and care plan is crucial, as delays can significantly burden the NHS and adversely affect the long-term mental health of patients and their caregivers. According to the National Audit of Dementia for 2023/2024, wait times have risen sharply from 124 days in 2021 to 151 days, with only 10% of patients obtaining a diagnosis within six weeks of referral.

Methods: The audit was conducted over a four-week period from September 28 to October 28, 2024. A random sampling method was employed to select 149 patients referred to 15 memory services throughout the TEWV Trust. Data were collected through the analysis of referral letters, initial assessments, diagnostic appointments, case notes, and correspondence from CITO. Analysis was performed using a custom tool developed in Excel.

Results: The analysis yielded average access times, diagnostic wait times, and overall wait times ranging from 30 to 207 days, 3 to 147 days, and 92 to 323 days, respectively. Notably, none of the Mental Health Service for Older People (MHSOP) services within the TEWV Trust met the national benchmark for overall wait times of six weeks. Furthermore, only 25% of the services succeeded in providing a diagnosis within the 6 to 18-week timeframe, while the remaining 75% experienced wait times extending to 18-52 weeks. A comparative analysis revealed that the average wait times (access, diagnostic, and overall) within the Trust exceeded those of the National averages.

Conclusion: The audit underscored substantial discrepancies between the various memory services' performance and the National recommendations of a six-week wait. Among the services assessed, only one was marginally compliant with a 92-day mark, falling short of the National benchmark of 42 days. This evaluation not only identified critical challenges faced by the services but also presented a series of recommendations to address these gaps.

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From Fragmentation to Integration: Enhancing Staff Awareness and Signposting Capabilities via a Collaborative Digital Resource Directory

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doi: 10.1192/bjo.2026.11845

Aims: The purpose of this audit was to evaluate and improve staff awareness and confidence in signposting patients to services both within and outside the NHS. It aimed to transition from a fragmented information landscape to an integrated "one-stop-shop" directory. By centralising resources into a sustainable, living database, the project sought to bridge knowledge gaps, foster Trust-wide collaboration, and ensure patients receive tailored support across all five boroughs.

Methods: A Trust-wide baseline survey was distributed to all staff, capturing data on professional roles and geographical boroughs to identify specific resource gaps. Targeted surveys were sent to medical staff to pinpoint clinical areas and service types where signposting confidence was lowest. Both quantitative and qualitative methods were used to gather initial baseline data and further suggestions to integrate resources better. This data informed the design of a Microsoft Lists database, prioritizing the most "under-resourced" areas and ensuring the platform met the practical needs of frontline staff.

Results: Baseline data confirmed a high demand for resources, with 71.5% of staff signposting patients at least weekly. Key barriers included unclear referral pathways (77.8%), poor service awareness (70.4%), and outdated information (59.3%). Pre-intervention, staff lacked confidence in signposting for housing (78.7%), employment (67%), and finances (57.1%), with significant unawareness regarding legal aid (89.3%) and food banks (67.9%). Internal service literacy was also low, with over half (60.7%) unaware of Trust rehabilitation services. Consequently, 60.7% of staff requested the interactive digital directory.

Post-intervention, confidence in signposting to employment, housing, and finance services all rose to above 56%. Staff reported marked increases in awareness for domestic abuse and carer support (both 93.8%), legal aid (75%), and debt advice (68.8%). While awareness of external resources improved, gaps persisted for internal rehabilitation (62.5% unaware) and forensic services (43.8% unaware). Qualitative feedback confirmed the directory successfully consolidated information, though staff recommended expanding the database through closer collaboration with community teams and social prescribers across all five boroughs.

Conclusion: The collaborative digital directory represents a low-cost, high-impact solution to streamline patient signposting. Future interventions will focus on expanding the project team and recruiting "resource champions" from various teams to ensure the directory remains dynamic and sustainable. This model serves as a scalable blueprint for enhancing health literacy of staff for services that exist both within and outside NHS services.

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Audit on Insomnia Management in In-Patient Psychiatric Unit

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doi: 10.1192/bjo.2026.11846

Aims: - Evaluating the current practice for management of insomnia in inpatient settings.

- Assessment of the current use of CBT- Insomnia for the treatment of sleep disorders in inpatient settings.
- Comparing the current practice with the NICE guidelines.

Methods: A retrospective review of electronic medical records of 45 patients who were currently admitted in the inpatient unit over a period of two weeks of data collection.

For each patient, documentation was examined to determine:

- Whether insomnia was reported or observed
- Whether sleep difficulties were noted in clinical records
- Whether nonpharmacological interventions (e.g., sleep hygiene) were offered
- Whether behavioural therapy (CBTI), which is considered the first line of treatment.

treatment for chronic insomnia was offered or signposted

- Whether hypnotic medication was prescribed, and if so:

Type of medication
Documentation of indication
Presence of review or stop dates

Results: Out of the 45 current in-patients audited during the initial assessment of electronic records, 26 (58%) complained of sleeping difficulties; an additional 4 patients were observed to have sleeping