decrease in socialisation and interaction of young people during this period but worrying is the increase in the proportion seen who were defined as under 16 years of age and siblings. The impact of lockdown, restrictions on movement of young people outside the home and the increase use of the internet with its potential exposure to pornography are all hypothesis to explain this trend. However, further analysis of data is required over a longer time span to see the real impact of the pandemic on CYP.

Despite the decrease in absolute numbers, there remains concern of the hidden harm experienced by children and young people and every effort made to have support in place for disclosure.

Paediatric Critical Care Society

1425

PICU MOBILE APPLICATION FOR PARENTS: INSIGHTS FROM THE PARENT CONSULTATION QUESTIONNAIRE

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Background During a child's stay on PICU, parents receive a significant amount of information. This includes both medical and practical information. Until this point, information has been provided in paper form and informally by ward staff. During a particularly stressful time, parents may struggle to retain such information and in its paper format, it is not always easily accessible.

The Great Ormond Street Hospital (GOSH) parent support group highlighted that a mobile phone application (app) providing information during their child's PICU stay would be helpful.

Objectives To inform the desired content for a PICU information app, we surveyed parents of past and present patients.

Methods A paper questionnaire was designed by the authors. The questionnaire was distributed to parents on GOSH PICU during a 3 week period in 2019 and disseminated at a past patient event.

Results Thirty-three of the 40 distributed questionnaires were completed (82% response rate). Thirty-two (97%) of parents said they would use a PICU app. Information about bedside equipment 32 (97%) and medications 29 (87.9%) were the most important content for parents. Information about specific conditions 24 (84.8%), the hospital 28 (84.8%), the surrounding area 26 (78.8%) and research undertaken on ICU 20 (60%) were also sought.

The majority of parents would want to use the app to communicate with the clinical team in addition to the usual face-to-face contact. Twenty-four (75%) of parents would value a diary feature and the majority 30 (90.9%) would consider using the app to stay in touch with PICU following discharge.

Conclusions Parents would like access to a unit specific intensive care app to use both during their child's stay and to maintain contact following discharge. Parents would like the app to both provide information and allow them to communicate with their clinical teams. The ability to document their child's PICU journey was also of note.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

1427

HARNESSING STAFF VALUES TO CATALYSE WORKPLACE CHANGE. TOWARDS 2040, NHS NET-ZERO

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Background The climate health emergency is a problem that disproportionately affects children, and our response to it as paediatricians has lagged behind some of our young patients.

While we are simultaneously part of the problem, and one of the strongest advocates for child health, we have a duty to act. Reducing carbon emissions from healthcare remains a huge challenge with ever bolder targets; NHS to reach Net zero by 2040. For this to happen we need innovative thinking, and support at every level to succeed, which means engagement of every one of us.

By connecting against a shared adversity, as we have seen through the healthcare response to Covid, we can motivate each other to deliver extraordinary things.

Objectives To form a Trust-wide staff group of paediatric doctors and nurses, alongside HCPs from other specialities, with a passion for tackling climate change. We knew our Trust took these issues seriously but understood that our leaders faced competing pressures. By offering to help, we could help provide solutions and focus. Our aim was to use our voice, to result in greater reductions in operational carbon, better staff engagement, and education of staff and patients. A secondary aim was to promote staff wellbeing by taking action together, and creating a sense of connection, belonging, and hope around this shared value.

Methods The Green at Barts Health staff group formed, and launched itself by presenting to the Board. Members were recruited by webinars, grand-rounds, regular meetings. Members shared a passion for sustainability and tackling climate change, and many hours of voluntary time were contributed towards the shared goals. We established stakeholder networks, used quality improvement methods, along with advocacy and relationship building.

Results 80 staff were recruited across 3 sites, including 10 paediatric clinicians.

Advocacy work led to a quarterly Green Forum, with Board level representation, and key stakeholders to advance the Trust's green agenda.

In response to influencing during this forum, our Trust has agreed to declare a Climate Emergency.

Our paediatric education stream has delivered departmental teaching to colleagues on climate change and air pollution. Play therapist members have taken part in National Clean Air Day, working with paediatric inpatients to create air pollution/clean air images for the newsletter.

Quality improvement has resulted in collaboration with external partners, Centre for Sustainable Health (CSH) in development of their toolkit calculating CO2 emissions savings from switch to online vs face to face outpatient appointments.

