studies from different parts of the country in recent years. As most of the clinical and laboratory features of scrub typhus are non-specific, clinicians need a high index of suspicion for detecting this neglected but easily treatable disease in cases with AES, at least in endemic areas.

Down Syndrome Medical Interest Group

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MEDICAL SURVEILLANCE OF CHILDREN WITH DOWN SYNDROME UNDER THE AGE OF 5: AN AUDIT OF COMPLIANCE WITH RECENT LOCAL GUIDELINES BASED ON DSMIG RECOMMENDATIONS

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Background The Down Syndrome Medical Interest Group (DSMIG) publishes guidance concerning the minimum safe standard of medical surveillance for children with Down syndrome. In 2019, local guidance was created to collate the current DSMIG guidance, which is spread across multiple documents, into a single place and summarise the complex surveillance for children with Down syndrome under the age of 5. Our local guidance also makes additional recommendations for surveillance, including electronically coding the diagnosis of Down syndrome; a previous 2015 audit at our centre found that 93% of children with Down syndrome who were lost to follow up had no electronic record diagnosis recorded.

Objectives To identify whether children under the age of 5 with Down syndrome known to our local community paediatric team are managed in line with the minimum safe standard of medical surveillance recommend by the DSMIG and our local guidelines.

Methods We identified 12 recommendations for audit: 7 recommendations concerning the timing and content of appointments with a community paediatrician, 4 concerning investigations (See table 1) and 1 recommendation to electronically code the diagnosis of Down syndrome. We reviewed the notes of each child with Down syndrome under 5 and recorded whether local care had met these standards.

Results We identified 20 children under the age of 5 with a known diagnosis of Down syndrome currently under the care of our team. The proportion of children whose management was in line with each guideline is shown in table 1.

Conclusions Management was not 100% compliant with local guidance in any of the audited domains. Several

guidelines represent a minimum safe standard so 100% compliance should be targeted. Discussion of warning signs for C-spine instability and testing for coeliac antibodies were least frequently completed. We observed that local guidance concerning thyroid function testing and audiology were not consistent with current DSMIG guidelines. Height was not recorded 25% of the time. To improve the quality of our service, the findings have been presented locally. We will create an appointment proforma for local community paediatricians, and we will update our local guidance to bring all domains inline with the minimum safe standard set out by the DSMIG. DSMIG guidelines are detailed and useful, but are spread across multiple documents and some community paediatricians may not be aware of every recommendation: creating local guidance concerning surveillance in young children with Down syndrome and increasing awareness of the guidelines for this age group may help improve the standard of medical surveillance in the first years of life.

Association of Paediatric Emergency Medicine

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PILOT STUDY TO EVALUATE THE ACCEPTABILITY AND FEASIBILITY OF LEARNING FROM EXCELLENCE IN A PAEDIATRIC EMERGENCY DEPARTMENT

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Background Learning from Excellence (LFE) is an initiative for recognising, appreciating and learning from positive episodes of good clinical practice which began in Birmingham Children's Hospital. It seeks to attribute equal importance to learning from episodes of positive practice as too often emphasis is placed on negative incident reporting and the prevention of harm in healthcare through national frameworks. This has previously been implemented in other Paediatric Emergency Departments (PED) in the UK and in a maternity hospital in Ireland.

Objectives To evaluate the acceptability and feasibility of introducing the LFE initiative to an Irish PED and evaluate staff attitudes to the initiative.

Methods An online anonymous questionnaire was devised to assess existing feedback mechanisms and staff morale in Children's Health Ireland (CHI) at Tallaght PED. Quantitative questions including Likert scales were used to evaluate staff

Abstract 991 Table 1 Percentage compliance with the standards audited

Category	Diagnosis	Appointment Timing	Last Appointment	Content	Biochemical/Specialist Tests							
Criteria Audited	Diagnosis of Down syndrome on electronic notes	Within Last 6 Months	Height Recorded	Weight Recorded	Height And Weight Plotted On correct Growth Chart	Sleep Apnoea Symptoms Discussed	Bowel Habit Discussed	C-Spine Instability Warning Signs Discussed	TFTs Within 2 Years	Coeliac Antibody Test If >3 Years	Audiology Within 9 Months	Vision Tested Within 1 Year
Compliance (%)	65%	55%	75%	95%	75%	70%	85%	40%	90%	40%	65%	60%

attitudes and morale. The LFE initiative was then piloted for 2 months (February-March 2020) with staff given the option of nominating colleagues by paper or electronic forms. People nominated received formal recognition and certificates. Following the pilot, staff were re-surveyed to assess the impact of the initiative. Quantitative and qualitative data was obtained. Analysis was performed using Microsoft Excel 2016 and two-tailed T-test.

