratory Symptom Questionnaire (LRSQ) is a validated tool for evaluating the prevalence of common paediatric respiratory symptoms amongst preschool children. The questionnaire also evaluates the quality of life for children, and their parents. The LRSQ was designed as an outcome measure for epidemiological and trial purposes, and can also be used to differentiate between children with and without active respiratory disease. To date, the LRSQ has not been validated for use in longitudinal cohort studies. The Liverpool Respiratory Birth Cohort Study (LRBCS) has used the LRSQ longitudinally, in order to identify the main determinants of poor respiratory health in preschool children over time. The content validity of the LRSQ was approved by respiratory paediatricians, as part of the questionnaire's original validation. Now, data from the LRBCS (about the questionnaire's internal consistency) may be able to support the use of the LRSQ in future longitudinal cohort studies.

Objectives To validate the LRSQ as a tool, which is suitable for use in longitudinal studies of preschool children.

Methods 689 infants were enrolled onto the LRBCS between 2013 and 2014. From 4-months-old to 58-months-old, the infants' parents completed the LRSQ via an online platform. This provided data about each child's respiratory health, in eight separate domains, at up to ten six-monthly 'timepoints'. The internal consistency of each of the questionnaire's eight domains was measured with Cronbach's alpha analysis – using all relevant responses from the entire dataset.

Results Of the LRSQ's eight domains, four showed excellent internal consistency – as indicated by an alpha score of ≥ 0.9 . The other four domains displayed good internal consistency – as indicated by an alpha score of ≥ 0.8 . By excluding one outlying survey 'timepoint', six domains have excellent internal consistency and two have good internal consistency.

Conclusions Based upon data from ten 'timepoints' over the first five years of childhood, the LRSQ displays a good to excellent level of internal consistency. This property proves that the LRSQ can detect changes in respiratory symptoms

over time, in this particular cohort of preschool children. Further external validation is required, using independent cohorts of preschool children.

Paediatric Critical Care Society

1371

USING A PATIENT REPORTED EXPERIENCE MEASURE (PREM) TO ASSESS THE EXPERIENCE OF CARERS IN PAEDIATRIC INTENSIVE CARE DURING THE COVID-19 PANDEMIC

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Background In April 2020, in response to the emerging COVID-19 pandemic, NHS England recommended limiting visiting to hospital inpatients, with resultant changes to our hospital policy of open visiting limiting visits to a single carer. In addition, changes to the way healthcare professionals interacted with carers had to be implemented, such as remote meetings, use of personal and protective equipment and social distancing.

Objectives Our objective was to understand the impact of these changes on carers of children requiring intensive care during the Pandemic.

Methods A patient reported experience measure (PREM) focusing on experiences of attending the hospital and the impact of the necessary changes was developed by clinicians, family liaison nurses and the PREM team at our institution. The PREM was distributed to carers whose child was either a planned or emergency admission to the Paediatric, Neonatal or Cardiac intensive care units between December 2020 and March 2021. Quantitative and thematic analysis of responses was undertaken.

Results To date, 80 PREMs have been given to carers and 67 completed questionnaires have been received (76% response rate). Overall levels of satisfaction were very high, with 94% reporting that they were very or mostly satisfied with the intensive care team and the service they provided. Nearly two-thirds of the carers were concerned about catching COVID whilst on the intensive care unit but this decreased to 43% for other public areas of the hospital, such as the cafeteria.

All carers understood the need for them to wear a mask but only 65% agreed that staff were able to interpret and respond appropriately to their emotions when they were wearing one. One third of respondents reported that they did not get the emotional support they needed from family or friends. Some carers found the restricted visiting policy challenging, with 24% reporting that it was not acceptable that the sole carer permitted at the bedside could not change as needed. This was supported by the qualitative comments, which indicated that whilst parents understood the rationale for the one carer policy, it caused additional distress.

Loneliness and lack of physical contact were identified by parents as particularly stressful, together with the need to cope alone with complex information. Carers described being 'fully alone' without their partners, which affected the mental