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

particularly high, significantly higher than males (34.6 (95% CI 25.3–43.9%) v 25.5 (95% CI 21.0–30.0))

A survey for parents of children with a BMI centile of $\geq 95\%$ revealed that a significant proportion (48%) of parents were 'not worried' about their child's weight. Themes included a restrictive eating pattern, a lack of appropriate physical activity options and a lack of acknowledgement of weight by professionals including doctors and dieticians

Conclusions Although limited somewhat by sample size and a more variable age range than the comparison groups. The service evaluation highlights that the incidence of obesity locally was significantly higher among children with confirmed ASD and that there are some factors and challenges for children with ASD and their parents that justify further research and consideration when aiming to reduce the overall incidence of childhood obesity.

British Association of Perinatal Medicine and Neonatal Society

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MAKING THE NEONATAL UNIT ACCESSIBLE FOR PARENTS WHO ARE TRANSGENDER AND NON-BINARY: A LITERATURE REVIEW AND LOCAL GUIDELINES UPDATE

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Background 1% of people are thought to identify as transgender and non-binary and yet case reports of openly transgender and non-binary people accessing the neonatal unit as parents is scarce. Anecdotal evidence suggested that people were concerned with accessing obstetric and neonatal services whilst presented as themselves for fear of being misnamed, misgendered or otherwise treated by a system who did not understand their experience. It is likely that people are either not becoming pregnant or presenting as cis-gendered throughout pregnancy and infant care.

Objectives This was a literature review of data available on the wishes of transgender and non-binary people with the aim of writing guidelines for neonatal units within the trust for when openly transgender and non-binary parents access our services

Methods HDAS was used to access medline, pubmed and EMBASE. The search strategy used in each was 'transgender' and 'obstetric or pregnancy or neonatal'. Papers were included which had conducted a survey of transgender and/or non-binary people who had accessed or were considering accessing obstetric and neonatal services. This was further narrowed by only including studies which had questions on the impact being transgender had on accessing postnatal and neonatal services, from lactation specialists to admission of a child to a neonatal unit.

Results By using this HDAS search strategy, 180 published papers were found. Of these 10 met the stated criteria of publishing original surveys of transgender and non-binary people. These papers spoke to a total of 394 people about their experiences considering being pregnant or having been pregnant; 210 in quantitative studies and 184 in qualitative studies. They took place in the USA, Canada, Sweden, 'Western Europe' and Australia. The papers discussed the unique needs

of the transgender and non-binary population, such as inclusive spaces and language, as well as healthcare professionals having a basic understanding of medical needs such as hormone therapy and chestfeeding.

Conclusions The wishes of transgender and non-binary people to enable them to feel comfortable accessing services were education for staff on their health needs and clear ways of communicating name, pronouns and parent nouns. A simple joint perinatal guideline was designed with multi-disciplinary team involvement from antenatal booking as well as a table for parents to fill out to communicate their personal details. It also incorporated information on offering chestfeeding and locating further support as recommended by Stonewall.

The postnatal period and having a baby on the neonatal unit is an incredibly stressful experience for any parent and it is imperative that we mitigate stress where we can by ensuring our parents are able to present the whole selves to their child and those caring for them.

British Society for Rheumatology

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CAMPTODACTYLY- ARTHROPATHY-COXA VARA-PERICARDITIS (CACP) SYNDROME IN TWO CAUCASIAN SIBLINGS- A CASE REPORT

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Background CACP (Camptodactyly arthropathy coxa -vara pericarditis syndrome) is characterized by early onset non-inflammatory arthropathy with synovial hyperplasia, congenital or early onset camptodactyly, progressive coxa vara deformity and non-inflammatory pleural or pericardial effusion.

Objectives Non-responsive JIA -think of alternate diagnoses

Methods Electronic case records was used to collect data

Results 7-year-old Caucasian boy and his 4-year-old sister were recently diagnosed with CACP syndrome.

7-year-old brother had history of joint swelling in early infancy, but was referred at 3 years of age. He presented with knees, ankles, wrists swelling. He was diagnosed with juvenile idiopathic arthritis (JIA). Despite significant treatment with steroid joint injections, methotrexate and biologics, there was no improvement.

As was the case with his younger sibling, she had presented with flexion contracture of the index fingers of both hands at early infancy which was initially thought to be trigger finger. Following this she presented with bilateral knee and wrist swelling. Ultrasound of knees showed synovial thickening and was diagnosed with JIA at 2 years of age. Despite significant immune-suppression treatment, including intra-articular steroid injections, methotrexate and biologics there was no improvement.

Mutation in the PRG4 gene was detected in both. Parents are awaiting genetic testing.

Discussion CACP syndrome is a rare condition which causes non-inflammatory joint swelling (arthropathy), permanent bending of fingers (Camptodactyly) and sometimes changes in hip joints resulting in shortened legs and possible limb (coxa -vara). It can also cause fluid in the pericardium or pleura.

Autosomal recessive mode of inheritance