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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doi: 10.1192/bjo.2022.428

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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doi: 10.1192/bjo.2022.429

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.

Results. When patient notes were surveyed, only 50% of patients had a full risk assessment documented. Historical risks were documented in 40% of patients notes at admission. Junior doctors are required to complete an admission clerking for new patients, which should include a risk assessment; 70% of these contained a risk assessment, and 60% discussed risks towards others. 30% of patients had identifiable risks to the opposite sex but were admitted to a mixed sex ward. However, none of these cases were escalated to the MDT for discussion regarding the most suitable ward for the patient.
Conclusion. When patients are admitted to any inpatient psychiatric ward it is important to document a full risk assessment including historical risks. Unfortunately, full risk assessments were not always carried out at the point of admission, meaning that patients who had been admitted to mixed sex wards remained there despite previously documented risks. In general, junior doctors included risk assessments in their admission clerkings, but there is evidently room for improvement from all healthcare professionals. Recommendations for improvement are to generate specific guidance for documenting risk assessments and to offer teaching to healthcare professionals on ensuring they have completed a comprehensive risk assessment and when it is appropriate to escalate this to ensure further serious incidents do not occur. Re-audit is scheduled for March 2022.

CBTp for Schizophrenic and Schizoaffective Patients in a Forensic Psychiatric Setting: A Retrospective Audit

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doi: 10.1192/bjo.2022.430

Aims. CBTp is a clinically validated treatment for psychosis with meta-analyses showing beneficial effects for both positive and negative symptoms. CBTp is recommended by NICE for treatment of schizophrenia and psychosis. The aims of this audit were (1) To determine whether patients with schizophrenia or schizoaffective disorder had been offered CBTp as part of their treatment. (2) To determine if patient who were offered CBTp completed the recommended 16 minimum sessions. (3) To identify barriers to the offering and completion of CBTp. (4) Based on the audit findings, provide recommendations to assist in the utilisation of CBTp in the forensic psychiatric setting.
Methods. A retrospective audit was carried out on 30 patients aged 18 years and older from a medium security forensic hospital, Liverpool UK. Patients included had a diagnosis of schizophrenia (F20) or schizoaffective disorder (F25). 26 male patients and 4 female patients were included in the audit, who were inpatients between 01/01/21 and 01/01/22.

Data regarding the offering and completion of CBTp was collected from the electronic health system records and cross-referenced with the psychology team's internal data collection system to ensure that aims (1) and (2) could accurately be assessed and compared with NICE recommendations. Barriers to the offering and completion of CBTp were also documented and categorised into specific groups, with recommendations based on these findings being provided.
Results. The audit found that 68% (19/28) of patients were offered CBTp, with 85% (11/13) of these patients going on to complete the recommended 16 minimum sessions of CBTp. Barriers to the offering of CBT included patients not being mentally well enough of psychological therapies (7/9) and being engaged in other psychological therapies (2/9). The barrier towards completion of 16 sessions of CBTp was patient refusal (2/2).
Conclusion. Implementation of CBTp for all patients with schizophrenia or schizoaffective disorder fell below NICE recommendations that all patients with psychosis should be offered CBTp and completed for at least 16 sessions. However, improvements have been made from previous similar studies, demonstrating a positive trend towards greater levels of psychotherapeutic interventions with schizophrenic and schizoaffective patients. Appropriate reasons for non-compliance were identified for all patients who were not offered CBTp and patient refusal was identified as an obvious barrier to CBTp completion. A framework for implementation will be recommended with an aim to improve patient compliance and overall health outcomes.

Use of Formulation Information Risk Management in Low Secure Services: An Audit Project

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doi: 10.1192/bjo.2022.431

Aims. Risk assessment is a key component of patient care in forensic psychiatry. This audit aimed to measure the completion of different aspects of the Formulation Information Risk Management (FIRM) risk assessment for patients in the care of Low Secure Services. The FIRM incorporates formulation and a care plan into the risk assessment and should be completed for all inpatients in the trust. It was hoped that this audit would help identify any areas of improvement required in the completion of this risk assessment, and provide recommendations that would contribute to improving standards where required.
Methods. Data were collected on 23rd December 2021 from the electronic patient records of 37 inpatients at a Low Secure Services Unit in Northern England. 5 audit criteria were devised following review of the trust standards regarding the completion of the FIRM assessment. These criteria included the completion of the Current / Historical Risks section, Formulation and Staying Safe / Staying Well Care Plan aspects of the assessment. It also assessed patient involvement in completion of the assessment and whether the assessment had been updated in the last Care Programme Approach (CPA) period. The findings of the audit were presented at a local academic meeting and were distributed to the relevant staff.
Results. 100% of patients had the Current / Historical Risks section completed

89% of the patients had the Formulation completed

73% of patients had the Staying Safe / Staying Well Care Plan completed

In 16% the service user had been involved in the risk assessment completion

In 70% of cases the FIRM had been updated since the last CPA (or in the last year if not applicable)

Conclusion. Current / Historical Risks section completion rates matched expected trust standards. Significant improvement was seen in completion of the Formulation and Care Plan compared to auditing done in October 2021. There was room for improvement regarding increasing patient involvement in the completion of the risk assessment, often due to it being completed at night leading to the patient being unavailable. It was recommended that the FIRM should be more consistently reviewed and updated as part of each patient's 6 monthly CPA review. A re-audit would