and vastly improving the engagement of the group we represent.

Conclusions Individual:

- Patience and persistence are vital to having a rewarding leadership experience.
- Continuity is key: development of a documented strategic plan allows a streamlined approach to long term ideas and minimises the stop-start nature seen with many junior doctor projects.
- A role shared is a role halved. Seek flexible working.

Organisational:

- Develop structures to support junior doctors in leadership roles outside of formal leadership pathways. Potentially pair roles with consultant leaders to provide mentorship.
- Develop a culture where leadership roles are valued and incorporated into training.
- Support virtual environments.

British Society of Paediatric Endocrinology and Diabetes

627

ARE GREATER NUMBERS OF CHILDREN WITH NEWLY DIAGNOSED TYPE 2 DIABETES MELLITUS A FURTHER EXAMPLE OF COLLATERAL DAMAGE FROM THE COVID-19 PANDEMIC?

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Background The 2019 novel SARS-CoV-2 coronavirus infection (COVID-19) pandemic has led to a number of changes to the daily routine for school aged children. Specifically, remote learning due to school closure, increased screen time for virtual learning, greater sedentary exposure, less exercise and potential changes to diet. These risk factors pose a potential threat for significant increase in weight gain leading to further increase in obesity among children and young people (CYP). This might eventually translate to the increased incidence of complications due to obesity including type 2 diabetes mellitus (T2DM).

Objectives A case series to find the incidence of T2DM in children and young people in a large UK teaching hospital during the COVID-19 related lockdown period.

Methods We prospectively collected data on children aged <17 years admitted to a large UK teaching hospital with newly diagnosed T2DM. Data was collected between May 2020 and November 2020 during the COVID-19 pandemic. We examined demographic, clinical and biochemical data.

Results Six newly diagnosed children (five males, one female), four from minority ethnic backgrounds, mean (SD) age 14.4 (2.2) years, weight 84 (27) kg and BMI 32 (6) kg/m² (BMI Z score +1.92 (0.5)). 3 (50%) children had learning difficulties and all presented with classic features across the spectrum of severity from osmotic symptoms to one child with diabetic ketoacidosis (DKA). 50% had acanthosis nigricans at presentation and a mean (SD) blood glucose of 18.38 (4.5) mmol/L. Mean (SD) HbA1c was 89.5 (23.8)

mmol/mol. All six children had negative diabetes antibodies. All of them tested negative for COVID-19. Most parents reported that their children gained weight during lockdown. For comparison, in the preceding years, on average two children (age <17 years) per year are diagnosed with T2DM in the same centre.

Conclusions We are seeing an increased incidence of T2DM in children and young people (CYP) in a large UK teaching hospital during the ongoing UK 'lockdown'. This was reflected by a significant threefold increase in children with newly diagnosed T2DM. We draw attention to whether environmental and societal changes during lockdown have conferred an increased risk of obesity among CYP which have led to this significant increase in the incidence of T2DM. Alternatively this could be an indirect effect of the current pandemic. Both highlight the importance of adequate measures to be implemented to restore the physical and mental health of these CYP. In light of this we propose that parents, children and school authorities should work together to motivate CYP to participate in regular physical activities that are practically feasible during lockdown. Furthermore, there may be a delay in accessing healthcare services due to various psychosocial factors as seen in children with type 1 diabetes resulting in delayed diagnosis. All these highlight the importance of increased awareness among the public and healthcare professionals to diagnose these children early and initiate treatment.

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628

COVID IS NOT ALL BAD. SERVICE IMPROVEMENT TO FRACTURE MANIPULATION IN THE CHILDREN'S EMERGENCY DEPARTMENT

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Background As part of a QI project looking at forearm fractures, a retrospective audit was performed looking at a 1-year period of wrist and forearm fractures up to March 2018. Over this period 98 patients had fractures that required intervention and 34% of these had a manipulation in CED. Reasons for not having a manipulation were cited a possibility child would not tolerate procedure under entonox and intranasal diamorphine and not having a sedation trained practitioner free to administer intravenous sedation instead. This resulted in the remainder requiring admission for manipulation under anaesthetic.

Given the concerns re noscomial COVID 19 transmission as well as lack of theatre capacity in the first wave of the pandemic, a change was made to our forearm fracture guideline in partnership with the Orthopaedic team with emphasis on attempt at manipulation in the emergency department with entonox and intranasal diamorphine prior to admission to actively avoid as many admissions as possible.

Given this change in practice we wanted to ascertain parent/patient satisfaction with this and see if this reduced hospital admission.

Objectives

- Ascertain if promoting manipulation of forearm fracture as first line treatment is effective at avoiding hospital admission