

Method. Data were collected using the following ways:

Use of desinged questionnaire.

Looking into Rio electronic records

Standard used and compared against was Southern Health NHS Foundation Trust " smoke free trust policies"

20 cases were looked into and examined.

Result. Most staff are not implementing the Trust no smoking policies well and documentation of the informtion given are not complete.

Most service users prefer to use e-cigarettes.

Most people between 30 and 50 years old range do not smoke.

For those of clozapine, the impact of cigarettes smoking not explained.

Conclusion. The trust smoke free policies are not well implemented by health care practitioners at Antelope house mental health unit, Southern Health NHS Foundation Trust in Southampton.

End of life care in a secure hospital setting

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Aims. To measure the standard of care provided to patients who had a natural and expected death whilst in secure care at Roseberry Park Hospital, Middlesbrough.

Mallard ward is a low secure psychiatric ward for older aged men suffering from cognitive difficulties and significant physical comorbidity in addition to a severe and enduring mental illness. The patient population is such that it will remain the most appropriate placement for some patients until their death. It is vital that staff members on Mallard ward and indeed all parts of the Trust are aware of the priorities for care of the dying person and ensure that care is provided in accordance with these priorities.

The Leadership Alliance for the Care of Dying People (LACDP), a coalition of 21 national organisations, published One Chance to get it Right – Improving people's experience of care in the last few days and hours of life in June 2014. This document laid out five priorities for care of the dying person focussing on sensitive communication, involvement of the person and relevant others in decisions and compassionately delivering an individualised care plan.

Method. The data collection tool was adapted from End of Life Care Audit: Dying in Hospital, a national clinical audit commissioned by Healthcare Quality Improvement Partnership (HQIP) and run by the Royal College of Physicians. Data were collected from both electronic and paper records. There were three natural and expected deaths in the last two years.

Result. For all three patients, there was documented evidence that they were likely to die in the coming hours or days.

End of life care discussion was held with the nominated persons and not with the patients due to their lack of mental capacity.

The needs of the patients and their nominated persons were explored in all three cases.

All patients had an individualised care plan which was followed.

The palliative care team supported the staff with the care of these patients.

The care provided was largely consistent with the priorities listed.

Conclusion. The national audit compares performance of only acute NHS Trusts with no data to reflect the performance of mental health hospitals. It is imperative that mental health services work in collaboration with physical health and palliative care services so they are able to continue providing a high level of care to

this patient group. Clinicians and staff involved in the care of dying patients also need to be adequately trained.

Before writing that script: use of antipsychotic medication in patients with dementia in a CMHTOA

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Aims. A 2009 independent review commissioned by the UK government to review the use of antipsychotic medication in patients diagnosed with dementia produced the Time for Action report, often referred to as the Banerjee Report. It highlighted the common practise of using antipsychotics in the treatment of Behavioural and Psychological Symptoms of Dementia (BPSD) and the clinical issues this could raise especially when these medications were not being regularly reviewed. The audti was therefore carried out to determine whether patinets with BPSD in a Community Mental Health Team for Older adults (CMHTOA) in Mid Surrey, who had been diagnosed with BPSD, were being adequately assessed and managed in line with the current guidelines.

Method. Patients with a diagnosis of dementia open to one of three teams in the CMHTOA during the months of October and November 2019 were identified, those being prescribed anti-psychotic medication were selected and data from their electronic records collected and analysed to determine if clinicians: a) identified and documented the target behaviours, b) carried out a structured assessment using an ABC chart before commencing medication, c) reviewed the antipsychotic medication 6 weeks after it was commenced.

Result. Of the 87 patients with a diagnosis of Dementia from October to November 2019, 18 were on antipsychotic medication. 100% of these had target behaviours identified and clearly documented, a sixth had a structured assessment prior to starting medication and 61% had been reviewed after the first 6 weeks of starting antipsychotics.

Conclusion. The findings showed that a good proprotion of patients did not have the required structured assessment before commencement of treatment and that more needed to be done by way of improving regular reviews after antipsychotic treatment is commenced.

Perinatal mental health outcome measures in a mother and baby unit

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Aims. To Audit Perinatal outcome measures and understand better the population served in order to improve care and understand risks. Our audit standards incuded: paired HoNOS and PBQ recorded on admission and discharge as well as ASQ scores prior to admission.

Method. Health of the Nation Outcome Scales (HoNOS), Postpartum Bonding Questionnaire (PBQ) and Ages and Stages Questionnaires (ASQ) were recorded on Lorenzo and SystmOne. Scores were collected over 20 months within the same MBU and these were analyzed.

Result. Our audit standards had an overall audit compliancy of 73% with paired HoNOS better than PBQ. Mental health severity mitigated and maternal bonding improved to a significant degree. Depression was the principal presentation as were patients from deprived areas. Only 55% of babies had ASQ scores completed appropriately pre-admission.

Conclusion. As the newest MBU in the country, this an initial foray of perinatal outcomes. Gratifyingly, benefits of MBU admission for mother and baby is evidenced in this snapshot.

