

reviewed from chosen days. This amounted to (N=680) emails. The compliance was measured against local trust criteria with expected standard of 100%. We assessed four parameters of completion of request forms, providing adequate information including clinical information, patient identification and location, and response within 45 minutes by the doctor.

Results. The compliance in all four standards was subpar, with notable decrease in compliance from previous results. Compliance was less than 70% across all standards, where previously three standards were above this mark. There was a notable increase in requests with inappropriate tasks defined as non-urgent tasks as per trust guidelines.

Conclusion. Better communication can be ensured with use of SBAR (Situation, Background, Assessment, Recommendation) in the request forms. Mutual sharing of information between doctors, nursing staff and administration with regard to appropriate written communication could constitute the base for structural change and improvement within the workplace. New staff members and doctors should be inducted with regards to the process of on-call email communication. Regular re-auditing and sharing of results is essential to the monitoring of change in compliance.

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Adherence to the Best Practice Guideline for Admission to Adult Mental Health Wards for Under 18's at NHS Grampian

Dr Nadiya Sivaswamy*

NHS Tayside, Aberdeen, United Kingdom

*Corresponding author.

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Aims. The aim is to improve quality of care and patient safety based on adherence to updated standards guiding the admission to non specialist wards of individuals under the age of 18. The objective is to assess adherence to the updated standards at NHS Grampian.

Methods.

- An audit was registered with the quality and improvement and assessment department (Project ID 5584)
- A list of patients admitted to Royal Cornhill hospital. NHS Grampian between 01 January 2020 and 31 December 2021 was obtained from the health intelligence department, NHS Grampian
- The 2021-2022 period yielded 19 patients. In patients with multiple admissions only the initial admission was considered.
- CCUBE electronic notes system was used to access all patient records for the admission period.
- The MH case records, nursing notes and MHA documentation in CCUBE was assessed to obtain information relevant to the 8 categories of the Scottish government guidance.
- MHLDS procedures for dealing with admissions to and discharges from Royal Cornhill hospital version 3 (May 2021) was used to ascertain current admission standards at NHS Grampian.

Results. Environment and facilities

- The ward has safeguards in place to monitor media use and prevent exposure to inappropriate material
- Staffing and training

- Staff trained to work with YP are available on each shift
 - Staff have training in managing LD in YP
 - Staff induction- includes policy on whistle blowing, covers key aspects of caring for YP on ward
- Assessment, admission, transfer and discharge

- Written care plan including evidence a social care needs assessment has taken place.
 - YP involved in choosing and developing a program of activities with staff- Documented in 1 Case only
- Care and treatment

- Staff wear name badges or picture board of staff so YP know who they are (uncertain about this)
 - Care plan shows evidence of social care needs assessment having taken place
 - YP are involved in developing a program of activities with staff
 - Information and advocacy
 - Parent/ carer information pack
 - Parents and YP receive information about how complaints may be made
 - Formal admissions- Parents and YP are given verbal and written explanation about MHA- verbal explanation documented in 2 cases
 - YP are informed how to seek independent advice and supported to use advocacy services- Documented in 5 cases only
- Consent and confidentiality

- Staff inform YP both verbally and in writing of their right to refuse or agree treatment and the limits of this.
 - Staff should inform informal YP with capacity that their consent to treatment can be withdrawn at any time
 - YP and carers receive verbal and written information of their rights to confidentiality and the limits of this
- Other safeguards

- After restraint staff should spend time with the YP reflecting on why it was necessary and their views are included in the post incident analysis

Conclusion. Unlikely that a ward would meet all of the extensive guidance therefore each standard classified as

- Type 1-3
- Type 1- failure to meet would result in significant threat to patient safety
- Type 2-standards ward expected to meet
- Type 3-excellent
- There is no clarity on how many of the categories in each standard should be met to designate type 1-2

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Clinical Audit on the Measurement of Antipsychotic Side Effects Using Rating Scales (GASS, LUNTERS, and SESCO) in Community Settings

Dr Olusegun Sodiya*, Dr Adewole Adegoke, Dr Geanina Ilinoiu and Dr Clare Morgans

Tees, Esk and Wear Valleys NHS Foundation Trust, Darlington, United Kingdom

*Corresponding author.

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Aims. This clinical audit aimed to assess if monitoring of side effect of antipsychotics is adhered to using the Trust and National Institute of Clinical Excellence (NICE) guidelines. One of the determinants of prognosis in schizophrenia is compliance to medications. Hence, the importance to monitor patient's tolerability of side effects when they are on antipsychotic medications. Several patients during episodes of relapse have reported that experience of side effects were their main reasons for defaulting on their medications. This underpins the importance to monitor patients' tolerability of side effects when prescribed antipsychotics. Recommended monitoring scales are Glasgow antipsychotic scale, Liverpool University neuroleptic side effect rating scale, and Side effects scale for antipsychotic medication.

