teaching session. Distributed poster and displayed in staff facing areas on HTNFT inpatient units.

November: Shared results of pre-intervention questionnaire. Re-shared tool. Post Intervention questionnaire – gathered feedback regarding tool implementation into practice.

Results: Pre-Intervention Questionnaire:

Delivered face to face.

31 doctors responded of mixed grades.

Around half had never completed a PHBR (coincided with beginning of rotation).

19.4% selected 'Not confident at all' with such task.

93.5% were unaware of any helpful tools.

100% answered yes to 'Would a tool such as an acronym help your approach?'.

Post-Intervention Questionnaire:

Delivered online.

9 doctors responded of mixed grades.

Most used the tool.

100% would recommend.

Comments: easy to use, relevant to clinical practice, clever acronym, improved confidence.

Conclusion: PHBRs remain a daunting yet apparent task for psychiatry RDs. The bedside tool 'BANGED' shows promise for improving approach, by offering guidance for key areas of focus.

Future practice – further cycles required, delivered in person – better response rate.

Quality Improvement Project Investigating the Quality of Completed Section 5(2) Forms

Dr Ellen Cornish

Portsmouth Hospitals University NHS Trust, Portsmouth, United Kingdom

doi: 10.1192/bjo.2025.10355

Aims: This quality improvement project aims to investigate the quality of completed Section 5(2) forms in a large, acute NHS hospital in England. It seeks to establish a current data baseline and identify common errors. The statutory section 5(2) form can be confusing for those who are unfamiliar with it, especially the section requiring correct deletion of options to identify the completing doctor's status. Incorrectly completed Section 5(2) forms may later need rectification or can lead to the invalid detention of a patient, in which case the patient may be able to claim financial compensation.

Methods: The most recent twenty (n=20) Section 5(2) forms across adult and paediatric medicine from November to December 2024 were analysed against a created proforma containing twelve criteria needed to correctly complete the form and provide rationale for detention.

Results: On average Section 5(2) forms were 84% correctly completed with a total of 202/240 criteria met. Of the twenty forms surveyed, 100% were legally valid. Furthermore, 100% recorded diagnoses, symptoms, or behaviours suggestive of a mental health disorder and were legible, signed, and dated by the relevant parties. 70% identified risks to the patient or others if the patient were not detained and 55% contained correctly deleted phrases to reflect the status of Registered Medical Practitioner (RMP), Approved Clinician (AC) or Nominee. However, the majority (55%) contained medical abbreviations and only 40% indicated detention was necessary to allow a Mental Health Act Assessment (MHAA) to occur.

Conclusion: Overall Section 5(2) forms are completed well by doctors in this survey with all citing evidence of a mental health condition and the majority including an assessment of risk. Increased physician education and awareness of key information may increase the documentation of risks, the need for a MHAA and promote the avoidance of abbreviations which can cause errors. The ongoing work reviewing the new Mental Health Act could consider simplifying the pre-determined options, which may increase the correct completion of the RMP/AC/Nominee status section. Meanwhile, doctors may benefit from an aid with clear examples of the correctly deleted phrases being issued alongside the Section 5(2) forms. The surveyed hospital is currently revising Section 5(2) guidelines and preparing example templates for doctors to use. After allowing time for the implemented changes to take effect this project will aim to re-audit and measure impacts.

A Quality Improvement Protocol for Assessing the Quality of Assessments for Children and Adolescents in Crisis

Dr Azim Daud, Dr Tauseef Mehdi, Ms Emily Perrin and Ms Mary Curtis-Weight

Berkshire Healthcare NHS Foundation Trust, Reading, United Kingdom

doi: 10.1192/bjo.2025.10356

Aims: Berkshire Healthcare NHS Foundation Trust utilises a Quality Management Improvement System (QMIS) which facilitates a culture of continuous improvement across the Trust. This system includes regular "Huddles" where all staff are encouraged to participate in identifying areas for improvement. Through a Huddle within the Berkshire Child and Adolescent Mental Health Service (CAMHS) Rapid Response Team, concerns were raised about the variable quality of assessments for children and adolescents in crisis. This project was designed to address this concern.

Methods: We designed a multifaceted approach to accurately map out the scale of the issue from multiple perspectives to help identify training needs and direct future interventions involving:

1. Designing a quality framework and rating system for reviewing assessments looking at domains agreed by the senior multidisciplinary team (psychiatry, management, psychology and nursing) and informed by existing assessment guidelines. Domains agreed:

Comprehensiveness.

Accuracy and clarity.

Formulation.

Sensitivity and cultural competence.

Document quality.

Rated from 1–5 (1 – poor, 2 – needs improvement, 3 – satisfactory, 4 – good and 5 – excellent).

2. A rating exercise using the framework is to be completed by all assessing clinicians split into two groups (for anonymity), facilitated by senior clinicians. A total of 36 assessments (18 per group) completed in the preceding three months are to be reviewed.

3. Finally, the systemic family therapist would arrange to observe all assessing clinicians in at least one initial assessment to identify and note any other areas for improvement or concern within the assessment itself.

Following the above, information will be collated and analysed to identify specific areas of need within the team's assessments.

Results: We describe a comprehensive approach to review assessment quality within teams, and which encourages the utilisation of multidisciplinary expertise. The framework can be adapted to the needs and multidisciplinary composition of other teams. The crucial aspect is multidisciplinary collaboration – to ensure a holistic assessment of quality.

