

Conclusion To conclude, there is more research to be done in this field. This study may serve as a prompt to clinicians, including paediatricians, to ask about eating issues/disorders when prescribing contraception. The study assisted with the production of a proforma for clinicians to use when an eating disorder history is elicited.

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1841 USE OF AN ELECTRONIC 'LIVE' TRANSITION PLAN IN PATIENT NOTES

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Objectives

Background CQC recommendations for the trust following a visit, included a trust wide consistent and robust approach to assessment and planning of transitional care and a consistent approach to completion and storage of transition medical records. A 'live' transition plan was created in 2018 in the electronic eDMS patient notes. This enabled health professionals to document a summary of transitional discussions addressing key areas and creating a clear timeline, which could then be shared by the transferring team with the receiving adult team. It also ensured that when a young person was under multiple specialities, all involved professionals could rapidly access transitional discussions and plans made.

Objectives To audit the use of the live transition plan against standards based on completion of key information in the live plan and whether the plans were transferred to adult specialities during transition of care.

Methods Retrospective case note review of the eDMS live transition plan updated in the month of July 2021, for young people with chronic long term conditions that required transition of care to adult services.

Results 210 live transition plans were updated between 1st and 31st July 2021. 55% (n=94) of the plans had an identified key worker¹ documented. In 21%(n=45) a user error was noted because teams were creating duplicate plans instead of updating the existing transition plan, which meant a clear timeline of discussion would not be available at transfer. All plans had completed an answer to the mental capacity act question but professionals had documented uncertainty over this. Documentation indicated that 10 young people had a life-limiting condition and two included documentation of an advance care plan. There was limited use of the snapshot function to share the transition plan with adult services at transition. 17 of the young people had safeguarding alerts in their electronic notes but only 3 had a safeguarding concern documented in the transition plan. 23 different specialities completed the transition plan and 18 of these were within medicine care group. 80% (n=168) of the entries were completed by specialist nurses, 10% (n=20) by consultants and the rest by other healthcare professionals. 75% (n=158) of

the entries had the intended adult team/hospital destination identified.

Conclusions This first review highlighted variability in the completion of the 'live' transition plan in patient notes and the need for further education and training promoting use with all members of the multi-disciplinary team. Training to address this is now included in the mandatory trust transition training. This audit also enabled a review of the question on mental capacity act to make it clear and signpost professionals to trust resources. A 'top tips' document was created to share key themes and messages with all health professionals in the trust.

REFERENCE

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1842 MAPS: MENTAL HEALTH ADMISSIONS TO PAEDIATRIC WARDS STUDY

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Objectives Children and young people (CYP) presenting with a mental health (MH) crisis are frequently admitted to general acute paediatric wards as a place of safety. Prior to the pandemic, a survey in England showed that CYP occupied 6% of general paediatric inpatient beds due to MH crisis, and there have been longstanding concerns about the quality of care to support these patients in this setting.¹ Since the pandemic, there is evidence that both numbers of paediatric admissions and the severity of MH crisis in CYP have increased, and paediatric teams are experiencing challenges delivering safe care.² There is a general paucity of published data on CYP with MH crisis admissions to general paediatric wards including total numbers, factors associated with admissions, outcomes for CYP admitted, and the impact of admissions on CYP, parents and healthcare professionals (HCPs).

We aim to generate a Theory of Change (ToC) model to improve the quality of care for CYP admitted to acute paediatric services after presenting in a MH crisis. Our objectives are to investigate: 1) national trends in admissions; 2) characteristics of admissions (sociodemographic factors, diagnoses and reasons admitted) 3) factors influencing decisions to admit CYP; 4) views/experiences of CYP, families and HCPs during admissions.

Methods We will conduct a mixed-methods study to inform a ToC framework, alongside a stakeholder group (consisting of patients, families, health and social care professionals and professional groupings). To achieve this, we will: 1) analyse national service level data (hospital episode statistics) of MH admissions to paediatric wards, 2) undertake a rapid literature review and bring together the research team and stakeholder group, using a modified Delphi process, to develop a data