

NICE guidance recommends verbal and written safety netting advice is given. Advice was given in 16% (n = 5) of incidents. NICE recommends a responsible adult remains with the patient for 24 hours, this was documented in 77% (n = 22) of incidents. NICE recommends ongoing doctor concerns necessitate patient transfer to A&E. Concerns/lack of concerns were documented in 6.6% (n = 2) of incidents.

Conclusion. This audit has demonstrated inconsistencies between doctor's documentation of self-inflicted head injuries in an inpatient CAMHS setting. The reviews do not meet the standards outlined by NICE. There is a good emphasis on gross neurology but less awareness of the need to document more subtle pathology and ongoing monitoring requirements.

Psychiatric Induction Programme in Fife

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Aims. To improve the Psychiatry induction for DiTs in Fife.

Methods. The purpose of induction is to provide Doctors in Training (DiT) with a smooth, supported transition between roles. Delivered well, it will promote confidence and also provide a thorough grounding in the key requirements of the role and clarity regarding sources of help.

A recent report, commissioned by the GMC, identified the key areas which should be covered in induction. The findings demonstrated a clear link between inadequate inductions to the impact on doctors' well-being and patient safety issues.

A questionnaire was issued to DiTs completing Psychiatry inductions in August and December 2021. Questions focused on the following key areas highlighted in the GMC report:

- Gaining access to workplace settings and systems
- Physical orientation of workplace
- Team inductions
- Daytime role and out of hours working and rotas.
- Familiarisation with common cases/procedures that doctors may deal with in this speciality: risk management, use of the MHA

Results. Questionnaire Results: Key Issues highlighted

August 2021

- FY2 to ST6 inducted together: differing experience levels
- Differences in site inductions (psychiatry is spread across 3 hospitals in Fife)
- Issues obtaining swipe cards/keys
- IT access for emails and various computer systems delayed
- Computer systems training not done

December 2021

- Lack of psychiatry experience of FY2s
- Continued IT access issues initially

Conclusion. In September 2021, a working group was established comprising DiT representatives and those responsible for induction. The August 2021 results were disseminated and key improvements were identified in areas covered by the clinical induction:

- An improved induction check list universal for all sites.
- Induction documents for each role detailing responsibilities and useful information.
- Integration of IT training.

The December results highlighted improvements in many areas but continued a theme of concerns for FY2s starting in

Psychiatry. The transition to this speciality is a significant adjustment as it operates differently to most specialities, requiring different skills and knowledge.

Plans have been made to provide simulation events which would give DiTs practical experience in a safe environment of various topics e.g., risk management in psychiatry. Additionally, there are plans to revise induction for speciality trainees.

Audit Against DVLA Guidance for New Psychiatric Patient Referrals at the Early Intervention for Psychosis Team (EIP)

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Aims. To assess the compliance of the clinicians in EIP team with DVLA guidelines. **Objectives:** To assess if there was documented evidence of: 1) Patient's diagnosis, 2) Patients' driving status, 3) Type of vehicle driven, 4) Informing the patient that their condition may affect their ability to drive, 5) Advice regarding driving restrictions where applicable, 6) Informing the patient that they have a legal duty to inform the DVLA about their condition

Methods. We selected two-thirds of the patients (n = 40) enrolled in the EIP service in the last year by consecutive sampling. We collected the data retrospectively from the clinical documentation and analysed it using excel sheets.

Results. The mean age of the study sample was 34 years. 95% (n = 38) had a documented diagnosis, 67.5% (n = 27) had a documented driving status. The documentation of driving status was completed by doctors in 52% (n = 14), nurses in 26% (n = 7) and by both in 22% (n = 6). The type of vehicle driven was documented for only 33% (5) of the drivers. Among the drivers identified 33% (n = 5) had been informed that their condition might affect their driving, 67% (n = 10) had received information on driving restrictions and 47% (n = 7) had received information that they have a legal duty to inform the DVLA.

Discussion: One of the reasons for the low compliance may be because another team might have documented the information at the time of referral. It is possible that the professional involved did elicit the information but didn't document the same. Healthcare professionals (HCP) have to identify, discuss and document driving-related information as advised by the DVLA. In cases where the patients' don't follow the advice, the HCP must notify the DVLA.

Conclusion. Assessment of driving history and the risks associated are critical. Awareness should be raised among the clinicians (through training and team meetings). This practice should be made an integral part of the structured initial assessments. Patients can be offered information leaflets. If successfully implemented, it will prevent unsafe driving and minimise the risk of harm for the patient and other road users.

Changes in Crisis Resolution Home Treatment Team Referral Numbers and Patient Caseload During COVID-19 Pandemic in First Lockdown

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Aims. The COVID-19 Pandemic has had an impact on most aspects of functioning on the world in general. We wanted to see what impact of COVID-19 Pandemic has had on a Crisis Resolution Home Treatment Team North Peterborough. The main objectives of this audit were to see changes in Crisis Resolution Home Treatment Team North number and source of referrals, average length of stay, total number of patients Home Treated during this period (Pre and during COVID-19 pandemic) and to also identify whether patients with a certain diagnosis deteriorated or presented more to services compared to others.

