- 6/9 wards had 100% compliance rate for retaining the T2/3/S62 forms in the medication charts.
- 78% T2/3/S62 forms were uploaded to PARIS.
- 80% medication charts matched T2/3 forms.

When Dr McKnight asked trainees, "Do you feel confident with your knowledge of consent to treatment" only 24% answered yes, 35% answered no and 41% a little.

When asked, "Do you check Consent to treatment forms before prescribing?" 32% answered yes, 24% no, 34% sometimes and 10% that they didn't know what they were.

During the post-teaching quiz, trainees were asked, "Has this teaching session improved your knowledge and confidence regarding Consent to Treatment?" 91% answered yes, 0% answered no and 9% answered a little.

Discussion with Consultants and Pharmacists concluded that it may be beneficial for wards to include Capacity to Consent and Consent to Treatment within ward round proformas

**Conclusion.**

- The two main concerns of the initial audit and re-audit, relate to Treatment Capacity and Consent forms compliance and prescribing.
- New trainees rotate into the Trust every 6 months and levels of knowledge surrounding Consent to Treatment varies depending on trainee experience. Trainees require teaching on Consent to Treatment as part of their induction and teaching programme.
- Based on the multidisciplinary nature of ensuring compliance to Consent to Treatment the authors propose monthly ward auditing of Consent to Treatment, which they believe will lead to better compliance rates across the hospital.

## High Risk Care Plans in Liaison Psychiatry

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doi: 10.1192/bjo.2022.466

**Aims.** To audit completed liaison service high risk care plans against local and national guidelines.

**Methods.** Sample comprised of a snapshot of all liaison patients currently on the case load on 14th December 2021. Electronic notes were reviewed to identify High Risk Care Plans (HRCPs) and audit completion against local guidance. Currently there is no national guidelines.

In addition staff from the liaison team were surveyed to consider their confidence in completing HRCPs in order to direct staff training. Acute hospital staff were also surveyed to ascertain positive and negative aspects of the current HRCPs, in order to suggest quality improvements ahead of the upcoming integration of new Digital notes system.

**Results.** Sample size 284. High Risk Care Plans completed 11, with an additional 2 required but not found in the notes.

Non pharmacological deescalation advice was specified in only 2/11.

Regular medication was documented in 5/11.

Specialist rapid tranquillisation medication advice in 8/11.

8/11 made reference to the local rapid tranquillisation policy, which was not made available in the notes.

Absconsion risk is documented in 8/11 and advised level of observation 10/11.

**Conclusion.** According to local guidelines High Risk Care Plans were appropriate for 4.6% of the liaison case load, but record was included in the notes for 3.9%. Of those completed mandatory fields including non pharmacological deescalation and rapid tranquillisation advice were not always complete. Reference to rapid tranquillisation policy not immediately available in the notes is largely unhelpful in an emergency.

Our local target is for 100% completion of appropriate high risk care plans and full documentation for each of the mandatory fields in the high risk care plan. Improved training and record keeping is required.

Staff survey suggested unfamiliarity with document and unclear boundaries between standard and patient specific information impaired utility of high risk care plans. We recommend familiarising staff with the document and encourage highlighted font for key information.

## Patients With Psychotic Disorders Are More Likely to Refuse Vaccination: An Audit of Vaccine Acceptability on Acute Adult Psychiatric Wards

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doi: 10.1192/bjo.2022.467

**Aims.** This audit is looking at COVID-19 vaccine uptake in an acute adult psychiatric setting as part of the national drive to minimize COVID-19 infection. The aims of this audit are to identify: the number of patients that have been offered vaccination in a ward setting; the acceptability of the vaccination and the reasons for non-acceptance of vaccine.

**Methods.** A total of 339 patients were admitted to acute adult psychiatric wards (Male, Female, PICU) at Highbury Hospital, Nottingham between February to August 2021. Data on the following parameters: demographics (age, sex, ethnicity), section status, HoNOS cluster, admission length and vaccine data (offered, accepted, received) using the RIO system and Health Informatics.

**Results.** Out of 339 patients, 31% (n = 105) had received or planned to receive the first dose of vaccine prior to admission. 43% (n = 100) of 234 patients who hadn't received vaccine were offered. Out of the patients who were offered vaccine, 59% (n = 59) accepted. 92% (n = 55) of patients who accepted vaccine, received vaccine. Those offered vaccination had an average length of stay of 117 days whilst those not offered had a shorter average length of stay of 81 days.

For patients who were offered vaccine, those who were sectioned and in psychotic clusters refused vaccine compared to non-psychotic and informal patients. Deprivation, gender, age, admission length had no statistical significance in vaccine uptake for patients who were offered.

Patients listed the following reasons for refusing the vaccine: media distrust; vaccine not effective; already had COVID-19; doesn't want it; believes vaccine made by consultant; doesn't want bad reaction; "Scientists and politicians are liars"; "I am fine and don't need it"; "Don't trust it and don't like needles"; "Don't want to be part of the game"; "Have had covid twice and, if I get it, I'd prefer my body to fight it".

**Conclusion.** Our current vaccine acceptance rate of 59% is lower than those found nationally (80%) and in a medium secure psychiatric hospital (77%). The trust policy recommends all eligible patients should be offered the vaccine; our offer rate is lower