**Aims:** This study investigates the timing and patterns of patient admissions to a community psychiatry hospital, with the goal of optimizing resource allocation by identifying peak arrival times.
**Methods:** This study was conducted at Udston Hospital within NHS Lanarkshire. The hospital comprises two older adult wards, each with a capacity of 20 beds. Patients admitted to these wards were mainly aged over 65 and were admitted either informally or under the Mental Health Act. A duty doctor handles admissions during working hours, 9 am to 5 pm, while an off-site duty doctor covers evenings and weekends.

Data from 50 randomly selected patients admitted between January 2024 and January 2025 were collected using the electronic patient record platform MORSE. The primary outcome was patient arrival time, categorized into predefined time slots. The secondary outcome analysed admission sources (home, care home, or hospital) and whether patients were admitted informally or under detention (Emergency Detention, Short-Term Detention, or Community Treatment Order).

Categorical data analysis was employed to identify any significant trends in admissions.
**Results:** The study identified a notable peak in the afternoon. A majority of admissions, 37 patients (74%), occurred after 2 pm, with 23 patients (46%) being admitted between 2 pm and 4 pm. In contrast, only 7 patients (14%) were admitted between 9 am and 12:59 pm, highlighting an underutilization of morning hours for patient transfers. Half of these admissions were informal and originated from patients' homes.
**Conclusion:** Late afternoon admissions delay lab results, requiring follow-up by the off-site duty doctor, which may postpone treatment or escalation to the out-of-hours GP. This disruption can affect sleep, a modifiable risk factor for delirium, raising fall risk and worsening outcomes.

Staff are also impacted, particularly during the evening shift and night shift, where reduced resources and increased workloads heighten admission errors, contributing to moral distress and lower job satisfaction.

Systemically, late admissions disrupt patient flow and worsen inefficiencies. Research links evening and weekend admissions to poorer outcomes.

Addressing this issue requires streamlining workflows through measures such as designated admission timeframes for informal patients, prioritizing safer morning hours for non-urgent cases, and optimizing resource allocation through greater staffing levels during peak periods.

These strategies will enhance patient safety, alleviate the strain on staff, and improve overall operational efficiency.



## Handover Practices for Psychiatric Admissions: A Retrospective Review of Communication Gaps

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**Aims:** This study assesses the frequency and adequacy of handovers for newly admitted patients in a community psychiatry hospital, focusing on formal communication to the duty doctor.
**Methods:** This study was conducted at Udston Hospital within NHS Lanarkshire, which comprises two older adult wards, each with a capacity of 20 beds. Patients, primarily aged 65 and above, were admitted either informally or under the Mental Health Act.

Data from 50 randomly selected patient admissions between January 2024 and January 2025 were collected using the electronic patient record platform MORSE. Handover was defined as any documented verbal or written communication to the duty doctor regarding a patient's admission. Categorical data analysis was performed to identify trends in handover practices.
**Results:** The study revealed significant deficiencies in handover communication, with 54% of patients admitted without a formal handover. Home was the most common admission source (70%), with an even split in handover rates (51.4% handed over vs 48.6% not handed over). In contrast, hospital admissions had the lowest handover rate, 71.4% not handed over, suggesting direct transfers without a formal process in most cases. Care home admissions were also less likely to involve a handover with 62.5% not being handed over. Regarding detention status, 56.7% of informal patients were not handed over. In contrast, all patients under a Community Treatment Order (CTO) were handed over (100%), likely due to legal requirements for coordinated care. Patients under Short-Term Detention Certificates (STDC) and Emergency Detention Certificates (EDC) had a near-equal split in handover rates. These findings suggest that handover processes are more structured for detained patients but remain inconsistent for informal admissions and transfers from hospitals and care homes.
**Conclusion:** Inconsistent handover practices for new admissions highlight a critical gap in communication. Findings highlight the urgent need for standardized handover protocols, including mandatory documentation for all admissions, to enhance patient safety and care continuity. Implementing structured communication frameworks, such as SBAR (Situation, Background, Assessment, Recommendation), may enhance handover reliability and reduce patient safety risks.

Improving handover communication is critical to minimizing patient safety risks and ensuring seamless transitions of care, particularly in psychiatric settings where detailed histories and individual care requirements are crucial. The absence of a structured handover posed risks of fragmented care, delayed treatment initiation, and insufficient awareness of patient-specific needs.

Future research should investigate barriers to effective handovers and evaluate interventions that improve adherence and patient outcomes in psychiatric settings.



## Evaluation of Diagnoses, Discharge Rates, Follow Up Frequency, and Non-Attendance of South Caerphilly Community Mental Health Team Outpatient Psychiatric Clinics

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**Aims:** Evaluate the frequency of mental disorders patients present with in different sites in SCCMHT to inform quality improvement to better match patient needs. To assess the non-attendance rate in various sites for future projects to explore factors associated with patient non-attendance. To quantify outcomes following patient reviews to explore discharge/follow up frequency.