Methods. We retrospectively reviewed case-notes and data were collected from RiO Electronic Patient Records (EPR) covering all the factors we wanted to analyse. Data collection periods were pre-COVID-19 between 1st April 2019 and 30th September 2019 and COVID-19 pandemic (1st Lockdown) between 1st April 2020 and 30th September 2020. Total number of referrals received between April and September 2019 pre-pandemic were 844 and total number of referrals received during COVID-19 pandemic between April and September 2020 were 660. Data were exported from the electronic patient record into Microsoft Excel and quantitative analysis was performed using Microsoft Excel.

Results. The results showed 21.8% drop in total number referrals from 844 to 660 and there were 20.89% (79) less patients Home Treated from April and September 2020 during first lockdown compared to the similar period in 2019. Significant increase observed in patients with bipolar affect illness by 32% (from 86 to 128 patients), acute stress reaction and adjustment disorder by 15% (from 68 to 80 patients) and psychotic disorder by 11.5% (from 245 to 277 patients) in 1st lockdown period compared to 2019 similar period. Declining trend observed in intentional self-harm by various means by 20.75% and 4% drop in personality disorder patients. Anxiety and depression patients number remained same in both periods.

Conclusion. Although referral numbers dropped significantly and Crisis Resolution and Home Treatment Team caseload decreased during the COVID-19 pandemic first lockdown, the number of patients with serious mental illness presented to services increased remarkably (bipolar and psychotic illness). Overall, no major change in length of stay of patients with Crisis Team was observed when compared both periods and referral numbers remained low from all sources during COVID-19 pandemic.

Audit of Timely Assessment, Diagnosis and Post-Diagnostic Support Provided by the West Leeds Memory Assessment Service

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Aims. In Leeds, Key Performance Indicators (KPIs) specify that patients should be offered an initial assessment within eight weeks of referral to the Memory Assessment Service (MAS) and diagnosed within 12 weeks. Additionally, post-diagnostic support (PDS) should be offered within two weeks of diagnosis. There are concerns that these targets are not being met due to the COVID-19 pandemic's impact on referrals and staff absence. This audit aims to establish whether the West Leeds MAS

meets KPIs relating to the assessment and diagnosis of dementia and the provision of PDS in 80% cases.

Methods. The 67 patients who were referred to the West Leeds MAS between 1 June and 31 July 2021 were included in this audit. Data were collected retrospectively from electronic patient records using an online proforma designed a priori. All data were quantitative and analysed descriptively using Microsoft Excel.

Results. 59 patients received an initial assessment; 19 (32%) received their initial assessment within 8 weeks, 14 (24%) had a delayed assessment with a documented reason, and the remaining 26 (44%) had a delayed assessment with no clear reason. 41 patients received a diagnosis; 23 (56%) received the diagnosis within 12 weeks, 12 (29%) had a delayed diagnosis with a documented reason, and 6 (15%) had a delayed diagnosis with no clear reason. Of those diagnosed, 25 (61%) were allocated a PDS appointment. No patients were offered PDS within 2 weeks of diagnosis, with no documented reasons for these delays.

Conclusion. The MAS failed to meet the KPIs of interest, which may be partly explained by staffing issues and a backlog of referrals following the service's suspension in 2020. We aim to raise awareness of the KPIs, and the importance of documentation when KPIs cannot be met, by presenting at local meetings. We plan to liaise with clinical managers to identify systemic strategies to improve flow through the service while ensuring patient-centred care, and we will assess impact by repeating the audit in 12 months.

Outcome of Did Not Attend Outpatient Appointment

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Aims. Failure to attend outpatient clinic appointments by service users without prior notification is a major contributor to waste resources. Failure to attend earlier in treatment predicts attrition later in treatment (Goode, 1997; Aubrey et al, 2003) leading to further waste of resources. The department of health figures for England show that failure to attend outpatient clinic is more in mental health clinics (19.1%) compared with overall figures for other specialties 11.7% (Department of Health, 2003). Lack of appropriate follow-up when a service user does not attend as appointment has been identified as a contributory factor in Serious Incident investigations, Domestic Homicide Reviews and Safeguarding Adults Reviews. Our aim of this study is to see if we are adherent to trust policy or not.

Methods. A questionnaire tool was designed by using trust guidelines regarding DNA appointment

- Was The DNA Recorded in patient's records? YES/NO
- Was the information (DNA) shared with GP? YES/NO
- Was The DNA discussed in MDT meeting? YES/NO
- For new referrals was the referrer involved in review and decision of next step? YES/NO
- Were alternative venues considered for carrying out the assessment to support the person to engage, e.g. GP Surgery? YES/NO

Data were collected by team and analysed by Dr Saleh using electronic records.

Results. 88 outpatient appointments were flagged as DNA appointments between 1 April 2021 to 31st May 2021