

Supported Employment Programmes for People With Psychosis or Schizophrenia – Full Cycle Audit

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Aims. Our aim was to see if the following have been done during medical reviews:

1. For service users with a diagnosis of psychosis or schizophrenia; is there clear documentation of employment status in case notes?
2. To see if supported employment/alternative education or occupational activity is being offered to unemployed service users in their Outpatient Clinic Appointments.
3. Whether acceptance or refusal of offered support is being documented and followed up.

This is a re-audit and it was done to check the compliance of our service with recommended NICE guidelines following the first cycle audit.

The NICE Guidelines (CG178 – Psychosis and Schizophrenia in Adults: Prevention and Management and NG181 – Rehabilitation for adults with complex psychosis) recommend the following for all patients with diagnosis of psychosis or schizophrenia.

Standard 1:

Offer supported employment to people with psychosis or schizophrenia who wish to find or return to work (*CG178 Psychosis and schizophrenia in adults: prevention and management – 1.5.8 – Employment, Education & Occupational Activities*).

Standard 2:

Facilitate alternate educational or occupational activities for people who do not wish to pursue mainstream education or work (*NG181 Rehabilitation for adults with complex psychosis – 1.8.9 Engagement in community activities, including leisure, education and work*).

Methods. This re-audit was carried out in the Community Adult Mental Health Services at Taylor Centre, Southend.

A list of service users that attended Outpatient Services at the Taylor Centre during the months of August and September 2023 was obtained.

Case notes of service users with diagnosis of psychosis or schizophrenia that attended an Outpatient Clinic over the 2-month period as new appointment or follow up were reviewed retrospectively. The 2 months (August and September) were chosen at random to achieve a reasonable sample size.

Service users within age range of 18–68 years were selected as they fall into the working age group range in UK.

The following details were checked:

1. Is the service user's employment status recorded in case notes?
2. For those who are unemployed – is supported employment offered?
3. Service User's acceptance or refusal and any alternative educational or occupational activity facilitated if they refuse mainstream work.

The data was collected on an Excel spreadsheet and analysed.

Results.

Findings:

- In the case notes of our sample, Employment status was documented in 97% of the cases; 78% were not actively seeking work.

- The type of appointment in which employment was most often discussed was in the follow up appointments = 87% of the cases.
- Supported Employment was offered to 38% of the sample. It was noted that 64% of service users that were offered supported employment had declined the offer.

Based on individual service users' circumstances alternative educational or employment options like prevocational training was offered to 47% of the sample. This is a notable improvement from 26% in first cycle.

Conclusion. There was good documentation of employment status in the case notes of 97% of the sample which shows that Employment history is being taken for almost all the service users that attend our Outpatient Service.

The type of appointment in which employment was most often discussed was in the follow up appointment (87% of the cases). This could be due to service users' mental state at the time of their first appointment, with them being unwell; hence it may be unsuitable to discuss employment options at that time.

Supported Employment was offered to 38% of the sample. The initial audit showed that this was offered to 35% of the non-working sample; therefore, a small improvement in offering supported employment has been noted. However, it is worth noting that 64% of the people that were offered supported employment have declined the offer, which reiterates the attitude towards mainstream employment in people with serious mental illness.

Only 33% of the service users were followed up, but this could be due to the fact that some of the service users are still waiting to be seen in clinic.

Overall, there has been an improvement following the initial audit especially in offering other educational activities if supported employment is not appropriate or if the service user is not interested.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Improving Handover Between Psychiatric and Acute Wards

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Aims.

1. To develop an understanding of transfers in both directions between Psychiatry and the other Acute wards within FVRH.
2. To improve compliance with National standards of handover as laid out by NICE and GMC.

Methods. Data was taken from a combination of the care partner, trakcare, and HepMA systems looking at the quality, content and professionals involved in handover. This was done for all transfers in and out of 2 old age psychiatry wards over a 2 week period. The auditing of transfers into MHU and transfers out of MHU initially started as 2 separate projects with staggered data collection; these were combined after baseline data was collected, and the intervention and re-audit phases treated the two as a single project. Data was compared with the standards collated from GMC and NICE guidance.

Results. Transfer handovers in neither direction met audit standards at baseline assessment.

Interventions focusing on behavioural change in the mental health unit did achieve behavioural change but failed to solve issues with handover between departments.

It is worth noting that there was significant delay in some transfers out of mental health being escalated, considering the reduced facilities in mental health wards versus acute wards.

