compare current adherence to the previous audit undertaken in 2019.
Methods. Audit standards were derived from national guidance by the Royal College of Psychiatrists and the National Institute for Health and Care Excellence. The population was defined as all patients open to a CLDT prescriber (medical or non-medical) between April 2020 - March 2021. A multidisciplinary working group agreed inclusion and exclusion criteria before designing an electronic audit questionnaire. A random sample of 20% of patients from each of the three CLDTs (Bexley, Bromley & Greenwich) was generated. Data were collected between October and November 2021.
Results. The clinical records of 111 patients were reviewed, 86 of whom met inclusion criteria. Of these, 65 patients were taking psychotropic medication and progressed to full auditing. Key findings were: 85% of patients on established psychotropics had a medication review within the previous 6 months, of which 100% were assessed for their response to treatment and 86% were assessed for side effects; 78% of patients had their capacity to consent to treatment documented and, of those lacking capacity, 81% had a best interests decision documented. All but one of these key findings demonstrated an improvement compared to the 2019 audit.
Conclusion. Overall, this 2021 audit demonstrates a substantial improvement since the previous audit in 2019. However, adherence to national standards continues to be below 100%. Dissemination of findings and an updated action plan are indicated before re-audit in 2023.

Audit of Physical Health Monitoring in Long-Stay Psychiatric Inpatients on Clozapine in NHS Ayrshire & Arran

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Aims. There is a body of evidence showing the health inequalities faced by people with schizophrenia, with some studies indicating that their life expectancy is approximately 20 years less than that of the general population. The vast majority of patients with schizophrenia require long-term treatment with antipsychotic medications, such as Clozapine. These can lessen disease burden significantly however can be accompanied by adverse effects, including metabolic syndrome. This audit aimed to determine whether the local physical health monitoring guidelines for those on Clozapine are being carried out for long-stay patients in inpatient forensic and rehabilitation psychiatry services in NHS Ayrshire & Arran.
Methods. The guideline "National Standard for Monitoring the Physical Health of People Being Treated with Clozapine" was issued by the Scottish Government in 2017. This guideline advises on physical health parameters which benefit from monitoring during Clozapine titration and on-going therapy. This audit reviewed whether the parameters with specified frequencies, such as annual LFT monitoring, were being monitored within the recommended timeframes.
Results. In our group of 18 patients on long-term Clozapine therapy, 10 had undergone a serum fasting blood glucose and 12 had a lipid profile checked in the preceding 6 months. Meanwhile, all 18 had liver function tests done within the last year prior to data collection. All patients had a BMI, heart rate and blood pressure reading documented in the last year, while 12 out of 18 had an ECG carried out in the same time period.
Conclusion. This audit has revealed a mixed picture in terms of the adherence to guidelines for physical health monitoring for our long-stay forensic and rehabilitation patients on Clozapine therapy. A need for more fastidious blood test monitoring within the forensic service has been identified, with a particular focus on the measuring of serum fasting blood glucose and lipid panels. It was noted that a physical health monitoring checklist incorporating the above guidelines had previously been introduced into the rehabilitation ward, and the benefit of this was demonstrated in the 100% adherence they achieved. We have therefore decided to introduce a similar checklist to the forensic wards as our intervention, with a plan to re-audit in 6 months' time.

An Audit on Physical Health Assessment and Medical Review for Service Users Under the South Cambridgeshire Crisis Resolution and Home Treatment Team

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Aims. According to the Home Treatment Accreditation Scheme (HTAS) Standards for Home Treatment and Crisis Resolution Teams, the physical health assessment and medical review are type-1 criteria. These standards must be met for all service users since failure to meet them would constitute a significant threat to patient safety, rights, or dignity. This audit aimed to measure the compliance of the south Cambridgeshire crisis resolution and home treatment team (CRHTT) with the HTAS standards for physical health assessment and medical reviews.
Methods. This audit was registered with Audit & Service Evaluation Registration services at the Cambridgeshire and Peterborough NHS foundation trust (CPFT). The necessary permissions to access patient records on the trust's electronic patient record (EPR) system were obtained from appropriate authorities in the CPFT IT department. From August 2021 to July 2022, all referrals to South Cambridgeshire CRHTT were screened for inclusion and exclusion criteria, and clinical records of 77 service users who met these criteria were analysed. The required data were collected on an excel sheet and analysed using descriptive statistics to measure the percentage of service users who satisfied the audit criteria. The audit was conducted between May 2022 and July 2022.
Results. A total of 1232 referrals were screened, and 77 (6.25 %) service users (n=77) satisfied the inclusion criteria. The average age of service users was 37, with 54.55% of the subjects being females and 45.45% being males. 70.12% of the CRHTT reviews met the Physical health assessment criteria as set by HTAS while 94.80% of the CRHTT reviews met the medical review criteria set by HTAS. The expectations were 100% of the CRHTT reviews should meet the HTAS standards for physical health assessment and medical review. The HTAS standards were not met in 30 percent of service users for the physical health

assessment criteria and in 5% of service users for the medical review criteria for the CRHTT assessments done by the south Cambridgeshire CRHTT team for the period between August 2021 and July 2022.
Conclusion. This audit suggests that the south Cambridgeshire CRHTT is currently not meeting the standards laid down by HTAS and there is room for improvement in the physical health assessment and medical review process. The recommendations were made and additional audits may be necessary to ensure that all service users receive HTAS-compliant care.