Results The pre-pilot survey (n=27) demonstrated overwhelming support for introduction of the initiative (100%) from a range of members of the PED team (doctors n=14, nurse managers n=5, staff nurses n=3, nurse practitioners n=2, administrative staff n=2 and health care assistants (HCA) n=1). Prior to the pilot, 30% of respondents were aware of LFE (n=8) compared to 96% who had completed an incident form about a negative event (n=26). Of those surveyed, 93% agreed that excellence reporting could improve staff morale (n=25).

During the two-month pilot, 22 certificates were awarded based on nominations from 27 people. Themes identified in LFE awards included teamwork (n=11), communication (n=11), colleague support (n=9), clinical care (n=9), teaching (n=5) and innovation (n=4). The morale in the department improved from 3.19/5 before the pilot to 3.58/5 after the pilot which not significant ($p=0.79$, $t=-1.785$). The post-pilot survey (n=36) demonstrated overwhelming support for introduction of the initiative (97%) from a range of members of the PED team (doctors (n=11), staff nurses (n=12), nurse managers (n=6), administrative staff (n=4), nurse practitioners (n=2), and HCA (n=1)). In the respondents, 39% (n=14/36) had received a LFE cert and 33% (n=12/36) had completed a LFE nomination during the pilot. Qualitative response showed the personal impact of positive feedback on staff.

Award Recipients	Number
Staff nurses	6
Doctors	6
Nurse managers	3
Administrative staff	2
Nurse practitioners	2
HCA	2
Household staff	1

Conclusions This study demonstrated that recording excellence in practice is feasible and supported by staff in an Irish PED. Staff perceived LFE as equally important to reporting errors or negative experiences in driving improvement in healthcare. By recognising excellence, new opportunities for learning, building resilience and improving staff morale can be identified. The initiative is now embedded in practice in our department and the LFE initiative is being rolled out throughout all sites of CHI.

British Association of Child and Adolescent Public Health

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PREVALENCE AND PARENTAL PERSPECTIVES OF OBESITY IN CHILDREN ATTENDING CLINIC FOR ASSESSMENT OF AUTISM SPECTRUM DISORDER (ASD) – A SERVICE EVALUATION

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Background In Stockton and Hartlepool, community paediatricians had noted particular issues of obesity among children presenting to clinic with suspected autism. Additionally, the service provision or support was often not ideal for children with social and communication difficulties.

A literature review highlighted that obesity seems to be an issue globally among children with autism, but that there was a lack of data from the UK that can highlight to what extent this might be the case locally.

Objectives To identify the prevalence of obesity among children with autism in Stockton and Hartlepool and compare this to the background prevalence.

Then explore some possible causal or exacerbating factors that may require attention.

Methods Children referred for ASD assessment from March 2018 to March 2019 were identified. According to local policy they would be less than 5 years old at the time of referral.

A retrospective cross sectional measure of obesity rates among these children was undertaken, from written and electronic notes.

Obesity rates were compared to the reception age overweight/obesity rates from Public Health England's fingertips data for Stockton and Hartlepool, the north-east region and England. Referred children were identified as having confirmed ASD or not and as male or female. UK-90 data and public health BMI definitions were used to enable direct data comparison.

The parents of children with ASD and a BMI >95th centile were then contacted and a telephone questionnaire was conducted, exploring parental perspective.

Results 221/233 children referred for ASD assessment had recorded heights and weights. The mean age when measured was 4.44±1.07 (1 standard deviation) with a range of 2.00 to 6.99 years. 45.0% (95% CI 40.5%-49.5%) of Children with later confirmed autism were classed as overweight and 27.5% Obese (95% CI 23.4%-31.6%). This was significantly higher than children referred but deemed not to fit the diagnostic criteria, with only 26.9% (95% CI 22.3%-31.5%) of these children being overweight and 6.5% (95% CI 4.0%-9.0%) being obese, as well as local; 24.1% (95% CI 21.7%-26.8%) overweight, 8.7% Obese (95% CI 7.6-9.9%) and national prevalence rates; 22.6% (95% CI 22.5%-22.7%) overweight, 9.7% Obese (95% CI 9.6-9.8%)

Although the number of females was low(43) The prevalence of being overweight among females with ASD was