

cardiovascular disease, metabolic syndrome, stroke and type 2 diabetes. The SIGN guidelines recommend that all patients on antipsychotic medications should have annual physical health monitoring. Baseline data of patients on depot antipsychotic medication in North West (NW) Edinburgh CMHT in 2019 demonstrated that this was not being achieved. We sought to create interventions to improve compliance with physical health monitoring for patients on depot antipsychotic medication.

**Methods.** Baseline data were collected in 2019 for all patients under NW Edinburgh CMHT receiving depot antipsychotic medication (60 patients). The data addressed 9 domains including smoking status, blood monitoring, BMI and physical monitoring.

Following the baseline data collection interventions were put in place to increase compliance with monitoring. These interventions included a physical health questionnaire and training of staff in the CMHT to perform phlebotomy and ECGs.

Following these interventions the data (74 patients) were re-audited in 2020 following the same domains.

After this initial re-audit a physical health monitoring clinic was implemented in order to specifically target this patient population. The data (66 patients) were then re-audited in 2021.

**Results.** Baseline data identified that domains were reached between 8% (Lipid monitoring) and 51% (glucose monitoring). Following the initial interventions 77% of domains improved in compliance. Between the two periods, notable improvements were observed in the monitoring of Blood Pressure (9% to 37%), ECG (20% to 43%) and lipids (29% to 46%). There was however a decline in all domains between the 2020 and 2021 data, with 66% of domains still having improved compared to 2019 data.

**Conclusion.** Overall, interventions have improved compliance with monitoring of physical health for patients on depot antipsychotic medications. It is likely that continuing effects of the COVID-19 pandemic contributed to the decline between the 2020 and 2021 data. As a result of this audit a weekly physical health monitoring clinic has been set up and once formally established it is hoped that compliance with physical health monitoring will continue to improve. Limitations include effects of COVID-19 pandemic, inconsistency in documentation and patient non-attendance to the monitoring clinic. We recommend further audit cycles, with additional interventions being implemented as identified.

### The Impact of COVID-19 on Physical Health Monitoring of Community Rehabilitation Team Patients in NHS Borders

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**Aims.** People with schizophrenia have a life expectancy that is 10–20 years shorter than the general population. The high incidence of metabolic syndrome, cardiovascular disease and diabetes mellitus in this patient group are thought to be major – and potentially modifiable – factors contributing to this premature mortality. Therefore, annual monitoring of physical health parameters is recommended by organisations including the Scottish Intercollegiate Guidelines Network (SIGN). The SIGN guideline on schizophrenia advises that the following parameters are checked annually for patients with schizophrenia who are on antipsychotics: ECG, blood glucose, lipid profile, prolactin, BMI/weight, smoking status and blood pressure. Traditionally, this

monitoring is overseen in the community by general practitioners. This audit aimed to capture how the COVID-19 pandemic impacted on the annual physical health monitoring of patients under the care of NHS Borders Community Rehabilitation Team.

**Methods.** A retrospective audit was performed by reviewing notes of the 100 patients on the NHS Borders Community Rehabilitation team caseload. Notes from the years of 2019, 2020 and 2021 of all 100 patients on the caseload were reviewed, for documentation of the following seven parameters as recommended by SIGN: ECG, blood glucose, lipid profile, prolactin, BMI/weight, smoking status and blood pressure. Results were then entered manually into a secure spreadsheet. Permission for this audit was granted by NHS Borders.

**Results.** Initial results for the parameters of: ECG, blood glucose, lipid profile and prolactin levels demonstrate that routine monitoring of all four domains has decreased since the start of the COVID-19 pandemic. In 2019 the following numbers of patients had monitoring in these domains: ECG 56 (56%); blood glucose 84 (84%); lipid profile 74 (74%) and prolactin levels 62 (62%).

During 2020, the number of patients having monitoring in all four domains fell: ECG 31 (31%); blood glucose (72%); lipid profile 64 (64%) and prolactin levels 48 (48%). During 2021, monitoring levels remained low: ECG 30 (30%); blood glucose 71 (71%); lipid profile 62 (62%) and prolactin levels 43 (43%).

Data collection for the parameters of blood pressure, BMI/weight and smoking status is ongoing.

**Conclusion.** Initial results indicate that the COVID-19 pandemic has negatively impacted on the routine physical health monitoring of patients under the care of the community rehabilitation team in NHS Borders. These results imply opportunities to treat and prevent conditions such as diabetes mellitus and hypercholesterolemia are being missed, further perpetuating an existing health inequality for patients with severe and enduring mental illness.

### Risk Assessments of Patients Admitted to Mixed Inpatient Psychiatric Wards: A Clinical Audit

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**Aims.** Following a Serious Incident (SI) on a mixed sex ward; it was important to investigate whether this is a widespread problem in Psychiatry. The acute care group standard is that patients with known risk to the opposite sex should not be admitted to mixed sex wards. A comprehensive risk assessment should take place when a patient is admitted to a mixed sex ward. Furthermore, if any risks are identified, these should be escalated to the multidisciplinary team (MDT), including the nurse-in-charge and on-call Consultant Psychiatrist.

**Methods.** We conducted a literature search to establish how different Trusts consider risk when arranging for admission, as well as to identify whether single-sex wards have helped to reduce the incidence of serious incidents. We then retrospectively collected data from 10 inpatients present on mixed sex wards throughout Kent and Medway in May 2021. This involved searching electronic notes at the point of admission, including progress notes and risk assessments to identify whether information is present to suggest that an admission to a mixed sex ward is unsuitable, and if so, whether this has been appropriately escalated.