attendance. Females required support in five key areas, including family, finances, education, mental health, and susceptibility to risks. The service successfully supported young women by providing an individualised approach, teaching life skills, and signposting to appropriate services.

Conclusions Young women are significantly affected by violence and require support in several aspects of their lives, to lower their risk and prevent future involvement. There are similarities and differences in the types of violence that affect females compared to males, as well as support needs. As an area of limited research, this study provides considerable information about the involvement of females in serious youth violence. The intervention programme is a step, amongst others that need to be considered in the community, to ensure sustainable prevention of violence affecting young women.

Association of Paediatric Emergency Medicine

1348 TRIAGE CHALLENGES OF NEONATES IN THE PAEDIATRIC EMERGENCY DEPARTMENT

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Background With increasing wait times seen across Emergency Departments in recent years, it is vital to have a reliable triage system in place. Newborns represent a particularly high-risk group. They often have nonspecific presentations for serious underlying illness and a tendency toward rapid clinical deterioration. A range of benign clinical findings specific to this age group may also pose a diagnostic challenge. Despite these nuances, the triage tools used to assign clinical priority in older children and adults continue to be applied in the neonatal population.

Objectives To review all neonatal attendances to a Paediatric Emergency Department (PED) during the months of September 2019 (pre-COVID-19) and April 2020 (COVID-19 era) with the aim of determining if triage assignments and outcomes for newborn patients correlate with their disposition and if new trends are apparent due to the pandemic.

Methods The PED is based in a tertiary paediatric hospital in the UK which utilizes the Manchester Triage System (MTS) adapted for neonates to triage this particular group of patients. The electronic case notes for each patient were reviewed noting their age, presenting complaint, assigned MTS triage category and discharging diagnosis. Outcomes evaluated included the need for diagnostic testing, treatment and admission. The relationship between assigned triage categories and outcomes was then reviewed.

Results 179 neonates presented in September 2019 compared to 79 in April 2020, (3.4% of monthly PED attendances for Sept 2019 vs 3.8% for April 2020); 43% of these patients were < 7 days of age in both months. In both periods, the most common presentation was jaundice (22% in each month). Table 1 shows that the percentages of patients hospitalised and requiring investigations were higher for the very urgent category but similar for those triaged as urgent and standard.

Abstract 1348 Table 1 shows that the proportions of patients hospitalized and requiring investigations were higher for the very urgent category but similar for those triaged as urgent and standard

MTS triage category	Total Proportion of patients		Hospitalization		Investigations performed	
	September 2019	April 2020	September 2019	April 2020	September 2019	April 2020
Immediate	0%	0%	0%	0%	0%	0%
Very urgent	11%	16%	63%	62%	73%	46%
Urgent	43%	28%	29%	23%	32%	41%
Standard	43%	51%	25%	15%	29%	23%
Not recorded	0%	5%	0%	0%	0%	0%

Conclusions Trends across the triage categories demonstrate that the more urgent the triage category assigned, the more likely investigations and admission to hospital are. This is demonstrated in both months audited pre COVID-19 and during the pandemic. There is less of a hospitalization difference in those triaged urgent and standard. In these categories we see more variation in diagnosis and disposition, reflecting a more heterogenous group of well babies mixed in with babies requiring further investigations, treatment and admission. It is this group that pose the diagnostic challenge and raise concerns about the suitability of the triage system in identifying clinical priority. Further work needs to focus on examining the suitability of this triage model in the neonatal group to understand if there are more robust diagnostic clinical indicators of illness that can be determined at triage.

International Child Health Group

1349 EVALUATION OF A GLOBAL HEALTH PARTNERSHIP

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Background Birmingham Women's and Children's Hospital (BWC) - Malawi Partnership is a global health partnership (GHP) established in 2004 as a sustainable link between the paediatric departments at BWC and Queen Elizabeth Central Hospital (QECH), Malawi. Key inputs from the partnership include bi-directional health professional exchanges, teaching visits and educational courses. GHPs require regular evaluation to generate evidence-based information about effectiveness, assess governance and accountability, and to guide future planning.

Objectives Undertake an evaluation of the BWC-Malawi Partnership to assess the impact of the current programme, evaluate stakeholder engagement and set future goals and priorities.