Methods. The 1st cycle of the audit was conducted from March 30th to April 30th, 2021, and the 2nd cycle was done between 4th October and 28th October 2022. In both cycles random sampling was used to select 50 patients on the caseloads of two community mental health teams. The data were collected with a tool designed using NICE guidelines and the Trust policy on monitoring of psychotropic medications.

Results. For all selected patients in the 1st cycle, no rating scales were used to assess side effects at three months or after one year of commencement of antipsychotics. However, there were random documentation of side effects written as case notes in 96% of patients. Extrapyramidal side effects (EPSE) were the most documented of side effects in the 1st cycle. The re-audit saw an improvement of 24% in the use of an objective rating scale to monitor side effects. Similarly, as in the 1st cycle, EPSE were the most reported side effects in the 2nd cycle.

Conclusion. This audit showed a significant gap in the objective monitoring of side effects of patients on antipsychotics as none of the recommended rating scales were used on the selected patients in the 1st cycle. Although, there was an improvement in the use of rating scales of up to 24% in the re-audit as compared to 0% in the 1st cycle, the uptake was still far from the ideal. There is a need for the Trust and NICE guidelines to be adhered to in the monitoring of side effects of antipsychotics as this is likely to have a positive impact on compliance to medications by patients.

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Collateral History-Taking on Acute General Adult and Older Person Inpatient Wards: A Quality Improvement Project

Dr Joanna Steptoe^{1*}, Dr Harlene Deol², Dr Joanna Male¹,
Dr Erica Riviere¹ and Dr Roisin McCarthy¹

¹Leicestershire Partnership NHS Trust, Leicester, United Kingdom and ²Nottinghamshire Healthcare NHS Foundation, Nottingham, United Kingdom

*Corresponding author.

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Aims. To investigate current practice of collateral history-taking on inpatient adult and older person wards in Leicestershire Partnership Trust. COVID-19 visiting restrictions raised concerns that the collateral history may be side-lined due to the physical absence of carers. Collateral history is important in developing a working diagnosis and assessing level of function, and is part of ongoing assessment and formulation.

Methods. An initial audit of 46 patient records from 3 inpatient wards (2 adult and 1 functional old age) was carried out in January 2021 when visiting restrictions were in place. In response, a questionnaire was distributed and 2 focus groups of junior doctors conducted later in 2021; the aim being to explore factors affecting collateral history taking. A re-audit was completed in October 2022 when visiting was reinstated. 48 patient records were audited. Old Age organic wards for dementia assessment were not included in data collection, as collateral history-taking is unavoidable for initial assessment of those presenting with significant cognitive impairment.

Results. In 2021 and 2022, 33% and 38% of sampled patients had a collateral history taken in the first 14 days of admission. Where a collateral history was omitted, only 10% and 13% were attempted and 46% and 27% planned. Associated themes were identified from the questionnaire and focus groups including consent; accessibility of contact details; lack of confidence and variability in history-taking; accountability/ clarity on whose role it is to complete the task; lack of time/space and poor consensus on how to document a collateral history.

Conclusion. The results of the re-audit continue to show poor collateral history completion early in admission for both old age and adult inpatient wards despite reinstatement of visiting after the COVID-19 pandemic. Numerous issues affect the completion and documentation of good quality of collateral histories within inpatient settings of Leicestershire Partnership Trust. These have been categorised into staff, system, environmental and other factors.

This audit forms part of a wider quality improvement project. The proposed actions are as follows:

1. To share findings locally via the Trust Audit and Quality Improvement department, Trust email and Consultant Medical Advisory Committee;
2. To improve education through Trust induction, regular bitesize teaching and development of a crib sheet to be placed on each ward;
3. To consider wider quality improvement projects in line with themes identified above;
4. To undertake a further re-audit in November 2023.

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Assessment of Antipsychotic Side-Effects Monitoring in Learning Disability Patients in a Medium Secure Hospital

Dr Indu Surendran^{1*} and Dr Johannes Cronje²

¹St Helens and Knowsley Teaching Hospital, Prescot, United Kingdom and ²Rowan View Hospital, Maghull, United Kingdom

*Corresponding author.

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Aims. Learning Disability population has increased neuroleptic sensitivity which predisposes to development of side-effects at even lower doses of antipsychotics. STOMP practices (Stopping OverMedication of People with a learning disability, autism or both psychotropic medications) advocate regular review of psychotropic medications, providing information about non-pharmacological therapy and involvement of patients and families about medications. Our audit aimed to understand how the side-effects in the Learning Disability patients who are on antipsychotics in a Medium Secure Hospital were being monitored in a