their survival outcomes. Limitations of the study are acknowledged and recommendations for future research proposed.

G148(P) AUDIT OF LONG BONE FRACTURES AND SAFEGUARDING ASSESSMENT IN CHILDREN UNDER 3

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10.1136/archdischild-2018-rcpch.144

Aims Approximately 1/3 of all children will sustain a fracture before they turn 16 years old. Most are accidental but some are due to abuse, with the younger child at highest risk. We sought to assess how robustly such young children presenting to the Emergency Department (ED) in our Trust are assessed for abuse.

Methods Both authors reviewed the notes for all children aged <3 years attending ED with a lower limb long bone fracture during a 12 month period 2016–2017 (36 cases).

Results 34 had appropriate safeguarding information completed at Triage. In 75% of cases, the 'mandatory' Safeguarding Questions on the ED card were completed by the doctors. Only half of the assessments included a comment about development. 8 had 'high risk' injuries by radiological type— all were spiral fractures however none were under 12 months of age. The authors were concerned about 2 of these cases which either contained insufficient information or were not discussed with paediatrics when the mechanism was not absolutely clear. Only 44% of children were fully examined. In several cases, there was disparity between the opinion given in ED and that of the reviewers. The authors felt that an extra 7 patients had potential safeguarding concerns and should have been discussed with paediatrics, with a further 6 cases where there might have been safeguarding risk but information was insufficient. Interestingly, however, all eight who were seen by paediatrics were felt to be accidental or due to an underlying condition (two had genetic bone disorders and one had rickets). In several instances, the expected actions from the reviewers were not completed – see table 1.

Abstract G148(P) Table 1 Expected actions from reviewers

	Social care check	Social Care referral	Paed Liaison Form	d/w Senior ED	s/b Senior ED	Referred Paediatrics
Completed	5	1	5	6	11	7
Not completed	12	1	14	3	7	7

Conclusion Whilst some positives were demonstrated including some excellent individual assessments, use of interpreters and triage actions, the audit establishes the need for improvements in assessment of safeguarding risk.

G149(P) A REVIEW OF GENERAL PRACTITIONER ATTENDANCE AT CHILD PROTECTION CASE CONFERENCES

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10.1136/archdischild-2018-rcpch.145

Background Child Protection Case Conferences (CPCCs) are multi-agency meetings, bringing together the various professionals involved when a concern about safeguarding has been raised.

GPs can provide key information about children and their families who are registered with the practice. They hold positive information about children and their parents as well as concerns, which can contribute to decision making around whether a child protection plan is needed. General Practitioners are invited to all CPCCs of their patients. Their attendance is infrequent.

Aims

- To understand the restrictions that prevents GPs from attending CPCCs.
- Identify ways to make it easier for GP's to attend in the future.

Methods

- List of all GP's in the local area obtained
- Questionnaire posted to these GP's
- Responses evaluated on an audit proforma

Results 201 questionnaires were posted in April 2017, 62% responded by June. 5% of GP's had attended a case conference within the last year, and where they had attended 60% found them to be useful and felt they had made a worthwhile contribution. Common reasons for non-attendance where lack of locum cover, time constraints and work load.

Conclusions GPs stated they would like to attend these meetings however due to time constraints, current workload and lack of locum cover this is currently impossible. They felt that video link facilities could be an alternative option. Another suggestion was the development of a standard proforma for the GP to complete. This will lead on to further work amongst the paediatric team within the trust to enable more GP's to attend CPCCs in the future.

G150(P) WHAT ARE WE SAYING AND WHAT IS UNDERSTOOD?: THE LANGUAGE & READABILITY OF CHILD PROTECTION MEDICAL REPORTS

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10.1136/archdischild-2018-rcpch.146

Background Paediatricians write Child protection medical reports when a child has a medical assessment as part of a section 47 enquiry where there are concerns of abuse or neglect. These reports are routinely shared with children's social care and often shared with other safeguarding agencies. As such it is important that the written opinion and findings of paediatricians are clear and understood by all.

Aims To review a selection of regional child protection medical reports and to analyse the readability and language used when stating opinion. The information was then used to undertake a multi-agency survey to explore how 'what was being said' was 'being understood'.

Methods 5 Regional NHS trusts identified 88 child protection medical reports written between Jan 2016 to Jan 2017. These were analysed by a named safeguarding professional in each trust. This analysis included the extraction of statements used