Going forwards the following work streams were identified:

- Develop YP steering board
- Creation of policy and guidelines with regular audit and PPIE review
- Identify transition leads and key workers to support each service
- Recognise where specialist support from psychology, social work and learning disability teams required
- Develop and improve use of resources to engage and prepare YP
- Develop staff training and education programme

Objectives

In June 2021 the RBFT joined the Hospital Navigators pilot project, funded by the Thames Valley Violence Reduction Unit. This offered young people attending A+E the opportunity to have support from a matched Mentor, with the intention of starting support at a critical point in time. Research shows that change is most likely to be initiated in these reachable moments but depends upon a person’s available support.

A review of the available data will reveal the opportunity to influence young people attending hospital to improve their health and wellbeing over a 12 month period.

Methods

- Database of young people seen by Navigators, including gender, locality, and cause for attending A+E (1).
- Electronic patient record to determine reattendance rates.
- Case vignettes and feedback

Results

- Inclusion Criteria:
  - 13 – 24 years of age inclusive
  - Attending A+E
  - Attendance reason/comorbid factors identified included injury, self-harm, risk taking behaviours, young people with learning disability and/or autism.
- Volunteers: 26 recruited and trained, consistently cover Friday and Saturday night.
- Referrals: (June 2021 – 22): 120 young people supported:
  
<table>
<thead>
<tr>
<th>Month</th>
<th>Volunteers recruited</th>
<th>Volunteers trained</th>
<th>Referrals received</th>
<th>Clients signposted</th>
<th>+ve pathway clients engaged</th>
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<td>26</td>
<td>20</td>
<td>59</td>
<td>42</td>
<td>30</td>
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</table>

Outcome evidence includes

- 43% of young people referred engaged on positive pathways, highest number in Thames Valley out of the 5 sites.
- Of those who discussed their mental health with a Navigator, 90% said they struggled with it
- Of those asked, 100% found it helpful having a conversation with a Navigator in hospital and 100% were glad that they were able to have a conversation with a Navigator
- RBH evaluation shows reduction in ED attendance.
- Navigators - low levels of turn over and allowed for wide range of diversity.
- Qualitative data from Case vignettes will demonstrate impact upon individuals of the timing of meeting with the navigators.

Conclusions

Our data demonstrates recruiting a stable population of volunteers with wide diversity, appropriately trained is possible, despite this being an area of high turnover, allowing for matching of Mentors with the young people seen.

Young people seen by the service often presented with risky behaviours, for example drugs and alcohol. The timing of meeting with the young people may have been critical to their ability to make long-term changes, potentially influencing their long term health and wellbeing in a more sustained way than being offered the service at a different time.

Data to demonstrate impact statistically is difficult to obtain this early in the programme, case vignettes demonstrate individual impact and outcomes of this resource.

Objectives

In response to the COVID-19 pandemic all paediatric and adolescent gynaecology (PAG) outpatient appointments in a tertiary teaching hospital were temporarily converted to telephone consultations.

Telemedicine is a developing area with on-going research into its safety and effectiveness. The cohorts of patients attending PAG clinics have unique needs and requirements, both due to their own individual characteristics, and their presenting symptoms. There is currently a paucity of data regarding the utility of telemedicine in PAG. This study therefore aimed to review the impact on PAG outpatient follow up journey looking specifically at the patient journey from a first remote appointment by analysing number of follow ups required.