- Presence of Section 17 form uploaded to Rio
- Documentation of any discussion with the patient or the carer about the leave
- Documentations of facilitation of the leave for the patient with accordance to the guaranteed leave by the clinician.
- Presence of updated risk assessment before patients go to leave documented on RIO.

Sample. Sample size: 28 patients, (all patients who were admitted on the ward in the period from August 2022 till December 2022 under mental health Act section 2or section 3)
Source: RIO
Results.

1. 25% of the sample (7 patients) didn`t have Section 17 leave uploaded to RIO, though it was mentioned in the ward round documentation that arrangements for leave are according to S17.
2. 46.42% of the sample (13 patients), there was no evidence of any discussion with the patient or the care about the section 17 leave on RIO.
3. 3.5% OF THE SAMPLE(1 patient) , there was no discussion about the S17 leave because of the deteriorated mental state of the patient.
4. 25% of the sample (7 patients), there was no evidence on Rio if the leave was facilitated or why it was not. 7.1% (2 patient) refused to leave their bedroom. 39% (11 patients) were ward based and only guaranteed leave off the hospital grounds for medical and physical health appointments.
5. 42% of patients who had been granted leave off the hospital grounds (6 patients), has their leave facilitated.
6. 83% of patients (5 patients) out of 6 patients who had leave facilitated, there was no updated risk assessment on RIO before going to leave.
7. 5 out of the 6 patients who had their leave facilitated were in accordance with the time, and frequency stated by the responsible clinician, and one patient had no specification about the time and frequency he had.
8. 100% of patients who had their leave facilitated has been escorted by staff in accordance with what is specified on their leave form by the responsible clinician.

Conclusion. Senior Psychiatric Patients are physically and mentally exhausted and frail, and it is our duty of care to help them for better recovery. Many of them have no family or friends left, and we are their only chance to get over their time of crisis. Therefore,it requires vigilance and extra care when it comes to keeping good quality of life for patients. The results concluded that patients have not had a chance to have time outside the hospital grounds as granted by the responsible clinician, and when granted there was no updated proper risk assessment before the leave. which could be changed by:

1. Ward doctors should discuss leave form updates with the patient during the ward rounds.
2. Ward staff should use one to one session with patients to bring up the updates in the leave form, and use that as an incentive for the patient to engage with the ward team for better recovery of their mental health.
3. Ward staff should ensure documentation of their risk assessment before the patient leave the ward weather escorted or not on Rio.
4. Ward staff should use the pre leave form available on the ward and upload it on RIO as a reference to their risk assessment and in which state the patient was when leaving the ward.
5. Reaudit after 12 months after changing practices.

Audit of Clinic Letters Sent to GP Following CAMHS Outpatient Clinic Appointments at Black Country Partnership NHS Foundation Trust

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Aims. The aim was to evaluate the quality of clinic letters sent to GP following outpatient appointments by CAMHS Consultants. The audit was based on the guidance of the Royal College of psychiatrist on writing clinic letters .
Methods. Initial Audit was a retrospective audit of 40 randomly selected clinic letters sent to the GP following outpatient appointments in the previous 1 year between June 2021 and Janauary 2022. The Re-AUDIT was with 60 clinic letters sent to the GP following outpatient appointments between June 2022 and December 2022.

Information was then collected about whether the following were included in the letters;

inclusion of diagnosis with ICD code, current medication, indications for medications, allergies, physical measurements, mental state examination, risk assessment, care plan and useful links where relevant.
Results. Overall changes were seen in quality of the GP letter in some specific areas, while some areas showed a decline or no significant changes

In including ICD 10 diagnosis to the GP letters, 100% of letters as compared to 80% in initial audit

Indications for medications were discussed/noted in 56.6% of letters when compared to 32.5% initial audit. Physical measurements were also well documented in 80% of letters. This increased from the previous 55%. Mental state examination and risk assessment also increased from 88.3% from 60%, and 86.6% from 70% respectively.

There was a drop in figures in including Current medication in letters.(100% to 90%) and also in copying patients /carers into letters(from 100% in previous audit to 86.6% in re-audit)

Little of no changes were seen in the quality of letters when observing useful links and allergies. The numbers were very low: allergy status infact dropped from 27.5% to 3.3%. Including useful links and resources in the GP letters only showed a growth from 7.5% to 13.3%.
Conclusion.

