from CNTW R&D department. We briefly consulted with staff regarding themes relevant to temporary nurse workers. They expressed concern that staff perceived to be "other" would be at more risk.

Employees' age, ethnicity, employment status, nationality, length of service and seniority are routinely collected for the running of the trust. Therefore, these were anonymously collated then cross-referenced with violence and aggression incident reports (VA IR1s). Chi-squared was used to identify statistical significance. Ethno-national status was taken from self-report. We could not control for hours worked nor could we get agency staff demographic data.

We compared "exposure to at least one violent incident" in June, July and August 2019 against the following demographic categories:

Substantive vs bank staff
Band 5 and above vs band 4 and below
Staff with < 1 year of service vs staff with ≥ 1 year of service
"White British" staff vs Non-"White British" staff
"British" staff on self-report vs "Non-British" staff
Age ≤30 years vs ≥ 31years

A minimum of 1682 nursing staff were analysed for each category in each month.

Result. Substantive staff, "White British", "British", younger, and staff of shorter employment length had greater frequencies of at least one VA IR1s compared to the complementary groups. Length of service was significant only in two months but judged significant overall. There was no statistically significant correlation with seniority. Substantive staff have three times the risk vs bank staff, perhaps mediated by hours worked. Other risk ratios were in the region x1.2 to x1.8.

Conclusion. Being British, White British, younger, less experienced or substantive staff correlate with subjection to reported aggression. This did not fit with staff speculation during consultation. Survival effects may be relevant. We are working to get more detailed information. Induction may help reduce aggression against newer staff.

The improvement of the quality of medical reviews of patients in seclusion in Rampton Hospital

Emma McPhail* and Ian Yanson

Rampton Hospital
*Corresponding author.

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Aims. Improve and standardise the quality of medical seclusion reviews (MSRs).

Acknowledge existing good practise.

Highlight areas for improvement.

Improve the awareness of doctors performing MSRs of the requirements in the Mental Health Act Code of Practice (MHA CoP)

Background. MSRs are an essential clinical tool to ensure safe and consistent patient care. Patients detained in seclusion can be at heightened risk of poor mental and physical health, in addition to being a risk to themselves and others. There is clear guidance in the MHA CoP regarding what areas require to be covered in a MSR.

Method. A retrospective audit of all MSRs in September 2019 across all patients within all directorates within Rampton Hospital was undertaken. 281 inpatients were identified within Rampton Hospital, and 61 of these patients were found to have had seclusion in September 2019. A total of 439 MSRs were identified for these patients.

The standard applied was the MHA CoP guidance for MSRs:

1) MSRs should be conducted in person, and should include:
2) Review of physical health
3) Review of psychiatric health
4) Assessment of the adverse effects of medication
5) Review of observations required
6) Reassessment of medication prescribed
7) Assessment of the patient's risk to others
8) Assessment of the patient's risk of self-harm
9) Assessment of the need for continuing seclusion

100% compliance with targets or a reason why it was not possible was expected to be documented.

Result. The results show there is a large variation in compliance with the MHA CoP. The area with the highest compliance was the completion of reviews in person-(99.3%). The criterion with the average worst compliance was whether the need for physical observations was reviewed-(4.3%). Physical health was reviewed in 86.1% of cases, in contrast to psychiatric health at 38.3%. The adverse effects of medication and reassessment of medication prescribed were recorded in only 8.9%. The risk from the patient to others was recorded in 25.3%, whereas risk to self was recorded in 10.7%. The need for continuing seclusion was recorded in 72.7%.

Conclusion. The quality of MSRs at Rampton Hospital is currently inadequate. Improvement in practice is required to meet accepted standards and ensure safe, consistent patient care. Ways to improve this are being considered, including improving the knowledge of the MHA CoP and providing a MSR template.

Compliance with nice guidelines for management of depression in a community mental health team

Sophie Mellor[1]*, Shay-Anne Pantall[2] and Lisa Brownell[2]

[1]University of Birmingham, Medical School and [2]Birmingham and Solihull Mental Health NHS Foundation Trust
*Corresponding author.

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Aims. To evaluate compliance within a Community Mental Health Team (CMHT) to the NICE guidelines for the management of depression.

Background. Reducing the prevalence of depression continues to be a major public health challenge.

Given the complexity and recurrent nature of the condition, the NICE guideline CG90 is an invaluable resource to aid the effective management of depression. Here we present an audit of adherence to this guideline within a CMHT.

Method. A retrospective electronic casenote review of all patients diagnosed with depression between January 2016 and October 2019 under the care of a Birmingham CMHT (n = 35), assessing key performance areas including: quality of assessment and coordinated care, risk assessment, choice of pharmacological and psychological treatment using the stepped care model and appropriate crisis resolution planning.

Result. Key results include:

The majority of patients were Caucasian (63%). Ages ranged from 27 to 69 (mean age 48 years old).

Severity of disorder was typically moderate (46%) or severe (48%). Of those with a diagnosis of severe depression, 41% had associated psychotic symptoms.