Involving assessing clinicians in rating assessments is a strength as it allows their perspectives to be included, and simultaneously creates a learning opportunity by attuning them to what is expected of an assessment.

We have also demonstrated the value of having quality improvement systems embedded within the standard work of a team which shares out responsibility and accountability and encourages wider participation.

Conclusion: The quality improvement project methodology described can be used by other teams to map out current assessment quality and identify specific target areas for improvement. Further work might include co-production and external validation of our rating guide.

Improving Quality and Appropriateness of Referrals to a Drug and Alcohol Outreach Service in a General Psychiatric Hospital

Dr Eileen Dempsey and Dr Rebecca Lawrence

NHS Lothian, Edinburgh, United Kingdom

doi: 10.1192/bjo.2025.10357

Aims: By March 2025, 90% of referrals to the Ritson Outreach Service in the Royal Edinburgh Hospital will be appropriate and contain relevant details.

Methods: Members of the Ritson Outreach team agreed the following referral criteria for inpatients on general psychiatric wards:

Prescribing for alcohol withdrawal and relapse prevention.

Prescribing in opioid dependence.

Prescribing in benzodiazepine dependence.

Advice on linking to community services.

Standards for referral details were also agreed: ward, referrer, contact number, reason for admission, specific request, community addictions input, patient's awareness and views on referral, drug screen results, estimated discharge date, appropriateness according to referral criteria.

A baseline audit of referrals to the Ritson Outreach inbox from 19 March–28 August 2024 was conducted. Surveys about barriers to making appropriate referrals were gathered from the ward with the highest referral rate. A referral form including criteria and prompts for relevant details was devised. This was made available via an automatic reply from the referral email address. Referrals made following implementation of the form were re-audited for a four-week period from 8 January 2025.

Results: 20 referrals were included in the baseline audit.Adherence to standards: Ward 100%; Referrer 100%; Contact number 55%; Reason for admission 60%; Specific request 55%; Community addictions input 30%; Patient aware of referral 20%; Patient's views 40%; Drug screen results 5%; Estimated discharge date 5%; Appropriate 55%.

10 surveys from the ward with the highest referral rate revealed only 10% of staff felt confident about the referral criteria and relevant details to include prior to implementation of the referral form.

In the four-week period following implementation of the referral form, 5 referrals were received via the referral mailbox. Adherence to standards: Ward 100%; Referrer 100%; Contact number 100%; Reason for admission 80%; Specific request 100%; Community addictions input 80%; Patient aware of referral 60%; Patient's views 60%; Drug screen results 20%; Estimated discharge date 40%; Appropriate 80%.

Conclusion: Implementation of a referral form has begun to improve quality and appropriateness of referrals to the Ritson Outreach Service, although not yet reaching the target of 90% appropriate referrals. Further data collection is ongoing, along with measures to increase staff awareness of the referral criteria and process, such as posters in handover rooms and inclusion in resident doctor inductions.

Improving Duty Clinician Decision Making for Medication Side Effects in Patients With Multimorbidity and Polypharmacy: A Quality Improvement Project

Mr Tejbir Singh Deol[1], Miss Wyeshnavi Chitrangan[1], Mr Rohit Nagaraj[1], Dr Madhusudan Dalvi[1,2] and Dr Lucia Laskowski[2]

[1]King's College London, London, United Kingdom and [2]Kent and Medway NHS and Social Care Partnership Trust, Kent, United Kingdom

doi: 10.1192/bjo.2025.10358

Aims: A large proportion of patients referred to the Shepway Old Age Psychiatry service are multimorbid (3+ health conditions) and have polypharmacy (5+ medications), which can cause a wide range of medication side effects. These side effects, ranging from mild to severe, can compromise patient safety and often result in unnecessary re-entry into the service. This Quality Improvement Project (QIP) aims to improve the management of these patients by implementing a structured triage poster to assist on-call clinicians in deciding whether a patient needs to be readmitted to the old age psychiatric clinic or be referred elsewhere (A&E or GP). The aim of this QIP is to reduce unnecessary referrals, ensure timely intervention for high-risk cases, and optimise appointment allocation within the old age psychiatry service to optimise efficiency in the clinic.

Methods: A triage poster was designed and introduced at the old age psychiatry community unit, as a Plan-Do-Study-Act cycle, to standardise management of medication side effects in patients with multimorbidity and polypharmacy. Data on the number of patients readmitted to the service was collected over three weeks prior and three weeks after the implementation of the triage poster. The effectiveness of the poster was assessed by comparing the number of re-admissions and referrals pre- and post-implementation. The mean readmission rates pre- and post-intervention were compared and statistically analysed using a two-sample t-test to assess the impact of the intervention.

Results: The mean number of weekly readmissions pre-intervention was 2.33 (SD=1.53). The mean number of weekly readmissions post-intervention was 5.00 (SD=0.00). A two-sample t-test was conducted to compare the means, which showed a statistically significant increase in re-admissions post-intervention ($t(4)=-2.92$, $p=0.043$). This demonstrated that the triage poster did not reduce re-admissions and may have caused the opposite intended effect.

Conclusion: The implementation of the triage poster was associated with a statistically significant increase in re-admissions to the old age