- Significance of allergy status and continuous reminder that allergy can start at any age in any service user. Drug interaction also important
- Clearly stating all treatment including pharmacotherapy and psychological therapies
- Continuous emphasis of indications for medications and psychoeducation including about commencing, stopping medications and side effects
- QI project to bring together all useful links and make accessible to clinicians and patients

Seclusion Pathway Review Audit

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Aims.

- Ensure compliance with seclusion trust policy and guidelines by the mental health team (goal of 100 percent).
- Confirm that proper documentation of commencement, periodic reviews, and termination is always maintained (goal: 100 percent).

Methods. Retrospective collection of data from one adult male Psychiatric Intensive Care unit and one adult female mental health ward.

Our sample consisted of patients who were secluded between the time period of September 2021 and June 2022. 33 seclusion episodes met this inclusion criteria. Data were collected from OpenRio progress notes and OpenRio seclusion section.

We developed a tool for monitoring of seclusion reviews included different data about patients demographics and other variables in seclusion reviews.

Results. We found out the following:

- In regard to patients demographics, the predominant age groups are between 20 and 40 years old, although there is also an increase in the number of people between 50 and 70 years old and the predominant ethnicity was white British.
- The rationale for seclusion start and continuity was documented in 100% of the cases in our sample of 33 episodes.
- The initial medical review was completed in the first hour was completed in 81.82% (27) , In 18.18% (6) of cases, it was not completed within the hour window.

In 4 cases, the doctor was not contacted in time to meet the one-hour limit.

In 2 episodes, the reasons for being late were not documented.

- 2 hourly nursing review completed in 93.94% (31).

There were 6.06 % (2 episodes) were the 2 hourly reviews were not completed. No specific reason found in the documentation for the missed episodes.

- The 4 hourly medical review (before MDT / consultant reviews) were completed within time in 24 episodes.

There were 9 episodes when the reviews were not completed within the time window of 4 hourly.

In 5 of the episodes the patient was sleeping, so the nursing team didn't contact the doctor.

There was 4 episodes with no documentation for the reason of the delay. However, the review was completed within extra 1-2 hours duration of time.

- The 8 hour MDT reviews with consultant were completed in 26 episodes (78.79%).

There was 7 episodes were it was not completed within the 8 hours window.

The primary reason was that the seclusion episode started on a weekend afternoon or early evening after normal working day and the consultant review was conducted on next day.

- Two medical reviews daily – at least one by responsible clinician (following initial MDT review) completed : In 3 of the episodes (9.09%), one of the two reviews was missed without specific reason or documentation.
- Rational to continue/ end seclusion documented at each review completed:

In 32 of the episodes the Rational to continue or end seclusion was documented.

There is one episode where seclusion was ended without documentation from the nursing team or doctors.

- Physical health observations record :100% compliance with physical health observations record.

Conclusion. Recommendations:

- Increase awareness of the importance of completing the initial reviews on time by conducting teaching sessions in the local academic program and informal teaching sessions with nursing staff.
- Adding the seclusion review guidelines to the junior doctors handbook and discuss the guidelines during induction meetings.
- Allocate different flyers and posters with information about seclusion reviews in the nursing stations and doctors office.
- Completing the re-audit cycle after that to gauge the scope of change.

Metabolic Syndrome Monitoring in Patients on Depot Antipsychotics

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Aims. We conducted this audit in patients attending the Community Mental Health Team (CMHT) at St Davnet's hospital in Monaghan, County Monaghan, Ireland. The British Association for Psychopharmacology (BAP) guidelines were used for this audit to assess our service compliance with standard guidelines and to consider implementing measures to enhance the service's compliance with guidelines and maintain improvement. Metabolic syndrome (MetS) is common in patients who are prescribed depot antipsychotics. Worldwide the prevalence of MetS in Schizophrenia patients is between 30 and 40%, and MetS increases the risk of CVD and mortality. Research showed that patients with severe mental illness die 10–30 years earlier due to physical illness.

Methods. The audit cycle was from the 15th of February to the 15th of June 2022. Demographic and therapeutic variables were collected from participants within the CMHT. The action plan which included psychoeducation for nursing staff regarding guidelines for monitoring and documentation was implemented following completion of the initial audit, and then re-audited.

Results. During initial audit the sample size was 48 patients; 77% were females and 23% were males. The mean age was 54.3 years, ranging from 24 to 90 years. 39.6% of patients had MetS monitoring charts in their files, and 29.2% had completed documentation of their MetS charts. Blood pressure, lipids, and glucose were documented in 31.3%, while BMI/girth was documented in 29.2%. Paliperidone was the most common used antipsychotic