An Audit of PPI Cover in Those Taking SSRIs Within an Older Adult Community Mental Health Team

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Aims. Serotonin in platelets has a major role in promoting vasoconstriction and platelet aggregation. Selective serotonin reuptake inhibitors (SSRIs), which are widely used clinically, inhibit the serotonin transporter responsible for serotonin uptake into platelets. This serotonin depletion reduces clot formation, thus increasing bleeding risk. This risk is particularly elevated in older adults who are also more likely to have co-morbid physical health conditions. The Maudsley Guidelines recommend that if SSRIs cannot be avoided in those assessed as high bleeding risk, then gastro-protective proton pump inhibitors (PPIs) should be prescribed. The aim of this full cycle audit was to evaluate all patients in an older adult community health team (OACMHT) to assess how many were prescribed an SSRI and whether PPI cover had been considered in those deemed to be at higher risk of a GI bleed due to either age or concomitant medication use.
Methods. All patients open to the OACMHT prescribed an SSRI were identified. Their electronic notes were checked to see if they were either prescribed medications or had comorbidities which increased bleeding risk. Electronic notes were reviewed to assess if bleeding risk had been considered at the time of prescribing SSRI, in addition to whether a PPI had been prescribed.

This was repeated 6 months later following the results being presented to prescribers within the OACMHT.
Results. Patient age ranged from 60 – 101 years. 23% of patients were prescribed SSRI medication. There was an improvement in the proportion of patients on SSRIs prescribed PPIs in the second cycle compared to the first cycle of this audit (64.7% vs 56.5%). We also found that the majority of patients prescribed an SSRI and medications known to increase bleeding risk were prescribed a PPI in both audit cycles. We found only 1 patient in our cohort had bleeding risk explicitly documented in electronic notes.
Conclusion. SSRI use is common within the OACMHT. The majority of patients were prescribed a PPI alongside their SSRI. This improved in the second cycle of this audit. A significant number of those prescribed a PPI had their PPI prescription commenced prior to an SSRI being prescribed which may have artificially inflated our results.

However, a significant proportion of patients prescribed SSRIs were not prescribed PPI cover which is not in line with current Maudsley guidelines. Therefore there is still work to be done in minimising bleeding risk in patients taking an SSRI within the OACMHT.

Clozapine Serum Level Timing Audit: Medium Secure Rowan View

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Aims. To assess the degree of compliance for clozapine serum level timing post clozapine dose using synnovis (previously viapath) and maudsley 14th edition guidelines in a medium secure hospital.
Methods. Electronic prescribing systems were reviewed on each ward to identify clozapine established patients. Viapaths electronic database was reviewed from 01 May 2021 (18 months) and recorded timings were compared to guidelines in Maudsley, 14th edition and synnovis. 12 hours was used as the guideline post dose in OD (once daily), BD (twice daily)/TDS (three times daily) regimes following the night time or evening dose.
Results. 4 different types of clozapine prescribing regimes were identified – OD, BD am/nocte or evening, BD pm/night or evening and TDS. 45 patients in total.

OD 12 - most recent bloods 8/12 patients were >15 hours. Total samples in 18 months >12 hours 63.6% (38/55). Total samples in 18 months >15 hours 56.3% (31/55). In the OD group 26 samples are from 2 patients both of whom have samples taken later than 14 hours.

BD 26 - BD mane evening/nocte - 2/5 most recent samples were >15 hours. Total samples in 18 months >12 hours 51.6% (32/62). Total samples in 18 months >15 hours 12.9%(9/62). Need to consider – evening dose time 18:00 compared to 22:00 adding more time.

BD pm evening/night 5 - 2/5 patients > 15 hours. 4/5 patients not at 13-14 hours. Total samples in 18 months >12 hours 75% (9/12). Total samples in 18 months >15 hours 25% (3/12)

TDS 2 - 0 patient > 15 hours, 1 patient at 14 hours. Total samples at 18 months >12 hours - 41.7% (5/12). Total samples at 18 months >15 hours - 16.7% (2/12).
Conclusion. Higher than expected clozapine serum level timing inaccuracy was demonstrated, markedly in bespoke regimes - OD (56.3%) or BD pm evening/night regimes (25%) compared to traditional regimes (TDS 16.7 %, BD am nocte/evening 12.9%). Contributing factors are a knowledge gap amongst services, Maudsley guidelines don't consider bespoke timings when advising trough levels. Findings suggest bespoke regimes need greater consideration when assessing clozapine serum levels.

Action from this initial audit involves informing teams regarding recent samples which are >15 hours post dose. Service education highlighting safety concerns of potential underestimation of clozapine serum level. Guideline change with support from pharmacy. Re audit in 12 months.