

Results. When patient notes were surveyed, only 50% of patients had a full risk assessment documented. Historical risks were documented in 40% of patients notes at admission. Junior doctors are required to complete an admission clerking for new patients, which should include a risk assessment; 70% of these contained a risk assessment, and 60% discussed risks towards others. 30% of patients had identifiable risks to the opposite sex but were admitted to a mixed sex ward. However, none of these cases were escalated to the MDT for discussion regarding the most suitable ward for the patient.

Conclusion. When patients are admitted to any inpatient psychiatric ward it is important to document a full risk assessment including historical risks. Unfortunately, full risk assessments were not always carried out at the point of admission, meaning that patients who had been admitted to mixed sex wards remained there despite previously documented risks. In general, junior doctors included risk assessments in their admission clerkings, but there is evidently room for improvement from all healthcare professionals. Recommendations for improvement are to generate specific guidance for documenting risk assessments and to offer teaching to healthcare professionals on ensuring they have completed a comprehensive risk assessment and when it is appropriate to escalate this to ensure further serious incidents do not occur. Re-audit is scheduled for March 2022.

CBTp for Schizophrenic and Schizoaffective Patients in a Forensic Psychiatric Setting: A Retrospective Audit

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doi: 10.1192/bjo.2022.430

Aims. CBTp is a clinically validated treatment for psychosis with meta-analyses showing beneficial effects for both positive and negative symptoms. CBTp is recommended by NICE for treatment of schizophrenia and psychosis. The aims of this audit were (1) To determine whether patients with schizophrenia or schizoaffective disorder had been offered CBTp as part of their treatment. (2) To determine if patient who were offered CBTp completed the recommended 16 minimum sessions. (3) To identify barriers to the offering and completion of CBTp. (4) Based on the audit findings, provide recommendations to assist in the utilisation of CBTp in the forensic psychiatric setting.

Methods. A retrospective audit was carried out on 30 patients aged 18 years and older from a medium security forensic hospital, Liverpool UK. Patients included had a diagnosis of schizophrenia (F20) or schizoaffective disorder (F25). 26 male patients and 4 female patients were included in the audit, who were inpatients between 01/01/21 and 01/01/22.

Data regarding the offering and completion of CBTp was collected from the electronic health system records and cross-referenced with the psychology team's internal data collection system to ensure that aims (1) and (2) could accurately be assessed and compared with NICE recommendations. Barriers to the offering and completion of CBTp were also documented and categorised into specific groups, with recommendations based on these findings being provided.

Results. The audit found that 68% (19/28) of patients were offered CBTp, with 85% (11/13) of these patients going on to complete the recommended 16 minimum sessions of CBTp. Barriers to the offering of CBT included patients not being mentally well enough for psychological therapies (7/9) and being engaged in other

psychological therapies (2/9). The barrier towards completion of 16 sessions of CBTp was patient refusal (2/2).

Conclusion. Implementation of CBTp for all patients with schizophrenia or schizoaffective disorder fell below NICE recommendations that all patients with psychosis should be offered CBTp and completed for at least 16 sessions. However, improvements have been made from previous similar studies, demonstrating a positive trend towards greater levels of psychotherapeutic interventions with schizophrenic and schizoaffective patients. Appropriate reasons for non-compliance were identified for all patients who were not offered CBTp and patient refusal was identified as an obvious barrier to CBTp completion. A framework for implementation will be recommended with an aim to improve patient compliance and overall health outcomes.

Use of Formulation Information Risk Management in Low Secure Services: An Audit Project

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doi: 10.1192/bjo.2022.431

Aims. Risk assessment is a key component of patient care in forensic psychiatry. This audit aimed to measure the completion of different aspects of the Formulation Information Risk Management (FIRM) risk assessment for patients in the care of Low Secure Services. The FIRM incorporates formulation and a care plan into the risk assessment and should be completed for all inpatients in the trust. It was hoped that this audit would help identify any areas of improvement required in the completion of this risk assessment, and provide recommendations that would contribute to improving standards where required.

Methods. Data were collected on 23rd December 2021 from the electronic patient records of 37 inpatients at a Low Secure Services Unit in Northern England. 5 audit criteria were devised following review of the trust standards regarding the completion of the FIRM assessment. These criteria included the completion of the Current / Historical Risks section, Formulation and Staying Safe / Staying Well Care Plan aspects of the assessment. It also assessed patient involvement in completion of the assessment and whether the assessment had been updated in the last Care Programme Approach (CPA) period. The findings of the audit were presented at a local academic meeting and were distributed to the relevant staff.

Results. 100% of patients had the Current / Historical Risks section completed

89% of the patients had the Formulation completed

73% of patients had the Staying Safe / Staying Well Care Plan completed

In 16% the service user had been involved in the risk assessment completion

In 70% of cases the FIRM had been updated since the last CPA (or in the last year if not applicable)

Conclusion. Current / Historical Risks section completion rates matched expected trust standards. Significant improvement was seen in completion of the Formulation and Care Plan compared to auditing done in October 2021. There was room for improvement regarding increasing patient involvement in the completion of the risk assessment, often due to it being completed at night leading to the patient being unavailable. It was recommended that the FIRM should be more consistently reviewed and updated as part of each patient's 6 monthly CPA review. A re-audit would