

The most frequently used outcome measure was the RCADS but the SDQ was also used.

Conclusion. There is work to be done to ensure the use of outcome measures becomes routine, and also to standardise both the type and frequency of use. The Trust is aiming to increase their use by utilising SystmOne’s capabilities to interface with service user mobile devices to send out outcome measures to patients. There is also a plan to inform staff within the service about the expected use of outcome measures. This audit will be repeated in 2024 to see if the Trust are moving closer to delivering their promise.

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.

An Audit on Telephone Referrals to Beechcroft, a Step 5 Regional Child and Adolescent Mental Health Inpatient Unit

Dr Andrew Breakwell*, Dr Claire Kelly, Dr Lucy Brakspear, Dr Owen McMurray and Dr Karolina Szczygiel
Beechcroft, Belfast, United Kingdom
*Presenting author.
doi: 10.1192/bjo.2024.545

Aims. To audit telephone referrals to Beechcroft inpatient unit.

Beechcroft inpatient unit is a step 5 regional child and adolescent mental health inpatient unit in Belfast. It receives a large volume of referrals from across all five health and social care trusts in Northern Ireland. The process of referral to Beechcroft can vary between trusts and clinicians; the majority of admissions are emergency. The demand for beds has risen by 30% since 2019. Emergency admissions are commonly telephone referrals whilst others submit written referrals. The referrals process is managed by the ward sisters, as there is no bed manager post. Referrals are discussed with a consultant psychiatrist.

Referrals received often lack key clinical information, which makes decisions around appropriateness of admission or prioritising multiple referrals difficult. Furthermore, as the admitting doctor relies on this information, missing clinical information could result in patient safety issues.

Methods. 24 telephone referrals were recorded between August to December 2023. 5 referrals were excluded for either no request for a bed (3) or telephone update following previous written referral (2). 19 telephone referrals were analysed across 7 different criteria as below, based on necessary information.

Criteria 1 Patient identifiable information			
Criteria 2 Source of referral/referrer details			
Criteria 3 Current location of patient			
Criteria 4 Legal status			
Criteria 5 Presenting symptoms			
Criteria 6 Working diagnosis			
Criteria 7 Risks warranting admission			
Results.	Yes	No	%Yes
Criteria 1	19	0	100
Criteria 2	19	0	100
Criteria 3	13	6	68
Criteria 4	14	5	74
Criteria 5	18	1	95
Criteria 6	2	17	11
Criteria 7	15	4	79
Total	100	33	75.2

Patient identifiable information and source was documented in all referrals. Only 10% of referrals included a working diagnosis. Location of patient, legal status and risks warranting admission were documented between 68 and 78%.

Conclusion. Crucial information such as working diagnosis was missing in 90%. Risks or legal status missing in up to a quarter of referrals. This has an impact on timely access, bed flow and potentially patient safety.

A need for improvement in receiving and documenting telephone referrals has been identified. To aid improvement in patient safety and flow, a bed manager for in hours has now been appointed. A standardised proforma for recording data will be developed by inpatient staff in collaboration with community staff to include the above criteria. A re-audit will be carried out following these service improvements.

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.

Monitoring of Sodium Valproate Annual Risk Assessments Within Psychiatric Services

Dr Melissa Bremner*
Woodland View Hospital, Irvine, United Kingdom
*Presenting author.
doi: 10.1192/bjo.2024.546

Aims. To determine the number of patients within a service on sodium valproate for a psychiatric condition who have updated Annual Risk Acknowledgement forms in place.

Methods. It was firstly identified that within the NICE guidelines, it is recommended that all patients who are on sodium valproate should have an annual signed risk acknowledgement form in place. Following this, a list of patients was compiled who were currently prescribed this with the local area. Each patient was then checked to see if the valproate was prescribed by psychiatry or by neurology. This was then further divided into general adult and learning disability patients.

From this, a list of patients under the care of general adult psychiatry was compiled. The notes for these patients were obtained.

Data collection was then carried out. Each set of notes was reviewed by two individuals for the following:

- 1. To identify if an annual risk assessment form was carried out.
- 2. To check if this was within expiry date.
- 3. To identify patient diagnosis.
- 4. To identify the dose of sodium valproate.
- 5. To confirm if these patients were females of childbearing age.

Results. From the initial audit cycle, it was identified that 28 female patients who fell within the inclusion criteria were on valproate, and of these, 6 had forms in place. Of the 6 with forms in place, 50% had expired so needed to be replaced. 17 had no form in place, and for 4 patients it could not be certain if forms were present or not due to unavailability of records. Only 3 patients therefore had the correct form in place which were within expiry date. If we discount those with no data available, only 12% of patients had the correct annual risk acknowledgement form present and within expiry date.

Following the initial audit, two interventions were carried out:

- 1. The data from the above audit was presented at a consultant meeting, highlighting the importance of ensuring these forms are kept up to date.