Results All of those with normal weight did the recommended amount of physical activity each week (120 minutes). Half of those overweight did their recommended amount of physical activity, whereas 4/5 of those characterised as obese did the recommended amount of physical activity. All participants within the normal BMI group had results within the normal range for all experimental measures. However, individuals within the overweight and obese range had evidence of decreased insulin sensitivity, increased cholesterol, and increased liver fat. We gathered positive feedback from all participants that the protocol was appropriate for this age group.

Conclusions The feasibility study demonstrates that we can recruit and retain participants and it possible to identify sub-clinical pathological changes in young people. Following this successful feasibility study, we are now recruiting to a larger, comprehensive study to disentangle the effects of individual factors that contribute to poor cardio-metabolic health. We hope to identify major modifiable risk factors that may guide future clinical practice to prevent progression of disease into adulthood.

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IMPACT OF COVID-19 PANDEMIC ON THE DEMOGRAPHIC VARIANCE OF CHILDREN WHO ENTER CARE

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Background Impact of Covid-19 pandemic on the demographic variance of children who enter care

Objectives To consider the possible influence of the Covid-19 pandemic on the 30% increase of children becoming Looked-after (LAC), by exploring the demographic variance between the cohort of LAC in the first quarter (Q1)-2019/20 and (Q1)-2020/21.

Methods Comparing age, gender, ethnicity, sibling groups and reasons for entering care data of the cohort of 46 children who entered care in Q1-2019/20 directly with the 66 in Q1-2020/21.

Results 1) Ages of children entering care

There is a 6% reduction in the number of children <1 year entering care, overall increase for all the children aged between 1–15 years; with an extra 10% for the 2–3 year group. There is a 10% reduction of 16+ years in Q1-2020/21. Also note a 14% reduction of UASC entering care between Q1-2019/20 and Q1-2020/21.

2) Gender ratio

	Q1-2019/ 20	Q1-2020/ 21
Male	70%	53%
Female	30%	47%

The 70% male preponderance is explained by 7 male UASC. The ratio for Q1-2020/21 is typical.

3) Ethnicity

	Q1-2019/20	Q1-2020/21
White British	54%	56%
Asian	4%	3%
Black	11%	4%
Dual Black/White	13%	8%
Dual Asian/White	0%	4%
Other	4%	1%
Dual-other	4%	3%
Gypsy/Roma	2%	12%
White	2%	8%
White/non-European	6%	1%

4) Sibling group size:

	Single Child	Siblings- 2	Siblings- 3	Siblings- 4	Siblings- 5	Siblings- 6	Siblings- 7
Q1-2019/ 20	76%	17%	7%	0%			
Q1-2020/ 21	42%	15%	14%	18%	0%		11%

5) Percentage increase:

Single Child	Sibling Groups-2	Sibling Groups-3	Sibling Groups-4	Sibling Groups-5	Sibling Groups-6	Sibling Groups-7
-22%	+22%	+100%	+200%	0%		+100%

6) Reasons for entering care:

	Q1-2019/20	Q1-2020/21
Neglect	43%	44%
Sexual Abuse	9%	6%
Emotional Abuse	0%	3%
Physical Abuse	9%	3%
Parental Substance Misuse	0%	4.5%
Domestic Abuse	11%	14%
Family in Acute Stress	0%	1.5%
Parental Illness/Disability	0%	3%
Family Dysfunction	2%	1.5%
Socially Unacceptable Behaviour	4%	4.5%
Absent parenting	2%	1.5%
UASC	15%	1.5%
Homelessness	4%	3%
Child Illness/Disability	0%	9%

Conclusions The 30% increase of LAC in Q1-2020/21 at the start of the pandemic compared to Q1-2019/20 can be ascribed to a rise of admission into care of children aged 1–15 years, with a 10% increase for 2–3 years olds. The reduction of 16+ years LAC maybe linked to improved

housing and sheltered accommodation options in the lockdown. The 70% male preponderance of Q1-2019/20 is due to 7 male UASC. The Q1-2020/21 is more akin to annual national data. Our cohort shows a significant rise in Gypsy/Roma and other White European ethnicity and an increase in belonging to a sibling group of 3 or more. We note significant rises in child illness/disability, parental substance misuse, domestic abuse, parental illness/disability and family in acute stress recorded as reasons for entering care. This may be due to a deterioration during lockdown, with sudden and unexpected change in provision of services, reduced resources, increased pressure on finance and family dynamics amplified by the pandemic. This significant rise of LAC in Q1-2020/21 impacts on the quality and financial aspects for Health/Social Care in the short, medium and long term.

