

- 6/9 wards had 100% compliance rate for retaining the T2/3/S62 forms in the medication charts.
- 78% T2/3/S62 forms were uploaded to PARIS.
- 80% medication charts matched T2/3 forms.

When Dr McKnight asked trainees, “Do you feel confident with your knowledge of consent to treatment” only 24% answered yes, 35% answered no and 41% a little.

When asked, “Do you check Consent to treatment forms before prescribing?” 32% answered yes, 24% no, 34% sometimes and 10% that they didn’t know what they were.

During the post-teaching quiz, trainees were asked, “Has this teaching session improved your knowledge and confidence regarding Consent to Treatment?” 91% answered yes, 0% answered no and 9% answered a little.

Discussion with Consultants and Pharmacists concluded that it may be beneficial for wards to include Capacity to Consent and Consent to Treatment within ward round proformas

Conclusion.

- The two main concerns of the initial audit and re-audit, relate to Treatment Capacity and Consent forms compliance and prescribing.
- New trainees rotate into the Trust every 6 months and levels of knowledge surrounding Consent to Treatment varies depending on trainee experience. Trainees require teaching on Consent to Treatment as part of their induction and teaching programme.
- Based on the multidisciplinary nature of ensuring compliance to Consent to Treatment the authors propose monthly ward auditing of Consent to Treatment, which they believe will lead to better compliance rates across the hospital.

High Risk Care Plans in Liaison Psychiatry

Dr Yasmin Abbasi, Dr Claire Jones, Dr Marina Clark,
Dr Mohammad Meher Ali Chaudhry* and Dr Kit Akass

Surrey and Borders Partnership NHS Foundation Trust, Surrey,
United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.466

Aims. To audit completed liaison service high risk care plans against local and national guidelines.

Methods. Sample comprised of a snapshot of all liaison patients currently on the case load on 14th December 2021. Electronic notes were reviewed to identify High Risk Care Plans (HRCs) and audit completion against local guidance. Currently there is no national guidelines.

In addition staff from the liaison team were surveyed to consider their confidence in completing HRCs in order to direct staff training. Acute hospital staff were also surveyed to ascertain positive and negative aspects of the current HRCs, in order to suggest quality improvements ahead of the upcoming integration of new Digital notes system.

Results. Sample size 284. High Risk Care Plans completed 11, with an additional 2 required but not found in the notes.

Non pharmacological deescalation advice was specified in only 2/11.

Regular medication was documented in 5/11.

Specialist rapid tranquillisation medication advice in 8/11.

8/11 made reference to the local rapid tranquillisation policy, which was not made available in the notes.

Abscension risk is documented in 8/11 and advised level of observation 10/11.

Conclusion. According to local guidelines High Risk Care Plans were appropriate for 4.6% of the liaison case load, but record was included in the notes for 3.9%. Of those completed mandatory fields including non pharmacological deescalation and rapid tranquillisation advice were not always complete. Reference to rapid tranquillisation policy not immediately available in the notes is largely unhelpful in an emergency.

Our local target is for 100% completion of appropriate high risk care plans and full documentation for each of the mandatory fields in the high risk care plan. Improved training and record keeping is required.

Staff survey suggested unfamiliarity with document and unclear boundaries between standard and patient specific information impaired utility of high risk care plans. We recommend familiarising staff with the document and encourage highlighted font for key information.

Patients With Psychotic Disorders Are More Likely to Refuse Vaccination: An Audit of Vaccine Acceptability on Acute Adult Psychiatric Wards

Dr Rupert Miles-Marsh*, Dr Elias Diamantis, Dr George Duan,
Ms Lori Edwards Suarez and Dr Sudheer Lankappa

Nottinghamshire Healthcare NHS Trust, Nottingham, United
Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.467

Aims. This audit is looking at COVID-19 vaccine uptake in an acute adult psychiatric setting as part of the national drive to minimize COVID-19 infection. The aims of this audit are to identify: the number of patients that have been offered vaccination in a ward setting; the acceptability of the vaccination and the reasons for non-acceptance of vaccine.

Methods. A total of 339 patients were admitted to acute adult psychiatric wards (Male, Female, PICU) at Highbury Hospital, Nottingham between February to August 2021. Data on the following parameters: demographics (age, sex, ethnicity), section status, HoNOS cluster, admission length and vaccine data (offered, accepted, received) using the RIO system and Health Informatics.

Results. Out of 339 patients, 31% (n = 105) had received or planned to receive the first dose of vaccine prior to admission. 43% (n = 100) of 234 patients who hadn’t received vaccine were offered. Out of the patients who were offered vaccine, 59% (n = 59) accepted. 92% (n = 55) of patients who accepted vaccine, received vaccine. Those offered vaccination had an average length of stay of 117 days whilst those not offered had a shorter average length of stay of 81 days.

For patients who were offered vaccine, those who were sectioned and in psychotic clusters refused vaccine compared to non-psychotic and informal patients. Deprivation, gender, age, admission length had no statistical significance in vaccine uptake for patients who were offered.

Patients listed the following reasons for refusing the vaccine: media distrust; vaccine not effective; already had COVID-19; doesn’t want it; believes vaccine made by consultant; doesn’t want bad reaction; “Scientists and politicians are liars”; “I am fine and don’t need it”; “Don’t trust it and don’t like needles”; “Don’t want to be part of the game”; “Have had covid twice and, if I get it, I’d prefer my body to fight it”.