Conclusion. Transfer handover between Psychiatry and Acute Wards is a multi-system issue and as such will require a multi-system approach to achieve meaningful change. New local guidance for handover between mental health and acute wards is being drafted in response to the findings of this audit.

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Audit on Monitoring of National Early Warning Scores 2 (NEWS2) in Old Age Patients

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Aims. NEWS 2 is integral to post-admission physical health monitoring, guiding baseline establishment and observation frequency decisions. MDT discussions, involving medics or nurses per guidelines, ensure tailored care. Trust Standard Operating Procedure (SOP) and Physical Health policy, provides detailed procedures for assessment, recording, and actions. Adhering to NEWS 2 and SOP 1.62a, aligned with Trust standards, facilitates prompt escalation in case of patient deterioration, reinforcing our commitment to superior healthcare.

AIM

- To evaluate if NEWS2 monitoring is done as per set Trust standards/guidelines.
- To identify areas of improvement in the use of this observational tool.
- To improve the services and care of patients.

Methods. We conducted a comprehensive review of each section of NEWS 2 charts for 39 patients admitted to Ward 6 and 7 at Harplands Hospital over a 3-week period. Patient stays varied from 21 to 67 days. No pregnancies were noted; all patients were aged between 59–96, with a near equal gender distribution. Utilizing SPSS, we conducted data analysis, comparing results against Trust-set standards.

Results. Of the 39 charts, 37 were completed at admission, with notable issues: 9 lacked demographics, 13 had date/time missing. Weekly NEWS was predominant, but challenges included 6 missing signatures, 9 illegible entries, and 12 incomplete sections (4 without connecting observations). GCS completion issues were identified in two charts if CPVS score was more than 3. Escalation patterns varied: scores 1–4 were often routed to a Registered Nurse before medics, while scores >4 were mainly escalated directly to medics. Most charts were uploaded to electronic records, yet the electronic versions were frequently left unfilled.

Conclusion. In conclusion, the implementation of NEWS charts at admission, consistent chart uploads to Lorenzo, and effective escalation practices underscore a commitment to patient monitoring. The detailed procedures, including demographics completion, trend identification, and weekly reviews, contribute to a

comprehensive approach. The incorporation of printed patient information labels and targeted education sessions for ward teams further reinforces the emphasis on standardized and meticulous documentation practices, enhancing overall patient care and safety. Discussions with ward management will further support the ongoing success of these initiatives.

Above recommendation has been completed and Re-Audit in planned few months.

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Is ADHD Medication Monitoring Being Completed in CAMHS?

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Aims.

- To determine the demographics of the patients prescribed medications for ADHD under the CAMHS teams within Southern Trust (NI).
- To assess whether the physical health monitoring guidelines (as outlined by NICE – nice.org.uk/guidance/ng87) have been followed.
- If monitoring is not up to date, to determine why not.

Methods. We reviewed records from clinical notes and NIECR (Northern Ireland Electronic Care Record) to collect demographic details.

Following NICE guidelines, we used the clinical notes to determine which patients had physical health monitoring up to date, including heart rate (HR), blood pressure (BP), weight and height.

For any patient with monitoring not up to date, we reviewed the notes or contacted the practitioners to determine why this was the case.

Results. 96 patients were found to be prescribed ADHD medications. Full demographic details were obtained and collated for these patients, including age, sex, diagnosis, co-morbidities, and medication information (e.g. preparation, dose, polypharmacy).

Of the 96 patients, 1 was excluded as their monitoring was carried out by paediatrics.

71 out of the remaining 95 had their monitoring up to date, leaving 24 patients with monitoring not up to date. Of these 24:

- 8 were due to non-attendance
- 4 were due to equipment issues (e.g. faulty/unavailable)
- 3 only had partially completed monitoring (e.g. BP, weight, height but no HR recorded)
- 1 was only reviewed virtually
- 1 had documented completion of monitoring, but no figures documented
- 7 unknown – no reason given.

Conclusion. After 1 patient was excluded, 71/95 patients had monitoring up to date (~75%).

Of the remaining 24, some were due to systemic issues affecting all services, e.g. non-attendance or faulty equipment. However, some were due to issues more easily addressed.

This led to a discussion at a trust-wide patient safety meeting, with the following outcomes:

1. Staff were given a presentation on NICE guidelines for ADHD medication monitoring to ensure knowledge is up to date.