

24 (39%) had been involved in an SI. Only half felt adequately supported by the trust at internal investigation. Knowledge of the available internal and external sources of support ranged from 38-71% however these sources were rarely utilised. 12 (60%) trainees did not feel that learning had been facilitated following an SI and almost none had been informed of internal investigation outcomes.

Respondents who gave a low (1-4/10) rating of support from their NHS Trust were more likely to have been informed about the incident in person, been invited to team-based support or been aware of the variety of sources of support available, when compared with respondents who scored their Trust support more highly. Suggestions for improvements made by trainees included opportunities to observe coroners' inquests and a peer support scheme from colleagues with experience of SI involvement.

Conclusion. Unfortunately, trainees did not report much improvement in their experiences compared those in the 2017 survey, and a large proportion continued to feel unsupported. Interventions had not been as widely circulated as intended and only half of trainees had been invited to team-based support. Possible further interventions include increasing email communication to trainees following SIs and setting up a peer support scheme. We are in the process of organising a coroner's inquest observation programme for trainees.

Adherence to Public Health England (PHE) guidance for the use of personal protective equipment (PPE) in north Wales mental health unit- a regional audit

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Aims. To ensure that the PPE guidance is strictly adhered to.

To ensure that patient care is not compromised.

To help us in areas of need in order to educate the staff regarding the techniques of PPE and thus ensure patient and staff safety and care during the pandemic.

Method. Novel coronavirus 2019 was first described in December 2019 in Wuhan in China. Since those initial few cases, it has rapidly proliferated to a global pandemic, putting an inordinate amount of strain on healthcare systems around the world. We believe that the technique of donning and doffing if followed as per PHE guidelines would be of help in both preventing the infection and improve the care and safety of both patients and staff.

This Audit includes both In-patient and Out-patient units in Psychiatric services across North Wales. Data were collected from 19 units out of 39. We observed covertly 325 staff members belonging to various cadres. Apart from the Donning and Doffing techniques, we also observed the availability of designated areas for this purpose and the availability of PPE as well.

Data collection was by junior and senior doctors from various sites of the mental health unit in North Wales. A proforma was provided, the standards were based on PHE guidelines.

Result. It was noted that just about 50% of the staff followed donning as per guidance. Amongst all three sites, the Central team showed a better adherence with 85% of them donning PPE

correctly. whereas only 22% adhered to donning in the West team.

Only 21% of them managed to doff PPE as per guidance amongst all 3 centres in North Wales.

It was also noted that there are no designated areas to Don and Doff in outpatient units. Staff, in general, seem to not adhere to the guidance of utilising a mask, especially when within 2 meters distance of other staff.

Conclusion. We will be presenting the Audit at the regional meeting. After discussion with the infection prevention control team and Health and safety lead, we intend to improvise the wards with designated areas for donning and doffing. Teaching sessions for the staff in all three sites, reminders in various areas of the community mental health units and inpatient units.

We are hoping that these recommendations will help us in achieving our aim of health and safety during this pandemic.

A retrospective analysis comparing clinical outcome measures pre- and post- the introduction of telehealth in a community-based psychiatry clinic in a tertiary medical centre

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Aims. The aim of this retrospective analysis was to look at the effect that telehealth had on patient outcomes and the therapeutic alliance.

Method. Clinical outcomes measures were collected prospectively as part of routine clinical care. Outcome measures were administered at patients' initial and final appointment. Information was merged into a single database and imported into IBM SPSS for retrospective analysis. The following measures were administered at the beginning and end of treatment and were used to evaluate patient progress; Health of the Nation Outcome Scale (HoNOS), Life Skills Profile (LSP), Session Rating Scale (SRS), Outcome Rating Scale (ORS).

Result. Two cohorts were derived from the clinic; the first cohort (n = 90; 53 females; 37 males; M = 35.72 years; SD = 12.12 years) comprised of those patients whose care occurred between 23/09/2019 and 22/03/2020 and did not receive telehealth appointments. The second cohort (n = 122; 68 females; 54 males; M = 36.2 years; SD = 12.78 years) were those patients who presented to the clinic and were discharged between 23/03/2020 and 21/09/2020 and received at least one telehealth appointment. In the pre-telehealth cohort, mean HoNOS scores at baseline were 17.87 compared to 13.53 at discharge, mean LSP scores at baseline were 10.76 compared to 9.01 at discharge, mean SRS scores at baseline were 34.17 compared to 36.04 at discharge, and mean ORS scores at baseline were 12.97 compared to 21.28 at discharge. In the post-telehealth cohort, mean HoNOS scores at baseline were 14.45 compared to 10.50 at discharge, mean LSP scores at baseline were 7.85 compared to 7.19 at discharge, mean SRS scores at baseline were 36.04 compared to 35.36 at discharge, and mean ORS scores at baseline were 18.83 compared to 15.85 at discharge.

Conclusion. Results show that telehealth did not impact negatively on the therapeutic effect of clinical sessions, highlighted by similar reductions in HoNOS and LSP scores. It was seen in the post-telehealth cohort that there was worsening in the subject-rated scales (SRS and ORS) which was not seen in the pre-telehealth face-to-face cohort. Thus, there seems to be a