5/7 (71%) had treatment initiated with Valproate more than 5 years ago, hence unable to see if prescription initiations were explained to patients due to lack of historical records.

Conclusion. First cycle of this internal audit which forms part of a wider national prescribing audit, demonstrates that the ECRS team are generally meeting current standards for Valproate prescription.

Despite the majority (71%) being initiated >5y ago - 86% of our patients have documented clinical reasons for ongoing prescription, with100% having a documented review in the past year.

Understanding Trainees' Current Likelihood of Raising Concerns

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Aims. Raising concerns is a duty for all doctors. However, a scoping exercise within a large mental health Trust demonstrated that trainees experience difficulties in raising both patient safety and training concerns. As part of a trainee-led quality improvement (QI) project within this Trust, our aim was to develop a pulse survey to capture the current likelihood of trainees raising concerns and factors influencing this.

Methods. An online survey was developed using 'plan do study act' (PDSA) methodology. The initial draft was informed by data from the Autumn 2021 scoping exercise. The survey was refined using a collaborative trainee-led approach. It was tested by trainees involved in the QI project followed by two other trainees and was revised accordingly.

Trainees across all training grades were invited to complete the survey through various communication channels. The pulse survey will be repeated monthly with a two-week response window.

Results. Ten trainees out of 103 responded to the first pulse survey open from 18th to 31st January 2023 (response rate 9.7%). Seven respondents were core trainees and three were higher trainees.

Respondents were more likely to raise patient safety concerns than training concerns (average score of 3.8 out of 5, where 5 equals 'very likely', versus 3.4 out of 5 respectively). Of the three respondents who had experienced a patient safety concern in the past 2 weeks, only two had used any existing process to raise it. These data were replicated for training concerns.

No respondents were confident that effective action would be taken if they raised a training concern, while less than half of respondents were confident that effective action would be taken if it were a patient safety concern.

The reasons for the low response rate are likely varied. However, there may be some similar underlying reasons for low engagement in surveys and low engagement in raising concerns. Given this, a more negative picture of trainees' likelihood of raising concerns may have been portrayed if more trainees engaged in the survey.

Conclusion. Engaging trainees to provide insight into their likelihood of raising concerns is challenging. Despite the low response rate, this initial pulse survey demonstrated that trainees continue to experience barriers to raising concerns. PDSA methodology will continue to be used to optimise the monthly pulse survey response rate. The key QI outcome measures will also be integrated into pre and post intervention surveys as a pragmatic approach to evaluate specific change ideas.

EVALUATION of VIDEO CONSULTATIONS in COMMUNITY MENTAL HEALTH SETTING- Pilot Project of Service Evaluation

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Aims. To evaluate the overall experience and satisfaction with Attend Anywhere video consultations in adult CMHT. The increased use of the digital world is evident via Ofcom Tele Report 2019. UK Government's Five Year Forward View and initiatives, such as 'Digital First', aim to reduce face-to-face consultations. Past reports have shown video consultations to be non-inferior to face-to-face consultations in systematic reviews and qualitative studies.The contagious nature of the COVID-19 outbreak limited face-to-face consultations. This led to video consultations via Attend Anywhere (AA). AA is accessed anywhere via the web on Google or Safari with a good internet connection. It provides a single, consistent entry point with an online waiting area on the service's webpage.

Methods.

1. Two separate questionnaires were designed, one each for service users and staff, to capture relevant information at the end of AA consultation. Additional clinical questions for staff included.
2. Data were collected anonymously for 2 months from 1st April 2020.

Results. Total respondent 44= 20 service users and 24 staff.

1. For Service Users:

The respondents' age range was 19-62 years, 80% females. The majority were follow-ups with three new assessments. About half of them had previous contact with the staff. 15 consultations were carried out by the doctor, four by the psychologist, and one was a joint doctor-psychologist consultation.

95% reported their overall experience to be very good-good. 90% found it easy to use: 95% said they would use it again.

2. For Staff:

The respondents' age range was 30-50 years, 87% females. The majority were follow-up assessments with one-third new. 16/24 respondents were doctors and eight psychologists. 58% had a previous meeting with service users.

83% reported the overall experience as very good to good: one third felt it's time-saving. 100% reported it's easy to use, would re-use and recommend to others.

For clinical questions, the responses were very good-good as Rapport 87%; Risk assessment 83%; care plan 83%; History taking 78%; Mental state/Cognition 66% and providing support 65%.

Conclusion. Overall, the majority of respondents at an Adult CMHT found video consultations easy to use with readiness to use them again. Video consultations offer several advantages