Compliance to completion of sodium valproate annual risk acknowledgement form among women of child-bearing age prescribed sodium valproate in the intellectual disability (ID) services of an NHS trust

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Aims. To determine the proportion of women of child-bearing age prescribed SV who have the SV ARF filled.

Background. In 2018, the Medicines and Healthcare products Regulatory Agency (MHRA) gave guidance regarding Sodium Valproate (SV) prescription. It acknowledged the significant risk of birth defects and developmental disorders in women of child-bearing age prescribed SV.

Consequently, the MHRA recommendation is that SV must not be used in females of child-bearing age unless: conditions of pregnancy prevention programme are met; other treatments are ineffective or not tolerated; and evidence of discussion of risks with patient or carer and annual review of the risks are documented. The evidences of the above criteria are expected to be documented in an Annual Risk Acknowledgement Form (ARF).

Method. Retrospective study involving systematic search of Trust database to identify women with ID, aged 16–50 years prescribed SV from 2018 to 2019.

Result. 18 of 28 patients had ARF filled, a 64% compliance.

The main indications for SV prescription were epilepsy; challenging behaviour; and mood stabilization.

The distribution showed neurology and psychiatrist led prescription initiation equally distributed at 50%.

The ARF compliance was higher in the neurology group (93%) compared to 36% in psychiatrist group.

A review across the 5 ID teams (A,B,C,D and E) of the trust shows variable compliance to ARF compliance (17%,81%,100%,60%,0% respectively) with teams having higher proportion of neurology led SV prescription initiation also having higher proportion of ARF completion compliance (0%,55%,80%,80%,0% respectively).

Conclusion. Conclusion / Recommendation

ARF compliance is below standard at 64%.

Despite the SV prescription being equally distributed between neurology led and psychiatry led, patients whose prescription of SV is neurology led (prescription indication as epilepsy) had better ARF compliance outcome (93%) compared with patients whose prescription is psychiatry led (prescription indication as challenging behaviour or mood stabilization) with 36% ARF compliance.

Organizational difference with dedicated epilepsy nurse in the ID service means patients with epilepsy had reviews of medication and compliance to MHRA guidance in completing the ARF.

There is need to increase doctors' awareness to review ARF status during patients' appointment. Information Technology design to flag up out of date ARF may be helpful.

The review of ARF may also flag up consideration of other alternatives: behavioural, psychological, functional and environmental interventions as well as alternative medications like Risperidone for challenging behaviours and other mood stabilizing options. This will minimize SV prescription, which is the original goal of the MHRA guidance.

GASS-ly side effects: antipsychotic monitoring for inpatients across NHS Lanarkshire

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Aims. Best practice in the prescribing of antipsychotic therapy includes monitoring for medication side effects. National guideline SIGN 131 advises the use of a validated side effect scale, for example the Glasgow Antipsychotic Side-effect Scale (GASS). Local recommendation in NHS Lanarkshire advises that patients prescribed antipsychotic therapy should be offered GASS at each contact and after initiation or titration. We aimed to improve compliance with antipsychotic side effect monitoring for inpatients in general adult psychiatry across two hospital sites in NHS Lanarkshire.

Method. We conducted a full-cycle audit. In October 2020, we took a cross-sectional sample of inpatients in general adult psychiatry in University Hospital Hairmyres and University Hospital Wishaw who were prescribed antipsychotic therapy for a functional psychotic disorder. For these inpatients, if applicable, we identified whether GASS had been completed on admission (OA), whether GASS had been completed after initiation or titration of antipsychotic therapy (I/T), and whether GASS had been acknowledged and discussed at consultant-led multi-disciplinary team meeting (MDT). Thereafter, we implemented several targeted interventions in order to improve compliance. In January 2021, we completed the cycle by taking a new cross-sectional sample of inpatients fulfilling identical parameters.

Result. First cycle in October 2020 (n = 27) showed compliance OA of 4.2%, I/T of 9.5%, and MDT of 3.7%. Our interventions included a presentation at trust-wide clinical governance meeting; a presentation at one of the weekly departmental teaching sessions in psychiatry; an email summarising the audit to consultants in general adult psychiatry; meetings with senior charge nurses for each ward; and inclusion of GASS as part of routine admission paperwork. Re-audit in January 2021 (n = 23) showed compliance OA of 11.1%, I/T of 40.0%, and MDT of 21.7%.

Conclusion. Our full-cycle audit led to modest improvement in documented monitoring for antipsychotic side effects. There was relatively greater improvement in prescriber-led outcomes I/T and MDT, suggesting increased prescriber awareness. However, rather than reliance on individual prescribers to ensure compliance, consideration of GASS alongside monitoring of other physical health parameters would likely result in greater and more sustained improvement. In NHS Lanarkshire there is ongoing work to this end, ultimately with the intention to set up a defined antipsychotic physical health monitoring schedule, integrated across inpatient and community care.