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

**303 HOW EFFECTIVE HAVE ‘CHILDREN’S CRITICAL CARE CASE REVIEW MEETINGS (C4RM) BEEN IN IMPROVING PATIENT CARE?**

Dineth Wijesiriwardena, Shahida Ahmed, Maimuna Mushabe, Louise Tebble. Mid and South Essex University Hospitals NHS Trust

10.1136/archdischild-2021-rpch.19

**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 Dec 18).
- 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.

British Association for Community Child Health

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

1Panagoda Weththasinghage Prasad Chathurangana, 2Anthony D Okely, 1Vithanage Pujitha Wickramasinghe. 1Faculty of Medicine, University of Colombo; 2Early Start, Faculty of Arts, Social Sciences and Humanities, University of Wollongong, Australia

10.1136/archdischild-2021-rpch.20

**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 ≥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). 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 demographic 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