We have piloted clean air champions to increase engagement at the Trust in association with external partners Global Action Plan (GAP).

Advocacy towards a commitment to build the UK's first carbon net-zero hospital to replace Whipps Cross.

Conclusions Connecting through shared values, in this case, related to a desire to act on climate-change, can powerfully support a change agenda. This can be driven by highly motivated frontline clinical staff. This is vital and complements the top down work from Trust and National leadership.

Secondary beneficial outcomes include promoting staff engagement and belonging, both key for promoting resilience and reducing burnout.

British Paediatric Neurology Association

1429

FAMILIES REPORT DESIRE FOR CONTINUING VIRTUAL EPILEPSY CLINICS: PATIENT EXPERIENCE DURING YEAR ONE OF COVID-19 ENFORCED CHANGES TO PAEDIATRIC EPILEPSY SERVICES

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Background The 2020 COVID-19 global pandemic required significant and immediate adjustments in service delivery. For our paediatric secondary care epilepsy service most outpatient consultations were switched to virtual from face-to-face. Initially this was via phone, and then included video calls. As we have begun to live with COVID we have developed a blended approach with mixture of face to face and virtual appointments within our service. We wanted to evaluate our families' experience of this to inform service planning and design moving forwards.

Objectives To evaluate families' initial experience of non-face-to-face secondary care paediatric epilepsy clinics and their subsequent reflections and experience one year on in order to inform service re-design.

Methods Families of children seen virtually between 1st March and June 30th 2020 were contacted retrospectively via telephone for feedback on their experience. The questionnaire enquired into satisfaction, advantages/disadvantages over face to face and opinions on continuation of virtual appointments. Time and money savings, along with the environmental benefits were estimated.

A second review of all families under the service is currently underway which includes same questions as initial survey and the Epilepsy 12 patient/patient reported experience measure (PREM).

Results First phase: 24/45 families responded. 21 had telephone clinics and 3 video (video commenced mid-June). Five of those using phone clinics would have preferred video consultation. No one experienced technical difficulties. 25% (6/24) thought a face to face appointment might have been better but were satisfied with the consultation. All would be happy to have virtual consultations again. Advantages over face to face clinics included time savings and being less stressful for the child/young person. On average parents reported saving 136 minutes of time (range 30–180) and £18.90 (range

£0–60) with virtual consultation compared to face-to-face. 20.47 miles of driving were prevented on average per patient (range 2.4–43.2).

Phase two data collection is in progress at time of abstract submission but will be available to present and share at conference.

Conclusions COVID has changed the way we will deliver healthcare services. We need to ensure that these changes are safe and effective as well as meet user preferences.

Our initial evaluation offered overwhelming user support for the opportunity to permanently adjust the patient pathway within paediatric epilepsy services to include virtual consultation's as part of this. All families would be happy to use again and many cited they would prefer this on an on-going basis, either exclusively or combined with face-to-face. Benefits included savings in time, money and positive environmental impact. Most recent patient/parent report experience measures are to be added.

As professionals we need to be satisfied that the virtual model offers adequate opportunity for privacy and consultation with the young person alone; enables the voice of the child/young person to be heard and does not adversely impact on our ability to identify and evaluate any safeguarding concerns.

On-going review and wider research will be required to ensure that clinical outcomes aren't affected negatively by any change in service models.

Association of Paediatric Emergency Medicine

1430

A TEN YEAR RETROSPECTIVE OBSERVATIONAL ANALYSIS OF MENTAL HEALTH PRESENTATIONS TO AN INNER CITY TERTIARY CHILDREN'S EMERGENCY DEPARTMENT

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Background Attendances to Paediatric Emergency Departments (ED) by children and young people (CYP) with mental health conditions is rising, though this has not been quantified; this has not been mirrored in growth of community mental health services. Whilst these CYP present with escalating new or known mental health presentations, there is scant evidence to understand their needs, impact on services, and planning service change.

Objectives To describe epidemiology of mental health presentations to our ED over ten years.

Methods Single centre retrospective chart review study, in a tertiary urban Paediatric ED. Iterative comparative searches of coding and clinical key words identified all CYP attending due to mental health issues between 1st January 2011 and 31st December 2020 and data were extracted from electronic records, or by hand if only paper records existed. Abstracted data included personal (e.g. age, sex, ethnicity), clinical (e.g. presenting complaint, triage category), and process (e.g. disposition, length of stay) measures.