deficiencies and insufficient/unsafe levels of staffing. The associated declining self-respect, frustration, and guilt cause work-discontent, burnout, turnover, and consequently, diminished patient care. In this survey study, perceived appropriateness of care and levels of moral distress were evaluated across time. We also determined if respondents’ background predicted moral distress levels.

Methods After baseline assessment (background, moral distress, ethical climate), nurses and physicians of our level-III NICU evaluated day-levels of perceived appropriateness of care, the different aspects of moral distress, and ethical climate, at the end of five randomly selected shifts.

Results Response rate: nurses 87(77%)/physicians 30(91%). Moral distress (range 1–16) was low at baseline (M = 2.21; SD = 1.55), but significantly higher for nurses than for physicians (OR = 2.62, p = 0.02). Moral distress at day-level (range 1–4) was very low (M = 0.08/SD = 0.21) and significantly depended on being religious (β = 0.16; 95% CI = 0.03 to 0.28) and perceived ‘overtreatment’ (β = 0.18; 95% CI = 0.07 to 0.30), contrary to ‘undertreatment’ (β = 0.17; 95% CI -0.63 to 0.29). Highest scores were observed for the following aspects of moral distress: provider (dis)continuity, communication about patient care, and (un)safe levels of staffing.

Conclusion In earlier studies, ‘expressing concerns’ and ‘facilitated ethics conversations’ proved to diminish moral distress. Possibly in our NICU the existence of structured-multi-disciplinary-medical-ethical-decision-making explains the (very)low levels of moral distress.

LIFESTYLES, EATING AND ACTIVITY FOR FAMILIES (LEAF) PROGRAMME: DEVELOPING A TIER 3 INTERVENTION FOR WEIGHT MANAGEMENT IN THE EARLY YEARS

N Sauven, R Brandreth, KE Laity, V Vickerstaff. Paediatrics, Royal Cornwall Hospital Trust, Truro, UK

Aim To develop a Tier 3, family-focused weight management intervention for the early years.

Background In the UK roughly 1 in 4 children are overweight or obese by the time they start primary school. According to the literature there are no proven models for working with children under 6 years with extreme obesity. We were required to develop a Tier 3 weight management intervention as part of the Care Pathway for Children’s Weight Management in Cornwall.

Methodology A review of national guidance and both nationally and locally run programmes for children’s weight management was undertaken. The key aspects for successful interventions, appropriate for the early years, were identified. A pilot programme was then developed by our team.

Results Successful programmes were already running for children aged 7–13 years The LEAF (Lifestyles, Eating and Activity for Families) clinic was developed for children 6 years and under. It comprises a multi-disciplinary clinic with Community Paediatrician, Specialist Children Dietician and Specialist Activity Advisor, followed by a group intervention in a community setting, before multi-disciplinary follow-up. The intervention covers a broad range of topics that aim to help empower parents to make changes that ultimately improve the body mass index of their children. After completion of the programme families are discharged, with the specialist team providing support to primary care professionals. Co-morbidities identified including raised LFTs, deranged lipids and sleep apnoea have been improved with this intervention.

Conclusion Initial results are promising but full evaluations of the outcomes of our programme are needed.