

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%
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.

Abstract 1349 Table 1 Impact on practice at QECH

Changes in the workplace	Clinical Management	Professional Practice
Induction for new nurses	Seizure, asthma management	Intra- and inter-disciplinary team work
Triage	Fluid management in malnourished child	Time keeping
Colour-coded syringes for oral and IV	Child protection	Increased competence and confidence
Television installed in ward (after seeing similar at BWC)	Increased frequency of measuring vital signs	Autonomy and decision making
	Initiating resuscitation	Motivation
	Hand hygiene	

Abstract 1349 Table 2 Impact on practice at BWC

Changes in the workplace	Clinical management	Professional practice
More resourceful	Increased clinical knowledge	Better leader
Empathy and cultural awareness	Confidence in managing sick patients	Innovative and adaptive practice
Creating a supportive environment	More confidence, autonomy	Cost-effective approach
		Mentorship
		Experience in teaching

Methods Evaluation was structured on validated GHP evaluation toolkits. A qualitative method using semi-structured interviews was used and analysis carried out using grounded theory. Six professionals from BWC visited QECH from 9th-13th March 2020 and interviewed 101 staff members. Eighteen BWC staff involved in the partnership were interviewed virtually, due to the coronavirus pandemic, in September-October 2020.

Results The Partnership is highly regarded by QECH and BWC staff with many positive impacts. Tables 1 and 2 demonstrate positive change in practice as a result of partnership interventions.

Evaluation also revealed areas of suboptimal engagement, such as a sense of inequity in the exchange placements which involves a 2-week observership in Birmingham for Malawi staff compared to a 6–12-month placement for BWC staff in Malawi. Lack of a nursing contact in Malawi to co-ordinate nurse placements was also highlighted.

Recommendations included continuing educational courses and refreshers, increasing peer support and establishing a nurse link in Malawi. Future priorities were to establish services for common childhood conditions like asthma and epilepsy and improvements to exchange placements.

The BWC evaluation, which had to be changed to virtual interviews due to COVID-19 pandemic restrictions, highlighted the need for urgent evaluation of post-pandemic modes of working.

Conclusions GHP evaluations form the cornerstone of effective partnerships by evidencing successes as well as determining areas for improvements and goal setting. Well-conducted evaluations enable identification of SMART objectives for future actions. While the COVID-19 pandemic has reiterated the concept of health interdependence, it has also shown that GHPs including BWC-Malawi partnership should be agile in tailoring their action plans to suit the post-pandemic world of limited international travel, with particular focus on digital health technologies.

RCPCH Trainees Committee

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'STEPPING UP TO REG' – A NEAR PEER REGIONAL TEACHING PROGRAMME TO SUPPORT LEVEL 1 TRAINEES' TRANSITIONING TO THE MIDDLE-GRADE ROTA

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Background The promotion from 'SHO' to 'Registrar' can be daunting. As a group of senior trainees, we were keen to support our more junior colleagues through this transition by providing a bespoke 'Stepping up to Reg' teaching programme, utilising our own recent experiences targeted with stakeholder feedback.

Objectives To identify perceived areas for development ahead of transitioning to a middle-grade rota from SHO, consultant and recently appointed registrar perspectives. To create and facilitate a teaching programme to meet these perceived learning needs.

Methods Supported by the Northern Ireland Medical and Dental Training Agency (NIMDTA) School of Paediatrics we assembled a faculty of senior trainees to create and deliver the teaching programme. A pre-course online questionnaire, completed by both SHOs and consultants, identified areas of perceived learning needs and was used to design the content of the programme. The SHO questionnaire included a 5-point Likert scale, to assess their perceived preparedness for certain aspects of the job; managing a resuscitation, phoning the consultant on-call, managing out-patients, safeguarding, prioritising workload and managing colleagues.

The same questionnaire was completed 6 months later to assess the experience of their first registrar post and ask 'in hindsight' how prepared they actually were to transition for those certain aspects of the job. We then compared these responses to the same questions posed prior to the transition using the Man Whitney U-test.

Faced with COVID-19 restrictions we adapted to virtual delivery creating an interactive half day online programme, with the use of breakout rooms, case presentations and question/answer sessions.

Results The SHO (n=15) and consultant (n=12) pre-course questionnaires identified some similar themes for development, including the management of paediatric and neonatal emergencies and team management/prioritisation. However, SHOs initially emphasised further specific clinical scenarios as areas of concern whilst consultants suggested a greater focus should be on managerial and career development aspects.

On the follow up questionnaire (n=7), trainees identified 'managing junior colleagues' as the most challenging aspect of their first registrar post with less emphasis on the management of clinical scenarios.

In hindsight, new registrars felt that they were actually better prepared than they had initially thought 'in general' (p<0.05) and specifically for 'managing resuscitations' and 'safeguarding scenarios' (p<0.05). Interestingly, they expressed being less well prepared for 'managing colleagues' than they