

patients had an ECG in two weeks. In general, documentation of reason for not completing an examination was completed.

**Conclusion.** We found good compliance with recommendations for physical health assessment. Areas for improvement include better assessment of neurology and more thorough blood tests.

Recommended physical health examination for new admissions is not outlined in SABP policy. We recommend the following:

GCS/level of consciousness, cardiovascular, respiratory, abdominal, and neurological examinations, and baseline observations.

ECG should be a requirement of admission. In order to facilitate this, staff need to be trained to perform ECGs.

NICE guidelines refer to HBA1c rather than glucose, which should be reflected in SABP policy.

### Basic clinical equipment for physical health assessment in mid Essex inpatient units

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**Aims.** It is trust policy that the Basic Clinical Equipment for Physical Health Assessment should be available on each unit. The standard for this audit is therefore 100% completion.

**Background.** This was a cross-sectional study of six mental health units across Mid Essex. We audited equipment and consumables in comparison to trust policies. For the purpose of the audit we designed an audit tool.

**Method.** Overall compliance across all wards for all audited items was 77.5% (64.9% – 87.5%). Average compliance for equipment provision 83.3% (73.9% – 91.3%) was greater than that for consumables 72.1% (58.8% – 82.4%).

**Result.** When looking at the compliance on each unit separately, our data show that no unit has met the standard of 100% for equipment or consumables. From all units, one of the two older adults' inpatient units had the highest overall compliance and highest compliance for consumables at 87.5% and 82.4% respectively while the perinatal unit had the lowest overall compliance and lowest compliance for consumables at 64.9% and 58.8% respectively. For the equipment compliance, intensive care unit and one of the older adults tied for the highest compliance at 91.3% while male inpatient unit and perinatal inpatient unit were tied the lowest compliance at 73.9%.

**Conclusion.** This is an audit to assess the availability of Basic Clinical Equipment for Physical Health Assessment on inpatient units in Mid Essex. With an audit standard of 100% completion, it shows that overall compliance on all units was 77.5% which is not meeting our standard.

### Audit cycle - VTE risk assessment in inpatient wards in mid Essex

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**Aims.** It is trust policy that the VTE risk assessment should be completed for every patient admitted to wards. The standard

for this audit is therefore 100% completion. We completed the audit in October 2018 and closed the loop in September 2019.

**Method.** This was a cross-sectional study of all patients on all the wards according to patients' list on the electronic system (Paris) on certain date. In the first audit we used an audit tool from a similar audit performed in another area in the trust. For the purpose of re-audit we designed an audit tool to reflect the changes made in the electronic form.

**Result.** In the re-audit, there was noticeable improvement in the completion rate compared to initial audit (95% vs. 82%); however, there was still under-performance. An interesting observation of the re-audit is that 74% percent of admissions had VTE risk assessments forms completed on same day of admission or next day compared to only 45% in previous audit.

**Conclusion.** When looking at the completion of individual components on the VTE forms there are still some room for improvement as well. For example, in 26% of the patients there was no documentation about the use of prophylactic anticoagulants before admission compared to 34% in our previous audit. Also in 7% of the patients there was no documentation about the outcome of the assessment compared to only 3% in previous audit.

This is an audit to assess the completion of electronic VTE forms as per trust policy. Following the initial audit we made recommendations to improve completion rate. In the re-audit there was an improvement in total completion rate but we have not met the goal of 100% yet.

### 'Comfortable, safe and valued': an analysis of the impact of COVID-19 on Hertfordshire's Community Perinatal Team

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**Aims.** This study aimed to assess the impact that the COVID-19 pandemic has had on the Hertfordshire Community Perinatal Team (CPT) group interventions and the innovations made.

**Background.** The CPT is a multidisciplinary mental health service that runs three groups: Circle of Security (CoS), Emotional Coping Skills (ECS) and a peer support group - Wellbeing and Lifestyle. The service has received an increase in referrals during the COVID-19 pandemic.

**Method.** Methods: Team member and client semi structured interviews were conducted with answers transcribed in real time and analysed. Patient clinical records were accessed via PARIS and analysed in order to identify patient demographics within each group and whether these had changed during the pandemic. Clinical outcome measures and client feedback were evaluated to see whether the change in groups is impacting their clinical effectiveness.

**Result.** Results: Innovations made by the CPT include: groups becoming virtual, launching of the new Circle of Security Group which helps women tackle the 'Ghosts in the Nursery' and strengthen maternal bonds, restructuring existing groups, breakout room forums and incorporating communication platform apps such as Whatsapp. The Wellbeing and Lifestyle Group increased in size and reach (7 women from 7 areas in 2019 vs 12 women from 12 areas in 2021) with an increased retention rate (71% in 2019 vs 100% in 2021) and a decreased attrition rate (29% in 2019 to 0% in 2021). The Emotional Coping Skills group experienced similar changes (10 areas represented in 2019 vs 15 different areas in 2021) with an increased