(9 patients). Physical health data required were determined by local policy and the Maudsley guidelines.

Parents were invited to attend the clinic with their child through telephone calls. Height, weight, blood pressure and pulse were measured in the appointment. A blood test form was provided for parents to take to local outpatient phlebotomy services. A GP letter was sent with the results of the physical health check with a request to conduct an ECG and notify us of any abnormal results. Feedback forms were collected from parents to share their experience of attending the physical health clinic.

Five patients were identified as having difficulty attending the CAMHS clinic due to refusal/challenging behaviour. For three patients, school visits were organised to conduct a physical health check.

Result. The results from the second round of the audit indicate an overall improvement in the adherence to monitoring guidelines for antipsychotic and stimulant medication. This was particularly evident for the patients on antipsychotic medication. Feedback collected from parents regarding the service provided was also positive.

Conclusion. The physical health clinic identified challenges preventing 100% compliance in all patients. This included difficulties with parents bringing their child to CAMHS due to challenging behaviour. In a few of the patients, it was possible to solve this issue by conducting a school visit.

It was also observed that there were multiple instances where challenging behaviour lead to inability to conduct certain tests including blood pressure, blood tests and ECG. Additional strategies should be considered to improve compliance.

A notable issue that also arose from the development of the physical health clinic was that it was unclear how to obtain an ECG at CAMHS.

Continuation of the clinic as well as extension to include patients within other teams at Tower Hamlets CAMHs would be recommended.

Reducing admission time to Broadmoor High Secure Hospital – a case review

Maria Vittoria Capanna[1]*, Saima Ali[1] and Robert Bates[2]

[1]West London NHS Trust and [2]Broadmoor Hospital, Crowthorne Berks

*Corresponding author.

doi: 10.1192/bjo.2021.826

Aims. Prolonged waiting times for admission to psychiatric hospital settings are a common and widespread issue. Delayed admissions may result in poorer outcomes due to prolonged mental suffering and delays in initiating treatment. Long waiting times also have a negative impact at a service level, impeding patient flow.

National guidance has been recently updated, recommending that patient transfers to secure services take no longer than 28 days from referral. These transfers are frequently affected by delays in admission, possibly resulting in increased risk to patients, staff and the public.

The aim of this project was to audit all referrals to Broadmoor High Secure Hospital in England within a one year period with special focus taken on calculating the time taken from referral to admission. We aimed to assess if there were any rate limiting steps which could be targeted to reduce time from referral to admission.

Method. We collected data and conducted a retrospective cohort review for all admissions from September 2019-September 2020. Where available, information was obtained for each step of the referrals process. Individual patient records were reviewed where required.

Exclusion criteria: data withdrawn, transfers from other high secure services (HSS), incomplete data, "MOJ instruction" or urgent admission bypassing the process.

Result. 18 cases were excluded as per exclusion criteria. 46 patients were included in the study. 16 referrals originated from medium secure psychiatric hospitals, and 30 from prison.

The average time from referral to admission was 44.3 days. Admission of patients from MSUs was quicker, taking an average of 40.3 days when compared to prison referrals, which took 45.9 days.

The breakdown of timings for each step in the referrals process was calculated to determine if a rate limiting step could be identified.On average it took 2.1 working days to allocate a case to a clinician, 7.6 days for an assessment, 9.2 days to complete a report and 3.5 days to submit this to the admissions panel. The mean time from referral to the date of the panel hearing was 22.5 working days, and admission took a further 21.8 days on average.

Conclusion. The current average time to admission exceeds the new 28 day recommendation. This could both be due to the COVID-19 pandemic, and miscommunication about time targets. We will review the process and aim to reduce the time from referral to admission in line with new guidance.

Elderly offenders at Wathwood Hospital: perspectives and practicalities

Sidra Chaudhry* and Gwilym Hayes

Wathwood Hospital

*Corresponding author.

doi: 10.1192/bjo.2021.827

Aims. The following project explores where Wathwood Hospital stands in provision of services to its elderly patients.

Background. The only dedicated forensic medium secure unit for elderly offenders in England is the St. Andrews medium secure unit in Northampton with only 17 beds. Due to the limited beds, other units must accommodate elderly patients, which raises the question whether these units can provide the appropriate services for this very vulnerable population.

Method. Inclusion Criteria:

Male
>55 years of age
Admitted from 2012 onwards (from when database was maintained)

Data were gathered using patient electronic records including index offence, mental disorder, physical health comorbidities and discharge destinations. Patient identifiable data were anonymized to protect their identities.

A staff survey was also conducted to find their perspective on managing elderly patients and whether Wathwood Hospital had the appropriate resources for elderly offenders in their area of work.

Result. A total of 220 referrals were searched with only 9 patients >55 years. Index offenses, mental disorder diagnoses, physical comorbidities including cognitive assessments in the form of memory tests and brain imaging were also collated for identified patients from electronic patient records.

Index offences included violence against person, arson, homicide, robbery, threatening behaviour and dangerous driving and