2. To determine whether or not there was any significant difference in the spectrum of patients attending our Paediatric Emergency Department in winter months during the COVID-19 pandemic compared to preceding years.
3. To reflect on how these findings should influence local, regional and national public health strategy moving forward.

Methods We reviewed all attendances for patients under 18 years of age at our Paediatric Emergency Department for the months November, December, January and February and years 2018–2021 inclusive.

We compared overall attendances for each year.

We also compared proportions of patients attending with respiratory presentations, mental health, safeguarding, minor injuries or 'other', using diagnostic coding.

Results

1. Paediatric ED attendances for December 2020, January 2021 and February 2021 were significantly lower than during preceding years.
2. The proportion of patients attending the Paediatric ED with respiratory complaints were significantly lower in the 2020–2021 Winter compared with the preceding two years.
3. The proportion of patients attending the Paediatric ED with mental health or safeguarding complaints were significantly higher in the 2020–2021 Winter compared with the preceding two years.

Conclusions At a local level, these changes have required rapid redeployment of staff and services to areas of greater need and, in particular, have driven improvement to better rapid Child & Adolescent Mental Health Services (CAMHS) input.

The significant reduction in respiratory illness should lead to careful consideration of some level of social distancing/infection control measures to remain in place in future years, with balanced consideration of the resulting impact on safeguarding and mental health.

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UNDERPAYMENT OF LESS THAN FULL TIME TRAINEES IN SOUTH LONDON DGHS DUE TO WEEKEND ALLOWANCE MISCALCULATION

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Background With the introduction of the new Junior Doctor Contract (Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016), the way junior doctors are paid has changed dramatically. Pay is now made up of multiple elements, each with a unique and specific way of being calculated. These include a Basic Salary, Additional Rostered Hours, Weekend Allowance, Night Premium, Flexible Pay Premia and Less Than Full Time (LTFT) Allowance. For trainees who work LTFT each of these elements is calculated differently, adding a new layer of complexity.

Within the medical profession, this has led to widespread uncertainty about how pay should be calculated. While resources are available to explain it, most LTFT junior doctors are

unfamiliar with how they should be paid. This means they cannot check the accuracy of their own salary, relying on correct calculation and pay by hospital payroll departments. Anecdotally, it was recently noted that there were errors in the Weekend Allowance pay for a number of LTFT trainees in a South London DGH and therefore this study aims to categorise them further.

Objectives A retrospective study was conducted to identify the accuracy of Weekend Allowance supplements for trainees working LTFT in South London. The long-term objective is that identification of payroll errors will allow payroll departments to correct internal pay algorithms, ensuring accurate pay and increased satisfaction levels amongst LTFT trainees.

Methods LTFT trainees working in South London were asked to volunteer their personalised work schedules and pay slips for their current training post. Their expected Weekend Allowance was calculated manually, based on their personalised work schedule. This was then compared to the value stated on their work schedule and their actual take home Weekend Allowance pay. A copy of each trainees personalised work schedule was analysed to identify where (if present) the miscalculation error was made. At the same time, a survey was done to answer whether the trainee was aware of how their Weekend Allowance should be calculated.

Results Trainees from 5 DGHs in South London responded. Weekend Allowance pay was incorrect in 3 of the 5 hospitals. The nature of the error was different in each case and all errors led to trainee underpayment. Of the 11 trainees identified to have been affected, the mean underpayment was equivalent to £1600 gross per annum. The most significantly affected trainee was underpaid by £3531 gross per annum. Of all those surveyed, not a single trainee was aware of how their Weekend Allowance should be calculated or that an error had been made.

Conclusions The 2016 Junior Doctor Contract has led to increased complexity in salary, especially for those working LTFT. This survey has identified a clear need for personal responsibility in understanding how trainees are paid, along with improved education for payroll departments to ensure errors are not made. To date, around £3800 among five trainees has been recouped, with more pending. One hospital's payroll department has formally recognised the error and is taking steps to correct it.

British Association of General Paediatrics

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SCREEN TIME AND DELAYED DEVELOPMENT IN TODDLERS – IS THERE A LINK?

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Background Children and young people are growing up in an environment where screens are abundant, and such devices are being used and improved at a rapid rate. The COVID-19 pandemic has exacerbated this problem with the widescale introduction and significantly increased use of initiatives such as online learning. Due to measures such as lockdown and people having to remain indoors and at home as much as possible, many new mothers have found it hard to engage and stimulate their young children without using devices with screens.