The PED saw >80 neonates in November 2020, which matched the number seen the previous year.

A large majority of neonates seen in the PED are well babies, with between 15–40% of those seen in 2020 diagnosed as 'No Abnormality Detected'. The proportion of well neonates from November 2019 – February 2020 was 13–24%, but this increased to 20–40% from March 2020 onwards.

Diagnoses that remained consistent throughout the year were feeding problems making up 15–22% of the diagnoses, and jaundice making up between 5–13%. On average 5–10% of neonates were diagnosed with sepsis. A notable effect of the pandemic and the subsequent social distancing was the reduction in respiratory presentations. In a normal Autumn/Winter such as November 2019 – February 2020, 20–35% of neonatal attendances were diagnosed as Bronchiolitis or Upper Respiratory Tract Infections. Whereas September–November 2020 saw just 9–11%.

On average the PED discharges 30–50% of all neonates without any Paediatric Specialty input.

From 2016–2020 the average number of neonates presenting to the PED has increased from 1–2 infants per day, to 3 infants per day.

Conclusions The reduction in PED attendance seen during the 1st COVID-19 lockdown was not seen during the 2nd lockdown, and the number of neonates being booked into the Paediatric ED increased to near normal in November 2020 despite overall Paediatric ED attendances remaining low. The reduction in neonates presenting with respiratory illnesses is likely a direct result of social distancing. While the increase in the number of well neonates seen following the first UK lockdown coincides with the reduction in postnatal home visits, and a move towards virtual consultations in primary care. The Paediatric Emergency Department offers an unrestricted route of access to healthcare for new parents, with an average of 3 infants <28 days old attending the LGI Paediatric Emergency Department every day.

Association of Paediatric Palliative Medicine

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NAVIGATING PALLIATIVE CARE RESEARCH DURING A PANDEMIC: A PRACTITIONER INQUIRY APPROACH

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Background Research in paediatric palliative care is already challenging, with small sample sizes, limited funding, ethical approval processes, evolving and unpredictable illness, and perceived psychological burden of taking part in research for children and their families.¹ The COVID-19 pandemic has added to this, leading to redeployment of healthcare staff, changing clinical priorities or spaces, and a halt to all non-COVID related research... including this researchers project on challenges and facilitators to referrals to paediatric palliative care.

Despite converting methodology from face-to-face focus groups to virtual, it was felt that the added pressure of

involvement in research was too much for staff. Therefore, a second methodology was discovered: a practitioner inquiry.

Objectives This abstract aims to explore the benefits of a practitioner inquiry approach in paediatric palliative care.

Methods *What is a practitioner inquiry?* It enables the practitioner to reflect systematically and practically about the way they work. Methodology is often 'action research' based, focusing on own practice, collective self-enquiry, or designed to produce knowledge to share with others.²

A practitioner inquiry approach was taken, involving inductive thematic content analysis of reflective entries and supporting documents for a case-series identified through the researchers' reflective portfolio.

Results Fifteen cases were identified and explored. Data sources included the researchers' reflective portfolio, internal medical communication, symptom management plans and advance care plans, and eight master themes were identified.

A practitioner inquiry approach maps to Kolb's learning cycle (conceptualising, putting principles in practice, experience and reflection), allowing for knowing-in-action, and action-on-reflection.³ It was felt to be extremely valuable for the researchers' personal growth and development as a practitioner in paediatric palliative care. The findings can be used to inform further local research around referral challenges and facilitators.

Conclusions Pausing all non-COVID-19-related research during the height of the pandemic was of course the right thing to do, as healthcare professionals were overwhelmed both clinically and emotionally with the task at hand. Uptake to focus groups would undoubtedly have been limited, and therefore data skewed or incomplete.

A practitioner inquiry offers rich research potential and opportunity for intense personal reflection and growth as a developing paediatric palliative care clinician, and was one option for continuing research during a pandemic. The results of this study will direct further research (likely using a virtual focus group approach) and local service improvement measures.

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Paediatric Mental Health Association

1407

UNPRECEDENTED TIMES – UNSEEN EFFECTS ON CHILD MENTAL HEALTH

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Background The unprecedented times of the Covid-19 pandemic have presented a plethora of new challenges for both users and providers of healthcare. A now well-recognised effect of the pandemic is the devastating impact it is having