Junior MARSIPAN Guidelines, is proposed to improve initial assessment, inpatient management of refeeding risks and to plan discharge. It is hoped this will lead to safer, more supportive and seamless care for young people with eating disorders when they become medically unstable.

GP294 JUNIOR CLINICIANS' EXPERIENCES IN LEADING IMPLEMENTATION OF NEW MODELS OF CARE: DESIGNING AND DEVELOPING A PAEDIATRIC HOSPITAL AT HOME SERVICE

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Promoting care closer to home for children has been a policy objective for some time and has been reiterated in NHS England's 10 year plan. Models delivering acute care outside the hospital across Europe have shown to deliver equivalent clinical outcomes whilst reducing ED re-attendance and length of stay. Junior clinical staff often rotate through multiple hospitals and as such can share best practice across organisations. However, too often leadership structures are not set-up to nurture, support or empower junior clinicians to enact change. In the context of worsening morale of the junior medical workforce as well as inner city difficulties in retention of junior nurses, providing opportunities to lead and participate in service development can increase engagement.

We report experiences of designing and developing a paediatric hospital at home service with a focus on recruitment and retention. The service was pitched to executive level by a junior doctor, with planning and design co-led with a junior charge nurse, supported by a team of consultants, senior matrons and operational leads. The junior clinicians led design workshops, wrote a funding bid and drafted the service specification.

Design workshops engaged doctors, nurses from both ED and ward backgrounds as well as parents and a wide range of professionals. Each was asked to bring a junior colleague and subsequently interviewed on their experiences of engaging in service design. For the majority of participants this was their first experience of service design, all felt more likely to engage in future discussions about the service and more invested in working in the service. Senior colleagues reported contributions of junior colleagues as valuable by providing a different perspective, including adding a health promotion aspect.

Junior clinicians can be well placed to lead new service development, particularly in a multi-professional partnership. As well as delivering improvement in quality of care, there are retention benefits to the workforce in enabling leadership roles and opportunities to engage in service development. Adequate support from senior leaders and engagement of wider team are critical enablers.

GP295 HAEMOPHILUS INFLUENZA (HI)EARLY ONSET SEPSIS CASE CLUSTER: A CASE REPORT

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Background To describe two cases of neonatal (HI) early onset septicaemia.

Case 1 Female infant born at term to a 25 years old primigravida. Mother had pyrexia one hour post-delivery. Septic screen performed and IV antibiotics started. Afterwards, mother remained clinically well and no organisms were isolated in her blood culture. At 12 hrs of age the newborn developed pyrexia, poor feeding and hypertonia. Full septic screen was obtained and antibiotics were started. Bloods showed leucopenia, neutropenia and high CRP, and her blood culture grew *H. influenzae* (HI) at 48 hours of age for which antibiotics were adjustment according to sensitivity. PCR test confirmed non-typeable *H. influenzae* (NTHi). Antibiotic course completed and follow up at 2 months showed normal growth development.

Case 2 26 years old presented with reduced fetal movement and light vaginal bleeding. Bloods showed leucocytosis & neutrophilia. Chorioamnionitis suspected and antibiotics commenced. Her blood culture grew (HI) at 31 hours post incubation with no growth reported on her HVS or MSU. Six hours later, a baby boy was delivered at term. He was admitted to NICU for intermittent grunting. Septic screen performed and antibiotics started and further adjusted according to sensitivity. Only blood PCR test detected (HI) type B (Hib) with no growth on blood culture. He was discharged home in a good condition after antibiotics course completed. Placental swabs showed (HI) on the placental fetal surface.

Discussion (HI) should be considered as a potential maternal, fetal and neonatal pathogen. However, HI infection became much less since the introduction of Hib vaccine. (HI) growth in maternal vaginal swabs should always be reported by the laboratory to the requesting clinician. Specimens collected from the placenta or vagina of pregnant mothers showing signs of premature rupture of the membranes, chorioamnionitis and antepartum or post-partum sepsis should be inoculated onto agar selective for (HI), in order to ensure recovery of this pathogen. (NTHi) have been recognized as obstetrics and gynecology pathogens. Since its significant morbidity and mortality, incorporating a screening protocol to detect colonization may have beneficial effects.

GP296 EPILEPSY &US – GIVING A REAL VOICE TO CHILDREN, YOUNG PEOPLE AND FAMILIES AS PART OF A NATIONAL AUDIT PROGRAMME

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Epilepsy12 was established in 2009 with the aim of helping epilepsy services to measure and improve care for children and young people with seizures and epilepsies across England and Wales. Epilepsy12 is delivered by the Royal College of Paediatrics and Child Health.

For Round 2 of the audit, children and young people with epilepsy, and their parents/carers, were invited to complete a Patient Reported Experience Measure (PREM) questionnaire on their experiences of care from their epilepsy service over the previous year.

