

Conclusion. Compliance with completing the GASS weekly improved following staff education, identifying the main factor affecting compliance as staff not offering the GASS to patients. Patients generally engaged well with side-effect monitoring, as most completed the GASS when offered. Further staff education may produce even greater compliance with guidelines, and involving pharmacy staff to review GASS scores and inform medication choices may lead to use of the GASS resulting in more tolerable and effective treatment plans.

Improving risk assessments for CAMHS admissions at Great Ormond Street Hospital

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doi: 10.1192/bjo.2021.316

Aims. During the COVID-19 pandemic, admissions to the Mildred Creek Unit (MCU), an Inpatient CAMHS Ward at Great Ormond Street Hospital (GOSH) changed.

The MCU is a 7–10 bed unit for children aged 7–15 years based on therapeutic milieu principles. The ward accepts patients via a planned national referral pathway, however, during the COVID-19 pandemic, patients were admitted as emergencies and consequently risk assessments were missed. Risk assessment is important in all admissions and as the MCU is not a locked unit, early risk assessment is particularly important.

We aimed to review whether risk assessment occurred within one working day of admission, as suggested by the ward risk assessment policy, and if this was not the case, our aim was to ensure that all risk assessments took place within this period via our audit interventions.

Method. We collated data looking at the time between admission to GOSH and the date at which first risk assessments took place. We then put in place three interventions.

- 1) Posters prompting doctors who were providing on-call liaison input to perform a risk assessment within one working day of admission.
- 2) New junior doctors were provided with written and verbal information to emphasise the importance of early risk assessment.
- 3) Guidelines also highlight that assessment of risk may need to be on-going. We therefore added a prompt section in the weekly ward round proforma with the aim of reducing the interval between risk assessments during admission.

The first audit cycle was conducted on the 3/8/2020 and the second on the 28/11/21 to allow for a comparative number of inpatients between the first and second audit cycle.

Result. We found these interventions significantly reduced delays in risk assessments. Prior to the audit's first cycle the average delay between admission to GOSH/MCU and a risk assessment was 2 weeks. After the interventions there were no patients whose risk assessment was delayed outside the next working day parameters.

Conclusion. This full cycle audit demonstrates the impact that prompts to clinical practice can make on patient care. It is important to recognise the need for flexible risk assessment with regular review, especially at times of clinical change. We hope that this continued trend for early risk assessment leads to improved clinical care and timely discussion of risk for all new CAMHS inpatients at GOSH.

Audit of physical health monitoring in a forensic psychiatric community caseload

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doi: 10.1192/bjo.2021.317

Aims. Adherence to Cumbria Northumberland Tyne and Wear NHS Foundation (CNTW) Trust physical health monitoring guidelines for a caseload of community forensic psychiatry patients residing at Westbridge supported accommodation was audited to identify areas for improvement in practice. It was also our aim to highlight the delay in obtaining non-urgent investigations due to the need to minimize COVID infection transmission risks.

Method. Data were collected from mental health and acute trust electronic records (Rio and ICE) of all patients taking antipsychotic medications currently care coordinated by the Westbridge Forensic Community Mental Health Team (FCMHT) between January 2020 and January 2021 (8 patients). Analysis of compliance with standards set by Trust guidelines was made.

Result. In the chosen audit period, compliance with physical health monitoring standards was below target of 100% (80% compliance for bloods, 50% for ECG). Reasons for non-compliance were unexpected restrictions in service availability (e.g. temporary closure of walk-in ECG clinic) and one omission of sending a pro-lactin levels request.

Conclusion. The need for practice adaptation and advance planning by team in anticipation of potential delays was identified. Request for routine bloods and ECGs will now be made two months before the annual due dates to compensate for delays in the new process with plan to continue re-audit yearly.

An audit cycle of physical health monitoring and record keeping of long term in-patients at male and female psychiatric rehabilitation wards using QI approach

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doi: 10.1192/bjo.2021.318

Aims. To complete an audit cycle to evaluate and improve physical health monitoring practice for in-patients by incorporating small QI based projects between baseline audit and re-audit.

Background. People with mental health illness are at increased risk of physical illness, morbidity and mortality compared with general population, mainly due to adverse effects of psychotropic medications, polypharmacy, poor lifestyle choices and socio-economic difficulties. It is important to recognise the need for active health promotion, including formal health checks for psychiatric in-patients.

Method. Standards were obtained from NICE Guidelines, RCPsych Report on Physical Health in Mental Health and Cygnet Health Care's Physical health policy.

An Audit tool with simple checklist was generated from key areas of Cygnet's physical health policy. Physical Health Files of 24 patients from Female Rehabilitation Ward and 28 patients from Male Rehabilitation Ward were audited in the initial audit cycle.

Checklist included physical health examination within 24 hours of admission, Annual Health Improvement Profile (HIP),