

Future work might evaluate the vanguard street triage service, or be a repeat of this evaluation once there is medical cover in the hub, or look at the fraction of patients seen in the hub who are referred on to ED, or be qualitative studies of staff and patients' views of the hub.

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## A Service Evaluation of Workload Monitoring for the Psychiatric Resident On-Call Rota

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**Aims.** The Psychiatric Resident On-Call (PROC) rota provides medical cover for all inpatients across Leeds and York Partnership NHS Foundation Trust outside normal working hours. With the introduction of a new regional inpatient CAMHS unit in August 2021, a service evaluation project was undertaken to establish if the current medical provision was sufficient to meet the increased demand of expanding services.

**Methods.** Workload monitoring was undertaken for 28 days during August and September 2022 for all evening, weekend, night and bank holiday shifts. Data collection documents in the form of Microsoft Excel spreadsheets were sent to one doctor to co-ordinate for all PROC doctors on each shift. For each 30-minute period, the number of doctors engaged in clinical activity was documented and the average number working at that time, as well as standard deviation, was calculated.

**Results.** 51 out of 56 on-call shifts were accounted for during the workload monitoring period by returning of a completed data collection document. Workforce demand for the remaining five shifts was estimated from reviewing handover document with listed times of call-out and expected duration for each job.

Data showed that workload was consistent throughout weekend shifts, but slowed around the time of handover. This is likely due to the end of shift being used to complete documentation, and the start of shift being used to assign roles and plan the shift ahead. In addition, lengthy non-urgent tasks may not have been appropriate to undertake if a PROC was due to shortly end their shift.

Patterns of night-shift working suggested a steady demand during the early hours of the shift, but a reduction during early hours of the morning, with trough levels being observed between 04:00 and 05:00 in the morning. No significant differences were observed between evening and night shifts across weekdays or weekends.

**Conclusion.** Assessing the above data led the authors to conclude two changes to workforce provision which may increase efficiency of workload. The first was to implement a cross-over role which could bridge periods of handover and ensure that a medic is still available to respond to tasks despite the change in workforce around these times. The second was to rebalance allocated provisions so that less medics were on shift during early hours of the morning, when demand was lowest, and re-allocated to evenings or weekends where demand appeared to be greater.

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## Demographic Characteristics of Adolescents Referred for Psychoanalytic Psychotherapy – Who Is Being Left Out?

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**Aims.** In response to the growing awareness of health inequalities in the UK, institutions are called to take responsibility in tackling obstacles to equality, diversity and inclusion to mental health services access. This study aims to evaluate the demographic profile of referrals from London borough of Camden residents (aged 18 to 25 years) to the Tavistock Adolescents and Young Adults Service (AYAS) for psychodynamic psychotherapy. We aim to evaluate whether the demographic characteristics of referrals were a good representation of the local population.

**Methods.** Age, gender, and ethnicity of Camden AYAS referrals received between 12th April and 14th December 2021 (n=38, age range 17 to 24 years) were collected retrospectively using the electronic patient record system and compared with the following age groups of the latest Camden Census data (2011): 16-17, 18-19 and 20-24 years.

The two sets of data were analysed using Chi-Square goodness of fit test.

**Results.** Females were significantly overrepresented among AYAS referrals compared to Camden population (86.5% vs 52.8%,  $X^2=16.83$ ,  $p=.001$ ).

No conclusion could be reached regarding transgender individuals due to lack of data about transgender population in 2011 Census data.

Ethnicity was recorded in n=33 referrals and evaluated at group and subgroup level, utilising standardised categorisation.

We found that the proportions of five main ethnic categories differed significantly between the AYAS and Census groups, ( $X^2=13.07$ ,  $p=.05$ ). In the AYAS referrals Mixed ethnicity group was over 3 times higher than expected based on Census data, while the Asian group was markedly underrepresented.

Significant disproportions were also identified at ethnic subcategory level ( $X^2=39.98$ ,  $p=.01$ ).

No one of Asian-Bangladeshi or Asian-Chinese ethnicity was referred to AYAS in the timeframe considered.

People of Black ethnicity were represented as expected overall with all referrals (n=3) identifying as Black-African.

Although overall White ethnicity was represented as expected, White-British were underrepresented (18.2% vs 39.2%) with majority of referrals identifying as other White ethnic subcategories (36.4% vs 15.5%).

**Conclusion.** Limitations of this study include sample size, outdated Census data and limitations of statistical tests used. Our findings indicate males are under-referred to the AYAS psychotherapy service together with some ethnic minorities (Asian overall, and in particular Asian-Chinese and Asian-Bangladeshi).

This may be due to unconscious bias in the referral process. Further exploration is needed to understand underlying causes so that effective strategies to promote equality in access to services can be implemented.

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