

future plan includes a more regular intervention arranged around the beginning of new postings for doctors to ensure they have adequate exposure to the assessment of smoking-related addiction problems.

### Audit on Availability, Quality and Frequency of Clinical Supervision

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**Aims.** We have completed a cycle of audit on the availability and quality of clinical supervision in Somerset NHS Foundation Trust. Last year we had highlighted the results of our first survey (run in 2020) in local teaching and audit meetings. We have now completed the cycle following the intervention. Both Severn deanery and Somerset NHS Foundation Trust both recommend psychiatry trainees have one hour of supervision per week, involving exploration of trainee clinical and educational needs. This audit is now part of a quality improvement project being run across Severn Deanery. This particular audit focuses on the results from Somerset NHS Foundation Trust.

**Methods.** Trainees working in Somerset NHS Foundation Trust were invited to participate in this survey. We used the original survey from last year but added further white spaces to invite feedback and to explore what was particularly good about the clinical supervision currently offered. Questions on accomplishing workplace based assessments (WPBA), managing e-portfolio requirements were asked, with Likert scale responses available. The survey was sent out in the form of Microsoft Forms disseminated via email to all junior doctors (n = 27).

Survey was run from May till June 2021 (nearing the end of placement). We sent out 3 reminders before closing the survey. The authors of the audit then reviewed the data.

**Results.** 9 out of 27 doctors responded, response rate of 33%. Our last survey had a response rate of 63%. Supervision appears to be more regular now with only 11% stating that they were meeting their supervisor sometimes in comparison to 17% the last survey. Similar percentage of respondents were able to complete WBPAs as in the last survey (88% Vs 89%).

QI project/audits were being discussed at a similar rate (60% Vs 66%). 75% of psychiatry trainee respondents were discussing their psychotherapy competencies (42% were having some discussion in the last survey). There was a better response from GP and FY doctors for this survey.

**Conclusion.** Response rate appears to have fallen, however supervision appears to be more regular with more focus on competencies.

White space answers showed that most trainees were satisfied with supervision. However, supervision could be more consistent and serious attempts must be made to protect it from clinical work overshadowing it.

We will be comparing the results of our audit in Somerset NHS Foundation Trust to the results from other parts of the deanery.

### Audit of Lithium in a Psychiatry of Old Age Service

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**Aims.** The aim of this audit is to compare our prescribing and monitoring practices in the Mental Health Service for the Elderly team (MHSE) in County Monaghan with current NICE guidelines (National Institute for Health and Care Excellence, UK). Lithium is used in the management of Bipolar Affective Disorder (BPAD) and refractory Depression in the elderly and across other patient groups. The elderly population is more vulnerable generally than other patient groups to adverse effects and toxicity from Lithium including at therapeutic doses. This is due to the increased likelihood of having other medical morbidities, interaction with other medications and the higher prevalence of renal impairment.

**Methods.** The audit duration was from the beginning of April to the end of June 2021. Data were collected for demographic variables and for therapeutic variables such as Lithium dose, serum Lithium level, adverse effects due to Lithium, weight and signs of Lithium toxicity. Re-audit was completed during the month of June 2021.

**Results.** Ten patients attending the MHSE team were prescribed Lithium at the time of the audit and were included in the audit. 60% were females and 40% were males. The mean age was 77.3 years. 50% had a Depressive disorder and 50% had a diagnosis of BPAD. The mean Lithium dose was 310 mg and the mean serum Lithium level was 0.5mmol/L. All 3-monthly Lithium levels were completed. 100% were provided with information booklets, record books and BMI recorded. 60% of six-monthly Lithium levels were completed. 20% of six-monthly bloods were completed but not documented. There were eight patients prescribed Lithium in the re-audit. 62% were females and 38% were males. The mean age was 78.8 years. 75% were diagnosed with refractory Depression and 25% with BPAD. The mean Lithium dose was 337.5 mg and the mean serum Lithium level was 0.6mmol/L. 100% of patients completed their three and six-monthly serum Lithium levels and documentation was complete for 100% of patients.

**Conclusion.** We recommend the establishment of a Lithium Clinic to ensure proper monitoring of this group. This includes clear pathways for patients to have their bloods taken (GP or hospital), pro forma reminder letters for GPs and patients, a recording table for blood results and physical variables in the patient file, alert cards and the provision of written information about Lithium for patients and carers.

### Physical Health Monitoring of Patients Prescribed Depot Antipsychotic Medication in North West Edinburgh Community Mental Health Team (CMHT)

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**Aims.** To assess the effect of interventions in the physical health monitoring of patients prescribed depot antipsychotic medications. We hypothesised that compliance with monitoring would improve post-intervention. It is well recognised that patients with severe mental illness have a significantly reduced life expectancy. Depot antipsychotic medication increases the risk of

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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**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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**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.