

level of risk using a 'RAG' (red, green, amber) system. This allows targeted intervention and monitoring for those patients in need.

Methods. All patient-facing staff in the Wandsworth Learning Disability Service were surveyed about their confidence levels in assessing physical health risk factors independently. We then asked each member of staff to assess physical health risk and assign a RAG rating for 2 randomly selected patients using their usual methods (clinical judgement). We then assessed the same patients using the DST-PH tool. Results were then compared to determine the degree of correlation between clinicians' existing risk assessment methods and the risk ratings assigned using the DST-PH.

Results. Survey results showed that staff would welcome the introduction of a risk stratification tool. Comparison of risk assessment data showed a significant correlation between clinicians' assessment and the results from the tool.

Conclusion. Results evidenced the drive for ID clinicians to be observant of the physical health care needs of their patients. Introduction of the DST-PH may help to streamline the risk assessment process and increase confidence levels of clinicians.

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.

A Survey of Referrals to Psychiatric Intensive Care Unit (PICU): Patient Characteristics and Outcome

Dr Shantala Satisha and Dr Emily Pettifor*

Willow Suite Psychiatric Intensive Care Unit, Littlebrook Hospital, Dartford, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.505

Aims. The project aims to evaluate the referrals from North Kent for admission to our PICU from April to November 2021.

Hypothesis:

There are very few surveys of PICU referrals. We expect more referrals for younger men with psychotic illnesses and comorbid diagnoses; to be for aggressive behaviours; and most will be admitted to acute wards with ongoing support from the PICU liaison team.

Background. Our PICU services in the trust include one 12-bedded male PICU, 5 contracted female PICU beds and the PICU liaison service. PICU liaison team 'gatekeep' the PICU beds for patients meeting the admission criteria and supporting the other referrals' admissions to non-PICU acute beds by working closely with the staff and patients on these wards.

Methods. Data was collected for all referrals for PICU admission made to one of the three PICU Liaison practitioners in North Kent from April to November 2021, recording the demographics, clinical information and outcomes.

Results. There were 126 referrals in this time period, of which 68% were males. 38% were aged 18–30 and 25% were 31–40 years old.

43% of referrals were from inpatient acute wards, 21% from community, 21% from other settings and 7% from Places of Safety. 75% of the referrals were detained under the Mental Health Act.

The primary diagnosis was Schizophrenia in 25%, Bipolar Affective Disorder in 25%, Schizoaffective Disorder in 13%, Personality Disorders and Substance misuse related disorders were 7% each. 32% of the referrals had a comorbid diagnosis;

43% of which was substance use related, 23% had personality disorder and 34% had other conditions including neurodevelopmental disorders.

42% had previous admissions to PICU and 52% had forensic history.

Reason for referral was aggression in 76%; 10% did not have any indications for PICU and 18% was for current or recent prison stay.

30% of the referrals were admitted to PICU and 58% were either admitted to or remained on the acute wards with support from PICU Liaison Team. While 5% were diverted to the forensic pathway, 7% remained in the community.

Conclusion. In conclusion, the data shows patients referred for PICU admission were more likely to be young men with aggressive behaviour and a primary psychotic illness, using illicit substances. Most referrals came from the inpatient wards as is to be expected. They were also more likely to have previous PICU admissions and a significant forensic history.

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.

A Service Evaluation and Improvement Project: Reducing Delays in Transfer of Patients From Psychiatric Intensive Care Unit (PICU) to Prison After Completion of Treatment

Dr Shantala Satisha and Dr Emily Pettifor*

Willow Suite Psychiatric Intensive Care Unit, Littlebrook Hospital, Dartford, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.506

Aims. The project aims to reduce the delays in transferring prisoners back to prison after they have completed the treatment of their mental health disorder in our male PICU.

Hypothesis:

When prisoners are admitted to our PICU for treatment of their mental health condition, there is a delay in transfer to prison after completion of their treatment due to lack of clear protocol between the services. We expect this project to significantly reduce these delays by agreeing treatment goals and exit pathways prior to admission.

Background. Our 12 bed male PICU accepts admissions from prison for patients meeting our admission criteria. With increased number of admissions from prison since 2020, we were experiencing delays in transferring the patients back to prison after completing their hospital treatment.

Methods. Data was collected for all admissions from prison services to the male PICU ward since June 2020 to April 2023. We introduced a PICU-Prison Transfer Agreement form in October 2021 which had to be signed by the mental health team and the governor of the prison before the admission. The form asked for details of any pending court appearances, solicitors' details, release date, list of staff to be invited for CPA and agreement to accept the patient back to their prison after completion of treatment.

Results. There were 44 referrals in this time period of which 24 were admitted to PICU. Prior to introducing the PICU-Prison Transfer Agreement, there was an average of 22.5 days (range 19–30 days) delay in patients being transferred to prison after being deemed ready for transfer. After the intervention, the