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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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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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

prove useful to monitor the progress of these measures, and the scope of a future audit could also be widened to include the timeliness in which the FIRM is completed for new patients.

Reviewing Interventions to Ensure Management of Cholesterol Levels in Psychiatry Inpatients

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Aims. Studies have been done to suggest an increased risk of mortality in patients with mental illness, from cardiovascular diseases. This may be a result of factors ranging from lifestyle choices in the patient group, access to health-care facilities, side-effects of antipsychotic use etc. As a suitable predictor of cardiovascular risk, this audit reviews and attempts to improve the management of cholesterol levels in this patient group based on local trust guidelines.
Methods. 116 and 120 patients from general adult psychiatry wards were included in two cycles of the audit respectively. Blood results, discharge letters were obtained from the Clinical portal database; drug prescriptions from the 'Hospital Electronic Prescribing and Medicines Administration (HEPMA)' database. As per local trust guidelines, it was verified if 'ASSIGN' (indicator of cardiovascular risk developed in Scotland) scores were calculated and a statin was prescribed accordingly, lifestyle modification advice provided or blood results communicated to GP in the discharge letter. An email with a flyer was distributed among doctors with trust guidelines, as intervention after the first cycle of the audit, and the results were presented in internal teaching. This was followed by a reaudit in a few months.
Results. In the first cycle, 85 out of 116 patients had a lipid profile done on admission out of which 29 had abnormal levels without a prescription of statin. 6 patients had their abnormal lipid results mentioned in their discharge letter in the absence of an ASSIGN score calculation or lifestyle modification advice. In the second cycle, it was noted that only 35 patients out of 120 had a lipid profile done on admission and a total of 12 patients had abnormal lipid results without a statin prescription. Only 1 patient had their ASSIGN score calculated and 7 patients had their abnormal lipid results documented to the GP.
Conclusion. Unfortunately, considering both cycles of the audit, only a minority of patients had been managed in accordance with trust guidelines and no significant improvement was noted in the results of the reaudit. The importance of efficient management of cholesterol can be highlighted in a relevant forum and any barriers to change in practice may be explored. QRISK3, an alternative to ASSIGN may be suggested, which includes factors like severe mental illness and atypical antipsychotic use.

A Review of the Quality of Cardiometabolic Risk Monitoring Amongst Psychiatric Inpatients, and of Interventions to Reduce Their Long-Term Risk of Cardiovascular Disease

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Aims. In Britain, individuals with severe mental illness die on average 15–20 years earlier than the general population. Their higher rates of cardiovascular disease contribute significantly to this. This audit reviewed how well cardiometabolic risk factors are screened for during inpatient admissions, and how frequently appropriate interventions are implemented for identified risk factors. It then assessed ways of improving current monitoring and interventions. We prioritised enhanced collaboration between patients and healthcare professionals, combined with formalising and systematising the physical health screening process.
Methods. Bed coordination provided identification details of all patients admitted to an all-male acute psychiatric ward from 01/05/2019–31/08/2019. Each patient's record was reviewed to ascertain whether risk factors outlined in Lester UK Adaptation: Positive Cardiometabolic Health Resource were screened for. If a risk factor in this resource's "red zone" was identified, the patient's documentation was reviewed to see whether corrective action was attempted. Raw numbers and percentages of patients receiving any given physical health check were reviewed. For abnormal results, how many patients had appropriate action taken was then also checked.
Results. 63 patients were admitted, 50 of whom had a Rethink template completed. All physical health data (except blood results) were collected using the Rethink template.

41 patients smoked tobacco: seven accepted cessation support, 19 declined cessation support, and 15 were not offered support. 9 patients had no smoking status documented.

26 patients self-reported healthy lifestyles versus 24 who did not. Of these 24, 17 had no lifestyle intervention documented.

31 patients had a BMI > 25, of whom two were offered support, and 28 had no documented support.

12 patients were hypertensive, of whom three were offered further support, and eight had no further action documented.

44 patients were normoglycaemic, fifteen had no blood glucose test, and four had pre-diabetes/diabetes of whom one was offered further support.

32 patients had dyslipidaemia: one received further support, four were already on appropriate pharmacotherapy, and 27 had no further intervention documented. 25 had no bloods taken.
Conclusion. Most patients had identifiable cardiometabolic risk factors: smoking, BMI > 25, poor lifestyle, dyslipidaemia, hypertension, hyperglycaemia (in decreasing order). Where risk factors were identified, intervention to address these risk factors and identification of barriers to supporting patients were lacking. COVID-19 may have changed the nature of admissions and health priorities. Structural changes were implemented, including changes to admission physical health assessments, introduction of well-man clinics, and improved communication between inpatient and community settings on discharge. A re-audit is pending.

A Gap in Psychiatry On-Call Training: Post-Ligature Assessment

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Aims. 1. To assess documented practice on post-ligature assessment following a teaching session and simulated induction session introducing a post-ligature assessment tool. 2. To