

significantly enhances service efficiency, reduces waiting times, and optimises resources. Positive feedback from patients suggests high acceptability, with many valuing the convenience of avoiding unnecessary clinic visits. This system aligns with NICE guidelines by ensuring timely reviews while preventing service bottlenecks.

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.

Datix for Deaths Due to Physical Health Causes Outside Mental Health Inpatient Settings: Staff Perspective

Dr Uchechukwu Egbuta, Dr Manorama Bhattarai and Dr Eimear Devlin

NHS, Hull, United Kingdom

doi: 10.1192/bjo.2025.10361

Aims: Datix is a web-based incident reporting and risk management system used across hospitals in United Kingdom to report incidents. DATIX is used primarily for risk management. Therefore the purpose of reporting an incident is to alert the healthcare system to risks and to provide guidance on preventing potential incidents that may lead to avoidable harm or death. Datix can be used to report patient safety incidents or adverse incidents of varying categories such as unexpected effects, medication errors, etc. and these help to provide learning both at individual and organisational level.

The aim is to gather staff perspectives on the current Datix system for deaths secondary to physical health in patients known to mental health settings.

Methods: Online Microsoft Form qualitative questionnaire was created to gather staff perspectives on recording of Datix incidents involving deaths due to physical health causes but outside mental health settings. The preliminary questionnaire was shared with Corporate Risk and Compliance Manager, Interim Deputy Director of Nursing in Trust and as advised one of the clinicians attended the Clinical Risk Management Group prior to rolling out to the local Older People's Community Mental Health Team and Humber Academic programme attendants list. Data was extracted onto Excel for the time March—May 2023 from Microsoft forms. Thematic Data analysis and summary was done collectively by three clinicians in Older Adult.

Results: Total: 28 respondents.

Respondent Demographics: approximately 57% nurses; 22% doctors, 7% social workers, 14% team leaders/managers; age 64% below 50 (29% 35–40); 29% 55–65.

7% of respondents have never filled in Datix for death, 36% filled within the last three months.

Source of information: Electronic notes 36%, discussion with colleagues 28%, during review 11%, relatives 14%, never found out 11%.

48% respondents needed to spend a week before finding the cause of death.

Thematic analysis Scale (1 least intensity, 10 highest intensity): Ease of access 14%, In emotionality 43%; Exhausting 61%.

61% respondents did not feel that Datix of deaths caused by physical health needs to be completed by mental health staff. 89% think the process could be made easier.

Conclusion: The study shows clearly that most of the respondents did not feel that Datix forms needed to be filled in for older adult psychiatric patients in the community, whose death occurred due to physical health causes but outside mental health setting.

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.

Quality Improvement Project on Split-Post Placement in Core Psychiatry Training

Dr Hala Elhardlu¹, Dr Faquiha Muhammad¹ and Dr Suneetha Siddabattuni²

¹Northamptonshire NHS Foundation Trust, Northampton, United Kingdom and ²Lincolnshire NHS Foundation Trust, Lincoln, United Kingdom

doi: 10.1192/bjo.2025.10362

Aims: Split-post placements are part of Psychiatry training, being a combination of inpatient and outpatient settings. The outpatient post could be set within the community mental health teams outpatient clinics, Crisis teams, Gender Identity and CAMHS clinics.

Trainees in such split-posts typically spend 2–3 days per week doing outpatient work, with the remainder in inpatient settings. The allocation is primarily a factor of training needs, to ensure safe delivery of clinical services, patient safety and provision of appropriate experience. Post allocation ensures trainees have the opportunity to achieve training competencies. This means that while individual preferences cannot always be met, the posts allocated will meet the trainee's needs.

Our survey consisted of measuring the level of satisfaction with clinical experiences and supervision whilst working in split-posts, and factors pertaining to Trainees' perception of patient safety, continuity of care and workloads.

Methods: Taking into consideration HEE guidelines regarding training placements, we collaborated with trainee programme director and created a qualitative survey including East Midlands Psychiatric Core trainees at Northamptonshire Healthcare Foundation NHS Trust working in split-posts. Of 15 trainees, 9 responded and completed the survey.

Results: While our survey respondents were able to identify that split-posts allow for more variety in clinical experience, they also noted several difficulties in transitioning between outpatient and inpatient settings, including:

Inability to keep up with pending work.

Difficulty establishing strong professional relationships with both staff and patients in both settings, as they are only present for 1-2 days.

Interruption in continuity of care, with work from both posts frequently overlapping.

Compromise in the level of supervision available to them, as they were only assigned a clinical supervisor in one setting.

62.5% of trainees found the workload across both placements manageable. However, half of the trainees faced challenges transitioning between clinic and inpatient roles. 37.5% of trainees did not feel adequately supervised in split-posts.

Conclusion: Our survey shows room for improvement within split-post placements. Based on our findings, we can advise the following