

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.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

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.

doi: 10.1192/bjo.2023.474

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

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

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.

doi: 10.1192/bjo.2023.475