AKI 3 did not receive specialist nephrology care. A training need was identified in paediatric junior doctors. We suspect these issues are not limited to our region. This highlights the need for a more robust follow-up pathway for AKI in paediatrics. The lack of trainee knowledge emphasises the need to deliver an AKI educational programme, possibly at the level of the Royal College or included in the trainee curriculum. We hope that we will be able to roll out, in addition to existing digital alerts, a STOP AKI Care Bundle that will trigger a response to the AKI alert and improve follow-up.

Children's Ethics and Law Special Interest Group

1699 A DESCRIPTIVE ANALYSIS OF CORONIAL PREVENTION OF FUTURE DEATH REPORTS RELATING TO NEONATAL PATIENTS IN ENGLAND & WALES (2015–2020)

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Background Prevention of future death (PFD) reports are issued where a Coronial investigation gives rise to concern that future deaths may occur unless actions are taken to reduce the risk of this occurring.¹ They are issued following an inquest and are directed to the person that the Coroner believes has the power to take such action. Their intent is to ensure learning from deaths and to improve public health, welfare and safety.

Objectives A descriptive analysis of neonatal PFDs to understand Coronial reasons for issuing PFDs and learning themes.

Methods Publically available data regarding all neonatal PFDs (0–28 days) issued in England and Wales were reviewed for the period between January 2015 and December 2020 (<https://www.judiciary.uk/subject/child-death-accessed-08/03/2021>). The following details were collected: Age, sex, Coroner's area, circumstances around death, coroner's concern and recommendation, cause of death and the organisations to whom it was directed. Thematic content analysis was used to analyse qualitative data.²

Results A total of 52 PFDs relating to neonatal deaths were issued during the 6 year evaluation period from 21/88 (24%) of UK Coroner areas. 67% of PFDs related to male neonatal deaths and 9% related to babies who were thought stillborn (even though at the time of writing, stillbirths do not fall under the jurisdiction of HM Coroner). Perinatal asphyxia (56%), sepsis (15%) and prematurity (11%) accounted for over 80% of the causes of death. The majority of PFDs (69%) were directed toward an NHS Hospital Trust. Thematic content analysis revealed the following themes: (i) Communication (intra-agency and inter-agency) (ii) Standard of medical record keeping (iii) Staff and resource gaps, (iv) Education and training gaps (v) Non-compliance with guidelines (vi) Errors in perinatal decision making (vii) Incomplete or inaccurate review of neonatal death.

Conclusions Our data indicate that the majority of neonatal PFDs relate to male infants with perinatal asphyxia and that learning relates to a number of predominantly obstetric themes. However, and of relevance to neonatal and paediatric

clinicians is the observation that the conclusions from local neonatal death reviews were thought inaccurate in 15% of cases. Strategies for wider dissemination of the learning recommendations from PFDs directed to NHS organisations and methods to increase the transparency and rigour of local NHS Trust neonatal death review processes recommended to optimise the utility of Coronial PFDs.

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British Association of General Paediatrics

1702 THE DIAGNOSTIC UTILITY OF IMAGING IN SUSPECTED PAEDIATRIC COVID-19 INFECTION: A DIAGNOSTIC CROSS-SECTIONAL STUDY

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Background Evidence on chest X-ray findings, indications and diagnostic utility in paediatric corona virus diseases (COVID-19) remains sparse.

Objectives Evaluate chest X ray findings in laboratory confirmed COVID-19 in children admitted to a children's hospital.

Methods A retrospective cross-sectional diagnostic test accuracy study, in patients with suspected COVID-19 presenting to a tertiary paediatric hospital. Study participants Data was retrospectively collected from 402 consecutive patients at our centre who underwent testing for clinically suspected COVID-19 for infection between the dates of 15–03-2020 and 24–04-2020. Up to 2 chest radiographs were collected for all included patients from 7 days before the COVID-19 sample up to 30 days post-sample. All imaging studies were reported by a consultant paediatric radiologist. Blinding of the reporting radiologist to COVID-19 status was not possible due to the clinical nature of the reports. A researcher reviewed each chest radiograph report, recording the presence of consolidation, collapse, bronchial thickening, hyperexpansion and effusion. The diagnostic odds ratio (OD) and its 95% confidence interval was calculated. Odds ratios were also calculated for the other points on the grading scheme, and in order to assess the overall utility in diagnosing COVID-19, a receiver operator characteristic (ROC) analysis was performed with comparison between curves using DeLong's test.

Results Data was collected from 402 patients. In total 408 COVID-19 tests were performed (6 patients were tested twice). Overall 11.27% of all tests performed were positive. 52.4% of included patients were male. Included patients ranged between 0 days old and 17.1 years at the time of the COVID test. 220 patients had at least one chest radiograph available (53.92% of all patients), with 82 (20.1%) having two available, and the distribution of chest radiograph availability did not differ significantly between COVID-19 test result groups (Chi-Squared test, $p = 0.6$). The absolute mean time in days from the COVID-19 test to the chest radiograph was 1.2 days for the initial chest radiograph (range -7 to 21 days) and 6.1 days for the second radiograph (range 0 to 29

days). The pre-test probability of a diagnosis of COVID-19 was 12.3% for the first radiograph, and 8.5% for the second radiograph.

