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.

Results We identified 7373 potential participants, of which 4360 were eligible.

The maximum number of presentations was seen in 2020 (810) with a steady rise seen every year; 2011 (187), 2012 (178), 2013 (253), 2014 (321), 2015 (376), 2016 (351), 2017 (478), 2018 (666) and 2019 (740).

The median age at presentation was 14 years (range 7–17 years), 3248 (74.5%) were female, and 3593 (82.4%) were White British. Most (4178, 95.8%) were first time attendances, with 178 (4.1%) being unplanned reattendances; the median number of presentations per patient was one (range 1–57).

All patients included in the data set presented with a mental health condition but the coded diagnosis was the primary reason for the mental health attendance. The most common coded diagnoses were Paracetamol overdose (714), Depression (615), Anxiety (343) and Alcohol intoxication (310) and NSAID overdose (101).

The median ED length of stay (LOIS) was 216 minutes (range 1–1037 minutes), and median hospital LOS was 1 day (range 0–62 days).

Triage category was predominantly category 3 (1562, 35.8%).

Conclusions We have described that the number of mental health conditions presenting to our emergency department are rising and at a younger age group than expected. The presentations are predominantly higher in females and white British which was unexpected in a department which serves a multi-cultural city. It would be interesting to see if our trends are found throughout other sites in the UK. Assessing trends is essential in highlighting problems that could be met with altering mental health practice within the emergency department e. g. provision of in house mental health support in the emergency department.

Association of Paediatric Emergency Medicine

1431

HOSPITAL AT HOME: CHILD AND PARENTAL EXPERIENCES OF AMBULATORY ANTIBIOTICS FOLLOWING REVIEW AND DISCHARGE FROM ACCIDENT & EMERGENCY

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Background As paediatric emergency departments adapt to rising footfall; preventing admission whilst ensuring high standards of safety and care is of increasing importance. The Royal College of Paediatrics and Child Health (RCPCH) in their 'Facing the Future: Standards for children in emergency care settings', a guideline for the future of paediatric emergency departments, highlights the importance of robust ambulatory care. Ambulatory care and in particular ambulatory antibiotics has been a feature of acute paediatric care for well over a decade for patients who require intravenous (IV) antibiotics but are medically fit for discharge.

Objectives The aim of this study was to evaluate patient and parental experiences of ambulatory antibiotics directly from a

paediatric emergency department (PED) and to improve this service.

Methods This study was a qualitative analysis of patient and parental experience over a four-month period from May – August 2020. Data were collected from surveys distributed at the time of the second dose of antibiotics to all patients ambulating on IV antibiotics. Parameters were surveyed in a graded scale (poor, fair, good, excellent) for overall satisfaction and communication along with yes/no and free-text answers exploring other aspects of the ambulating process.

Results 38 patients were eligible for inclusion in this study, 28 of whom (74%) completed the survey. The number of patients was limited by changes in practice and health-seeking behaviours for children with infections during the COVID-19 pandemic.

Overall satisfaction was rated as 'excellent' by 75% of participants and 'good' by 25%. 96% of patients felt they fully understood the reason for ambulatory antibiotics and 100% of participants preferred ambulatory care to admission. The information given to patients and their families was rated as excellent by 71% of participants and good by 29%.

Free text thematic analysis of responses related to communication highlighted recurrent comments around improving communication including the information given regarding the decision to ambulate, the practicalities of the ambulating process and the diagnosis. Other strong emerging themes included improving advice around cannula care and safety net advice.

The survey feedback has resulted in us implementing various changes to improve the service, including an information leaflet on the ambulatory process including day to day practicalities of the process, how to care for the cannula and safety net advice regarding when to return. In addition, the PED team have been educated to provide clear communication explaining the decision to ambulate, the diagnosis and to be aware to cannulate the non dominant hand for comfort if possible.

Conclusions This study should encourage paediatric emergency departments nationwide to utilise the resource of ambulatory antibiotics directly, to avoid admission and better utilise our finite healthcare resources. Overall the experience of ambulatory antibiotics for certain conditions was very positive, a statement best demonstrated by 100% of participants preferring ambulatory care to hospital admission.

Future developments to the 'Hospital at Home' pathway is for children with certain conditions to receive their second dose of antibiotics at home to minimise hospital visits whilst results are awaited.

Quality Improvement and Patient Safety

1432

IMPROVING THE QUALITY OF CARE FOR CHILDREN WITH COMMUNITY ACQUIRED PNEUMONIA- A QUALITY IMPROVEMENT PROJECT

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Background The British Thoracic Society's (BTS) Quality Improvement (QI) programme for childhood community-