Quality improvement and patient safety

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HOW EFFECTIVE HAVE 'CHILDREN'S CRITICAL CARE CASE REVIEW MEETINGS (C4RM)' BEEN IN IMPROVING PATIENT CARE?

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Background C4RM involves critical review of management of all paediatric cases that require transfer to intensive care unit by completing a 'harm review proforma' for all such cases using root cause analysis methodology. All paediatric cases that require transfer to intensive care unit are 'Incident reported' so they can be identified. A weekly meeting is conducted to go through all the cases. One/two interesting cases are selected for presentation at the monthly C4RM meeting.

All teams involved in patient's care are invited to attend. Areas of good practice as well as those requiring improvement and any contributory factors leading to deviation from best practice are identified. Actions are agreed based on recommendations which are widely shared and displayed. C4RM report is also fed into monthly Governance meeting.

Objectives To improve patient care by learning from our experiences, sharing best practice, developing/improving policies and working together.

Methods After conducting C4RM meetings, auditing was performed to see if there were improvements with regards to the sepsis pathway and number of serious incidents. In addition, reviews were performed to identify areas that required improvement.

Results C4RM meetings have been instrumental in increasing awareness about factors that are involved in improving patient care.

- To improve patient care in Paediatric assessment unit (PAU), 'Short stay policy' and 'Re-attender policy' were developed. Safety huddles with Emergency Department (ED) were introduced.
- Sepsis pathway was audited and amendments were made to make it more suitable for use in ED and PAU. A sustained

improvement in Sepsis Audit results was seen (69% compliance in Jan 18 to 89% in Dec18).

- Joint working was enhanced with teams including Orthopaedic, surgeons, anaesthetists, ED and pathways were streamlined.
- 'Difficult Airway pathway' and 'Difficult intubation trolley' were set up with input from Anaesthetic team and ENT. 'Time Critical transfer pathway' and 'STOPP transfer tool' were implemented with input from Anaesthetic team.
- Relationships have been strengthened with Children's retrieval service with 'Outreach study days' being organised locally.
- A sustained reduction in number of Serious Incidents was noticed over the years (2016/17 = 15, 2017/18 = 5, 2018/19 = 5).
- Documentation and communication improved by implementing 'SBAR tool', 'Tertiary communication forms' and strict adherence with 'CEWT scoring tool'.

Conclusions C4RM meetings have been an innovative and effective means of improving patient care. These meetings have received immense appreciation and a neighbouring Network has requested to help it roll out to the entire network.

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ADHERENCE OF SRI LANKAN PRESCHOOL CHILDREN TO THE WHO 24-HOUR MOVEMENT GUIDELINES FOR EARLY YEARS AND ITS ASSOCIATIONS- SUNRISE PILOT STUDY

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Background Physical inactivity is a major contributor to overweight, obesity and death. Early childhood is a critical time to promote healthy lifestyle behaviours. World Health Organisation (WHO, 2019) recommends 1. ≥ 180 minutes of total physical activity (TPA), including ≥ 60 minutes of moderate-to-vigorous physical activity (MVPA), 2. ≤ 1 hour of restrained seating (RS) and ≤ 1 hour of screen time (ST) 3. 10–13 hours of sleep for this age group.

Objectives The purpose of this study was to determine the proportion of Sri Lankan preschool children complying with individual and combined guidelines and various associated factors.

Methods Participants were recruited from 8 nurseries in the Colombo District, Western province. A self-administered questionnaire collected demographical data, sleep time and screen time. ActiGraph GT3X[®] accelerometers were used to collect data on physical activity over 72 hours. The gross and fine motor development were assessed by Ages & Stages Questionnaires[®] (3rd Edition) and executive functions were assessed by the Early Years Toolbox on iPad. Data were analysed by SPSS version 23.

Results Ninety-nine children (mean age: 4.81 years, 45 boys and 54 girls) had complete data. The proportions of adhering