2,335 questionnaires were returned. Some findings were:

- 88% were satisfied with overall care from their epilepsy service

- 20% of parents/carers said staff were not good at working together or with others e.g. GP, school/nursery
- 37% said the information they were given was hard to understand

The team reflected on the Round 2 PREM and worked with the RCPCH Children and Young People's Engagement Team on an Engagement Plan for round 3.

Between April and June 2018, 130 children and family members took part in 'clinic chats' and gave their views on 'service contactability' and family mental health. 10 hospitals were visited and two family days held. Children as young as 3 contributed. Reports from clinic chats were reviewed by Epilepsy12 youth advocates who identified top priorities via thematic analysis as follows:

- Schools (support, good care plans, awareness, training, visits from nurses)
- Support for worries and anxieties (Why me? transition, mental health, messages of hope and coping strategies)
- Face to face support (value of group work/support groups, engagement sessions, parent/carer groups, young people groups, more time with health workers)
- Positive adult relationships (school, clinicians, specialist nurses, family, support workers)
- More services (mental health and wellbeing, weekends/evening non-emergency support, home visits, support groups)
- Practical help (lifestyle tips, family-based training, coping mechanisms, products to explain epilepsy to children)
- Emerging topics (employment, independence)

Sibling carers aged 3 – 11 also contributed views and created Epilepsy Superheroes who could be on hand with super powers if someone had a seizure.

Two of the youth advocates delivered a 75-minute session on the clinic chat themes at the Epilepsy12 National Conference in June 2018 to over 160 paediatric epilepsy specialists. This CYP-led session received overwhelmingly positive support from attendees.

Youth Advocates are now developing a quality improvement project relating to support for anxieties and worries and will report on it at the 2019 Epilepsy12 National Conference.

GP297

EVALUATION OF AN EARLY BIOCHEMISTRY MARKER OF RENAL INJURY IN OBESE CHILDREN

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Background The obesity is the most prevalent nutrition-related disorder in children and becomes a major health issue worldwide. An increased risk of renal injury in children has been associated with overweight and obesity.

Objective To investigate the renal tubular function and early kidney injury in obese pediatric patients.

Methods The 57 (M:F=32:25) patients from University Children Hospital-Skopje have been investigated from December 2016 y till March 2019y. They have been divided in 2 groups: a group of thirty seven obese (body mass index (BMI) z-score ≥ 2) patients (M:F=20:17), and the control group of twenty non-obese children (M:F=12:8)

with BMI z-score ≤ 2 . The blood samples have been collected in the morning, after an overnight (at least 8 h), for measurements of complete blood count and biochemical parameters, including serum concentrations of creatinine, fasting glucose and lipid profile. The spot urine samples have been collected to assess NGAL levels as renal injury marker, and have been performed by Chemiflex (Abbott Architect I 1000 sr).

Results The serum concentrations of all examined parameters have been increased in the obese group, while only the HDL cholesterol levels have been decreased, compared to those in non-obese controls. The levels of analysed urine NGAL concentrations have been elevated in the obese group of children.

Conclusions Herein, in our study, we present the increased concentrations of NGAL in urine in the obese children compared to non-obese group of patients. We may confirm that urinary NGAL is useful and an early reliable marker for detection of renal damage in the obese pediatric patients.

P1

AN ANALYSIS OF PAEDIATRIC BURN AND SCALD PRESENTATIONS, CLINICIAN DOCUMENTATION OF THE RELEVANT CRITERIA NEEDED TO CONSIDER NON-ACCIDENTAL INJURY AND SOCIAL WORK OUTCOMES IN A PAEDIATRIC ACCIDENT AND EMERGENCY DEPARTMENT

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Aims Analysis of paediatric burns & scald presentations and Social Work outcomes in a paediatric Accident and Emergency Department (A&E) over the course of six months.

Methods An audit was completed over a six month period in partnership with the Social Work (SW) Department. This audit included a review of all presentations to the A&E with a discharge diagnosis including a burn or scald by children aged under 16 years. The SW Department initially reviewed all referrals and identified 8 key criteria which should be considered during medical review of burn/scald presentations. The audit analyses the application by Medical Staff of these key criteria during burn/scald medical reviews. It also reviewed the frequency of accurate and comprehensive documentation of the same. Consideration of these 8 criteria is paramount when identifying child protection concerns associated with burn & scald presentations.

Results 70 cases were identified during the audit period. 66% (n=46) of patients were under the age of 5 years old, with a mean age of 4.6 years overall. Audit results indicated that 0% of cases had clearly documented consideration of the 8 key areas during medical review. In the entire group, 93/560 (17%) of these individual questions were clearly documented in the medical notes. In 354/560 (63%) of these individual questions, it could be inferred from the notes that the healthcare provider had considered this question.

During the time of the audit, it was departmental policy to routinely refer all children under the age of 5 years presenting with burns for social work review. There were 52 (74%) social work referrals made. Of these, there were 7/