On the initial chest radiograph the presence of consolidation was negatively predictive for a positive COVID-19 test ($p = 0.03$). No significant predictive value was identified for the presence of collapse, bronchial thickening, effusion or hyper-expansion. Assessment of consolidation broken down by laterality, confluence and zone did not result in a significant association with COVID-19 status (table 2). Diffuse consolidation (as opposed to patchy consolidation), lobar consolidation and upper zone consolidation was only seen in COVID-19 negative patients, but p values for these findings was non-significant. The second chest radiograph did not show any significant difference in any extracted finding between COVID-19 positive and negative patients.

Conclusions Chest X-ray findings in children with COVID-19 are non-specific and do not contribute to diagnostic evaluation. Given the relatively mild illness course in the majority of children with COVID-19, chest X-rays should only be undertaken when clinically indicated.

British Association of General Paediatrics

1703

MDT CLINIC AT CUH: A SUCCESSFUL CARE PATHWAY FOR CHILDREN WITH 22Q11.2 DELETION SYNDROME

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Background 22q11.2 deletion syndrome is the most common microdeletion syndrome in the world, occurring in approximately 1:4000 live births. The clinical phenotype is variable and involves different Systems. Thus, the management of children with this syndrome requires a multidisciplinary approach and necessitates the care of various Specialists.

Objectives The Multidisciplinary Team (MDT) Clinic at Cambridge University Hospital (CUH), started in November 2016, is led by a team of Paediatric specialists, who follow the Max Appeal Consensus Document guidelines regarding the investigations and assessments required at different stages of the child development. The aim of this study was to analyse if attendance at the MDT Clinic at CUH improved the number of investigations and assessments a child received.

Methods This study compares the percentages of the investigations and assessments listed in the Max Appeal Consensus Document that were completed before being referred to the MDT Clinic and after the first encounter with the paediatricians at CUH. The data of 29 patients (age range: 2 months-17 years) who were seen in the clinic from November 2016 to January 2021 were analysed through the CUH informatics system, EPIC.

Results The results are presented in three sections: investigations, assessments and recommendations to the GP. The figures obtained show that, prior to attending the MDT clinic, none of the patients had a complete screen and an average of 53% of the investigations and 48% of the assessment were performed. Even though all the investigations and assessments listed in the Max Appeal Consensus Document were recommended by the MDT, the patients received an average of 93% of investigations and 83% of the assessments after the

Abstract 1703 Table 1a and 1b

Investigations	Before (%)	After (%)	Assessments	Before (%)	After (%)
Calcium and PTH	35.7	96.6	Local or Community Paediatrics	78.6	92.9
TSH	35.7	96.6	MSK	20.7	31
FBC & Differential	39.3	100	Cardiology	58.6	100
Primary immune deficiency screen	41.4	100	Immunology	27.6	96.6
Audiology	78.6	81.5	Genetics	58.6	82.1
Renal ultrasound	55.2	79.3	Dental-Cleft-ENT	89.7	100
ECG & Echo	55.2	100	Psychology	13.8	96.6
Deletion studies of parents	79.3	86.2	Ophthalmology	39.3	65.4
Average value	52.9	92.6	Average value	48.4	83.1

Abstract 1703 Table 2

GP recommendations	%
Annual height and weight	56
Ionised calcium	30.8
Annual TFT	26.9
Annual FBC	38.5
Daily Vitamin D supplements	38.5
Vaccinations	100

first visit. This shows an improvement of 40% and 35% respectively, as detailed in table 1a and table 1b.

The letters sent to the GP and local hospital after the visit at the MDT Clinic, gave recommendations for yearly assessments. The actions and analyses of the GP are reported in table 2. It is important to remark that 100% of the children received their vaccinations and approximately one third of the blood tests were arranged by the GP.

Conclusions The results highlight how the MDT succeeds in improving quality standards of care to the patients and helps the children and their families to have access to all the investigations and assessments recommended by the Max Appeal Consensus Document.

British Association for Paediatric Nephrology

1704

PATTERNS OF PRESENTATIONS AND OUTCOMES IN CHILDREN WITH C3 GLOMERULOPATHY: ASPECTS FROM A DEDICATED CLINIC AT GREAT ORMOND STREET HOSPITAL

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Background C3 glomerulopathy in children is a rare disease with an incidence of 1–2 per 1,000,000 population and has a high risk of progressing to end stage renal disease (ESRD). Cluster hierarchical analysis has recently shown that patients tend to fall into four major subgroups. Each