Conclusion. Our current vaccine acceptance rate of 59% is lower than those found nationally (80%) and in a medium secure psychiatric hospital (77%). The trust policy recommends all eligible patients should be offered the vaccine; our offer rate is lower

than this standard. The low offer rate may be explained by vaccines being offered in rounds leading to patients possibly being missed. Our acceptance rate could be enhanced by improving our vaccination care plans for formally admitted psychotic patients.

Adherence to the Admission Policy in a Local Old Age Psychiatric Unit in Wrexham: A Clinical Audit

Dr Tajnin Mitu*, Dr Nehad Seddiq, Dr Jian Loo and Dr Mark Perera

Betsi Cadwaladr University Health Board, Wrexham, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.468

Aims. Elderly patients are more vulnerable due to the higher prevalence of underlying physical health problems. Hence, it is prudent to have a baseline and regular update on the physical health assessment for all old age mental health inpatients. This paper is aimed to discuss the clinical audit findings on the physical health assessment are done in accordance to the trust policy.

Methods. The clinical audit was conducted in a local elderly inpatient mental health unit over a period of a week. The standard used was based on the local Health Board Policy on acute inpatient admission, which includes an admission clerking with details on physical health need and physical examination should be done within 12 hours of admission, blood investigations and medication chart should be completed within two hours of admission, and an ECG (electrocardiography) should be done at the point of admission.

Results. A total of 21 elderly inpatients admission clerking were analysed. It is noted that over 95 cases admission did not adhere to the prescribed standard. Only 67% of the admission clerking was completed within 12 hours, while only 52% of the admission had physical examination done. Only 24% of the admission completed their blood investigations within two hours and 14% of them had ECG done at the point of admission. Although 90% of medication chart was completed within two hours of admission, there is still room for improvement. Feedback from the junior doctors revealed a multifactorial contribution to the failure of meeting the standards: patient being agitated during admission, lack of communication among different teams, lacking an online documentation system on handover, and the heavy workload on junior doctors on venepuncture and ECG.

Conclusion. The clinical audit has shown a huge area of improvement is needed in terms of the physical health assessment and documentation for elderly inpatient psychiatry unit.

We recommend having a good handover system, training more nurses and HCWs in phlebotomy and ECGs, having ward based doctor cover to improve the adherence for future.

We will be presenting this audit in post grad teaching and junior doctor forum with a plan to conduct a regional audit to compare the adherence on the three different hospital under the same health board.

Antipsychotic Prescribing Practice in Adults With a First Presentation of Psychosis Amongst Bolton's Early Intervention Team and Inpatient Mental Health Services: An Audit

Dr Eve Morrison* and Dr Hannah Cappleman

Early Intervention in Psychosis Team, Bolton, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.469

Aims. In Bolton Early Intervention Team (EIT) it was noticed that patients prescribed antipsychotics frequently required a change in medication due to side effects. Similar issues had been identified in Avon and Wiltshire NHS Foundation Trust where a prescribing guideline was developed which won the NICE Shared Learning Award in 2020. This recommends prescribing Aripiprazole first line and cautions using Olanzapine or typical antipsychotics first due to their side effects. The aim of this project was to identify which antipsychotic drugs are currently prescribed in first episode of psychosis (FEP) in Bolton EIT patients and to audit adherence to National Institute of Clinical Excellence antipsychotic prescribing guideline CG178.

Methods. The sample included all adults with FEP accepted by Bolton EIT across a four-month period from 01/12/20 until 31/03/21. Fifty-two people were identified.

Measured standards were documentation of prescribing rationale, discussion regarding medication side effects and weekly weight monitoring for six weeks following initiation. Antipsychotic choice and need for a change within six months of initiation was recorded. Data were collected retrospectively from patients' electronic records.

Results. Thirty-eight patients had been prescribed an antipsychotic – fifteen as inpatients, seventeen by Bolton EIT and six by the Home Treatment Team.

Of the fifteen inpatients Olanzapine (8) and Zuclopenthixol (3) were the most common choice. 5/15 had a documented rationale, and side effects were discussed with 3/15 patients. Weekly weight monitoring was performed in 7/15.

Of the 17 people who started antipsychotic medication once under Bolton EIT Quetiapine (6), Olanzapine (6) and Aripiprazole (5) were the most common choices. 12/17 had a documented rationale and 13/17 were consulted regarding side effects. Weekly weight monitoring was not performed for any of these patients.

Within six months, sixteen antipsychotic prescriptions (42%) were changed due to side effects (9), inefficacy (6) and non-compliance (1). The drugs changed were Olanzapine (6) Quetiapine (6) Zuclopenthixol (2) Aripiprazole (1) and Chlorpromazine (1).

Conclusion. Those initiated on antipsychotics as inpatients need better involvement in decision-making and consultation about side effects. A community initiative should be introduced to offer weekly weight monitoring. Further work is required to understand the rationale for frequently prescribing Olanzapine and Zuclopenthixol in inpatient services, and to consider why Aripiprazole is infrequently used first line.

Clinical Audit and Reaudit of Driving Risk Assessment During Leave Risk Discussions Within an Adult Mental Health Inpatient Hospital

Dr Muredzwa Adelina Muzenda*, Dr Zhiyu Loh, Dr Nasr Mahmoud, Dr Aqif Khan, Dr Jatinder Kour and Dr Amechi Nzekwe

Tees, Esk and Wear Valley NHS Foundation Trust, Middlesbrough, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.470

Aims. All detained patients should have a leave risk discussion carried out prior to commencement of home leave. Driving risk must be clearly discussed and captured during the assessment. Driving advice as per DVLA guidance must be documented in case notes and discharge summaries. The aim was to audit and